

PROJECT EVALUATION REPORT

ON

**SCALING UP HIV AND AIDS RESPONSES FOR THE PRIVATE SECTOR IN
ZIMBABWE**

COMMISSIONED BY

**INTERNATIONAL LABOUR ORGANIZATION (ILO) /
SWEDISH INTERNATIONAL DEVELOPMENT AGENCY (SIDA)**

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Table of Contents

	Page
Executive Summary	5
Introduction	11
Project Description	13
The Purpose and Objectives of the Evaluation	14
Methodology	16
Findings	19
Efficiency and Governance	
Effectiveness	
Inhibiting and Enabling Factors	35
Project Challenges	36
Recommendations	44
Conclusions	48
Annexure	49

The following acronyms and abbreviations may be found in this report.

AIDS	= Acquired Immune-Deficiency Syndrome
ARV	= Anti-Retroviral
EMCOZ	= Employers' Confederation of Zimbabwe
HIV	= Human Immuno-deficiency Syndrome
KABPs	= Knowledge, Attitudes, Beliefs and Practice surveys
ILO	= International Labour Organization
MoH	= Ministry of Health
M&E	= Monitoring and Evaluation
MOU	= Memorandum of Understanding
NEC	= National Employment Council
NGO	= Non-Governmental Organization
PAC	= Project Advisory Committee
SIDA	= Swedish International Development Agency
UN	= United Nations
VCT	= Voluntary Counseling and Testing
ZBCA	= Zimbabwe Business Council on AIDS
ZCTU	= Zimbabwe Congress of Trade Unions
ZFTU	= Zimbabwe Federation of Trade Unions

A. EXECUTIVE SUMMARY

The ILO project on scaling up HIV and AIDS responses for the private sector in Zimbabwe started in July 2007 and was due to end in July 2009. This program has been implemented in collaboration with EMCOZ and ZCTU. The project is funded by Sida.

The evaluation reveals that moderate progress has been made in the project as the project is still to achieve the overall set objectives. It was observed that implementing partners are still at policy formulation stage of the project that is the entry point of the other project objectives. The purpose of the evaluation is to assess the achievements, appropriateness of the strategies, the effectiveness and efficiency of management and administration systems of the project. The evaluation is also aimed at assessing the gaps in the current programming and implementation as well as the sustainability of the program beyond Sida funding. As is the case with any evaluation, references were made to overall lessons learned with regard to the way forward.

The goal of the project has been to contribute to the reduction of the incidence of HIV and AIDS in the world of work. The project aimed to strengthen the capacity of employers and workers and their organizations in Zimbabwe to develop and implement workplace policies and programs that reduce the high risk sexual behaviors, facilitate universal access and reduce the impact of HIV and AIDS at the individual, family and enterprise level.

For the moderate progress made so far it was observed that there have been signs of success in a number of areas, although progress has not been accelerated at the desired rate, and some of the project's objectives are still to be realized. The overall impact of the project has also been difficult to detect and assess in the short term lifespan of the project given. For the two years the project has been running the project activities are still midway as the project is in its last month of implementation. Achievements of results are also observed to

be based on the capacity of the implementing partners, i.e. EMCOZ and ZCTU in terms of coordination, complementarity and staff capacity. HIV and AIDS is not the core business of the implementing partners and it has been observed that there is a tendency to marginalize it especially where resources are scarce, rendering activities' implementation slower than intended.

This is a highly qualitative study and thus consultants mainly used this methodology. The methodological package for this evaluation was therefore variegated and used multiple data collection methods that generated information relevant to answering the evaluation questions, linked to the evaluation objectives. The data collection methods included desk review of relevant documents that comprised of proposals, progress reports, work plans to enable evaluators have an understanding of the project background and activities; individual in-depth interviews with ILO staff and management, ZCTU staff, worker beneficiaries and EMCOZ staff, key stakeholders in the program and Sida; and observations. Despite a few logistical problems with getting the respondents, there was no inhibition in the collection of data. The information was gathered and compiled to provide a good and correct overview of the project performance and conclusions.

The main findings in this evaluation are grouped and discussed under two categories which are effectiveness and efficiency. Aspects on effectiveness addressed issues on the performance of the project in relation to the aim, objectives and key result areas/outputs as given in the original project application document. The objectives on each key result area contributing towards the primary objectives of the ILO project have been assessed in relation to the desired project outcome. Efficiency issues were looked at in relation to the degree to which the project is being implemented focusing on cost effectiveness, injection of financial resources and the efficiency of the project to deliver the appropriate services. Sustainability issues are discussed based on whether the ILO's various activities are sustainable. Accountability issues are looked at from

the governance and management perspective but being guided by the terms of reference.

The ILO project under evaluation is based on the project applications made to Sida. The objectives contained in the application documents were agreed upon by Sida and ILO to be achievable within a project implementation period of two years starting from July 2007 to July 2009. The objectives have not been achieved in the prescribed two years and the ILO proposal can be perceived to have underestimated the amount of work involved given that this was to have an umbrella approach as opposed to a single organization approach.

SUMMARY RECOMMENDATIONS

- The project has potential to achieve intended results if it is run under a basket funding mechanism that reduces the political and power dynamics at play with implementing partners. The current project design and arrangement has a lot of management loopholes such as limited management, monitoring and evaluation as well as supervision and is embedded in a lot of bureaucracy hence limited progress in achieving the desired results.
- It is recommended that a basket fund should either be developed within ILO or be given to another fund manager to ensure that funds reach to the intended ZCTU 36 members and 47 EMCOZ employer organizations who received very little in the current project resulting in limited progress of the project in achieving results.
- The project is recommended to continue but subject to the proposed structural and operational changes that should ensure its sustainability and effectiveness to intended beneficiaries. Evidence for interventions and project impact has been noted by the evaluation, however; this can be improved if more contact time with the implementing partners and target group is increased to more regular visits for consolidation and monitoring of project activities.

- Potential to achieve more observed can be maximized if more appropriate collaborations and partnerships with, both government departments and other non – governmental organizations in areas the ILO is not covering are established to complement current activities.
- External training expertise has brought quality knowledge and awareness to the employers and employees alike. For sustainability and cost effectiveness the project implementers need to continue to hire more qualified personnel and build their capacity to ensure continuity and sustainability even if funding is withdrawn. Recruiting full time technical and professional personnel on strategic positions such as counseling (and testing) at the drop in centres currently occupied by inadequately trained personnel should be the first step.
- In the project, the role of the ILO was defined as technical backstopping and direct support for specific aspects for example, surveys, capacity building in management and project training using specialist resource persons for various subject matters such as prevention. However, the role of ILO needs more definition as well as its responsibilities and boundaries; whether ILO should go into program activity or not, whether they should work with partners only and not direct activities? Separation of duties is not evident; it is therefore recommended that duties of each partner on the structure be clear cut to improve the efficiency of the organizations in implementing the project.
- A heightened national response, one that ignites focused, collaborative action among labor partners and various stakeholders is vital at this time to reduce the toll of HIV and AIDS on the workforce. Such a heightened response must focus on four main areas: (1) expanding the reach of prevention services, (2) increasing opportunities for diagnosing and treating HIV, (3) developing new, effective prevention interventions, and (4) mobilizing broader community action.
- Assess innovative social marketing strategies to provide packages of health-related products needed by HIV positive employees in the private

sector – work with partners to develop comprehensive packages of goods to reach HIV positive employees to meet their unmet needs for HIV and AIDS prevention and palliative care.

- The project is recommended to extend the reach of HIV and AIDS interventions through private sector networks and NGO contracting – conduct assessments of innovative networks and performance based contracting approaches to increase the scale of private sector interventions.
- The type of the project requires a lot of knowledge development within the labour market sector by conducting different assessments to inform implementation and the appropriateness of strategies and information disseminated. Such assessments will be benchmarks in measuring impact and even the total reach. This has been observed to a big gap in the project.
- The project should have programs that help employees learn their HIV status, help high risk HIV negative persons avoid infection, support prevention services for employees living with HIV infection and for their partners and link them to appropriate care and treatment services to reduce risk behaviors, prevent further transmission of new HIV infections, and help track the course of the epidemic and identify new and enhanced interventions.
- ILO is recommended to address and mainstream HIV and AIDS prevention through an array of public health activities including monitoring the disease's impact, facilitating and supporting partnerships, implementing prevention programs, conducting intervention research and program evaluation, providing technical assistance to build the capacity of individual companies to offer prevention services and develop policy and communications to support HIV and AIDS prevention. These activities can be conducted with a wide range of public – and private – sector partners, including state and local health departments, community based

organizations and other non-governmental organizations, businesses and the media.

- Since ILO has identified the gaps in its implementation partners (i.e. core business of the organizations is affected, organizations tend to take partnership resources to run core business, and amount of time allocated to partnership business is compromised), ILO should consider putting activities direct to the companies. The partners have realized that it is not in their strict mandate to implement activities hence the need for role definition and ultimately for a basket funding. This ambiguity adversely impact on efficiency. The operating partners should be neutral or ILO can get commitment from the representing body that they will service beyond membership.
- The lack of publicity and limited outreach programs in the smaller towns need to be addressed. There is need for the production of information dissemination materials such as pamphlets and posters to indicate the project implementation, objectives and activities such that it can be adopted in the various parts of the country.
- There is an urgent need to strengthen work place programs within the private sector, especially the small businesses. ILO has a full-time project manager who is responsible for everything but with loose coordination efforts with the EMCOZ and ZCTU project coordinators.

B. INTRODUCTION

The International Labor Organization is a United Nations specialized agency responsible for the world of work. The ILO's mandate is to promote social justice and equality, set standards in employment and improve working conditions. The ILO has a tripartite structure unique to agencies affiliated to the UN. Its governing body includes representatives of government, employers and workers, organizations, bringing governments, employers and workers together as active participants in social dialogue.

The goal of the ILO is to promote equal opportunities for women and men to obtain decent and productive work conditions of freedom, equity, security and human dignity. Decent work sums up the aspirations of men and women in their working lives for opportunity, decent income, rights, voice and recognition. HIV and AIDS threaten this "Decent Work Agenda".

AIDS has a profound impact on workers and their families, enterprises and national economies. It is a workplace issue and a development challenge. Therefore, in focusing on the world of work and utilizing its various instruments, the ILO is making an important contribution to the global effort. The Southern Africa region is particularly critical, as the devastating impact of the epidemic has created a state of emergency.

The goal of the project is to contribute to the reduction in the incidence of HIV and AIDS in the world of work. The ILO will contribute to the goal through strengthening the capacity of employers and workers and their organizations in Zimbabwe to develop and implement work place policies and programs that reduce the high risk sexual behaviors, facilitate universal access and reduce the impact of HIV and AIDS at the individual, family and enterprise level.

During the project period inflation rate went over 320 million%, the majority of the population witnessed falling livelihoods of unprecedented proportions for a

country not in a war or armed conflict. Some of the major challenges facing the country include the cumulative decline in real GDP of 32.4% over the past seven years, the rising impact of the HIV and AIDS pandemic across the board and very high unemployment levels estimated to be around 90% at the end of 2008. The formal sector has been worst affected with closure or down sizing of companies and parastatals and brain went as far as 75%. Brain drain and the shrinking of the formal sector due to industrial closures played a hand in the overall performance of the project.

Both the employers' and workers' organizations have responded to the fight against HIV and AIDS through training and education. Such awareness and advocacy programmes contributed to the decline of the prevalence rate at the national level from 16.1% in 2007 to 15% the current figures as per the Ministry of Health. In many cases, HIV and AIDS programs in companies have not been performing well due to a number of factors such as poor designing or some have become static and yielded diminishing returns. The limited coordination and poorly structured programs have also made it difficult for the umbrella organizations to effectively represent their needs at the national dialogue level and resources leveraging in the country. It was against this background that the project sought resources to support the efforts by the key players in the private sector to scale up their responses to HIV and AIDS.

PROJECT DESCRIPTION

Project Title: Scaling up HIV and AIDS responses for the private sector in Zimbabwe

Project Objectives:

The **Overall Goal** of the project has been to contribute to the reduction of the incidence of HIV and AIDS in the world of work.

Target Populations primarily the private sector workers and their organizations as well as employers and their organizations. The secondary beneficiaries are spouses and family members as well as service providers, community based organizations and NGOs and others coming in contact with the workforce.

The **Purpose** of the project is to strengthen the capacity of employers and workers to develop and implement workplace policies and programs that reduce high risk sexual behaviors, facilitate universal access and reduce the impact of HIV and AIDS at the individual, family and enterprise level.

The specific objectives are:

- 1) To strengthen the capacity of employers and worker organizations to develop sector specific, union level and enterprise level policies and programs consistent with national policies and legislation.
- 2) To strengthen the institutional capacity of employers and workers organizations to coordinate workplace actions, lobby for action and leverage resources for comprehensive program responses.
- 3) To conduct knowledge, attitudes, beliefs and practice surveys (KABPs) and assess the economic impact of HIV and AIDS among workers and employers and their organizations.
- 4) To support initiatives that increase access to ARVs treatment, care and support for workforce and their families through both public and private sector systems.

- 5) To reduce employment related stigma and discrimination against persons living with HIV and AIDS.

C. THE PURPOSE AND OBJECTIVES OF THE EVALUATION

The overall objective of this end-of funding evaluation review is for SIDA and International Labor Organization to assess the results accomplished through the SIDA support, appropriateness of interventions, the effectiveness of systems in place for effective service delivery and assess whether what was agreed between SIDA and ILO has been achieved.

The purpose of the evaluation is to come up with:

- 1) **A clear answer to the question:** Is ILO doing the right things in the right way to achieve the defined objectives? This judgment is well sustained by factual data and conclusions.
- 2) **Helpful and feasible recommendations:** What can be done to improve the quality of the work and the sustainability of the project and ultimately increase the positive impact on the target communities?

More specifically, the objectives of the external evaluation are as follows:

- 1) Assess the program achievements against the objectives and output for each of the program as set out in the contract agreement of 2007;
- 2) Assess the relevance and appropriateness of the approaches/strategies being used in implementation;
- 3) Verify the achievements of the ILO program to date;
- 4) Assess effectiveness and efficiency of management and administration systems in support of the program implementation;
- 5) Assess the gaps in the current programming and implementation for further consolidation;
- 6) Assess the sustainability of the program beyond SIDA funding;
- 7) Present the overall lessons learned and guidance for the way forward.

Effectiveness: Find out to which extent the project objectives have been achieved.

- To which extent did ILO achieve what it had promised in the project proposal?
- What else has been achieved (unexpected results)?

Efficiency: Determine the level of efficiency of ILO in implementing the project

- What resources were brought in to achieve the results?
- Which mechanisms ensure a cost conscious project implementation?
- Could the same results have been achieved without funding?

Recommendations: What can realistically be done to

- improve effectiveness
- improve efficiency
- increase accountability
- increase sustainability.

D. METHODOLOGY

The methodological package for the evaluation was highly participatory and variegated and used multiple data collection methods. The data participatory collection methods were intended to generate information relevant in answering the evaluation questions above linked to the evaluation objectives. This evaluation largely collected qualitative information from a variety of sources as well as some statistical data. The data collection methods used for the evaluation includes first the review of relevant documents to have an understanding of the project background and activities by the consultants; then participatory group and individual in-depth interviews conducted; observations and focus group discussions (FGDs) were also conducted. The following paragraphs describe each of the data collection methods in detail, as well as the information collected through the use of each method and the information sources

Review of documents

Relevant program documents were reviewed during the evaluation work plans; progress narrative reports; minutes of meetings; logical framework; project agreement between Sida and ILO; memorandum of understanding between ILO and ZCTU, ILO and EMCOZ; organizational policies; training reports and other relevant documents that were availed to the evaluators.

Reviewed documents provided the background information to the overall project including its major areas of focus; the objectives of the program; the implementation process; key project indicators documented in the organization's project documents were used as the basis for measuring the project performance and impact. Project performance and impact were measure against the log frame. The objectives of the project assisted in collecting the requisite information for the evaluation. Documents review also assisted in the development of questionnaires for interviews with the various categories of respondents.

Individual in-depth interviews

Individual in-depth interviews were conducted with ILO staff and management, ZCTU staff, worker beneficiaries and EMCOZ staff, key stakeholders in the program. Different interview guides for these different categories of people were used. (See annex)

Observations

The drop in centres at the ZCTU regional offices were observed in terms of how they are being run and their current state. This was useful in validating some of the information collected from individual in depth interviews.

Data collection

Data collection was conducted by the two consultants, Dr W Ruparanganda (Lead consultant) and Ms M Nyikadzino (Assistant Consultant).

Question guides for each of the above mentioned informant categories were developed just after reading through some of the project literature documents. Data generated from these tools is mainly qualitative.

Constraints:

The job proved to be exacting, mainly because of the short time-frame allowed for its completion. The inflexible deadline meant those people we could not find and the places we had been scheduled to meet them had to have their inputs/responses excluded from the evaluation. The face to face interviews began on Monday 18 June 2009 and ended on Thursday 2 July 2009. While the vast majority of respondents were based in Harare, relevant persons were contacted in all the regions, although in the end, responses were received only from Kwekwe, Gweru, Bulawayo, Triangle, and Mutare and of course, Harare. The responses of thirty people were eventually obtained. Several of them spoke on behalf of their organizations. The evaluators had both face to face and telephone interviews which provided most of the material.

Due to poor communication networks between the partners and their constituencies we failed to meet a few of the key informants. Some were not at their workplaces at the times we had to interview them despite assurances that prior appointments had been made. This delayed the whole field process as we had to keep on going back to check if they had returned. In one case we found out that the assumed key informant at a particular company had actually resigned more than a year ago which we assumed might be evidence of lack of frequent visits or communication by the EMCOZ coordinator who supplied the name to ILO. However, these constraints could not inhibit the collection of data. The information was gathered and compiled to provide a good and correct overview of the project performance and conclusions.

E. FINDINGS

EFFICIENCY AND GOVERNANCE

The Evaluation started by looking and assessing the agreements between Sida and ILO as well as between ILO and ZCTU and EMCOZ. The MoU between Sida and ILO designates ILO as the project administrator overseeing the implementation of the project by social partners. The role of ILO is also stipulated in paragraph 4.7 of the MOU between employers, workers and ILO. The governance structures of the ILO sub-regional office in Southern Africa are overallly responsible for the project but with guidance from the regional headquarters in Ethiopia and then at the (global level) in Geneva. The sub-regional office is headed by a Director who is overallly in charge of management systems and policies including financial systems. There is also the HIV and AIDS specialist who together with the director are in charge of nine countries and report to Addis Ababa. This therefore means that the project is supervised and overallly managed by a regional person who guides the implementation of the project managed by the programme manager. The project manager is the sole person employed to run and coordinate the project implementation on a daily basis. The project manager coordinates the project activities with two coordinators at ZCTU and EMCOZ levels who were also employed for the implementation of the project. At the sub-regional office, there is Programming unit that manages and coordinates project programming within the armpits of ILO. This programming unit has a global reporting to Addis Ababa.

The current project management structure has no challenges in ensuring the efficient implementation of the project. However, ILO, EMCOZ and ZCTU operate as equal partners in the project rendering ILO powerless in coordinating the project activities at the EMCOZ and ZCTU level. The two coordinators at the ZCTU and EMCOZ level report to ZCTU and EMCOZ managers hence making it difficult for ILO programme manager to effectively and efficiently supervise and monitor the project to achieve on the required deliverables. This was observed to

be adversely affecting on submission of reports timeously as submission of biannual reports to Sida is always done late.

The policy and administrative procedures for ILO were observed to be highly bureaucratic and most of decisions are made in Geneva hence delaying a number of issues that require urgent implementation. These bureaucratic structures within the ILO system also do have a contribution to the overall slow performance of the project.

Although the systems are bureaucratic, it can be substantiated that funds have been used specifically for the project as no disbursements were made to any organization without the relevant supporting documents. The process of financial disbursement is rigorous and it was observed that it leaves no room for abuse of funds. It is also important to note that if requisitions were submitted late it would in turn affect the planned activities or delay the implementation of planned activities. In some instances these financial clearance requirements have resulted in EMCOZ activities having to be pre-financed from EMCOZ resources. It was also found out that ZCTU sometimes receives the disbursements quite late due to the rigorous process. It was also observed that sometimes late disbursements as a result of late submissions of fund requisitions for activities by both ZCTU and EMC

With regard to the project implementation and administration, it was established that so far there have not been significant deviations from agreed plans and budgets. SIDA has at no time written to ILO with intention to withhold disbursement of funds showing that they were happy with administration of the project. It is however important to note that reports were not delivered as agreed in the project agreement. That is a yearly report on the results obtained by the program and then there was to be a final project report covering all important aspects of the utilization of the Swedish contribution. The former has been met

but not on time as indicated on the dates of submission. The latter has not been done, obviously because the project is still current.

All narrative reports were submitted to Sida but as electronic copies and also very late sometimes a month or two after the due date. Since the start of the project ILO has not been submitting financial reports biannually as required. These were caused by various factors which included the above-mentioned bureaucratic procedures between ILO and its social partners as well as with the ILO themselves.

Project staff recruitment (project manager at ILO and project coordinator at EMCOZ and ZCTU levels) was done following ILO recruitment and selection procedures and in conformity with the social partner requirement. The project manager is housed at the ILO. The project coordinators are housed within the social partners' structures. While ILO records for project coordinators salaries are denominated in USD, it was observed that the social partners paid these salaries in Zimbabwe dollars resulting in some exchange gains during the first year of the project until the dollarization of the currency.

It is important to note as detailed in the MoU that ILO was empowered to represent Sida in matters concerning the implementation of this project and was to be responsible for the administration of the same.

Objectives were clearly spelt out and unpacked through an Activities Work Plan to ensure efficiency. The evaluation found out that since this project was targeting an umbrella constituency rather than individual organizations, such coverage still needed to be defined, for example whether they were targeting a third or a fifth of the constituency because in the project profile it is said in the introduction that the goal of the project was to contribute to the reduction of the incidence of HIV and AIDS in the world of work. It was also observed that it would be ideal to define boundaries where resources were limited so that they

would not be spread too thinly across the 36 ZCTU affiliate unions and the 47 EMCOZ affiliates.

It was found out in Article 3. point 3.2 on formulation of policies and programs on HIV and AIDS, the partners were working in collaboration thus promoting the spirit of partnership which is one of the underlying aims of the project. This is evidenced by the workshops that were convened bringing together employer and employee representatives. For example, the sensitization workshop held at Kyle View, Masvingo from 21-22 November 2007, and the stakeholder workshop on “Scaling up workplace responses to HIV and AIDS in Zimbabwe” of 12-14. and NEC Energy sector draft policy as well as the SMEs policy document formulation.

It is important to point out that no substantive HIV and AIDS policy could have been formed by workers or employers in isolation. The fact that most sectors have draft policies is evidence of the spirit of partnership and collaboration, because National Employment Councils bring together worker and employer representatives. There is evidence also of sensitization of partner constituencies, for example, the business sector buy in process has been commendably done through such fora as business breakfast meetings and annual conferences, whilst the workers have mainstreamed HIV and AIDS information dissemination in all their activities thus evaluators can say this ILO project is contributing to the scaling up of HIV and AIDS activities at the workplace. Evaluators refer to scaling up which implies that there were activities already taking place in most organizations but the ILO program was going to come as a total package and ensure a coordinated implementation of HIV and AIDS activities.

It was also evident that despite most organizations experiencing capacity problems, some now have budgets for HIV and AIDS programs for example; the NEC Motor Industry interviewee claimed that they could now sustain the project in the event that donor funds were exhausted. Most organizations however

expressed the wish that ILO funding be continued for the time being as they were experiencing capacity problems. Most said they had not been able to complete the HIV and AIDS policy documents, and had failed to communicate with their various affiliate unions and employers or disseminate the draft policies for comments and contributions.

It was observed that the project vehicles are registered on ILO number plates and operate within the rules and regulations that govern ILO assets. It was however noted that the vehicles are not necessarily confined to project business only but can be allocated for other social partner organizational duties according to the specific social partner policies notwithstanding that the project activities are allocated appropriate means of transport from the social partner organization. The allocation of project vehicles for other social partner organization duties has resulted in over expenditure of the vehicle maintenance budget hence the need for social partners to consider cost sharing for maintenance of the vehicles. There is need for a clear modality to be agreed between ILO and the social partners in this regard.

Under Article 4 there was to a Project Advisory Committee whose composition as detailed in the point 4.5 brought various stakeholders together, workers and employers included, and to elaborate the committee was to comprise representatives from

- a) the Swedish Embassy
- b) Employers' organizations
- c) Workers' organizations
- d) The Zimbabwe AIDS network (ZAN) representing non-governmental organization in the HIV and AIDS field
- e) UNAIDS representing other UN agencies
- f) The Ministry of Public Service, Labour and Social Welfare
- g) The National AIDS Council (NAC)

- h) The Ministry of Health and Child Welfare
- i) The ILO as the secretariat

As implementing partners ZCTU was not represented at a Project Advisory meeting of 16 September 2008. The composition alluded to in the MoU was not adhered to when the meetings were being held.

Point 4.7 makes reference to responsibilities of the ILO as (i) provide advisory, technical and administrative support to the implementing partners regarding the project; (ii) provide financial and other resources as required to implement the project activities and for the project personnel costs subject to the availability of funds from SIDA and within approved budgetary limits. It was found out that this has happened for example, technical expertise was utilized from ZAPSO, ZBCA, Ministry of Health, Ministry of Labour, etc. A new statutory instrument (S.I. 64) on labour inspection for HIV and AIDS provisions was gazetted on the 18th of April 2008 as a result of such consultations with EMCOZ, ZCTU, Ministry of Labour and ILO. Part (ii) also happened because a number of workshops took place as a result of the funding availed by ILO. For instance from the information we got from literature review about 11 sectors have so far involved in the scaling up activities as detailed in the progress reports and workshop reports. As already pointed out above this is a about third of the ZCTU constituency, especially HIV and AIDS policy formulation activities such that a number of sectors have drafts which could be finalized and disseminated with more funding.

Under Article 6 of the MoU the specific period during which the activities were to be undertaken was from 1 July 2007 - 30 June 2009. As noted above the project is going beyond this time frame because of several reasons. The first one being that the Zimbabwean society experienced socio-political upheaval especially after the March 2008 elections. As a result it was difficult to organize and coordinate workshops for the state viewed gatherings with suspicion. For example, POSA also minimized gatherings for they would have been perceived

political and having to apply to hold gatherings hampered effective and efficient implementation of the project activities.

Article 9 refers to reporting and information, point 9.1 ILO was to keep proper financial records in accordance with its financial rules and for disbursements to the implementing partners strict procedures were to be followed. As a result it was established that some times EMCOZ activities would take place before they could have been given the necessary funds. We felt that this could have limited numbers of participants in light of the fact that many companies were experiencing capacity problems. One affiliate member representative was quite unhappy with such arrangements were they would be required to foot bills for their participation in such ILO funded activities. They claimed they were not reimbursed such funds after participating.

On activity reports, quarterly, half yearly and annually by EMCOZ and ZCTU to ILO we found out that the agreed deadlines were being met although they were also not being submitted on time. Monitoring mechanisms need to be enhanced to maximize efficient and effective implementation of the programs. For example the quarterly, half yearly and annual reports have not been submitted on time as detailed in the MoU.

The terms of reference of the project coordinators are not clear as well as their job descriptions. This lack of clarity resulted in a number of challenges. It could not be ascertained if they were the right people for the jobs. Moreover, the posts should have been advertised as what happened to the project manager's position. Terms of reference specific to the project are required so as to enhance project efficiency and effectiveness. There is pervasive a grey area in the management of salaries in that the project coordinators seem to get USD1, 100 per month as per the project and yet they were said to have been getting Zimbabwe dollars up to February 2009. It is then wondered whether they were getting this accurate project value given how the salary grades and structures in

the partners' organizations are being adhered to. It was also not transparent whether the project coordinators have driver's licenses because it would be expected for efficient and effective implementation of the project.

It should be appreciated that the three implementing partners are autonomous organizations with their own bureaucracy, structures, mandates and policies hence imposing a uniform regulation becomes a challenge which in turn impacts negatively on efficiency.

EFFECTIVENESS

The effectiveness of the project or programs depends of the governance and administration systems of the organization. The project has great potential to achieve the desired results and impact on a long term if considerable time for project implementation was considered during the project design. The evaluation has observed that it was a bit ambitious to achieve results within a period of two years for such a long term project that required a long period of time for implementation and monitoring. The current global and regional structure for the project has no detailed and basic information to guide the operations of the implementing partners at the national or local level. For example, the project manager does not have in possession the job descriptions of the implementing partner coordinators, and she reports to a person who operates at the sub-regional level and covers 9 regional countries. This leaves the programme manager with limited time on Zimbabwe. The global programming guidelines appear incomplete such that it makes it difficult to standardize activities incorporated in the scaling up of HIV and AIDS response in the private sector. There is an immense gap at the programming level that needs attention to guide the organizations at HIV and AIDS policy draft level. Otherwise the sustainability and continuation of the noble project with such remarkable potential is likely to suffer if the delay in policy finalizations is not urgently addressed.

ILO has achieved the objective of influencing policy formulation with most sectors having their draft HIV and AIDS policies and focal persons. It is noted that policy formulation is a process that involves extensive consultations which require adequate time. In this regard, it could be concluded that such objectives like policy formulation were ambitious to be achieved in the 2 years. Sector specific policies have been drafted; however there are challenges that delay their finalization. These challenges mostly emanate from the socio-economic challenges faced by Zimbabwe. The challenges include prioritization of HIV and AIDS issues vis-à-vis other competing organizational priorities such as organizational survival and sustainability in the textile industry and motor industries.. Lack of financial resources from project and/or other sources is also a contributing factor to the delay in finalizing sector specific policies. There is a need to expedite the process of policy finalization with the sectors. The policies are at different levels of development.

The evaluation discovered that at the upstream level there is evidence of scaling up of the HIV and AIDS programme and activities. The project was intended to benefit the workers at the shop floor and at all levels of both labour and the employer level. ILO senior staff indicated that this project was not meant to impact on the upstream level. One has to be careful of the fact that the little that is happening downstream is not ILO's fault because their aim was not to get to the shop floor level of every company. That was going to be the unions' work, which still is to happen. The evaluation found out that ILO had achieved its objectives of influencing policy formulation with most sectors having their draft HIV and AIDS policies and focal persons. For activities to cascade to the shop floor lots of financial support is required as most companies are still functioning at low capacity. There are challenges of communication when it comes to the focal persons communicating with their membership, transport, printing of the drafts for circulation etc. The project objectives are analyzed below in terms of the achievements and activities carried out on each key result area.

Objective One: To strengthen the capacity of employers and worker organizations to develop sector specific, union level and enterprise level policies and programs consistent with national policies and legislation.

- Capacity strengthening was already taking place at sector level, in some companies as far back as the 1990s. However, the ILO supported activities enabled companies to scale up HIV and AIDS responses in their sectors. From our findings, it is quite evident that the funding has had a positive impact for six draft sector policies that have been developed and eleven union level policies also developed. Most organizations expressed their gratitude and anticipation that the funding will continue.
- Information dissemination was evidenced during the evaluation as a total of 16 workshops for business or employers and 24 workshops for workers were conducted during the project period. This was part of sensitization process of HIV and AIDS information.
- A total of 11 union level and 6 sector level policies were developed during the project period and this has contributed to the strengthening of the capacity of employers and worker organizations.
- One of the key achievements of the ILO funded initiative was a new statutory instrument (S.I. 64) on labour inspection for HIV and AIDS provisions which was gazetted on the 18th of April 2008 as a result of consultations with EMCOZ, ZCTU, Ministry of Labour and ILO.
- The S.I. is an amendment to the HIV and AIDS regulations that govern the Labor Act. Companies are now being inspected on whether they have any HIV and AIDS sector policy in place, and HIV and AIDS coordinator or committee, carry out and education and awareness of employees, HIV and AIDS risk management, any peer educators or counselors, medical testing, care and support among other things. Due to scarcity of financial resources most companies indicated that Sida funding is indispensable and wished it could be extended since

companies are not yet operating at full capacity and since HIV – AIDS policies just exist in principle when it comes to allocation of company resources.

- Policy development has been observed to be mainly at the sector level. However, a few organizations have managed to develop draft HIV and AIDS policies at sector level. E.g. Motor Industry, Textile Industry, Urban Councils sector, Rural Councils sector, Commercial sector. The policies have not been finalized yet due to lack of funds.
- There are sectors that have also completed their policies and are awaiting funding to print and distribute to their affiliates e.g. Energy Sector. There is the Small to Medium Enterprises sector that has printed their policy and awaits funding to disseminate. There have been workshops, breakfast meetings, conferences by EMCOZ where HIV and AIDS were mainstreamed. This was being done before, but the actions were scaled up as a result of the ILO funding, to the extent that HIV and AIDS has become core to business. For example, the companies that were visited like Nissan Clover, Dairibord and CAAZ (Civil Aviation Association of Zimbabwe).
- There was a structural hiccup whatsoever because some employers indicated that they have been as they were made to pay for the workshops. There is evidence where employers and employees have participated in workshops together to bring their different understanding together under the banner of HIV and AIDS. There is also evidence of working together to strengthen and capacitate various organizations to scale up HIV and AIDS responses. E.g. NEC meetings that have been held under the banner of scaling up HIV and AIDS responses in the private sector.
- There is also ample evidence to show that despite policies being at draft stage, training has taken place at various levels. For example, there are now 35 trained focal persons from each of the ZCTU affiliate unions. All the regional office secretaries are trained lay counselors.

- Six regional drop-in centers have been launched under the auspices of the project and indicate progress towards strengthening the capacity of employees and union. Where it was established that there are male and female condoms, HIV and AIDS flyers and pamphlets although very inadequate considering the total membership of ZCTU. It is also important to note that there are various challenges at the drop in centers; which are to be outlines in detail later.
- There is also evidence of contracting expert resource persons from the Ministry of Health, NAC and the Ministry of Labour although ZCTU seemed to be 'unhappy' of the engagement of such personnel. They queried the issue of the recruitment criteria as well as the expenses involved in contracting such "experts".
- EMCOZ has 47 focal persons in each employer association that they are working with in an endeavor to scale up HIV and AIDS in the private sector organizations.
- Networking between the employer and employee organizations was improved with various workshops, training and project activities.
- Investments in HIV and AIDS services have paid off – the team found out that impact of HIV and AIDS service scale up has been visible. However, there remains a considerable unmet need for HIV and AIDS treatment and prevention services and additional resources are required.
- Scaling up of HIV and AIDS responses has had positive influence on other health services including raising awareness on STIs and reproductive health

Objective Two: To strengthen the institutional capacity of employers and workers organizations to coordinate workplace actions, lobby for action and leverage resources for comprehensive program responses.

- A total of 36 shop stewards' training programme took place.
- A training manual focusing on the workplace programming was developed and is being used by a number of unions and organizations. The evaluation evidenced a number of copies that were circulated to organizations and unions.
- A total of 120 peer educators were trained from a total of five enterprises, however training 120 from only five enterprises is a very small number for a project that is covering more than 60 unions and employer organizations combined.
- EMCOZ has developed, printed and launched their generic policy whilst ZCTU's generic policy has also been developed and awaiting endorsement by the organization's General Council.
- Further financial and technical support of ZCTU and EMCOZ HIV and AIDS coordinators to finalize and operationalize the generic policy on HIV and AIDS is limited and need to be increased to achieve the objective.
- A monitoring tool has also been developed for use by unions and organizations, however there no evidence of its use and implementation neither is there evidence to show that unions and organizations understand the importance of the monitoring and evaluation tool or manual..

Objective Three: To conduct knowledge, attitudes, beliefs and practice surveys (KABPs) and assess the economic impact of HIV and AIDS among workers and employers and their organizations.

- During the start of the evaluation there were preparations for the conducting of the Knowledge Attitude Behavior and Practice survey or study. This indicates efforts to carry it out as planned however it was conducted very late as planned.

- An economic assessment was done by ILO for SMEs through the funding of the project and data from it was used in this project in terms of decision making and planning.
- Such a noble project required a baseline survey, however, no baseline surveys have been conducted to determine the gaps and level of knowledge for programs development.
- Impact assessments were supposed to be conducted during the project period however there are no records of impact assessments of HIV and AIDS in the workplaces.
- There is no evidence of a tracking data or information in place to track changes throughout the project implementation although the monitoring and evaluation tool was developed.
- There is also no evidence of accurate and timeous reporting by focal persons to the programme manager and this also affected timeous reporting to Sida.

Objective Four: To support initiatives that increase access to ARVs treatment, care and support for workforce and their families through both public and private sector systems.

- This objective required a lot of support systems to be put in place first for it to be achieved. However the evaluation noted that there is not much evidence of achievement of this objective in the field.
- It is however acknowledged that efforts have been put towards providing support to workers in Zimbabwe. A total of six drop in centres has been established at ZCTU regional offices in the selected provinces of Bulawayo, Masvingo and Gweru. However the impact of these drop in centers has not been ascertained as they are still less than 5 months and are not fully equipped with the appropriate material resources

- Condoms are being distributed through these drop in centers and they have become hubs of information dissemination for the ZCTU.
- Counsellors have also been trained and are already working from the drop in centers. However they are still very few and would not meet demand.
- A communication strategy was also developed but is still to be operationalised to see how effective it can be.
- It was also found out that there is no record of whether there has been an increase or otherwise in the numbers of workforce accessing treatment including ARVs, care and support.
- Although some workshops were conducted as part of education and awareness campaigns there were no further education and awareness campaigns have been done for employers and their families under the banner of this project.
- The project was also expected to conduct some assessments for risk of infection of employees, however there is no record of such assessments of personal risk to infection and behavior change among the workforce (condom use and reduction in multiple partners).
- Treatment literacy is part of ongoing education. Although drop in centres were established treatment awareness there are no substantive records of treatment literacy campaigns in the private sector on opportunistic infections. The drop in centers are still to provide literacy services due to limited resources.
- It was also expected to come up with a data base for those who are accessing ARVs, however because the service is not readily available the database of numbers accessing ARVs is still to be established.

Objective Five: To reduce employment related stigma and discrimination against persons living with HIV and AIDS.

- The evaluation found out that a total of 1 060 workers were reached through education and awareness programmes. This mobilization of

workers was done at the union level through workers unions. This is commendable achievement for a programme that was implemented at the highest level of the Zimbabwean crisis.

- The objective was only visible at the upstream level as those who attended the awareness programs were the executives and representatives of unions without the shop floor worker. As a result there is no evidence of achievement of this objective on the ground, as far as the shop floor worker is concerned.
- Although a number of training workshops were conducted there is no evidence for training reports for all labor officers and designation of focal persons on the rights based approach to HIV and AIDS
- A lot of sexual violations are said to be taking place in a number of organizations and unions. Such cases were observed to be going unrecorded. There is no evidence for reports or records of identification of discrimination cases and other violations taking place as well as evidence for taking appropriate action against the violations.
- Under the auspices of the project there are no records of implementation of awareness programs that educate workers on issues of discrimination, stigma and other human rights violations.

ENABLING AND INHIBITING FACTORS

Programmatic Factors

- For what has been achieved to date the current strategic and administrative support from ILO, ZCTU and EMCOZ has to some extent raised the levels of commitment by the employers in scaling up HIV and AIDS responses in the private sector.
- Collaboration with different and relevant stakeholders in Harare has enabled the partners to achieve objective one and two. This participatory partnership with various stakeholders has been one of the notable enabling factors to the achievement of results and effectiveness of the current activities.
- Although the trainings were said to be inadequate, quality and type of training has been hailed, but there is room to improve to reach the majority of target beneficiaries; that is the employees and their families.
- Some of the programmatic gaps that are in the organizations are attributed to the non recruitment of a neutral substantive and qualified administrator/executive in time to give guidance to the administrative and programmatic issues of the activities to scale up HIV and AIDS responses in the private sector. In short, the achievements were made even in the absence of the administrator/secretariat but the flair that is required for maximum effectiveness of all interventions was definitely missing.

PROJECT CHALLENGES

Despite the progress noted the evaluation has observed that there are limitations and constraints that hindered accomplishment of the objectives. Criticisms are useful and help to circumvent complacency which can be fatal to a project's long term sustenance. Many challenges revolved around:

- Financing a sufficient and sustained response to the HIV and AIDS pandemic in the private sector has emerged the greatest challenge. Being 'short of funding delays the launching of the program and have the various draft policies finalized. People tend to lose interest because of the time taken to finalize and operationalize the HIV and AIDS policies. Sufficient and readily available financial support is required to expedite program implementation at the implementation level. A substantial percentage of the people and organizations interviewed were at the stage of drafting policy documents. This being short of ready financial resources deliberately limits the implementing partners' capacity to deliver.
- Funds are available under the project funding to develop a limited number of policies. The policies that are in draft now have not been printed due to the finalization process. However, the demand for policy development is much higher than what the project budget can cover. Hence some comments from the field that pertains to lack of financial resources. Additional resources are indeed required to reach a wider target.
- It was observed that nothing substantial has been done at the individual companies. For example, the National Employment Council for the Textile Industry in Bulawayo still has to approach companies and the Zimbabwe Urban Councils Workers Union in Bulawayo is also to distribute the draft HIV and AIDS policy to companies for comments.
- A lack of coordination among implementing partners was also observed as well as a lack of inclusiveness, especially with regard to

employees and ineffective use of civil society to ensure that the project was implemented with all support required.

- The political, socio-economic external environment in the country has not been conducive for the successful and effective implementation of the initiative. Industries shrank to as low as 15% capacity and this was coupled by a high rate of brain drain in the country that was as high as 75% by 2008. This has been predominantly economic decline, high inflationary economy and political violence and lack of good governance, and has worked against the achievement of the objectives within the specified time frame.
- In 2008 an NGO ban was introduced by the government as from March 2008 to October 2008. As a result all field work activities were suspended and the implementing partners could not do anything related to the project. This has resulted in ILO not requesting the 2008 disbursement and activities for the year could not be implemented.
- The non disbursement of project funds during 2008 resulted in the disbursement of funds in early 2009 and this meant that ILO had to apply for the no cost project extension and the project has now been authorized for extension to March 2010. Some of the activities are now being implemented late and cannot directly be linked to what was implemented in 2007.
- The private sector has been going through a tough time economically therefore the employers' contribution to the whole program has been adversely affected and very limited. Since the companies have been battling through because of the economic situation everything had, and still has, become secondary to productivity. In theory, companies might have budgeted in a bid to augment ILO efforts but in practice it became unsustainable to allocate resources for HIV and AIDS policy implementation.
- During 2008, ILO staff was not allowed to go out of Harare for security reasons hence some activities took place without their participation or

monitoring and to some extent compromised the quality of the training programmes and workshops conducted.

- There is not much information available on the drop in centres at the ZCTU regional offices. The Designated Agent for NEC Motor industry and Nissan Clover Leaf management manifested a lack of knowledge of the drop in centre facility. They however did not rule out that the employees could be aware of their availability through their unions.
- Of the six regional drop-in centres we managed to visit three - Harare, Bulawayo and Gweru. They have their idiosyncratic challenges which include no full time personnel in charge of the drop in centres. This shortcoming has hampered effective utilization of these facilities. The office space that has been allocated to the drop in centres is too small hence the need for bigger premises or more offices to cater for the influx of the people that visit the centres. Evident was also the need for furniture for the drop in centres.
- The Drop-in Centre is an innovative initiative that needs resources and capacity to be fully utilized. The printer at the Gweru drop in centre is still to be installed. A need for connection to the internet was also alluded to so the personnel at the drop in centre can keep abreast with recent developments in the HIV and AIDS field so they can be of optimum assistance to the target group.
- The supplies at the drop in centres are very inadequate and in some instances, female condoms are altogether not available. Some employees have questioned the availability of food handouts or nutritional packs for those infected by HIV and AIDS. And these are not available. A lay counselor at the Gweru drop in centre hinted on the need for further training on the technical side, treatment literacy and knowledge on ARVs, among other issues.
- The implementing partners have in some instances failed to hold follow up workshops to buttress the initiative by ILO to scale up HIV and AIDS response in the private sector. NEC Textiles, Bulawayo and

Willsgrove Pottery alluded to how EMCOZ had made guarantees to visit which they never honored at the end of the day. In the same vein, the follow up workshops that had been promised to the ZCTU Women Advisory Committee never took place.

- Confusion has become the order of the day with some employers as regards the role of the ZFTU in this project considering how they also purport to represent employees in the private sector. Which employees happen to be the target group of this particular project. In Mutare, it was discovered that the ZFTU had made requests to work with Meikles Stores in drafting and implementing an HIV and AIDS policy. The employer now was at loggerheads as to which Union to deal with, hence a derailment of any progress that might have been perceived until this grey area is clarified. The implementing partners maintain that there is no confusion as ZCTU is representing the workers as the ILO is working primarily with the ZCTU on this project.
- Due to the adverse economic standpoint of some companies, the employees of various organizations are being put on two weeks forced leave and this has negatively affected effective and efficient implementation of the project. The HIV and AIDS committees can no longer meet as frequently as they desire for the members are sometimes not at work during the same weeks. A case in point is Air Zimbabwe and Meikles employees.
- Some of the partners' constituents are not clear on what the ensuing step is after adopting the policy document. Such an indistinct state of affairs require imperative consideration by the implementing partners if the project is to be a success.
- Some employers have been incapacitated to attend some of the workshops held by EMCOZ under the auspices of the ILO project because of requests to pay for attendance, accommodation and meals. Management of one EMCOZ member company expressed disgruntlement on this demand. They claim to have paid for the ZIPAM

and Bulawayo Rainbow Hotel workshops. EMCOZ's response has been that business does not put value on free activities hence the need to charge a commitment fee usually equivalent to a one night stay at the venue where the activity is being held; ensuring that if the participant does not turn up the project does not bear the cost of the no show. It is also important to note that ZCTU has not requested any payments for workshop attendance. It was crucial to have a provision in the MoU that specifying guidelines as to how these workshops were to be conducted e.g. it should have been stated clearly the all the activities were to be exclusively funded by ILO in light of the low capacity being experienced by most organizations. It is felt that this might have discouraged some organizations from participating.

- The terms of reference of the project coordinators are not clear as well as their job descriptions. This lack of clarity resulted in a number of challenges. It could not be ascertained if they were the right people for the jobs. Moreover, the posts should have been advertised as what happened to the project manager's position. Terms of reference specific to the project are required so as to enhance project efficiency and effectiveness.
- There were also claims that employers were referred to ZCTU for training organization. The query then was why employers were being asked to get assistance from the employee associations when they should be liaising with the body set for employer concerns. This unclear position could have hindered successful implementation of the program as the waiting for clarifications resulted in unwarranted delays. It was however established from EMCOZ that there had been bilateral discussions between the implementing partners where roles were defined and agreed : EMCOZ focused on making HIV and AIDS a "business case" through management sensitization and policy formulation while the ZCTU focused on peer education and employee awareness making the referral system two way.

- An employer made a proposal to EMCOZ on issues that needed attention but they are still to get a response. The issues were basically what's outlined in Statutory Instrument 64 of 2008 i) – sensitization of management ii) – training of HIV and AIDS committees iii) – training of peer educators and counselors iv) – education and awareness of employees, including literature on ARVs and nutrition v) – policy development and implementation vi) – research vii) – KAPBS, knowledge, attitudes, practice and beliefs surveys. Infrastructural challenges of having dial up internet and email connection at EMCOZ offices might have adversely affected information exchange with the constituency. This negative standpoint can be rectified by broad band internet and website hosting to expedite communication with the members.
- The draft policies are at sector level and still have to cascade down to company level. Until this takes place no effective and efficient implementation of the project can take place since the target group would not have been reached.
- Since launching of the project it is still unclear what prevention activities are available, what treatment is accessible, what care is being offered, what support is available, is there follow up counseling, is it being provided adequately, treatment literacy, routine monitoring of clients?
- The coverage/exposure of the project has only been minimal. Smaller ground than expected has been covered. Therefore, there is a need for more time for the project to take root since it is relatively a new phenomenon. There also has been inadequate publicity, especially in places other than the major cities and towns.
- The Ministry of Labour which should be playing a principal role in initiating action on HIV and AIDS in the workplace is inadequately resourced to carry out this task effectively and efficiently. The Ministry

official interviewed said the Ministry lacks even the capacity to ensure effective implementation of S.I. 64/2008.

- There have been sentiments that the ILO project has been sort of a stand alone project that did not get fully integrated into the national response. The National AIDS Council official interviewed was of the viewpoint that the project had limitations because of its stand alone strategy. A coordinating mechanism should have been identified in the private sector, rather than the ILO itself.
- ZCTU cited how complicated it has been to implement some of the activities because of the UN regulations, with ILO being the secretariat. For example, the length of time taken to get funds disbursed as well as the requirement for numerous quotations for workshop venues, requirement for letters to 'justify' workshops.
- ZCTU and EMCOZ have been fraught with a number of challenges, chiefly that they have operational baggage of their own, are affiliate organizations – what becomes of the organizations that do not affiliate to them? Apparently, there has been a tendency to leave them out of the project activities out rightly since it is not clear to what extent are their decisions catering for those entities not affiliated to them.
- Human resource capacities are limited – the numbers, clarity of the partners core business juxtaposed to the HIV and AIDS business.
- Absence of a coordinated infrastructure support. Are there any support mechanisms in place? The partners lack capacity to treat opportunistic infections, for instance.
- There is evident a weak monitoring and evaluation system since the data management system is lacking and the information management system is weak. The activities should be fully documented and every program should have real recorded data. More emphasis should be put on data collection and management.

- HIV and AIDS related stigma and discrimination in health care settings, excessive bureaucracy, and logistical problems in the drug supply system have all combined to create obstacles to treatment access.
- Administrative challenges have also been encountered where the implementing partners have failed to access financial resources when required resulting in the postponement and/or cancellation of activities. The UN system is bureaucratic; the implementing partners are expected to operate using the UN modus operandi, which is not feasible to business at times. Apparently, there are no mechanisms for corrective and improvement purposes. This further created a gap that limited the effectiveness of some of the interventions such as issues of accountability, quality and standardization of HIV and AIDS response scaling up activities.
- Limited contact time with the target group resulted in some of the employers losing interest. Visiting a project area less than three times a year does not bring the desired and required result in the most effective way.
- A single vehicle for project interventions and administrative functions hardly provides the coverage of the whole country. Some towns are going for months without being visited, if at all they were ever visited, and this is worsened by the fact that the vehicles are not exclusively for the designated project coordinators. It was established that the ZCTU project vehicle at the disposal of the coordinator is a Nissan Hard body, not the Prado that is the designated project vehicle under the MoU agreement.

RECOMMENDATIONS

The issue of sustainability has been a perennial problem to Agencies and NGOs doing HIV and AIDS work. Giving more weight to project sustainability is like giving more focus and values to HIV and AIDS work. The ILO project's continuity after Sida support is not guaranteed because at the union and employer levels it lacks proper attitudes, principles and posture that it should possess in looking at sustainability of the project. The issue of project sustainability beyond Sida funding is mainly an economic question, the industry is operating at below capacity in the country, brain drain levels are still very high at 75%, and more workers are still crossing borders for greener pastures. Most organizations do not have funds to dedicate to HIV and AIDS initiatives. This therefore means the sustainability depends on the economic recovery and the rejuvenation of the industry. Once the economy stabilizes then the interventions become sustainable as organizations and sectors may be able to fund their own programmes.

1. The project may continue but subject to structural and operational changes that should ensure its sustainability and effectiveness to intended beneficiaries. Evidence for interventions and some extent of project results has been noted by the evaluation, however; this can be improved if more contact time with the implementing partners and target group is increased to more regular visits for consolidation and monitoring of project activities. Potential to achieve more has been observed if more appropriate collaborations and partnerships with, both government departments and other non – governmental organizations in areas that the ILO is not covering are established to complement current activities.
2. External training expertise has been observed to have brought quality knowledge and awareness to the employers and employees alike. For sustainability and cost effectiveness the project implementers need to bring in more qualified personnel and build their capacity to ensure continuity and sustainability even if funding is withdrawn. Recruiting full time technical and professional personnel on strategic positions such

as counseling (and testing) at the drop in centres currently occupied by inadequately trained personnel should be the first step.

3. The role of ILO needs to be defined as well as its responsibilities and boundaries; whether ILO should go into program activity or not, whether they should work with partners only and not direct activities? Separation of duties is not evident; it is therefore recommended that duties of each partner of the structure be clear cut to improve the efficiency of the organizations in implementing the project.
4. A heightened national response, one that ignites focused, collaborative action among labor partners and various stakeholders is vital at this time to reduce the toll of HIV and AIDS on the workforce. Such a heightened response must focus on four main areas: (1) expanding the reach of prevention services, (2) increasing opportunities for diagnosing and treating HIV, (3) developing new, effective prevention interventions, and (4) mobilizing broader community action.
5. Assess innovative social marketing strategies to provide packages of health-related products needed by HIV positive employees in the private sector – work with partners to develop comprehensive packages of goods to reach HIV positive employees to meet their unmet needs for HIV and AIDS prevention and palliative care. Extend the reach of HIV and AIDS interventions through private sector networks and NGO contracting – conduct assessments of innovative networks and performance based contracting approaches to increase the scale of private sector interventions.
6. The project should have programs that help employees learn their HIV status, help high risk HIV negative persons avoid infection, support prevention services for employees living with HIV infection and for their partners and link them to appropriate care and treatment services to reduce risk behaviors, prevent further transmission of new HIV infections, and help track the course of the epidemic and identify new and enhanced interventions.

7. ILO should address HIV and AIDS prevention through an array of public health activities including monitoring the disease's impact, facilitating and supporting partnerships, implementing prevention programs, conducting intervention research and program evaluation, delivering technical assistance to build the capacity of individual companies to offer prevention services and develop policy and communications to support HIV and AIDS prevention. These activities are conducted with a wide range of public – and private – sector partners, including state and local health departments, community based organizations and other non-governmental organizations, businesses and the media.
8. Since ILO has identified the gaps in its implementation partners (i.e. core business of the organizations is affected, organizations tend to take partnership resources to run core business, and amount of time allocated to partnership business is compromised), ILO should consider putting activities direct to the companies. The partners have realized that it is not in their strict mandate to implement activities hence the need for role definition. This ambiguity adversely impact on efficiency. The operating partners should be neutral or ILO can get commitment from the representing body that they will service beyond membership.
9. There is an urgent need to strengthen work place programs within the private sector, especially for the small businesses. Some of the programmatic gaps that are in the organizations are attributed to the non recruitment of a neutral substantive and qualified administrator/executive in time to give guidance to the administrative and programmatic issues. Even though achievements were made in the absence of the administrator/secretariat, the flair that is required for maximum effectiveness of all interventions was definitely missing. Therefore, there is need for a secretariat that is housed in ILO to give guidance to the administrative and programmatic issues to coordinate

private sector responses and build capacity for national ownership. As well as manage funds and disburse them directly to the individual companies in the private sector to institute program activities that enhance scaling up of the response to HIV and AIDS in the world of work.

10. From the analysis the project was seen to require administrators and coordinators with a social science degree with a bias towards health or project planning and management. The evaluators were not convinced of the current qualifications of some of the project administrators/coordinators. It is recommended that an independent auditor should be engaged to audit the project funds. The project manager should also get reports of how finances are being spent at the partners' level e.g. actual salaries of project coordinators. Since it is not clear how much they were actually paid since the inception of the project.

CONCLUSION

The project was successful in achieving the intended result of sensitization of management since many companies now recognize the HIV and AIDS epidemic as a serious threat to productivity and profitability and are ready to adopt practical steps for developing and implementing workplace prevention and care programs that will serve both employees and managers. There was meaningful involvement of management in the policy draft stages and there is a potential to have their capacity enhanced in the policy implementations. Objective one and two of the overall project were achieved although programmatic and organizational systems were not yet fully in place. The partners also focused on gender and ensured training of women peer educators and counselors. This consideration will further provide opportunities to engage and empower women. Significantly increased financing is critical to expanding service capacity and quality, making necessary infrastructure improvements. At the same time, significant expansion of resources requires accompanying efforts to support increased training opportunities and financing human resources generally. The ILO project is one of the best in addressing HIV and AIDS issues at the workplace and for this reason has the potential to change and improve not only the level of relief of its beneficiaries, but for business as well. Participants noted the need for research into the management of the project e.g. what are the best practices for managing partner relations. The issue of project sustainability beyond the SIDA funding is mainly an economic question. Once the economy stabilizes then the interventions become sustainable as organizations and sectors will be able to fund their own programs. Over and above all, this is a good project which can benefit the workers and their families when fully implemented. However, as noted above this project needs to be properly administered and coordinated to ensure efficiency and effectiveness. The evaluators felt compelled to recommend that a basket fund model could be considered which may or may not be administered by ILO.

Annexure

LIST OF INDIVIDUAL INTERVIEWS

NAME	SEX	ORGANIZATION	POSITION
Tongai Marodza	M	Commercial Farmers Union	Agriculture Sector Focal Person
Primrose Hove	F	Nissan Clover Leaf	Human Resources Manager
Gabriel Mashanda	M	Dairibord	Labour Officer
Dennis Mucheni	M	Engineering Workers Union	Regional Officer
Mr. Zengeni	M	NEC Motor	Designated Agent
L Mukaro	M	Sable Chemicals	SHE Manager
Mr. Machona	M	Ziscosteel	Human Resources Executive
E. Shava	M	BATA, Gweru	
Ms. Man'ombe	F	ZCTU	ZCTU Gweru Office Secretary
M Sibanda	M	ZCTU	Legal Officer, Bulawayo
Mr. Charehwa	M	NEC Textiles, Bulawayo	Designated Agent
Mr. Mahlangu	M	ZUCWU, Bulawayo	General Secretary
Thoko Siwela	F	ZCTU, Women's Advisory Council	Acting Secretary General
Skhanyisiwe Dube	F	Willsgrove Pottery	HR and Admin Manager
Mr. Nyangwe	M	Triangle Sugar Association	
Mr. Musonza	M	Meikles	Human Resources Manager
Mr. Chitsa	M	Mutare Board and Paper Mills	
Mr. Sithole	M	RDC Workers Union, Mutare	National Organizing Secretary

Mr. Chinjekure	M	NEC Energy Sector	Secretary General
Edith Maziofa	F	SWAPH	Coordinator
Loveness Sibanda	F	CAAZ	HR Manager
B Dupwa	F	MoH – AIDS and TB Unit	
Mr. Maravanyika	M	Air Zimbabwe	Manager Corporate- HR
T. Hove	M	SMEs	Acting Deputy Director
Dr. N Mahachi	M	ZAPSO	Executive Director
Mr. Mafuratidze	M	Ministry of Labour	Chair: Project Advisory Committee
Monica Mandiki	F	Safaids	Country Representative
Vimbai Mdege	F	National AIDS Council	Workplace and Gender Coordinator
Mr. Banda	M	ZCTU	
Mildred Madzudzu	F	ZCTU	
David Mutambara	M	ZBCA	Executive Director
Mr. Mufukare	M	EMCOZ	
Mr. Masunda	M	EMCOZ	

EMCOZ Questionnaire

1. What are your terms of reference/ expected outcomes?
2. How far have you gone in implementing the program?
3. How responsive has the workforce been?
4. What are some of the activities you have put in place for workers involvement?
5. From your experience what do you consider to be the strengths and challenges of the HIV/AIDS workplace initiative that ILO is implementing? (probe for all components)
6. Are there cases to show success of the program?
7. What resources have you received from ILO? How have they been disbursed/utilized?
8. Do you feel the support is adequate?
9. Is the program gender sensitive? If yes, how?
10. Do you have HIV/AIDS committees at workplaces to drive the program?
11. What structures are in place for successful implementation of this program?
12. How is the level of cooperation and relationship between yourselves and ZCTU? Are you satisfied with the relationship? (Probe for reasons)
13. How has the external environment affected implementation of the program?(probe for social, economic, political)
14. What do you consider to be the achievements of the program?
15. Has the program managed to reach its intended target group?
16. On top of the current activities what others do you think should have been included in the project?
17. Without external support do you foresee this project surviving? If yes, what are the measures you have put in place to enable the project to be self-sustaining after withdrawal of funding/support?
18. Are there any issues/comments you would want to highlight?

ILO QUESTIONNAIRE

1. What activities are being implemented by ILO and for each of the mentioned activities comment on the adequacy and appropriateness of strategies that have been adopted by the program?
2. Are you satisfied with the level of cooperation between your organization and the other partners during all stages of the project? If not, which stages were you not happy with? Give reasons.
3. In what ways were the sectors from various industries in the country considered for the project?
4. Comment on whether the project has managed to achieve the intended results and objectives? Has managed to reach its intended target group?
5. What factors contributed to these achievements, if any?
6. Are there any major key issues that have emerged from the project so far?
7. In your view would you think this project promotes sustainable empowerment for the sectors/employees? If yes, how?
8. From your experience, what do you consider to be the strengths and challenges of the project ILO is implementing?
9. What measures have you put in place to rectify the challenges?
10. How are the project activities being monitored and what tools are being used? (strategy, monitoring plans, data files, data bases)
11. How can the existing activities be improved or strengthened?
12. What challenges have you encountered working with EMCOZ and ZCTU, what could be done differently to maximize benefits from the collaboration?
13. How has the external environment affected the implementation of the project?
14. How are other stakeholders supportive of the project and participation in the program?
15. What are the other organizations that ILO is not collaborating with which would be worthwhile to collaborate with?
16. What could be done differently in order to maximize the impact of each of the project component to achieve more impact?
17. Do you foresee this project continuing if SIDA was to withdraw its support?
18. What can be done by SIDA in order to ensure that the project is sustainable?

ZCTU QUESTIONNAIRE

1. What are your terms of reference/ expected outcomes?
2. How far have you gone in implementing the program?
3. What are some of the activities you have put in place for workers involvement?
4. From your experience what do you consider to be the strengths and challenges of the HIV/AIDS workplace initiative that ILO is implementing?(probe for all components)
5. Are there cases to show success of the program?
6. What resources have you received from ILO? How have they been disbursed/utilized?
7. Do you feel the support is adequate?
8. Is the program gender sensitive? If yes, how?
9. Do you have HIV/AIDS committees at workplaces to drive the program?
10. What structures are in place for successful implementation of this program?
11. How is the level of cooperation and relationship between yourselves and EMCOZ? Are you satisfied with the relationship? (Probe for reasons)
12. How has the external environment affected implementation of the program?(probe for social, economic, political)
13. What do you consider to be the achievements of the program?
14. Has the program managed to reach its intended target group?
15. On top of the current activities what others do you think should have been included in the project?
16. Without external support do you foresee this project surviving? If yes, what are the measures you have put in place to enable the project to be self-sustaining after withdrawal of funding/support?
17. Are there any issues/comments you would want to highlight?

WORKERS' QUESTIONNAIRE

Sex.....

Level of education.....

Age.....

Religion.....

1. Are there any HIV/AIDS related activities at your workplace?
2. When did these begin?
3. How relevant and appropriate is the project to you as employees?
4. Who organizes these activities?
5. How often do you get information on HIV/AIDS prevention?
6. How do you feel about these programs?
7. Are you happy with the way the programs are being run?
8. Are there any/some of you who have succumbed to HIV/AIDS related illnesses?
9. Did the company assist in such instances?
10. Are there any counseling services offered to the employees here?
11. Has there been an increase in access to ARVs, treatment, care and support for the workforce and their families?
12. Are all workers involved in the programs? Women and men?
13. Is it voluntary attendance to the programs?
14. How do you feel about questions of sexuality, reproductive health etc being discussed in public?
15. Before the inception of the HIV/AIDS workplace initiative, how were your colleagues with HIV/AIDS being treated at the workplace?
16. Have you managed to perceive a reduction of employment related stigma and discrimination against employees living with HIV/AIDS?
17. Do they have HIV/AIDS awareness committees at shop floor level?
18. What is the role of the workers' committee in the HIV/AIDS awareness and prevention initiatives?
19. Where is your drop in centre? How has it assisted you?
20. Are there any peer educators? Gender?
21. How are women in the project and even those outside accessing and controlling and benefiting from the HIV/AIDS workplace initiative?
22. What are the measures put in place to enable the project to be self-sustaining after the withdrawal of support?
23. On top of the current activities what others do you think should have been included in the project?
24. Are there any other comments or issues that you would want to highlight on?

MANAGEMENT QUESTIONNAIRE

1. How many employees do you have? And how many have been involved/attending the HIV/AIDS awareness and prevention activities?
2. Is attendance voluntary or otherwise?
3. Has the HIV/AIDS workplace initiative been implemented as intended?
4. What are some of the intervention initiatives at the company level resulting from this ILO-sponsored program?

5. Are you, as management, aware of the objectives of the program? If yes, what have been the achievements?
6. What structures have you put in place?
7. How often are you meeting with the workers with regard to the program?
8. Do you sometimes have ZCTU officials attending?
9. Who is the main actor at the company level? Is it HIV/AIDS committee, workers committee or management?
10. What resources do you have at your disposal to implement the program at company level?
11. Do you think the resources are adequate?
12. What has been the response of the employees to the HIV/AIDS workplace initiative?
13. Have you also thought of convening meetings with employee families here at the workplace? For example, through end of year parties?
14. How has HIV/AIDS been mainstreamed in your company activities? For example, posters, pamphlets?
15. Where is your drop-in centre? How has it assisted you?
16. At management level, had you had problems of employee absenteeism related to HIV/AIDS related illnesses?
17. If yes, what is the situation now?
18. Are there any peer educators? Gender?
19. How are women in the project and even those outside accessing and controlling and benefiting from the HIV/AIDS workplace initiative?
20. Do you have a company clinic? Are they involved in HIV/AIDS awareness? How?
21. Would you say the project is achieving the intended results and objectives?
22. If not, what are your suggestions?
23. How has the external environment affected the implementation of the project?
24. Do you think the project has managed to reach its intended target group? i.e. the employee, family, community
25. From your experience what do you consider to be the strengths and challenges of the HIV/AIDS workplace initiative that ILO is implementing?(probe for all components)
26. What do you consider to be the achievements of the program?
27. What are the measures put in place to enable the project to be self-sustaining after the withdrawal of support?
28. On top of the current activities what others do you think should have been included in the HIV/AIDS workplace initiative?
29. Are there any comments/issues that you would want to highlight?

STAKEHOLDERS QUESTIONNAIRE

1. What is the history of involvement in the ILO scaling up of HIV/AIDS responses for the private sector?
2. What contribution did/does your organization have in the various individual project components?
3. What activities are being implemented by ILO and for each of the mentioned activities comment on the adequacy and appropriateness of strategies that have been adopted by the program?
4. Comment on the relevance and appropriateness of the interventions?
5. Are you satisfied with the level of cooperation between your organization and ILO/EMCOZ/ZCTU during all stages of the project? If not, which stages were you not happy with? Give reasons.
6. Would you say the project is achieving the intended results and objectives?
7. Are there any major key issues that have emerged from the project so far?
8. In your view do you think this project promotes sustainable empowerment of employees? If yes, how.
9. From your experience, what do you consider to be the strengths and challenges of the project that ILO is implementing?
10. How can the existing activities be improved or strengthened?
11. What challenges have you encountered from working with ILO/EMCOZ/ZCTU, what could be done differently to maximize benefits from the collaboration?
12. How has the external environment affected the implementation of the project?
13. What other activities do you think should have been included in the ILO project?
14. Comment on the capacity of ILO to implement its project?
15. Do you think this project being implemented by ILO will continue if financial support is withdrawn by SIDA?
16. What can be done by ILO to ensure that the project is sustainable?

EMCOZ/ZCTU QUESTIONS

1. Has the ILO provided adequate guidelines to the implementation process?
2. Are objectives clear and achievable and measurable? Have the project objectives been clearly enunciated to you?

3. Can you outline the main stages in implementation of the project highlighting main milestones and challenges?
4. Did you get adequate guidelines from ILO as regards implementation of the project?
5. Do you think the objectives were attainable in the proposed two year period?
6. What can you say have been the achievements? And the challenges?
7. What can be done to overcome the challenges?
8. How is the project money disbursed to you?
9. Have you received required financial support on time?
10. How can disbursement of funds be expedited?
11. Do you control any budget?
12. How was the money disbursed to the sectors?
13. How much is still in ZCTU/EMCOZ coffers?
14. What has stalled the program if the funds are still there?
15. How many project staff do you have?
16. Are the salaries paid by the project?
17. What is the project staff salary structure?
18. What other resources have you received? How have you used them?
19. Who is responsible for the project vehicle, which is a Prado from the agreement which we saw? (Provision 8 in the Vehicle loan Agreement)
20. Where is the logbook and who monitors the movement of this vehicle? We want to see the logbook and the car and the driver.
21. Are you given fuel? How much? And how has it been used?
22. How often is the vehicle being serviced? And can the report be availed to us.
23. What monitoring mechanisms are in place to ensure efficient use of such resources? The car, computers, fuel, printers, expert resource persons etc.
24. As ILO's implementing partner, what was your mandate in this project?
25. As program coordinator on the employer/employee side what has been your terms of reference?
26. How were you supposed to communicate and manage this constituency?
27. Wasn't there a need for assistants in undertaking your mandate considering the volume of work involved?
28. What have been the major constraints from your point of view?
29. How is your relationship with ZCTU/EMCOZ?
30. How has been your relationship with the employers/employees in the implementation of the project?
31. Is it a good working relationship in terms of achieving the objectives of this project?
32. How far have you implemented the project?
33. What are some of the activities already taking place apart from policy formulation?
34. Do you have adequate human capital for the efficient and successful implementation of this project? If not, what recommendations did you ever make to ILO?
35. What are some of the administrative challenges?
36. What are your views toward the findings on the field with regard to your role in this project?
37. According to the MOU there are areas of cooperation for the implementing partners with regard to recruitment and appointment of staff for the project etc. Has there been such cooperation?
38. Were the provisions of the MOU clear to you and were you involved as implied in the various activities?
39. Does the Project Advisory Committee exist?
40. If yes, how is it constituted?
41. How often has it been meeting and where are the minutes?
42. The ILO was to provide you with advisory, technical and administrative support. Are you happy that this happened?
43. Have you provided ILO with activity reports quarterly, half yearly and annually as detailed in the MOU?

