



**INTERNATIONAL LABOUR ORGANIZATION/
UNITED STATES DEPARTMENT OF LABOR
(ILO/USDOL)**

**HIV/AIDS WORKPLACE EDUCATION
PROGRAMME IN ETHIOPIA**

**MID-TERM INTERNAL ASSESSMENT
13-23 MARCH 2006**

REPORT

**30 APRIL 2006
ADDIS ABABA, ETHIOPIA
Final Draft**



TABLE OF CONTENTS

| | |
|--|-----------|
| LIST OF ACRONYMS | 3 |
| EXECUTIVE SUMMARY | 4 |
| I. BACKGROUND AND PROJECT DESCRIPTION | |
| • GLOBAL IMPACT OF HIV/AIDS | 7 |
| • REGIONAL IMPACT OF HIV/AIDS | 7 |
| • NATIONAL IMPACT OF HIV/AIDS | 7 |
| • NATIONAL RESPONSE TO HIV/AIDS IN ETHIOPIA..... | 7 |
| • ILO USDOL RESPONSE TO HIV/AIDS IN ETHIOPIA | 8 |
| • OBJECTIVES OF THE PROJECT..... | 9 |
| II. ASSESSMENT PURPOSE AND METHODOLOGY | |
| • PURPOSE OF THE ASSESSMENT | 10 |
| • ASSESSMENT TEAM | 10 |
| • ASSESSMENT METHODOLOGY | 10 |
| III. PROJECT STATUS..... | 11 |
| IV. ASSESSMENT FINDINGS | |
| 1. ILO | 12 |
| 2. HAPCO | 13 |
| 3. USAID | 13 |
| 4. MOLSA | 14 |
| 5. EEF | 14 |
| 6. CETU | 15 |
| 7. FSCA | 16 |
| 8. FEMSEDA | 16 |
| 9. Dawn of Hope | 17 |
| 10. Targeted Enterprises | 17 |
| V. CONCLUSIONS AND RECOMMENDATIONS | |
| • CONCLUSIONS | 20 |
| • RECOMMENDATIONS | 21 |
| VI. ANNEXES | |
| 1. TERMS OF REFERENCE FOR THE INTERNAL ASSESSMENT | 22 |
| 2. INTERNAL ASSESSMENT SCHEDULE | 27 |
| 3. PERSONS INTERVIEWED BY THE ASSESSMENT TEAM | 28 |
| 4. INTERVIEW PROTOCOL (Adapted) | 29 |
| 5. LIST OF TARGETED ENTERPRISES | 30 |
| 6. PROJECT IMPLEMENTATION TIMELINE | 31 |
| 7. RECOMMENDATIONS TRACKING TABLE | 32 |



LIST OF ACRONYMS

| | |
|-----------|--|
| AIDS – | Acquired Immunodeficiency Syndrome |
| ART – | Anti-Retroviral Therapy |
| BCC – | Behaviour Change Communication |
| CETU – | Confederation of Ethiopian Trade Unions |
| DED – | German Development Service |
| DOH – | Dawn of Hope |
| EBCA – | Ethiopian Business Coalition against HIV/AIDS |
| EEF – | Ethiopian Employers’ Federation |
| EMSAP – | Ethiopian Multi-Sectoral HIV/AIDS Programme |
| FCSA – | Federal Civil Service Agency |
| FEMSEDA – | Federal Micro and Small Enterprise Development Agency |
| HAPCO – | HIV/AIDS Prevention and Control Office |
| HIV – | Human Immunodeficiency Virus |
| IEC – | Information, Education and Communication |
| ILO – | International Labour Organization |
| ISAPSO – | Integrated Services for AIDS Prevention Support Organization |
| MOH – | Ministry of Health |
| MOLSA - | Ministry of Labour and Social Affairs |
| MSEs – | Micro and Small Enterprises |
| NGOs – | Non-Governmental Organizations |
| NPC – | National Project Coordinator |
| PAB – | Project Advisory Board |
| PASDEP – | Plan for Sustainable Development and Ending Poverty |
| PE - | Peer Educators |
| PLWHA – | Persons Living With HIV/AIDS |
| PMP – | Performance Monitoring Plan |
| REMSEDA - | Regional Micro and Small Enterprise Development Agency |
| STDs – | Sexually Transmitted Diseases |
| TOR – | Terms of Reference |
| TOT – | Training of Trainers |
| UNAIDS – | Joint United Nations Programme on HIV/AIDS |
| UNDP – | United Nations Development Programme |
| USAID – | United States Agency for International Development |
| USDOL – | United States Department of Labor |
| VCT – | Voluntary Counselling and Testing |
| WHO - | World Health Organization |



EXECUTIVE SUMMARY

The Project Document for the ILO/USDOL HIV/AIDS Workplace Education Project in Ethiopia provides for a mid-term internal assessment. The assessment was conducted 13-23 March 2006 in Addis Ababa, Ethiopia by an Assessment Team of two consultants employed by ILO who were assisted by local ILO/USDOL project staff. The assessment was undertaken without USDOL participation due to the unavailability of a USDOL representative at the time the assessment was scheduled. The Assessment Team followed the Terms of Reference (TOR) for the internal assessment as approved by the Project Advisory Board (Annex 1 - TOR). During the assessment the Team met with all members of the Project Advisory Board (PAB) (Annex 2 – Assessment Schedule), some of whom are also representatives of the implementing partners of the project as described in the Project Document. The Team also met with representatives of four of the target enterprises (Annex 3 – List of Persons Interviewed). At the conclusion of its work the Team presented a summary of its findings and recommendations to the PAB for feedback.

According to the TOR, the purpose of the internal assessment is to: (a) assess the appropriateness of the project strategy; (b) determine if the project is moving towards the achievement of its stated objectives; (c) assess impact and achievements; and (d) provide recommendations. The findings of the assessment are presented in five sections: appropriateness of project objectives and strategy, project implementation, project management, sustainability, and performance monitoring system. Given the delays in implementation encountered by the project, the Assessment Team concentrated its recommendations on actions required to enable the project to meet its stated objectives within the remaining project time period.

1. APPROPRIATENESS OF PROJECT OBJECTIVES AND STRATEGY

The ILO/USDOL Project Document identifies two general Development Objectives to which the project will contribute:

1. Reduced HIV/AIDS Risk Behaviors Among Targeted Workers
2. Reduced level of Employment-related Discrimination Against Workers Living with HIV/AIDS or Affected by HIV/AIDS

The Project Document identifies three Immediate Objectives which the project itself is to achieve:

1. Improved knowledge, attitudes and perception of norms related to HIV/AIDS risk behaviors
2. Increased use of available HIV/AIDS workplace programs
3. Increased knowledge and understanding of HIV/AIDS workplace policies

These Immediate Objectives have 8 Sub-immediate Objectives and 14 related Outputs. A revised Strategic Framework dated 3 December 2004 identifies 4 Immediate Objectives and 7 Sub-immediate Objectives for the project. The Assessment Team found both Strategic Frameworks for the project to be cumbersome and confusing, with no clear link between some of the Sub-immediate and Immediate Objectives. In addition, the first Immediate Objective identified in the Project Document has no related Outputs while the third appears to have 11 Outputs. Nevertheless, the Assessment Team concluded that the overall project objectives remained relevant and important for the implementing partners, and that the overall project strategy, to increase the capacity of the ILO tripartite constituents and other partners to design and implement HIV/AIDS workplace policies and programs, continued to be appropriate and potentially effective for achieving the project objectives.



2. PROJECT IMPLEMENTATION

Project implementation suffered initially from problems in ILO project management, caused primarily by the resignation of the first National Project Coordinator (NPC), and by delays in the signing of the project Memorandum of Understanding by the Federal Government. As a result, project implementation is fully one year behind schedule. In addition, failure to make use of the implementation modality provided for in the Project Document, namely the use of the implementing partners to undertake project activities on their own, has caused tensions between some of the partners and the ILO project, further contributing to delays in implementation.

As a result of the delays, the project has yet to produce results at workplace level, namely a reduction in workplace stigma and discrimination against workers living with HIV/AIDS, or a reduction of risk behaviours among targeted workers, and the project Performance Monitoring Plan (PMP) has only been used so far to guide baseline data collection in the targeted enterprises. Overall, the project has had limited impact on its implementing partners and no impact yet on project beneficiaries – employees, civil servants and workers at workplace level.

3. PROJECT MANAGEMENT

The Assessment Team found that the new NPC is effective in her management of the project and in her relations with the partners. The Team concluded that project management was now on track and catching up on the implementation of project activities. The Team believes that implementation of the Team's recommendations would accelerate project implementation and enable the project to achieve its objectives.

4. SUSTAINABILITY

The Assessment Team has doubts about the sustainability of the project at national level if the present project implementation modalities continue. At present the NPC organizes most of the activities of the project herself or through the use of project consultants. Although sustainability is a high priority for the PAB and the ILO, the Team believes that it can only be achieved through greater efforts to increase capacity among ILO constituents and other workplace partners. It is the partners – the Ministry of Labour and Social Affairs (MOLSA), the Ethiopian Employers' Federation (EEF), the Confederation of Ethiopian Trade Unions (CETU), the Federal Civil Service Agency (FSCA) and the Federal Micro and Small Enterprise Development Agency (FEMSEDA) – who are responsible for assisting their members to put in place appropriate workplace policies, integrating HIV/AIDS education in their ongoing programmes, encouraging a reduction of risk behaviours among workers and identifying additional sources of funding for a continuity of action.

5. PERFORMANCE MONITORING SYSTEM

The Assessment Team believes that the Performance Monitoring Plan (PMP) has not been adequately modified to take into consideration the cultural context of the country, and could better reflect changes apparently suggested during the Strategic Planning and Performance Monitoring Workshop organized at the beginning of the project. The PMP was used in the preparation of the data tracking table of the project and the enterprise-level baseline assessments, and could be eventually used by the target enterprises to effectively monitor the impact of their workplace initiatives. Further efforts could be made to make the PMP more culturally appropriate, and to help enterprises as well as the implementing partners to use it on their own.

SUMMARY OF RECOMMENDATIONS



1. The implementing partners should be given greater responsibility for the implementation of project activities through the use of ILO performance-based service contracts.
2. The project should focus on building the capacity of its implementing partners to enable them to implement the project activities in their members own workplaces by their own personnel. Project management should focus on providing the implementing partners with technical guidance, facilitation and training of trainers.
3. The project should assist the implementing partners to identify supplementary funds to support their HIV/AIDS work plans and to make them sustainable.
4. The project should involve the implementing partners in the development and implementation of the BCC strategy in order to expand the coverage of the strategy, particularly to all regions.
5. The project should continue to work closely with other stakeholders engaged in workplace interventions such as the USAID funded projects, APT-associates, GTZ, DED, Ethiopian Business Coalition against HIV/AIDS and others to reduce/avoid duplication and share resources for workplace interventions.
6. The project should urgently develop a sustainability plan for workplace interventions to be endorsed and implemented by all project stakeholders.
7. The project should consult with HAPCO in order to identify or create a coordinating mechanism, such as a national technical working group, to replace the PAB upon completion of the project.
8. The Director of the ILO Office in Addis Ababa should take steps to integrate the activities of the project into the Decent Work Country Program and activities of the Office, by using ILO Employers' Activities, Workers' Activities, Employment, Occupational Safety and Health, Gender and other Specialists as resources for the project.
9. The Program Management Team (PMT) of ILO Geneva should undertake a re-programming mission to Ethiopia in the immediate future for the purpose of consulting with the PAB, the implementing partners, the NPC and the ILO Office on modalities for the timely and effective implementation of these recommendations.
10. If project implementation shows significant progress during the third year of the project, consideration should be given to extending the project, at no additional cost, to make up for the one year lost due to delays.



I. BACKGROUND AND PROJECT DESCRIPTION

Global Impact of HIV/AIDS

The HIV/AIDS pandemic poses significant threats in the world with impacts that will be felt for decades to come. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) 2004 Report released on 1 December 2005, Acquired Immunodeficiency Syndrome (AIDS) has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history. According to this Report, an estimated 40 million people are now living with HIV and despite recent, improved access to anti-retroviral treatment (ART) and care in many regions of the world, the AIDS epidemic claimed over 3 million lives in 2004; more than half a million (570,000) were children.

Regional Impact of HIV/AIDS

In Sub-Saharan Africa, the Epidemic has reached a point where it is out of control in a number of countries, presenting a major challenge to African societies. According to the UNAIDS 2004 Report, Sub-Saharan Africa remains hardest-hit of all regions of the world, and is home to 25.8 million people living with HIV, (almost one million more than in 2003). Two thirds of all people living with HIV are in Sub-Saharan Africa, as are 77% of all women with HIV. The same UNAIDS Report estimates that 2.4 million people died of HIV-related illnesses in Sub-Saharan Africa in 2004, while a further 3.2 million became infected with HIV. The increase in the proportion of women being affected by the epidemic continues. In 2004, 17.5 million women were living with HIV - one million more than in 2003.

National Impact of HIV/AIDS

The 5th Report of AIDS in Ethiopia by the Federal Ministry of Health documented that the national prevalence in 2005 among the adult population aged 15 to 49 was 4.7% (rural 3.0% and urban 12.5%). The Report indicates that the number of adult persons living with HIV/AIDS (PLWHA) in the country increased from 1.5 to 1.6 million from 2003 to 2005, an increase of 6.7%. Similarly, the number of children (under 15) living with HIV increased from 95,818 to 111,903. The Report also estimates the number of paternal and maternal AIDS orphans in 2005, respectively, at 384,801 and 477,828. Furthermore, the Report indicates that in 2005 a total of 124,178 adults and 28,693 children died of AIDS, while 143,129 adult and 29,359 children new AIDS cases were identified (MOH, 2005).

The impact of HIV/AIDS in Ethiopia has been devastating: an estimated three million adults and children currently live with HIV; one million have AIDS and another million have died because of it. AIDS is the leading cause of death among the 20-49 years age group, the most productive segment of society. Though HIV/AIDS is perceived, primarily, as a medical crisis, experiences in the last two decades have shown that the impact of AIDS is and will continue to be felt in all socio-economic settings. Prevalence remains relatively low in rural Ethiopia, while growing in towns and in the city of Addis Ababa. Young, sexually active men whose jobs require them to leave their families for long periods of time tend to have the relatively highest rate of infection.

National Response to HIV/AIDS in Ethiopia

A National Task Force on HIV/AIDS was established in 1985. Two Medium Term prevention and control plans were designed and implemented between 1987 and 1996. With the increasing rate of infection and the worsening of its impacts, the Government of Ethiopia issued in 1998 a National Policy on HIV/AIDS. The Policy was designed to guide the implementation of programmes to prevent the spread of HIV, to care for AIDS patients and to reduce the adverse socio-economic consequences of the pandemic. The priority prevention and control measures called for in the Policy include:

- ▶ Encouraging people to maintain faithful sexual relationships with one partner;
- ▶ Promoting the use of condoms in situations where there may be the risk of HIV transmission;
- ▶ Minimizing other unsafe practices such as illegal injections, harmful traditional practices, drug addiction, etc;



- ▶ Ensuring safe medical practices to protect against HIV transmission from patient to patient and from patient to health care providers; and
- ▶ Ensuring the human rights of people living with HIV/AIDS.

The Policy recommends the following specific measures to be undertaken:

- ▶ Strengthen the multi-sectoral approach to AIDS interventions and promote the participation of all sectors of society, including government, NGOs, private sector organizations, religious groups, unions, professional organizations, etc;
- ▶ Increase the allocation of government funds to sustain AIDS/STD prevention and control efforts;
- ▶ Incorporate family life education into school curricula in order to inform young children about how they can protect themselves against HIV/AIDS;
- ▶ Provide informal education to out-of-school youth;
- ▶ Develop effective co-ordination of AIDS prevention and care efforts among the different organizations and individuals involved;
- ▶ Assign capable and well experienced staff to the AIDS control programme at both the national and regional governmental levels;
- ▶ Increase the political commitment of leaders.

The National HIV/AIDS Prevention and Control Council Secretariat (NACS) was established in April 2000, the head of which is the President of the Federal Democratic Republic of Ethiopia. The National HIV/AIDS Prevention and Control Office (HAPCO) was established soon after. Following this, in June 2001 a Strategic Framework for the National Response to HIV/AIDS in Ethiopia (2001-2005) was formulated. The National Policy and Strategic Framework have been the guiding documents for the multi-sectoral response to the HIV/AIDS epidemic in Ethiopia.

In December 2004 a National Strategic Plan for Intensifying Multi-sectoral HIV/AIDS Response was issued by HAPCO. This Strategic Plan and Management (SPM) document sets goals for the different sectors at all levels, outlines strategies and plans, and provides benchmarks and performance measures for the period 2004-2008. All sectors are expected to develop their own detailed plans based on their mandates and capacities. The plans should focus on the sectors' relative advantages in executing the strategic plan. All sectors are also expected to mainstream HIV/AIDS in their sectoral policies and plans, to establish a focal taskforce accountable for managing and coordinating the implementation of HIV/AIDS activities within the sector, and to coordinate with other sectors.

International support for the national response against HIV/AIDS in Ethiopia is quite substantial. A large number of donor and implementing agencies are providing financial support HIV/AIDS prevention, care and support and treatment programmes in the country. These include UNAIDS, the World Bank, national governments and their development assistance agencies, international relief and development NGOs, faith-based organizations, and other international organizations.

ILO and USDOL Response to HIV/AIDS in Ethiopia

In response to the situation in Ethiopia, the ILO, with the support of the US Department of Labor (USDOL), formulated in 2003 a project in Ethiopia to combat HIV/AIDS in the workplace. The ILO/USDOL project aims to expand workplace education programmes, enhance workplace protection against stigma and discrimination, and to increase worker access to prevention, care and support, and treatment services.

The project strategy is to increase the capacity of the ILO tripartite constituents, and other implementing partners, to design and implement workplace HIV/AIDS policies and prevention and education programmes. The strategy builds upon the ILO comparative advantage in advocacy and policy development, particularly its Code of Practice on HIV/AIDS and the World of Work.

The project's ultimate goal is the creation of a sustainable, integrated national programme that combines the efforts of all stakeholders to combat HIV/AIDS in Ethiopia's work places. Toward achieving this, the project established a Project Advisory Board (PAB) to guide project activities and promote collaboration among its partners. The PAB is composed of stakeholders engaged in HIV/AIDS activities in the world of work in Ethiopia. To broaden the reach of the project, partner organizations include not only the ILO traditional constituents (Ministry of Labour and Social Affairs (MOLSA), Ethiopian Employers' Federation (EEF), Confederation of Ethiopia Trade Unions (CETU), but also the Federal Civil Service Agency (FSCA) and



related Regional Civil Service Agencies, the Federal Micro and Small Enterprise Development Agency (FEMSEDA) and their affiliates in the Regions, as well as an organization of people living with HIV/AIDS (Dawn of Hope). The project aims to increase the capacity of these partners to initiate, enhance, scale-up and extend their workplace programme activities throughout the country.

A key component of the project is the support it provides to the implementing partner organizations to help them develop systems needed to monitor progress, assess impact, and to identify programme strengths and weaknesses.

The project supports and is in conformity with the Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response, 2004-2008. It is being carried out in consultation with the HIV/AIDS Prevention and Control Office (HAPCO), UNAIDS, as well as USAID and other bilateral donors.

The scope of the ILO/USDOL HIV/AIDS workplace education project is limited to prevention activities and largely excludes care and support or treatment services for workers with HIV/AIDS. It focuses mostly on promoting workplace policies and behavioural change communication (BCC) strategies to reduce HIV/AIDS vulnerability, stigma and discrimination.

OBJECTIVES OF THE PROJECT

The project has two general **DEVELOPMENT OBJECTIVES**:

1. Reduced HIV/AIDS Risk Behaviors Among Targeted Workers
2. Reduced level of Employment-related Discrimination Against Workers Living with HIV/AIDS or Affected by HIV/AIDS

According to the original project document the project has three **IMMEDIATE OBJECTIVES**:

1. Improved knowledge, attitudes and perception of norms related to HIV/AIDS risk behaviors
2. Increased use of available HIV/AIDS workplace programs
3. Increased knowledge and understanding of HIV/AIDS workplace policies

For the Immediate Objectives there are 14 **OUTPUTS** to be produced during the project:

- **OUTPUTS under IMMEDIATE OBJECTIVES 1 and 2**

Output 1: Capacity is established to launch behavior change communication programmes in the target workplaces, both in the formal and informal economy

Output 2: Collaborative arrangements are established to facilitate access by workers to care and support services and programmes

Output 3: Plans of Action developed in target enterprises

- **OUTPUTS under IMMEDIATE OBJECTIVE 3**

Output 1: Comprehensive policy and programmes are developed in the target workplaces, both in the formal and informal economy

Output 2: A tripartite national policy statement, containing key principles to be adhered to with regard to HIV/AIDS in the world of work is adopted

Output 3: Capacity is established within EEF to implement policy and programmes to prevent HIV/AIDS, including discrimination against PLWHA

Output 4: Capacity is established within key departments of the MOLSA to provide policy guidance, technical advice, monitoring and training on HIV/AIDS prevention

Output 5: Capacity is established within CETU to provide policy guidance and implement educational programmes for their members at the national and enterprise level

Output 6: FEMSEDA capacity strengthened to initiate HIV/AIDS prevention programmes targeting micro and small enterprise operators/workers in Addis Ababa and the regions



Output 7: FCSC capacity strengthened to initiate HIV/AIDS prevention programmes targeting workers in the public service at national and regional levels

Output 8: A tripartite project advisory committee (PAC) is established to provide policy and programme guidance to the project and similar workplace initiatives at the national level

Output 9: Plan of Action on HIV/AIDS and the world of work endorsed by a meeting of all stakeholders

Output 10: An online resource centre is established to support employers' and workers' organizations and enterprises in the development of HIV/AIDS policy and prevention programmes

Output 11: A sustainability plan is endorsed by all stakeholders with commitment for ongoing action

The Project Document, Action Plan and Work Plans describe the various activities to be carried out to produce each Output.

II. ASSESSMENT PURPOSE AND METHODOLOGY

A. PURPOSE OF THE INTERNAL ASSESSMENT

A mid-term evaluation or assessment is one of the requirements described in the ILO/USDOL Project Document and in the Memorandum of Understanding concluded between the Ministry of Labour and Social Affairs (MOLSA) and the ILO in Ethiopia. The assessment exercise is guided by Terms of Reference (TOR) approved by the PAB (Annex 1 - TOR). As described in the TOR, the purpose of the internal assessment is to:

- a. determine if the project is moving towards the achievement of its stated objectives and explain why or why not;
- b. determine the degree to which the project is meeting milestones of its workplan;
- c. assess the impact of the project in terms of sustained improvements achieved;
- d. provide recommendations on how to improve project performance, and, where necessary, identify the possible need to refine strategy.

B. ASSESSMENT TEAM

The Assessment Team was composed of Mr. Bob Ransom, former ILO Specialist (Team Leader), and Mr. Hailegiorgis Tilahun (National Consultant). Ideally the Team would have also included a representative of the International Labor Affairs Bureau (ILAB) of the US Department of Labor. The timing of the Assessment made this impossible. The Assessment Team Leader underwent a pre-assessment briefing by the ILO/USDOL Programme Manager in ILO, Geneva.

C. INTERNAL ASSESSMENT METHODOLOGY

The Assessment Team employed the following methodology in Ethiopia:

1. Document Review, including a review of the Project Document, MOU, Performance Monitoring Plan (PMP), mapping exercise results, baseline surveys, the Plan of Action and annual Work Plans, Technical Progress Reports, PAB Meeting Minutes, as well as the National HIV/AIDS Prevention and Control Office (HAPCO) "2004 Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response", and the Federal Civil Service Agency (FCSA) "Government Organizations Workplace HIV/AIDS Prevention and Control Guideline" (all documents are posted on the Internet knowledge management platform, Community Zero, which is accessible to project staff in all ILO/USDOL project countries);
2. Initial Briefing by the ILO/USDOL Project NPC, the ILO Office acting Director, the HIV/AIDS Focal Person, and the project BCC Consultant;



3. Individual Interviews with each member of the PAB and with the ILO/USDOL Project HIV/AIDS Focal Points in 4 selected participating enterprises, using relevant portions of Interview Protocols prepared for the mid-term assessment and focusing on project strategy and methodology, project implementation, project management performance, and project sustainability;
4. Debriefing with the NPC and the PAB, using a PowerPoint Presentation prepared for the purpose;
5. Report writing and verification of the accuracy of facts with the NPC.

The mid-term internal assessment took place 13-23 March 2006 in Addis Ababa (Annex 2 - Schedule). The Assessment Team interviewed ILO staff, each member of the PAB, and the HIV/AIDS Focal Persons in 4 selected targeted enterprises (Annex 3 – List of Persons Interviewed). The Team used portions of the Interview Protocols prepared by the Program Manager in Geneva (Annex 4 – Interview Protocol). The Team did not have an opportunity to observe a training activity, to interview trainees nor to meet with representatives of the US Embassy or UNAIDS, due to time constraints. The Assessment Team discussed its findings and recommendations with the NPC, and on the basis of her feedback and clarification of certain points, the Team presented its findings and recommendations to the Project Advisory Board (PAB) on 23 March 2006.

III. PROJECT STATUS

The 3-year ILO/USDOL HIV/AIDS Workplace Education Project in Ethiopia (ETH/03/M50/USA) began on 1 May 2004 and terminates on 30 April 2007. However, for various reasons, the Memorandum of Understanding concerning implementation of the project was only signed between the Federal Ministry of Labour and Social Affairs (MOLSA) and the ILO on 1 March 2005. The first National Project Coordinator (NPC) was hired in May 2004 and resigned in July 2005. The present NPC was hired in August 2005. The Project Advisory Board (PAB) was established in March 2005 and held its first meeting on 16 March 2005. Despite the implementation of some preparatory activities, including the mapping exercise and a workshop on the Performance Monitoring Plan, full implementation of project activities has been severely delayed, and according to original Project Implementation Plan, project implementation is a full year behind schedule (Annex 6 – Project Timeline). This has necessarily impacted on project budget expenditures – the project delivery rate is very low.

The membership of the PAB includes representatives from MOLSA, EEF, CETU, FCSA, FEMSEDA, HAPCO, USAID and Dawn of Hope (a local NGO of people living with HIV/AIDS), in keeping with the basic ILO principle of involving representatives of the ultimate beneficiaries – workers living with HIV/AIDS. The PAB is chaired by the representative from MOLSA. The PAB approved the project work plan and plan of action at its first meeting, and has been meeting regularly. On the basis of the mapping exercise and consultations undertaken by the NPC with key stakeholders, it was agreed with the PAB to target selected enterprises in the transport, manufacturing, agriculture, hotels, banking & insurance, service provision and informal sectors. Accordingly, the NPC in collaboration with PAB members selected 15 target enterprises in these sectors to participate in the Project (Annex 5 – List of Target Enterprises). A local BCC Consultant was engaged to conduct a baseline workers' survey, through questionnaires, site inventories and focus group discussions in the 15 enterprises. The Consultant is presently finalizing his report as well as materials for forthcoming workshops to assist the targeted enterprises to formulate their own BCC strategies.

Minutes of PAB Meetings reveal that several PAB members, specifically EEF and CETU, have expressed dissatisfaction with the implementation modalities of the project, arguing that their organizations should be the primary intermediaries with the targeted enterprises, and that they should be given responsibility for the implementation of certain project activities. At present no implementing partner has yet been contracted by the project to implement project activities.

Good progress has been made by the project in the area of workplace HIV/AIDS policy development. A draft National HIV/AIDS Workplace Policy has been prepared with MOLSA and discussed with stakeholders at a national workshop which took place in February 2006. The draft National Policy is expected to be finalized soon. Although MOLSA, EEF and CETU each have their own HIV/AIDS workplace policy, the National HIV/AIDS Policy is intended to harmonize and provide common guidance for the development of



enterprise and organizational level policies. Some of the target enterprises developed their own workplace policies after the project-organized workshop for "HIV/AIDS Focal Persons and Committee Members Training on HIV/AIDS Workplace Policy Development". Perhaps most significantly, the Federal Civil Service Agency has prepared a mandatory Guideline for Government Organizations on Workplace HIV/AIDS Prevention and Control, which is presently being distributed to the some 122 government institutions and public enterprises at federal level and 22 at regional level. The Guideline makes provision for disciplinary measures for any violations of provisions of the Guideline. The effective application of the Guideline and other workplace policies is expected to greatly reduce overt workplace stigma and discrimination, although most workers who are HIV+ prefer not to reveal their status.

However, progress has been slow on the other major component of the project, namely implementation of workplace level behavioural change strategies, in order to effect change in employee and worker risky behaviour. The BCC consultant was hired in November 2005 and the workers' survey and the formative assessment in the 15 target enterprises were conducted from December 2005 - February 2006. The draft report of the consultant has been submitted and the BCC strategy development workshops are to begin at the end of March. Thus at the time of the Assessment, no training on implementation of the BCC strategy had yet taken place for the HIV/AIDS Focal Points and other personnel of the 15 target enterprises. Thus no workers have yet been exposed to behaviour change communications by the project. Finally, no progress has been made on establishing the proposed online HIV/AIDS in the workplace resource centre to support employers' and workers' organizations and enterprises in the development of HIV/AIDS policy and prevention programmes.

IV. ASSESSMENT FINDINGS

1. ILO

The Assessment Team met with the Officer-in-Charge (OIC) of the ILO Sub-regional Office, the ILO/USDOL NPC, the ILO HIV/AIDS Focal Person, and the BCC consultant. The OIC noted that the ILO/USDOL project was one of several ILO HIV/AIDS workplace initiatives underway in the country. The project was contributing to overall ILO Decent Work programme objectives for Ethiopia, but could be further integrated into the work of the ILO Sub-regional Office and its activities addressing the cotton/textile sector, occupational safety and health, and social dialogue. The OIC noted that the Federal Government's national poverty reduction strategy or Plan for Sustainable Development and Ending Poverty (PASDEP) included specific reference to HIV/AIDS workplace interventions, as did the new UN Development Assistance Framework (UNDAF). He confirmed that the project was still necessary and that its objectives and strategy of capacity-building were still relevant.

The OIC acknowledged that project implementation had suffered delays, including the delay in signing the Memorandum of Understanding with the Government, the resultant delay in forming the PAB and the delays caused by the departure of the first NPC. He suggested that such inevitable delays in a developing country such as Ethiopia should be anticipated and taken into account in the Project Document. He also acknowledged the dissatisfaction of some members of the PAB concerning capacity-building and their role in project implementation. He suggested that the implementing partners need to identify their needs and plans, in a way compatible with project objectives and resources. He confirmed that the ILO Office was favourable to the use of Service Contracts with partner organizations for "self-contained project component activities", provided that outputs and accountability were clearly defined. The OIC felt that the project was now well underway and making impressive progress.

The NPC noted continuing problems encountered in project implementation, including problems in communication and differing expectations between the project partners and the project, and lack of clear agreement on the respective roles of the NPC, the ILO Office Director and the ILO Geneva Programme Management Team in the management and implementation of a decentralized ILO project.

The ILO Office HIV/AIDS Focal Person noted that an informal technical working group on HIV/AIDS in the workplace was meeting regularly at USAID for the purpose of sharing information. She suggested that the ILO/USDOL project needed to report its progress directly to HAPCO, as HAPCO had responsibility for coordinating all HIV/AIDS interventions in the country. She also noted that for sustainability, consultations



should begin now with HAPCO concerning the creation of a HIV/AIDS workplace intervention national coordinating mechanism, to replace the PAB once the ILO/USDOL project comes to an end. Finally the ILO HIV/AIDS Focal Person noted that a number of BCC strategies had been formulated by various actors in the country and that the ILO/USDOL project BCC strategy, while being workplace specific, should never-the-less take advantage of the other strategies as well as IEC materials developed by other organizations.

The BCC Consultant described the worker survey undertaken in 9 of the targeted enterprises and the focus group interviews in 14 enterprises which provided baseline information for the development of the BCC strategy. The resultant strategy will be introduced in three workshops for personnel from all 15 targeted enterprises, to start the following week. A report will be prepared for each enterprise and each enterprise will be assisted to prepare its own BCC plan to introduce basic messages at their workplaces. The consultant noted that some enterprises had formulated workplace HIV/AIDS policies following the project-organized workshop, and were "pushing the ILO" to start the BCC component activities.

2. HIV/AIDS Prevention and Control Office (HAPCO)

The Assessment Team met with the Regions and Partners Coordination Team Leader of HAPCO who is also a member of the Project Advisory Board. The Team Leader stressed that HAPCO is the primary governmental body mandated to coordinate the fight against HIV/AIDS at all levels. He confirmed that the ILO/USDOL project was a very important one, the only major project in the country promoting HIV/AIDS workplace policies. He noted that ILO did not consult HAPCO at the beginning of project implementation - HAPCO was merely informed once the project had been approved. He suggested that it would be good if HAPCO were invited to jointly plan project activities.

"The ILO has come up with a very relevant and timely project to reduce the socio-economic impact of the pandemic on the workplace. It is the one major project in this area - we don't have any other substantial workplace intervention programmes so far." Mr. Misganaw Lij-Alem, HAPCO Regions and Partners Coordination Team Leader and PAB member

The Team Leader further noted that it would be useful for the project to involve HAPCO in the development of its workplace BCC strategies and materials, noting the HAPCO mandate to formulate strategic working documents and disseminate them to all potential users at different levels. HAPCO has developed a national BCC framework and different stakeholders have also developed their own BCC strategies and IEC materials.

In order to coordinate efforts and avoid project duplication, The Team Leader suggested that the organizations working on workplace interventions, including ILO, in collaboration with HAPCO, need to establish a national technical working group to carry on the coordinating work of the PAB once the ILO/USDOL project comes to an end. He also stressed that implementing partners of the project need to find additional financial support from different sources in order to sustain their HIV/AIDS workplace intervention activities. The partner's capacities to design, implement, monitor and evaluate related project activities need to be improved and their roles and responsibilities as implementing partners clearly defined.

3. USAID

The Assessment Team met with the USAID Private Sector Advisor and PAB member, who described several other ongoing private sector HIV/AIDS intervention activities that were complementary to the ILO/USDOL project. These include the PEPFAR-funded USAID-managed private sector program being implemented by APT Associates, focusing on clinical and non-clinical prevention activities, the development of peer education manuals, assessment protocols, a preventive care package for HIV+ employees, and ART treatment in workplace clinics, as well as World Bank support of the Ethiopian Business Coalition against HIV/AIDS.

"ILO needs to work with the three large Regional administrations and regional labour offices – staying at Federal level is not enough." Brad Corner, USAID Private Sector Advisor and PAB member



The USAID Advisor suggested that the project needed to expand its scope to include activities in the Regions. He noted that the capacity-building component of the ILO/USDOL project was “not working” and suggested that for the project to accelerate and effectively implement its activities within the remaining time period, the project should concentrate on improving the capacity of the implementing partners. It should also consult the APT Associates Director and the Ethiopian Business Coalition against HIV/AIDS (EBCA) Programme Coordinators to reduce/avoid duplication and share resources for the workplace interventions. He also suggested that MOLSA could play a useful role of “tracking” the use of workplace policies, peer education and BCC strategies by private enterprises in the country.

4. MINISTRY OF LABOUR AND SOCIAL AFFAIRS (MOLSA)

The Assessment Team met with the Chairperson of the MOLSA HIV/AIDS Task Force and PAB Chairperson. It was learned that the Ministry has developed national guidelines on workplace interventions, and that some 125 enterprises are using the guidelines to guide their workplace intervention activities, and have included reference to HIV/AIDS in their collective agreements. MOLSA has a good partnership with USAID, and a newly developed MOLSA “Peer Education Manual for HIV/AIDS and TB” was financed by USAID through PEPFAR funds. The Chairperson noted that the PASDEP requires MOLSA to scale up its workplace interventions so that 20% of all workplaces have HIV/AIDS policies by the end of 2006.

“The workplace is untouched territory in Ethiopia for HIV/AIDS education efforts.”
Mr. Mesfin Yilma, MOLSA HIV/AIDS Task Force Chairperson and PAB Chairperson

MOLSA is working with a number of stakeholders on the development of a National Policy Framework on HIV/AIDS in the workplace, with support from the ILO/USDOL project, and some 116 persons participated in a national consultative meeting in February 2005 to review the draft policy document. The draft policy is based on the fundamental guiding principles of the ILO Code of Practice on HIV/AIDS in the World of Work, and will be reviewed by the tripartite Labour Advisory Board. The Chairperson identified NGOs as additional workplaces that required attention by the project, as NGOs in Ethiopia currently employ over 100,000 workers. He suggested that a Guide should be prepared on how to apply the ILO Code of Practice and the eventual National Policy Framework at workplace level, for use by enterprises, NGOs and other employers.

The PAB Chairperson described the following problems encountered by the project: major reservations by EEF, and to a lesser extent CETU, on the leadership role of MOLSA in the project, as both EEF and CETU wish to implement various project activities themselves; the project doesn’t finance “second generation” activities such as the provision of care and support for PLWHA; and there is limited capacity of the ILO to provide technical guidance (only the NPC and a consultant). He also felt that the ILO recruited as BCC consultant a person with limited knowledge of HIV/AIDS workplace issues. The Chairperson recommended that the project redefine the level of involvement of each implementing partner and the targeted enterprises, and that personnel of the implementing partners receive intensive training to provide appropriate technical guidance for their project-related activities.

“The biggest challenge in working in partnership (in Ethiopia) is that there is no tradition of strong partnership by building consensus on fundamental principles.” Mr. Mesfin Yilma, MOLSA HIV/AIDS Task Force Chairperson and PAB Chairperson

5. ETHIOPIAN EMPLOYERS’ FEDERATION (EEF)

The Assessment Team met with the EEF President, Director, and staff responsible for two other ILO projects, on disability and child labour. The Director noted that EEF was not fully engaged in the project and had not started to implement any activities proposed in the ILO/USDOL Project Document. He noted that one of the major priorities of the project is the building of the capacity of partners to implement activities in their respective areas. He complained that the project has not allowed EEF to be autonomous to implement the proposed HIV/AIDS interventions in their member workplaces.



The Director confirmed that EEF has qualified specialists who are handling other project-related activities, and that EEF has HIV/AIDS focal persons and follow-up committees in many member enterprises and in some regions. He noted that EEF has its own HIV/AIDS workplace policy and was benefiting from HAPCO funding to provide workplace TOT on HIV/AIDS education to its member enterprises. EEF should be given the necessary resources by the project to enable it to implement both workplace policy and BCC-related activities of the project via its members. ILO project staff should focus on strengthening EEF organizational capacity and providing technical assistance to EEF when needed.

“We are highly committed to this project. Don’t let the baby die in his or her mothers hands. We want to stand on our own feet. Let us do our own work with our own staff.” Mr. Yohannes Beshah, EEF Director and PAB member

EEF believes that it should be the primary intermediary between the project and the targeted enterprises, as many are EEF members, yet has not been involved in the development nor introduction of the BCC strategy with the target enterprises. EEF has a 5-year Strategic Plan that includes HIV/AIDS workplace initiatives and submitted an HIV/AIDS Plan of Action to the NPC, who requested EEF to modify their proposal as the Plan did not reflect project activities.

The Director recommended that the NPC role be one of information, technical guidance, and monitoring of project implementation carried out primarily by the implementing partners, in order to achieve the stated objectives, as well as to work closely with different funding agencies who are supporting workplace interventions in order to avoid duplication of activities. The implementing partners should identify additional funds in order to sustain and expand their workplace intervention activities.

The Government of Ethiopia has recognized the (private sector) contribution in combating the pandemic and has given it the following responsibilities in the fight against HIV/AIDS:

- **Mainstreaming HIV/AIDS into the business sector**
- **Mobilizing resources for combating the epidemic**
- **Lobbying for the revision of labour laws**
- **Organizing and operating workplace interventions (IEC/BCC, care and support) for their workers and clients**

HAPCO, Ethiopian Strategic Plan (Dec. 2004)

6. CONFEDERATION OF ETHIOPIAN TRADE UNIONS (CETU)

The Assessment Team met the Head of the Social Affairs Department of CETU and PAB member, who only joined the PAB recently after the first representative left CETU. According to the CETU representative, the project is a duplication of some ongoing CETU HIV/AIDS activities funded by other donors. CETU has already trained 850 peer educators in enterprises throughout the country, including in some of the targeted enterprises of the project. CETU has provided HIV/AIDS TOT for its own personnel, and already has its own HIV/AIDS workplace policy.

The CETU representative noted that although CETU has not undertaken any activities with ILO/USDOL project support, it is engaged in substantial work in collaboration with other partners, including Pathfinder International, HAPCO, and two other ILO projects funded by Norwegian Church Aid (NCA) and by Italian Cooperation. In order for the ILO/USDOL project to meet its stated objectives and become sustainable, the CETU Representative recommended that the project provide resources to allow CETU to implement its own ongoing HIV/AIDS activities in additional enterprises throughout the country. The project was too limited at present (only 15 targeted enterprises) and needed to expand to respond effectively to the crisis. In



addition, CETU should be involved in the development of the BCC strategy and in its introduction, not only in the 15 targeted enterprises but in enterprises in the Regions.

“What does it mean to be an implementing partner? We (CETU) are not satisfied with the ILO USDOL project, because we are not involved in the implementation of project activities”. Mr. Hailekiros W/Michael, Head of the CETU Social Affairs Department and PAB member

7. FEDERAL CIVIL SERVICE AGENCY (FCSA)

The Assessment Team met with the Head of the Planning and Policy Analysis Department of FCSA and PAB member. FCSA has established a Taskforce for the fight against HIV/AIDS in the workplace at federal level, composed of 9 committee members, divided into four sub-committees (Advocacy, Care and Support, VCT, and Legal). The Taskforce has prepared a national workplace HIV/AIDS prevention and control Guideline for the 144 federal and regional level governmental institutions. The Guideline is based on the ILO Code of Practice, and is being translated into English with project support.

The Department Head suggested different factors that delayed implementation of the ILO/USDOL project and that make it difficult to achieve the stated objectives of the project in the remaining period of time. He noted that there was no other organization or institution like FCSA that can reach the over 400,000 civil servants to protect them from the HIV/AIDS pandemic, and therefore FCSA was committed and anxious to work closely with the project. FCSA has developed its own policy, mapped out a work plan and selected pilot regions for interventions in collaboration with the NPC.

“The FCSA Guideline on HIV/AIDS for government organizations is not only a guideline but it is also mandatory.” Mr. Tezera W/Medhin, Head, FCSA Planning and Policy Analysis Department, Chair, FCSA Taskforce on HIV/AIDS, and PAB member

“Each partner has a role to play” and ILO should enable FCSA to play its role, by providing more technical expertise, training, and financial resources from the project. FCSA has a strategic alliance with the regional civil service commissions that can be useful in scaling up the fight against HIV/AIDS in the Regions.

“ILO should first build our capacity, then motivate and arm the implementing partners to do what we are expected to do. We can run against time and speed up project implementation to achieve the stated project objectives.” Mr. Tezera W/Medhin, Head, FCSA Planning and Policy Analysis Department

8. FEDERAL MICRO AND SMALL ENTERPRISE DEVELOPMENT AGENCY (FEMSEDA)

The Assessment Team met with the Head, Technology Training Division of FEMSEDA and member of the PAB, who joined the PAB only in October 2005 following the resignation of the first FEMSEDA representative. FEMSEDA has organized a national workshop, with project support, to mainstream HIV/AIDS in the work of regional REMSEDAs. FEMSEDA has trained its own instructors on HIV/AIDS awareness and also revised its curriculum to integrate workplace HIV/AIDS education information with the existing technological training. The FEMSEDA has formed HIV/AIDS follow-up committees at federal level and plans to replicate them at regional level. It disseminated several types of IEC/BCC materials during its national workshop. Currently, FEMSEDA is working with another partner, the German Development Service (DED), in different activities of HIV/AIDS prevention.



With regard to the ILO BCC strategy, the Division Head noted that the BCC consultant had yet to meet with FEMSEDA. He suggested that in light of activities supported by other donors, some ILO project activities need to be revised or reprogrammed, and that the project should give greater responsibilities and roles to the partners, in order to speed up the implementation of the project.

9. DAWN OF HOPE ASSOCIATION

The Assessment Team met with the Head of the Planning and Programme Department of Dawn of Hope and an original member of the PAB. Dawn of Hope is an NGO whose members are persons living with HIV/AIDS (PLWHA), who must be key actors in any HIV/AIDS prevention and control programme at national or regional levels. It was for this reason that the ILO/USDOL project included Dawn of Hope as PAB member. Since Dawn of Hope represents direct beneficiaries of the project, its representative was elected as the initial PAB Vice Chairperson. However, after complaints by EEF and CETU, believing that as ILO social partners they should be Co-Vice Chairpersons of the PAB, CETU is presently serving as PAB Vice Chairperson.

PLWHA are expected to organize themselves in as many associations and at all levels as they find it fit and form a joint forum. They are expected to focus on:

- Promoting the rights of their members
- Educating the public at large through sharing their life experiences
- Promoting and participating in the provision of compassionate home based care and support
- Fighting stigma and discrimination
- Advocating for responsible behaviour among their members
- Advocating for access to ART and policy formulation and legislation
- IEC/BCC

HAPCO, Ethiopian Strategic Plan (Dec. 2004)

Dawn of Hope developed and submitted to the NPC a concept paper and project proposal to undertake workplace prevention activities. The NPC requested DOH to submit a revised proposal that reflected only activities related to the project. According to the Dawn of Hope representative, they are not part of the implementation of the project, and are not happy with the project strategy, as it does not allow or support implementing partners to implement project activities themselves. He suggested that the roles and responsibilities of each partner should be clearly stated to indicate who is expected to do what.

"We are everywhere – 60-70% of our 12,000 members are in workplaces. We really feel the urgency and importance of the project, but are losing precious time participating in PAB meetings while not participating in the implementation of project activities. Partnership is meaningful only when there is collaboration to achieve the common goal."

Mr. Solomon Dibaba, Head, Planning and Programming Department, Dawn of Hope and PAB member

10. Targeted Enterprises

AKAKI SPAREPARTS ENTERPRISE

The Assessment Team met with the Head of the Factory Clinic who noted that there were 522 permanent and 130 temporary factory workers who are young and potentially at high risk for HIV. The enterprise, in collaboration with the BCC consultant, collected baseline information and conducted several focus group discussions to measure the knowledge, attitudes and practices of employees concerning HIV/AIDS. In addition, HIV/AIDS workplace policy training to orient the management and employees of the enterprise was



conducted, and for the implementation of the workplace policy. The enterprise finds the project important and is committed to the project.

SHIROMEDA WEAVERS ENTERPRISE

The Assessment Team met with several members of the Shiromeda Weaver's Association, who are members of the project committee working for HIV/AIDS prevention and control activities within their Association. Before the project there were no HIV/AIDS prevention activities in the Association. The project committee with the BCC consultant collected baseline information and conducted several focus group discussions to measure knowledge, attitudes and practices of their members on HIV/AIDS. They have adopted their own workplace policy and have collected feedback from the committee as well as all Association members. They tried to incorporate the feedback and shared it with the NPC for further feedback to enrich their policy. The Association members are mobilized and willing to contribute a membership fee to become involved in the prevention effort and develop ownership of the project, and are trying to identify additional funds for care and support activities for those who are living with HIV/AIDS in the weavers' communities.

ETHIOPIAN AIR LINES (EAL)

The Assessment Team met with the Medical Director and HIV/AIDS Focal Person of the project at Ethiopian Airlines (EAL) headquarters. EAL was among the first enterprises in Ethiopia to initiate an HIV/AIDS awareness programme, and the first to start ART for its employees and family members. HIV/AIDS prevention and control efforts are a high priority in the current EAL 5-year Strategic Plan. As in the other targeted enterprises, the Focal Person in collaboration with the BCC consultant collected baseline information and conducted focus group discussions to measure the knowledge, attitudes and practices of company workers. EAL has ongoing HIV/AIDS prevention and control activities among its personnel, conducted with support from different NGOs. EAL has been making use of different opportunities to provide HIV/AIDS education training to their employees and to fund mechanisms for care, support and treatment of employees and family members living with HIV/AIDS. EAL has drafted its own workplace policy and has collected feedback from management on the proposed draft national HIV/AIDS workplace policy.

The EAL representatives were unaware of the results of the baseline survey work of the BCC Consultant and had not yet received the invitation to the BCC strategy dissemination workshop. They expressed frustration with the lack of direct technical support from the project, which they characterized as "research". As with the other targeted enterprises, no enterprise employees have yet benefited from the project.

"We want full partnership. We don't want people to come to observe us for their own purposes. We want full collaboration (otherwise) don't waste our valuable time. Until now, we have done little with the ILO/USDOL project." Dr. Aynalem G/Mariam, Medical Director, EAL

SPA ENTERPRISE - FILOWHA HOTELS

The Assessment Team met with the Deputy General Manager of Filowha Hotels and project Focal Person, who noted that a previous ILO project with CETU had provided HIV/AIDS peer educator and counselling training for 25 members of his staff. Filowha Hotels has some 435 employees which serve some 27,000 customers a week. He described the Integrated Performance Management System (IPMS) used by the enterprise and that includes HIV/AIDS prevention as one activity. As in the other targeted enterprises, the Focal Person in collaboration with the BCC consultant collected baseline information and conducted focus group discussions to measure the knowledge, attitudes and practices of company workers. He also participated in the initial HIV/AIDS Focal Person and Committee Members Training on HIV/AIDS Workplace Policy Development workshop organized by the project.

The Focal Person noted that the enterprise had not received any capacity building training from the project as expected, and there was no financial support to enable the enterprise to carry out its own HIV/AIDS



education activities for its customers and staff. He indicated that sustainability of the project was a major concern – “what happens when the project ends?”

“We have more than 27,000 customers per week and have the capacity to provide (HIV/AIDS) awareness education in our reception areas while customers wait for their services.” Dr. Mekonnen Degaga, Deputy General Manager, Filowha Hotels

V. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

1. APPROPRIATENESS OF PROJECT OBJECTIVES AND STRATEGY

The Assessment Team found the Development and Immediate Objectives of the ILO/USDOL project to be relevant and appropriate to the HIV/AIDS situation in Ethiopia. This was confirmed by all project partners, who expressed their continuing strong commitment to the project. However, the Team found the Strategic Framework for the project to be cumbersome and confusing, with no clear link between some of the Sub-immediate and the Immediate Objectives. According to the original project document, there are 3 Immediate Objectives with 8 Sub-immediate Objectives and 14 related Outputs. A revised Strategic Framework dated 3 December 2004 identifies 4 Immediate Objectives and 7 Sub-immediate Objectives for the project. For this reason, perhaps, the Team found that during the interviews with the NPC and the implementing partners, few referred to the Framework or to the Project Document. Nevertheless, the Assessment Team concluded that the project remained relevant, and the overall project strategy, that of capacity-building of the project’s implementing partners, continues to be appropriate and potentially effective for producing the project’s outputs, achieving the stated project objectives and ensuring the sustainability and future expansion of project-initiated activities.

2. PROJECT IMPLEMENTATION

Project implementation suffered initially from problems in ILO project management, caused primarily by conflict with the ILO Office Director leading to the resignation of the first National Project Coordinator (NPC), and by delays in the signing of the project Memorandum of Understanding by the Federal Government and establishing the Project Advisory Board. In addition, failure to make use of the implementation modality provided for in the Project Document, namely the provision of project resources to enable the implementing partners to undertake project activities on their own, has caused tensions between some of the partners and the project, and further contributed to delays in implementation. As a result, project implementation is fully one year behind schedule.

The project has made progress in assisting the formulation of the draft National HIV/AIDS Workplace Policy, and in promoting and assisting the formulation of enterprise-level policies. Work is also advanced on the formulation of a BCC strategy for use by the 15 targeted enterprises. Perhaps the project’s most important accomplishment to date is the adoption by the Federal Civil Service Agency (FCSA) of a mandatory Guideline for government organizations on Workplace HIV/AIDS Prevention and Control.

However, as a result of the delays, the project has yet to produce measurable results at workplace level, namely a reduction in workplace stigma and discrimination against workers living with HIV/AIDS, and a reduction of risk behaviours among targeted workers.

3. PROJECT MANAGEMENT

The Assessment Team found that the new NPC is effective in her management of the project and in her relations with the partners. The ILO Office acting Director expressed support for the NPC and confirmed that the role of Office management was to facilitate project implementation and solve problems. The



implementing partners expressed their satisfaction with the management performance of the NPC, while noting the project's limited capacity to provide timely technical guidance. The Team concluded that project management was now on track and catching up on the implementation of project activities. The Team believes that implementation of the Team's recommendations by the ILO Office and project management would greatly accelerate project implementation and enable the project to achieve its objectives.

4. SUSTAINABILITY

The Assessment Team has doubts about the sustainability of project activities at national level if the present project implementation modalities continue. At present the NPC organizes most of the activities of the project herself or through the use of project consultants. Although sustainability is a high priority for the PAB and the ILO, the Team believes that it can only be achieved through greater efforts to increase capacity among ILO constituents and other workplace partners. It is the partners – the Ministry of Labour and Social Affairs (MOLSA), the Ethiopian Employers' Federation (EEF), the Confederation of Ethiopian Trade Unions (CETU), the Federal Civil Service Agency (FCSA) and the Federal Micro and Small Enterprise Development Agency (FEMSEDA) – who are responsible for assisting their members to put in place appropriate workplace policies, integrating HIV/AIDS education in their ongoing programmes, encouraging a reduction of risk behaviour among workers and identifying additional sources of funding for a continuity of action. If the targeted enterprises find such activities beneficial, the Team believes that it will be in their self-interest to sustain them. However, once the project comes to an end, who will continue and expand these activities to additional enterprises? The NPC needs to devote time consulting with the implementing partners in order to prepare the sustainability plan necessary to ensure a continuity of workplace action against HIV/AIDS, and as required in the Project Document.

5. PERFORMANCE MONITORING SYSTEM

The Assessment Team found that the Performance Monitoring Plan (PMP) of the project has not been adequately modified to take into consideration the social, cultural, and religious contexts of the country, and does not reflect proposed changes identified during the Strategic Planning and Performance Monitoring Workshop organized at the beginning of the project. The PMP was used in the preparation of the data tracking table of the project, and could be used by the target enterprises to effectively monitor the impact of their workplace initiatives. Further efforts could be made to make the PMP more culturally appropriate, and to help enterprises as well as the implementing partners to use it on their own.

B. RECOMMENDATIONS

In view of its findings, the Assessment Team makes the following recommendations:

- 1. The implementing partners should be given greater responsibility for the implementation of project activities through the use of ILO performance-based Service Contracts.** Project management should proceed rapidly to assist each implementing partner, including Dawn of Hope, to prepare an appropriate and acceptable plan of action, to serve as the basis for their Service Contract. Implementing Partners should limit their action plans to activities directly related to ILO/USDOL project objectives, outputs and activities. Project resources should be provided for implementation of the action plans through the ILO Service Contract modality, and should enable each partner to employ a fulltime dedicated HIV/AIDS coordinator, working only on the implementation of each organization's workplace-related activities. The TOR for such coordinators should include a specific responsibility to mobilize additional funds for future action plan activities, and to meet the salary costs of their HIV/AIDS coordinator after the end of the ILO/USDOL project. It is only through the addition of such human resource capacity in each implementing organization that project-initiated activities can be accelerated and sustained.
- 2. The project should focus on building the capacity of its implementing partners to enable them to implement the project activities in their members own workplaces by their own personnel.** Project management should give priority to providing the implementing partners with technical guidance, facilitation and training of trainers. The ILO Service Contract modality will go a long ways towards providing needed resources and thus increasing the capability of the



implementing partners to implement their own workplace education activities throughout the country. However, specific efforts are required by the project to directly increase the technical ability of implementing partner personnel and personnel of their member organizations. Direct technical guidance in planning activities and developing supporting materials, facilitation of access to other technical assistance from local and international specialists, and the training of trainers in BCC activities in each partner and their members should be given priority.

- 3. The project should assist the implementing partners to identify supplementary funds to support their HIV/AIDS work plans and to make them sustainable.** Project management should assist each implementing partner to formulate a project proposal to donors for funding to enable each to sustain the activities initiated by the project. No more direct method is available to help ensure sustainability once the ILO/USDOL project comes to an end. The fight against HIV/AIDS in the workplace in Ethiopia is a long term fight which requires long term funding. The ILO Office and the ILO/USDOL project should direct its energies during the final year of the project towards resource mobilization and assisting its partners to mobilize additional resources.
- 4. The project should involve the implementing partners in the development and implementation of the BCC strategy in order to expand the coverage of the strategy, particularly to all regions.** The BCC strategy should be implemented not only in the 15 enterprises targeted by the project but also by each of the implementing partners through their organizational members. Project management should involve the partners in the further development of the BCC strategy, and increase their ability to propagate it, by inviting partners to participate in the BCC dissemination workshops, and by facilitating workshops by each partner to disseminate the BCC strategy to their members. In future, the dissemination and use of the BCC strategy will depend upon the implementing partners, not the ILO.
- 5. The project should continue to work closely with other stakeholders engaged in workplace interventions such as the USAID funded projects, APT-associates, GTZ, DED, Ethiopian Business Coalition against HIV/AIDS and others to reduce/avoid duplication and share resources for workplace interventions.** Some implementing partners identified instances of duplication between some ILO/USDOL project activities and workplace activities sponsored by other organizations and donors. Project management needs to continue to participate in the regular consultations organized by USAID and to consult regularly with other stakeholders individually. This is particularly necessary concerning the BCC strategy and IEC materials, in order to avoid the development of similar strategies and materials, and to learn from others.
- 6. The project should urgently develop a sustainability plan for workplace interventions to be endorsed and implemented by all project stakeholders.** The need for a practical plan addressing the sustainability and expansion of workplace interventions is apparent and urgent. While each implementing partner needs to develop its own plan, an overarching plan is required, in order to adopt a common approach and avoid duplication and competition. The ILO/USDOL project is well placed to lead the process of developing such a plan in consultation with all implementing partners and other stakeholders.
- 7. The project should consult with HAPCO in order to identify or create a coordinating mechanism, such as a national technical working group, to replace the PAB upon completion of the project.** There is perhaps no more urgent action required by the project than to put in place a long term coordinating mechanism to support and coordinate the implementation of a comprehensive national HIV/AIDS workplace prevention, care and support, and treatment programme. The PAB, created by the project, will cease to exist upon completion of the ILO/USDOL project. As noted by HAPCO and others, the PAB is not correctly structured to coordinate all HIV/AIDS workplace intervention efforts in the country. A new mechanism is required, established under the auspices of, and chaired by HAPCO, to include representatives of all stakeholders, both at national and regional levels. Such a mechanism does not yet exist – it is up to the project to collaborate with HAPCO and facilitate its creation.
- 8. The Director of the ILO Sub-regional Office in Addis Ababa should take steps to integrate the activities of the project into the Decent Work Country Programme and**



other activities of the Office, by using ILO Employers' Activities, Workers' Activities, Employment, Occupational Safety and Health, Gender and other Specialists as resources for the project. Greater synergies and linkages could be achieved if project activities were viewed as an integral part of the Programme of the Office, rather than as the responsibility of a separate, stand-alone project. Likewise, ILO Specialists in the Office have a great deal of knowledge and expertise useful to the project, and should be encouraged to assist and participate in project activities.

- 9. The Programme Management Team (PMT) of ILO Geneva should undertake a re-programming mission to Ethiopia in the immediate future for the purpose of consulting with the PAB, the implementing partners, the NPC and the ILO Office on modalities for the timely and effective implementation of these recommendations.** Time is of the essence, given the delays encountered and the danger of the implementing partners losing interest in the project. Timely action is required by the PMT to ensure that these recommendations are considered by the PAB and implemented by the NPC and the ILO Office.
- 10. If project implementation shows significant progress during the third year of the project, consideration should be given to extending the project, at no additional cost, to make up for the one year lost due to delays.** Given the urgent challenge facing the country to reverse the growth of HIV infection and the number of persons affected by HIV/AIDS, the project objectives need to be achieved. This may require an extension of the project period to make up for lost time, should project activities start to show impact in the target enterprises and other workplaces.



ANNEX 1: TERMS OF REFERENCE - INTERNAL ASSESSMENT OF THE ILO HIV/AIDS WORKPLACE EDUCATION PROGRAM in ETHIOPIA

I. PROJECT DESCRIPTION

The Ethiopia HIV/AIDS Workplace Education Project is part of a US\$9,176,185 global grant awarded by the Department of Labor to the International Labor Organization in FY 2003 to develop a program for HIV/AIDS prevention education and workplace policy. The intended beneficiaries of the project are workers and their families both in the formal and informal sector. Indirectly, enterprises also benefit from the impact of prevention programs as the reduction of the spread of HIV/AIDS will reduce absenteeism and its associated costs as well as costs of recruitment and training. As part of this global program, the ILO began in insert year and project duration and funding amount.

The impact of HIV/AIDS in Ethiopia has been devastating: An estimated three million adults and children currently live with HIV; one million have AIDS and another million have died because of it. AIDS is the leading cause of death among the 20-49 years age group, the most productive segment of society.

Various organizations are providing HIV/AIDS prevention, care and support and treatment programmes. These include government agencies, civil society organizations (including relief and development NGOs, religious organizations and organizations of persons living with HIV/AIDS), the private sector and international organizations. However, because the efforts of these organizations are largely limited to the city of Addis Ababa, assistance needs to be expanded to meet the needs of secondary cities throughout the country. It is also believed that expanding HIV/AIDS programmes to the workplace is an especially promising strategy.

It is against this background that the ILO, with the support of the US Department of Labor (USDOL), has developed this project to combat HIV/AIDS in the world of work. The project will expand workplace education programmes; enhance workplace protection against stigma and discrimination, and to increase worker access to prevention, care and support, and treatment services.

The project will also increase the capacity of the ILO tripartite constituents, and other implementing partners, to design and implement workplace HIV/AIDS policies and prevention and education programs. The strategy will build upon the ILO comparative advantage in advocacy and policy development particularly drawing on its *Code of Practice on HIV/AIDS and the World of Work*.

The project's ultimate goal is the creation of a sustainable, integrated national program that combines the efforts of all stakeholders to combat HIV/AIDS in Ethiopia's work places. Toward achieving this, the project established an advisory committee to guide the project and build cooperation. The committee is composed of stakeholders engaged in HIV/AIDS activities in the world of work in Ethiopia... To broaden the reach of the project partner organizations include not only the ILO traditional constituents (Ministry of Labor and Social Affairs, Ethiopian Employers' Federation, Confederation of Ethiopia Trade Unions) but also the Federal Civil Service Commission and the Federal Micro and Small Enterprise Development Agency and their affiliates in the regions. The project will increase the capacity of these partners to initiate, enhance, scale-up and extend their program activities throughout the country.

A key component of the project is the support it provides to the implementing partner organizations to help them develop systems needed to monitor progress, assess impact, and to identify program strengths and weaknesses.

The project will enhance the National Strategic Plan on HIV/AIDS. It will be carried out in consultation with the HIV/AIDS Prevention and Control Office (HAPCO), UNAIDS and members of the UN Theme Group on HIV/AIDS as well as USAID and other bilateral donors.

PROJECT STRATEGY

In May 2004, the ILO Staff in Geneva, consultants from Management Systems International, a USDOL Representative, and the individual Project Country Coordinators met to develop the overall strategic



framework. Together with USDOL, they developed a generic strategic framework which would then be specifically tailored for each project country. As evidenced in the Strategic Framework, there are two overarching development objectives that serve as the long-term goals of the project. The project is intended to contribute to the realization of those objectives. The developments objectives are:

1. Reduced HIV/AIDS Risk Behaviors Among Targeted Workers
2. Reduced level of Employment-related Discrimination Against Workers Living with HIV/AIDS or Affected by HIV/AIDS

THE DEVELOPMENT OBJECTIVES ARE TO BE ACCOMPLISHED BY PURSUING FOUR IMMEDIATE OBJECTIVES:

1. Improved Knowledge And Attitudes Related To HIV/AIDS Risk Behaviours
2. Increased Awareness And Use Of Available HIV/AIDS Workplace Services
3. Reduced Stigma Against Persons Living With HIV/AIDS
4. Increased Knowledge Of HIV/AIDS Workplace Policy /Guidelines

THESE IMMEDIATE OBJECTIVES ARE SUPPORTED BY THE FOLLOWING SUB-IMMEDIATE OBJECTIVES:

1. Increased Availability Of Quality HIV/AIDS-Workplace Services
2. Improved HIV/AIDS Workplace policies.
3. Increased Levels Of Workplace Collaboration And Commitment By Labor And Management
4. Increased Capacity Of Workplace To Offer Comprehensive HIV/AIDS Policy And Programs On A Sustained Basis
5. Improved Coordination And Cooperation Between Tripartite Constituents
6. Improved National Level Policy Framework Related To HIV/AIDS At The Workplace
7. Increased Capacity Of Tripartite Constituents To Support Development Of Workplace Policy And Programs

II. PURPOSE OF THE INTERNAL ASSESSMENT

The purpose of the internal assessment is to:

- determine if the project is moving towards the achievement of its stated objectives and explain why/why not;
- determine the degree to which the project is meeting milestones of its work plan
- assess the impact of the project in terms of sustained improvements achieved;
- provide recommendations on how to improve project performance, and, where necessary, identify the possible need to refine strategy.

III. PROJECTS' PROGRESS TO DATE

A. PROJECT PARTNERS:

1. Representing the Government of Ethiopia:
 - Ministry of Labor and Social Affairs (MOLSA)
 - Federal Civil Service Agency (FCSA)
 - Federal Micro and Small Enterprise Development Agency (FeMSEDA)
 - HIV/AIDS Prevention and Control Office (HAPCO)
2. Employer Organization
 - Ethiopian Employers Federation
3. Employee Organization
 - Confederation of Ethiopian Trade Unions
4. United Nations and NGOs
 - UNAIDS
 - USAID
 - Dawn of Hope

B. ECONOMIC SECTORS COVERED:

1. Agriculture
2. Manufacturing (textiles and spare parts)



3. Services (transport, banking, hotels and utilities)
4. Informal

C. BASELINE SURVEY DEVELOPED AND CONDUCTED: 15 ENTERPRISES

D. NUMBER OF ENTERPRISES PARTICIPATING:

The project has targeted seven pilot enterprises for policy development and implementation of the project's behavioural change component. These enterprises are drawn from formal and informal sectors accordingly:

Formal Sector: Hotels, manufacturing, services, agriculture, banking and transportation.

Informal Sector: Weaving

E. NUMBER OF WORKERS DIRECTLY INVOLVED IN PROJECT ACTIVITIES:

More than 21,755 workers may benefit from the program.

F. NUMBER OF BENEFICIARIES TRAINED SO FAR: None.

G. NUMBER OF BENEFICIARIES INVOLVED IN POLICY DEVELOPMENT ACTIVITIES:

Tripartite policy is being developed; and

Bipartite policy is being negotiated between employers and worker organizations;

H. LIST OF RESOURCE MATERIALS DEVELOPED: None.

IV. INTERNAL ASSESSMENT TEAM

The internal assessment team will be comprised of:

1. One ILO Evaluation Representative, and
2. One In-Country Representative.

The Team Leader (the ILO Evaluation Representative) is responsible for conducting the internal assessment according to the terms of reference (TOR). The team leader will:

- Review the TOR and provide input, as necessary.
- Review project background materials (e.g., project document, progress reports).
- Review the internal assessment questions and work with the donor to refine the questions, as necessary.
- Develop and implement an internal assessment methodology (i.e., conduct interviews, review documents) to answer the internal assessment questions.
- Conduct preparatory meeting with USDOL and ILO prior to the internal assessment mission.
- Prepare an initial draft of the internal assessment report with input from other team members prior to departing from the field mission, circulate it to USDOL and ILO, and prepare final report.
- Conduct briefing with USDOL on findings, conclusion, and recommendation of the internal assessment.

The USDOL Project Manager is responsible for:

- Drafting the internal assessment TOR;
- Finalizing the TOR with input from the ILO;
- Participating in preparatory meeting prior to the internal assessment mission;
- Reviewing and providing comments of the internal assessment report; and
- Reviewing the final draft of the internal assessment report.

The ILO HIV/AIDS Program Representative is responsible for:

- Reviewing the TOR and providing input, as necessary;
- Providing project background materials;
- Reviewing the internal assessment questions and working to refine the questions, as necessary;
- Participating in preparatory meeting prior to the internal assessment mission;
- Scheduling all meetings;
- Assisting in the implementation of the internal assessment methodology, as appropriate (i.e., participate in interviews, review documents, observe committee meetings) and in such a way as to minimize bias in internal assessment findings; and
- Reviewing and providing comments on the internal assessment report.
- Reviewing the final draft of the internal assessment report
- Participating in debriefing on findings, conclusions, and recommendations of the internal assessment.

V. INTERNAL ASSESSMENT SCOPE



The internal assessment will:

1. Assess the validity of the project strategy and methodology to achieve the project's objectives.
2. Assess the project implementation (schedule, activities, and materials) to date.
3. Assess the project's sustainability plan.
4. Assess the effectiveness of the project performance monitoring plan.
5. Assess level of stakeholder commitment to project including if the targeted enterprises are correct.
6. Assess the current management structure of the project, its staff and the services it has provided including the relationship between the ILO National Project Coordinator in Ethiopia, other stakeholders as well as the ILO Geneva and Ethiopian Project Staff.

VI. INTERNAL ASSESSMENT METHODOLOGY

A. Document Review: The internal assessment team will review the following documents before conducting any interviews or trips to the region.

1. The Project Document
2. Baseline survey instrument and assessment
3. Mapping exercise guidelines and results
4. TORs
5. Quarterly reports
6. Reports from events
7. Training Materials from the events
8. Trip Reports
9. Strategic Framework and PMP (Generic and Country Specific)
10. Work plans
11. Country Brief
12. Company Profiles
13. BCC Documents
14. National Tripartite Policy

B. Team Planning Meeting (TPM): The internal assessment team will have a pre-trip consultation with the USDOL PM, the ILO representatives and a member of the OFR operations team. The objective of the TPM is to reach a common understanding among the internal assessment team, and project implementers regarding the status of the project, the priority internal assessment questions, the available data sources and data collection instruments and an outline of the final internal assessment report. The following topics will be covered: status of logistics, project background and materials, key evaluation questions and priorities, data sources and data collection methods, roles and responsibilities of internal assessment team, outline of the final report.

C. Observation: If scheduling permits, the internal assessment team will attend and assess a training activity of the project.

D. Individual Interviews: Individual interviews will be conducted with the following:

- a. Project Staff in Geneva, Ethiopia, and other relevant ILO staff
- b. USDOL Project Staff and other relevant USDOL staff
- c. Randomly selected individuals from the following groups:
 1. Workers and employers who have received the training
 2. Project Advisory Board (PAB)
 3. National Tripartite Committee Members
 4. Employer groups, unions, NGO's that have received training or otherwise worked with the project.
 5. Labor Ministry staff who have worked with the project
 6. People Living With HIV/AIDS
 7. UNAIDS
 8. ILO
 9. UNDP
 10. USAID
 11. US Embassy



E. Field Visit: Meetings will be scheduled in advance of the field visits by the ILO project staff, in accordance with the internal assessment team’s requests and consistent with these terms of reference.

F. Debrief in the Field: The final day of the field visit, the internal assessment team will present preliminary findings, conclusions, and recommendations to the ILO project staff and subsequently invite the PAB members to a debriefing session.

G. Post-Trip Meeting: Upon completion of the report, the ILO Team Leader will provide a debriefing to ILAB on the evaluation, findings, conclusions and recommendations as well as the internal assessment process.

VII: DURATION AND MILESTONES OF INTERNAL ASSESSMENT

The following is a tentative schedule of tasks and anticipated duration of each:

| Tasks | Work Days | Remarks |
|----------------------------------|-----------|---------|
| Preparatory Research/Desk review | 2 | |
| Field Research | 5 | |
| Draft Report | 2 | |
| Finalization of Document | 1 | |

VIII: DELIVERABLES

- A. Pre-Evaluation Trip with USDOL and ILO staff to discuss roles, responsibilities, and TOR
- B. Interviews with USDOL Washington staff prior to field visit.
- C. A Draft Report
- D. A Final Report, original plus 5 copies, will be submitted to USDOL within three days after receiving final comments from USDOL. The final report should be sent electronically to USDOL.
- E. Post-Trip Debriefing to ILAB upon completion of report.

IX. REPORT

The internal assessment team will complete a draft of the entire report prior to departing from the field mission following the outline below, and share electronically with the USDOL Project Manager and member of the OFR operations team and the ILO member of the evaluation team. The USDOL and the ILO will have 5 days to provide comments on the draft report. The evaluator will produce a re-draft incorporating USDOL and ILO comments where appropriate, and provide a final version within three days of having received final comments from USDOL and ILO.

The final version of the report will follow the below format (page lengths by section illustrative only), and be no more than 20 pages in length, excluding the annex:

1. Title page (1)
2. Table of Contents (1)
3. Executive Summary (2)
4. Acronyms (1)
5. Background and Project Description (1-2)
6. Purpose of Evaluation (1)
7. Evaluation Methodology (1)
8. Project Status (1-2)
9. Findings, Conclusions, and Recommendations (no more than 10 pages). This section’s content should be organized around the TOR questions, and include the findings, conclusions and recommendations for each of the subject areas to be evaluated.



ANNEX 2: INTERNAL ASSESSMENT SCHEDULE

| Date | 9:00-10:30 | 11:00-12:30 | Lunch 1:00-2:00 | 2:30-4:00 | 4:30-5:30 |
|------------------------------|--|--|--------------------|---|---------------------------|
| Monday 13/3/06 | ILO Office OIC, NPC, HIV/AIDS Focal Person | MOLSA PAB Chairperson | | Dawn of Hope | |
| Tuesday 14/3/06 | Akaki Spare parts | | | BCC Consultant | |
| Wednesday 15/3/06 | USAID | CETU | | Filwoha Hotels | |
| Thursday 16/3/06 | EEF | FCSA | | | |
| Friday 17/3/06 | Shuromeda Weavers | FCSA | | HAPCO | Ethiopian Airlines |
| Monday 20/3/06 | | | | | |
| Tuesday 21/3/06 | FEMSEDA | Ethiopian Business Coalition Against HIV/AIDS | | ILO Office Debriefing with NPC, HIV/AIDS Focal Person | |
| Thursday 23/3/06 | | | | MOLSA Debriefing for PAB members | |



ANNEX 3: PERSONS INTERVIEWED BY THE ASSESSMENT TEAM

ILO Sub-Regional Office (SRO)

- Mr. George Okutho, Senior Employment Specialist and Officer-in-Charge
- Ms. Kidist Challa, HIV/AIDS Focal Person
- Ms. Seble Hailu, NPC, ILO/USDOL Project
- Dr. Michael Dejene, BCC Consultant, ILO/USDOL Project

PAB Members

- Mr. Mesfin Yilma, Team Leader, Occupational Safety and Health, Chairperson, HIV/AIDS Task Force, Ministry of Labor and Social Affairs (MOLSA), and PAB Chairperson
- Mr. Yohannes Beshah, Director, Ethiopian Employers' Federation (EEF)
- Mr. Hailekiros Woldemichael, Head, Social Affairs Division, Confederation of Ethiopian Trade Unions (CETU)
- Mr. Tezera W/Medhin, Head, Planning, Policy Analysis and Evaluation Department, Federal Civil Service Agency (FCSA)
- Mr. Asfaw Abebe, Head, Technology Training Division, Federal Micro and Small Enterprise Development Agency (FEMSEDA),
- Mr. Misganaw Lijjalem, Team Leader, Monitoring and Evaluation, HIV/AIDS Prevention and Control Office (HAPCO)
- Mr. Solomon Dibaba, Project Officer, Dawn of Hope Ethiopia, People Living With HIV/AIDS Association
- Mr. Brad Corner, Private Sector Advisor, USAID Ethiopia

Targeted Enterprises

- Mr. Nigusie Alemayehu, Head of Clinic, Akaki Spare Parts and Hand Tools Share Co. (**Manufacturing Sector**)
- Dr. Mekonnen Degaga, Deputy General Manager, Filwoha Hotels (SPA Enterprise) (**Hotels Sector**)
- Mr. Tilbe Deneke, Mr. Daniel Elcho, Mr. Gelaneh Zeto, and Mr. Hailu Feseha, Shiromeda Weaver's Association (**Informal Sector**)
- Dr. Aynalem G/Mariam, Medical Director, and Dr. Saba Fikru, HIV/AIDS Focal Person, Ethiopian Airlines (**Transport Sector**)

Others Persons Interviewed

- Mr. Teshome Zewde, President, Mr. Niway Hapteyesus, WEDGE Project NPC, Alemseged W/Yohannes, Child Labour Project NPC, Ethiopia Employers' Federation (EEF)
- Mr. Aschalew, Job Classification Expert, Federal Civil Service Agency (FCSA)
- Ms. Jenny Gold, Mr. Tadesse Tekalign, Program Coordinators, Ethiopian Business Coalition Against HIV/AIDS (EBCA)



ANNEX 4: INTERVIEW PROTOCOL (Adapted)

Note: the same interview questions were used for both PAB members and targeted enterprise representatives.

General

1. What are your general views concerning the ILO/USDOL HIV/AIDS Workplace Education project?

Project Strategy and Implementation

1. The project aims to achieve the objectives of reduced HIV/AIDS risk behaviours among targeted workers and reduced levels of employment-related discrimination against people living with HIV/AIDS. Are these objectives still relevant for your organization/enterprise?
2. The project strategy aims to increase the capacity of the implementing partners to carry-out HIV/AIDS prevention activities in their member workplaces. Is this strategy still relevant?
3. The project has suffered delays in implementation. What other problems in the implementation of project have you seen?

Project Management

1. The first NPC of the project resigned. How effective do you find the management performance of the present NPC?
2. Are there any current management problems or issues?

Sustainability

1. How sustainable will the activities initiated by the project be after the project comes to an end?

Recommendations

1. Given the delays encountered in project implementation, what suggestions do you have on how the project can meet its stated objectives within the remaining one year of the project?



ANNEX 5: LIST OF TARGETED ENTERPRISES (15)

Manufacturing Sector:

Akaki Textile Share Co.
Akaki Spare Parts and Hand Tools Share Co.

Transport Sector:

Ethiopian Airlines
Ethiopian Shipping Lines
Ethiopian Airports Enterprise

Service Sector:

Ethiopian Electric Power Corporation
Ethiopian News Agency

Hotel Sector:

Ghion Hotels Enterprise
Ras Hotels Enterprise
SPA Enterprise- Flowiha Hotels

Banking/Insurance Sector:

Dashen Bank of Ethiopia
Nyala Insurance

Agriculture Sector:

Wushush Tea Plantation
Gumero Tea Plantation

Informal Sector:

Shiro Meda Weavers



ANNEX 6: PROJECT TIMELINE

| | | |
|-------------------------------|---|-----------------------------------|
| May 2004 | 1 st NPC hired | |
| 29 November – 2 December 2004 | Strategic Planning and Performance Monitoring Plan Workshop | Sheraton Hotel |
| September to December 2004 | Mapping exercise conducted | |
| 1 March 2005 | MOU signed | MOLSA |
| 16 March 2005 | PAB was established, 1 st PAB meeting | MOLSA |
| 25 March 2005 | 2 nd PAB meeting | MOLSA |
| 1 April 2005 | 3 rd PAB meeting | MOLSA |
| 8 April 2005 | 4 th PAB meeting | MOLSA |
| April-July 2005 | Situational needs assessment survey was conducted on 48 enterprises to complement the mapping exercise. | |
| July 2005 | 1 st NPC resigned | |
| July 2005 | In collaboration with FCSEA, HIV/AIDS Workplace Policy for Civil Servants workshop was conducted | Ghion Hotel |
| August 2005 | 2 nd NPC was hired | |
| 1 November 2005 | Workers' Survey Administrator/BCC specialist was hired to do enterprise level formative assessment | |
| 2 November 2005 | 5 th PAB meeting | MOLSA |
| 16 November 2005 | 6 th PAB meeting | MOLSA |
| December 2005 | Workers Survey and Formative assessment started | |
| 22 December 2005 | The HIV/AIDS Workplace Policy for Civil Servants was validated. | Ghion Hotel |
| 2-4 January 2006 | In collaboration with FEMSEDA, Business Development Service Facilitators were trained on mainstreaming HIV/AIDS into the small and micro enterprise training activities | Ghion Hotel |
| 7-10 February 2006 | HIV/AIDS focal persons and committee members' training was conducted for the fourteen enterprises | Debrezeit, Pyramid Paradise Hotel |
| 14-16 February 2006 | In collaboration with MOLSA, a workshop was conducted to gather input from different stakeholders on the draft National HIV/AIDS Workplace Policy. The project was technically launched: The project's objectives, mapping exercise and situational needs assessment presented. | Ghion Hotel |
| 28 February 2006 | Draft formative assessment report for some enterprises submitted. | |
| 7 March 2006 | 7 th PAB meeting | MOLSA |
| 10 March 2006 | Workers survey for all the selected enterprises completed and data tracking table filled in and submitted to Geneva PMT and SRO Mgt. | |



ANNEX 7: RECOMMENDATIONS TRACKING TABLE

| Key Findings | Recommendations | Follow-up Responsibility |
|--|--|---|
| Implementation of the project is behind schedule, implementing partners want to play greater role in the implementation of project activities, and project needs to expand its scope to the Regions. | 1. The implementing partners should be given greater responsibility for the implementation of project activities through the use of ILO performance-based Service Contracts. | PMT, ILO Office Director, NPC, implementing partners: MOLSA, EEF, CETU, FCSA, FEMSEDA, Dawn of Hope |
| Organizational capacity of the implementing partners varies but needs to be strengthened if project-initiated activities are to be expanded and become sustainable. | 2. The project should focus on building the capacity of its implementing partners to enable them to implement the project activities in their members own workplaces by their own personnel. | NPC, implementing partners: MOLSA, EEF, CETU, FCSA, FEMSEDA, Dawn of Hope |
| The implementing partners lack adequate human and financial resources to enable their HIV/AIDS workplace activities to become sustainable. | 3. The project should assist the implementing partners to identify supplementary funds to support their HIV/AIDS work plans and to make them sustainable. | NPC, implementing partners: MOLSA, EEF, CETU, FCSA, FEMSEDA, Dawn of Hope |
| The implementing partners are not involved in the development of the BCC strategy, while their member organizations are requesting assistance to develop BCC workplace strategies and messages. | 4. The project should involve the implementing partners in the development and implementation of the BCC strategy in order to expand the coverage of the strategy, particularly to all regions. | NPC, ILO BCC consultant, implementing partners: MOLSA, EEF, CETU, FCSA, FEMSEDA, Dawn of Hope |
| Existing and potential duplication of efforts among various organizations and donors engaged in or supporting HIV/AIDS workplace interventions. | 5. The project should continue to work closely with other stakeholders engaged in workplace interventions such as the USAID funded projects, APT-associates, GTZ, DED, Ethiopian Business Coalition against HIV/AIDS and others to reduce/avoid duplication and share resources for workplace interventions. | PMT, ILO Office Director, PAB, NPC |
| Present activities at national level being implemented by the project are not sustainable. | 6. The project should urgently develop a sustainability plan for workplace interventions to be endorsed and implemented by all project stakeholders. | NPC, PAB |
| Need for and lack of a long term coordination mechanism for HIV/AIDS workplace interventions in the country. | 7. The project should consult with HAPCO in order to identify or create a coordinating mechanism, such as a national technical working group, to replace the PAB upon completion of the project. | ILO Office Director, ILO Office HIV/AIDS Focal Person, NPC, PAB, HAPCO |
| Project is not adequately integrated into the ongoing work in Ethiopia of the ILO Sub-regional Office in Addis Ababa. Most ILO | 8. The Director of the ILO Sub-regional Office in Addis Ababa should take steps to integrate the activities of the project into the | PMT, ILO Office Director, NPC |



| | | |
|--|--|--|
| Specialists in the Office are unaware of and not involved in project activities. | Decent Work Country Programme and other activities of the Office, by using ILO Employers' Activities, Workers' Activities, Employment, Occupational Safety and Health, Gender and other Specialists as resources for the project. | |
| There is a need to accelerate project activities if project objectives are to be achieved. | 9. The Programme Management Team (PMT) of ILO Geneva should undertake a re-programming mission to Ethiopia in the immediate future for the purpose of consulting with the PAB, the implementing partners, the NPC and the ILO Office on modalities for the timely and effective implementation of these recommendations. | PMT, ILO Office Director, PAB, NPC, implementing partners: MOLSA, EEF, CETU, FCSA, FEMSEDA, Dawn of Hope |
| Project implementation is one year behind schedule. | 10. If project implementation shows significant progress during the third year of the project, consideration should be given to extending the project, at no additional cost, to make up for the one year lost due to initial delays. | PMT, PAB |