



Evaluation Summaries

Combating and preventing HIV/AIDS-induced child labour in Sub-Saharan Africa – Pilot action in Uganda and Zambia

Quick Facts

Countries: *Zambia and Uganda*

Mid-Term: *April 2007*

Mode of Evaluation: *independent*

Technical Area: *Child Labour*

Evaluation Management: *IPEC ILO Dar-es-Salaam*

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Project Code: *RAF/04/57/USA*

Donor: *United States*

Keywords: *Child Labour, HIV/AIDS*

Background & Context

The pilot project '*Combating and Preventing HIV/AIDS-Induced Child Labour in Sub-Saharan Africa: Pilot Action in Uganda and Zambia*' commenced in January 2005 and is expected to end in March 2008. The project was designed to create community models for combating HIV/AIDS-induced child labour through the provision of psycho-social support, education and skills training opportunities for 3,600 girls and boys in the core countries of Uganda and Zambia. In order to assess the progress and performance towards attaining the project outputs and objectives, International Labour Organisation/International Programmes on the Elimination

of Child Labour (ILO-IPEC) commissioned the undertaking of a Mid-Term Evaluation (MTE) of the project as a requirement of IPEC procedures. The consultants adopted a participatory '*Appreciative Assessment Approach*' in which they employed consultative meetings, documentary reviews, field visits, key informative interviews and focus group discussions. In addition, stakeholder consultative feedback workshops and a debriefing session were also held.

The MTE was conducted 3-4 months after the implementation of direct Action Programmes (APs), along with the submission of a quarterly report by each of the Implementing Partners (IPs), and a monitoring field visit by the ILO-IPEC national project coordinators. This has been timely because it will enable the weaknesses identified during project implementation to be addressed in a timely manner, rather than towards the end of the project.

A review of project implementation towards attaining **objective 1** shows that 322 children have been prevented from child labour, reflecting a 16% of overall project end target, while 162 children have been withdrawn from child labour, reflecting 10% of the total project end target. More children have been identified and a large scale enrolment of children withdrawn from child labour into formal education, which will start in the new school year in January/February 2007, while

vocational training will start after market studies have been conducted. Besides educational and training opportunities, the children have also been provided with psychosocial and rehabilitation support as well as recreation facilities.

Overall, 65 families have received technical assistance for income-generating activities (IGAs) under the social protection component, reflecting 16 % of the project targets in the core countries. Given the overwhelming number of families, and if hundreds of children are to be prevented and withdrawn from HIV-induced child labour, there is an urgent need to link families to other social protection service providers. However, a discussion with IPs during the field visits revealed that the limited capacity of social protection service providers in the core countries may jeopardise the functionality of referring target beneficiaries to these institutions as envisaged in the project design. The activities related to **Objective 2** have begun and are on track with some achievements noted as follows:

- Development of an HIV/AIDS module in the ILO SCREAM Child Labour (CL) Pack, and an HIV/AIDS-induced child labour training manual;
- Development of an HIV/AIDS-CL guide for trainers - *Basic Training on Child Labour for Teachers, Social Workers, Community Leaders, Civil Society Organizations and Teacher Education Institutions*;
- Mainstreaming of HIV/AIDS-CL into IPs routine organizational work schedules; and
- Mainstreaming HIV/AIDS-CL into child labour policy and action programmes at the district and national levels.

Although there has been a lag in the implementation of the project, the MTE team has been able to identify the following challenges at the different levels:

ILO and IPEC

- Inadequate budgetary allocation of resources for advocacy work to mainstream project outcomes in order to meaningfully sustain HIV/AIDS+CL high on the agenda of the stakeholders at local and national levels, and within the international donor community, bureaucracy; lengthy and complicated procedures in the process of approving the budgets.

ILO IPEC HIV/AIDS+CL Project Level

- Effects of the late commencement of the project will not allow for ample time iterative project process and outcome documentation, and has shortened the period for sharing and mainstreaming of actions, lessons and potential good practices by other organizations, local and national governments.
- The roles of employers' and workers' organisations in the implementation of the project are not clearly defined, which undermines their effective involvement and participation in the project activities.

National Project Steering Committees

- Irregular meetings and attendance of the national project steering committee members to provide guidance and direction to project implementation, may allow more time for reflection and planning of outcomes of the project, which is essential for the attainment of project objectives, but has a negative effect on upstreaming of the project outcomes.

Implementing Partner Level

- Incomplete process and outcome documentation undermines capturing of IPs actions, lessons and potential good practices, though it was not clear on how to do it, and when to do it, and requires appropriate skills, yet the IP personnel lack the required documentation skills.
- IPs and social protection service providers have a low resource capacity to sustain action programmes and broaden social protection and creation of sustainable social protection linkages.

- Since IPs draft APs without the involvement of government institutions, this has undermined their commitment to the project implementation and monitoring at the various stages, due to lack of clearly defined roles, aggravated by the inadequate capacity of government institutions.

The MTE study team has consequently made recommendations for the remaining project implementation period at the various levels as outlined below:

ILO IPEC Headquarters

- Extend project implementation period by 9 months to realize a good quality of process and outcome documentation of actions, lessons and potential good practices by IPs, and their mainstreaming by various stakeholders at the local, national and donor community levels.
- Provide additional resources for dissemination and advocacy, for the mainstreaming activities, to ensure the sustenance of ILO IPEC HIV/AIDS +CL project outcomes beyond the ILO IPEC HIV/AIDS +CL project IPs.

ILO

- There is need to review the process of approving budgets, finances and AP operational procedures.

ILO IPEC HIV/AIDS+CL Project

- Expedite the process of undertaking the second generation of direct action programmes to ensure attainment of project targets for children being prevented from HIV/AIDS-induced child labour.
- Back stopping of National Project Coordinators whenever the need arises, to ensure overall timely documenting of lessons learnt and potential good practices, and mainstreaming through networking with other relevant national and international agencies.
- Support the capacity building of IPs by organizing trainings for their staff to help them

internalize process and outcome documentation, and information management.

- HIV/AIDS +CL project team should work with ILO IPEC Geneva to support IPs in the implementation of IGAs by facilitating IPs through training, and providing them with relevant business and micro-enterprises training materials.

- Facilitate IPs Quarterly Meetings and Exchange Programmes that will ensure the refinement of project outcomes and potential good practices in the development of the community model.

- Increase the involvement of strategic partners to ease the mainstreaming processes and outcomes of actions, lessons and potential good practices, both at national and local levels to foster ownership, relevance and adaptability.

- Support IPs to build their capacity in the implementation of social protection action programmes, to increase the functionality of the referral system; and in the provision of social protection to the beneficiaries.

- Increase the involvement of Child Labour Units in the mainstreaming of the project products by supporting the Child Labour Units to disseminate already developed ILO IPEC HIV/AIDS + CL materials and manuals, and training of staff at district and national levels.

- Increase the involvement of employers' and workers' organisations in the project by supporting them to raise awareness, harmonise regulations in their constitutions, and fight practices against HIV/AIDS-induced child labour within the member organisations.

National Project Steering Committees

- The Ministries of Labour in both Uganda and Zambia should make the national project steering committee more functional and effective by enforcing regular and full member attendance of meetings to enhance the up-scaling and mainstreaming of community-

based model outcomes at sectoral, district and national levels.

Implementing Partners Level

- The ILO IPEC HIV/AIDS +CL project should revise the IPs' outputs to include model-based deliverables in order to facilitate the integration of process and outcome documentation into routine work schedules of IPs' staff.
- To ensure that the community model developed is integrated and adopted by other stakeholders, there is need for IPs to network and build alliances with other entities to share experiences and advocacy.
- The IPs need to carry out market studies to generate and provide, marketable and quality vocational skills to the project target beneficiaries.
- Support the creation of HIV/AIDS Orphaned child labour committees and clubs, as well as parent support groups for advocacy work, as well as the creation of direct linkages with other stakeholders working on HIV/AIDS +CL.
- Increase the involvement and participation of Local Governments in the implementation and monitoring of Action Programmes through joint planning and sharing of resources and community model development experiences, in order to enhance the integration of HIV/AIDS + CL issues into district development plans.

In conclusion, the MTE team noted that three years was a very short period to fully implement such a project, given its thematic nature and uniqueness in generating a community model for learning by other stakeholders. Moreover, the period spent in mainstreaming and policy dialogue with stakeholders at organizational, local and national levels to ensure that HIV/AIDS-induced child labour, is high on their agenda, was also shortened.

Nonetheless, the project is evidently geared towards realising the outputs of prevention and withdrawal under **Objective 1**, though there is need to accelerate the pace of implementation of the social protection activities. Under **Objective 2**, the development of a good quality community model to combat and prevent HIV/AIDS-induced child labour, and sustain policy dialogue demands for commitment, patience, resources, strong stakeholder participation and training, to ensure that HIV/AIDS-CL is high on the agendas is necessary. It, however, requires more time, beyond the remaining project implementation period.