



**INTERNATIONAL LABOUR ORGANIZATION (ILO)
MULTI-BILATERAL PROGRAMME OF TECHNICAL COOPERATION**

TERMINAL/FINAL REPORT

Project No: INT/05/08/SID (incorporating RAF/05/058, RAF/05/059, RAF/05/060 and RAF/05/061)

Project Title: HIV/AIDS Prevention and Impact Mitigation in the World of Work in Sub-Saharan Africa

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¹ Start date as indicated in the donor approved project document.

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Executive summary

Sub-Saharan Africa has remained the epicentre of the AIDS pandemic, with 22.5 million people living with HIV³ and with an estimated 1.8 million of new infections in 2009. From a sub-regional perspective, Southern Africa, where this programme is primarily implemented, is the area most deeply affected by the epidemic. Several factors have contributed to the spread of HIV in the region e.g. concurrent multiple partnerships, high labour mobility, and these are compounded by prevailing poverty and various forms of inequality.

In order to coordinate the HIV response at the regional level, the Southern African Development Community finalised the new HIV/AIDS Strategic Framework (2010 - 2015) in 2009. The programme has played and continues to play a role in supporting this new framework by addressing not only individual behaviour, but also structural issues including social exclusion, empowerment and employment as factors that may impact on the HIV Spread. With the operationalisation of this new framework and member States scaling up their responses to the epidemic, the ILO had a unique opportunity to mobilize its constituents to make a concerted effort to strengthen their HIV initiatives at the workplace.

Activities in the different programme components were tailored to reflect priorities within respective National Strategic frameworks and monitoring and evaluation systems, as well as ongoing programmes of ILO constituents (governments, employers and workers), programme strategic partners (the Ministries of Transport, Labour, other line ministries) and other institutions with responsibility for cooperatives, business development and the informal economy. This strategy facilitated ownership and sustainability of the programme interventions.

In the report of the mid-term evaluation of the programme conducted in late 2008, it was recommended that a review of the monitoring and evaluation system be undertaken to better harmonise the data collection system and improve its coherence. As a result of these recommendations, the monitoring framework was harmonized and better aligned at the beginning of 2009, to ensure more coherent data tracking through which results could be better assessed between countries and also along programme components.

Gender equality was addressed throughout the programme. One example is the Revolving Fund developed in Cameroon, where women living with HIV and vulnerable women identified in high prevalence provinces in Cameroon, have been provided with opportunities for business development through micro-credit initiatives. More emphasis on gender issues is envisaged in the future phase of the programme in order to address the unequal gender balance within partner organizations, such as cooperatives, as these structures are generally male dominated.

The transport sector project, which forms a specific component of this programme, mobilised partners towards the need for collaborative interventions and arrangements in support of ongoing efforts. It covered interventions in South Africa, Zimbabwe, Mozambique and Malawi. A major strategy utilized by this project was to work along national and cross-border corridors and hotspot points. In numbers, the component reported the following achievements:

³UNAIDS Report on the Global AIDS Epidemic, 2010

- 47890 persons have been reached by the programme through employers' and workers' organizations;
- Seven cross border areas (between South Africa and Zimbabwe, Zimbabwe and Zambia, Zimbabwe and Mozambique, Mozambique and South Africa, Malawi and Tanzania) have been reached by the programme, resulting in 6,500 persons reached at cross border areas and along development corridors;
- 107 transport public and private sector organizations have been trained on HIV prevention, care and support;
- 76 transport companies have an HIV workplace programme, as a result of this programme;
- 44'890 workers use the health services/VCT/care and support services are provided in the transport companies;
- 21'850 family members of the employees use the health care services including VCT provided by the transport companies.

The second programme component focused on the informal economy and cooperatives. It covered Mozambique, Tanzania, Ethiopia, Cameroon and Benin. These organizations were supported in 2009 and 2010 in different ways: a) training on planning, monitoring and implementation of workplace programmes on HIV as well as the provision of education materials and tools; b) Business and entrepreneurship development initiatives for informal sector associations and their members as part of impact mitigation ; c) support to service provision and referrals. In numbers, the component reported that:

- 97'789 women and men in informal economy settings have been trained on HIV transmission, access to treatment and Voluntary Counselling and Testing (VCT);
- 299 workplaces in the informal economy have adopted an HIV/AIDS policy;
- 733 workplaces in the informal economy have implemented an HIV/AIDS programme;
- 115 informal economy organizations have referral systems for external HIV support for their members;
- 135 informal economy organizations provided Home Based Care services for their members;
- 114 workplaces in the informal economy have been supported in establishing collaborative relationships with government to access HIV/AIDS services;
- 2425 persons have been reached by entrepreneurship programs in informal settings.
- 407 persons living with HIV have started small businesses;
- 873 small businesses and entrepreneurship programs now mainstream HIV.

The third component of the programme focused on enhanced legal and policy compliance among ILO constituents. This component underwent rapid staff turn-over in 2008/2009, and as a consequence, activities had to be adjusted and a new work plan set up to accommodate these changes. Although this was a challenge, the component managed to successfully complete all planned activities by December 2009. Apart from training programme undertaken at the national levels in prior years, the key activities undertaken by the programme in 2008-09 included:

- A national workshop for judges on decent work for people living with HIV and with disabilities in Adama, Ethiopia. Twenty-four participants looked at issues of discrimination related to persons living with HIV and persons with disabilities. The workshop was a result of the close collaboration with other ILO units. In total, 57 labour judges, assessors and inspectors trained on legal compliance and HIV in 2009.

- Development of a judges training manual on HIV and disability in the world of work to consolidate the training tools developed and the lessons learnt from the judges' workshops undertaken since the inception of the programme in 2006. The manual is intended as an education and reference document as well as a tool for training, a guide for judges, and an aid for those seeking to promote action to limit the spread and impact of HIV in the world of work.
- Training events were also undertaken covering occupational safety and health (OSH) and HIV to review and validate national profiles on occupational safety and health measures for HIV prevention at the workplace in Mauritius and Malawi.

In addition to the three programme components, seed funding set aside in 2009 to facilitate the implementation of a research on social pensions and HIV/AIDS and the world of work. The study titled "Old-age non-contributory pensions, HIV/AIDS and the world of work in Africa: Exploring links for policy recommendations from a decent work perspective" was concluded in the first half of 2010.

In 2009, ILOAIDS (in consultation with the donors) re-defined the strategy of the programme for 2010 by adopting a two-pronged approach to create more synergies between the transport sector and the informal economy. This strategy was expected to focus attention on informal economy, cooperatives and associations of women and small/medium enterprises (SMEs) and transport sector workers along identified transport corridors in Southern Africa. A bridging fund was subsequently granted to facilitate the implementation of activities in 2010 with a paradigm shift, which calls for the adoption of a strategy of promoting self reliance among workers, women and trade groups operating along the transport corridors and assisting them and their associations to provide business-related services that ensure increased productivity, while preventing HIV-related risky behaviour and mitigating the impact of the epidemic among affected households and workers alike.

SUMMARY OF PROJECT OBJECTIVES/OUTCOMES DEVELOPMENT OBJECTIVE

To reduce the impact of HIV/AIDS in Sub Saharan Africa by addressing the world of work vulnerabilities work and strengthening the application of the policy and legal frameworks for the protection of infected and affected men and women workers.

IMMEDIATE OBJECTIVE / PROJECT OUTCOMES (2006-2009)

Immediate Objective 1 (RAF/05/058: Project on HIV Prevention and Impact Mitigation in the Transport Sector of Southern Africa)

Increased knowledge on HIV/AIDS and more responsible attitudes to risk behaviours of men and women workers and their families, help limit the spread of HIV/AIDS.

Outcomes

- a) Increased number of HIV/AIDS workplace programmes in transport sector companies;
- b) Increased capacity of employers and workers organizations to develop and manage HIV/AIDS programmes in the transport sector;
- c) Increased HIV/AIDS interventions in cross border areas;
- d) Increased capacity of cross border authorities to implement HIV/AIDS measures;
- e) Improved coordination among ILO constituents and other relevant stakeholders to provide guidance in the implementation of policies and strategies addressing the needs of high risk sectors.

Immediate Objective 2 (RAF/05/060: Mobilising Cooperatives and Community-based Organisations in the Fight against HIV/AIDS)

Improved working conditions and status of affected women and men working in targeted informal settings.

Outcomes

- a) Increased number of cooperatives developing and implementing programmes on HIV/AIDS in rural and urban areas;
- b) Increased number of small businesses developed and sustained to mitigate HIV/AIDS impact in the informal economy;
- c) Improved support services and people's health care access through cooperative apex and community-based organizations and through micro and small business and Informal Sector Associations.

Immediate Objective 3 (RAF/05/059: Strengthening Legal and Policy Provisions and Improving OSH)

Enhanced compliance with the legal and policy framework by ILO constituents.

Outcomes

- a) Improved application of relevant national legislation, including OSH by national labour courts, tribunals and labour administrations, including inspectorates;
- b) New/Improved labour and OSH policy and legislative frameworks to combat HIV/AIDS discrimination and provide a safe and healthy work environment.

REVISED IMMEDIATE OBJECTIVES/PROJECT OUTPUTS (2010)

Immediate Objective 1: To strengthen the capacity of constituents (government, workers and employers organizations, cooperative apex organizations, informal economy associations and other social economy organisations) that operate in corridor areas to provide economic and social services to their members and communities in preventing and mitigating the impact of HIV/AIDS/TB

Output 1.1: Strengthened capacity of targeted support structures to implement HIV AIDS/TB prevention interventions along the transport corridors

Output 1.2: Strengthened capacity of targeted support structures to provide business skills, business development services incl. finance and market access to their member organisations

Immediate Objective 2: To economically empower and organise informal economy operators in the selected corridors to mitigate the impact HIV AIDS/TB

Output 2.1: Increased business performance of targeted informal sector enterprises, women, businesses and cooperatives provided by targeted support structures at selected corridors

Output 2.2: Increased access to economic opportunities and HIV AIDS services by organising informal economy operators

Immediate Objective 3: To promote evidence-based interventions and knowledge sharing for policy makers and practitioners at national and regional levels.

Output 3.1: Good practices and lessons learned of integrated HIV prevention and economic empowerment documented and disseminated widely

Output 3.2: Tools for implementing integrated HIV prevention and economic empowerment interventions developed and disseminated widely

Output 3.3: Policy makers informed on integrated HIV prevention and economic empowerment interventions including through policy dialogue at national and regional levels

The above revised objectives were adopted for 2010 following consultations undertaken by ILOAIDS with the donor late 2009. These led to the merger of components 1 and 2 of the programme to focus attention on the empowerment of vulnerable groups of women, cooperatives and informal sector associations along transport corridors as a strategy for HIV prevention and impact mitigation. The implementation of the programme in 2010 was to pave the way and lay a foundation for follow-up interventions in this specific area in Southern Africa. The progress made in the implementation of this new strategy is broadly highlighted in section IV of this terminal report.

I. Country information and developments

The following section of the report provides an overview of the national contexts in the programme countries, recent events in those countries and in relevance to the specific sectors addressed by the programme.

There are about 22.5 million persons living with HIV in sub-Saharan Africa with an estimated 1.8 million of new infections in 2009. This makes the region the most affected by HIV globally even though in several countries the epidemic is stabilising or decreasing (UNAIDS, 2010). From a sub-regional perspective, Southern Africa, where the programme was primarily implemented, is still the area most deeply affected by the epidemic. Several factors contribute to the spread of HIV/AIDS in the sub-Saharan African region which are compounded by prevailing poverty and various forms of inequality. Many of the countries in the sub-region have high rates of youth unemployment and labour mobility. Gender inequality, social and cultural practices and violence against women are also factors that play significant roles in HIV transmission within the region, with more women infected than men. Other contributing factors that facilitate the transmission of HIV include multiple and concurrent sex partners, illiteracy, persistent stigma and discrimination, alcohol and drug abuse.

In several countries including Malawi and Zimbabwe, there have been substantial declines in HIV prevalence in recent years. In most other countries, the epidemic has declined slightly or stabilised. Associated reductions in certain risky sexual behaviours, in particular fewer reported sexual partners, delays in sexual debut and increased condom use, have been variously documented in some countries. It is pertinent to note that many countries in the region have developed or are developing policies to promote voluntary medical male circumcision and roll out is occurring in a few with rapid scale up planned in the coming years.

The Southern African Development Community (SADC) finalised the new HIV/AIDS Strategic Framework (2010 – 2015) in late 2009. This framework reaffirms the region's approach to HIV/AIDS as a developmental challenge aggravated by poverty and various forms of inequality, including income and gender. The SADC Secretariat also finalised the HIV/AIDS prevention strategy (2008 – 2010), defining actions to be undertaken by the Secretariat and other regional partners in support of member states to intensify prevention efforts. In addition, the SADC HIV/AIDS Unit has operationalized the priorities of the Maseru Declaration under five programmatic areas: Policy development and harmonisation; Capacity building and mainstreaming; Facilitating technical response networks, Collaboration and coordination; Facilitating resource mobilization; and Institutional strengthening of monitoring and evaluation.

In this context, the programme has played a role in supporting this new framework by addressing not only individual behaviour, but also structural issues including social exclusion, empowerment and employment factors that influence the HIV and AIDS responses

Benin

The HIV prevalence in Benin was reported at 1.2 percent (UNAIDS, 2010). The 2007-2011 national strategic framework for the response to HIV/AIDS and STI in Benin includes the ILO

principles of addressing HIV/AIDS at the work place level. The framework has as one of its specific objectives to reduce the prevalence of the epidemic in the world of work by at least 25 percent. This objective requires a stronger involvement of the informal economy which accounts for 80 to 85 percent of employment in Benin. It means mobilising and involving small and medium enterprises (SMEs) and cooperatives, and in particular, supporting women and youth through job creation. Despite the government's commitment to organize this sector, the informal economy remains largely unstructured and in fact tends to grow larger. The government of Benin is therefore strongly promoting the cooperative movement as a way to reach informal workers to increase dialogue and formalisation. A national policy on cooperative development has been drafted to be widely disseminated and mainstreamed through government activities to address the challenges within the informal economy.

Cameroon

The national HIV prevalence in Cameroon was 5.3 percent (UNAIDS, 2010) and considering its magnitude, rapid expansion and the socio-economic and demographic impact, the government adopted a national strategic plan (2006-2010) including various programmes on: i) HIV counselling and testing; ii) Prevention of Mother To Child Transmission (PMTCT); iii) Prevention of Sexually Transmissible Infections (STI); and iv) Care and support. Limited resources have hampered the achievement of the outcomes as outlined in the national strategic plan which have led the government to expand collaboration and entering into public-private partnerships (PPP) to improve the level of involvement of the private sector in the response to the epidemic, and in particular to mobilise financial resources for the provision of antiretroviral treatment.

Ethiopia

The HIV prevalence in Ethiopia was reported⁴ to be 1.4 percent (UNAIDS, 2009⁴) and the disease has impacted the Ethiopian society dramatically. In the effort to address the challenges the epidemic poses, the Government of Ethiopia's HIV/AIDS Prevention and Control Office (HAPCO) in collaboration with government ministries, civil society and international partners has developed a Multi-sectoral Plan of Action for Universal Access to HIV Prevention, Treatment, Care and Support 2007 – 2010. This has served as the common action plan for all partners to achieve Universal Access to HIV prevention, treatment, care and support. The ILO has been taking part in supporting the country's ongoing efforts to respond to the epidemic, and specifically by addressing the challenges in the informal economy and cooperatives.

Malawi

Malawi has recorded major achievements in the implementation of its National HIV/AIDS Action Framework 2005-2009 (NAF). With high political commitment, the national response has advanced significantly. The number of new HIV infections per year has reduced from 15% to a stable prevalence at 11 percent (UNAIDS, 2010). One significant development is the new national HIV prevention strategy which calls for more evidence-based and targeted programmes. The rapid expansion of antiretroviral treatment services is also a key achievement in the HIV response in Malawi. Similarly, impact mitigation services have increased and attracted increased funding, especially for social protection and OVC services, poverty reduction and food security for poor households. The ILO has been taking part in the sectoral response to the epidemic by assisting stakeholders in the transport sector in making concerted efforts to contribute to the national response. At the national level, ILO and the One UN Fund also assisted the

⁴ The 2010 UNAIDS Report does not have data for Ethiopia, the UNAIDS Update 2009 is used.

stakeholders to develop and finalise a new National HIV/AIDS Workplace Policy to address the issues of prevention, care, treatment and impact mitigation in the workplace.

Mozambique

According to UNAIDS data, HIV prevalence in Mozambique has experienced a gradual decline from 16.2% in 2007 to 11.5 in 2010 (UNAIDS 2010). Despite this, there are still considerable regional differences within the country ranging from 9.2 percent in Nampula, to 20.7 percent in Maputo and 26.5 percent in the Sofala province. In 2010, the National AIDS Council developed the National Strategic Framework 2010-2014 through a participatory approach involving different sectors and key stakeholders. The NAC is currently assisting the different stakeholders to develop operational plans for the strategic framework which has recognised the empowerment of local communities and most at risk groups as core to HIV vulnerability reduction. Through interventions in the informal economy and the transport sector, the ILO is supporting the constituents to address HIV prevention and impact mitigation issues in several provinces in the country in line with this new strategy.

South Africa

The HIV prevalence report released by the Department of Health in 2010, confirmed a stabilising epidemic in South Africa, although the country still has one of the highest HIV infection rates in the world. The national prevalence has been reported to climb slightly to 17.8 per cent (UNAIDS, 2010) but with new political commitment around issues of HIV/AIDS, it is hoped that the country and its strategic partners will be able to scale up treatment for people living with HIV as intended. What is encouraging about South Africa is the fact that the age groups 20-24 and 40-45 have showed some decline in HIV prevalence. The national official statistics and figures released by the Department of Health have also shown that more than 800,000 people are on ARV treatment. The ILO has assisted the government to develop a Strategic Framework on HIV/AIDS in the Transport Sector as well as a framework to monitor its implementation.

Tanzania

The burden of HIV and AIDS continues to grow in Tanzania even though the prevalence rate continues to stabilise at 5.6 percent (UNAIDS, 2010). There are large variations in prevalence between various social groups and geographical settings⁵. For example, HIV prevalence was at 15 percent at sites near trading towns and transport routes. Among specific sub-populations such as truck drivers, short term migrant workers and sex workers, a disproportionately higher HIV prevalence has been noted. In view of these facts, the Government of Tanzania has endorsed the National HIV/AIDS Policy (2001), the second generation National Multisectoral Strategic Framework (2008-2012), the HIV/AIDS (Prevention and Control) Act 2008 and established the Commission for AIDS (2002) to coordinate the national response to the epidemic. In 2008 the Government of Tanzania launched a "Tri-Partite Code of Conduct on HIV/AIDS at the Workplace in Tanzania Mainland" which was drafted based on the ILO Code of Practice on HIV/AIDS and the world of work and targeting both the formal and the informal economy. The Decent Work Country Programme has specific priority targets on HIV and AIDS which aim at mitigating the social and economic impact of the epidemic on the world of work.

⁵ Sources: *THMIS 2007* and *The HIV Epidemic in Tanzania Mainland, UNAIDS 2009*

Zimbabwe

Zimbabwe has continued to witness a decline in HIV prevalence, reported to be 14.3 percent (UNAIDS 2010). The consistent reduction in prevalence has been attributed to positive changes in sexual behaviour among the population. The government is implementing a comprehensive multi-sectoral response coordinated by the National AIDS Council (National AIDS Council Act 1999) and support has been provided by the ILO in several areas contributing to the multi-sectoral response (SMEs, transport and mining). Zimbabwe has also adopted a national HIV/AIDS Action Framework which has become the basic tool for coordination across partnerships and funding mechanisms, and for the effective functioning of the National AIDS Coordinating Council. The framework calls for the affirmation and optimisation of the growing drive to engage civil society organisations, the UN agencies and the private sector in the HIV and AIDS service delivery system. The tripartite constituents have also been sufficiently mobilised to contribute to the progress recorded in the context of the national response.

II. Overall progress made within the context of the project

II.A Progress made towards ILO's immediate objectives and indicators for 2008-2009, 2010-2011

The information outlined below reflects the results attained in relation to the immediate objectives set in the ILO's Programme and Budget (P&B) over the implementation period 2008-2009, 2010-2011. Strategic objective number 3 "*Enhance the coverage and effectiveness of social protection for all*" and specific outcome number 3d "*Workplace policies respond to needs for HIV/AIDS prevention, treatment, care and support*" and the results of the ILO/AIDS-Sida programme relating to the three immediate outcomes (3.d.1, 3.d.2 and 3.d.3) are discussed below.

Over the implementation period, the programme contributed to the achievements of ILO specific objectives set within the framework of the Programme and Budgets (2006-2007, 2008-2009) and the outcomes indicators for 2010 (8.1 – development of national tripartite workplace policy on HIV/AIDS, as part of the national AIDS response and 8.2 – implementation of HIV and AIDS programmes at workplaces). The specific actions undertaken in this respect in the context of programme implementation are reflected in the succeeding paragraphs.

P&B Immediate outcome 3d.1

Increase tripartite constituent capacity to develop policies and programmes that address the HIV/AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicators	Targets
Number of member States that integrate key principles of the ILO code of practice on HIV/AIDS and the world of work in their HIV/AIDS workplace policies	10 member States in the Africa region, 10 member States across all other regions
Number of member States in which each tripartite constituent has a trained HIV/AIDS focal point, adopts a gender-sensitive HIV/AIDS workplace policy, and includes a funded time bound implementation plan	10 member States in the Africa region, 10 member States across all other regions
Number of member States in which at least 20 formal or informal workplaces provide HIV/AIDS prevention and information on treatment, care and support services to workers through bipartite HIV/AIDS committees that previously received training on policy formulation and programme design/implementation/monitoring, or through partnerships with national AIDS authorities	20 member States across all regions

ILOAIDS-Sida programme Immediate Objective No. 1 “Increased knowledge on HIV/AIDS and more responsible attitudes to risk behaviours of men and women workers and their families, help limit the spread of HIV/AIDS” contributed significantly to the P&B immediate outcome 3.d.1 in Malawi, Mozambique, South Africa, and Zimbabwe by continuously building the capacity of the constituents. Capacity was built not only to adequately respond to HIV/AIDS, but also to scale up and sustain the transport sector’s response within the context of the various National Strategic Plans. Training was provided to ILO constituents and other strategic partners in management of stigma and discrimination, HIV/AIDS policy development and implementation (using the ILO Code of Practice), peer education and counselling, programme monitoring and evaluation. HIV/AIDS focal persons from the stakeholders have benefited from all the mentioned training programmes.

In all four participating countries, the partners were continuously assisted to develop workplace policies on HIV/AIDS for the transport sector that integrated the key principles of the ILO Code of Practice. Overall, at least 26 institutions in the transport sector have been strengthened in the four countries through capacity building programmes, enabling them to upscale their responses to the epidemic; employees from government and private sectors have been trained in programme planning and management, over 1’200 peer educators and counsellors have also been trained. In addition, Training of Trainers programmes have also been implemented for Ministries of Transport, Labour and Employers and Workers organizations. The following achievements were noted:

- Twelve transport companies now have an HIV policy
- 86 transport companies have an HIV workplace programme
- 107 transport organizations have been trained on HIV prevention, care and support.
- 60 focal points have been trained in transport sector companies

In 2010, additional initiatives were implemented to identify and prepare over fifty (50) new support structures and apex organisations in the informal economy with which the economic empowerment approach of the succeeding project would be implemented.

ILO/AIDS-Sida programme Immediate Objective No. 2 “Improved working conditions and status of affected women and men working in targeted informal settings” contributed towards the P&B immediate outcome 3.d.1 with the following results in the programme countries (Benin, Cameroon, Ethiopia, Mozambique and Tanzania):

- 299 workplaces in the informal economy have an HIV/AIDS policy
- 733 workplaces in the informal economy implement an HIV/AIDS programme
- 114 workplaces in the informal economy collaborate with government in accessing HIV/AIDS services

Over the implementation period, the programme emphasized the development of partnerships to increase the access for members and workers of cooperatives and informal economy organizations to existing HIV/AIDS care provision services in the local communities. It is also noteworthy that the programme facilitated the registration of 51 women affected by HIV/AIDS to community health insurance schemes.

Immediate outcome 3d.2

Improve member State implementation of policies and programmes that address the HIV/AIDS epidemic in the world of work and within the framework of the promotion of decent work.

Indicator	Target
Number of workers, including in informal economy settings, who demonstrate increased knowledge of HIV/AIDS issues and have access to referral services through workplace mechanisms coordinated and implemented by bipartite HIV/AIDS committees	300,000 workers, of whom 50 per cent are women, in 7 member States in the Africa region and 7 member States across all other regions

ILO/AIDS-Sida programme Immediate Objective No. 1 “Increased knowledge on HIV/AIDS and more responsible attitudes to risk behaviours of men and women workers and their families, help limit the spread of HIV/AIDS” contributed towards the P&B immediate outcome 3.d.2 in the programme countries (Malawi, Mozambique, South Africa and Zimbabwe) by an increase of about 60 percent in the uptake of health services provided by participating transport sector workplaces responding to the needs for treatment by workers. In at least 26 transport sector workplaces, there is a marked decline in stigma and discrimination arising from policy development, sensitization and training activities supported. This is evidenced by the number of HIV-positive workers who have declared their status and are supported by management to live positively. In turn, transport sector workers who are HIV-positive are now forming support groups with the support of their management to provide counselling and peer education to infected and affected colleagues. Between 2006 and 2010, over 47’000 workers have been reached through HIV prevention and sensitization campaigns.

- 47,890 persons have been reached by the programme through employers’ and workers’ organizations.
- 6,500 persons have been reached by the programme at cross border areas and development corridors.
- 44’890 workers use the health services/VCT/care and support services provided in the transport companies.
- 21’850 family members of the employees use the health care services including VCT provided by the transport companies.

ILO/AIDS-Sida programme Immediate Objective No. 2 “Improved working conditions and status of affected women and men working in targeted informal settings” contributed towards the P&B immediate outcome 3.d.1 with the following results in the programme countries (Benin, Cameroon, Ethiopia, Mozambique and Tanzania):

- 115 informal economy organizations have in place a referral system for external HIV support for their members.
- 135 informal economy organizations provided Home Based Care services for their members.
- 97’789 women and men in informal economy settings have been trained on HIV transmission, access to treatment and Voluntary Counselling and Testing (VCT)

P&B Immediate outcome 3d.3

Increase the participation of employers and workers organizations in policy development and in accessing national and international funding.

Indicator	Target
Number of member States in which employers and/or workers organizations actively participate in the drafting of national AIDS legal frameworks that integrate key principles of the ILO code of practice on HIV/AIDS and the world of work and in decision-making and delivery processes of national structures, including Global Fund Country Coordination Mechanisms	6 member States in the Africa region, 6 member States across all other regions

ILO/AIDS-Sida programme Immediate Objective No. 1 “Increased knowledge on HIV/AIDS and more responsible attitudes to risk behaviours of men and women workers and their families, help limit the spread of HIV/AIDS” contributed towards the P&B immediate outcome 3d.3. The Project Advisory Committee (PAC) of this programme component is the national platform or structure that coordinates the implementation at the national levels. In all the participating countries, the employers and workers organizations are key members of the PAC. Increasingly, the social partners have continued to participate in all programme activities and in particular in policy development (South Africa), revision of labour inspection forms (Zimbabwe), revision of labour laws and legal instruments on HIV/AIDS (Malawi and Mozambique). In Mozambique, the union of road transport workers (SINTRAT) was assisted in the development of a proposal submitted to the Global Fund. Over 2,500 representatives and focal persons from partner institutions were trained between 2006 and 2010 to mainstream HIV issues into their respective organizations’ operational plans.

ILO/AIDS-Sida programme Immediate Objective No. 3 “Enhanced compliance with the legal and policy framework by ILO constituents”. The ILO trained 57 labour judges, labour assessors and labour inspectors during the course of 2009 to enhance their capacity to deal with legal complaints relating to HIV/AIDS in the workplace and they were encouraged to actively provide support towards a more conducive legal environment in terms of HIV/AIDS in their countries, i.e. Ethiopia, Togo and Malawi. The following specific activities took place over the review period:

- In 2006, one English-speaking sub regional seminar was completed (Pretoria, May 2006); and one French-speaking seminar (Douala, Sept. 2006); National level trainings were conducted in Malawi, and Mozambique and Cameroon. 50 participants (including 5 court registrars) trained using ILO & UNAIDS materials to handle AIDS-related cases in full knowledge of their national labour laws and the ILO’s 2001 Code and relevant labour standards, whether ratified or not.
- In 2007, Production of the “Digest” on existing legislation on HIV or relevant to HIV and AIDS, and covering 14 African countries. It was published by ITC in 2007
- In 2008, six workshops for labour judges took place, namely:

1) 30 judges trained on Labour Justice Systems and Discrimination Disputes, including HIV/AIDS (in partnership with ILSSA), Pretoria, South Africa - This workshop aimed at building awareness of the importance of an integrated approach among labour justice institutions to meet new workplace discrimination challenges.

2) 20 judges trained Judges on Decent Work For People with HIV/AIDS and with Disabilities”, Dar es Salaam, Tanzania

3) 30 magistrates and judges of Katanga Province trained in Lubumbashi, DRC, from 9 to 10 July 2008

4) "ILS for Legal Practitioners and Judges" (Course number A901055) at the International Training Centre in Turin, Italy. This course contains a module on HIV/AIDS laws. Seven participants from project countries were sponsored to participate.

5) 35 judges trained at the “Sub-regional workshop on awareness raising and training of judges on HIV/AIDS in the workplace in Sub-Saharan Africa”, Cotonou, Benin

6) The 5th IIRA African regional Congress in Cape Town provided an opportunity to present the Digest of Good legislative practice, developed during the first year of the programme. The conclusions of the “Digest” regarding the need for a strong Constitutional basis in tandem with specific laws on HIV/AIDS and the world of work, and the importance of women and men better knowing their legal rights arose in the workshop discussions that followed the presentation.

- In 2009, 57 labour judges, assessors and inspectors were trained on legal compliance and HIV/AIDS in 2009.

II.B Progress towards DWCP immediate outcomes and priorities

This section reports on the achievements of the ILO/AIDS-Sida programme related to the priorities and outcomes of the Decent Work Country Programmes (DWCP) in the relevant countries. It also reports on linkages with other projects and programmes.

Over the implementation period, Decent Work Country Programmes were finalised in several countries with active involvement of the programme in particular in countries where HIV and AIDS were considered as a development priority. Because of the high HIV prevalence in the sub-region, the epidemic has remained a big challenge which is being addressed in all DWCPs..

Benin

The DWCP framework in Benin was launched at the beginning of 2010 following consultations with constituents in the country which took place in 2009. The ILO/AIDS-Sida programme in Benin was actively involved in advocating for the inclusion of HIV/AIDS and the world of work into the framework.

Cameroon

In September 2009, the Cameroon DWCP (2010-2015) was validated. The framework places a strong emphasis on HIV/AIDS in the formal and informal economies. As a consequence, two specific indicators were proposed for monitoring any interventions related to HIV/AIDS:

1. Cameroon integrates ILO principles on HIV/AIDS in policies related to HIV/AIDS and the world of work.
2. Informal economy workers have acquired better understanding of HIV/AIDS and increased their access to services.

Activities of the ILO/AIDS-Sida programme fall within the framework of the DWCP and the programme has continuously supported operational partners to deliver HIV/AIDS services to cooperatives and informal economy workers and their families. Collaborative actions between cooperatives and other organizations aiming to increase access to the continuum of HIV/AIDS services (prevention-treatment-support) were also supported.

The activities of the programme have also been integrated in the UN joint team programme (2008-2009) for responding to HIV/AIDS. In January 2009, an assessment was conducted and a new action plan was developed. Activities related to entrepreneurship development and management for infected/affected women through micro-finance cooperatives were integrated into the new action plan.

Ethiopia

The DWCP 2009-2012 in Ethiopia includes a wide range of strategic interventions for supporting national initiatives to achieve decent work. This includes putting in place effective HIV/AIDS

workplace policies as well as care and support programmes. The DWCP outcomes have specifically integrated the relevant outcomes in the ILO/AIDS-Sida programme and covers items related to cooperatives and small and medium business enterprises. This includes HIV/AIDS workplace policies to be adapted and implemented in public and private enterprises, and the mitigation of the impact of the epidemic within SMEs and cooperatives.

Moreover, the ILO is coordinating its commitment to HIV/AIDS with other UN Agencies. The Director of the ILO Sub Regional Office in Addis Ababa is leading the Joint Team of the Management Committee which includes a number of agencies namely UNDP, UNFPA, UNICEF, WFP, WHO, ILO and the UCC. The ILO is also a member of the core group on AIDS, and of four Implementation Support Task Forces of the Joint Team, i.e. i) Leadership Coordination and Mainstreaming; ii) Prevention; iii) Civil Society Support; and iv) Treatment.

Malawi

The project contributed to the formulation of the Malawi Decent Work Country Program by providing technical guidance to the development of the HIV/AIDS. Drawing from the lessons learned in project implementation, relevant suggestions and contribution were included to strengthen the HIV and AIDS component of the Decent Work Country Programme. One of the highlights of the DWCP is the decision to give the Ministry of Labour the lead role in the HIV/AIDS workplace programmes both in the public and private Sector. The project is contributing to achieve this agenda by training and strengthening the capacity of the Ministry of Labour inspectorate to ensure monitoring of HIV/AIDS workplace activities. The project also takes a lead role in the development of the National HIV/AIDS workplace policy which is one of the priorities of the Decent Work Country Program for Malawi.

Mozambique

Mozambique is in the process of developing a Decent Work Country Programme (DWCP). The consultative process for this exercise has commenced already and the programme's partnering institutions are being actively engaged. HIV and AIDS is being recognised as a cross cutting issue in all the DWCP pillars. Over the period of programme implementation, activities of the programme have been aligned with national responses on HIV and AIDS and this is seen as priority for sustainable development.

South Africa

The South African Decent Work Country Programme recognises HIV and AIDS as a development challenge and foresees support for an increased tripartite constituent capacity to develop policies and programmes that address the epidemic in the world of work and within the framework of the promotion of the country's decent work agenda. During the period 2006-2010, the programme provided technical assistance to the Transport Sector in South Africa in developing HIV&AIDS Workplace Policy Framework. The policy framework is to be used by all stakeholders within the Transport Sector to develop their HIV&AIDS workplace policies. The HIV&AIDS Workplace Policy Framework integrated the ILO Code of Practice on key principle on HIV&AIDS and the world of work.

Tanzania

The DWCP in Tanzania (2006-2010) and its priority area number three aims at mitigating the social and economic impact of HIV/AIDS at the work place. The ILO/AIDS-Sida programme in the country has contributed towards improving the working conditions and the status of women and men infected and affected by HIV/AIDS in the informal economy. The programme targets workers in the informal economy and works through small, micro and medium enterprises (MSME) including cooperative institutions and community based organizations (CBO).

Capacity building has been offered in order to increase the number of cooperatives and CBOs developing and implementing HIV/AIDS workplace programmes in urban and rural areas, while also assisting the organizations to improve support services and access to health care through cooperative apex bodies. To date, 43 cooperative organizations and informal economy organizations in Tanzania have developed an HIV/AIDS programme with the support of the ILO/AIDS-Sida programme. In addition, 15 cooperatives have developed inter-linkages with health service providers to facilitate access to care. A number of training sessions that also mainstreamed HIV/AIDS have reached many cooperative members and workers – 33'470 women and men were as a result trained on HIV/AIDS transmission, access to treatment and VCT in Tanzania Mainland. The programme has also had the advantage of being integrated within the ILO Cooperative Facility for Africa (CoopAfrica) and its secretariat which is based at the ILO office in Dar es Salaam. The CoopAfrica programme facilitated interaction with different national and international cooperative stakeholders as primary beneficiaries. The programme is also part of Delivering as One and has therefore built strong linkages the Joint programme on HIV/AIDS (JP3) to scale up workplace interventions that address the challenge of workers in the informal economy.

The programme also supported the promotion of and implementation of the Recommendation 200 by facilitating the translation into Kiswahili language and distribution to social partners and other organizations. One thousand booklets of the Kiswahili version of the recommendation 200 were printed

Zimbabwe

Zimbabwe is one of the few sub-regional countries with a signed DWCP. The Zimbabwe DWCP considers HIV/AIDS as one of the key pillars of its programme. The country recognises HIV and AIDS as one of its major development challenges and in order to deal with the impact of the pandemic the country established a national AIDS Council (NAC) which is represented on the PAC and on the CCM. Through capacity building training programmes, the programme has contributed to the increase in knowledge and awareness among workers and employers and the upscale of the sectoral responses to the epidemic in Zimbabwe.

II.C Progress towards ILO common principles of action

This section reports on the contribution of the ILO/AIDS-Sida programme towards the ILO common principles of action (ILO Programme and Budget 2008-2009, 2010-2011) which define the ILO approach to address any social, labour and employment related matters linked to its mandate. These principles include fair globalization; poverty reduction; gender equality; promoting international labour standards and involving constituents in social and tripartite dialogue.

Fair globalization

The programme has promoted the cooperative approach and its self-help mechanism to address a number of decent work deficits in the rural and urban informal economy such as the lack of access to global, regional and national markets for small producers, unemployment, lack of social protection, lack of empowerment (in particular of women), HIV/AIDS and, of course, poverty. By reinforcing the cooperative values and principles and the principles of self-reliance for vulnerable groups, the programme addressed the challenges of inclusive economic growth and development, and social inequalities and has offered opportunities to the disadvantaged to raise their voice for a fairer globalisation.

Poverty reduction

In 2009 and 2010, the programme progressively intensified its activities towards vulnerable and disadvantaged groups in rural areas and along the corridors. In countries with an already vulnerable economy and populations severely affected by the epidemic, this has had a profound effect both socially and economically in the participating countries. As such, the programme has addressed poverty through HIV prevention and impact mitigation activities, by creating awareness among leaders and members of cooperative unions, which in turn has had effect on cooperative members, their families and the communities in which they live. The HIV prevention efforts are also integrated with activities of micro and small enterprises training to raise awareness of owners, managers and workers on HIV/AIDS, and how to best respond to the challenges of the epidemic. Entrepreneurship activities targeted particularly vulnerable persons with a focus on women in order to improve their living conditions and their access to basic social services. In the previous transport sector countries, efforts were made in 2010 to identify vulnerable groups and support structures that could be prepared for the implementation of economic empowerment strategies to reduce HIV vulnerability along the transport corridors.

Gender equality

The ILO Code of Practice on HIV/AIDS and the World of Work recognises gender equality as a key principle in the development and implementation of HIV/AIDS policies and programmes at all levels. The Code is the main tool utilised by the programme to assist constituents to develop gender-sensitive policies that reflect the aspirations of the stakeholders. In all training activities, the programme encourages high representation and participation of both women and men. In this context, the programme has contributed to the principle of action on Gender Equality. Gender specific interventions were implemented to accelerate the progress towards gender equality for women living with HIV and contribute towards impact mitigation. Capacity building activities for HIV positive women in rural communities were implemented to build their capacity in business development and management.

International Labour Standards

The programme promoted the application of relevant ILO International Labour Standards (ILS), particularly while implementing component No. 3 of the programme – Enhanced compliance with the legal and policy framework by ILO constituents. The role of labour judges and magistrates is vital to the application of relevant labour standards to ensure non-discrimination and a supportive working environment for persons living with or affected by HIV. The workshops held under the mentioned programme component aimed at promoting the relevant labour standards related to decent work for persons living with HIV, namely:

- No. 111 Non-discrimination - based on testing, inherent requirements of a job, remedies;
- No. 158: Dismissal - absences due to sickness;
- No. 159: Disabilities - reasonable accommodation;
- Nos. 98/154: Collective bargaining;
- Nos. 155/161: Occupational safety and health (OSH), protective clothing and confidential medical checks;
- Nos. 102/ 121: Social security;
- No. 149: Nurses;
- No. 175: Part-time workers;
- No. 97/143: Migrant workers;
- No. 182: Worst forms of child labour;
- 1998 Declaration on Fundamental Principles and Rights at Work - non-discrimination;
- 2008 Social Justice Declaration.

The programme also assisted in defining and developing appropriate national draft legal instruments to support the continued up-scaling of the transport sector response to the epidemic. Over the implementation period, support was provided for the revision of legal instruments that govern the world of work in Malawi, South Africa and Zimbabwe. The Ministry of Labour in Mozambique was also assisted to print and disseminate the national labour law governing HIV/AIDS workplace action, while in Malawi, two labour inspection tools were revised to incorporate information relevant to HIV/AIDS. Labour inspectors were also trained in Malawi, Mozambique, South Africa and Zimbabwe to enhance their capacities to carry out inspections around HIV policies and programmes.

Social dialogue and tripartism

The programme continuously involved the social partners at all stages of programme design and implementation.

The activities under component No. 1 of the programme, namely in the transport sector, contributed to Social Dialogue and Tripartism, particularly through the Project Advisory Committees (PAC) set up in the programme countries. These institutions are tripartite+ in composition and provide the necessary platform for stakeholders to engage in dialogue on HIV/AIDS policy development and implementation and promote governance. Indeed, this strategy continued to promote the principles of social dialogue around issues of HIV/AIDS in the transport sector. Representatives of governments, employers and workers in the transport sector played key roles at different stages of implementation of the policy dialogues that became one of the innovative approaches through which the programme promoted dialogue and tripartism.

The cooperative component (component No. 2) involved the social partners in strengthening the programme implementation notably through their presence in the governance structure of each national programme (Steering Committees). Although traditional linkages exist between cooperatives and trade unions, partnerships have been so far weak especially while working with the informal economy. This is also true while establishing collaboration between cooperatives and employers' organizations. However, the ILO/CoopAfrica programme was able to reinforce such collaboration through the support of projects that aims at organising formal and informal workers into saving and credit cooperatives (Saccos).

III. Progress against project objectives/outcomes

This part of the report provides an assessment of the overall achievement of the programme and progress towards the programme objective and outcomes. In particular, the section reports on efficiency, effectiveness, relevance, sustainability and inter-relationships between objectives.

Expected impact/ development objective	To reduce the impact of HIV/AIDS in sub Saharan Africa by addressing the world of work vulnerabilities and strengthening the application of the policy and legal frameworks for the protection of infected and affected men and women workers
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Narrative assessment of the development objective:

Monitoring

Further to the recommendations of the mid-term evaluation conducted in November 2008, the programme undertook a review of the monitoring and evaluation system to better harmonise the data collection system and improve its coherence. At the beginning of 2009 and as a result of these recommendations, the monitoring framework has been consolidated in one set of indicators to ensure more coherent data tracking through which results could be better assessed between a) countries and b) programme components. A joint review of the monitoring and evaluation system with the Headquarters team and the field programme structure was undertaken to ensure a common understanding of the new structure and indicators.

Efficiency

In order to ensure cost-effective utilization of resources for the achievement of the expected impact, the establishment of partnerships with other UN Agencies and linkages with Joint UN Programmes on HIV/AIDS to leverage funds, was a key strategy applied throughout the different programme components. A review in 2008, which showed improved delivery in a number of components, led to reallocation of funds to the most efficient interventions (transport and corridor areas, cooperatives and informal economy). In 2010, linkages were established with the One UN Fund in Malawi and Mozambique and programme workplans in the two countries were supported with resources from the joint programme. Tanzania also benefitted from the Joint UN Programme of HIV and AIDS and programme activities were implemented as an integral part of the joint programme. This strategy enhanced the programme delivery and contributed to the completion of the specified outputs.

Effectiveness

The programme approach focussing on sector-based interventions (i.e. transport) and on targeting the informal communities' vulnerabilities through cooperatives mobilization, has contributed towards a reduction of the impact of the epidemic through:

- Intervention at the workplace level addressing risk behaviours; and through,
- Assessing the root causes and acting on the socio-economic factors that increase vulnerabilities of specific programme target groups.

Capacity strengthening of institutions representing affected workers (transport, informal workers, cooperative members but also custom and immigration officials) as well as labour inspectors and labour judges, complemented the direct interventions highlighted above to ensure stakeholders' future ability to independently plan and manage programmes.

Relevance

Sub-Saharan Africa has remained the epicentre of the pandemic, with 22.4 – 5.0 million people living with HIV. The number of new HIV infections in the region has declined, while the number of people living with the virus has increased. The latter is partly due to improved access to treatment, although more than half of all in need of treatment still lack access to such services (UNAIDS, 2010). It is also evident from UNAIDS' most recent epidemiological overview that Southern Africa still remains the most affected part of this region.

These facts demonstrate the continued relevance and significant impact of the programme. It should also be noted that the sectors in which the programme was implemented have a high burden of new infections, making work in those sectors all the more relevant. Work-related mobility has been confirmed as increasing vulnerability to HIV infection and in particular, men in high-mobility occupations such as truck drivers are at particular risk, mainly due to the difficult working conditions in the sector which require employees to travel long distances and spend long periods of time away from their families and social networks that would otherwise serve as a buffer to HIV transmission.

Sustainability

Programme activities have been implemented within the context of the existing national strategic frameworks and policies on HIV/AIDS at the country level. The programme has also ensured integration of expected results into existing planning and monitoring and evaluation frameworks, according to the principle of the Three Ones (one policy framework, one coordinating mechanism and one monitoring and evaluation system). All activities have been planned in a manner that facilitate integration into ongoing programmes of the Ministries of Transport, line ministries, employers' and workers' organizations and other institutions with responsibility for cooperatives, business development and the informal economy. This has facilitated ownership and sustainability of the programme interventions.

The ILO social partners in each programme country were involved from the inception of the programme and activity implementation has taken place in close consultation with the stakeholders. This has ensured ownership of the programme among its partners. The training interventions undertaken for capacity building have also enabled partners to manage their programmes and have also strengthened the existing infrastructure to ensure continuity of the interventions.

Immediate Objective No. 1	RAF/05/058: Project on HIV Prevention and Impact Mitigation in the Transport Sector of Southern Africa	
	Increased knowledge on HIV/AIDS and more responsible attitudes to risk behaviours of men and women workers and their families, help limit the spread of HIV/AIDS (2006-2010)	
Outcome No. 1 <i>Increased number of HIV/AIDS workplace programmes in transport sector companies</i>		
Indicators	Targets	Total
Number of transport companies that have an HIV/AIDS policy	Target	7
	Actual	25
Number of transport companies that have an HIV/AIDS workplace programme	Target	9
	Actual	76
Number of transport companies that have HIV/AIDS focal points	Target	22
	Actual	45
<i>Comments: Consequent to the training programmes implemented, the number of companies and establishments in the transport sector that have developed workplace policies and programmes has increased. Over the period of implementation, 25 institutions were assisted to develop workplace policies and programmes.</i>		
Outcome No. 5 <i>Increased capacity of employers and workers organizations to develop and manage HIV/AIDS programmes in the transport sector</i>		
Indicators	Targets	Total
Number of people reached by the programme through employers' and workers' organizations.	Target	34150
	Actual	47890
Number of HIV/AIDS programmes organized by workers' and employers' organizations.	Target	34
	Actual	49
Number of transport companies and/or institutions that have leveraged their programmes to attract additional funds	Target	9
	Actual	13
<i>Comments: Capacity building programmes have been implemented for all institutional members of the PAC including employers and workers organizations. HIV and AIDS focal persons from the strategic stakeholders have been trained in management of stigma and discrimination, counselling, monitoring and evaluation, etc. 1,500 peer educators were been trained over the three-year implementation period.</i>		
Outcome Nos. 2 and 6 <i>Increased HIV/AIDS interventions in cross border areas & Increased capacity of cross border authorities to implement HIV/AIDS measures</i>		
Indicators	Targets	Total
Number of cross border areas reached by the programme.	Target	7
	Actual	10
Number of people reached by the programme at cross border areas and development corridors.	Target	3055
	Actual	6500
Number of partners of partners involved in the implementation of cross border activities.	Target	8
	Actual	15

Comments: A corridor programme was initiated by the project in 2009 and its implementation intensified in accordance with the recommendations of the four policy dialogues held in the participating countries. Increasingly, the capacity of cross border agencies is has been strengthened to support the scaling up of cross border interventions. Within the context of the corridor approach, cross border authorities – immigration, revenue authorities, customs, etc. have developed individual and joint work plans addressing specific needs of their institutions. Capacity building programmes have continued to be implemented to upgrade institutional capacities in responding to the demand for concrete interventions on HIV and AIDS.

Outcome No. 9 Improved coordination among ILO constituents and other relevant stakeholders to provide guidance in the implementation of policies and strategies addressing the needs of high risk sectors

Indicators	Targets	Total
Number of national structures in place to coordinate the transport sector response to HIV/AIDS.	Target	4
	Actual	20
Number of joint plans of action or strategies developed.	Target	7
	Actual	9
Number and types of institutional links with SADC established.	Target	0
	Actual	1

Comments: Functional Project Advisory Committees comprising of all ILO constituents and other strategic stakeholders are in place and serve as a useful mechanism in providing leadership and coordination on issues around HIV and AIDS in the transport sector. In all project countries, these structures are serving as platforms for the sustainability of project results and outcomes.

Narrative Assessment of Immediate Objective No. 1

The programme component No. 1 succeeded in building on the concrete platforms established in prior years. The Project Advisory Committees (PAC) established to provide the policy direction for project implementation at the national level, have remained an effective platform for continuous engagement, coordination and implementation of transport sector response to the HIV epidemic. The ultimate programme beneficiaries – the workers and their associations (at all levels) have received training and support which have led to changed perceptions on issues around HIV/AIDS and in particular, stigma and discrimination. The workers and their associations are taking the lead in motivating their members to participate in HIV awareness training. As a result, more members have declared their HIV status in Zimbabwe and Mozambique. Employers have continued to demonstrate their commitments to issues around HIV/AIDS at the workplace through investments in programmes designed by their HIV committees. Again, this has led to more workers declaring their status and seeking support from the institutional structures established for the HIV response in countries.

Effectiveness

The participatory approach adopted and the capacity-building activities undertaken have led to the empowerment of the strategic partners and facilitated their active involvement in the implementation of planned activities. This has contributed towards the effectiveness of the programme. For instance, partners have been able to generate and sustain continuous improvements in their project management capacities not only to adequately respond, but also to scale up their responses to the epidemic.

Relevance

The continued relevance of the programme in the transport sector is predicated on the high prevalence of HIV in the transport sector and the continuous drive towards objective and output achievement at all levels to scale up the sector's response to the epidemic. The transport sector has specific challenges because of its high rate of HIV vulnerability. While the transport project is seen as responding to some of these challenges, the confirmed high rate of HIV infection in the sector calls for more concerted efforts as an integral parts of the national responses to the epidemic. In all target countries, linkages have already been established with the UN Joint Teams on HIV/AIDS and the project has thus contributed in various aspects of the teams' work (in particular in the area of prevention and capacity building). There have been general acknowledgements among stakeholders that the activities have reinforced the sector's HIV/AIDS response aiming at halting the spread of HIV among transport sector.

Efficiency

Attention was paid to the need for efficient utilization of resources at all stages of implementation in order to ensure maximum impact. Effective linkages were established with related interventions at the country level and the project benefitted from such interactions and synergies. Where there have been a number of other related initiatives supported by the ILO in one country, efforts were made to collaborate with such initiatives through the implementation of joint activities. This strategy resulted in maximum efficiency in terms of use of resources. At the sub-regional level, the project participated in the SADC Partnership Forums and meetings to ensure synergies with other on-going and planned interventions in the same sector. These results continue to adequately justify the costs incurred in the project implementation.

Sustainability

One of the guiding principles of the transport sector project is the focus on building relevant structures to ensure sustainable implementation of activities at all levels. The participatory approach adopted during implementation has ensured that ownership of the activities rests with the partners who are engaged through the PAC. In addition, there has been a strategic focus on capacity building at all levels to ensure that the results can be sustainable on a long term basis. Overall, the transport sector project has enjoyed the full support of the respective PACs which remain an institution of the strategic partners and function as such. It is expected that now that the project has come to an end, the PACs would continue to remain both the driving force and effective platform and motivation for continued engagements on issues around HIV in the transport sector.

Inter-relationships

In all target countries, activities were linked to the joint UN plans and programmes on HIV/AIDS at the national level. Relationships were established other UN agencies working in the transport sector such as the International Organization for Migration (IOM) and World Food Programme (WFP) through the North Star Foundation. These organizations were invited to meetings discussing a cross-border needs assessment report and subsequently it was decided that a proposal to respond to the issues raised by the needs assessment be developed. A strong relationship has also been built with Constella Futures, a USAID funded project in South Africa. This project provided technical support to transport sector stakeholders in monitoring and evaluation. Subsequent to the development of the strategic framework, stakeholders agreed

that there was a need to develop a monitoring framework to guide the implementation of the policy. The USAID project co-sponsored the development of this instrument.

At the programme level, the transport sector project interacts meaningfully with programme component No. 2. of the overall ILO/Sida programme. In 2010, , the two components were merged and continued to implement activities under a different framework in preparatory for the take-off of the second phase with focus on economic empowerment of vulnerable groups..

Changes

The intensive implementation of the corridor approach under this programme component facilitated an expansion of the interventions in the road sub-sector and across borders reaching a larger population of target beneficiaries. Over the implementation period, over 45'000 persons were reached with HIV prevention messages. With the continuous focus on capacity building and integration of activities into the mainstream of partnering institutions' activities, the project was able to maintain its drive towards enterprise level activities aiming to ensure sustainable implementation of planned activities. This produced renewed commitment from the tripartite constituents to respond to the epidemic. It appears that enterprise management have been convinced that planning HIV workplace interventions to maintain to healthy workforce should be considered an enterprise objective.

As a result of interventions, more and more workers are not only adopting healthier sexual behaviours but are also providing support to infected and affected colleagues. The incidence of stigma and discrimination at the enterprise levels has been substantially reduced. This has been evidenced by the fact that most of the workers who test positive also seek in-house counselling from ILO trained counsellors. This increased number of uptake of the available services is an evidence of declining stigma at the enterprise level.

Immediate Objective / Outcome No. 2	RAF/05/060: Mobilising Cooperatives and Community-based Organisations in the Fight Against HIV/AIDS	
	Improved working conditions and status of affected women and men working in targeted informal settings	
Outcome No. 3 <i>Increased number of cooperatives developing and implementing programs on HIV/AIDS in rural and urban areas</i>		
Indicators	Targets	Total
3.1. Number of cooperatives and informal sector organizations that have an HIV/AIDS policy	Target	166
	Actual	299
3.2. Number of cooperatives and informal sector organizations that have an HIV/AIDS programme	Target	265
	Actual	733
3.3. Number of cooperatives that collaborate with government HIV/AIDS services	Target	138
	Actual	114
Outcome No. 4 <i>Increased number of small businesses developed and sustained to mitigate HIV/AIDS impact in the informal economy</i>		
Indicators	Targets	Total
4.1. Number individuals reached by entrepreneurship programs in informal settings.	Target	55
	Actual	2425
4.2. Number of small businesses developed in targeted informal settings	Target	50
	Actual	337
4.3. Number of small businesses and entrepreneurship programs mainstreaming HIV/AIDS	Target	75
	Actual	873
4.4. Number persons living with HIV starting small businesses	Target	50
	Actual	407
Outcome No. 7 <i>Improved support services and people's health care access through cooperative apex and community-based organizations and through micro and small business and Informal Sector Associations</i>		
Indicators	Targets	Total
7.1. Number of organizations in targeted areas, providing HIV/AIDS support services for their members	Target	220
	Actual	154
7.2. Number of organizations in targeted areas, that have a referral system to external HIV/AIDS support services in place for their members	Target	7
	Actual	115
7.3. Number and names of organizations providing HBC services or with links to other organizations providing HBC services	Target	0
	Actual	135

Narrative Assessment of Immediate Objective No. 2

The programme component No. 2 targeting the informal economy and cooperatives implemented the programme activities as planned. The programme has empowered beneficiaries by (i) equipping them with relevant information on HIV prevention and facilitating access to care and support; (ii) creating economic opportunities for beneficiaries to be in a better situation to address the underlying inequalities that fuels the HIV epidemic; (iii) providing

cooperatives and their support structures (i.e. cooperative unions, departments of cooperatives) with support to enhance income and social services for their members; and (iv) establishing networks with existing services within the communities in which the organizations operate.

Efficiency

The programme has achieved visible results across a wide range of target populations (cooperators in rural and urban areas, informal workers, associations of workers and their families) in responding to HIV within a relatively short period of time. This has been possible through mobilizing cooperatives, community based organizations (CBOs) and small and medium enterprises (SMEs) in formal and informal settings as they have been proved to be a powerful communication channel to reach members from national apexes down to local cooperatives with training and support activities. Using mass communication tools (e.g. national awareness campaigns, regional VCT campaigns) has proven to be effective in terms of outreach particularly in the informal economy where the large majority of infected and affected workers in the target countries are found.

Synergies created by partnering with other institutions have been critical in leveraging impact. National authorities have been involved at every stage of programme implementation. This has contributed to increased access to AIDS services for workers and their families in the informal economy due to the referral mechanisms put in place through the collaboration with the national authorities. Building the relationship with local government has been efficient in terms of the organizing VCT campaigns and referral to government health institutions. Mobilizing the national cooperative movement, informal associations and member-based organizations have generated economies of scale for training opportunities. The contribution of different ILO units and programmes (COOP, SEED, STEP) has allowed for increased cost-sharing between ILO programmes, in particular for the capacity building activities on business and entrepreneurial skills for the targeted populations.

Effectiveness

The programme has surpassed its targets for component No. 2 and its expected outcomes. This is mainly because the planning of activities was based on the good practices developed and tested by previous ILO/AIDS projects in many of the target countries (Ethiopia, Cameroon, and Mozambique). The good practices focused on bringing about changes in knowledge, attitude and practice of beneficiaries and their families to reduce stigma at the workplace. This has been observed in the pre- and post training self assessments and evaluations of peer educators and leaders trainings previously undertaken. Moreover, using training materials prepared in the local languages and using Master Trainers and Peer Educators from the local communities have also proven effective. The entrepreneurship development training and the Start and Improve Your Business (SYIB) modules developed by other ILO programmes have also been an effective way of contributing towards small businesses being sustained and developed by persons living with HIV.

Relevance

The relevance of the programme has been demonstrated through its contribution towards the accomplishment of the national strategic objectives identified for development and poverty

reduction plans in programme countries such as the Plan for Accelerated and Sustained Development to End Poverty for 2009-2012 (PASDEP) in Ethiopia and the Poverty Reduction Strategy Paper (Mkukuta) in Tanzania. HIV/AIDS has been recognised as priorities in these papers. In addition, the programme has also more specifically contributed directly towards the various national strategic plans that emphasizes on the multi-sectoral approach, involving communities, enterprises and the civil society in response to the HIV/AIDS epidemic (e.g. the Ethiopian Strategic Plan for intensifying multi-sectoral response to HIV/AIDS (SPM), the National Strategy to combat HIV/AIDS (PEN III) in Mozambique and the second generation National Multisectoral Strategic Framework (2008-2012) of Tanzania. As such, this programme component contributed to each country's ongoing efforts to respond to HIV.

The target countries have faced challenges in mobilizing resources to scale up its ongoing prevention programmes and to meet needs of infected and affected people. By channelling resources through the formal institutions such as cooperatives and SMEs operating in the informal economy, the programme has also provided a unique opportunity to reaching informal workers that often lack access to HIV prevention and support and care services.

Sustainability

The programme has relied on existing institutions and organizations and their capacity in delivering expected results in terms of prevention and impact mitigation. The programme's participatory approach has promoted ownership of the programme by the partners, which is believed to play a significant role in contributing towards sustainability. Leadership involvement among the targeted organizations in the conception of HIV/AIDS policies and action plans has meant that these have been tailored to meet the specific needs in the informal economy context. The frequent technical support to cooperatives through monitoring and supervision missions has also contributed to increase the sustainability of activities.

Within the framework of the entrepreneurship programme, capacity building was conducted to achieve economic empowerment at three levels: (i) business management for cooperatives, (ii) entrepreneurial skills for cooperative members and (iii) access to micro funds (savings). Training activities included the development of micro-projects (writing proposals), identification of business potentials (viable income generating activities), development of business plans, organization into Saccos as well as the monitoring and provision of technical support on financial management. Throughout the above-mentioned activities, HIV has been mainstreamed. In Cameroon, for instance, the revolving fund approach for vulnerable women was designed in a participatory manner, involving management so as to ease its integration on a long term basis in the cooperatives' business plan. In Mozambique, programme participants were benefiting from savings and micro-credit schemes with access to funds for micro- business development.

The partners' commitment during the implementation has also provided a foundation for the sustainability of results. The capacity building activities of the programme, considering the multiplier effect, have contributed to the accomplishment of the strategic objectives. This would ensure the continuation and ownership of the activities beyond the life of the project.

**Immediate Objective /
Outcome No. 3**

**RAF/05/059: Strengthening Legal and Policy Provisions
and Improving OSH**

**Enhanced compliance with the legal and policy framework by
ILO constituents**

Narrative Assessment of Immediate Objective No. 3

Efficiency

Activities under the legal compliance component were to the extent possible cost-shared with other ILO units and offices. In 2009, a workshop held in Ethiopia exemplified this type of cost-sharing where the ILO/EMP/SKILLS and the then ILO Sub Regional Office in Addis Ababa jointly undertook a workshop to train high-level judges and magistrates. This strategy contributed to the efficient use of the remaining funds in this component and the successful completion of activities as well as ensuring the efficient transfer of knowledge between offices.

Effectiveness

Due to rapid staff turnover in 2008-09, this programme component experienced delays in the implementation vis à vis the set work plan. Therefore the work plan was adjusted to accommodate for the change in management and as a result the planned activities were implemented successfully in 2009.

Relevance

In spite of employers' growing awareness of human rights and labour rights issues associated with HIV in the workplace, labour judges and magistrates are increasingly required to examine and rule on complaints of discrimination or other unfair labour practices based on HIV-related stigma and discrimination. The role of labour judges and magistrates in ensuring non-discrimination and a supportive working environment is essential to ensure an effective rights-based response to the epidemic. Policies and legislation that outlaw discrimination in the workplace and provide prevention measures and social protection will have little effect unless these are vigorously enforced in labour courts that are accessible to persons living with HIV.

Sustainability

A training manual on HIV and legal compliance in the world of work was developed in 2009 to ensure continuation of activities similar to those implemented by this component and as such, the manual constitutes a sustainability element. It will provide a consolidated curriculum that may be used by training institutions in the field of law and the world of work to address issues pertaining to HIV. The content of this manual is elaborated on page 40 of this report.

IV. Outputs obtained versus performance plan

This part of the report contains a brief description of the most important outputs delivered in the period of review.

Immediate Objective / Outcome No. 1	RAF/05/058: Project on HIV Prevention and Impact Mitigation in the Transport Sector of Southern Africa Increased knowledge on HIV/AIDS and more responsible attitudes to risk behaviours of men and women workers and their families, help limit the spread of HIV/AIDS
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The implementation of activities under component No. 1 in the transport sector, were concluded in all four countries and at all levels in accordance with work plans jointly developed with the stakeholders. The consultative process for the development of action plans remained one of the critical strengths of this component because this consistently facilitated commitment from partnering institutions. Activities and key results during the implementation period have primarily been focused on building on the successes recorded and their further consolidation as well as addressing challenges, and primarily the monitoring and evaluation of the programme. A key element of the results in 2009 was the intensification of the corridor/cross border and direct interventions at enterprise levels.

Capacity building

Capacity building was a major thrust of the transport sector project, with a primary focus on prevention which encompasses elements of education and training for target beneficiaries. Over the implementation period, training was undertaken at all levels and across the sectors with the participation of all stakeholders – public, private, labour and NGOs.

At the institutional level, attention was focused on developing the skills of project planners and peer educators to adequately respond to the demand for their services at the enterprise level. Training programmes were designed in the focused areas, e.g. Training of Counsellors and Peer educators, Training for Coordinators at provincial and district levels, Training of Labour Inspectors, Training on Development of a Workplace Policy for representatives of government, business and labour. In Malawi, the training programme for labour inspectors assisted labour and factory inspectors to deal with the challenges around HIV in their work and resulted in two labour inspection tools being revised to incorporate HIV issues.

At the enterprise level, the objective was to improve the capacity of Peer Educators to respond to the increasing demand for HIV counselling, information and support services. A series of Training of Trainers for Peer Educators activities were implemented in Malawi, Mozambique, South Africa and Zimbabwe. In total, 703 peer educators and 380 trainers have been trained to date. In Mozambique, the most important activities delivered during this period was the training of immigration officials and road transport union members (SINTRAT) as well as the sensitization sessions carried out by SINTRAT members, the immigration association and the association for persons living with HIV through the Theatre of the Oppressed. In total, about 2'152 people have been trained in the four participating countries.

At the sectoral level, efforts were concentrated in ensuring the implementation of the HIV/AIDS policy and Plan of Action for the transport sector within the context of the existing National Strategic Plans. In South Africa, the agricultural sector sought technical support from the transport sector to initiate activities towards developing a strategic framework on HIV/AIDS. Assistance was also provided to the education sector along a similar request.

From 2006 to 2010, Over 47'000 workers have been reached through the Know Your Status and HIV/AIDS Campaigns while about 2'000 employees of government and private transport sector enterprises have been trained in programme planning and management. The central objective of the capacity building programmes had been to strengthen institutional efforts to upscale the responses to the epidemic.

Policy development and legal frameworks

With the finalisation and approval of the various policy frameworks for the participating countries, efforts have been concentrated on utilising the agreed policy frameworks to develop workplace policies at institutional and enterprise levels. Towards this end, about 351 government, employers and workers organizations were trained in Policy Development and Implementation in the four countries. Enterprise action was strengthened in South Africa and Mozambique while Malawi concentrated on capacity building for policy development with umbrella organizations of employers and workers.

In Mozambique, efforts were concentrated on assisting enterprises in the development of workplace policies. Technical assistance was thus provided to the National Railways of Mozambique, Mozambique Airlines and other institutions to finalise and their workplace policies. In South Africa, a review of two workplace policies for two additional transport organizations took place. The aim was to ensure that the policies were in line with local Human Resource policies, the ILO Code of Practice on HIV/AIDS as well as the National Technical Assistance Guideline on workplace policy and programme development. In Zimbabwe, additional support was provided to the National Railways of Zimbabwe and Zimbabwe Airlines for the development of their workplace policies.

Corridor and cross border programme

A major focus of the project was the implementation of activities along the development corridors and cross borders. This strategy ensured that the highly diffused road sector received the desired attention to galvanise stakeholders along the borders for further action on HIV. The implementation of the corridor approach benefited from the active participation of the immigration and custom officials, the sex workers, truck drivers and their assistants. The truck drivers and vendors along transport hot spots were involved in all planned activities which ensured appropriately reaching the targeted population and responding to their needs.

In Mozambique, awareness activities were undertaken for 6'000 workers and community dwellers at cross border and along transport hot spots. In Malawi, the corridor programme was launched as part of activities marking the 2008 World AIDS Day and in January 2009, about 1'500 workers were reached with HIV messages along the Malawi-Mozambique border at Mwanza. In South Africa, a needs assessment mapping out the current HIV interventions and active actors as well as existing gaps was finalised in the three border areas of Beitbridge, Skilpad Hek, Lobatse and Lebombo. As a result, joint proposals were developed to mobilise funding for the implementation of the assessment recommendations.

BCC strategy

A key output of the project was the development of a BCC Strategy for the transport sector based on the output of a similar activity implemented under the previous ILO/USDOL Workplace Education Project. Following two streams of collaborative workshops in 2008, a framework for the development of a BCC Strategy for the transport sector was drafted. This was finalised and adopted for the project countries as a guide for the implementation of BCC activities at the national and enterprise levels. Subsequently, BCC initiatives were implemented in Malawi and Zimbabwe for the transport sector using the national BCC strategy and the framework developed by the project.

Impact mitigation

Through participation in various programmes, partners were motivated to put in place impact mitigation activities to support affected workers. Training programmes have been conducted on the topic of nutrition for over 500 counsellors to assist in providing adequate advice to HIV affected colleagues at the enterprise level. In Mozambique, the airline commenced a food basket programme to which the company invested considerable resources. Similarly, in Zimbabwe, Air Zimbabwe commenced supplementary feeding for HIV positive workers. Discussions were held on the sustainability of these various impact mitigation activities. The impact mitigation activities of the project were further reinforced in 2010 with the introduction of the economic empowerment model which focussed on vulnerable populations along transport corridors. 2010 achievements are reported in later sections of this report.

IEC materials

A major aspect of the education and training programme was devoted to the production of relevant IEC materials to facilitate effective delivery and communication with the target beneficiaries on issues around HIV. Education materials were produced to support several awareness campaigns undertaken under the corridor approach. In Malawi for example, IEC materials, (1000 leaflets, 500 t-shirts and 500 caps) with HIV prevention messages were distributed at Mwanza border during the World AIDS Day to sensitise communities in development corridors and cross border areas. In Mozambique, the Ministry of Labour was supported to print and distribute the Labour Code governing HIV/AIDS at the workplace. The Mozambique project also published several materials in Portuguese. With the changed 2010 strategy, attention was shifted from development of IEC materials to the promotion and adaptation of ILO SIYB and WEDGE tools and manuals for the introduction of economic empowerment strategies for HIV prevention and impact mitigation.

**Immediate Objective /
Outcome No. 2**

**RAF/05/060: Mobilising Cooperatives and
Community-based Organisations in the Fight Against
HIV/AIDS**

**Improved working conditions and status of affected
women and men working in targeted informal settings**

The matrix below provides an overview of the most important outputs delivered per country under this component:

Benin

Performance plan	Key outputs
<p>Outcome No. 3: <i>Increased number of cooperatives developing and implementing programs on HIV/AIDS in rural and urban areas.</i></p>	<ul style="list-style-type: none"> ▪ In partnership with the University of African Cooperative Development, a workshop was organized with ILO constituents, managers of cooperative apexes and leaders of cooperative institutions. This workshop resulted in the establishment of an Action Plan for each institution to mainstream the national cooperative policy into their respective mandate as well as mainstreaming HIV into their respective activities. The Acton Plan was completed with a budget plan including the identification and mobilisation of additional resources. ▪ In 2010, 11 informal sector associations and 2 cooperatives have developed and are implementing policies and programmes on HIV and AIDS ▪ These programmes are reaching a total of 517 persons (257 women and 260 men), were mobilized for training and awareness sessions on HIV, including establishing links with their local community centres referral and for accessing VCT.
<p>Outcome No. 4: <i>Increased number of small businesses developed and sustained to mitigate HIV/AIDS impact in the informal economy</i></p>	<ul style="list-style-type: none"> ▪ Training on small scale business management skills (business registration, business planning and market research) was provided to 106 persons living with HIV from ten cooperatives. Seed capital of a maximum of USD 10,000 was provided to set up sustainable and sound businesses for persons living with HIV. ▪ In South Benin, 80 women and 20 men (coming from poor households) have been selected for entrepreneurship training following the SYIB training. As of today 87 business plan have been elaborated ▪ 106 PLHIV have been organized in cooperatives, before excluded by the labour market due to discrimination. The cooperatives established has helped them to improve their income and to mitigate the impact of HIV and AIDS in their lives

Cameroon

Performance plan	Key outputs
<p>Outcome No. 3: <i>Increased number of cooperatives developing and implementing programs on HIV/AIDS in rural and urban areas.</i></p>	<ul style="list-style-type: none"> ▪ 22 cooperatives and informal economy organizations were supported to implement workplace programmes on HIV/AIDS through training, monitoring and supervision and the provision of education materials and tools. Five of the targeted partners were apex organizations/federations at the national or provincial levels. Others are primary societies, CBOs, SMEs and individuals. ▪ Capacity building activities were undertaken including refresher training workshops and wide dissemination of leaflets, posters and toolkits on issues including stigma and discrimination, promotion of HIV screening, know your status as well as care provision and support. ▪ It was estimated that about 18,000 co-operators and informal economy workers were reached by the interventions.
<p>Outcome No. 4: <i>Increased number of small businesses developed and sustained to mitigate HIV/AIDS impact in the informal economy</i></p>	<ul style="list-style-type: none"> ▪ A Revolving Fund approach was developed to build the capacities of 192 HIV infected and affected women in the informal economy to assist them in setting up and improving small businesses. This strategy was integrated into the activities of three micro-finance cooperatives in the North-West province of Cameroon. Leaders from these cooperatives and master trainers (Economic and Psychosocial Counsellors) acquired skills in business development and management. The intervention has led to (i) a reduction of stigmatization among the infected women, (ii) an increase in self-confidence among the targeted women and (iii) an increase in treatment adherence. ▪ An entrepreneurship capacity building programme for vulnerable girls was launched in the South West Province of the Cameroon in collaboration with the Mutengene Cooperative. 24 vulnerable girls were trained and 20 have started or improved their business activities. This intervention also benefitted their dependents ▪ In 2010, 360 women were trained in business development, 148 of them received startup funds.
<p>Outcome No. 7: <i>Improved support services and people's health care access through cooperative apex and community-based</i></p>	<ul style="list-style-type: none"> ▪ Emphasis was placed on developing collaborative efforts between cooperatives and HIV related institutions (Operational Units of the National AIDS Control Committee, Associations of People Living with HIV, Health institutions) to increase access of co-operators and their families to the continuum of prevention-care-support. This strategy led to the

<p><i>organisations and through micro and small business and Informal Sector Associations</i></p>	<p>jointly organized HIV screening campaigns and thus lowered costs and enabled 1'511 co-operators, informal economy workers and their families to know their HIV status.</p> <ul style="list-style-type: none"> ▪ With the support of the programme, four women's cooperatives in urban and rural areas set up a fund to assist members infected and affected by HIV and also to support orphans and other children made vulnerable by AIDS. ▪ The programme promoted women to register with community health insurance. As a result, 51 HIV infected and affected women and their 204 family members will also benefit from reimbursement of up to 80 percent of their medical bills.
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Ethiopia

Performance plan	Key outputs
<p>Outcome No. 3: <i>Increased number of cooperatives developing and implementing programs on HIV/AIDS in rural and urban areas</i></p>	<ul style="list-style-type: none"> ▪ Two Leadership Awareness Creation Workshops for 41 leaders and board members were undertaken. ▪ Five training workshops for 141 Peer Educators were undertaken.
<p>Outcome No. 4: <i>Increased number of small businesses developed and sustained to mitigate HIV/AIDS impact in the informal economy</i></p>	<ul style="list-style-type: none"> ▪ Six Improve Your Business Manuals and one HIV/AIDS Basic Handbook for Entrepreneurs were printed. ▪ One Training of Trainers workshop on Start and Improve Your Business for 20 trainers from Oromia MSE Development Agency was undertaken.

Mozambique

Performance plan	Key outputs
<p>Outcome No. 3: <i>Increased number of cooperatives developing and implementing programs on HIV/AIDS in rural and urban areas.</i></p>	<ul style="list-style-type: none"> ▪ Through cooperative organizations, some 3'000 cooperatives have been provided with training to implement HIV sensitization activities within their organizations for members, employees and communities.
<p>Outcome No. 4:</p>	<ul style="list-style-type: none"> ▪ Members of rural community groups have been supported in

<i>Increased number of small businesses developed and sustained to mitigate HIV/AIDS impact in the informal economy</i>	implementing income generating activities through savings and credit schemes. 1'980 women and been have do date been reached by the entrepreneurship programmes in targeted informal settings and 255 businesses have been developed as a result.
Outcome No. 7: <i>Improved support services and people's health care access through cooperative apex and community-based organisations and through micro and small business and Informal Sector Associations</i>	<ul style="list-style-type: none"> ▪ People with chronic diseases and people living with HIV were assisted through home-base care services. 100 informal economy organizations are as a result of the project providing home base care services.

Tanzania

Performance plan	Key outputs
Outcome No. 3: <i>Increased number of cooperatives developing and implementing programs on HIV/AIDS in rural and urban areas</i>	<ul style="list-style-type: none"> ▪ Four national cooperative organizations (TFC, SCCULT, KNCU, CORECU) were involved in capacity building on HIV as a result of programme interventions. Some 91 cooperative board members and managers were trained on basic facts about STI/HIV/AIDS including prevention and control of HIV/AIDS; counselling and testing; treatment, care and support; impact mitigation; HIV/AIDS policy and programme development as well. Assistance was also provided for the translation of policies and strategies into action plans. As a direct outcome, the "HIV/AIDS Policy for the cooperative movement in Tanzania" was adopted by cooperative societies. ▪ Financial and technical support was provided to the Moshi University College of Cooperatives and Business Studies (MUCCoBS) to facilitate mainstreaming of HIV in the university curriculum. MUCCoBS has carried out a sensitization, information and awareness workshop on HIV to its lecturers. ▪ Cooperatives in Tanzania trained a total of 1'600 cooperative members on entrepreneurship development while 33'470 members have been trained and sensitized on the basic facts and ways of mitigating the impact of the HIV.
Outcome No. 4: <i>Increased number of</i>	<ul style="list-style-type: none"> ▪ Members of the partner cooperatives identified the need to increase and improve their entrepreneurial and business

<p><i>small businesses developed and sustained to mitigate HIV/AIDS impact in the informal economy</i></p>	<p>management skills. The project used the Start and Improve Your Business (SIYB)⁶ training modules: Generate Your Business Idea (GYBI), Start Your Businesses (SYB) and Improve Your Business (IYB) to provide trainings on comprehensive entrepreneurship skills, self employment; identification of business potentials (viable income generating activities IGAs) that fit urban and rural contexts; determining and identifying market potentials; business management.</p> <ul style="list-style-type: none"> ▪ To sustain the SIYB training approach, trainers formed a network in order to scale-up the SIYB approach and sustain the interventions beyond the project period and to seek for more capacity building to advance into experienced and competent trainers. ▪ The project trained 84 SIYB Trainers whom will further transfer the knowledge to the members of their cooperatives.
<p>Outcome No. 7: <i>Improved support services and people's health care access through cooperative apex and community-based organisations and through micro and small business and Informal Sector Associations</i></p>	<ul style="list-style-type: none"> ▪ The project assisted primary cooperative societies to provide HIV prevention activities for their members and their families. This also included information on services related to HIV prevention, care and support and for increased of community access to HIV/AIDS treatment services. ▪ The Tanzania Federation of Cooperatives (TFC) was supported to carry out a VCT campaign during the International Cooperative Day (ICD). Services were provided by the Regional Medical Office of Mtwara and the Mtwara Municipal Council Medical Officer (DMO) mobilized the communities and people on the ground to visit the testing centres and to participate in the education sessions on HIV. The rate of visits to the VCT tents was high compared to those in the regular VCT centres. 416 persons underwent VCT and five persons tested positive.

⁶ SIYB is an ILO programme on business management training that contributes to economic growth and creation of employment opportunities by building capacities of partner organisations

**Immediate Objective /
Outcome No. 3**

**RAF/05/059: Strengthening Legal and Policy
Provisions and Improving OSH**

**Enhanced compliance with the legal and policy framework
by ILO constituents**

In spite of employers' growing awareness of the human rights and other issues associated with HIV in the workplace, labour judges and magistrates are increasingly required to adjudicate on unfair labour practices based on HIV-related stigma and discrimination. The role of labour judges and magistrates in ensuring non-discrimination and a supportive working environment is crucial. Policies and legislation that outlaw discrimination in the workplace and provide prevention measures and social protection will have little effect unless they are strenuously enforced in labour courts that are accessible to persons living with HIV.

The programme component suffered in 2008/2009 due to rapid staff turn-over, although this was a challenge, the component successfully completed the planned activities by December 2009..

Specific activities

Four major activities were planned for 2009 under the legal and policy component of the programme, which are outlined below. All activities were successfully completed. The following activities were undertaken:

1. National workshop on awareness raising and training of labour judges on HIV/AIDS in the workplace in Sub-Saharan Africa in Lome, Togo, 27-29 July 2009. 26 participants;
2. International Labour Standards (ILS) for legal practitioners and judges (Course number A901055) at the International Training Centre in Turin, Italy. 31 August -11 September 2009. Seven participants from project countries were sponsored to participate in the course;
3. National workshop for judges on decent work for people living with HIV and with disabilities. Adama, Ethiopia 19 - 22 October 2009. 24 participants;
4. Compilation of a training manual on HIV and legal compliance based on the workshops undertaken.

The workshops held have brought together labour judges, labour assessors and labour inspectors to enhance their capacity to deal with legal complaints relating to HIV in the workplace. The workshop programme normally covered four days of training on international human rights law, including International Labour Standards (ILS); an overview comparing international law with national frameworks; and specific issues pertaining to HIV discrimination in the world of work.

Turin training

The training course on ILS for legal practitioners and judges held at the International Training Centre (ITC) in Turin, Italy in August is a course developed by the ILO on the general use and application of ILS, but it also includes a specific and elaborate module on HIV/AIDS and the law. Therefore seven participants from programme countries were sponsored to participate in the course. The integration of HIV into this specific training course on ILS which is part of the ITC

annual prospectus is a result of the close collaboration between ILO units and an attempt of mainstreaming HIV into the organization.

Workshop on HIV and disabilities

One final workshop under this programme component was held in Adama, Ethiopia on “Decent work for people living with HIV and with disabilities”. The workshop was organized in partnership with ILO/EMP/SKILLS and integrated issues on discrimination related to HIV/AIDS and the discrimination of persons with disabilities. This is again, a result of the close collaboration of this programme component with other ILO units.

Training manual for judges

A judicial training manual on HIV/AIDS and Disability in the world of work was compiled to consolidate the training developed and the lessons learnt from the judges’ workshops undertaken since the inception of the programme in 2006. The manual is intended as an education and reference document as well as a tool for training, a guide for judges, and an aid for those seeking to promote action to limit the spread and impact of HIV in the world of work. The manual will continue to be a source of information for addressing HIV and Disabilities in the world of work, through employment and labour law in addition to being a tool for training on the ILO Code of Practice on HIV/AIDS and the World of Work. It collates global good practice in the field and again, is a result of a partnership with ILO/EMP/SKILLS.

The main use of the manual will be in education and training of judges and labour inspectors and is set up by six separate but complementing modules. Therefore a number of the modules can be used for providing training not only specific to labour law administration but for all those in the world of work who wish to take action on HIV/AIDS. The following modules are included in the training manual:

- Module 1 - HIV/AIDS: the epidemic and its impact on the world of work
- Module 2 - International Labour Instruments
- Module 3 - HIV/AIDS and human rights
- Module 4 - A legal and policy framework on HIV/AIDS in the world of work: the role of government
- Module 5 - The gender dimensions of HIV/AIDS in the world of work
- Module 6 - Disability Best Practice and Jurisprudence
- Module 7 - HIV/AIDS Best Practice and Jurisprudence

By December 2009 the final draft of the training package was compiled.

Occupational Safety and Health

A number of training events were also undertaken covering occupational safety and health (OSH) issues as related to HIV. More specifically these served to review and validate national profiles on occupational safety and health measures for HIV prevention at the workplace. The profiles for Mauritius and Malawi were as a result reviewed and finalised. For the validation process a situational analysis and priority action planning tool was developed for both countries, namely the “National Occupational Safety and Health Profile”.

Additional Outcome

RAF/05/061: Innovative Action for HIV/AIDS Prevention and Impact Mitigation on the Work of Work

Research on Social Pensions

In addition to the three programme components, seed funding was set aside in 2009 for research to be undertaken on social pensions and HIV/AIDS and the world of work. The study is called “*Old-age non-contributory pensions, HIV/AIDS and the world of work in Africa: Exploring links for policy recommendations from a decent work perspective*”. This study was conducted in collaboration between ILO/AIDS and ILO/STEP and looked at two sets of underlying factors:

- Household and context characteristics (e.g. health condition or gender of beneficiary, household composition, household stage in life cycle, income level, assets and intra-household allocation of resources, availability of basic services);
- Programme design and implementation characteristics that may influence outcomes including targeting, age entitlement, and pension amount.

The study also aimed to draw together the evidence from its first two phases to enable an assessment of:

- Whether old-age non-contributory pension programmes can legitimately be viewed as an appropriate way to improve the work related situation of households affected by HIV/AIDS;
- What the potential / significance of pensions' role in improved the work related situation of households affected by HIV/AIDS is in different geographical and policy contexts; and
- A presentation of options for implementing and / or scaling up programmes that improve work-related situations of households affected by HIV/AIDS.

Countries covered for field analysis are Lesotho, Mozambique and South Africa. The final report submitted by the ODI will be used to develop a policy brief with recommendations for future action at the country level.

Key 2010 Achievements

Economic Empowerment and HIV Prevention

2010 Programme Approach and Focus

In late 2009, ILO/AIDS (in consultation with the donors) re-defined the strategy of the programme for 2010 by adopting a two-pronged approach to create more synergies between the transport sector and the informal economy. This strategy focussed attention on informal economy, cooperatives and associations of women and small/medium enterprises (SMEs) and transport sector workers along identified transport corridors in Southern Africa. A bridging fund was subsequently granted to facilitate the implementation of activities in 2010 with a paradigm shift, which calls for the adoption of a strategy of promoting self reliance among workers, women and trade groups operating along the transport corridors and assisting them and their associations to

provide business-related services that ensure increased productivity, while preventing HIV-related risky behaviour and mitigating the impact of the epidemic among affected households and workers alike.

The new approach of the programme seeks to provide HIV interventions while stimulating economic opportunities and promoting decent work for populations located along selected transport corridors in selected SADC region countries. For this intervention, the following countries were selected - Malawi, Mozambique, South Africa, Tanzania and Zimbabwe. The choice of these countries was based on the need to implement interventions in high prevalence countries in Southern Africa and also to consolidate and expand upon the achievement of the previous years in the aforementioned countries.

The aim of the new strategy was to ensure promoting self reliance among workers, women, cross border officials, trade groups and transport sector workers operating along the transport corridors and assist them through their associations to provide business-related services that could generate increased productivity and thus strengthen HIV prevention and related risky behaviour as well as mitigating the impact of the epidemic in the informal economy and among transport sector workers

The underlying assumption of this approach is that HIV awareness alone is insufficient to stem the spread of HIV. Too many men and women find themselves unable to adopt safe behaviours, primarily due to extreme poverty and economic disempowerment and therefore resort to risky coping mechanisms that primarily place women, in particular, at greater risk of HIV infection and subsequently the men too. With the advent of the global economic crisis, people living with HIV who lose their jobs are often unable to adhere to their AIDS treatment regimes. The knock-on effect for families is also devastating: loss of income often means the depletion of family assets with which people attempt to cover health costs; further driving particularly those in the informal sector, with little or no social protection, into deeper poverty and higher risk of HIV infection.

Consequently, 2010 was used as a preparatory time for an expanded intervention which was planned to begin in 2011. The following achievements were recorded in the five countries that participated in the preparatory phase:

Malawi

Strategic Areas	Key Outputs Achieved
Baseline Studies	A baseline study was conducted on the HIV prevention and economic empowerment project, with special focus on the areas following the transport corridors for Malawi including both international and domestic corridors. The major outcome of the study includes the identification of the various gaps to be addressed during the next project implementation and the collection of data on various project parameters required for planning purposes e.g. data on existing support structures and potential project beneficiaries, data on economic performance for identified groups, gaps and proposed areas of interventions as well as existing support structures which were to be involved in project implementation

Policy Development	The National HIV/AIDS Workplace policy was completed and submitted to the Cabinet for approval in December 2010. While the policy is in the formulation process, the enterprises in different sectors are already using it to develop their own enterprise and sector specific HIV workplace policies. The National HIV/AIDS policy and strategy in the Transport sector was developed and launched in 2009 but received a wider circulation in 2010 through the One UN Fund.
Capacity Building	35 immigration officers and other cross border officers were trained in HIV/AIDS policy development and management. 40 Peer educators were trained from the Karonga Bicycle Cargo Association, 165 women entrepreneurs trading along the M5 road which forms part of the Nacala Transport corridors were organised in groups awaiting training in HIV prevention management as well as business development skills. 23 Peer educators were trained from the Malawi lake Services and 25 labour inspectors were trained in HIV policy development and management. By end of 2010 over 5102 people were reached out with HIV and AIDS messages of which 60% were women.
Selection of Corridors	The following corridors and hot spots were identified for intervention: Mwanza border post, Zalewa and Lunzu along the M1 road (Durban – Mwanza – Blantyre Corridors) in the southern region of Malawi; Mtakataka, Lilongwe (kawale, biwi, Kanengo hotspots) and Mchinji border post (Nacala Corridor) Central Region of Malawi; Mzuzu, Karonga (songwe border post) part of the Dar-es-salaam – Mbeya –Songwe corridor. Northern Region of Malawi.
Support Structures	Support structures were identified along economic lines. Such include the Karonga Cargo Association – an association of bicycle taxi operators. The Malawi Cross border Business Traders association as well as the National Association of Business women: northern region chapter, the Road Transport Operators Association (employers in the transport sector) and the Transport and General Workers Union (workers in the transport sector). Support structures were also identified based on their membership as well as physical presence in the targeted project areas. These include the Malawi Union for Informal Sector. In some cases support structures were actually organised by the project as there were no such structures within the area of their operation. i.e. the Mtakataka business women association, Kawale women Group – a group of commercial sex workers which offer services in most of the hotspots along the M1 road including such areas as Kawale, Chigwilizano, Kanengo (one hotspot where M1 road which forms part of the Nacala corridor, Darsalaam corridor as well as Durban Mwanza corridors meet).

Mozambique

Strategic Areas	Key Outputs Achieved
Baseline Studies	Project baseline survey to be done in first half of 2011
Policy Development	Developed and implemented workplace policies for MoTC, Moz Air lines, Moz Railways, SINTAC-communication workers union, TPM- Maputo public transport. More than 6000 people benefited from prevention initiatives through awareness raising and HIV and AIDS sensitization done by UGC, ASSOTSI and SINTRAT (ATPM).
Capacity Building	Additional 90 peer educators from the above selected institutions were trained on HIV and AIDS. 500 people from various organisations in the transport sector, women and youths participated in know your status campaign.
Selection of Corridors	Two major corridors have been selected for intervention based on established criteria - Maputo corridor- International and Beira Corridor-National corridor.
Support Structures	Support structures located along the hot spot point; Transport sector workers union; Transport sector Employers organization Informal sector business (ASSOTSI).

South Africa

Strategic Areas	Key Outputs Achieved
Baseline Studies	As part of the first phase of the project and in-preparation for the implementation for the second phase, the project conducted a baseline survey among the selected corridors. The aim of the study was twofold, firstly to provide an insight into the HIV/AIDS and TB prevention programmes being implemented in three South African gateway sites (Skilpadhek [Zeerust], Lebombo and Ventersburg communities). Secondly the research investigated business opportunities for generating income to vulnerable target groups within these gateway sites and along the relevant transport corridors. A particular focus was given to truckers and participants in the informal economy who operate informal enterprises.
Policy Development	(a). Policy development capacity building Through partnership with BizAIDS- a South African Business Coalition on HIV&AIDS initiative- the project trained 22 informal traders to address business, health and legal issues in order to lessen the impact of illnesses, disability or death, relating to the consequence of HIV/AIDS. Informal traders were taught how to develop a workplace policy for a small or micro enterprise and strategies to lessen the impact of HIV and AIDS among

	<p>employees and families of owners.</p> <p>(b). Policy makers Workshop on Women in Informal Cross Border Trade</p> <p>The project participated at the workshop on <i>Women in Informal Cross Border Trade</i> on the 8-11 February 2010 organised by the Department of Women, Children and People with Disability and UNIFEM. The project shared with policy makers from government, civil society, women groups and Women in Informal Cross Border Trade the objectives and goals of the project and findings of the baselines commissioned by the project on HIV & AIDs and Economic Empowerment Along Transport Corridors.</p> <ul style="list-style-type: none"> • Presentation to Policy Makers <p>The project was invited by the Local Economic Development Manager of Matjhabeng Municipality to make a presentation to the Mayoral Execute Committee and Senior Managers on the 28 September 2010 at the council chambers of the Municipality. Ventersburg is one of our project sites and falls under the jurisdiction of this municipality. The findings of the baseline and overall strategy and objectives of the project were shared with the participants.</p>
Capacity Building	<p>Provided HIV&AID/TB and business training to 52 informal businesses operating in communities along transport corridors with business skills, to improve and grow their businesses; and most importantly how to mitigate the impact of HIV&AIDS and TB and other disease on their employees and families</p>
Selection of Corridors	<p>Skilpadhek [Zeerust] N4 Corridor: Cross Border Post on the N4 Corridor (South Africa – Botswana Lebombo: Cross Border Post on the N4 Corridor (South Africa – Mozambique Ventersburg : N1 corridor : Johannesburg to Cape Town</p>
Support Structures	<p>One of the main objectives of the project is to build capacities of support structures to provide business and social services to their members. In South Africa except for state structures designed to support small businesses, there are no cooperatives or apex organisation operating in the informal traders except for informal structures designed to protect rights of the informal traders. In Zeerust there is a Hawkers Association which does not operate as cooperative but as a structure designed to talk on behalf of informal traders in the Zeerust area. The same applies to Lebombo border post committee which is responsible for cleanliness of the areas where informal operators are doing their business.</p> <p>Government have agencies created to support small business, however these businesses need to register before they can get government business and financial support. Supporting structure like the Small Enterprise Development Agency (SEDA); the National Youth Development Agency and the Department of Trade and Industry have incentives and grants that can be made available to small businesses.</p>

	In the second phase the project together with partners is moving further to come up with incentives, creative and profitable ways of convincing informal traders to form cooperative as this will bring down their input costs e.g. transport and other input materials which are major cost drivers for the informal traders.
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Tanzania

Strategic Areas	Key Outputs Achieved
Baseline Studies	<p>A baseline study was commissioned in October 2010. The baseline survey took place in five main hotspots along the Tanzania-Zambia (TanZam) highway including Ilula, Mafinga, Makambako, Kyela-Kasumulu and Tunduma. The main purpose of the baseline survey was to obtain data that will be referenced in accounting for progress in the project and for drawing out lessons and experiences from programme implementation. The data generated by the baseline survey was separated into two main clusters: HIV&AIDS and economic data relating to informal sector workers who are members of SEOs together with their households as well as project level data based on the ILO programme indicators and targets.</p> <p>The baseline study provides an overall understanding of HIV&AIDS as well as the economic empowerment situation within each of the hotspots. It highlights the social and economic situation within each hotspot, together with the HIV prevalence rates as well as the factors which drive the epidemic in the areas. The report lists the most at risk and vulnerable groups in each hotspot, their sexual interactions and factors which accelerate their risk or vulnerability to HIV&AIDS. Community based HIV&AIDS and economic related activities which are being undertaken by Government and non state actors within the hotspots</p> <p>The report also provides an overall understanding of the baseline situation of individual SEO members and their households as regards to HIV&AIDS and economic situation. The report provides quantitative data to describe the economic situation of SEO members, negative social and economic impact of HIV on their households, relevant support which has been provided to their household, issues concerning access to HIV services and then narrows down to how this translates into attitudes and practices which are related to HIV&AIDS.</p>
Policy Development	<p>1. Policy development and legal framework and policy implementation</p> <p>The National response for HIV and AIDS in Tanzania recognises that economic and social support for affected populations is among the options to resilience the adverse impact of the HIV and AIDS to vulnerable groups i.e. women, people with disabilities, families and households affected by AIDS</p>

	<p>In order to ensure that the UN support to the Government of Tanzania implement HIV and AIDS interventions which focus on reducing HIV vulnerability through economic empowerment, ILO ensured that the UN Development Assistance Plan (UNDAP⁷), 2011/15 has a specific key action on it. The key action states that “Provide Technical Assistance to private and informal sectors for generating gender disaggregated, evidence-based information on impact of HIV/AIDS on the informal business sector and to implement WPP and economic empowerment activities for the benefit of both women and men”. This provides legitimacy to ILO and other UN agencies to support the government counterparts to give effect to the economic empowerment interventions targeting vulnerable groups as a means of reducing vulnerability to HIV.</p>
Capacity Building	<p>In 2010, the project created a pool of trainers who will facilitate the scaling up of HIV/AIDS education and awareness raising in the selected hotspots along the Tanzania-Zambia corridor. The project trained 30 trainers who will further train peer educators in the social economy organizations in their respective regions. The project contributed to developing capacities and the aptitudes of social economy organizations and the informal economic professional Peer Educators (PE), to bring about the targeted and efficient actions of education of proximity, advice for behaviour change, the reduction of the magnitude of stigmatization and discrimination in their place of work, help workers and members to identify daily life factors that increase their risk of infection; give advice to workers and their families living with HIV and/or sick of AIDS to face their situation and orient them towards treatment/support and screening structures</p>
Selection of Corridors	<p>Tanzania-Zambia Highway (TanZam) The TanZam highway is about 1000km long. The TanZam Highway connects Tanzania with the rest of the SADC countries. It runs through Zambia, Zimbabwe, Botswana, Namibia and South Africa. Malawi and Congo form part of the TanZam network.</p> <p>North Corridor (Dar es Salaam – Namanga) The North highway is about 784 km long. It runs from Dar es salaam to the Kenyan Boarder at Namanga, it passes through Cost-Chalinze, Tanga-Korongwe, Moshi and Arusha. The road links Kenya through Namanga - Nairobi and Tanga – Mombasa. In the North Kenya it connects to Kampala, Uganda.</p>
Support Structures	<p>The project strategy is also focusing at strengthening support structures that could provide both social and economic services to social economy organizations. The following criteria were used to select support structures:</p> <ol style="list-style-type: none"> 1. Local organizations that are well establish and could be/willing to support social economy organization to

⁷ The UNDAP is the business plan of 20 UN agencies, funds and programmes in Tanzania for the period July 2011 to June 2015. This 'One plan' for Tanzania supports the achievement of the international development goals, the Millennium Declaration and related Millennium Development Goals (MDGs), national development priorities, and the realization of international human rights in the country.

	<p>mainstream HIV and AIDS by implementing a strategy that aims at reducing HIV vulnerability through economic empowerment;</p> <ol style="list-style-type: none"> 2. The organization should be capable of providing capacity building services of different types: workshop, training, advice, mentoring etc...; 3. Provision of entrepreneurship and business development trainings; 4. Coaching for development of business plan; 5. Follow-up of business plan implementation; 6. Expertise in providing training to small business and follow-ups; and 7. The knowledge and expertise on HIV/AIDS work.
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Zimbabwe

Strategic Areas	Key Outputs Achieved
Baseline Studies	In order to implement evidenced informed programmes the project conducted a baseline study along the identified South-North corridor, which stretched from Beitbridge, on the border with South Africa and runs across the country northwards to Chirundu on the border with Zambia. The baseline identified gaps and proposed areas of interventions as well as existing support structures which were to be involved in project implementation.
Policy Development	Zimbabwe has developed a number of legal frameworks some of which include the Transport sector and the SMEs sector HIV/AIDS work policies and the project is being implemented in the context of these legal frameworks. In order to ensure buy-in from all the key stakeholders, the Project held a stakeholders' meeting to introduce the new project approach. The meeting was attended by the provincial governor, transport sector players, other government officials and informal sector representatives.
Capacity Building	The project provided HIV prevention and business development training to at least 52 leaders from the BBA and Chirundu SACCO who in turn have passed these business development and HIV prevention skills to their respective associations.
Selection of Corridors	The project chose to work with informal associations and small/medium enterprises (SMEs) and transport sector workers along the Beitbridge/Chirundu transport corridor in order to consolidate and expand upon the achievements of the first phase. In selecting the appropriate corridors the project made the following considerations: The fact that the corridor has: - a high unemployment potential; a high potential for women participation along the corridor; high potential for wider reach; high vulnerability to HIV; a potential for synergies with other partners; a potential for the corridor to ensure that the project builds upon past experiences and a potential for the corridor to facilitate regional integration of the project;. As at the end of 2010 the project had identified the following hot spots along the South-North corridor

	namely; Beitbridge border, Lutumba, growth point/truck stop, Rutenga growth point, Ngundu growth point and Chirundu border post. These areas contribute significantly to the high national prevalence rate.
Support Structures	At the southern end of the corridor the project identified one informal sector; the Beitbridge Business Association (BBA) as a collaborating partner. The BBA is an apex association comprising two hundred small subsector enterprises with an estimated total membership of five hundred people all resident at Beitbridge border. At Chirundu the Project supported the formation of a Savings and Credit Cooperative (SACCO) comprising at least one hundred members.

V. Problems/issues materially impairing the achievement of project objectives/outcomes, proposed solutions and actions taken or to be taken

This section of the report outlines major problems/issues that have already been encountered, are currently emerging, or are foreseen.

A. Implementation (technical as well as management issues; including administrative, financial and budgetary issues)	
Problem/Issues	Proposed solutions and action(s) taken or to be taken (If action necessary, identify person responsible)
<ul style="list-style-type: none"> Lack of adequate resources (e.g. administrative support) to support project implementation at regional and country levels. Delayed release of resources by UNDP in ILO non-resident countries. Poor internet and communication services at field level. Resources are limited to include segments of the populations who are in need (e.g. improvement of PLHIV living conditions in the informal economy). The project beneficiaries are having problems in accessing funds to start or to improve their 	<ul style="list-style-type: none"> Additional resources were mobilized locally through One UN Fund to support country-level operations System-wide problem were discussed with respective ILO and UNDP Offices. Support to country level implementation were provided as required. Efforts were made to identify other national partners and/or programmes that can provide additional funds to develop and extend the businesses for vulnerable and infected/affected women and girls. This is the case in Cameroon where Ministry of Agriculture, the Global Fund and other UN windows (UNDP, UNIFEM) have been explored. Discussion to set challenge funds were held with potential partners and donors. For some cases

business.	the savings and micro-credits help to fill the gaps.
<ul style="list-style-type: none"> Members are less motivated to use their own resources to carry out HIV/AIDS education and awareness raising activities. Although the programme is clearly embedded in national HIV/AIDS policies, mobilizing resources for the cooperative movement and the informal sector towards government authorities is hampered by the lack of recognition and political commitment to support these two sectors. 	<ul style="list-style-type: none"> HIV/AIDS education sessions should be linked to training on entrepreneurship would be more likely to attract the attention of cooperative members. There is a need to advocate the cooperative approach more strongly and to promote its recognition within national development policies as an alternative for leveraging social and economic development.

B. Stakeholders, partners & implementing agencies

Problem/Issues	Proposed solutions and action(s) taken or to be taken (If action necessary, identify person responsible)
<ul style="list-style-type: none"> Lack of commitment to project implementation by some partners Capacity limitation for implementation and monitoring of workplace activities. Project partners argued that the duration of the project was very short to bring about long term change in cooperatives in respect to mainstreaming HIV/AIDS Lack of technical capacity of national cooperative organisations (e.g. TFC in Tanzania) to lead the cooperative movement in this initiative 	<ul style="list-style-type: none"> All were progressively overcome through national level engagement with concerned government departments. Other sources of funds (e.g. One UN) identified to support monitoring and quality control. It is important to extend the project through leveraging resources from different sources and create a pool of funds for medium-long term operations; this would allow supporting partners putting into practice the lessons learnt and extend the geographical coverage of the project accordingly. Training on strengthening capacity building of these organizations was scaled up as needed

C. External factors (external factors identified as being critical assumptions in the project document and/or emerging critical external factors)

Problem/Issues	Proposed solutions and action(s) taken or to be taken (If action necessary, identify person responsible)
<ul style="list-style-type: none"> Duplication of sectoral interventions by other agencies without adequate consultations. 	<ul style="list-style-type: none"> Promote collaboration and coordination at agency level with related programmes and

projects e.g. collaboration with IOM PHAMSA Programme, WFP Wellness Programme in Mozambique.

- Cooperative organizations are male dominated and their ability to meet the gender representation in meetings and other activities is very limited, leading the project to seemingly underachieve in this aspect.
- Lack of coordination in the response to HIV/AIDS at national level from the cooperative movement and informal sector.
- More emphasis on gender issues should be put throughout the activities in particular in reaching primary cooperative societies. More interventions targeting change for safer sexual behaviour in men should be promoted.
- Need to identify champion organizations to spearhead the initiatives

VI. Opportunities

This section describes the opportunities for new initiatives, interventions and/or collaboration and includes information on the steps to be taken to take advantage of these opportunities.

Immediate Objective / Outcome No. 1	Increased knowledge on HIV/AIDS and more responsible attitudes to risk behaviours of men and women workers and their families, help limit the spread of HIV/AIDS
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The transport sector is one of the most vulnerable sectors when HIV spread and infection is considered. Southern Africa is still the epicentre of this disease and one of the key drivers of the epidemic in the sub-region is migration due largely to the highly developed transportation system. With the commencement of the Free Trade and Movement of Persons Agreement, it is considered that the problem of the spread of the epidemic could be further compounded.

The SADC, with the finalisation of its new Strategic Framework on HIV/AIDS is poised to support member states to accelerate and upscale their responses to the epidemic. These scenarios present the ILO and its partners with a unique opportunity to mobilize its constituents for a concerted effort to step up their interventions at transport sector workplaces. The transport sector project implemented as component one of this programme has been able to sufficiently mobilise the partners and sensitise them towards the need for collaborative interventions and arrangements in support of on-going efforts. With the focus on harmonisation of policies across the sub-region, the enabling environment is being created to facilitate cross-border interventions that could address issues of joint concern to countries within the sub-region.

For the future, there will be need to continuously focus attention on the expressed needs of the constituents in particular for the development of workplace policies at the enterprise level while at the national level, efforts needs to be made to focus attention on impact mitigation measures. Considerable attention will continue to be paid to consistently supporting capacity building for ILO constituents and other strategic partners in the transport sector so that they are able to translate their plans into actions that can generate adequate impact in the HIV landscape.

In terms of collaboration with development partners with programmes in the sector, opportunities exist to collaborate with the World Food Programme which has been operating a wellness centre at one of the major borders in Malawi (Malawi/Mozambique border) with support from North Star Foundation. There are on-going discussions on the possibility of expanding this programme to other borders with the involvement of the ILO transport sector project. With the approval of the SADC Global Fund Mobility Project, opportunities also exist for collaboration and support to the regional initiative. Initial consultation has taken place between the ILO and SADC on how to create synergies between its mobility programme and the second phase of the ILO/Sida programme.

Opportunities exist to expand interventions in the transport sector to generate wider reach in particular to target vulnerable groups along national and cross border corridors and hotspot points. This can be done through the implementation of activities directed at promoting economic resilience for both the infected and affected and vulnerable groups of women and entrepreneurs engaged in commercial activities along the corridors. For such direction, activities

would need to be focussed on impact mitigation activities linked to poverty reduction for vulnerable groups operating in the informal economy. This opportunity is predicated on the premise that poverty is a factor of vulnerability and every effort directed at ensuring an increase of income will go a long way in addressing the impact of the epidemic. This is being adopted as the focus of the ILO/AIDS-Sida programme for the next implementation period.

**Immediate Objective /
Outcome No. 2**

**Improved working conditions and status of affected
women and men working in targeted informal settings**

The programme will continue mobilizing complementary resources that could assist efforts to reinforce ongoing interventions. In particular, using the UNDAF and One UN Reform frameworks could leverage additional funds to consolidate and extend the programme activities to new partners and new geographic coverage. In Cameroon, the ongoing experience with UNDP within the framework of its Sub-programme for Poverty Reduction will be useful, and other opportunities with the Global Fund can be explored. In Mozambique, activities have been integrated and harmonized under a Joint Programme with UNAIDS and UNDP as a joint UN effort within the UNDAF process at the country level. In Tanzania, the project mobilized other organizations working on HIV/AIDS workplace programmes to buy-in the project approach of reaching workers in the informal economy through cooperative organizations (CHAMPION project of Engender Health).

One of the activities that should be taken into consideration is the need to strengthen the economic empowerment interventions to mitigate the impact of AIDS through replicating efforts and involving new partners so that similar services can be extended to more members and local communities. Suggestions of supporting the creation of cereal banks to generate income could be explored. The establishment of a challenge fund for financing small businesses could also be envisaged. Finally, a focus on setting up savings and credit schemes (Saccos) as developed by many cooperatives is needed and should be further explored.

VII. Lessons Learned and emerging Good Practices

This section reports on the lessons learnt during the implementation period.

A. Improving the knowledge basis

- Project positioning was facilitated through the baseline studies and rapid assessments undertaken. The results of the rapid assessments and the data collected strengthened programme implementation by identifying the existing gaps. The improved monitoring and evaluation framework also facilitated improved data collection for the specified outputs.
- In order to effectively address HIV and reduce its impact in the world of work, it is imperative to effectively promote behaviour change among the targeted workers. Through trainings and the use of IEC materials, the programme has managed to improve significantly the HIV knowledge of cooperative members. Interactive training sessions and printed materials provided a reliable source of information on HIV issues for cooperative members.
- Effective implementation of HIV workplace policies and establishment of ongoing peer education programmes contributed to a reduction in stigma and discrimination on the basis of HIV in the cooperatives.
- The establishment of a National HIV/AIDS policy for cooperative movement promotes/facilitates the development of primary society level workplace programmes.
- The baseline study and training needs assessment provided a strong basis for developing the HIV/AIDS policy for cooperative movement.
- Methods of data collection need to be clearly explained and transparent, precise indicators need to be provided to enable partners and beneficiaries to monitor progress.
- Economic empowerment for vulnerable groups and social economy organisations has emerged as a strategy for combating the impact of HIV and AIDS and underlying the inequalities that fuel the HIV epidemic.

B. Strategies for thematic issues

- For the transport sector in particular, it was evident that previous interventions had inadvertently omitted certain critical target beneficiaries, such as sex workers, along the transport corridors. It was therefore considered to be of utmost importance to find a way to involve this group of workers in the cross-border and corridor programmes. The majority of the rapid assessments undertaken found that although some workplaces have developed comprehensive HIV workplace programmes, the surrounding communities where commercial sex workers operate were not included. In the area of impact mitigation, it was discovered that the strategy of distribution of food baskets by some partners (even though effective) has not been sustainable due to insufficient resources.

- The participatory approach and the involvement of key cooperatives and decision makers have been essential for the integration and sustainability of the ILO's HIV/AIDS programmes in cooperatives.
- Most cooperatives do not have enough resources or capacities to offer integrated and comprehensive HIV services. Experience suggests that the development of partnerships with other institutions is key in enabling cooperatives to address this gap.
- A revolving or challenge fund approach tailored to the conditions and needs of beneficiaries can significantly improve the living conditions of women infected/affected by HIV. For persons living with HIV, it is desirable to ensure that the training and follow-up packages include elements to address both the economic and psychosocial issues of the epidemic.
- Providing training to women on the development of entrepreneurship is relevant, but ensuring the availability of financial resources for their take-off is fundamental. Integrating entrepreneurship programmes into micro-finances informal sector activities increases opportunities to access to existing loans.
- Leadership buy-in is vital in starting and guiding the development of the workplace programme.
- Encouraging peer educators in the planning monitoring and evaluation of their activities is critical as it creates ownership and contributes to sustainability of the programme.
- The need to strengthen the gender-sensitivity of HIV programmes in cooperative organization is key. Cooperatives are male dominated with little representation of women at all levels of the organization. It is therefore important to develop male sensitive programmes and sensitize cooperatives to recruit more women.
- Cooperatives provides an appropriate entry point to reach workers in the informal economy and the community at large, contributing thus to the community response to HIV and increasing spread;
- The involvement of the public sector in working with the cooperatives to develop HIV policies adds credibility, legitimacy and sustainability;
- Linkages to the public sector health facilities through peer educators, facilitates HIV prevention, treatment, care and support and increases access to HIV services for people at the community level.

C. Capacity building and work with ILO partners

- Capacity, especially of the transport sector partners, remains a critical success factor in the implementation of any development intervention. Partners need to be supported at all stages of project implementation while a focus on capacity building needs to be constantly maintained.
- One major challenge of working with the transport sector partners is the differing levels of commitments between institutions and organizations. Employers need to upscale their responses to the epidemic by allocating resources for intervention at the workplace level. This commitment is required to show workers that management are committed to their well-being.

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- There is a general problem of capacity depletion across the board. More often than not, trained personnel are lost due to high staff turnover. In some other countries, there is a high rate of staff turnover especially in areas where skills development has been supported.
- Relations between workers/employers organizations and cooperatives and informal sector organizations are weak. There is therefore a challenge on how workers and employers' organizations can effectively support cooperatives in the implementation of their HIV programmes.

D. Mainstreaming successful approaches and achieving sustainability of impact

- The strategy of institutionalising the transport sector Project Advisory Committees (PACs) at the national level within existing government structures has worked well for the transport sector project. The committees are tripartite+ structures saddled with the responsibilities of providing policy guidance for the implementation of the project at the national level. This structure has enabled the government to provide the necessary leadership that is required to galvanise support for the various interventions and activities. They form the bedrock around which the sustainability of the project is predicated.
- The PAC members have a sense of ownership of the project and this helps the monitoring function of the committee. The existence of focal points and the training of peer educators at the enterprise levels are strategically good for sustainability and mainstreaming initiatives at the workplace.
- At the enterprise level, it has been found that where there is commitment from management of an enterprise, mainstreaming and sustainability is guaranteed. This has been the case with Malawi Revenue Authority, Air Zimbabwe, and Mozambique Railways where the direct intervention activities have been highly successful and impactful. In nearly all of these enterprises, the management committed their own resources (in kind and cash) to support the enterprise initiatives.
- The strategies for the work in the informal economy need to build upon existing institutions such as cooperatives, SMEs and Associations of PLHIV to achieve the set objectives, through reinforcement of their capacity so that they continue to undertake the activities beyond the life of the project, thereby ensuring sustainability;
- Collaborating with the networks of PLHIV demonstrated that PLHIV have the best solution to the problems related to HIV stigma and discrimination.
- Sustaining interest in HIV workplace programmes for cooperative organizations is enhanced when a variety of channels and themes are used. For instance, the integration of the HIV educational sessions with entrepreneurship development and business management skills, attracted many members of cooperatives. It is important to explore prime interest of members before designing the integration of programmes.

E. Other lessons not covered above

- By keeping implementation staff at the minimum, project objectives can be achieved with minimal resources as most funds are allocated towards actual implementation of activities than covering staff costs.
- For any programme to succeed, it is imperative for it to involve key stakeholders at all levels such as policy makers, chief executives of companies, persons living with HIV, target beneficiaries at grassroots levels, sex workers, management and union leaders.
- For adequate planning, it is imperative to have approved country budgets - as opposed to the practice of having one budget shared amongst several countries. The current programme adopted a demand-driven approach to curtail this problem.
- Capacity building through participatory workshops and regular supervisions are essential to improve partners' competence to deliver HIV services.
- Cooperative values and principles provide an opportunity for designing and implementing people centred interventions, in particular within an HIV environment
- Working through umbrella organizations and cooperative unions are important to ensure mobilization and outreach. This is particularly true when umbrella organizations can access large populations of vulnerable workers in the informal economy.
- HIV education and awareness raising needs to be combined with empowerment approaches such as business and entrepreneurship skills.
- Uptake of VCT increased among cooperative members as a result of the HIV training sessions (it was confirmed during follow-up mission in Tanzania that many cooperative members sought VCT after each training sessions).