



International Programme on the Elimination of Child Labour (IPEC)



International
Labour
Office

IPEC Evaluation

Combating and Preventing HIV/AIDS – Induced Child Labour in Sub-Saharan Africa: Pilot Action in Uganda and Zambia

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**An independent mid-term evaluation by a team of external
consultants**

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This document has not been professionally edited.

NOTE ON THE EVALUATION PROCESS AND REPORT

This independent evaluation was managed by ILO-IPEC's Design, Evaluation and Documentation Section (DED) following a consultative and participatory approach. DED has ensured that all major stakeholders were consulted and informed throughout the evaluation and that the evaluation was carried out to highest degree of credibility and independence and in line with established evaluation standards.

The evaluation was carried out a team of external consultants¹. The field mission took place in November 2006. The opinions and recommendations included in this report are those of the authors and as such serve as an important contribution to learning and planning without necessarily constituting the perspective of the ILO or any other organization involved in the project.

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AP	Action Programmes
CBO	Community Based Organisation
CBP	Capacity Building Programme
CL	Child Labour
CLU	Child Labour Unit
COMAGRI	Commercial Agriculture Programme in selected Sub-Saharan African Countries
CSEC	Commercial Sexual Exploitation of Children
CTA	Chief Technical Advisor
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IGAs	Income-Generating Activities
ILO	International Labour Organisation
IPEC	International Programmes on the Elimination of Child Labour
IP	Implementing Partner
KAP	Knowledge, Attitudes and Practices
KII	Key Informative Interview
LDC	Less Developed Countries
MLGSD	Ministry of Labour, Gender and Social Development
MoU	Memorandum of Understanding
MTE	Mid-term Evaluation
NGO	Non-Governmental Organisation
NSC	National Steering Committee
OVC	Orphans and Vulnerable Children
POS	Programme of Support
TBP	Time Bound Program
WDACL	World Day Against Child Labour
WFCL	Worst Forms of Child Labour
UBOS	Uganda Bureau of Statistics
USDOL	US Department of Labor

Executive Summary

The pilot project '*Combating and Preventing HIV/AIDS-Induced Child Labour in Sub-Saharan Africa: Pilot Action in Uganda and Zambia*' commenced in January 2005 and is expected to end in March 2008. The project was designed to create community models for combating HIV/AIDS-induced child labour through the provision of psycho-social support, education and skills training opportunities for 3,600 girls and boys in the core countries of Uganda and Zambia. In order to assess the progress and performance towards attaining the project outputs and objectives, International Labour Organisation/ International Programmes on the Elimination of Child Labour (ILO-IPEC) commissioned the undertaking of a Mid-Term Evaluation (MTE) of the project as a requirement of IPEC procedures. The consultants adopted a participatory '*Appreciative Assessment Approach*' in which they employed consultative meetings, documentary reviews, field visits, key informative interviews and focus group discussions. In addition, stakeholder consultative feedback workshops and a debriefing session were also held.

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

A review of project implementation towards attaining **objective 1** shows that 322 children have been prevented from child labour, reflecting a 16% of overall project end target, while 162 children have been withdrawn from child labour, reflecting 10% of the total project end target. More children have been identified and a large scale enrolment of children withdrawn from child labour into formal education, which will start in the new school year in January/February 2007, while vocational training will start after market studies have been conducted. Besides educational and training opportunities, the children have also been provided with psychosocial and rehabilitation support as well as recreation facilities.

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

The activities related to **Objective 2** have begun and are on track with some achievements noted as follows:

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

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

ILO and IPEC

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

ILO IPEC HIV/AIDS+CL Project Level

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

National Project Steering Committees

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

Implementing Partner Level

- Incomplete process and outcome documentation undermines capturing of IPs actions, lessons and potential good practices, though it was not clear on how to do it, and when to do it, and requires appropriate skills, yet the IP personnel lack the required documentation skills.
- IPs and social protection service providers have a low resource capacity to sustain action programmes and broaden social protection and creation of sustainable social protection linkages.
- Since IPs draft APs without the involvement of government institutions, this has undermined their commitment to the project implementation and monitoring at the various stages, due to lack of clearly defined roles, aggravated by the inadequate capacity of government institutions.

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

ILO IPEC Headquarters

- Extend project implementation period by 9 months to realize a good quality of process and outcome documentation of actions, lessons and potential good practices by IPs, and their mainstreaming by various stakeholders at the local, national and donor community levels.

- Provide additional resources for dissemination and advocacy, for the mainstreaming activities, to ensure the sustenance of ILO IPEC HIV/AIDS +CL project outcomes beyond the ILO IPEC HIV/AIDS +CL project IPs.

ILO

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

ILO IPEC HIV/AIDS+CL Project

- Expedite the process of undertaking the second generation of direct action programmes to ensure attainment of project targets for children being prevented from HIV/AIDS-induced child labour.
- Back stopping of National Project Coordinators whenever the need arises, to ensure overall timely documenting of lessons learnt and potential good practices, and mainstreaming through networking with other relevant national and international agencies.
- Support the capacity building of IPs by organizing trainings for their staff to help them internalise process and outcome documentation, and information management.
- HIV/AIDS +CL project team should work with ILO IPEC Geneva to support IPs in the implementation of IGAs by facilitating IPs through training, and providing them with relevant business and micro-enterprises training materials.
- Facilitate IPs Quarterly Meetings and Exchange Programmes that will ensure the refinement of project outcomes and potential good practices in the development of the community model.
- Increase the involvement of strategic partners to ease the mainstreaming processes and outcomes of actions, lessons and potential good practices, both at national and local levels to foster ownership, relevance and adaptability.
- Support IPs to build their capacity in the implementation of social protection action programmes, to increase the functionality of the referral system; and in the provision of social protection to the beneficiaries.
- Increase the involvement of Child Labour Units in the mainstreaming of the project products by supporting the Child Labour Units to disseminate already developed ILO IPEC HIV/AIDS + CL materials and manuals, and training of staff at district and national levels.
- Increase the involvement of employers' and workers' organisations in the project by supporting them to raise awareness, harmonise regulations in their constitutions, and fight practices against HIV/AIDS-induced child labour within the member organisations.

National Project Steering Committees

- The Ministries of Labour in both Uganda and Zambia should make the national project steering committee more functional and effective by enforcing regular and full member attendance of meetings to enhance the up-scaling and mainstreaming of community-based model outcomes at sectoral, district and national levels.

Implementing Partners Level

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

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

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

1.Introduction

1.1 Background to the Project and Evaluation

The International Programme on the Elimination of Child Labour (IPEC) is a technical cooperation programme of the International Labour Organisation (ILO) that aims at progressively eliminating child labour based on the political will and commitment of individual governments and other relevant parties in the society. IPEC's strategies include: Strengthening national capacities to deal with Child Labour (CL), legislation harmonization; and improvement of the knowledge base and raising awareness on the negative consequences of child labour; as well as promoting social mobilization against it. In addition, implementing demonstrative direct Action Programmes (AP) to prevent children from child labour, and removing child workers from hazardous work, as well as providing them and their families with appropriate alternatives, is sought.

HIV/AIDS comes with numerous new problems, and as the HIV/AIDS pandemic in sub-Saharan Africa grows in size and intensity, the situation of children has become more precarious. By the end of 2003, Uganda's population was estimated to be 25 million people, 12.5 million of whom were children. Today, the national HIV/AIDS prevalence rate stands at 6.4%, and the unemployment rate at 7.4%. This continues to affect many families and forces 2.7 million children into work. In the same year 2003, orphans in Uganda were estimated to be 2 million and of these, 940,000 were orphaned by HIV/AIDS. Estimates from the 2003 study on '*Combating Child Labour and HIV/AIDS in Zambia*' show that approximately 630,000 children had been orphaned by HIV/AIDS.

The economic impact of the HIV/AIDS pandemic, due to the loss of a significant section of the work force, is one of the primary factors pushing children into the labour market, so that they are able to meet their basic needs. It has led to the increasing number of boys and girls engaged in different types of labour; including the worst forms of child labour such as prostitution, armed conflict, drug trafficking and hazardous work as defined by ILO Convention 182 adopted in 1999. During the illness or after the loss of a family member to HIV/AIDS, children are withdrawn from school to assume many care-giving and nursing roles, which they are often not trained nor psychologically prepared for. This kind of work is often poorly paid, is stressful, and physically and emotionally demanding, and jeopardises their health and future. They also face sexual harassment and exploitation, and the risk of HIV/AIDS infection and related illnesses, as a result. Consequently, the HIV/AIDS pandemic has reinforced the immediate economic factors that push children into the labour market. The children become so vulnerable and as life becomes so precarious, they get infected with HIV/AIDS, and are less likely to have access to proper nutrition, health care and ARVs or treatment for opportunistic infections, such as malaria and TB.

In view of the above observations, it is evident how the HIV/AIDS pandemic compounds the challenge of reducing child labour by increasing: The number of girls and boys in the labour force who are vulnerable to exploitation; and the pressure on both households and the children themselves to work and earn a living instead of attending school and acquiring sufficient skills to gain decent jobs. The depletion of quality education following the death of teachers due to HIV infection; the lack of adequate curricula; and shortages in education infrastructure, are other factors that aggravate the crisis; yet, education plays a key role in responding to the needs of HIV/AIDS infected and affected children, and especially in sensitising them on its prevention.² Schooling is a major "social vaccine" against HIV infection. The more a girl receives education, the less chances she will become infected.³

² Global Campaign for Education, *Learning to Survive*. Brussels, 2004.

³ S. Gregson, H. Waddell, and S. Chandiwana. "School education and HIV control in Sub-Saharan Africa: From discord to harmony?" *Journal of International Development* 13: 467-85, 2001.

The demands on public and private services, notably the delivery of effective health care for adolescents; the burdens on community groups and institutions assisting care-givers and vulnerable girls and boys; and the risk of HIV infection that girls and boys affected/orphaned by HIV/AIDS are exposed to when they engage in commercial sexual exploitation of Children (CSEC), are the numerous economic and social pressures arising out of the HIV/AIDS epidemic that push girls and boys deeper into the labour market.

The pilot project '*Combating and Preventing HIV/AIDS-Induced Child Labour in Sub-Saharan Africa: Pilot Action in Uganda and Zambia*' was designed to create community models for combating HIV/AIDS-induced child labour, given the large number of HIV/AIDS orphaned children at high risk of being forced into child labour. The main thrust of the project is to prevent children at risk from engaging in the worst forms of child labour (WFCL) by engaging them in community-based social protection schemes; and to withdraw and rehabilitate children already engaged in WFCL through provision of psycho-social support, education and skills training opportunities for 3,600 girls and boys. The project also aims at increasing the knowledge base on issues related to child labour and HIV/AIDS, in order to generate appropriate policy responses and expand the resources available for the elimination of WFCL; and the reduction of HIV/AIDS risk for girls and boys.

The core countries were chosen due to their high HIV/AIDS prevalence rates, large number of boys and girls orphaned by HIV/AIDS, poor economic and social conditions contributing to child labour, and the existence of ILO-IPEC and partner activities. The project commenced in January 2005 and is expected to end in March 2008.

In order to assess progress and performance towards attainment of the project outputs and objectives, ILO-IPEC found it necessary to commission the undertaking of a Mid-Term Evaluation (MTE) of the project as a requirement of IPEC procedures. The MTE has, therefore, been carried out according to the *ILO Guidelines for the Preparation of Independent Evaluations of ILO Programmes*.

1.2 Purpose and Tasks

The purpose of the MTE has been to address issues of project design, implementation, lessons learned, replicability and give recommendations for the future implementation of this project (**Annex 1: Terms of Reference**), and specifically to:

- Assess the ongoing progress and performance of the project, while identifying the nature and magnitude of constraints affecting project implementation, and factors that contribute to the project's success.
- Provide ideas to stakeholders, and particularly the project management on the direction the project ought to take, given its delayed commencement, and time left in project implementation.
- Provide IPEC with strategic input to further develop approaches on the subject of HIV/AIDS, which is a relatively new area of work for IPEC.

1.3 Methodology Adopted

The consultants adopted a participatory '*Appreciative Assessment Approach*' that enabled them to look at the ILO IPEC HIV/AIDS + CL pilot project as a series of partial achievements, and a sequence of possibilities that could yield rich rewards, rather than as a set of unsolved problems and deficiencies. The consultants consequently employed the following data collection techniques:

- *Consultative meetings* - These were held with ILO/IPEC staff both in Kampala and Geneva, as well as USDOL DC staff, for purposes of a general briefing, and to agree on the MTE implementation modalities and timeframe.
- *Documentary reviews* - Desk reviews of project documents, progress reports and action programmes to enhance the capturing of secondary information was carried out (**Annex 2: List of Documents Reviewed**).
- *Completion of the ILO IPEC IPs standard evaluation instrument matrix* (**Annex 3**)
- *Key Informative Interviews (KII)* - Checklists were designed to guide the collection of information from stakeholders and other relevant persons (**Annex 4: List of Persons Interviewed**)
- *Focus group discussions (FGD)* - Guides were designed to facilitate data collection from the project beneficiaries during the field visits (**Annex 5**).
- *Stakeholder Consultative Feedback Workshop* - As part of data collection and validation of preliminary study findings at the end of the field visits, two half-day stakeholder consultative workshops were organised in Uganda and Zambia (**Annex 6: Lists of Participants**).

1.4 Contextual Environment

The Government of Uganda passed into law four major labour legislations namely: The Occupational Safety and Health Act, 2006 (April 2006), The Employment Act, 2006 (April 2006), The Labour Unions Act, 2006 (April 2006), and The Labour Disputes (Arbitration and Settlement) Act, 2006 (April 2006). These legislations if implemented will go a long way in advancing a decent work agenda, since the laws prohibit employment of children and make it an offence to engage children in hazardous activities. Furthermore, Uganda has had a child labour policy with HIV/AIDS mainstreamed in it, which was approved by cabinet on 30th November 2006, while that for Zambia is awaiting cabinet approval. The Uganda Law Reform Commission has commenced the process of reviewing the Children's Act in order to make it more robust on the protection and promotion of children's rights. The Government of the Republic of Zambia has developed the Fifth National Development Plan. In the Plan, labour and employment have now been identified as a sector in its own right, and employment priorities and elimination of child labour identified as specific priority areas. The concerned players are given enough leverage to devise strategies for combating child labour, by synchronising education and social sectors of the plan.

Both the Governments of Uganda and Zambia are expected to benefit from the Millennium Global Education Fund to Least Developed Countries (LDC) in attaining the Millennium Development Goal of Education for All. The Government of Uganda has taken big strides towards the implementation of Universal Secondary Education (USE), expansion of vocational and alternative education and making Universal Primary Education (UPE) compulsory starting January 2007. In the case of Zambia, efforts towards increased access to primary and secondary education are underway.

The implementation of a pilot project in Uganda and Zambia has been laid on a solid foundation of a knowledge base and networks created by the previous ILO IPEC Capacity Building Project (CBP), Domestic Workers and Commercial Agriculture (COMAGRI) projects. The ILO IPEC project staff in Uganda is providing technical support to the process of designing a Programme of Support (POS) Time Bound Programme (TBP) project document that aims at strengthening national capacity to holistically address child labour (CL). In Zambia, the TBP POS activities have started. All these initiatives provide excellent opportunities for absorbing children withdrawn from child labour, and preventing those at risk from entering the labour market; and have laid a solid foundation for sustained efforts against the WFCL.

The implementation of the pilot project on '*Combating and Preventing HIV/AIDS-Induced Child Labour in Sub-Saharan Africa: Pilot Action in Uganda and Zambia*' provides a first time unique opportunity to ILO IPEC to tackle child labour aggravated by HIV/AIDS. Income-Generating Activities (IGAs) are also being linked to social protection to combat child labour in a holistic manner. Under this pilot project, experiences, lessons learnt and potential good practices arising from the APs of IPs are being documented to facilitate learning and replication by other stakeholders. Furthermore, a monitoring database on HIV/AIDS-induced child labour is being developed.

However, the MTE has been conducted after only 3-4 months of direct Action Programmes (APs) implementation. A quarterly progressive report has been submitted by each IP and a monitoring field visit conducted by the national project coordinators in their respective countries. Nevertheless, owing to the fact that the project is 15 months away from completion, the MTE has proved to be timely because it will enable the weaknesses identified during project implementation to be addressed in a timely manner, rather than towards the very end of the project.

1.5 Report Presentation Format

This final report presents findings from the MTE of the '*Combating and Preventing HIV/AIDS-Induced Child Labour in Sub-Saharan Africa: Pilot Action in Uganda and Zambia*'. The report consists of four chapters. Chapter One is the introduction; Chapter Two is a review of the project design and implementation approach; Chapter Three, discusses highlights of the progress towards realization of project outputs and results; and Chapter Four, summarises the key challenges faced and recommendations made.

2. Review of Project Design & Implementation Approach

2.1 Project Design

2.1.1 Project inception

The project was designed in 2004, based on the findings generated from the rapid assessments undertaken by IPEC in 2001-2002 on HIV/AIDS and education in South Africa, Tanzania, Zambia and Zimbabwe. In addition, tripartite workshops on HIV/AIDS and CL, as well as two national stakeholders workshops in Uganda and Zambia, and one sub-regional workshop in Lusaka, were organised to validate the findings. The main findings of the studies showed that, there was a link between the impact of HIV/AIDS and CL. School was seen as a major 'social vaccine' against HIV infection, and the project was designed to establish educational and rehabilitation alternatives for 4,000 children who are HIV/AIDS affected, infected or orphaned. These include girls and boys who live in a household with a parent or other family member who is sick, which leads to the depletion of family financial resources, and becomes a factor that pushes children into the worst forms of child labour (WFCL). In addition, children infected by HIV/AIDS; those who have lost one or both parents to the disease; and those who, due to the nature of their work, are at high risk of HIV infections, such as commercial sexual exploitation and domestic labour are also included. Hence, it became necessary to pilot models for use to combat HIV/AIDS-induced CL in sub-Saharan Africa by governments, civil society organisations and communities, as well as ILO-IPEC.

2.1.2 Project Objectives and Strategies

The Development Objective of the project is consistent with the concerns outlined above. This is to contribute to the effective prevention and elimination of hazardous and exploitative child labour among boys and girls affected by HIV/AIDS in selected countries in Africa, with a particular focus on Uganda and Zambia. The immediate objective is to focus on down-streaming and up-streaming for maximum and sustained impact. It is, therefore, necessary, while replicating the models at community level, to additionally involve the policy-making and programme formulating organizations at the district and national levels.

Hence, **Immediate Objective 1:** Community-based models for assisting HIV/AIDS orphans and, girls and boys affected by HIV/AIDS in child labour or at risk of entering child labour, through education and social protection, will have been adopted by relevant national organizations in Uganda and Zambia, and will be available for replication in other countries in the sub-region.

Immediate Objective 2: *Policy makers and programme planners in the field of HIV/AIDS and CL in the sub-region will have mainstreamed tools, policies recommendations and potential good practices for dealing with HIV/AIDS and child labour.* Due to the need to replicate the community models not only in the pilot countries of Uganda and Zambia, but also in other non-participating countries, an additional dimension to the project is the documentation and dissemination of potential good practices, with the intention of combating HIV/AIDS-induced CL.

To achieve the above objectives, the development of the overall strategic programme framework, involving ILO-IPEC, ILO-AIDS, and independent experts on HIV/AIDS and CL, was subsequently validated at the national strategic programme framework workshops. Two levels of strategies were then developed for both the up-streaming and down-streaming of objectives of the project. For the down-streaming interventions, the project prioritises action programmes in prevention, withdrawal, provision of education and vocational skills training support, and social protection.

There are four down-streaming components:

- i. Creating awareness on the problems of HIV/AIDS-induced child labour through social mobilisation and campaigns;
- ii. Withdrawing and preventing HIV/AIDS-affected child labourers through rehabilitation and integrating them into education and vocational skills training;
- iii. Developing social protection schemes to create a sustainable environment to prevent children from engaging in child labour; and
- iv. Building community capacity to break the vicious cycle between HIV/AIDS and child labour.

With regard to upstreaming activities, there are several mini-programme interventions aimed at incorporating relevant lessons, tools and potential good practices into the national institutions, private and civil society organisations. There are six upstreaming components:

- i. Building national capacity to break the vicious cycle between HIV/AIDS and child labour;
- ii. Updating the national child labour policy and national plan of action in which HIV/AIDS is mainstreamed;
- iii. Mainstreaming HIV/AIDS and child labour issues into HIV/AIDS frameworks, national and sectoral programmes as well as in district development programmes;
- iv. Developing guidelines for mainstreaming the community model for policy-makers and programme managers, employers' organisations, trade unions, NGOs, schools and communities.
- v. Developing the knowledge base on HIV/AIDS and child labour through surveys and research; and
- vi. Advocating and lobbying on the problem of HIV/AIDS-induced child labour at community, district and national levels.

The MTE team found the ILO-IPEC HIV/AIDS +CL project design logical and coherent. The ILO-IPEC HIV/AIDS +CL project took into account the commitment to eliminate CL and HIV/AIDS by both the Uganda and Zambia governments. The project design was built on the capacities of previous ILO IPEC projects such as Elimination of CL for Commercial Agriculture; Capacity Building for Anglophone Countries; and Combating Child Domestic Labour. However, available information from the ILO-IPEC Capacity Building Project was not adequately made use of, with regard to the understaffing and weak capacity of the Ministries of Labour CLU, and the workers' and employers' unions. Further, these ministries are unfortunately not a top priority in budgetary allocations of national governments, which constrains their implementation of various programs. At the local government level, not all the districts have labour officers, and even then, CL issues are not considered as top priority across the local governments. Therefore, integrating HIV/AIDS-CL issues into the national and local development programs maybe incapacitated due to limited funding allocation and inadequate staff.

Notwithstanding that national planning workshops were organized in both Uganda and Zambia to capture various stakeholders' input prior to the implementation of ILO-IPEC HIV/AIDS +CL project, the MTE team notes that revisions in the project design are still needed. For instance, the stakeholders pointed out that there seems to have been a misconception between awareness raising and advocacy. Advocacy calls for building of alliances and networking as well as lobbying, which require time and adequate resources to influence decision-makers of individual organizations, governments and donors to raise and sustain HIV/AIDS induced CL high on their agenda. Thus, advocacy is pivotal in the realization of project **Immediate Objective 2**, yet it was overlooked in resource allocation.

Further, one of the intentions of the ILO IPEC HIV/AIDS +CL project is that children that are withdrawn are supposed to be enrolled in school, the effect ideally being that they consequently do not engage in WFCL or work shorter hours under safer conditions. However, the design of the project appears not to have taken into account the reality of the Zambian education system, with regard to the basic (primary) education sub-sector, where currently, children spend no more than three hours per day in school. Due to this situation, during one MTE field visit, it was discovered that a child that had been 'withdrawn' from WFCL and 'enrolled' in school was out of school by late morning, and spent the rest of the day (up to just before sunset) crushing stones.

The above realities should lead to a refocus on project design to ensure that more resources are mobilised for mainstreaming of the ILO IPEC HIV/AIDS +CL project community model, so that the intention to withdraw children from WFCL is achieved.

Nonetheless, the overall review of the project design shows that aims to create effective interventions in combating and preventing HIV/AIDS-induced child labour in sub-Saharan Africa by governments, organisations and communities, and lessons learned will further inform ILO-IPEC. Also, the relevance of this project design is justified because there was inadequate information on the relationship between HIV/AIDS, CL and Education; the inability of governments to address HIV/AIDS-CL issues; negative attitude of the communities towards CL; as well as lack of a platform for children and their families affected by HIV/AIDS and forced into CL, to lobby and advocate for their needs.

2.2 Project Implementation Approach

2.2.1 Project Promotion

One of the initial activities undertaken during the promotion of the project was to seek authorization from the national project steering committees in both Uganda and Zambia and from other respective district authorities to undertake the project. In addition, a series of sensitization workshops for stakeholder and community mobilization in Uganda and Zambia, were organised in the early months of 2005. A package of information, education and communication materials that included T-shirts, brochures and calendars, were also distributed to various stakeholders to increase public awareness of HIV/AIDS-induced child labour, and to support efforts on national advocacy for HIV/AIDS and child labour. Along other activities to mark the World Day Against Child Labour (WDACL) in June 2006, the project took the opportunity to launch action programmes for the prevention and withdrawal of HIV/AIDS affected children from child labour, as well as social protection of HIV/AIDS affected families in the core countries.

The ILO-IPEC HIV/AIDS+CL project was further actively involved in advocacy activities through newspaper supplements, radio-talk shows, seminars, soccer tournaments, plays and workshops to raise awareness on HIV/AIDS-CL issues. These activities greatly facilitated acceptance and positive participation in the project on the part of the relevant authorities.

A Knowledge, Attitudes and Practice (KAP) baseline survey was also conducted in Uganda in the districts of Kampala, Mukono, Mbale and Rakai, while in Zambia a baseline survey was conducted in the districts of Livingstone, Lusaka, Kapiri Mposhi, Chipata, Katete, and Luanshya. The results of the surveys were used to plan for advocacy, and guide action in the prevention and withdrawal of children from child labour through project activities. One district in Uganda and two in Zambia were added by the national project steering committees for their high HIV/AIDS prevalence rates; Large number of boys and girls orphaned by HIV/AIDS; poor economic and social conditions contributing to child labour; as well as existing implementing partner activities. The sensitization workshops and the commencement of implementing action programmes have raised the profile of HIV/AIDS-CL

amongst the local leaders and have caused the community response to be positive and supportive. This has helped stakeholders conceptualize the linkage between HIV/AIDS and CL, while increasing the reporting of HIV/AIDS-CL issues by the media. Inevitably, however, expectations on the part of the beneficiary communities have gone beyond the scope of the project as a pilot, given both the high HIV prevalence rates in the selected sites and the corresponding magnitude of child labour issues to be addressed.

2.2.2 Selection of Implementing Partners

Discussions with the ILO-IPEC HIV/AIDS +CL national project coordinators revealed that the IPs selected were child-centred organisations and some had previous working experience with ILO, as well as the capacity to implement action programmes. These organisations were also willing to make a monetary contribution to the operations of the project. The first direct approved action programmes for implementing community models for prevention, withdrawal and social protection, began in June 2006. Key personnel of implementing partners were trained on action programme implementation, monitoring and evaluation.

The MTE team also established that the IP project service delivery capacity was being constrained by the multi-faceted nature of the project and the monitoring of beneficiaries, which was underestimated during the preparation of action programmes. The problem was exacerbated by the under budgeting of management support by IPs which constrained recruitment of qualified and experienced personnel during the implementation of action programmes. The project still requires process and outcome documentation of actions, lessons and potential good practices, which are different from the traditional way the IPs have been implementing projects.

2.2.3 Selection of the Target Beneficiaries

The identification of project target children has been through social workers' visits, community networks, referrals by local councils, headteachers and other institutions, peer network and transit centres, as well as the police and probation welfare office. ILO IPEC HIV/AIDS +CL has developed a tool which has been used by IPs in screening boys and girls at risk of child labour, those affected by HIV /AIDS and other OVCs, who are engaged in CL. After the screening process at the drop-in or screening centres, the identified children are registered by social workers to obtain detailed information using a child registration form provided by the project. At these centres, children's needs are assessed with consideration of their age, attitudes towards education, and aspirations. The needs are consequently assessed in order to determine appropriate support to be provided.

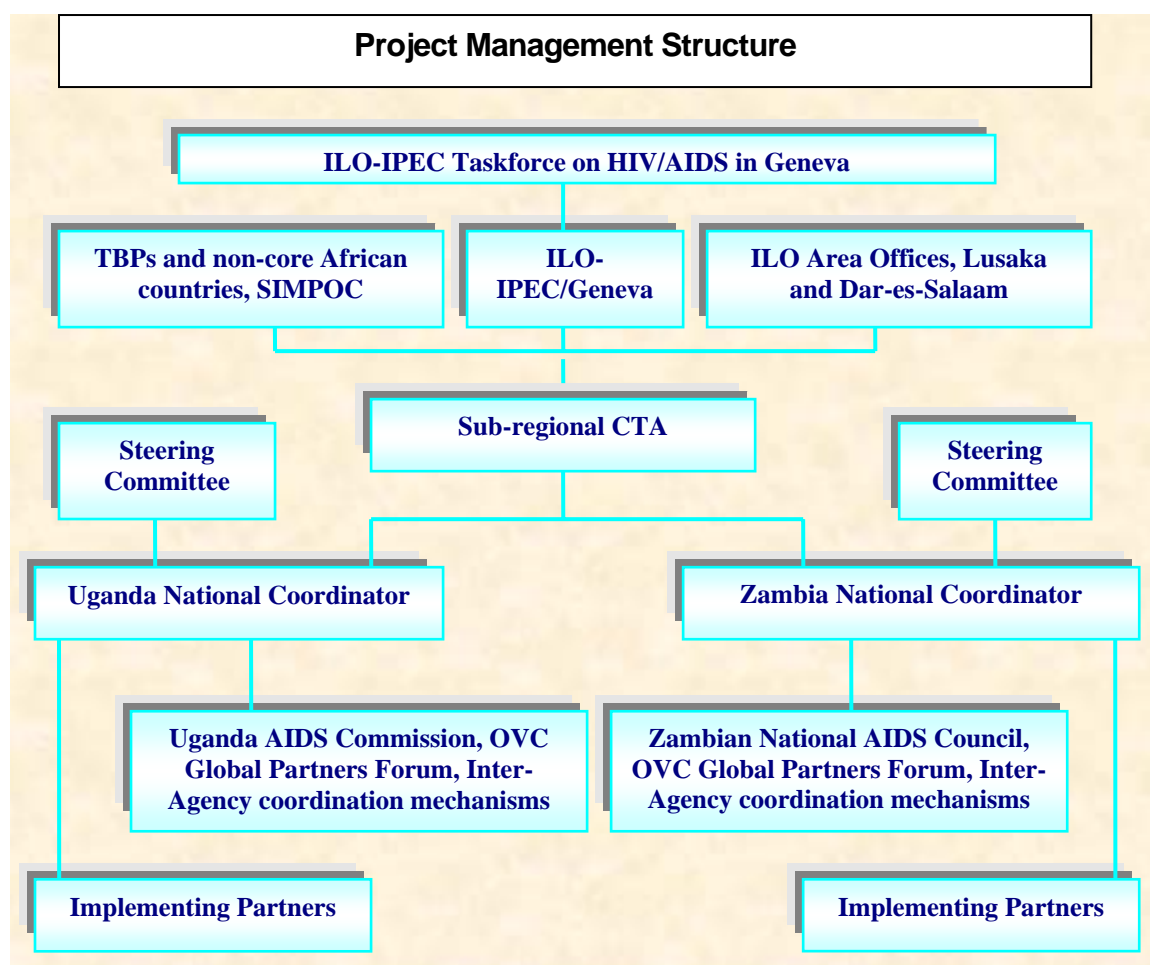
Most of the identified children have responded positively to the prevention and withdrawal program after being sensitized on the dangers of child labour, and being promised viable alternatives like developmental work skills. However, some children, especially those with responsibilities at home, such as child heads of families, are reluctant to leave labour, given that it is their sole source of income for survival and family support. To ensure the smooth implementation of the project, ILO IPEC HIV/AIDS+CL needs to come up with alternative strategies and sources of income for such older children who have responsibilities of managing households.

It is commendable that ILO-IPEC HIV/AIDS+CL project has developed guidelines to ease the identification of project target beneficiaries at the commencement of the project implementation. The engagement of social workers at the assessment centres and in child labour committees by some IPs such as Jesus Cares Ministries and Children of Uganda, and the carrying out of home visitations as part of the screening process, reflects that IPs are reaching out to the project target beneficiaries. The concern of the IPs, however, is that if the

number of targeted families benefiting from IGAs does not commensurate with the project targeted children, the project benefits to most participating families may not be sustainable, given the limited capacity of social protection schemes in the pilot countries.

2.3 Review of Project Management, Planning and Monitoring

A functional ILO-IPEC HIV/AIDS +CL project management arrangement and staff have been put in place as illustrated below. National Steering Committees (NSC) have been set up by the Ministries of Labour in both Uganda and Zambia. MOL officially constitutes the members of national steering committees and very often plays the role of chairperson in both Uganda and Zambia. The National Project Steering Committees in Uganda and Zambia provide guidance and direction during project implementation, and this provides the stakeholders an opportunity to see the visibility of the project, and a platform to scale-up and mainstream project outcomes at sectoral, local and national levels. The NSC is supposed to meet on a quarterly basis, but currently it sits once or twice a year, and attendance is lukewarm, particularly in Zambia. There is need, therefore, for MOL to enforce the attendance of designated members of such committees, in order to enhance their successful performance, particularly for Zambia. The ILO-IPEC HIV/AIDS +CL National Project, Coordinators both in Uganda and Zambia provide technical backstopping to the project, are responsible for project implementation, monitoring and quality assurance of the project, as well as the day-to-day administration of the project in their respective countries. The ILO-IPEC HIV/AIDS +CL National Project Coordinators report to the Project Chief Technical Adviser (CTA) based in Uganda, who in turn reports to the ILO Country Directors of Dar-es-salaam and Lusaka and with technical oversight and support from ILO-IPEC HQ.



The ILO IPEC HIV/AIDS + CL project has a monitoring plan and strategy to guide the overall monitoring function during the period of project implementation. The ILO IPEC HIV/AIDS + CL project national coordinators on a quarterly basis carry out monitoring visits guided by quarterly IPs workplans and progress reports. They do on-spot remedial interventions where necessary, and any outstanding shortcomings observed are communicated to the IPs by the national coordinators for action. Further, the ILO IPEC HIV/AIDS + CL project has quarterly review meetings of action program progress reports with IPs, which is part of the monitoring activity of the ILO IPEC HIV/AIDS + CL project. At the IPs level, the ILO IPEC HIV/AIDS + CL project designed a beneficiary monitoring form which the IPs use regularly to follow-up the target children, and if properly used, provides reliable data on the work and schooling status of the target children.

Furthermore, some of the IPs such as KIN, UYDEL and COU involve local leaders not only in the identification of target children, but also in their day-to-day monitoring. However reliability of CL data, especially in the urban areas may be undermined by the frequent movement of families, which undermines regular follow-ups of target children. Beyond the IPs, the ILO IPEC HIV/AIDS + CL project adopted a CL monitoring tool that was developed by the ILO IPEC CBP and was piloted in several districts of Uganda by Uganda Bureau Of Statistics (UBOS), to test its applicability. However, it has not yet been integrated into the routine activities of district labour officers due to inadequate funds and staff. The integration of the CL monitoring tool at the local government level would contribute to the establishment of a reliable national CL monitoring system and database.

Although the project implementation structure as elaborated above was set-up in a timely manner, the ILO IPEC HIV/AIDS + CL project faced a one year delay in the commencement of most activities due to failure by the first Chief Technical Advisor (CTA) to provide guidance to the overall project implementation. The role of the government in the project was not clearly articulated and there was no clear social protection strategy. There was confusion in the operational districts, and in the selection of IPs and approval of action programmes. The poor working relations between the CTA and the project staff, which hindered utilization of capacity staff efficiently on the one hand, and CTA and other projects, the government and implementing partners on the other, culminated into the termination of the first CTA's contract. The new CTA endeavored to revamp relations with the stakeholders by implementing 'damage control' activities, and a lot of time was spent on building confidence and restoring relationships. Further the need to give proper technical assistance and the necessity to review action programs and budgets, which had not been finalized and approved by ILO IPEC Headquarters also took up a lot of her time.

Thus, the implementation of the APs was delayed, notwithstanding the tedious and time consuming screening process of project target beneficiaries and sufficient time required to iteratively develop the community model and other products. The enrollment of target children into formal and vocational schools was postponed as the implementation of APs was embarked upon in the middle of the year, and social protection and income-generation set targets delayed. The time for dissemination and mainstreaming of the ILO IPEC HIV/AIDS + CL project community model and other products beyond the IPs within the pilot countries and sub-Saharan region was shortened. As a result, the IPs are now putting a lot of their time in the implementation of the APs to fulfill ILO IPEC HIV/AIDS + CL project outputs rather than ensuring development and usability of a quality community model through sharing and refinement with a wide cross-section of stakeholders. Further, the period for following-up of target children after the implementation of APs was shortened, which would have enriched the understanding of the retention rate of target children and ILO IPEC HIV/AIDS + CL project interventions effectiveness.

All in all, the MTE team is satisfied that the project management, planning and monitoring arrangements are properly streamlined and reveal a certain level of delegation with authority and responsibility. Discussions with various stakeholders, however, revealed that if the national project steering committee meetings and members' attendance are regular, their involvement and feedbacks would enhance the smooth implementation of ILO IPEC HIV/AIDS+CL project activities.

2.4 Institutional Collaboration

Documentary reviews show that project implementation includes collaboration and networking with ILO-IPEC and ILO projects, relevant donors and international agencies, and with other key national stakeholders, to strengthen learning and expand awareness of the links between HIV/AIDS and child labour, as well as minimise activity duplication. Some of their partners include:

- *US Department of Labor (USDOL)*: The ILO IPEC HIV/AIDS +CL project developed joint planning and working arrangements with USDOL funds to leverage their resources and efforts in advocating and developing materials for the elimination of child labour.
- *KURET and ORACLE*: ILO IPEC HIV/AIDS +CL project works with KURET and ORACLE in media campaigns to create awareness about child labour, and develop educational materials for child labourers.
- Further, in Uganda, the USDOL funded projects were co-opted for the NSC of ILO IPEC HIV/AIDS +CL project, and use this as one of the platforms for the amplification of their programs amongst the various stakeholders in the country.
- *ILO AIDS*: The ILO IPEC HIV/AIDS +CL project is collaborating with ILO AIDS to integrate HIV/AIDS + CL in work place programs, and to build on the previous works of ILO IPEC CBP, to ensure the finalizing of national child labour policies, pilot testing of child labour monitoring tools, and development of guidelines against employment of child labour for Trade Unions Organisations and their affiliates.
- *ILO Headquarters*: The ILO IPEC HIV/AIDS +CL project is working with ILO Headquarters in co-ordination with ILO-AIDS, and an internal "Task Force on AIDS and CL" to ensure smooth finalization and incorporation of project activities into the TBP. Further, ILO-IPEC HQ is responsible for maintaining relations with donors and other ILO Departments at HQ level, including ILO-AIDS, ACTRAV, ACTEMP, SECTOR Education, GENDER, and the ILO Task Force on AIDS, which is composed of different HIV/AIDS focal points, and COMBI.

With regard to downstream interventions of the project, the partners are essentially the eight IPs implementing the direct action programmes. However, for reasons of enhanced effectiveness and sustainability, the ILO IPEC HIV/AIDS +CL project works in close collaboration with governmental and non-governmental structures. Because of the need for upstreaming the ILO IPEC HIV/AIDS +CL project activities, the Governments and districts in both the core countries are vital partners. In Uganda, the Ministry of Gender Labour and Social Development (MGLSD) and the Ministry of Labour and Social Security in Zambia, are strategic partners, given that these ministries house the Child Labour Units and lead ministries in social protection. Therefore, these ministries play a pivotal role at the national level of policy-making and programme formulation. Other key national level institutions are the Ministries of Education, Federation of Employers, Trade Unions and the umbrella organizations of child-based organizations, HIV/AIDS national agencies, and civil society organizations, which should be seen as key partners in the mainstreaming process of project activities. It is also expected that these organizations will use the experiences generated by the project to guide their policy and strategic planning responses to children orphaned by HIV/AIDS, and to formulate assistance programmes for affected households and communities.

3. Progress towards Realization of Outputs and Results

3.1 Progress Towards Development of Community-based models

As mentioned earlier in **Section 2.1.2**, the implementation of the pilot project is aimed at developing a community model of actions and potential good practices for replication and mainstreaming purposes. Eight implementing partners (5 from Uganda and 3 from Zambia) were selected by the project as partners in the implementation of the action programmes, to facilitate the prevention, withdrawal and social protection of HIV/AIDS affected children and families. However, Zambia will start additional second generation APs to cover the districts added by the NSC.

Subsequent sections of this report present the progress made towards attaining project outputs and **Objective 1** arising from the review of quarterly progressive reports, interviews with project and IPs staff, as well as other key informative interviews.

3.1.1 Progress Made Towards Preventing Children from Child Labour

A review of the quarterly progress reports submitted by the IPs towards the end of October 2006, and discussions with IPs during the field visits showed that 322 children have been prevented from child labour and are receiving educational and training opportunities, which represents 16% of overall end project target. A detailed breakdown at country level, also shows that while IPs in Uganda have achieved a 23% of the project end target, their counterparts in Zambia have attained 9% as shown in **Table 3.1** below, and detailed in **Annex 7a**. The IPs pointed out that provision of education and training opportunities will benefit many more children in the next school year (2007). It should be pointed out, however, that given the short period of project implementation, the achievements made so far in the prevention of child labour is attributed to the fact that some of the selected IPs in both Uganda and Zambia had prior required experience in the implementation of child labour and HIV/AIDS project interventions.

Table 3.1: Children prevented from child labour and receiving educational and training opportunities

	Uganda	Zambia	Overall
Project end target	1000	1000	2000
Total benefiting at time of MTE	229	93	322
% of total benefiting /end proj. target	23%	9%	16%

Source: Progress Reports of Implementing Partners, June-September 2006.

The children prevented from child labour from both countries have been enrolled under formal education or are receiving vocational skills. Other services provided to these children include psychosocial and rehabilitation support as well as recreation facilities. Nonetheless, the prevention interventions may not be sustainable if the social protection interventions are not achieved.

3.1.2 Progress Made Towards Withdrawing Children

Compiled data from the quarterly IPs progressive reports and discussions with IPs during the field visits reveal that 162 children have been withdrawn from child labour and are receiving educational and training opportunities, reflecting 10% attainment of the total end project target. Detailed country level performance further shows that Uganda IPs have attained 17% of the project end target, while Zambia has attained 4% as shown in **Table 3.2** below and detailed in **Annex 7b**. Besides receiving educational and training opportunities, the children withdrawn from child labour are being offered psychosocial and rehabilitation support, life skills using the ILO SCREAM pack, and sensitisation on HIV/AIDS. In addition, some of the children have been referred for HIV/AIDS voluntary counselling and testing. During the field visits, the target children informed the MTE team that they had been constituted into volleyball and netball teams, which gives them an opportunity to participate in tournaments and talent identification. The MTE team noted that positive leisure, recreation and drama are strengthening peer networking amongst the project target beneficiaries.

Table 3.2: Status of children Withdrawn from Child Labour and receiving educational and training opportunities

	Uganda	Zambia	Overall
Project target	800	800	1600
Total benefiting at time of MTE	132	30	162
% of total benefiting /project target	17%	4%	10%

Source: Progress Reports of Implementing Partners, June-September 2006.

The attained success witnessed so far is attributed to the fact that some of the selected IPs have the required experience in implementing child labour and HIV/AIDS project interventions and a proficiency in withdrawal of children. The IPs reported that large scale enrolment of the withdrawn children into vocational schools is awaiting market studies that they ought to carryout before the commencement of the support and the enrollment in formal schools at the start of 2007. However, there is need for IPs to sign a Memorandum of Understanding (MoU) to ensure that benefiting children are given quality skills by vocational skills service providers and artisans.

3.1.3 Progress Made Towards Extending Social Protection Support

Table 3.3 shows that overall, 65 families have received technical assistance for social protection support, a 16% attainment of project end target. At the country level, Uganda and Zambia have attained 8% and 30% of the project end target respectively, with detailed individual IPs attainment summarised in **Annex 7c**. These results could have been improved significantly if the IPs had carried out market studies that would have helped the beneficiaries identify feasible IGAs and be provided with business counselling, managerial and record keeping skills. The IPs further pointed out that whereas hundreds of children are to be prevented and withdrawn, only 50 families for every IP are targeted to benefit from IGAs, leaving out a large proportion of families. There is therefore, need to link families to micro-credit schemes and other social protection service providers after training them in enterprise development and group dynamics skills. Further, the ILO IPEC HIV/AIDS +CL project should work with ILO IPEC Geneva to support IPs in the implementation of the IGAs.

While the usual approach of IPs in delivering project work autonomously, and based on relationships between the donor, the IP and the project beneficiaries, the implementation of social protection requires them to work with other social protection service providers given the overwhelming numbers of beneficiaries. Discussion with IPs during the field visits further revealed that social protection service providers and schemes have limited capacity in provision of services, which may undermine the process of referring target beneficiaries as envisaged in the project design.

Table 3.3: Status of Social Protection Supported Families

	Uganda	Zambia	Overall
Project target	250	150	400
Total benefiting at time of MTE	20	45	65
% of total benefiting /project target	8%	30%	16%

Source: *Progress Reports of Implementing Partners, June-September 2006.*

Therefore, the IPs should carry out social mapping exercises to enable identification and assessment of capacities of social protection service providers in providing services as well as sensitisation on HIV/AIDS and child labor issues. Given the budgetary constraints and the social protection support requirements that are quite involving, the ILO IPEC HIV/AIDS +CL National Coordinators need to closely dialogue with and support the IPs in developing effective social protection measures to support families that will not benefit from IGAs.

In a nutshell, the above achievements have been attained due to the community mobilization and support, rehabilitation of the target beneficiaries by the IPs, a nurtured volunteerism spirit within the communities, and existence of a wealth of knowledge on child labour. The project management support, accountability and reporting requirements have also contributed to the realisation of the observed results. As a result, bigger numbers of children have already been identified and are only awaiting the screening. According to observations made by the MTE team, this suggests that the project is on course and is likely to attain the targeted children for prevention and withdrawal, since in Zambia it is expected that the second generation of APs will cover districts added by the NSC. Hence, there are indications that the project is on track to realise outputs of project **objective 1** and project strategies of prevention and withdrawal are still relevant to the problem of child labour. Accelerating the pace of implementation for the social protection activities will also contribute to the realisation of project **objective 1**. Therefore, the remaining period should be intensively utilized to realize the end of project target outputs and development of the community model interventions.

While the IPs are on course in realising the project outputs, process and outcome documentation of action programmes are partially being carried out as part of the routine work. Also, a review of the IPs action programmes has revealed that process and outcome documentation is not a performance criteria against which they are assessed. The ILO IPEC HIV/AIDS + CL national project coordinators need to incorporate the process and outcome documentation of the project as part of the output against which IPs should be assessed.

3.2 Progress Made Towards Mainstreaming HIV/AIDS Child Labour

The implementation of the action programmes by the IPs ought to be documented and disseminated for up-stream work, to facilitate specialized learning, and to be mainstreamed by organizations, local and national governments in various forms as illustrated below:

- National Governments to integrate potential good practices into national plans and strategies;
- Districts/ Local governments to integrate potential good practices into District Development Plans;
- Organisations e.g. NGOs/CBOs to integrate potential good practices as part of their routine activities;
- Other organizations and national governments within sub-Saharan Africa to integrate potential good practices into their routine activities and into national plans and strategies; and
- Help ILO IPEC in Geneva develop a framework for combating and preventing HIV/AIDS-induced child labour.

The activities related to **Objective 2** have begun and are on track, and include the development of user guides, tools and policies as summarized in **Annex 8** and discussed below.

- *Development of an HIV/AIDS module in the ILO SCREAM Pack*

The project has been developing and incorporating the HIV/AIDS module in the ILO SCREAM Pack, which has been promoted amongst the stakeholders through WDACL, workshops, exhibitions and child-based umbrella organizations. The project is also working with KURET and ORACLE, two projects funded by USDOL for the education of child labourers. These projects were consulted during the design phase of IPEC HIV SCREAM pedagogical pack.

- *Development of HIV/AIDS-Induced Child Labour Training Manual*

The project has developed and published an HIV/AIDS-induced child labour training manual and discussions with the Ministries of Education in Uganda and Zambia are underway to have it mainstreamed into the national education systems.

- *Development of a guide for trainers for HIV/AIDS+CL; “Basic Training on Child Labor for Teachers, Social Workers, Community Leaders, Civil Society Organizations and Teacher Education Institutions”*

Cooperation, partnership and networking between various organizations have been strengthened and the entire Education Initiatives and IPEC projects funded by USDOL are working and collaborating. For example, the KURET project developed a guide for trainers - *Basic Training on Child Labour for Teachers, Social Workers, Community Leaders, Civil Society Organizations and Teacher Education Institutions (2006)*, and ILO-IPEC mainstreamed HIV/AIDS issues and updated the child labour facts and statistics.

- *IPs have mainstreamed HIV/AIDS+CL into their routine organizational work schedules*

Through the implementation of the action programmes, the IPs are already mainstreaming HIV/AIDS-CL within their routine work schedules. For example, the IPs staff has been trained in offering life skills to the target beneficiaries using the ILO SCREAM Pack. IPs staff have also been trained and are using the monitoring tools that were developed with support from IPEC-CBP and refined by ILO IPEC HIV/AIDS+CL project. This has increased their capacity in HIV/AIDS counseling, social protection, planning, programming and monitoring of HIV/AIDS+CL project target beneficiaries.

Contribution to policy and legislative reforms as well as programmes

- Child labour policies in Uganda and Zambia have been updated and HIV/AIDS-induced child labour incorporated. In Uganda, the revised Child Labour Policy has been approved by Cabinet, while in Zambia it still awaits cabinet approval.
- Working with National AIDS Commissions to incorporate HIV/AIDS-induced child labour concerns into the National HIV/AIDS strategic frameworks.
- A social protection strategy has been developed and governments await implementation outcome to inform the development of national action programmes.
- Workshops on Pilot District Stakeholder Social and Activity Mapping aimed at establishing district structures for combating HIV/AIDS-induced child labour and other WFCL have been conducted in Zambia to inform governments on the relevance and appropriateness of child labour committees.
- IPs action programmes have been incorporated into some of the district development plans of Rakai district in Uganda and Luanshya, Zambia.
- Recognition that formation of child labour committees will increase the community and district capacities of handling HIV/AIDS and child labour issues.
- Providing technical support in the designing of a Time Bound Programme (TBP) POS that aims at strengthening national capacity to holistically address child labour.

The MTE team noted that implementing such a pilot project in three years was ambitious given its thematic nature, and uniqueness in the need to generate a community model for learning purposes by other stakeholders in both the core and non-core countries. The loss of one year to direct action programmes resulted into missed opportunities for process and outcome documentation of actions, lessons and potential good practices to inform the design of a second generation of action programmes and wide stakeholder inputs after dissemination.

Mainstreaming demands commitment, patience, resources, stronger stakeholder participation and training, to ensure that HIV/AIDS+CL is high on their agendas, and needs time beyond the remaining project implementation period. So, if the status quo is to be maintained, the MTE team recommends that achievement of **Objective 2** is attainable in terms of outputs and yield of vast knowledge HIV/AIDS+CL. However, the development of a good community model for combating and preventing HIV/AIDS-induced child labour and sustaining policy dialogue to ensure its replication by other stakeholders, as well as documenting the actual mainstreaming processes, will take some time, beyond the current project lifespan.

3.3 Lessons Learnt and Potential Good Practices

Despite the lag in process and outcome documentation of action programme experiences, lessons and potential good practices, the MTE team identified a few lessons and potential good practices as outlined below.

Lessons Learnt

- Development of social protection support through IGAs and saving scheme creation is not only vital in combating and preventing HIV/AIDS-induced child labour, but also lays a stronger foundation for participating families to tap into other programmes, since most agencies prefer to work with organized community-based groups.

Potential Good Practices

- The involvement of local leaders and the use of existing community structures like local councils by IPs in the identification and monitoring of project target beneficiaries in

Uganda, helps in raising awareness and lays a fertile ground for the sustainability of project activities at the community level.

- The USDOL-funded projects in Uganda have developed close working relationships through joint planning and working arrangements, which has minimized duplication and leveraged the impact of their activities, and has also contributed to efficient resource utilization. Further, these USDOL-funded projects together, are developing synergies in awareness raising and development of education materials aimed at eliminating child labour.
- The collaboration and networking of the ILO IPEC HIV/AIDS+CL project with Government sector ministries and non-governmental organizations that have a wide geographical coverage and influence, fosters their involvement and eases the mainstreaming process of project outcomes both at national and local levels.

3.4 Sustainability

The main exit and sustainability strategy is well developed in the ILO IPEC HIV/AIDS +CL project document and is aimed at integration of the community model and other products that are developed and mainstreamed into the routine activities of the IPs, organization, local government and national action programmes. As a result, the ILO IPEC HIV/AIDS +CL programme team throughout the project implementation period continues to identify strategic partners to build with alliances and networks to ensure the combating of HIV/AIDS+CL. Further, the ILO IPEC HIV/AIDS +CL project activities should be incorporated by the TBP of both Uganda and Zambia.

Further, ILO IPEC HIV/AIDS +CL project is building the capacities of IPs and supporting national and local governments in the implementation programs that contribute to ensuring that project activities can continue after the expiry of the project life span. By offering vocational skills and provision of start-up kits to the target children withdrawn from child labor, the ILO IPEC HIV/AIDS +CL project envisages that beneficiaries should be able to sustain themselves after project expiry. The ILO IPEC HIV/AIDS +CL project is targeting specific families where the target children have been either withdrawn or prevented, for IGAs and to link them to other service providers of social protection, as one of the measures of ensuring project sustainability. In the case of Uganda, ILO IPEC HIV/AIDS +CL project continues to support the implementation of compulsory Universal Primary Education (UPE) and Universal Secondary Education (USE) as some of the national programmes that will contribute to the elimination of HIV/AIDS-induced child labour.

4. Challenges and Recommendations

4.1 Challenges

The challenges outlined below have affected the smooth implementation of the project.

ILO and IPEC

- *Inadequate budgetary allocation of resources for advocacy work*

Advocacy is a key factor in the operationalisation of **Objective 2** and mainstreaming of project outcomes. With the present budgetary allocation, advocacy work cannot meaningfully sustain HIV/AIDS –CL high on the agenda of the stakeholders at local and national levels, and within the international donor community. Even then, governments and districts have inadequate funds and capacity to effectively address HIV/AIDS-induced child labour on their own.

- *Bureaucracy, lengthy and complicated procedures*

As indicated in some of the progress reports, timely implementation of some project activities has been hindered by late release of funds to the partners because the process of approving the budgets is very bureaucratic and time consuming. The process of approving finances is slow which affects timely execution of project activities. The problem is exacerbated by the inadequate capacity of some IPs to prepare documents, reports and financial statements required by ILO IPEC.

ILO IPEC HIV/AIDS+CL Project Level

- *Effect of the late start of the project on the process and outcome documentation*

The project has lost about a year of implementation which will not allow ample time for the implementation of second generation action and mini programmes, and iterative project process and outcome documentation. This has also shortened the period for sharing and mainstreaming of actions, lessons and potential good practices by other organizations as well as local and national governments.

- *Unclear roles of the Employers and Workers Trade Union in the project*

The implementation of the project operates under a tripartite arrangement. However, the involvement and participation of the Employers and Workers Trade Union in this project is not clear, despite their recognized roles in contributing towards combating and preventing HIV/AIDS-induced child labour, especially amongst their members and affiliates.

National Project Steering Committees

- *Irregular meetings and attendance of members of the national project steering committees to provide guidance and direction to project implementation*

While the Project Steering Committees are scheduled to meet at least once every three months, in reality they hold meetings once or twice each year, and members' attendance is irregular. This may have a negative effect on the up-streaming of the project outcomes. Also, infrequent meetings tend to focus on 'urgent' operational issues, whereas regular

meetings allow more reflection and planning of outcomes of the project, which is essential to attainment of project objectives.

Implementing Partner Level

- *Incomplete process and outcome documentation undermines capturing of IPs actions, lessons and potential good practices*

The IPs have rich experiences in working with children and HIV/AIDS-related issues, but process and outcome documentation of experiences, lessons and practices, have been minimal and not iterative over the years. To provide services to target beneficiaries, the IPs need to look beyond the mere fulfillment of activity implementation, but actively seek, and document actions, lessons and potential good practices. Discussions during the field visits revealed that the IPs were aware that they were expected to undertake this documentation, though it was not clear on how to do it and when to do it. This issue, therefore, needs to be addressed urgently for the following reasons:

- The pilot nature of the project and the intended dissemination and replication of the models that are developed and tested, places a high premium on documentation;
 - Effective documentation of the purposes indicated by this project is an activity that requires appropriate skills, yet the IP personnel may lack the required documentation skills; and
 - The documentation is intended to be iterative; first there is need for activities undertaken to be documented and clarified. Secondly, the potential good practices and lessons learnt should also be simultaneously documented as these are intended to be used immediately within the IPs, and later made available to others for replication.
- *IPs and social protection service providers have low resource capacity to sustain action programmes*

The resource capacity of IPs and social protection service providers to provide social protection is still relatively low due to dependence on donors. This undermines the functionality of the referral system and provision of social protection, that cannot be met by the IPs. Social protection requires specialized skills that some IPs may not have, and this limits their capacity to broaden social protection and creation of sustainable social protection linkages. Nonetheless, to address this challenge, some of the IPs such as Jesus Cares Ministries (JCM) and Copperbelt Health Education Project (CHEP) in Zambia, have established community schools, while UYDEL and KIN in Uganda have established vocational training centers. Some of the IPs like JCM, UYDEL and KIN have also secured grants from other partners to assist OVCS.

- *Unclear role of local governments and leaders in project implementation and monitoring*

Whereas the district labour offices are understaffed and ill-equipped, it is essential that the project clearly defines the roles of local governments and leaders in community mobilization and monitoring of IPs activities and target beneficiaries. The current evolving relationship between the IPs and local leaders, as well as districts, is largely informal and based on personal relationships, and IPs believe that this kind of relationship makes them instant partners with local governments. When IPs draft APs without ensuring effective support from governmental institutions it undermines the commitment of the local government at the various stages.

4.2 Recommendations and Way Forward

The MTE study team made the following recommendations to address the above challenges in the remaining project implementation period.

ILO and IPEC Headquarters

- *Extend project implementation period by 9 months*

To realize good quality process and outcome documentation of actions, lessons and potential good practices, as well as their refinement, ILO-IPEC needs to start negotiations with USDOL for project extension by 9 months from the already approved 3-month extension. The extension will provide ample time for implementation of second generation action and mini programmes; strengthening of the IPs, national organizations and institutions' staff capacity in mainstreaming because of the nature of ILO IPEC HIV/AIDS +CL project implementation that is unique and entails process and outcome documentation of actions, lessons and potential good practices, which are beyond the traditional manner of implementing projects. ILO-IPEC Headquarters should also explore the possibility of cost sharing with other ILO programmes to reduce operational costs so as to ensure the realization of this extension.

- *Provide additional resources for the dissemination and advocacy of mainstreaming activities*

To expedite the process of mainstreaming the ILO IPEC HIV/AIDS +CL project community model and products, there is need to design advocacy plans and strategies for this activity. Further, the ILO IPEC HIV/AIDS +CL programme team should also document the mainstreaming process as part of the project outcomes. The process should be accompanied by training trainers as a means of increasing the usability of the community models. This calls for ILO IPEC GENEVA to look for additional resources beyond what was allocated to this activity during the project design process. Further, this activity should also be integrated into TBP as this contributes to the sustenance of ILO IPEC HIV/AIDS +CL project outcomes, and increases the involvement of a broader category of stakeholders beyond the ILO IPEC HIV/AIDS +CL project IPs.

- *Review Financial Operational Procedures*

There is need to review the process of approving budgets, finances and AP operational procedures. There is also need for ILO IPEC HIV/AIDS +CL project staff to support IPs in preparing documents, reports and financial statements as required by ILO IPEC through mentoring and training.

ILO IPEC HIV/AIDS+CL Project

- *Expedite the process of undertaking the second generation of direct action programmes*

To cover the districts added by the NSC, Zambia should expeditiously start on the second generation of APs to ensure the attainment of project targets for children to be prevented from HIV/AIDS-induced child labour. The IP to be selected needs to have linkages with one of the districts that had been identified by the Zambia national project steering committee at the inception of the project.

- *Back stopping of National Project Coordinators*

While it is appreciated that ILO IPEC HIV/AIDS+CL project has a sub-regional CTA who provides general guidance and supervision to the overall implementation of ILO IPEC HIV/AIDS+CL project, having only one person i.e. the National Coordinator for each of the core countries, Uganda and Zambia, providing day-to-day technical support, coordination and monitoring functions of the project is inadequate. This one person has to provide technical backstopping in such issues as social protection, documenting of lessons learnt and potential good practices, and mainstreaming through networking with other relevant national and international agencies. This situation ought to be examined and the provision of back-up personnel assistance whenever needed should be considered, within the means of the project and ILO-IPEC HIV/AIDS+CL project.

- *Support the capacity building of IPs in process and outcome documentation, and information management*

To enhance project implementation, ILO-IPEC HIV/AIDS+CL programme staff should support the capacity building of IPs by organizing trainings for their staff to help them internalise process and outcome documentation and information management. Support mechanisms for process and outcome documentation in order of ranking should include:

- Providing the required process and outcome documentation skills to IPs staff. There are two advantages from this approach. First, providing capacity development to IPs members of staff, this means that the capacity remains in the IP and can continue to be utilised if the turn-over of staff in IPs remain low and stable. Second, with the IPs staff undertaking the process and outcome documentation, opportunities for reflection and learning would be maximised. However, the disadvantage in both Uganda and Zambia is that, it is very common to have a high rate of small NGOs staff turn-over because they are overworked, poorly equipped and trained, and do not have attractive salaries.
- Hire interns, for instance, fresh graduates, who would first be trained before undertaking the process and outcome documentation. The advantage of this arrangement is that the interns would be dedicated to this task, and consequently do it satisfactorily. The disadvantages may be first, the capacity developed in the interns would not remain with the IPs. Secondly, the process and outcome documentation would be undertaken by persons who are not intimately involved in the activities, which may make the products seem too mechanical and superficial, lacking the insights that would have otherwise arisen if the process and outcome documentation was done by the practitioners.
- Hire one technically competent person to undertake the process and outcome documentation for the whole project. However, in addition to the disadvantages outlined for the internship approach outlined above, and given the high logistical requirements for one person undertaking the process and outcome documentation, would mean that the process and outcome documentation it would not be ongoing, but would have to be done towards the end of the project. Thus, the potential good practices and lessons learnt would not be available for use and testing until the end of the project.

- *HIV/AIDS +CL project team should work with ILO IPEC Geneva to support IPs in the implementation of IGAs*

ILO IPEC HIV/AIDS+CL project team should work with ILO IPEC Geneva to facilitate IPs through training and providing them with relevant skills in ‘Start Your Business’ (SYB), ‘Know About Business’ (KAB), ‘Improve Your Business’ (IYB), Gender and Entrepreneurial Training’ (GET), and micro-enterprises training materials to help them in the identification, screening and implementation process of feasible IGAs by the project IGA beneficiaries. As part of the follow-up activity during IGA implementation, the IPs should provide the beneficiaries with business counseling, managerial, and record keeping skills, to enhance the smooth implementation of the IGAs.

- *Facilitate IPs Quarterly Meetings and Exchange Programmes*

ILO-IPEC needs to organise IPs quarterly meetings to enable them share experiences, lessons and potential good practices that may make documentation of the community model easier. Exchange programmes between Zambia and Uganda IPs need to be considered as one of the ways towards the refinement of project outcomes and potential good practices in the development of the community model.

- *Increase the involvement of strategic partners to ease the mainstreaming processes and outcomes of actions, lessons and potential good practices*

ILO IPEC should increase the involvement of strategic partners in the mainstreaming processes and outcome of the ‘community model’ both at national and local levels, to foster ownership, relevance and adaptability. An example is working with the umbrella child-based organisations such as CHIN in Zambia, that have more than 200 member organizations, a potentially strong and strategic partner for mainstreaming the SCREAM HIV/AIDS manual, and HIV/AIDS+CL training manual. Besides, ILO IPEC should work with MOLG, National AIDS Commissions and District HIV/AIDS Focal Persons to strengthen the integration of HIV/AIDS-induced child labour and social protection into the national and district development plans and monitoring systems, as well as establish a database for monitoring HIV/AIDS+CL.

- *Supporting IPs to build their capacity in the implementation of social protection action programmes*

To increase the functionality of the referral system and provision of social protection to the beneficiaries, there is need for ILO IPEC HIV/AIDS +CL project staff to support the IPs acquire specialized skills to enhance their capacity in the delivery of quality services. ILO IPEC HIV/AIDS +CL project team ought to support the IPs in carrying out social mapping exercises to enable identification and assessment of capacities of social protection service providers as well as to enhance the development of an effective referral system for the participating families. The ILO IPEC HIV/AIDS +CL project team need to closely dialogue with and support the IPs in developing effective social protection measures to support families that will not benefit from IGAs. Efforts by IPs to secure extra resources outside the ILO IPEC HIV/AIDS +CL project funding like those from JCM, UYDEL and KIN is also commendable in broadening the base of potential service providers. In addition, the IPs should put in place a conducive working environment for their staff by offering them attractive remuneration packages, flexible work schedules, and staff development programmes, as a means to reduce staff turn-over.

Increase the involvement of Employers’ Organisations and Workers’ Trade Unions in the project

ILO IPEC HIV/AIDS +CL project staff should work closely with the employers' and workers' organisations to increase their involvement and participation in the ILO IPEC HIV/AIDS +CL project activities through mini-action programmes that should be geared towards awareness raising, harmonization of regulations with their constitutions, and fighting practices against HIV/AIDS-induced child labour within the member organisations. Further, these organisations are important for mainstreaming purposes of ILO IPEC HIV/AIDS +CL project products and development of a culture of social responsibility towards supporting actions against HIV/AIDS-induced+CL.

- *Increase the involvement of the Child Labour Units in the mainstreaming of the project products*

ILO IPEC HIV/AIDS+CL programme should support the Child Labour Units to disseminate already developed ILO IPEC HIV/AIDS + CL materials and manuals; the CL policy and social protection strategy, and facilitate their usage through training at district and national levels. ILO IPEC HIV/AIDS+CL programme also ought to support the Child Labour Units to update the national plan of actions to combat and prevent HIV/AIDS-induced child labour in order to provide a link between the district and center in the utilization of the CL monitoring tools developed by ILO.

National Project Steering Committees

- *Ministries of Labour in both Uganda and Zambia should make the national project steering committee more functional and effective by enforcing regular and full member attendance of meetings*

Invigorating the national project steering committees is important as they can be used as a platform for advocating for the integration, up-scaling and mainstreaming of community-based model outcomes at sectoral, district and national levels. Committee members should also be involved in the direct monitoring of IPs activities since it helps them get first hand experiences, interface with the communities and target beneficiaries, as well as participate in radio programmes to amplify project work. The MOL should broaden its membership to ensure effective stakeholder involvement, review their mandates, send out invitations early enough (2 weeks prior to meeting), and remind them at least, 2-3 days prior to meetings, as some of the measures that will enhance members' attendance and participation. Further, for Zambia, where the NCS is much irregular and member attendance is low, ILO-IPEC HIV/AIDS +CL project should use the services of ILO AO Director of Lusaka to diplomatically request the Chair of the Steering Committee (the Permanent Secretary at the Ministry of Labour and Social Protection) to reinvigorate the meetings schedule.

Implementing Partners Level

- *Integrate process and outcome documentation into the routine IPs work schedules*

Since the implementation of Action Programmes under ILO IPEC HIV/AIDS +CL project requires continuous process and outcome documentation, which is a new approach compared to the traditional ways in which the IPs having been handling project documentation, process and outcome documentation should be integrated into the staff routine work schedules of IPs. The ILO IPEC HIV/AIDS +CL programme staff should revise the IPs outputs to include model-based deliverables as performance benchmarks to facilitate documentation of actions, lessons and potential good practices beyond quantitative outputs defined within APs. Further, ILO IPEC HIV/AIDS+CL programme staff should organize quarterly review meetings where IPs can share experiences and refinement of concepts and methodologies for development of the community model.

- *Networking with other stakeholders should be scaled up*

To ensure that the community model developed is adopted and integrated by other stakeholders, there is need for IPs to network and build alliances with other entities to share experiences and advocacy. For instance, this can be achieved by the IPs regularly attending the child labour partners' forum and district technical meetings to use them for sharing their experiences, lessons and potential good practices. IPs should constantly look out for potential alliances as platforms for championing elimination of child labour.

- *Carry out market studies for vocational skills provision and IGAs support*

The IPs need to carry out market studies to generate marketable skills to be provided to the project target beneficiaries. IPs should also develop selection criteria and sign a MoU with clear performance criteria and penalties to ensure provision of quality services to the target beneficiaries by vocational skills service providers.

- *Support the creation of HIV/AIDS Orphaned child labour committees and clubs as well as parent support groups*

The IPs should advocate for the formation of HIV/AIDS Orphaned child labour committees and school-based child labour clubs where they do not exist, and incorporate them in child labour monitoring activities, as well as support them in creating direct linkages with the district labour offices, as a strategy to support children at risk of child labour. IPs ought to help benefiting families to form HIV/AIDS Orphaned Parent Support Groups within their respective villages and encourage them to meet regularly to share experiences and plan for advocacy initiatives.

- *Increase involvement and participation of Local Governments in the Implementation of Action Programmes*

ILO IPEC HIV +CL programme staff should work with the IPs to increase the involvement and participation of local governments by integrating APs into district development plans; and in order to ensure commitment and effective support from governmental institutions and local leaders. The IPs should appreciate the roles of local governments and leaders in community mobilization and development by fostering linkages with district labour offices through joint planning and sharing of resources and community model development experiences. Further, the role of local leaders such as local councilors, parish and sub-county chiefs, sub-county and district labour officers in monitoring, ought to be strengthened, given their proximity to the beneficiaries. There is also need for ILO IPEC HIV +CL programme staff to build the capacity of local governments in the setting-up and enforcement of bylaws, to ensure the elimination of HIV/AIDS-induced CL within their communities.

ANNEXES

Annex 1: Terms of Reference



**International Programme on the Elimination of Child Labour
ILO/IPEC**

**Final version:
Basis for contract
October 20, 2006**

**Terms of Reference
For
Independent Mid-term Evaluation
of
Combating and preventing HIV/AIDS-induced child labour in Sub-
Saharan Africa: Pilot Action in Uganda and Zambia
RAF/04/P57/USA**

ILO Project Code	RAF/04/P57/USA
ILO Project Number	P.250.08.100.057
ILO Iris Code	12474
Countries	Uganda and Zambia
Duration	42 (revised) months
Starting Date	September 2004
Ending Date	March 2008 (revised)
Project Language	English
Executing Agency	ILO-IPEC
Financing Agency	US DOL
Donor contribution	USDOL: US \$3,000,000

I. Background and Justification

1. The **International Programme on the Elimination of Child Labour** (IPEC) is a technical cooperation programme of the International Labour Organisation (ILO). The aim of IPEC is the progressive elimination of child labour, especially its worst forms. The political will and commitment of individual governments to address child labour - in cooperation with employers' and workers' organizations, non-governmental organizations and other relevant parties in society- is the basis for IPEC action. IPEC support at the country level is based on a phased, multi-sector strategy. This strategy includes strengthening national capacities to deal with this issue, legislation harmonization, improvement of the knowledge base, raising awareness on the negative consequences of child labour, promoting social mobilization against it, and implementing demonstrative direct action programmes (AP) to prevent children from child labour and remove child workers from hazardous work and provide them and their families with appropriate alternatives.
2. **HIV/AIDS** creates numerous new problems and situations, compromising development achievements and initiatives. As the HIV/AIDS pandemic in sub-Saharan Africa has grown in size and intensity, the situation of children has become more precarious. Older children are at risk of HIV infection. Girls and boys, whose parents became infected and later fell ill and died are affected in multiple ways. Educational opportunities also have been compromised, as children are withdrawn from school and assume many care-giving functions with families affected by HIV/AIDS. Many children have entered the world of work in order to supplement family income lost when an adult becomes ill or has died due to HIV/AIDS. The work done by children is often low paid, stressful and physically and emotionally demanding, in addition to jeopardizing their health and future. Not least of those hazards in the era of AIDS is sexual harassment, exploitation and the risk of HIV infection.
3. HIV/AIDS has led to an increasing number of boys and girls engaged in different types of labour, including the worst forms of child labour as defined by ILO Convention 182 adopted in 1999 such as involvement in prostitution, in armed conflict, drug trafficking and hazardous work. Indeed, HIV/AIDS has reinforced the immediate economic factors that push children into the labour market. In addition, the epidemic has made the long-term opportunities for decent lives more difficult for hundreds of thousands- if not millions-of children in sub-Saharan Africa. Between 2001 and 2003, ILO-IPEC collected information from four countries (Tanzania, Zambia, Zimbabwe and South Africa) that establish links between HIV/AIDS and child labour. Furthermore, SIMPOC studies in Uganda on Commercial Sexual Exploitation of Children (CSEC) and HIV/AIDS and child labour, (ILO-IPEC 2004) have brought to light the need to integrate HIV/AIDS concerns into child labour programmes and policies.
4. The present project design was built on existing knowledge and aims to create models over the project duration in two core countries, **Uganda** and **Zambia**. In each of these countries, the large number of children who have lost one or both parents to HIV/AIDS dramatically magnifies the real and potential risk of children being forced to work. In 2003 it was estimated that 940,000 children in Uganda and 630,000 children in Zambia have been orphaned by HIV/AIDS. The project activities were designed to expand and sustain education and skills training opportunities for 3,600 girls and boys withdrawn from child labour and to prevent girls and boys from entering work situations through community-based social protection schemes. Finally, the project is using its experiences to expand the knowledge base around the issues of child labour and HIV/AIDS in order to generate appropriate policy responses and expand the resources available to eliminate the worst forms of child labour and promote a reduction in HIV/AIDS risks for girls and boys.

5. The project has two immediate objectives:

Immediate Objective One: Community based models for assisting HIV/AIDS orphans and girls and boys affected by HIV/AIDS in child labour or at risk of entering child labour, through education and social protection, will have been adopted by relevant national organizations in Uganda and Zambia, and will be available for replication in other countries in the sub-region.

Immediate Objective Two: Policy makers and programme planners in the field of HIV/AIDS and child labour in the sub-region will have mainstreamed tools, policy, recommendations and good practices for dealing with HIV/AIDS and child labour.

6. Within the two project countries, specific geographic locations have been identified for activities on the basis of previous ILO-IPEC Rapid Assessments and other studies. These locations have been chosen for its high HIV/AIDS prevalence rates, large number of boys and girls orphaned by HIV/AIDS, economic and social conditions contributing to child labour and existing ILO-IPEC and partner activities. In addition to the two project countries, 8 non-core countries (South Africa, Tanzania, Ghana, Madagascar, Kenya, Senegal, Malawi, and Cameroon) will benefit from information sharing, research and in the future possibly replicate those models being tested by the present project.
7. The project is being implemented through direct action programmes which begun implementation in June/July 2006. The first set of approved action programmes (9 APs) deal directly with implementing the models for direct action (withdrawal and prevention) and the baseline survey (A full list is available in the Annex).

Evaluation Background

8. As per IPEC procedures, a participatory consultation process on the nature and specific purposes of this evaluation was carried out. The present Terms of Reference is based on the outcome of this process and inputs received in the course of the consultative process.
9. The mid-term evaluation was originally scheduled to take place in May 2006. Based on the process of implementation of the action programmes at that time and the change in project management taking place, it was decided, in consultation with key stakeholders, that the evaluation would be postponed to November 2006.

II. Scope and Purpose

Scope

10. The scope of the present evaluation includes all project activities to date including Action Programmes. The evaluation should look at **the project as a whole** and address issues of project design, implementation, lessons learned, replicability and recommendations for the future of this project with specific recommendations for project management.

Purpose

11. The purpose of the present mid-term evaluation is three-fold. The first is to assess the ongoing progress and performance of the project and identify the nature and magnitude of constraints affecting project implementation and identify factors that contribute to the project's success. The second purpose is to provide stakeholders, particularly the project management, ideas on the direction the project could take given its delayed project start and the time left in project implementation. The third is to provide IPEC with strategic input to further develop approaches on the subject of HIV/AIDS which is a relatively new area of work for IPEC.

III. Suggested Aspects to be Addressed

12. The evaluation should address the overall ILO evaluation concerns such as relevance, effectiveness, efficiency and sustainability as defined in the *ILO Guidelines for the Preparation of Independent Evaluations of ILO Programmes and Projects* and for gender concerns see: *ILO Guidelines for the Integration of Gender Issues into the Design, Monitoring and Evaluation of ILO Programmes and Projects, January 1995*. The following are the broad suggested aspects that can be identified at this point for the evaluation to address. Other aspects can be added as identified by the evaluation team in accordance with the given purpose and in consultation with the Design, Evaluation and Documentation Section (DED) of IPEC. The evaluation instrument prepared by the evaluation team will indicate further selected specific aspects to be addressed. The evaluation instrument should identify the priority aspects to be addressed in the evaluation.
13. The evaluation will be conducted following UN evaluation standards and norms.

Design & Planning

- Assess whether the project design was logical and coherent and took into account the validity and practicality of institutional arrangements, roles, capacity and commitment of stakeholders in Uganda and Zambia.
- Analyse whether available information on the socio-economic, cultural and political situation in the two countries was taken into consideration at the time of the design and whether these were taken into consideration and reflected in the design of the project.
- To what extent were external factors identified and assumptions identified at the time of design?
- Assess whether the problems and needs were adequately analysed and determine whether the needs, constraints, resources and access to project services of the different beneficiaries were clearly identified taking gender issues into consideration.
- How well did the project design take into account local efforts already underway to address child labour and HIV/AIDS and existing capacity to address these issues?
- How well did the project plan for coordination and collaboration with other child-focused interventions supported by IPEC or other organizations.
- Assess the use of strategic planning, for instance through the SPIF methodology, for project design was it useful?
- Are the linkages between inputs, activities, outputs and objectives clear and logical? Do the various Action Programmes designed under the project provide clear linkages and complement each other regarding the project strategies and project components of intervention? How were the geographic regions for AP implementation selected?
- What was the advantage and drawbacks of a regional project design? Was the regional approach the most effective way to achieve the project's objectives?

Achievements (Implementation and Effectiveness)

- Assess whether the project will be able to achieve the intended outputs and whether it will be able to achieve its objectives (example: will the expected number of beneficiaries be reached?).
- Examine the capacity constraints of implementing agencies and the effect to date on the implementation of the designed Action Programmes.
- Assess the effectiveness of the different action programmes implemented to date and their contribution to the immediate objectives of the project.
- If possible, identify any lessons learned from the APs so far, what possibilities are there for effective replication of efforts?
- Assess to the extent possible, which project strategies are proving to be more or less effective and efficient at promoting education and training alternatives for at-risk and working children.

- Which are the mechanisms in place for project monitoring? Assess the quality and use of work plans and monitoring plans.
- Assess the local management structures working in Uganda and Zambia (National Steering Committee, Local Steering Committee). How are these structures participating in program implementation?
- How did factors outside of the control of the project affect project implementation and project objectives and how did the project deal with these external factors?
- How successful have the projects been in mainstreaming the issue of child labour into ongoing efforts in areas such as education, employment promotion and poverty reduction? Provide concrete examples as appropriate.
- How effective has the project been at building the capacity of national IPEC staff and implementing agencies' staff as well as capacity of government ministries and agency personnel to combat child labour? Provide concrete examples as appropriate.
- How effective was the project in working with other IPEC projects in the region (CBP project in Zambia and Uganda) or by other child-focused interventions supported by IPEC or by other organizations in Uganda and Zambia, including USDOL-funded education initiative projects ran by Jesus Cares Ministries (Zambia), the International Rescue Committee (Uganda), and World Vision (Uganda). To what extent were synergies exploited and economies of scale created?
- How effective are the strategies for child labour monitoring being implemented? Is the CLMS likely to be sustainable?
- How effective is the project's monitoring strategy for collecting regular and reliable data on the work and schooling status of target children? Is the strategy proving to be more or less effective in the project countries?
- How did the changes in project management affect the implementation of the programme?
- How effective are project interventions proving to be at withdrawing and preventing children from involvement in the WFCL.

Relevance of the Project

- Examine whether the project responded to the real needs of the beneficiaries
- Validity of the project approach and strategies and their potential to replicate
- Assess whether the problems and needs that gave rise to the project still exists or have changed
- Assess the appropriateness of the sectors/target groups and locations chosen to develop the project.
- Assess whether the project strategies fit in with national development plans

Sustainability

- Assess to what extent a phase out strategy had been defined and planned and what steps have been taken to ensure sustainability. How was the idea of a phase-out strategy for project components addressed throughout implementation as well as actual efforts to transfer responsibilities to local partners (as a means to promote sustainability).
- Assess what contributions the project has made in strengthening the capacity and knowledge of national stakeholders and to encourage ownership of the project to partners
- Identify and assess the long-term commitment and the technical and financial capacity of local/national institutions (including governments) and the target groups to be able to replicate models tested under this project.
- Examine whether socio-cultural and gender aspects endanger the sustainability of the project and assess whether actions have been taken to sensitize local institutions and target groups on these issues
- Assess the project's focus on upstream policy work in terms of ensuring the sustainability of efforts?

Special Concerns:

- Examine whether sharing of experiences between countries are taking place between Zambia and Uganda
- Given the time constraints for the remainder of this project (15 months), examine how the project could implement/test the models of intervention and work on promoting its replication in the sub-region.

IV. Expected Outputs of the Evaluation

14. The expected outputs to be delivered by the evaluation team are:

- An evaluation instrument prepared by the evaluator
- Selected field visits to the project sites in Zambia and Uganda
- Facilitate a review/evaluation workshop (1 day each) scheduled in Zambia and Uganda
- Hold an IPEC review meeting in Lusaka with project team from Kampala and Lusaka and IPEC HQ staff (on Saturday 11 Nov)
- Draft evaluation report including stakeholder workshop proceedings and findings from field visits by evaluator
- Final Report including:
 - ✓ Executive Summary with key findings, conclusions and recommendations
 - ✓ Clearly identified findings and conclusions
 - ✓ **Recommendations for the remainder of project implementation**
 - ✓ **Lessons learned**
 - ✓ Appropriate Annexes including present TORs
 - ✓ Standard evaluation instrument matrix

15. The total length of the report should be a maximum of 30 pages for main report, excluding annexes; additional annexes can provide background and details on specific components of the project evaluated. The report should be sent as one complete document and the file size should not exceed 3 megabytes. Photos, if appropriate to be included, should be inserted using lower resolution to keep overall file size low.

16. All drafts and final outputs, including supporting documents, analytical reports and raw data should be provided both in paper copy and in electronic version compatible for Word for Windows. Ownership of data from the evaluation rests jointly with ILO-IPEC and the consultants. The copyright of the evaluation report will rest exclusively with the ILO. Use of the data for publication and other presentations can only be made with the written agreement of ILO-IPEC. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

17. The final report will be circulated to key stakeholders (those participants present at stakeholder evaluation workshop will be considered key stakeholders) for their review. Comments from stakeholders will be consolidated by the Design, Evaluation and Documentation Section (DED) of ILO/IPEC Geneva and provided to the team leader. In preparing the final report the team leader should consider these comments, incorporate as appropriate and provide a brief note explaining why any comments might not have been incorporated.

V. Evaluation Methodology

18. The following is the proposed evaluation methodology. While the evaluation team can propose changes in the methodology, any such changes should be discussed with and approved by DED provided that the research and analysis suggests changes and provided that

the indicated range of questions is addressed, the purpose maintained and the expected outputs produced at the required quality.

19. The evaluation team will be asked to use the **standard evaluation instruments** that ILO/IPEC has developed for documenting and analyzing achievements of the projects and contributions of the Action Programmes to the project. The evaluation team may also use any other instruments that they see appropriate for this exercise.
20. The evaluation will be carried out using a desk review of appropriate material, including the project documents, progress reports, previous evaluation reports, outputs of the project and action programmes, results of any internal planning processes in the countries and relevant materials from secondary sources. At the end of the desk review period, it is expected that the evaluation consultant prepare a brief document indicating the methodological approach to the evaluation, the evaluation instrument, to be discussed and approved by DED prior to the commencement of the field mission.
21. The evaluation will be carried out using a desk review, field visits to Zambia and Uganda for consultations with project staff and project partners and other key stakeholders. Two one day workshops will be held in Zambia and Uganda.
22. The evaluation team will interview US-DOL representatives in Washington DC, IPEC HQ officials, and ILO/IPEC regional persons through a conference call early in the evaluation process, preferably during the desk review phase.

Composition of the evaluation team

23. The evaluation team will consist of two evaluators that previously has not been involved in the project. One of the evaluators will be designated team leader, the other evaluator will be a national consultant recruited from Uganda and Zambia (depending on recruitment and profile of team leader). The evaluation team leader will have the final responsibility during the evaluation process and the outcomes of the evaluation, including the quality of the report and compliance with deadlines.
24. The background of the **evaluation team leader** should include:
 - ✓ Relevant background in social and/or economic development
 - ✓ Experience in working on HIV/AIDS issues in Zambia/Uganda
 - ✓ Experience in the design, management and evaluation of development projects, in particular with policy level work, institution building and local development projects.
 - ✓ Experience in evaluations as team leader
 - ✓ Relevant regional experience preferably prior working experience in the region
 - ✓ Experience in the area of children's and child labour issues and rights-based approaches in a normative framework are highly appreciated.
 - ✓ Experience at policy level and in the area of education and legal issues would also be appreciated
 - ✓ Familiarity with and knowledge of specific thematic areas on child labour and HIV/AIDS
 - ✓ Fluency in English
 - ✓ Experience facilitating workshops for evaluation findings
25. The background of **the evaluation team member (local consultant)** should include:
 - ✓ Relevant background in social and/or economic development
 - ✓ Experience in design, management and evaluation of development projects
 - ✓ Fluency in English
 - ✓ Experience facilitating workshops for evaluation findings
 - ✓ Experience in working on HIV/AIDS issues in their country

- ✓ Experience in the area of children's and child labour issues and rights-based approaches in a normative framework are highly appreciated

26. The evaluation team leader will be responsible for:

- Undertaking a **desk review** of the project files and documents,
- Conduct a telephone briefing with IPEC DED, Geneva and hold telephone discussions with USDOL and ILO/IPEC HQ officers as appropriate
- Develop an evaluation instrument
- Undertake **field visits** to Uganda and Zambia
- **Facilitate a one day** evaluation workshops in Uganda and in Zambia with support from the evaluation team members.
- **Draft** the evaluation report incorporating inputs from evaluation team members
- **Finalize** the report with stakeholder comments

27. The evaluation team member will be responsible for:

- Undertaking a **desk review** of the project files and documents
- Undertake **field visit with team leader in Uganda or Zambia** (dependent on recruitment and profile of team leader)
- Facilitate together with the team leader a workshop in Uganda or Zambia
- Provide detailed notes to team leader based on desk review and field visits
- **Provide further inputs to the draft report** under supervision of team leader. The draft report should include findings from the field visits and desk review for submission to the team leader

28. The evaluation will be carried out with the technical support of the IPEC-DED section and with the logistical support of the project office in Lusaka and Kampala. DED will be responsible for consolidating the comments of stakeholders and submitting it to the team leader.

29. It is expected that the evaluator will work to the highest evaluation standards and codes of conduct and follow the **UN evaluation standards and norms**.

Timetable and Workshop Schedule

30. The total duration of the evaluation process including submission of the final report should be within two months from the end of the field mission.

31. The evaluator will be responsible for 25 days *of which two weeks will be in field visits and workshops in Uganda and Zambia*.

32. The tentative timetable is as follows:

Phases	Tasks	Dates
I: Desk Review	Desk review of relevant project documents	October 23-27
Field Visits Uganda	Field visits and one day evaluation workshop in Uganda	October 30-November 3
Field Visit Zambia	Field visits and one day evaluation workshop and a half day review meeting with IPEC staff in Zambia	November 6-11
Draft Report	Evaluator drafts evaluation report	November 15-19
Stakeholder comments	Draft report circulated by DED to key stakeholders for their comments to the draft evaluation report. DED consolidates the comments and forwards to evaluator	November 20-30
Final report	Evaluator finalizes the evaluation report taking into consideration the consolidated comments	December 11-15

Sources of Information and Consultations/Meetings

Available at HQ and to be supplied by DED	<ul style="list-style-type: none"> • Project document • DED Guidelines and ILO guidelines
Available in project office and to be supplied by project management	<ul style="list-style-type: none"> • Progress reports/Status reports • Technical and financial report of partner agencies • Other studies and research undertaken • Action Programme Summary Outlines Project files • National workshop proceedings or summaries • Country level planning documents • SPIF documents

Consultations with:

- Project management and staff
- ILO/IPEC technical and backstopping officials at HQ and the regions as appropriate
- Partner agencies
- Boys and Girls that were withdrawn or prevented as a result of direct action APs undertaken
- Parents of girls and boys that were withdrawn or prevented
- Social partners Employers' and Workers' groups
- Community members
- Child labour monitors
- Government representatives, legal authorities etc as identified by evaluation team
- Telephone discussion with USDOL

Final Report Submission Procedure

34. For independent evaluations, the following procedure is used:

- The **evaluator** will submit a draft report to **IPEC DED in Geneva**
- IPEC DED will forward a copy to **key stakeholders** for comments on factual issues and for clarifications
- **IPEC DED** will consolidate the comments and send these to the **evaluator** by date agreed between DED and the evaluation team leader or as soon as the comments are received from stakeholders.
- The final report is submitted to IPEC DED who will then officially forward it to stakeholders, including the donor.

VI. Resources and Management

Resources:

35. The resources required for this evaluation are:

For the evaluation team leader:

- Fees for a consultant for 25 work days
- Fees for travel from consultant's home to Uganda and Zambia in accordance with ILO regulations and policies
- Fees for local DSA per ILO regulations for Uganda and Zambia

For the evaluation team member:

- Fees for an evaluator for 10 days
- DSA per ILO regulations for field visits within Uganda or Zambia as appropriate

For the evaluation exercise as a whole:

- Fees for local travel in-country in Uganda and Zambia

- Any other miscellaneous costs

A detailed budget is available separately.

Management:

36. The evaluation team will report to IPEC DED in headquarters and should discuss any technical and methodological matters with DED should issues arise. IPEC project officials and the ILO Office in Kampala and Lusaka will provide administrative and logistical support during the evaluation mission.

Approved Action Programmes as of September 2006						
Serial No.	Action Programme number (P340.92.235.051 or P340.02.900.050 BL21Pos 003)	Title of AP and name of Implementing Agency	Amount in US \$	No. of monitoring visits undertaken this year	Start date	Expected completion date
1.	P.250.08.100.057-3501Pos.011	Prevention and Withdrawal of HIV Affected Children from Child Labour in Kampala District	63,782	0	June 1, 2006	November 30, 2007
2.	P.250.08.100.057-3501Pos. 012	Prevention and withdrawal of 650 HIV/AIDS affected children entering into child labour on the streets of Kampala; Kids in Need	66,500	0	June 1, 2006	November 30, 2007
3.	P.250.08.100.057-3501Pos. 013	Prevention and withdrawal of 550 HIV/AIDS affected children from entering into child labour in Mbale District	45,393	0	June 1, 2006	November 30, 2007
4.	P.250.08.100.057-3501Pos. 014	Prevention and Withdrawal of HIV/AIDS Affected Children from Entering into Child Labour in Rakai District	64,500	0	June 1, 2006	November 30, 2007
5.	P.250.08.100.057-3501Pos. 015	Prevention and withdrawal of HIV/AIDS affected children from engaging child labour in Mukono District	47,560	0	June 1, 2006	November 30, 2007
6.	P.250.08.100.057-3501Pos. 021	Prevention and withdrawal of HIV/AIDS affected children and OVCs from child labour in Lusaka district, Zambia, through strengthening of social protection measures. Jesus Cares Ministries	55,600	0	July 1, 2006	December 31, 2007
7.	P.250.08.100.057-3501Pos. 022	Prevention and withdrawal of HIV/AIDS affected children and OVCs from child labour in Lusaka district, Zambia, through strengthening of social protection measures. Tasintha Programme	51,536	0	July 1, 2006	December 31, 2007
8.	P.250.08.100.057-3501Pos. 023	Prevention and withdrawal of HIV/AIDS affected children and OVCs from child labour in Luanshya district, Zambia, through strengthening of social protection measures. Copperbelt Health Education Project	45,000	0	July 1, 2006	December 31, 2007
9.	P.250.08.100.057-3501Pos. 026	Baseline Survey on HIV/AIDS and Child Labour in six districts in Zambia Equilibria Research Associates	66,359	0	1 July 2006	December 31, 2006

Pipeline Action Programmes as of September 21, 2006					
	Proposed title or purpose	Area of intervention	Proposed Implementing agency	Date submitted	Proposed Budget
1.	Prevention and withdrawal of HIV/AIDS affected children and OVCs from child labour in Kapiri Mpohsi district, Zambia, through strengthening of social protection measures.	Kapiri Mpohsi district in Zambia	Zambia Red Cross Society (ZRCS)	Implementing Agency submitted to CPC half of Aug '06. CPC submitted to CTA end of Aug 06	\$ 30,000
2.	Prevention and withdrawal of HIV/AIDS affected children and OVCs from child labour in Livingstone district, Zambia, through strengthening of social protection measures.	Livingstone district in Zambia	Livingstone Anglican Church Project	Implementing Agency submitted to CPC half of Aug '06. CPC submitted to CTA end of Aug 06	\$ 30,000
3.	Strengthening Child Labour Unit to combat HIV/AIDS induced child labour in Uganda	Finalisation of child labour policy, dissemination and training CLU staff	CLU, Ministry of Gender, Labour and Social Development	IAs submitted to CPC and CTA in Aug. 06	\$ 20,000
4.	Implementation of HIV/AIDS-induced child labour guidelines by National Organisation of Trade Unions and affiliate members in Uganda.	Training, awareness raising	NOTU	In development	\$ 20,000
5.	Mainstreaming HIV/AIDS and child labour issues into the activities of employers' organisations in Uganda	Development of guidelines and training and awareness raising	FUE	In development	\$ 20,000

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4. Akim J. Muturi et al., March 2003: “*HIV/AIDS and Child Labour in South Africa: A Rapid Assessment*” Paper No. 4, ILO/IPEC
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7. Namwiinga Bubala-Mumbi, 2006: “*Policy Paper on Educational Perspectives Related to the Impact of HIV/AIDS on Child Labour in Zambia*” Paper No. 8, ILO/IPEC
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10. Children Relief Organisation, Summary Outline for Action Program on Children (December 2005 and Revised February 2006)
11. Kids in Need, Summary Outline for Action Program on Children (June 2005 and Revised February 2006)
12. Children of Uganda, Summary Outline for Action Program on Children (December 2005 and Revised March 2006)
13. Uganda Youth Development Link, Summary Outline for Action Program on Children (December 2005 and Revised February 2006)
14. Tasintha Programme, Summary Outline for Action Program on Children (July 2005 and Revised February 2006)
15. Copperbelt Health Education Project (CHEP), Summary Outline for Action Program on Children (July 2005 and Revised April 2006)
16. Jesus Cares Ministries (JCM), Summary Outline for Action Program on Children (February 2006)
17. Juvenile Welfare Services Action Program Progress Report (June-September 2006), Prevention and Withdrawal of HIV/AIDS affected children from engaging in child labour in Mukono district
18. Children Relief Organisation Action Program Progress Report (June-September 2006), Prevention and Withdrawal of HIV/AIDS affected children from engaging in child labour
19. Kids in Need Action Program Progress Report (June-September 2006), Prevention and Withdrawal of HIV/AIDS affected children from engaging in child labour on the streets of Kampala
20. Children of Uganda Action Program Progress Report (June-October 2006), Prevention and Withdrawal of HIV/AIDS affected children from engaging in child labour in Rakai District

21. Uganda Youth Development Link Action Program Progress Report (June-September 2006), Prevention and Withdrawal of HIV/AIDS affected children from engaging in child labour
22. Tasintha Programme, Action Program Progress Report (June-September 2006)
23. Copperbelt Health Education Project (CHEP), Action Program Progress Report (June-September 2006)
24. Jesus Cares Ministries (JCM), Summary Action Program Progress Report (June-September 2006)
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26. James Lambert, “A Special Module on HIV/AIDS and Child Labour” First Draft
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32. Emmanuel Kamuli, training manual on child labour and HIV/AIDS
33. KAP survey Uganda
34. Mini Programme proposals and reports
35. Akky de Kort, monthly reports of consultant/interim manager from Feb. to June 2006

Annex 3: Evaluation Instrument Matrix

Action Programme	Achievements as per I/A report or statements made by I/A		Achievements as per project management (Comments, additions)	Comments/observations by evaluation team	Proposed follow-up/Next steps
	Target Groups	Other Qualitative			
1. Children of Uganda (CoU)- Rakai	HIV/AIDS affected boys and girls identified, sensitised and provided with life skills training	There is strong involvement of community and sub county leadership in the AP.	There were problems with identification of target group for prevention. However, following the monitoring visit and technical backstopping by the CPC this has been addressed and the AP is expected to yield intended objectives.	<p>Process and outcome documentation inadequate</p> <p>Complete the selection of beneficiaries and create a data base to ease follow ups and monitoring</p> <p>Market survey and social mapping still to be undertaken</p>	<p>Project should support staff capacity building in process and outcome documentation as well as social protection</p> <p>National coordinator to support the development of beneficiary data base</p> <p>Market survey and social mapping should be done and reports submitted to ILO IPEC</p>
2. Uganda Youth Development Link (UYDEL)- Kampala	58 boys and girls have been prevented; 109 withdrawn while 15 families have been identified for social protection (IGA)	Local and district leadership are involved strongly in the AP.	Documentation of processes and strategies used will enable sharing and replication of best practices	<p>Process and outcome documentation inadequate</p> <p>Create a beneficiary data base to ease follow ups and monitoring</p> <p>Market survey and social mapping requires updating</p>	<p>Project should support staff capacity building in process and outcome documentation as well as social protection</p> <p>National coordinator to support the development of beneficiary data base</p> <p>Market survey and social mapping should be updated and reports submitted to</p>

					ILO IPEC
3. Child Restoration Outreach (CRO)-Mbale	28 and 96 HIV/AIDS affected boys and girls have been prevented and withdrawn from child labour respectively		Management support of implementing staff will increase the impact of the AP on target beneficiaries.	<p>Process and outcome documentation inadequate</p> <p>Create a beneficiary data base to ease follow ups and monitoring</p> <p>Market survey and social mapping still to be undertaken</p>	<p>Project should support staff capacity building in process and outcome documentation as well as social protection</p> <p>National coordinator to support the development of beneficiary data base</p> <p>Market survey and social mapping should be done and reports submitted to ILO IPEC</p>
4. Kids in Need (Kampala)	300 HIV/AIDS affected children have been identified for withdrawal; 53 HIV/AIDS affected boys and girls have been withdrawn from child labour while IGAs have been initiated in 20 families.		Management support of implementing staff will increase the impact of the AP on target beneficiaries.	<p>Process and outcome documentation inadequate</p> <p>Create a beneficiary data base to ease follow ups and monitoring</p> <p>Market survey and social mapping exercises still on going</p>	<p>Project should support staff capacity building in process and outcome documentation as well as social protection</p> <p>National coordinator to support the development of beneficiary data base</p> <p>Market survey and social mapping should be completed and reports submitted to ILO IPEC</p>
5. Juveniles Welfare Services (JWS)-Mukono	101 HIV/AIDS affected boys and girls have been prevented; 39 have been withdrawn while 8 families have been identified for	The district, schools and communities have welcomed the AP and	Target groups have been properly identified and institutional partners mobilised. Strengthening of documentation is required to facilitate sharing of	<p>Process and outcome documentation inadequate</p> <p>Create a beneficiary data base to ease</p>	Project should support staff capacity building in process and outcome documentation as well as social protection

	IGAs.	are actively involved in its implementation.	experiences and best practices.	<p>follow ups and monitoring</p> <p>Market survey and social mapping still to be undertaken</p> <p>Support the formation of school based child labour clubs</p>	<p>National coordinator to support the development of beneficiary data base</p> <p>Market survey and social mapping should be done and reports submitted to ILO IPEC</p> <p>Work with participating school heads to establish school child labour clubs</p>
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Action Programme	Achievements as per I/A report or statements made by I/A		Achievements as per project management (Comments, additions)	Comments/ observations by evaluation team	Proposed follow-up/Next steps
	Target Groups	Other Qualitative			
1. Tasintha Programme, Lusaka, Zambia	<p>212 HIV and AIDS-affected boys and girls identified (64 for withdrawal and 148 for prevention).</p> <p>68 families to benefit from IGAs identified</p>	<p>Community Committees were involved in the identification of project beneficiaries</p> <p>There is strong collaboration with other CBOs and local community schools in the AP</p>	<p>Tasintha will have to work with other organisations to ensure that withdrawn children receive adequate psycho-social support because they do not run community schools of their own</p> <p>Tasintha should sign MoU with collaborating institutions, especially those involved in placement of children in community schools</p> <p>After monitoring visit, identification criteria is</p>	<ul style="list-style-type: none"> Selection criteria still to be written up Target number of children to be prevented and to be withdrawn not yet reached Market survey not yet undertaken 	<ul style="list-style-type: none"> Project should support staff capacity building in process and outcome documentation as well as social protection National Coordinator should follow-up with Tasintha to facilitate the writing up of the selection criteria The targeted number of children needs to be selected urgently, in time for the commencement of the school year in

Action Programme	Achievements as per I/A report or statements made by I/A		Achievements as per project management (Comments, additions)	Comments/ observations by evaluation team	Proposed follow-up/Next steps
	Target Groups	Other Qualitative			
		Social mapping undertaken	being developed with participation of the communities		<p>January 2007</p> <ul style="list-style-type: none"> Given the timeframe of the project, the market survey is overdue; the National Coordinator should follow-up on this with Tasintha urgently
2. Copperbelt Health Education Project (CHEP) Luanshya, Zambia	<p>200 HIV and AIDS-affected at risk boys and girls identified and sensitised, 200 HIV and AIDS-affected working boys and girls identified and sensitised</p> <p>105 families identified for IGAs</p> <p>45 identified families provided with inputs for IGAs</p>	<p>Mapping exercise involving various district stakeholders was conducted to look at selection of beneficiaries and referral mechanisms</p> <p>2 group IGAs have been identified with the involvement</p>	The figures for withdrawal and prevention should not also include other children already benefiting from other project funders. Figures to be reviewed after re-selection/confirmation by CHEP	<ul style="list-style-type: none"> Market survey still to be undertaken 	<ul style="list-style-type: none"> Project should support staff capacity building in process and outcome documentation as well as social protection The selection criteria were given to the Evaluation Team at the end of the field visits. <p>The National Coordinator needs to review the criteria and determine firstly, whether the criteria need some refinement, and secondly, whether there are aspects of the criteria</p>

Action Programme	Achievements as per I/A report or statements made by I/A		Achievements as per project management (Comments, additions)	Comments/ observations by evaluation team	Proposed follow-up/Next steps
	Target Groups	Other Qualitative			
	80 children identified for vocational skills training	of the beneficiaries			<p>which could be shared with other IPs</p> <ul style="list-style-type: none"> Given the timeframe of the project, the market survey is overdue; the National Coordinator should follow-up on this with Tasintha urgently
3. Jesus Cares Ministries, Lusaka, Zambia	HIV and AIDS-affected girls and boys identified, sensitised and placed in JCM community schools	Community child labour committees are involved in the AP, especially in selection of beneficiaries and monitoring	JCM has strong community networks and vast experience in running community schools, which other upcoming NGOs can tap from	<ul style="list-style-type: none"> Selection criteria still to be written up Target number of children to be prevented and to be withdrawn not yet reached Social mapping commenced but not yet completed Families to benefit 	<ul style="list-style-type: none"> Project should support staff capacity building in process and outcome documentation as well as social protection National Coordinator should follow-up with Jesus Cares Ministries to facilitate the writing up of the selection criteria The targeted number of children needs to be selected urgently, in time for the commencement of the school year in January 2007

Action Programme	Achievements as per I/A report or statements made by I/A		Achievements as per project management (Comments, additions)	Comments/ observations by evaluation team	Proposed follow-up/Next steps
	Target Groups	Other Qualitative			
				<p>from IGAs not yet identified</p> <ul style="list-style-type: none"> ▪ Market survey not yet undertaken 	<ul style="list-style-type: none"> ▪ National Coordinator should monitor the social mapping to ensure timely completion ▪ Given the timeframe of the project, both the market survey and identification of families to benefit from IGAs are overdue; the National Coordinator should follow-up on these two activities with Jesus Cares Ministries urgently
4. Equilibria Research Associates	<p>Preliminary baseline survey report completed</p> <p>Data collection in six districts in progress</p>	The commencement of the survey was discussed in the national steering committee meeting	The consultants have taken advantage of selected IAs as focal point NGOs and good relationship between IPEC and the district teams. This has helped the consultants in reaching the survey population in the six districts	On track	National Coordinator should ensure that the study is completed and findings submitted to stakeholders

Annex 4: List of Persons Interviewed

Name	Organisation	Designation
1. Akky de Kort	ILO-IPEC	Chief Technical Advisor
2. Gilbert Sendugwa	ILO-IPEC – Uganda	Country Programme Coordinator
3. Regina Mbabazi	ILO	Team Leader TBP Process
4. Harriet Luyima	MGLSG	Assistant Commissioner CLU
5. Rodgers Kasirye	UYDEL	Director
6. Micheal Gaway	UYDEL	Social Worker
7. Rodgers Mutawe	UYDEL	Programme Officer
8. Stephen Asimwe	KIN	Social Worker
9. David Masembe	KIN	Skills Training Officer
10. Robert Masembe	KIN	Financial Officer
11. John Robert Ekapu	KIN	Change Agent Counsellor
12. Betty Turahabwe	KIN	Girls Rehabilitation Manager
13. Godfrey Musisi	KIN	Resettlement Officer
14. Imelda Nnabugo	Rubaga A Zone	Secretary for Women
15. Sara Nalubega	Nsambya West Zone	Secretary for Women
16. Hamad Tamale	Natete Central D Zone	Chairperson
17. David Kasozi	JWS	Director
18. Deogratius Kisawuzi	JWS	Counsellor
19. Allen Naluzi	JWS	Counsellor
20. Gerry Finnegan	ILO, Zambia Area Office	ILO Representative
21. Dennis Zulu	ILO, Zambia Area Office	Programme Officer
22. Birgitte Poulsen	ILO TBP, Zambia	Chief Technical Advisor
23. George Mubita	ILO-IPEC, Zambia	Country Programme Coordinator
24. Gady Museka	ILO-IPEC, Zambia	Finance and Administration
25. Ruth Nkandu	Jesus Cares Ministries	Project Officer
26. Victor Nshindano	Jesus Cares Ministries	Finance Director
27. Simon Kaoma	Zambia Education Ministry	Assistant Manager
28. Arlene Mbimbi	Children in Need Network	Public Relations Officer
29. Judith Situmbeko	Lusaka District Plan. Office	Senior Community Dev. Officer
30. Jonathan Mwanza	Lusaka District Plan. Office	District Planning Officer
31. Chrispin Mazuba	Zambia Federation of Employers	Ag. Executive Director
32. Harrington Chibanda	Zambia Federation of Employers	Accountant
33. Mulilo, Alice	Ministry of Labour & Social Security	Labour Officer
34. Mano, Payne	Copperbelt Health Education Programme (CHEP)	Programme Manager
35. Chilakata, Mwila	Tasintha Programme	IEC Officer
36. Mbuyana, Kintu	Tasintha Programme	OVC Officer

Annex 5: List of Project Beneficiaries Interviewed

Beneficiary	Age	Village	Organisation
1. Boy	13	Bombo	KIN
2. Girl	11	Katwe	KIN
3. Boy	12	Kazo	KIN
4. Boy	12	Masaka	KIN
5. Boy	12	Rwada	KIN
6. Boy	14	Bugomola	KIN
7. Boy	15	Arua	KIN
8. Boy	15	Kasawo	KIN
9. Boy	13	Nakaseke	KIN
10. Boy	15	Masaka	KIN
11. Boy	14	Kamuli	KIN
12. Boy	15	Bugerere	KIN
13. Boy	16	Masaka	KIN
14. Boy	16	Sirimbo	KIN
15. Boy	13	Bugerere	KIN
16. Boy	11	Tororo	KIN
17. Boy	17	Masaka	KIN
18. Boy	14	Kasese	KIN
19. Girl	16	Busega	UYDEL
20. Girl	15	Nabulagala	UYDEL
21. Boy	17	Busega	UYDEL
22. Girl	17	Lungujja	UYDEL
23. Girl	15	Kasubi	UYDEL
24. Girl	18	Kawala	UYDEL
25. Girl	15	Busega	UYDEL
26. Boy	17	Nabulagala	UYDEL
27. Boy	17	Kasubi	UYDEL
28. Girl	11	Mukono	JWS
29. Girl	9	Mukono	JWS
30. Boy	13	Mukono	JWS
31. Girl	12	Mukono	JWS

Annex 6(a): List of Workshop Participants in Uganda

Name	Organisation	Designation
1. Kiiza Martin	NCC	P. Officer
2. Joyce Nafe	NCC	SG
3. Wakiraza Chris	KIN	Director
4. Asimwe Steven	KIN	Social Worker
5. Kasozi David	JWS	PJCT Coordinator
6. Kaweesa Joseph	JWS	Counsellor
7. Rumanzi Grace	COU	Coordinator
8. Deborah Nakiduli	COU	Social Worker
9. Okiror Gabriel	COU	P. Officer
10. Mwebembezi G	COU	Country Director
11. Kizito Hamidu	RUDMEC	P. Coordinator
12. David Nkojjo	National Organisation of Trade Unions	Chairman General
13. Bwayo Moses	CRO	Programme Manager
14. Opobo Timothy	ANPPCAN	Programme Assistant
15. Makai Nangosya	Mbale DLG	Labour Officer
16. Ojwang Michael	Rakai L. Government	Probation Welfare Officer
17. Harriet Luyima	MGLSD	CLU
18. Dr. Jackie A. Banya	MGLSD	LO/ILA
19. Adrine Namara	Kampala City Council (KCC)	S. Labour Officer
20. Kasirye Rogers	UYDEL	Director
21. Gawayo Mike	UYDEL	S. Worker
22. Wasswa Patrick	UYDEL	Administrator
23. Mutawe Rogers	UYDEL	Programme Officer
24. Grace Jaasi	American Embassy	Pol. Assistant
25. Vuchel Miller	KURET	Research / Policy
26. Ngay Arin	KURET	Project Manager
27. Kabanankye	NACARE	Consultant
28. James Kigozi	Uganda Aids Commission	PRO
29. Dr. Regina Mbabazi	ILO/IPEC	Consultant
30. Tabuzibwa I.K.	Seeta Medical Centre	Dentist
31. Mudanya Richards	COFTU	Rep. Sec Gen

Annex 6(b): List of Workshop Participants in Zambia

Name	Organisation	Designation
1. Mulilo, Alice	Ministry of Labour and Social Security	Labour Officer
2. Maambo, Christopher	Ministry of Education	Planning Officer
3. Mano, Payne	Copperbelt Health Education Programme (CHEP)	Programme Manager
4. Manjanya, Olive	ILO, Zambia Area Office	HIV/AIDS Programme Officer
5. Sendugwa, Gilbert	ILO-IPEC – Uganda	Country Programme Coordinator
6. Mbilima, Fraancis	Equilibira Research Associates	Team Leader
7. Tutu, Arnold	Health Journal	News Editor
8. Zulu, Dennis	ILO, Zambia Area Office	Programme Officer
9. Chilakata, Mwila	Tasintha Programme	IEC Officer
10. Mbuyana, Kintu	Tasintha Programme	OVC Officer
11. Nkandu, Ruth	Jesus Cares Ministries	Project Officer
12. Chipoma, Raymond	UNICEF	Social Policy Officer
13. Kalaluka, Joseph	Zambia Red Cross Society	HIV/AIDS Programme Coordinator
14. Kaoma, Simon	Zambia Institute for Special Education	Assistant Programme Manager
15. Ngululu, Tom	Zambia Police Service	Victim Support Unit Coordinator
16. Chibanda, Harrington	Zambia Federation of Employers	Accountant/Project Officer
17. Makelele, Susan	Times of Zambia	Reporter
18. Chisanga, Pamela	Children in Need Network	Executive Director
37. De Kort, Akky	ILO-IPEC	Chief Technical Advisor
19. Mubita, George	ILO-IPEC	National Coordinator
20. Museka, Gady	ILO-IPEC	Finance/Administrative Assistant
21. Wagubi, Paul	Independent Consulting Group	Consultant
22. Chileshe, John	JICA	Consultant

Annex 7(a): Status of Children Prevented from Child Labour

Organisation	Target	Achievements
Zambia		
Copperbelt Health Education Project	200 children	<ul style="list-style-type: none"> ✦ 200 children identified ✦ 572 HIV/AIDS-affected boys and girls receiving counseling and other forms of psycho-social ✦ 500 HIV/AIDS-affected boys and girls sensitised on child labour and child defilement
Jesus Cares Ministries	250 children	✦ 187 children provided with recreation, counselling, and education
Tasintha Programme	300 children	✦ 148 children
Uganda		
Juvenile Welfare Services (JWS)	300 HIV affected boys and girls	<ul style="list-style-type: none"> ✦ 60 girls and 41 boys have been enrolled ✦ 69 children sensitized on child labour. ✦ 75 family members sensitized on HIV/AIDS-CL ✦ 2 boys and 2 girls in primary 7 received assistance to continue with education.
Children Relief Organisation (CRO)	300 HIV affected boys and girls	✦ 28 (17 boys, 11 girls) HIV affected children identified
Kids in Need (KIN); Kampala	350 HIV affected girls and boys	<ul style="list-style-type: none"> ✦ 350 HIV affected boys and girls identified ✦ 350 identified children in primary schools have been counselled and some have received scholastic materials. ✦ Conducted sensitization meetings in schools with identified children on the dangers of child labor. ✦ A one day's training session on HIV/AIDS-CL was conducted for local council leaders and community members
Children of Uganda (COU)	300 HIV affected boys and girls	<ul style="list-style-type: none"> ✦ 300 (172 Males and 128 females) children have been identified ✦ 300 children have been equipped with life skills, provided with recreation facilities, have received psychosocial support
UYDEL	350 HIV affected boys and girls	<ul style="list-style-type: none"> ✦ 52 children (38 girls and 14 boys) identified ✦ 95 children (59 girls and 39 boys) have attended life skills sessions on HIV/AIDS-CL ✦ 28 children on average come in the evenings that come to play volleyball and netball. ✦ 40 children (19 girls and 21 boys) participated in a volleyball tournament ✦ 100 children (70 girls and 30 boys) have attended advocacy activities ✦ 17 district leaders (8 women and 9 men) attended a one-day sensitization seminar on child labour, social protection and HIV/AIDS ✦ 30 children (12 girls and 18 boys) and 30 peer educators attended a two day training seminar on counseling, referral, and identification of child victims of CSEC ✦ 48 community leaders and parent support groups (28 women and 20 men) attended a one day seminar for on child labour, social protection and HIV/AIDS

Annex 7(b): Status of Children Withdrawn from Child Labour

Organisation	Target	Achievements
Zambia		
Copperbelt Health Education Project	200 children	<ul style="list-style-type: none"> ✦ 200 HIV/AIDS-affected children identified ✦ 200 HIV/AIDS-affected child labourers being provided with recreational activities as part of rehabilitation process ✦ 572 HIV/AIDS-affected boys and girls attending community schools ✦ 80 boys and girls identified for vocational skills training ✦ 3 training institutions identified for vocational skills training
Jesus Cares Ministries	250 children	<ul style="list-style-type: none"> ✦ 81 children counseled, and placed in school ✦ 30 youths identified for placement in vocational training programmes
Tasintha Programme	300 children	<ul style="list-style-type: none"> ✦ 64 children ✦ 7 children identified for placement in vocational training
Uganda		
Juvenile Welfare Services (JWS)	250 HIV affected boys and girls	<ul style="list-style-type: none"> ✦ 80 HIV affected child labourers identified ✦ 27 girls and 12 boys enrolled ✦ 80 HIV affected child labourers sensitized. ✦ 67 family members and employers sensitized on HIV/AIDS-CL
Children Relief Organisation (CRO)	250 HIV affected boys and girls	✦ 96 (42 boys, 54 girls) HIV affected children have been identified.
Kids in Need (KIN); Kampala	300 HIV affected girls and boys	<ul style="list-style-type: none"> ✦ 300 children affected by HIV/AIDS identified ✦ 53 children (37 boys and 16 girls) withdrawn and undergoing rehabilitation through provision of counselling, and life skills ✦ 12 boys and 1 girl have been attached to local artisans for training in work skills ✦
Children of Uganda (COU)	250 children	✦ 250(187 males and 63 females) children have been Identified
UYDEL	300 HIV affected boys and girls	<ul style="list-style-type: none"> ✦ 79 children (22 boys and 57 girls) have been identified for vocational training ✦ 30 children (20 girls and 10 boys) have been identified for formal education ✦ 54 children (35 girls and 19 boys) have been provided with psycho- social support and counselling ✦ 66 children (41 girls & 25 boys) have been provided with recreation ✦ 60 children (47 girls and 13 boys) went for voluntary counselling and testing ✦ 42 training institutions (31 motor vehicle garages, 6 electronic repair shops & 4 carpentry workshops) have been identified for placement of children ✦ 14 boys training in motor vehicle mechanics have been provided with tool-kits

Annex 7(c): Status of Social Protection Supported Families

Organisation	Target	Achievements
Zambia		
Copperbelt Health Education Project	50 families to benefit from IGAs	<ul style="list-style-type: none"> ✦ 105 families identified to benefit from IGAs ✦ 45 identified families receiving technical assistance and inputs ✦ 2 IGAs identified and implementation commenced
Jesus Cares Ministries	50 families to benefit from IGAs	<ul style="list-style-type: none"> ✦ Families not yet identified ✦ 450 community members sensitised on child labour, HIV/AIDS, and social protection
Tasintha Programme	50 families to benefit	<ul style="list-style-type: none"> ✦ 68 families identified ✦ IGAs and required training identified
Uganda		
Juvenile Welfare Services (JWS)	social protection measures created	✦ 8 families identified to receive assistance to engage in IGAs
Children Relief Organisation (CRO)	social protection measures created	✦ process of putting in place social protection measures for HIV affected boys and girls has not yet started
Kids in Need (KIN); Kampala	social protection measures created	<ul style="list-style-type: none"> ✦ 50 families have been identified to benefit from the IGAs ✦ A three day's training workshop for identified families in basics of record keeping, marketing, general business management and Savings and Micro finance management ✦ 20 families provided with IGA inputs ✦ a savings scheme was formed by the participating families with democratically elected leaders
Children of Uganda (COU)	social protection measures created	✦ Has not yet been implemented
UYDEL	social protection measures created	✦ 15 families have been identified to benefit from IGAs

Annex 8: Summary of Other Activities Implemented by the Project

Programme	Objectives	Status
1. World Day (2006) Against Child Labour Celebrations through SCREAM-based Activities	<ul style="list-style-type: none"> ▪ To increase attention to children's appropriate participation in the fight against child labour ▪ To promote actual, meaningful participation of children in combating child labour ▪ To increase the numbers of trained SCREAM facilitators 	Successfully completed in both countries
2. Action Programme on the Elimination of Child Labour through SCREAM-based Activities	<ul style="list-style-type: none"> ▪ To increase awareness on the elimination of child labour through SCREAM-based activities ▪ To further enhance the SCREAM network by providing an opportunity for a large number of SCREAM trainers to work together ▪ To raise awareness on child labour and HIV/AIDS issues and solicit stakeholders' commitment in the fight against child labour 	Successfully completed in both countries
3. Development of HIV/AIDS module in the ILO SCREAM Pack and Trainers Guide on HIV/AIDS and child labour	<ul style="list-style-type: none"> ▪ To increase awareness and usage of HIV/AIDS SCREAM pack amongst stakeholders 	Successfully completed
4. Launching of ILO 2006 Global report on Child Labour at the districts and national levels	To increase awareness on the status of child labour to a large number of stakeholders	Successfully completed in both countries
5. Organizing media advocacy and soccer tournaments as well as participation in the Global week on Education and International AIDS Awareness Youth Cup	To raise awareness and increase attention to stakeholders appropriate participation in the fight against child labour	Successfully completed in Uganda
6. Pilot District Stakeholder Social and Activity Mapping in Establishing District Structures for Combating HIV/AIDS-Induced Child Labour and other WFCL	To contribute to the strengthening of district capacities to effectively make use of HIV/AIDS-induced child labour project strategies and tools and the setting-up of a National Time-Bound Programme towards the elimination of WFCL in Zambia	Ongoing in Zambia
7. Baseline Survey on HIV/AIDS-Induced Child Labour in Six Selected Districts of Zambia	<p>To provide baseline information on child labour and HIV/AIDS in selected districts as a basis for policy review and programming to combat HIV/AIDS-induced child labour as well as planning advocacy and awareness activities</p> <p><i>Zambia:</i> Livingstone, Lusaka, Kapiri Mposhi, Chipata, Katete, and Luanshya</p> <p><i>Uganda:</i> Kampala, Mukono, Mbale and Rakai</p>	<p>Ongoing in Zambia</p> <p>Completed in Uganda</p>