



Evaluation Summaries

HIV/AIDS Workplace policies and programmes

Quick Facts

Countries: Ethiopia, Uganda

Final Evaluation: June 2009

Mode of Evaluation: *Independent*

Technical Area: *HIV/AIDS Workplace Policies and programmes*

Evaluation Management: *ILOAIDS*

Evaluation Team: *Catherine Lowery/
Independent Evaluator*

Project Start: June 2009

Project End: July 2009

Project Code: INT/03/M27/ITA

Donor: Italian Co-operation 1,734,690

Keywords: Uganda, Ethiopia, workers education, HIV/AIDS, transport, agriculture

Background & Context

Summary of the project purpose, logic and structure

Funded by the Italian Government since 2002, the ILO started implementing a project entitled “*HIV/AIDS and the world of work: consequences for labour and socio-economic development*” in ten African countries. The project was for a period of two years and was seen as a first or pilot phase for a more substantive project to follow. With further funding from the Italian Government, the ILO embarked on a second phase of the project in March 2004, focussing on Ethiopia, Uganda and Zambia. This phase aimed to assist in the finalisation of workplace policies at the national, stakeholder and enterprise levels; and in planning workplace programmes that would

include prevention through education and training, and access to care and support in **Ethiopia and Uganda**. The second phase of the programme included:

- The selection of key sectors of activity where action would be concentrated.
- Adaptation of national policies on HIV/AIDS and the world of work to sector specific needs
- capacity-building for the selected sectors, including training for government members, trade unions and employers’ organisations,
- Training at enterprise level or cooperative level to enable workers and management to jointly plan and implement comprehensive interventions on HIV/AIDS at the workplace, including prevention, access to care and support, VCT and treatment.

Present situation of project

Ethiopia

Ethiopia is globally one of the hardest hit countries by HIV and AIDS. The June 2007 statistics indicate that the adult HIV prevalence rate is still high (2.1%). Around one million live with the virus, of which about 126,000 are newly infected each year. Currently, ARV users have increased from 120,000 to 289,000.¹ A big fear is that the spread of the virus is increasing in rural areas where over 85% of the livelihoods depend on agrarian economy, where information access and basic education (particularly, for women)

¹ This is a result of the promotion of universal access various services including ART and VCT due to rapid expansion of services.

is limited, where infrastructure development is poor, where household level poverty is high and where the socio-cultural influences and norms are impeding factors. In major urban areas, the spread is either slowly declining or has remained constant. Since 2002, the ILO has been one of the partners supporting the government of Ethiopia in combating the impact of HIV/AIDS. The government has recently passed a national policy building on previous guidelines, which obliges enterprises to develop an HIV/AIDS policy, with a target of over 2100 enterprises by the end of 2011; this initiative will be co-ordinated by the Ministry of Labour and Social affairs.

In Ethiopia, the ILO main partners were: the Federal Cooperative Commission; the Trade, Industry and Urban Development Bureau of Oromia Region and the Ethiopian Road and Transport Authority.

Uganda

Uganda is experiencing a generalised, severe and mature epidemic, with an HIV/AIDS prevalence of 6.4% among the general population. HIV incidence is currently estimated at 42% and predominantly within stable relationships. The second highest source of new infections is among commercial sex workers (22%), followed by MTCT (21%). Casual sex accounts for 14% of new infections. 1.1 million people are living with HIV and this has increased the disease burden, including the orphan problem where 50% of the country's 2.2 million orphans are a consequence of the epidemic. Though Uganda registered reaching 42% of the population in need of ART (2005), the number in need of ART continues to grow each year. The rising population growth of 3.4% coupled with the high numbers of new infections is making it difficult to stay ahead of the epidemic.

Uganda recognised that HIV/AIDS is not only a public health concern but also a social and economic disaster that called for interventions from all sectors. A national AIDS policy (1992) was therefore formulated to ensure a multi-sectoral approach to the epidemic. The Uganda AIDS Commission (UAC) was established

with a mandate to oversee, plan and coordinate AIDS activities at both national and local government levels, through providing strategic leadership and ensuring effective harmonisation of AIDS activities. A new national strategic plan (2007 / 2012) was developed, with the goal of reducing HIV incidence by 40%, through bringing coherence to HIV prevention efforts focusing on the most effective prevention measures, scaling up ART and a much improved coverage of social support in particular to orphans and vulnerable children.

Uganda has provided an enabling policy environment that has realised important HIV/AIDS policies and guidelines such as HIV Counselling and Testing (HCT), Orphans and Vulnerable Children (OVC), Condom policy, PMTCT guidelines and HIV/AIDS and the World of Work. These policies have been instrumental in contributing to the success of the national response. A national policy on HIV/AIDS in the workplace is in place through ILO input. Presently an HIV/AIDS law is being initiated and the national HIV/AIDS strategy is undergoing a mid-term review.

In Uganda, the main partners were: the Ministry of Gender, Labour and Social Development (MoGLSD); the Ministry of Health; the Uganda AIDS Commission; the Federation of Ugandan Employers (FUE); the National Organisation of Trade Unions (NOTU) and the Business Coalition against HIV/AIDS for the development of the national policy. Up to 2007 ILO also worked with a number of enterprises including James Finlay tea estates on the development of workplace policies.

Purpose, scope and clients of the evaluation

This evaluation covers the second phase of HIV/AIDS prevention and mitigation in the world of work from 2007-2009. This evaluation builds on from the internal ILO assessment of Uganda and Ethiopia that took place in 2006 and the independent evaluation

in January 2008² in Ethiopia, by Bezabih Emana. The evaluation was carried out, as required by the Italian Co-operation funding obligations, by an independent evaluator³ and managed by Ms. Margherita Licata, ILO/AIDS Geneva.

Methodology of evaluation

The purpose of the evaluation is to:

- assess if the project has achieved its stated objectives;
- assess any longer-term sustained improvements;
- provide recommendations on a possible way forward in terms of HIV/AIDS response in the world of work;
- assess the ILO comparative advantage in responding to HIV/AIDS in the project countries.

To answer these questions the evaluation assessed the:

- relevance of the project objectives;
- effectiveness of the project;
- efficiency in terms of use of resources;
- project's sustainability;
- level of stakeholder commitment to project.

The evaluation took place from the 6th till the 18th June by an independent evaluation consultant

Methodological Challenges

A number of methodological challenges were faced during the field-based data collection. Firstly, in Uganda the field visit to the enterprise took place two years after ILO interventions had finished. Therefore, it made it difficult to distinguish between ILO interventions, and HIPS' present support. Secondly, the project had been packed away in December 2008 and opened again from March 2009 resulting in a number of the project documents not being accessible. Thirdly, indicators, where fitted retrospectively, to the objective statements to aid the evaluation, resulting in no previous data being collected

against them. Also there was limited disaggregation of data, which made it impossible to make an assessment of outcomes on different groups.

In Ethiopia the previous NPC had died, resulting in limited institutional memory of the project within the existing ILO staff, coupled with very limited activities having taken place in the previous six months.

Main Findings & Conclusions

Mainstreaming of HIV/AIDS into enterprises is a process that takes time, as it requires a conceptual shift in thinking. The national policy in Uganda and the policy within the co-operative primary societies in Ethiopia have created a framework for mainstreaming to take place. The creation of this framework needs to be built upon to ensure sustainability, and ILO is well placed to lead this.

The creation of a national policy in Uganda and a workplace policy in the primary societies within the co-operative associations in Ethiopia is a concrete success of the programme. Adoption of a tripartite approach in Uganda ensured the national policy was reflective of stakeholders viewed and owned by the Ministry of Gender, Labour and Social Development (MOLGSD). In Ethiopia ownership and commitment of the policy within the co-operative association came from the individual's voluntary commitment in the grass roots primary societies. In contrast, the policy in the transport bureau in Ethiopia did not embed itself within the organisation and consequently was not operational.

Overall leadership buy-in was recognised as essential in the policy development process, and that this took time to develop; also that this understanding and commitment needs to be in place before implementation of HIV/AIDS prevention and mitigation activities take place. This did not happen in Ethiopia, which in part resulted in confusion between the policy and the peer education initiative. Moreover, there was a high turnover of staff involved in the policy development process,

² ILO/Italian-Funded HIV/AIDS Project Implementation and Needs in Oromia region

³ Catherine Lowery M&E Consultant

which led to limited knowledge of the policy among newer staff.

The mitigation and prevention activities in both countries centred on the peer education programme. The quality of the programme was seen to be good by the attendees and the wider organisations themselves with evidence of increased awareness and changes in behaviour.⁴ Linkages to other care and support services were weaker, in part due to the lack of available government services⁵, and in part due to limited partnerships formed with existing service providers to meet the potential demands created through increased awareness.

The weaker aspects of ILO operations were mainly around its strategic approach and management structures, which affected project results. Due to the unpredictable nature and unknown quantity of the funds from the Italian co-operation, ILO shifted its management of the project to one of short-term planning, focusing on supporting key activities. As a result strategic planning in terms of:

- developing country specific project frameworks;
- developing outcome and impact level indicators;
- reviewing and managing risks;
- quarterly work plans and subsequent reporting being aligned;
- reporting against results rather than activities;
- maintenance of systematic interventions with targeted enterprises;
- mainstreaming gender, poverty, environment

did not take place and negatively affected the project potential impact

The question then needs to be asked of ILO whether management of these types of funds to run projects is ultimately effective. For the Italian co-operation the question arises as to whether the existing funding mechanism for this type of funds is effective and efficient in

⁴ See Jan 2008 evaluation report in Ethiopia and internal assessment 2007

⁵ most notably in Ethiopia

maximising the potential impact of Italian taxpayers' money.

In terms of its role in the WOW, ILO was seen by its stakeholders not to have fully capitalised its added value on advocating the mainstreaming of HIV/AIDS. In terms of its implementation approach ILO's added value lies more in upstream policy development than direct implementation. This technical expertise was not maximised in Ethiopia as the majority of resources were allocated to direct intervention to reach the grass roots level.

Within the wider context ILO was seen as a lead agency in the WOW and HIV/AIDS so was well placed to deliver these mainstreaming HIV/AIDS projects. ILO's work fitted into the UNAIDS' joint programme strategy and that of UNDAF. ILO's added value was clearly around policy development and although the quality of its peer education programme was not questioned, ILO's added value in the implementation of prevention and mitigation activities is less clear than that of its policy work.

Recommendations & Lessons Learned

The recommendations have been divided into 'operational' and 'strategic'. Strategic recommendations focus on wider organisational issues such as overall approach, and guiding principles in policy development, which are targeted for ILO Geneva and regional offices. Operational recommendations refer to potential changes to future projects in ILO in Uganda and Ethiopia on HIV/AIDS in the WOW, and are targeted to individual countries' response and context.

Strategic Recommendations

To the national project coordinator

Ensure that policy development is partnered with a level of care and prevention service provision. As direct implementation on care and support is not within ILO remit, establishment of partnerships with service providers from the onset is essential to ensure

benefits of the work place policy become a reality.

Leadership Engagement

Learning from the project and from other agencies engaged in development of HIV/AIDS workplace policies is that buy-in from leadership is essential. Learning from STOP AIDS NOW! (SAN!) in Uganda⁶ is that the management first needs to convince before implementation of prevention and mitigation activities start. This commitment and engagement can be supported through carrying out an organisational assessment, which identifies challenges, risks and policy champions within the organisations and establishment of an MOU outlining roles and responsibility of each party.

Capacity Building of Tripartite Constituents

Further clarity is needed in ILO's approach on what capacity building of tripartite partners means in practice, particularly around committing resources to engage in capacity building. The relationship in Uganda was one of mainly ongoing consultation in the policy development process. Capacity building of the partners was a secondary by-product of the consultation process. Tripartite partners interviewed in Uganda were keen to develop policies and programmes in workplaces further but had limited resources with which to fully engage in this process. In Ethiopia, engagement of different agents within the co-operative ceased once the policy had been developed and ILO focused on running the peer education programme. Capacity building in this context would relate to the development of an overall operational plan and its subsequent monitoring and evaluation.

Budget planning

All Projects should have yearly budgets with allocated budget lines relating to key activities and outputs within a results framework.

Decentralised funding

The centralised nature of the funds delayed the implementation of the project, most noticeably in Uganda. Moving funds direct to project sites would reduce this delay.

To the national project coordinator

Set up an M&E system within the project and ensure that NPC are accountable to reporting on a quarterly basis against output indicators and on a yearly basis against progress towards outcome indicator (strategic objectives).

To ILOAIDS

Due to the unpredictable nature of these types of funds, achievement of project objectives is more questionable. If ILO is committed to achieving project results a clear funding strategy must be developed to complement proposal of this type to meet any funding shortfalls.

To the ILOAIDS technical cooperation unit in Geneva

Incorporate into HIV/AIDS policy development projects an M&E component, which will provide direct evidence to the workplace on the cost and subsequent benefit of having an active policy, such as changes in levels of absenteeism, quality of work and customer satisfaction.

Operational Recommendations

To the national project coordinator in Uganda: Project and Budget planning

Work plans should be developed on a yearly basis with corresponding budgets to enable projects to plan and implement activities in a strategic manner.

To the national project coordinator in Ethiopia:

Policy development

HIV/AIDS WOW projects should start with building understanding and commitment to HIV/AIDS in the workplace, which would in turn feed the development and establishment of a policy framework. The policy development process should include adequate promotion, which in part would come from the

⁶ Uganda was a pilot project in the SAN! Project.

participatory approach adopted in its development, but also wide scale dissemination. From this implementation of joint project activities initiated by enterprises and supported by ILO should flow. Projects should not start with implementation and policy development at the same time.

Workplace committee

Establishment of workplace committee rather than individual focal persons reduces risk associated with high turnover of staff and increased accountability and ownership of the initiatives.

Coverage versus Depth

ILO added value comes in upstream policy development and the support and facilitation of embedding and operationalising policy within the workplace. Within this context, ILO is better placed to concentrate its resources on extending its coverage, and managing the quality of the roll-out rather than direct implementation to the grass root level.

Next Steps

Uganda

ILO has a clearly recognised role across key stakeholders in the WOW. A clear opportunity now exists in Uganda to continue the mainstreaming of HIV/AIDS in the WOW through the utilisation of the dialogue space created through the national policy. ILO should be supported by the MOLGSD in the implementation of the national plan of action. Other areas for ILO's possible future intervention noted were:

- the review of the relevance of National Policy after three years of its implementation in 2011;
- upstream policy development in key line ministries⁷;
- the co-ordination of national response to HIV/AIDS and the WOW through setting up a committee for stakeholders,
- documenting best practice and lessons learnt,

⁷ Working in conjunction with WV who have been contracted to work with three line ministries in the next three years.

- advocating on mainstreaming HIV/AIDS in the world of work;
- mapping of WOW activities. There is no clear information on the number of HIV/AIDS policies;
- specific research on the cost of HIV/AIDS in the WOW, to be used as an advocacy tool;
- working in the 'hard to reach' workplaces such as the informal sector to identify lessons learnt and best practice to share with the wider community;
- work with the enterprises, in partnership with FUE and COFTU and NOTU on developing policy in pre-selected workplaces.

Ethiopia.

A national workplace policy framework exists in Ethiopia that holds enterprises to account for the development of HIV/AIDS workplace policies. At the same time the government has committed 2% of organisational budget⁸ for the implementation of a policy; and HAPCO has developed a strategy, which targets 2100 HIV/AIDS workplace policy in place by 2011 and has put in place an indicative budget. The challenge here is that MOLSA and the other tripartite must have the capacity to access funds allocated at HAPCO to begin to roll out the policy framework they developed. Currently they have limited the resources or capacity to push this process forward. In terms of resources, the majority of funds⁹ are presently focused around mitigation/health care provision while the numbers of newly-infected cases continue to rise. Within this context ILO is well placed to advocate for resource allocation on workplace policy, understanding around mainstreaming HIV/AIDS within the workplace¹⁰ context, and facilitating and supporting the tripartite

⁸ Sectoral and/or organisational core budget will be allocated to mainstream HIV/AIDS (mainly internally) and support HIV/AIDS activities within the workplace. Staff members could also contribute voluntarily, commonly 0.5-2% of their salary to be used as "AIDS Fund". This fund is commonly used to care for and support activities within the institutions.

⁹ As set out in the UNAIDS 2007-2011 strategic plan

¹⁰ HAPCO acknowledges that two programme such as including HIV Mainstreaming and PMTCT are among the weak response areas that have been identified

partners in the roll-out of the new policy legislation.

Important lessons learned

Lessons Learnt at the Strategic level included

- Management of funds centrally delayed the implementation process.
- Lack of any indicators in Ethiopia and only indicators to the output level in Ethiopia indicator hindered ILO's accountability to project results
- Mainstreaming of HIV/AIDS in the world of work is still a new concept for many; employers and this change in thinking takes time. This shift in thinking of management cannot be underestimated and adequate time and resources must be committed to this process. As a result, to develop a policy that is owned by individual workplaces takes time.
- A robust monitoring of the interventions should be considered as part of the mainstreaming process. Effective monitoring will, over time, provide the organisations with direct evidence of the benefits of the workplace policy to their core function.
- Countries should develop project-specific proposals. The original proposal was developed for three countries, and in some countries information was not relevant to the context on the ground. Project document was meant as guidance but never changed to incorporate specific issues and challenges.

Lessons Learnt at the Operational level included

- Relying on individuals for policy development and related activities hindered programme effectiveness as ILO was consistently faced with a high turnover of staff. Working through committee ensures wider ownership and mitigates against the risk of high turnover of staff.
- Ensuring ownership at the management level is crucial for embedding any

policy within an organisation and therefore, sustainability of any interventions in the longer term.

- To ensure continued focus and support for the national policy development the NPA could have been developed while the national policy was being finalised, so the policy and the plan of action could be launched at the same time.
- Need to engage staff at the right level within respective organisations, ensuring that they have the authority to make decisions around operationalising the workplace policy.
- A process of ensuring an effective HIV/AIDS workplace policy is firstly:
 - signing of MOU outlining clear roles and responsibilities;
 - organisational assessment to determine the operational framework and structure for policy development;
 - establishment of a policy committee to ensure a wider engagement and ownership of the process and reduced risk of process failure due to high turnover of staff;
 - development of policy and respective operational plan;
 - roll-out of prevention and mitigation activities.
- Commitment of funds from enterprises in the operationalising of a workplace policy shows organizational commitment to the policy process.

Best practises identified included:

- Drama, family events and multi-media were the most successful forms of intervention in raising awareness. This exposure to information in a non-threatening manner encouraged attendees to 'talk out' about issues surrounding HIV/AIDS.
- In 2008 James Finlay tea estate created a monitoring system in order to be able to measure the benefits of the HIV/AIDS programme. Data was collected around levels of absenteeism, productivity, mother-to-child transmission and overall well-being of staff. This monitoring system is used to report to the executive

board on the impact of the HIV/AIDS workplace policy¹¹.

- From the outset, establishing a MOU with respective enterprises to clearly set out initial roles and responsibilities of each of the parties in the development and operationalisation of the HIV/AIDS Work Place policy. This provided a reference point to which each party could refer as a guideline when interventions had commenced.
- Because of the establishment of the policy in James Finlay, in 2006 the Ministry of Health started to supply ARV directly through the estate clinics.
- A sustained partnership approach was seen as an effective way of mainstreaming HIV/AIDS in the workplace. Examples of an effective partnership approach were cited by a number of stakeholders by the placing of seconded staff¹² into enterprises to work to operationalising policy guidelines.
- Cost-sharing on implementation of policy, the degree to be determined on a case-by-case basis. The degree of cost share to shift towards the enterprise as the project continues.

¹¹ This intervention came after ILO main intervention, building upon this with the additional support given through the HIPS programme.

¹² This initiative was carried out by other stakeholders working on HIV/AIDS policy in the workplace in the same enterprises as ILO Uganda.