



INTERNATIONAL LABOUR ORGANIZATION

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GLOSSARY OF TERMS

AFEW	AIDS Foundation East-West
AIDS	Auto immune deficiency syndrome
ART	Anti-retroviral therapy
APERP	The ILO project to promote employment and reduce poverty
CCM	Country coordination mechanism for the Global Fund to fight AIDS, TB and malaria
CEE	Central and Eastern Europe
COP	Code of Practice on HIV and AIDS in the world of work
CSO	Civil society organization
DED	Department of employment development
DWCP	Decent work country programme
EECAAC	Eastern Europe and Central Asia AIDS Conference
EPA	External payment authorization
EVAL	The evaluation unit of the ILO
FTUU	Federal trade union of Ukraine
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HCNLS	National AIDS Council of Mali
HIV	Human immuno deficiency virus
HQs	Headquarters
ICAWB	International Centre for Advancement of Women in Business
ILO	The International Labour Organization
ILOAIDS	The HIV and AIDS Department of the ILO
IOE	International Organization of Employers
IPEC	International programme on the elimination of child labour
ITUC	International Trade Union Confederation
JT	Joint team
KABP	Knowledge, attitude, behaviour and practice
KAP	Knowledge, attitude and practice
MoLSP	Ministry of Labour and Social Protection
MoLSW	Ministry of Labour and Social Welfare
M&E	Monitoring and evaluation
MTP IV	The fourth Medium Term Plan
NAC	National AIDS Committee or Council
NC	National counterpart
NDP II	The second National Development Plan
NEF	Namibian Employer's Federation
NGO	Non-governmental organization
NPC	National Project Coordinator
NUNW	National union of Namibian workers
OI	Opportunistic infection
ONUSIDA	UNAIDS
OSH	Occupational safety and health
PAF	Programme acceleration fund of UNAIDS
PEP	Post exposure prophylaxis
PEPFAR	The United States President's Emergency Plan for AIDS Relief
PLHA	People living with AIDS
PNLTE	ILO project on National policy to fight against child labour
SRO	Sub-regional office
STA	Senior Technical Advisor
TB	Tuberculosis

TC	Technical cooperation
TECL II	Second phase of the ILO Programme Towards the Elimination of the Worst Forms of Child Labour
TSF	UNAIDS Technical Services Facility
TV	Television
UN	United Nations
UNAIDS	United Nations Joint and Co-sponsored Programme on AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
USD	United States dollar
USDOL	United States Department of Labour
VCT	voluntary counselling and testing
WAD	World AIDS Day
WHO	World Health organization
WoW	the world of work

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EXECUTIVE SUMMARY

The ILO and GTZ collaborated between 2002 and 2009 through a Project to build capacity in countries for developing HIV and AIDS workplace policies and programmes in response to the AIDS pandemic. The project was implemented in two phases. The first phase of GTZ support was from 1st December 2002 to 30th June 2007. The second phase was from 1st July 2007 to 30th September 2009 covering four countries: Mali, Moldova, Namibia and Ukraine.

The ILO implemented this second phase project in collaboration with its constituents in these four countries, namely Ministries of Labour, Ministries of Health and of Education, Employers' and Workers' organizations, and civil society organizations. The *scope* of this *final external independent evaluation* covers the second Phase of the collaboration with country visits to Namibia by the lead evaluator, and in Mali by a Francophone evaluator. Moldova and Ukraine have already undertaken an extensive external evaluation in July 2008 thus the limited resources available for Phase II were used to implement programme activities in these two countries instead of on external evaluators' visits.

The *purpose* of this final evaluation is to document knowledge improved and experiences gained from this second Phase to serve as a reference for designing future technical cooperation projects in these countries specifically. In addition, the findings from the evaluation serve for future programme considerations generally. The *clients* of this report are the participating country constituents and ILO offices, technical cooperation programme management, the Evaluation office of ILO, and GTZ.

The evaluation applied desk review of documents from each country and from ILO Geneva plus key informant interviews in Mali and Namibia as well as completion of Standard questionnaires by key informants in Moldova and Ukraine. In addition, each of the participating countries assessed their Phase II Project implementation.

The following were key findings from this evaluation:

- The Project has been relevant and fit with the identified needs of participating countries with the exception of Namibia.
- The Project design was valid in general but required adaptation and adjustments to support shifting circumstances in the countries.
- The Project made good progress and was effective particularly in Moldova and Ukraine, the two countries with longer Project duration and more resource investment. These two countries participated in this joint ILO/GTZ Project in both Phase I and II. Mali, despite a later start and limited resources, also made progress and the activities implemented were effective.

- Except for Namibia, resources, although limited, have been effectively utilized for Project implementation in Mali, Moldova and Ukraine.
- Moldova and Ukraine strengthened constituents' capacities and disseminated the *ILO Code of Practice on HIV and AIDS in the World of Work* in several languages as well as influenced national policy review and amendments. However, due to political instability, the revised policies have not been formally adopted. In Mali, the implementation duration was too short to gain traction but ILO has developed a proposal with the aim to mobilize further resources building upon investments made thus far.

In view of the evaluation findings, it is highly recommended to mobilize additional resources to support continued implementation of key project activities. These include ensuring adequate staffing for the project technical support. Specific recommendations are listed as follows for future projects:

- a. Conduct participatory needs assessments on HIV and AIDS in the workplace and use this information to develop partner-led interventions that include all key stakeholders;
- b. Align with National Strategic Framework in project formulation stage and consult national constituents to reduce discrepancies between national priorities vs. that of the donor.
- c. Develop programmes and activities that match available funds and based on realistic time frames.
- d. Develop appropriate project communication strategies to ensure all key stakeholders are aware of project roles and outputs.
- e. Strengthen project monitoring and evaluation strategy to ensure continuous and objective tracking of activities based on performance indicators that include reporting to partners and documenting success stories and best practices.
- f. Ensure project give priority to key interventions on which other activities are dependent, e.g. establishment of tripartite committees and MOUs.
- g. Engage in the UNDAF framework to identify strategies to strengthen HIV and AIDS in the workplace.

In conclusion, engaging the world of work is critical in countering HIV epidemics. However, future technical assistance should ensure sufficient duration, at least 4 to 5 years, as well as adequate financial and human resources to build strong capacity among constituents and improve the potential sustainability.

I. BACKGROUND

The ILO and GTZ collaborated between 2002 and 2009 to put in place a joint Project in order to meet the identified need to support the establishment of HIV and AIDS workplace policies and programmes as a response to the AIDS pandemic. The Project was implemented in two phases. The first phase of GTZ support was from 1st December 2002 to 30th June 2007 covering multiple countries globally. An external evaluation of Phase I was conducted and reported in August 2007¹. The second phase of GTZ-supported implementation of HIV and AIDS workplace policies and programmes covered four countries: Mali, Moldova, Namibia and Ukraine. This final evaluation covers the second phase of the GTZ-ILO collaboration in support of the implementation of workplace HIV and AIDS policies and programmes from 1st July 2007 to 30th September 2009.

Moldova and Ukraine have been both participating in the first phase of the Project but Mali and Namibia were not part of the Phase I participating countries. The four countries have been selected based on the following criteria:

- Moldova and Ukraine have been participating in the Phase I activities. The tripartite structure exists to facilitate the development of national HIV and AIDS work place policies.
- Mali, a francophone African country, was selected to build on previous GTZ experience on workplace policy and programme in Cote d'Ivoire. It is also a priority country under the Joint Action Plan on HIV and AIDS in the workplace launched in March 2004 by the International Trade Union Confederation (ITUC) and the International Organization of Employers (IOE).
- Namibia was selected after strategic discussions between ILO and GTZ on 8th October 2007 to replace Uganda as a participating country.

Initial funding for Phase II of the Project was for the period of 1st July 2007 to 31st December 2008 at 750,000 Euro. This was subsequently extended from 1st January to 30th September 2009 with a supplemental fund of 348,875 Euro. The final total funding for the Phase II Project was 1,098,875 Euro.

The ILO implemented this Project in collaboration with its constituents in the four countries, namely Ministries of Labour, Employers' and Workers' Organizations, as well as Ministries of Health and of Education, and in some cases including civil society organizations. This Project is a collaborative partnership between the ILO Programme on HIV/AIDS and the World of Work and GTZ.

Achievements of the first phase are briefly summarized as follows:

- Built the capacity of ILO tripartite constituents at national and regional levels of participating countries to formulate and implement gender-sensitive policies and activities to prevent the spread of HIV and mitigate its negative impact on socio-economic development.
- Translated the ILO Code of practice on HIV/AIDS and the world of work into eight languages: Chinese, French, German, Indonesian, Portuguese, Romanian, Russian and Ukrainian.
- Established regional network among constituents to exchange experiences in HIV workplace policy and programme development and implementation.
- Enhanced understanding of socio-economic impact of HIV epidemics.

This evaluation focused on Phase II of the project implementation.

²External evaluation of HIV/AIDS workplace policies and programmes, GTZ/ILO Partnership, 2003-2007, 15th August 2007.

1.1 PROJECT OBJECTIVES

The Phase II project is to build on the achievements of the Phase I results to implement workplace HIV policies and programme in the four participating countries. The Project has been developed to fill an identified need to promote the establishment of HIV and AIDS workplace policies and programmes as a response to the AIDS pandemic. The aim of the Phase II project was to contribute to the goal of universal access to prevention, treatment, care and support by 2010 through enhanced world of work engagement and partnership at the workplace.

Specific objectives for the participating countries are listed below:

Moldova and Ukraine

Immediate objective 1

Strengthened capacity of government and the social partners to make effective use of global finances for an increased involvement of the world of work towards reaching the goal of Universal Access;

Immediate objective 2

ILO constituents enabled to develop and implement workplace policies and programme to prevent the spread of HIV and AIDS and to mitigate its negative impact on socio-economic development;

Immediate objective 3

Capacity built through information exchange and knowledge transfer on good practices in world of work programmes with other countries in Eastern Europe through the use of the ILO infrastructure in the region.

Mali and Namibia

Immediate objective 1

Mobilized and strengthened capacity of ILO constituents to prevent the spread of HIV in the world of work, through a policy framework that is conducive and ability to access prevention, treatment and care services;

Immediate objective 2 for Mali

Created an enabling workplace environment for people living with HIV and those affected, in terms of non-discriminatory measures, prevention, access to treatment and care services;

Immediate objective 2 for Namibia

ILO constituents assisted to implement workplace programmes to prevent the spread of HIV and mitigate its negative impact on socio-economic development;

Immediate objective 3 for both Mali and Namibia

Capacity built through information exchange and knowledge transfer on good practices in world of work programmes with other countries in West Africa through the use of the ILO infrastructure in the region.

1.2 Project management

The ILO Programme on HIV/AIDS and the World of Work (ILOAIDS) was responsible for day-to-day implementation of the project in close collaboration with the ILO's field structures and constituents, and with UNAIDS and the United Nations theme groups at country level. A senior technical advisor (STA) was seconded to ILO/AIDS by GTZ to liaise between ILO Geneva and ILO field offices covering 2007 to 2008, with support from ILO sub-regional HIV/AIDS focal points and, at the country level, a national project coordinator (NPC) and an administrative assistant. International consultants were engaged to provide specialized services not available locally.

The STA, who was also the STA of the Phase I Project, left ILOAIDS at the end of 2008. The project management was taken over in 2009 by the Technical Cooperation Manager of ILOAIDS with support from ILO's sub-regional HIV focal point of Western Africa posted in Senegal for Mali, and Southern Africa, posted in Pretoria, for Namibia. In addition, National Project Coordinators and administrative assistants have been recruited by late 2008 for both Mali and Namibia. At ILOAIDS, Geneva, there is a francophone Africa regional facilitator to backstop Project implementation in Mali, and an Anglophone regional facilitator to backstop Namibia. There is no sub-regional HIV focal point or regional facilitator for Eastern and Central Europe to support Moldova and Ukraine. In mid-June 2009, a short-term professional was hired by ILOAIDS to manage the Project until its closure in September 2009.

In Moldova and Ukraine, the NPCs have been with the Project since Phase I. The NPCs for both Mali and Namibia were not recruited until second half of 2008 – one year after the start of the Phase II. From July 2007 to September 2008, the Project in Mali and Namibia were implemented directly by the STA with the support of a project officer in Geneva. After the STA left ILO at the end of 2008, the project officer took three-months leave starting January 2009 and left ILOAIDS in April 2009.

1.3 Country background

HIV epidemiologic context

Mali

Mali has a population of 12 million of which 1.3% of those aged 15-49 years have HIV as of end of 2006. This translates to an estimated 130,000 persons infected with HIV with 27,000 needing anti-retroviral treatment. In addition to socio-economic disparity between men and women in Mali, there is a large number of Malian who seasonally migrates as agricultural workers to Senegal and Cote d'Ivoire where the HIV prevalence is higher. Antiretroviral treatment (ART) has been available since 2001. ART and treatment for opportunistic infection (OI) are both free, as officially announced by the President of the Republic in July 2004. Mali is a recipient of the 8th round of the HIV grant of the Global Fund to Fight AIDS, TB and Malaria and of the World Bank MAP project fund.

HIV creates significant economic burden that affect productivity and increase costs to business. The mobilization based on ILO tripartite mandate (employers, workers and government) allowed access to a vast resource of influence and communication. The World of work, the key domain of ILO, has a comparative advantage in engaging employers, workers and other service recipients of public and private institutions as an appropriate base for developing information, education and communication activities against HIV².

² Mali project progress report, January-September 2009.

Moldova

Moldova is one of the poorest countries in Europe. In the past two decades, there has been significant emigration in search of employment opportunities. The overall HIV prevalence in the country is low. There are nearly 5,000 reported cases in a total population of 3.8 million people. However, the newly reported cases are increasing steadily each year with a 30 per cent increase in 2006-2007. In 2008, nearly 800 new HIV cases were registered. Among those with HIV, 81 per cent are between the ages of 15 and 39; 44 per cent of the newly infected are women; and 75 percent of transmission was through heterosexual sex. Migrants are considered one of the populations most at risk of HIV. Despite the growing epidemic, only 15 percent of people in a 2008 survey reported consistent condom use and 2/3 of respondents would refuse to share same office space with a colleague with HIV. About 34 per cent of workers were required to take an HIV test by their employers but less than 4 per cent of workers had taken part in any education programme on HIV and AIDS at their workplaces³.

Namibia

Namibia has a generalized HIV epidemic, attributed to heterosexual transmission (MoHSS 2008a). HIV prevalence in the 15 to 49 age group was 15 per cent, with half the infections among women. In 2006, 20 per cent of pregnant women were HIV positive⁴ based on routine antenatal surveillance. Life expectancy has declined in the past decade, from 61 years in 1991 to 49 years in 2001 (National Planning Commission 2003), and as many as 17 per cent of children under the age of 18 were orphaned as a result of the death of at least one parent (NDHS 2006). Approximately 204,000 individuals were living with HIV in Namibia in 2007. This number was predicted to increase to 247,000 by 2013 if prevention efforts remain at their current level (MoHSS 2008). Evidence of the impact of HIV and AIDS in the workplace has not yet been documented nationally. However the epidemic threatens the world of work in many ways, negatively impacting the demand for, supply and quality of goods and services, and creating a mismatch between human resources and labour requirements⁵.

Ukraine

Ukraine has one of the highest levels of HIV in Europe with prevalence at 1.6 per cent⁶. In 2008 alone, nearly 19,000 new HIV cases were registered with an incidence of 41 per 100,000. The main mode of transmission is heterosexual sex at 42 per cent followed by injecting drug use at 37 per cent. Vertical transmission continues to claim newborn babies with 3,635 cases reported in 2008. With the support of the ILO/GTZ project, a national law adopted on 19 February 2009 includes a workplace component covering the range of world of work activities. HIV prevention is included in the General Agreement between the Cabinet of Ministries of Ukraine, Federation of Employers of Ukraine, and Federation of Trade Unions of Ukraine. By now, approximately 200 enterprises, institutions or organizations have HIV and AIDS included in their collective bargaining agreements⁷.

³ Moldova project progress report, January-September 2009.

⁴ Source: UNAIDS country situation analysis, 2007.

⁵ Namibia project progress report, January-September 2009.

⁶The most severe HIV epidemics in Europe: Ukraine's national HIV prevalence estimate of 2007, Y.V. Kruglov, et al, Sexually transmitted infections, 2008:84 supplement, i37-i41, British Medical Journal.

⁷ Ukraine project progress report, January-September 2009.

II OBJECTIVES AND SCOPE OF THE FINAL EVALUATION

2.1 Objectives

The purpose of the evaluation is to determine:

- Whether the stated objectives have been achieved;
- If and how the programme has strengthened the ILO constituents' capacity to implement workplace HIV programmes consistent with *the ILO Code of Practice on HIV/AIDS and the world of work*;
- Whether the project contributed to *sustainability* beyond the project life, including building partnerships and mobilizing resources (United Nations entities, such as UNAIDS, co-financing or other donors, etc) in country; and
- Whether the programme was relevant for the countries concerned.

The final evaluation was conducted during the month of September 2009 as follows: 7-18 September 2009 for Moldova, Namibia, Ukraine and 21-30 September for Mali. A lead evaluator and a local evaluator for Mali were selected by the ILO evaluation manager in consultation with the Technical Cooperation Manager of ILOAIDS. These two evaluators were chosen from a pool of consultants of UNAIDS Technical Support Facility of Southern Africa and of Central Africa, the evaluator data base at ILO, and suggestions from UNAIDS country offices. The Terms of Reference for this evaluation has been reviewed and approved by the ILO Evaluation Office. Refer to Annex A for the Evaluation Terms of Reference.

2.2 Scope of evaluation

The evaluation included all four focus countries and covered the time frame of Phase II of the project from 1st July 2007 to 30th September 2009. External evaluators undertook field visits to Namibia and Mali as both Moldova and Ukraine had received an in-depth external evaluation at the end of Phase I in August 2007. In addition, there are plans to mobilize resources to continue support to the two African countries. The lessons learned from this evaluation will help shape future work of ILO in HIV and the world of work and the implementation of *ILO Code of Practice on HIV/AIDS in the world of work*. In August 2009, each country also undertook self-assessment on their project implementation.

The evaluation assessed the following

- The relevance of the project objectives to ascertain whether they respond to the needs of ILO constituents in implementing HIV and AIDS workplace policies and programmes.
- The achievement of the immediate objectives for each country including how obstacles were tackled and opportunities created, and whether gender considerations were sufficiently integrated in the programme design and implementation.
- The extent to which results and outcomes could be sustained and whether an exit strategy had been developed to ensure sustainability after this project.

2.3 Evaluation clients

The main clients of this evaluation are as follows:

- Workers' and employers' organizations and Ministries of Labour, other relevant Ministries and National AIDS councils and partners at country and sub-regional levels, UNAIDS in addition to the One UN coordinators in the One UN countries;

- ILOAIDS programme including regional HIV Technical specialists, sub-regional HIV focal points, national project coordinators, Headquarters staff and ILO Evaluation office, as well as the ILO sub-regional and country offices responsible for these four countries. As Moldova and Ukraine have undertaken extensive evaluation in 2008, in this final evaluation only the sub regional offices for Mali and Namibia were interviewed.
- GTZ

III. METHODOLOGY

The evaluation included two parts:

Part One: Country self-assessment

A standardized questionnaire was developed by ILOAIDS in collaboration with the ILO Evaluation office. Each National Project Coordinator reviewed their country project records and in consultation with social partners and constituents, completed the self-assessment form. This was conducted in August 2009. The country self-assessment findings have been summarized in Part B of *Section IV. Evaluation Findings*. Individual country self-assessment reports are included in Annex F.

Part Two: External evaluation

Moldova and Ukraine had undergone an extensive external evaluation at the start of Phase II project. It was decided to have external evaluator visit Mali and Namibia. These are two new countries to the project and had not undergone any external evaluation.

The methods applied for this external evaluation are as follows:

- **Desk review of documents from each country:** periodic progress and activity reports, mission reports, and self-assessment reports were reviewed, the latter based on a self-assessment tool developed by ILOAIDS and ILOEVAL to assist each country in conducting its own critical review of achievements.
- **Key informant interviews (KII):** Semi-structured interviews with key informants who included ILO constituents and project coordinators. The KII were based on a questionnaire developed by the consultant.

Interviewees responded to pre-coded questions with the possibility to elaborate further on specific questions. Key partners and beneficiaries of the project in the four participating countries were either interviewed by the evaluators or received the evaluation questionnaire to complete.

External evaluators

A lead external evaluator was engaged based on a set-criteria after soliciting inputs from UNAIDS Technical Support Facilities in Southern Africa, UNAIDS Headquarters, ILO Evaluator data base, as well as suggestions from ILO sub-regional office. A separate Francophone evaluator was engaged for Mali.

A Mali evaluator was also selected based on recommendations from UNAIDS Western Africa Technical Support Facility, UNAIDS country office in Senegal and Mali, and ILO evaluator data base. The Mali evaluator is from Mali and knows the local situation well. This evaluator conducted his part of the evaluation independently in September 2009 without the company of the Mali National Project Coordinator. The Mali evaluator coordinated his part of evaluation with the Lead external evaluator and used the same questionnaire designed by the lead evaluator. The results of Mali evaluation was incorporated by the lead evaluator to this final evaluation report. A copy of the Mali external evaluation report is in Annex E.

The Namibia evaluator was the lead evaluator for this final external evaluation. He was accompanied from South Africa by the ILO South Africa office HIV focal point to Namibia in September 2009 and was introduced by ILO Namibia project coordinators to the key informants and partners. However, during the actual conduct of the interviews, both ILO staff was excluded from the meetings to reduce conflict of interest and informants' potential reluctance to state certain issues at the presence of an ILO staff. The KII findings were then synthesized taking into account the documents provided by ILO on the Project to the lead evaluator.

Section IV of this report provides a summary of the main findings from the KII and supplemented by an ILO summary of the country self-assessment findings. Section V provides a brief discussion on the KII in relation to the progress reports and the self assessment reports. Section IV provides a summary of lessons learned.

Independent evaluators made field visits to Mali and Namibia in September 2009. In the case of Moldova and Ukraine the standard questionnaires were sent to country partners. The KII questionnaires from Mali, Moldova and Ukraine were translated into English by ILO and provided to the lead evaluator for consideration in preparing the final report. An evaluation manager was appointed at ILOAIDS, Geneva who coordinated the evaluation with the evaluators and relevant ILO field offices.

IV. EVALUATION FINDINGS

A. Assessment findings of the evaluators

This part of the evaluation report is mainly based on the findings of the key informant interviews and questionnaires completed. These are summarized below based on six (6) categories of project analysis namely

- relevance and strategic fit,
- validity of project design,
- project progress and effectiveness,
- efficiency of resource use,
- effectiveness of resource use and
- sustainability and impact of project.

4.1 Project Management

This component of the evaluation involved determining if the project had been managed effectively at all levels including adequate coordination, monitoring of project activities and clarity of roles and responsibilities of key project stakeholders.

In Moldova, Ukraine and Mali, interviewees indicated that project coordination was in general appropriate and stakeholders were quite aware of their roles and responsibilities. In Mali, roles and responsibilities of project stakeholders were set out in terms of reference and distributed to partners through workshops. The project action plan was validated by partners. However in Mali and Moldova, interviewees indicated inadequate backstopping of the project from Geneva. For example, communication between Mali and Geneva was intermittent, and in the case of Moldova, guidelines on financial and procurement processes and reporting were not clarified early in the project. This compromised the quality of both internal and external coordination between project stakeholders. It was noted that only since June 2009 the backstopping from Geneva was significantly strengthened.

In the case of Namibia, all interviewed ILO partners indicated that little communication about the project took place between partners and national coordination offices. The national project

coordinator noted that the project document was not sufficiently specific in clarifying the roles and responsibilities of the different social partners. Key project partners like GTZ-Namibia and the office of the Prime Minister were not fully informed about the project and did not receive any project reports. None of the Namibia partners interviewed indicated receiving any project reports and also reported inadequate communication from the project office. An example was late communication about workshops.

In terms of monitoring and evaluation, the project did not have a uniform system across the countries to collect and report project data. For example although the Mali and Moldova offices had a monitoring and evaluation systems, the Namibia and Ukraine project offices did not have such a system.

4.2 Project design, strategy and validity

This component of the evaluation involved determining whether the project design and implementation strategy were valid and relevant to the needs of the countries.

Both the Ukraine and Moldova country projects had conducted HIV workplace surveys that provided data on knowledge, attitudes, practices and behaviour of employees. In both countries, information from the surveys was used to design some of the project activities.

In Ukraine, stakeholders who were involved in the design of the survey included regional, local and trade union committees and education departments. Although the people interviewed in Ukraine were not aware of the findings from the survey, interviewees agreed that the project design and strategy were appropriate in supporting HIV and AIDS workplace policies. The project objectives were aligned with the national HIV and AIDS workplace policies and the implementation strategy was completely aligned with the broad internal organizational framework.

In Moldova, a compatibility analysis of the national legislation with international laws on HIV and AIDS and world of work provisions was undertaken and the findings led to initiating amendments in the Moldova Labour Code.

In the cases of Mali and Namibia, no significant surveys or needs assessments were carried out to inform project activities. In both countries interviewees indicated that key stakeholders were not involved in project design, and the specific needs of the principal beneficiaries were not adequately included in the final project documents.

In the case of Mali, the project implementation strategy was subsequently completely realigned with the National Strategic Framework 2006 – 2010 and activities were re-formulated to align the project with the UNAIDS and UNDAF strategies for 2008 – 2012.

In Namibia, interviewees indicated that although ILO constituents agreed at a project advisory board (PAB) meeting to amend activities, this was not necessarily done. For example, a PAB meeting recommended early development of a tripartite agreement between ILO constituents. However, at the time of this evaluation the particular action has not yet been taken. The majority of ILO constituents in Namibia therefore felt the project activities did not meet local needs. The Office of the Prime Minister noted that although a number of line Ministries has a comprehensive HIV and AIDS workplace policy or programme, the problem is in their implementation. Removing the implementation challenges should have been the emphasis of this project.

4.3 Project progress and effectiveness

This component of the assessment considered whether the project had achieved its planned objectives and whether beneficiaries were reached in a satisfactory way. The evaluators also reviewed what project strategies worked, what did not work and how challenges could be addressed.

All country projects had specific outputs and interviewees from all countries except Namibia indicated that project objectives were achieved. In Moldova and Ukraine, interviewees, project reports, and country self-assessment revealed that the majority of project objectives and activities were implemented and achieved. Significant achievements in the two countries include dissemination of *the ILO code of practice* to key constituents including translation into appropriate languages, baseline HIV and AIDS surveys among workers, training of specific beneficiaries, translation of ILO publications into local languages, and development of technical tools, e.g. the modelling of socio-economic impact of HIV and AIDS in Ukraine, the education sector manual on HIV and the world of work in Ukraine.

In both Moldova and Ukraine the project endeavoured to disseminate project outputs through conferences in Asia and Europe, TV broadcasts, websites and newsletters. In addition, the projects have significantly influenced the amendment of HIV legislation related to labour. In Ukraine the project provided comments on the amended law on HIV and AIDS and social protection and two regional concept papers on HIV prevention in the education sector (Chernovtsy and Kyiv oblasts) were developed. The Decent Work Country Programme of Moldova priority 3 includes HIV as Outcome 2 “The ILO constituents adopt and implement occupational health and safety and HIV and AIDS workplace policies and programmes in partnership with national multisectoral bodies”.

In Moldova the project engaged in the legislation compatibility study and collaborated with the ILO project on Eliminating the Worst Forms of Child Labour in the Agricultural Sector. As a result, the *Code of Conduct for Employers in the Agriculture Sector* included a provision on non-discrimination on the ground of HIV status. In both countries there was significant involvement of ILO tripartite constituents in the planning process, especially as the tripartite cooperation structure was already in place from Phase I of the Project.

In Ukraine, the trade union and business sector representatives and the Ministry of Labour are members of the Country Coordination Mechanism on HIV, AIDS and TB. In Moldova, the Deputy Ministry of Economy and Trade (In charge of labour issues) and the President of the National Confederation of Employers were appointed to the Country Coordination Mechanism on TB, HIV and AIDS. In both countries the project was part of the UNDAF and the UN Joint Team has always been informed of activities carried out by this project. The project in Ukraine however did not develop the intended national tripartite cooperation strategy on HIV and AIDS as approved through the National Tripartite Socio-Economic Council due to frequent political leadership changes in the country.

In contrast to the two European countries, the interviewees, project reports and project coordinator self-assessments from Mali and Namibia revealed less achievements. In Mali, the project was able to distribute *the ILO code of practice* and this was used in the project’s public sector workshops and seminars. About 27 Ministries benefited from project seminars, enabling them to reproduce such activities in their respective departments. The project did not develop new tools nor conducting workplace HIV and AIDS surveys. The project had no significant tripartite project collaboration except for the validation and alignment of the project work plan with the National Strategic Framework 2006-2010. According to ILO constituents interviewed, the most significant changes the Mali project achieved in the implementation of the HIV and AIDS workplace policies and programmes were as follows:

- the reinforcement of Ministerial policies and programmes on HIV and AIDS in the workplace by applying the *ILO Code of Practice*,
- the revision of the business coalition charter to include the fundamental principles of the *ILO Code of Practice*, and
- the commitment by trade unions and Ministries to adopt the *ILO code of practice*.

Interviewees attributed these changes to the national project coordinator's active engagement of ILO constituents and a significant number of Ministries in building their capacities.

The project activities in Namibia included distribution of the *ILO code of practice* and a handbook on HIV/AIDS for labour and factory inspectors to the Ministry of Labour and Social Welfare (MoLSW), Namibian Employer's Federation (NEF) and National Union of Namibian Workers. At the time of the evaluation, the project in Namibia had implemented four training workshops in the following areas: collective bargaining and HIV/AIDS, labour inspection and HIV/AIDS, HIV/AIDS peer education, and HIV/AIDS management training for the Ministry of Labour. The project did not have a formal tripartite committee and has yet to develop a strategy with the tripartite constituents. In addition, although the national project coordinator participated in the United Nations Joint team meetings, it did not engage in the UNDAF development process.

In Namibia ILO constituents interviewed reported an almost complete absence of reports about project plans and activities. The Namibia national project coordinator explained that although the project had output targets, most of these were not achieved because the project was not adequately resourced. All ILO constituents reported a lack of clarity about project objectives, activities and could therefore not comment on how successful the project had been in producing reasonable results. The most significant results of the project, according to progress and self-assessment reports of Namibia, was a capacity-building workshop for health care workers in implementing the joint ILO/WHO PEP guidelines. According to the key informant interviews, the most significant project result was increased awareness in the Ministry of Labour about HIV in the workplace.

4.4 Project efficiency

This evaluation focused on whether the project resources were efficiently utilized as well as the quality and timeliness of project outputs relative to available resources.

In both Moldova and Ukraine project reports, project coordinator self-assessments and the key informant interviews were consistent in stating that the project resources had on the whole been efficiently allocated and used. In Ukraine, interviewees indicated that project resources were spent rationally, concentrating on the most strategically relevant activities. However at the project coordination level, more resources were needed to communicate the aims of the project and, more specifically, the mandate of the ILO and the significance of HIV and AIDS in the work place. In Moldova interviewees also confirmed that although resources were in general allocated efficiently, more funds were needed for communication between ILO constituents and the project office and for sharing information on project implementation and good practices.

As for Namibia and Mali, interviewees and project reports indicated that project resources and implementation time were too limited. Due to inadequate funding, the implementation plans were either re-aligned or activities cancelled outright.

In Mali ILO constituents indicated that more funding could have allowed the project to engage other business sectors like transport and mining as well as the informal sectors as they have large numbers of workers. Due to limited resources (funds and time), planned activities were not completed e.g. the

second reading of the law related to HIV prevention and control, or the collection of good practices at the work place on HIV and AIDS.

In Namibia, all ILO constituents interviewed indicated that key strategies and activities agreed at the Project Advisory Board meeting were either not implemented or not implemented as scheduled. Interviewees all agreed that the project timescale and funding were inadequate.

The project, between January and June 2009, did not have a Project Coordinator in Geneva to support national coordination for the project.

4.5 Project sustainability

This aspect of the evaluation examined whether the project had helped to build an enabling legal and policy environment for HIV in the workplace, had an adequate level of ILO constituent project ownership, or country partners adopted a tripartite strategy to implementing HIV and AIDS interventions in the workplace.

In Ukraine, the project helped to create an enabling legal and policy environment on HIV and AIDS in the workplace through:

- disseminating reliable and relevant information about HIV prevention to key constituents,
- conducting training and seminars,
- helping to determine ILO constituents' roles in responding to the epidemic, and
- involving local government bodies, parents, communities and the Ministry of Education in project activities.

A key factor promoting sustainability of the intervention outcomes was the use of the education and health sectors as points of entry because both educators and health workers are highly regarded in the community and well-placed to promote HIV awareness especially in the rural areas. Project partners showed significant interest and motivation to continue work on HIV issues in the workplace due to raised awareness of the rapid spread of HIV in Ukraine and the consequences for labour. These outcomes were achieved even without the development of a national tripartite cooperation strategy. Project partners were involved in the development of project activity plans and ILO constituents felt ownership of the project.

In Moldova, interviewees listed some aspects of the project that promoted sustainability as follows:

- workplace HIV prevention policy advocacy with high-level stakeholders in government,
- the involvement of ILO constituents in national HIV and AIDS prevention efforts,
- conducting research on HIV and AIDS in the workplace to inform policy and programme design, and
- targeting key sectors such as the health sector for capacity building.

Other factors promoting sustainability included the development and sharing of the Joint ILO/WHO guidelines for health services and HIV and AIDS in Romanian, which was distributed to health workers and trade union members, and the integration of HIV prevention into labour inspection training curricula. Interviewees, however, indicated that the low prevalence in Moldova resulted in HIV not considered a priority in the labour sector, especially in the private sector. This is reinforced by the inadequate number of staff to promote HIV awareness at key institutions such as the Labour Inspectorate, National Confederation of Employers, and National Employment Agencies.

Another threat to sustainability was the project objectives could not all be achieved in such a short time span and long-term project planning was a challenge. The project did however undertake activities to promote sustainability, including the involvement of government institutions responsible

for HIV policy in project activities, inviting private companies to share experiences about HIV prevention, and including an HIV and the World of Work component in the Round 9 Global Fund application.

In Mali, the project implementation strategy was reliant on a strong tripartite mechanism which would in turn contribute to sustainability. The project prioritized training of labour inspectors as they are the key enforcers of HIV workplace requirements in both private and public sectors. The project management team endeavoured to engage partners in validating the action plan to strengthen local ownership. Partners were given the flexibility, depending on their specific work environment, to integrate their own activities in the project work plan.

The training of a significant number of Ministries means that at the government level key personnel are able to apply *ILO Code of Practice* in response to HIV prevention. This, coupled with setting up of a National Tripartite Committee, lead to continuous independent dialogue about HIV and AIDS in the workplace. The most significant threat to sustainability of project outcomes was limited time and funding. This meant that some strategic activities originally planned were not implemented.

Similarly, the limited funds and time-scale allocated to the project in Namibia led the ILO constituents and project coordinator to conclude that the project achieved little. The project focused on building the internal capacity of the Ministry of Labour and Social Welfare. The assumption was the Ministry is the lead agency on world of work issues in Namibia. However the Office of the Prime Minister actually has a significant role on employment issues. Key ILO constituents such as the Namibian Employers' Federation, National Union of Namibian Workers and Nabimian Business Coalition hardly received any training or technical support from the project.

B. Country self-assessment findings⁸ and lessons learned

This evaluation report summarized the country project coordinators' self-assessments in consultation with country constituents using a standardized self-assessment tool developed jointly by ILOAIDS and ILO evaluation office. A copy of the assessment tool is in annex D.

The self-assessment focused on the following issues:

- Knowledge base management
- Policy advocacy
- Mainstreaming ILO code of practice in the world of work
- Mainstreaming gender consideration in this project
- Capacity building
- Sustainability
- Effectiveness and efficiency of project management
- Whether the project has achieved what it sets out to accomplish

The reports on these elements from each country are summarized in the following section.

Mali

Knowledge base management

Five hundred copies of the French version of *the ILO Code of Practice for HIV/AIDS in the world of work* have been disseminated. The Code is the basis to build knowledge on HIV in the workplace for the Ministry of Health, Ministry of employment and Vocational Training, The Ministry of Labour, The Ministry of Foreign Affairs, the Business coalition against HIV/AIDS with 45 private enterprise

⁸ This section of the report is provided by ILO project team.

members, the Trade Unions (UNTM, CSTM, and SNEC), the National Council of Employers and other 23 technical Ministries of the Malian Government. The French version of the WHO/ILO guidelines on post-exposure prophylaxis was used to train private sector health practitioners.

ILO-GTZ activities in Mali are very visible as ILO is a key partner of the Malian government. The project activities are broadcasted in Mali National TV-ORTM news hours, public and private newspapers.

Policy advocacy

The project provided a review of the Mali National HIV/AIDS law adopted in 2006 to ensure consistency with the new proposed Standard of the International Labour Organization.

Mainstreaming ILO Code of Practice in the world of work

The ILO Code of Practice is being introduced to 27 public sector Ministries whereas the Mali Business Coalition on AIDS has been applying the Code with the private sector.

Mainstreaming gender consideration in this project

All project activities include a gender-sensitive training. A conscious effort was made to ensure participation of both women and men.

Capacity building

All 27 Ministries benefited from project design and management training. All partners improved their ability to implement workplace HIV prevention with practical tools.

Sustainability

The NPC consulted project partners to allow integration of some project activities into partners' own annual work plan to ensure sustainability. Unfortunately, due to the short-duration of the project, some sectoral engagement would not be sustainable unless the time frame could be extended.

Effectiveness and efficiency of project management

The project followed the ILO standard financial procedures to fully utilize its resources. Unfortunately, since 14 January 2009 there was no project backstopping with only intermittent exchanges. The situation was only rectified for the last 3 months of the project where an officer was engaged to support the ILO GTZ project from Geneva. There is a national HIV response monitoring and evaluation system which this project inserts into.

Whether the project has achieved what it sets out to accomplish

The project objectives were accomplished partially and clearly demonstrated the ILO's comparative advantage in the world of work. Unfortunately, due to resource constraints which limited its full implementation some activities proposed had to be cancelled. However, despite of these constraints, this very first ILO project on HIV in Mali is much welcomed by the country. The project has achieved high visibility and credibility as well as social partners' buy-in. The country needs ILO support to advocate in legislation, policies on HIV related to work. It is necessary to secure further resources to build sustainability and capacity for the long term.

LESSONS LEARNED

- On Knowledge base management
 - Participants requested ILO to make available more resource materials on managing HIV at workplace and on sector specific workplace HIV interventions.
 - Increase resource allocation for project communications to increase reach beyond the immediate workshop participants.
- On policy advocacy

- The project shall be aligned with the National Strategic Framework. This project document framework was initially set on the GTZ priorities only. The project work plan was revised based on consensus of major ILO constituents to ensure national ownership and adjusted to align with the National Strategic Framework, 2006-2010, which the UNDAF and UNAIDS plans are all aligned to.
- On mainstreaming *ILO Code of Practice in the world of work*
 - A formal partnership arrangement with the Mali Business Coalition against AIDS could further enhance the public and private sector update of the Code of Practice.
- On sustainability
 - The project time frame was too short to enable newly engaged partner to be able to sustain their actions without additional financial support and ILO technical guidance.
- On effectiveness and efficiency of project management
 - A full-time technical specialist support and guidance from the HQs throughout the project duration is crucial
- On whether the project has achieved what it sets out to accomplish
 - It is critical to set realistic objectives and provide requisite budget allocation for each activity envisioned to ensure effective participation by social partners.

Moldova

Knowledge base management

The project supported translation into Romanian language the following publications:

- Joint ILO/WHO Guidelines on Health Services and HIV/AIDS
- A handbook on HIV/AIDS for labour and factory inspectors
- Implementing the ILO Code of Practice on HIV/AIDS and the world of work, with adjustment into the Moldova national context
- ILO Code of Practice on HIV/AIDS and the world of work
- ILO/AIDS: A workplace policy on HIV/AIDS: What it should cover
- Taking action at the workplace
- Guidelines for employers on HIV/AIDS at the workplace
- Guidelines for the trade unions on HIV/AIDS at the workplace
- Face sheet 1: A workplace policy and programme on HIV/AIDS: How to get started
- Fact sheet 2: How to tackle stigma and discrimination towards HIV/AIDS at the workplace

Additional documents disseminated in Russian language included Guidelines for the transport sector on HIV and AIDS. The project disseminated 2000 copies of the *ILO Code of Practice on HIV and AIDS in the world of work* to Ministries, enterprises, National Confederation of Employers and workers groups.

New tools and training manuals produced by the Moldova project included the following:

- Training for women entrepreneurs on HIV and AIDS in English, Romanian & Russian
- Occupational Safety and Health, HIV and AIDS fact sheets in Romanian
- Discrimination based on HIV status fact sheet in English and Romanian
- Model workplace policy on HIV and AIDS in Romanian

In addition, integrated HIV related information in the Guidelines for mobile populations developed 9 guidelines for 9 countries for Moldovans contemplating emigration. These Guidelines have been distributed through the National Employment Agency.

Research and knowledge base created in the following:

- Knowledge, attitude and practice survey on HIV and AIDS among employees- In English and Moldovan

- Comparative analysis of national legislation on HIV and AIDS and the world of work in English and Romanian

The Project conducted the studies in collaboration with the Ministry of Economics and Trade and National Bureau of Statistics.

The Project dissemination of its knowledge base through publishing abstract and poster presentations in major international scientific conferences as follows:

- International AIDS Conference, Mexico, 2008
- Eastern Europe and Central Asia AIDS Conference, Moscow, 2008
- European Conference on AIDS and Drugs, Vilnius, 2009
- Live TV broadcasting an interview of NPC, Chisinau, March 2008 in Romanian
- TB talk show on HIV and AIDS and Migration, July 2008, Chisinau in Romanian and Russian
- Disseminating knowledge and project activities through major Websites: www.aids.md, www.ccm.md, www.un.md, www.ilo.org, www.cmb.md
- Regular updates on the Project in CCM Secretariat Newsletter in Romanian and Russian
- UN Moldova newsletter in English and Romanian, March 2009 issue
- Articles published on the occasion of celebration of Occupational Safety and Health day in 2007 and 2009
- Regular contribution of articles about the project in GTZ Backup newsletter
- A Poster for the World AIDS Day in English and Romanian, 2007 and 2008
- Youth concert on World AIDS Day 2007

Policy advocacy

Nationally

- Amended the Moldova Labour Code to include anti-discrimination on the grounds of HIV status to be consistent with the International Labour Standards.
- Mid-term review of the National AIDS Programme recommended inclusion of World of Work to the National AIDS Programme work plan
- Ministry of Economy and Trade has been included as a member of the Country Coordinating Mechanism of GFATM
- Moldova application to GFATM Round 8 included a workplace component
- Moldova made contribution to the new proposed ILO Recommendation on HIV and AIDS in the World of Work

Sectorally

- Developed a provision on non-discrimination on the ground of HIV status in the Code of Conduct for Employers from Agriculture Sector, in collaboration with the ILO Project on Worst Forms of Child Labour in Agricultural Sector

Enterprise Level

- Formal and informal setting workplace policies on HIV and AIDS were adopted by enterprises

The project succeeded in advocating and getting the Ministry of Economy and Trade and the National Confederation of Employers to have a seat in the National Coordination Council on TB, HIV and AIDS thus enhancing policy advocacy voices.

Mainstreaming ILO code of practice in the world of work

Harmonize with National Development Plan: The Project objective is linked to the National Development Plan Priority 4 on developing human resources, providing employment opportunities and promoting social inclusion, item 4.2 build a healthy society.

Harmonize with One UN: The project is within Outcome 2; by 2011 vulnerable groups will enjoy increased equitable and guaranteed access to basic services of good quality provided by the State with the support of civil society.

Aligned with UNDAF: The Project responded to UNDAF Outcome 2.2.4: Government and social partners are better able to promote comprehensive workplace policies in response to HIV and AIDS with a focus on protection against discrimination in the workplace

Mainstreaming gender consideration in this project

- Incorporate gender awareness raising In all project capacity building processes
- Encouraged debate based on the Code of Practice to stimulate gender balanced policies to ensure consideration of gender dimension in the development and implementation of workplace HIV policies.

Capacity building

- Enhanced nurses' knowledge and skills in Post-exposure prophylaxis and HIV training.
- Built women entrepreneurs' capacity through skills training
- Demonstrated capacities built through their ability to take on HIV prevention at workplace are: National AIDS Centre, labour inspectorate, National Employment Agency, 5 private and public companies, NGOs and other HIV stakeholders.
- Health, education and construction sectors Trade Unions are mobilized on HIV prevention.

Sustainability

- The project has succeeded in incorporating HIV in the work place component in the national policy
- Employers and Sectoral Ministry are engaged in the national HIV and AIDS response coordination mechanism

Effectiveness and efficiency of project management

What was weak?

- Short-term project approach severely limited a proactive long-term sustainable approach. The project was renewed at six-month intervals (Nov 06-Mar 07, April – Jun 07, Jul-Dec 07, Jan-Dec 08 and Jan-Jun 09, July-Sep 09).
- Cumbersome and lengthy financial transaction arrangements via ILO HQs, ILO sub-regional office, UNDP Moldova then to the Moldova project office hindered speed of project implementation. Initial phase of project with micromanagement was delimiting

What was efficient?

- During the last quarter of the project, with support from an ILO HQs coordinator contributed significantly in advancing project implementation and supported project country team.
- Regional collaboration with Ukraine team strengthened project implementation.
- It is helpful to have country project assistant.
- Creating an e-network to share project knowledge and practice among staff and constituents encourages sharing of good practices.
- The project participated in both UN and governmental M&E reporting system.

Whether the project has achieved what it sets out to accomplish

Overall, the project not only accomplished its planned outputs and outcome targets but also implemented additional activities at no cost to the Project. It has achieved awareness raising objective.

Limitations of the project

Very limited budget for very ambitious objectives. There should be project implementation framework that corresponds to the length of the Phase II project instead of only at 3 to 6 months increments.

LESSONS LEARNED

- On knowledge base management
 - It is critical to have the Code of Practice and key documents translated into native language to enhance its uptake and be understandable to intended audience.
- On Policy advocacy
 - The project should have targeted top management of enterprises at the outset. By not doing so, it resulted in only 5 enterprises adopting workplace HIV policies instead of more.
- On mainstreaming ILO code of practice in the world of work
 - By targeting top management of enterprises and trade unions, the project could have scaled up further work place HIV policy development and adoption.
- On mainstreaming gender consideration in this project
 - The project could engage more with civil society and women's organizations to expand their support in gender-sensitive HIV preventive responses with ILO's constituents
 - There are more women than men participating in project activities. For example, medical representatives of private companies are mostly women. May need to consider ways to engage men.
- On capacity building
 - There is need to further strengthen leadership capacity of Employers and Workers representatives so they can effectively engage in designing future National HIV and AIDS policies and strategies
 - Low HIV prevalence in the general population results in lack of motivation by enterprises, governments and workers to HIV preventive education. By incorporating HIV issues in Occupational Safety and Health programme ensured HIV prevention coverage for workers.
 - Peer group sharing among enterprises of good HIV preventive work place practices is an efficient way to expanding the reach.
- On sustainability
 - Flexibility in adjusting project work plan according to country's own progress helped the project implementation. Events or objectives planned at the start of a project at times need to adjust to changing circumstances.
 - The knowledge base of ILO, through dissemination in native language, ensured continued dissemination through existing national partners' channel, such as website, UNAIDS libraries, continues beyond the life of the project.
- On effectiveness and efficiency of project management.
 - Media events including TV interviews and news paper articles did not cost the Project funds but allows wide advocacy and knowledge dissemination.
 - Forging co-financing partners in project implementation allowed limited project funds to stretch and achieve more results than doing things alone.
 - It is critical to have induction orientation on operations procedures.

Namibia

Knowledge base management

- A knowledge, attitude and practice study was conducted for the staff of the Ministry of Labour and Social Welfare with a Voluntary Counselling and Testing campaign

Policy advocacy

- A tripartite Memorandum of Agreement to implement HIV workplace programme was adopted by the Ministry of Labour and Social Welfare, Namibian Employers' Federation, National Union of Namibian Workers, Office of the Prime Minister, Ministry of Health and Social Services

Mainstreaming ILO code of practice in the world of work

- There is an identified need and requested by social partners to form a National Tripartite Committee but was not done. The project NPC only implemented activities with the Ministry of Labour and Social Welfare and excluded other partners.
- The project was not aligned to National AIDS plan or the UNDAF project.

Mainstreaming gender consideration in this project

Not reported. The NPC felt that Namibia is sufficiently cognizant of gender mainstreaming.

Capacity building

- Collective bargaining and HIV and AIDS training
- Labour inspector training on HIV
- HIV peer education training for Ministry of Labour staff
- HIV management training for the Ministry of Labour

Sustainability

The project only engaged in training the Ministry of Labour and Social Welfare staff. Although Trade Union and Employers' requested capacity building support but the project did not engage with them.

Effectiveness and efficiency of project management

The original project work plan has been revised to be relevant to Namibia. However, there is still much overlap with existing other donor supported activities. There is too little project resources for very ambitious work plan. The NPC opted to move to her own home instead of renting office space when initially assigned office space became over-crowded. There was no monitoring and evaluation system in place.

Whether the project has achieved what it sets out to accomplish

The project did not achieve its objectives in Namibia. The project budget was too small. Implementation time frame was too short.

LESSONS LEARNED

- On knowledge base management

The Employers and Workers could benefit if the Code of Practice has been translated into Afrikaans and Oshiwambo- the two key local languages.

Ukraine

Knowledge base management

- ILO Code of Practice has been translated into Ukrainian and widely disseminated continuously. It formed the basis for workforce HIV activities in the country. It has been used by UNAIDS, UNDP, SMART Work. It has been incorporated in the State AIDS Programme 2009-2013.
- A manual for education sector workers has been developed based on the 10 principles of the Code of Practice.

- The training manual on the Code of Practice has also been translated into Ukrainian and used in capacity building activities.
- Joint ILO-WHO guidelines for health workers and joint guidelines for Post-Exposure Prophylaxis have both been translated into Ukrainian and disseminated.
- A Socio-economic impact of HIV and AIDS model in Ukraine has been revised to incorporate forecast of loss of income by enterprises, impact on penitentiary institutions, and poverty as a consequence of HIV epidemics. Results of modelling were published in English and Ukrainian.
- The modelling was applied to three regions of Kyiv oblast through UNAIDS PAF fund.
- A pilot study on HIV prevention in health sector.
- Knowledge dissemination, in the resource constraint, was through partners' media.
- Posters, booklets and bookmarks on the 10 principles of the Code of Practice have been produced and disseminated widely.

Policy advocacy

The project established multipartite cooperation on HIV in three towns of Kyiv oblast and established three local coordination councils through UNAIDS PAF.

Mainstreaming ILO code of practice in the world of work

All activities were based on the Code of Practice. It is also considered in formulating national AIDS programme and UNDAF.

Mainstreaming gender consideration in this project

There is a specific session on gender in each of the project training activities. Most education and health sector workers in Ukraine are women.

Capacity building

Beneficiaries of the capacity building activities of the project are: Ministry of Labour and Social Policy, Ministry of Health, Ministry of Education and Science, State Occupational Safety and Health Committee, State Department on Labour Law Observance, National Education and Science Workers Union, Chernovtsy and Kyiv regional education and science workers unions, Chernovtsy and Kyiv regional education administrations, national and regional health workers union, education and health workers of Ukraine, and local authorities. Most partners have been able to carry out HIV preventive training subsequently.

Sustainability

The project strategically selected pilot regions in the country to implement in depth instead of spread thinly to cover the entire country. The project focused on the education and the health sectors.

Effectiveness and efficiency of project management

The project has been very efficient in utilizing the very limited resources to achieve the widest impact. The great support from ILO HQs and ILO Ukraine National Coordinators to the project contributes to its success. There was no Monitoring and Evaluation system established for this project.

Whether the project has achieved what it sets out to accomplish

The project has achieved more than planned. However, the project did not achieve in developing a national tripartite implementation strategy for HIV due to external factors beyond the control of the project.

LESSONS LEARNED

- On knowledge base management

Translation into Ukrainian all resource materials enhanced social partners understanding.

- Policy advocacy

Socio-economic impact modelling for sectors provides powerful policy advocacy tools.

- Sustainability

Poor financial security in pilot sectors, high staff turnover, political and economic crisis hindered project implementation.

V. GOOD PRACTICES⁹

Mali The project inserts its activity implementation monitoring in the National Monitoring and Evaluation system to align with the national approach as well as ensure efficient monitoring. The project built the capacities of its partners in utilizing this system.

Moldova The availability of technical resources in local language facilitated the development of a locally adjusted workplace policy model.

The co-financing and partnership engagement allowed the Project to achieve more with fewer resources. By advocating successfully for the inclusion of Employers and labour sector Ministry's engagement in the National AIDS policy and programme coordination mechanism, it ensures the advocacy and mainstreaming of workforce HIV issues into the national HIV and AIDS agenda.

Namibia None identified.

Ukraine With the support of the ILO-GTZ project, a law enacted on 19 February 2009 includes workplace component covering the range of World of Work activities. HIV prevention is included in a General Agreement between the Cabinet of Ministries of Ukraine, All Ukrainian employers Associations and Organizations, and All Ukrainian Trade Unions Associations and Organizations at regional and national levels. By now, approximately 200 enterprises, institutions or organizations have included HIV and AIDS in their collective bargaining agreements¹⁰.

VI. CONCLUSIONS

Overall, the evaluation showed that the project aims and objectives were relevant and as an intervention it was worth implementing. Probably the most significant positive aspect of the project is related to the sustainability of the intervention. ILO constituents and project coordinators across countries indicated that the project increased the level of awareness about HIV and AIDS in the workplace and triggered processes to institute and strengthen policies and procedures to deal with HIV in the work place.

There were some significant challenges identified starting with project design, implementation and sustainability. The challenges were most frequently linked to the length of the project and level of funding. Moldova and Ukraine implemented their projects over a longer period and received more funding for their activities. As a result these two countries were able to include surveys and research that guided project strategies and activities. The projects therefore have more effective and measurable outputs. In Mali and Namibia, the projects were implemented over 9-14 months, and resources and funding set aside for implementing activities were minimal. In Namibia, for example, the project struggled for office space and had a budget of about \$32,000 to implement activities.

The design of the intervention also tended to be initiated outside the countries and there was inadequate involvement of partners in key aspects of project planning. This was especially the case in

⁹ This section of the report was extracted out from the country self-assessment reports by the ILO GTZ team.

¹⁰ Ukraine project progress report, January-September 2009.

Namibia and Mali. In Mali, partners had to redesign project activities later on to make them relevant to the needs of ILO constituents. In Namibia, even when partners made recommendations to re-align the project strategy, this did not happen. For example, Namibia's partners agreed in late November 2008 that creating a tripartite committee and developing a memorandum of understanding between partners should be the first activity. However a tripartite memorandum of understanding was never signed as of September 2009- the end of the project. This lack of a tripartite mechanism may have contributed to the disillusionment about the project expressed by most partners in Namibia.

In Namibia, the definition of roles and responsibilities was in most cases unclear and partners were not sure by the end of the project if they had fulfilled their mandate. The Namibia GTZ country office was unaware of the project and had no role in supporting it. The poor communication between ILO constituents and this ILO project in Namibia meant that individual organizations were not aware of project activities being implemented. No project activity reports were shared with ILO constituents in Namibia or with the ILO office in Pretoria.

Although the interviewees and some of the project reports showed that targets were met, there was no clear logical framework or uniform monitoring and evaluation system to track project objectives, activities, outputs and outcomes across countries. Project resources (time and funds) were viewed as inadequate especially in Mali and Namibia. To quote one of the partners in Namibia, "How can ILO think such a level of funding will make any impact among our labour constituents?" Because of such limited funding key activities were not implemented. In Mali, for example, a key activity to document best practices about workplace interventions was not carried out. Partners observed that resources should have been used to focus on advocacy activities and performing baseline assessments of HIV and AIDS situation in the workplace in Namibia and Mali.

VII. RECOMMENDATIONS

In view of the evaluation findings, it is highly recommended to mobilize additional resources to support implementation of key project activities that are yet to be completed. These include ensuring adequate staffing for the project to provide technical support. Specific recommendations are listed as follows for future projects:

1. Conduct participatory needs assessments on HIV and AIDS in the workplace and use this information to develop partner-led interventions that include all key stakeholders.
2. Align project with National Strategic Framework in formulation stage and consult national constituents to reduce discrepancies between national priorities vs. that of the donor.
3. Develop programmes and activities that match available funds and are based on realistic time frames.
4. Develop appropriate project communication strategies to ensure all key stakeholders are aware of project roles and outputs.
5. Strengthen project monitoring and evaluation strategy to ensure continuous and objective tracking of activities based on performance indicators that include reporting to partners and documenting success stories and best practices.
6. Ensure that project implementation strategies give priority to key interventions on which other activities are dependent, e.g. establishment of tripartite committees and MOUs.
7. Engage in the UNDAF framework to identify strategies to strengthen HIV and AIDS in the workplace.

Annex A
Evaluation terms of reference

I. INTRODUCTION AND RATIONALE OF THE EVALUATION

This is a **Final Independent Evaluation** to assess project achievements of the German Technical Cooperation (GTZ) support to implement HIV and AIDS workplace policies and programmes. The **Purpose** of this final independent external evaluation is to review the overall achievement of the project in the four implementing countries: Mali, Moldova, Namibia and Ukraine with the following considerations:

- To determine how this project has supported ILO constituents in developing and implementing HIV and AIDS workplace policies and programmes based on ILO Code of Practice on HIV and AIDS in the World of Work in contributing to Universal Access;
- To ascertain the extent to which the project contributed to sustainability of HIV and AIDS workplace policies and programmes implemented by ILO's constituents in these four countries;
- To determine the effectiveness of programme management by ILO field offices with technical support from the Headquarters, and
- To assess the results of the partnership with GTZ.

The **Expected Outcome** of this evaluation is a report that will inform on the actions undertaken, their potential sustainability and the relevance of the ILO action in the world of work in contributing to the national HIV and AIDS responses towards Universal Access. ILOAIDS is commissioning this independent evaluation. This evaluation will comply with the United Nations Evaluation Norms and Standards and Ethical Safeguards¹¹.

II. PURPOSE, SCOPE AND CLIENTS OF THE EVALUATION

The **purpose** of the evaluation is to determine:

- whether the stated objectives have been achieved;
- if and how the programme has strengthened the ILO constituents' capacity to implement workplace HIV programmes consistent with *the ILO Code of Practice on HIV/AIDS and the world of work*;
- whether the project contributed to *sustainability* beyond the project life, including building partnerships and mobilizing resources (United Nations entities, such as UNAIDS, co-financing or other donors, etc) in country; and
- whether the programme was relevant for the countries concerned.

The evaluation will include all four focus countries and cover the time frame of the Phase II project from 1st July 2007 to 30th September 2009. The evaluator has a possibility to undertake a field visit to Namibia. Namibia has been chosen because Moldova and Ukraine received an in-depth external evaluation at the end of Phase I in August 2007 and there is plan to mobilize additional resources to continue support to Namibia in the area of workplace HIV responses.

The lessons learned from this evaluation would be valuable for shaping the future work of ILO in the area of HIV and the world of work and the implementation of *ILO Code of Practice on HIV/AIDS in the world of work*.

The evaluation shall assess the following:

- The *relevance* of the project objectives to ascertain whether they responded to the needs of ILO constituents in implementing HIV/AIDS workplace policies and programmes.
- The *achievement* of the immediate objectives for each country including the way *obstacles* were tackled and *opportunities* created, and whether *gender* considerations were sufficiently integrated in the programme design and implementation.

¹¹ Refer to the standards at <http://www.ilo.org/eval/policy>.

- The extent results and outcomes could be sustained and whether an *exit strategy* has been developed to ensure *sustainability* after this project.

Key clients of this evaluation are as follows:

- Workers' and employers' organizations and Ministries of Labour, other relevant Ministries and National AIDS Councils and partners at country and sub-regional levels, UNAIDS and One UN Coordinators in the One UN countries.
- The ILOIADS Department including regional HIV and AIDS technical specialists, sub-regional HIV focal points, national project coordinators and Headquarters staff as well as the ILO sub-regional and country offices responsible for these four countries,
- The GTZ.

III. KEY EVALUATION QUESTIONS AND SUGGESTED ANALYTICAL FRAMEWORK

RELEVANCE AND STRATEGIC FIT

- How well did the project address the identified needs or demands of ILO constituents and collaborating partners? Were their demands solicited, reviewed and incorporated at the beginning and throughout the project implementation?
- Did the project align with the national HIV and AIDS strategic framework and the Universal Access targets?
- Did the project build the capacity of ILO constituents in the focal countries to implement HIV and AIDS workplace programmes?

VALIDITY OF PROJECT DESIGN

- Were the proposed project objectives and outputs realistic and logical with respect to the situation in the focus countries?
- Were gender considerations systematically integrated and accounted for in the project design?
- How strategic were the selection of project partners, sectors selected in terms of mandate, influence, capacities and commitments?

PROJECT PROGRESS AND EFFECTIVENESS

- Has the project achieved its planned objectives for each country? What, if any, alternative strategies might have been more effective in achieving the stated project objectives, and why?
- Which were the target-groups reached by the project (e.g. trade union leaders, policy makers, workers in specific sectors, private sector employers, etc)? Did the project results affect men and women equally and/or differently? Have the quality and quantity of the outputs produced been satisfactory? Were the stakeholders using the outputs?
- What worked well in the project? In which areas has the project had the greatest achievements? What have been the supporting factors? In which areas has the project had the fewest achievements? What have been the constraining factors? How can these be addressed?

EFFICIENCY OF RESOURCE USE

- Have resources (funds, human resources, time, expertise) been allocated strategically to achieve the immediate objectives? Did the results achieved justify the costs?
- How well were the project delivery in terms of quality and timeliness based on resources allocated?

EFFECTIVENESS OF MANAGEMENT

- Has the project been managed effectively by the HQs, regional, sub-regional and country level teams within the ILO? How effectively has the management monitored performance and results? Is there a clear understanding of roles and responsibilities by all parties, including partners involved?
- Have relevant information and data been systematically collected and reported?
- Has the programme made strategic use of coordination and collaboration with other ILO projects, with UNAIDS and with other donors in the countries covered?

SUSTAINABILITY AND IMPACT

- Have the country partners adopted the tripartite mechanisms and implemented HIV and AIDS programmes at workplace?
- Has the project helped build or strengthen an enabling legal and policy environment at national level?

- What was the level of ownership by ILO constituents, partners and stakeholders of the HIV and AIDS workplace policies and programmes developed by the project? Is there a realistic exit strategy of the project in place for each country?

IV. MAIN OUTPUTS OF THE EVALUATION

An evaluation report will be the main output. The report shall include findings, conclusions and recommendations for each component of the project covering the overall assessment of the project and country specific results. The evaluation report shall also describe one case study of good practice from each of the four countries.

An evaluation report checklist is provided in the annex of the ToR as a guide for the evaluator. The final report should follow the format below (page length by section is illustrative), and be no more than 25 pages in length, excluding the annex and graphs. The 2008 UNAIDS Terminology Guidelines¹² provides a list of preferred terminology to be used when writing the report.

V. SUGGESTED EVALUATION REPORT OUTLINE

(Also refer to the quality checklist for evaluation report attached, maximum 25 pages excluding figures and annexes)

1. EXECUTIVE SUMMARY (1-2 PAGES)
2. PROJECT BACKGROUND (1-2 PAGES)
3. PURPOSE, SCOPE AND CLIENTS OF THIS EVALUATION (1 PAGE)
4. METHODOLOGY (1 PAGE)
5. FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (12 PAGES)
6. LESSONS LEARNED AND GOOD PRACTICE CASES IDENTIFIED FOR EACH COUNTRY (AT LEAST ONE CASE STUDY FOR EACH COUNTRY) (5-7 PAGES)
7. ANNEX (TOR FOR FINAL EVALUATION, SCHEDULE OF EVALUATION ACTIVITIES, LIST OF PEOPLE CONSULTED BY INTERVIEW OR MEETING, DATA COLLECTION INSTRUMENTS, IF ANY, LIST OF PUBLICATIONS OR DOCUMENTS CONSULTED)

VI. METHODOLOGY

Sources of information

- the project documents
 - the Phase II document,
 - the 2009 extension document
 - the note on changing Uganda to Namibia
- work plans of each country
- progress reports of the project
 - July 2007 to April 2008,
 - April 2008 to December 2008,
 - January to September 2009
- relevant reports from field missions and events
- country self-assessment reports
- project products: publications, guides, manuals, posters, etc
- ILO/AIDS website and key publications, including the ILO Code of Practice

Type of data collection and analysis

- **country self-assessment** A self-assessment tool has been developed by ILO/AIDS to assist each country team in conducting its own critical review of achievements. It focuses on documenting from the country implementation perspective what worked, what did not and how things could be done differently in future work. The self-assessment is being conducted during the month of August 2009 and the reports will be available to the evaluator as part of desk review.
- **desk review of documents from each country** Mali, Moldova, Namibia and Ukraine.

12 http://data.unaids.org/pub/Manual/2007/20070328_unaids_terminology_guide_en.pdf

- **key informant interviews** Skype, telephone or face to face interviews including focus group discussions where relevant covering the following groups:
 - a. ILO/AIDS in Geneva (Skype, teleconference) and ILO technical backstopping team in Pretoria (face to face)
 - b. Individuals selected from Country partners, workers, employers, government officials (labour), beneficiaries of the projects, national tripartite structure, UNAIDS at country level (face to face for Namibia)
 - c. GTZ (teleconference)
- **field visit** Three-day visit to Namibia. Meetings will be scheduled in advance of the visit in collaboration with the ILO Pretoria office and the Namibia project office, consistent with the Terms of Reference. The evaluator should indicate in advance the methodology to be used, e.g. questionnaires for surveys.
- **Post-evaluation debriefing** (teleconference): Upon completion of the field mission, the evaluator will provide a debriefing to ILO/AIDS on the evaluation findings, conclusions and recommendations and the evaluation process.

VII. MANAGEMENT ARRANGEMENTS, WORK PLAN AND TIME FRAME

An evaluation manager will be selected. He/she will be responsible for ensuring the integrity and progress of the evaluation process and product. The main tasks will be to review and approve the ToRs for the evaluation, receive and circulate the draft evaluation report, receive confidential feedback and forward it to the Evaluator. He/she will also review and approve the final evaluation report, ensuring that all comments were taken into account and that the document follows ILO format and quality standards. The evaluation manager will be assisted by ILO/AIDS in Geneva and in project countries.

ILO/AIDS will provide assistance and support to the evaluator in the collection of documents required for the evaluation. The project country staff will support the collection of reports and other documents requested by the evaluator.

The evaluator will complete a draft report following the suggested outline and submit electronically to the Evaluation Manager by 15th September 2009. Donors and the ILO will provide comments by 25th September. The evaluator will produce a re-draft incorporating comments where appropriate, and provide a final version incorporating final comments within 5 working days of receipt of final comments from the Evaluation Manager on or before 30th September 2009.

Qualifications of evaluator:

- Extensive experience in project development, management and evaluation in Africa, particularly for multi-country projects, preferably in the area of labour and employment
- Substantial knowledge of HIV/AIDS and experience in mainstreaming gender and HIV issues in social and economic sectors
- Some knowledge of labour / health issues in Eastern Europe
- Understanding of and, preferably, work experience with the United Nations
- Well-organized, self-motivating and able to analyse and synthesize complex issues
- Fluent in English speaking, writing and reading, with working knowledge of French (reading)

ANNEX B**LIST OF COUNTRY KEY INFORMANTS****MALI**

Names	Partners
Djibi Diawara	Ministère du Travail, de la Fonction Publique et de la Réforme de l'Etat
K.Y. Pare	Ministère de l'Emploi et de la Formation Professionnelle
Cheick Oumar Coulibaly	Ministère des Affaires Etrangères et de la Coopération
Chakkar Yamina	ONUSIDA
Youssouf Diallo	HCNLS
Moctar Diallo	Coalition du Secteur Privé
Cheick Hamalla Diarra	Confédération Syndicale des Travailleurs du Mali
Saliha Doumbia	APERP -BIT
Moulaye H. Tall	PNLTE-BIT

MOLDOVA

Ms. Gabriela Ionascu	UNAIDS Country Coordinator, up to date of project progress and aware of project contribution to national HIV/AIDS prevention response and ILO contribution to UN Joint Team on HIV/AIDS,
Ms. Ala Lipciu	ILO National Coordinator in Moldova, aware of project progress and implementation since November 2006.
Mr. Ion Cucu	Health Trade Unions councillor. Implemented a series of workshops on the ILO/WHO Guidelines for health services and HIV/AIDS in rural areas of Moldova for trade unions members. He has been the Trade Unions Focal point on HIV/AIDS at the workplace activities.
Mr. Igor Ciloci	Labour Inspection, Deputy Labour state inspector, Mr. Ciloci took active part in project activities, benefited of capacity building and assisted ILO in delivering three national workshops on HIV/AIDS workplace policies for labour inspectors in three regions of Moldova.
Ms. Diana Valuta	NGO Moldova ICAWB Centre focal point, medical worker and woman entrepreneur. She has been the project contact person and involved in project development related to NGOs activities and benefited of the capacity building of the project. She also conducted several trainings by herself for women entrepreneurs on HIV/AIDS in the world of work and involved in the development of the Training Modules on HIV/AIDS for women entrepreneurs recently developed.
Ms. Elena Jibdon	Project NPC

UKRAINE		
Name	Position	Relevance to the project
Mr. Vasyl Kostrytsya	ILO National Coordinator in Ukraine	Overall coordination of ILO activities in Ukraine, involvement of partners, active participation in all activities
Ms. Larysa Savchuk	ILO/GTZ National Project Coordinator	Coordination of ILO/GTZ project activities in Ukraine,
Mr. Anatoliy Viyevskiy	Head of All-Ukrainian Drug Monitoring Centre of the Ministry of Health of Ukraine	Partnership and involvement in ILO/AIDS activities in Ukraine for many years, active involvement in education sector and health sector activities, promotion of ILO/WHO Joint Guidelines trainer
Ms. Svitlana Sidiyak	Head of the Ukrainian National Alcohol and Drug Observatory.	Long-term partnership on HIV/AIDS with the ILO, involvement in education sector activities and other projects
Ms. Natalia Dmytryshyna	Psychologist, trainer, NGO "Vifania"	Trainer of the ILO/GTZ project, education and health sector activities and previous cooperation with the ILO
Mr. Volodymyr Dudchak	Head of Chernovtsy oblast education and science workers' union	Education sector activities in Chernovtsy oblast, development of the regional strategy of HIV/AIDS prevention in education sector, major education sector partner
Ms. Lyubov Lisinska	Head of unit of the Central Committee of Health Workers' Union of Ukraine	Health sector activities
Mr. Denis Varyvonchuk	Head of Laboratory of Epidemiology and Prevention of Occupational Cancer,	Pilot study on HIV/AIDS prevention in health sector of Ukraine
Ms. Nina Baranova	Deputy Director of the Centre for Perspective Social Studies of the MoLSP and National Academy of Sciences	Development of the Model of Socio-Economic Impact of HIV/AIDS in Ukraine
Mr. Garry Martin	Head of Kyiv oblast' branch of the Association of Cities of Ukraine and Communities	Local multipartite cooperation on HIV/AIDS (PAF project), partnership in all activities
Ms. Tetyana Minenko	National Programme Manager of IPEC Programme in Ukraine	Jointly organized training for OSH experts
NAMIBIA		
Mr. Tim Parkhouse,		Namibian Employers' Federation
Mr. Axel Kessler & Mr. Kapanda Marenga		Office of the Prime Minister
Dr. Kathrin Lauckner		GTZ
Ms Ulitala Hiveluah & Mr. Christo Horn		Ministry of Labour and Social Welfare
Mr. Evalistas Kaaronda, Mr. Uhuru Dempers & Manuel Strack		National Union of Namibian Workers & Namdef
Mr. Peter Van Wyk		Namibian Business Coalition on AIDS
Mr. Robert Bennoun, UNAIDS		UNAIDS

Appendix C

Evaluation Instruments

QUESTIONNAIRE TO ASSESS ACHIEVEMENT OF ILO-GTZ PROJECT TO SUPPORT HIV/AIDS WORKPLACE POLICES AND PROGRAMS

NAME OF
RESPONDENT:
COUNTRY:
ORGANISATION
:
POSITION:

SECTION 1: PROJECT MANAGEMENT

1 Please describe your role and responsibility in this project.

--

2 Were the roles and responsibilities of project stakeholders documented? *Provide a copy of your job description and role in the project.*

--

3 In your opinion, rate appropriateness of allocation and clarity of stake holder project roles and responsibilities.

	STAKEHOLDER	APPROPRIATENES S	CLARITY
3.1	Myself		
3.2	ILO/GTZ- International		
3.3	ILO/GTZ- Regional		
3.4	ILO/GTZ- Country		
3.5	Government		
3.6	Employers		
3.7	Employees		

4 In your opinion, rate the extent to which project roles and responsibilities were successfully fulfilled. *Comment in cases where not fulfilled.*

	STAKEHOLDER	ALLOCATION	COMMENT
4.1	Myself		
4.2	ILO/GTZ- International		
4.3	ILO/GTZ- Regional		
4.4	ILO/GTZ- Country		
4.5	Government		
4.6	Employers		
4.7	Employees		

5 In your opinion, what challenges if any were encountered by stakeholders in fulfilling project roles and responsibilities?

	STAKEHOLDER	CHALLENGES
5.1	Myself	
5.2	ILO/GTZ- International	
5.3	ILO/GTZ- Regional	
5.4	ILO/GTZ- Country	
5.5	Government	
5.6	Employers	
5.7	Employees	

6 What key factors caused challenges (if any) in implementation of project responsibilities and how were these addressed?

	STAKEHOLDER	FACTORS	Alleviating actions/strategies
6.1	Myself		
6.2	ILO/GTZ- International		
6.3	ILO/GTZ- Regional		
6.4	ILO/GTZ- Country		
6.5	Government		
6.6	Employers		
6.7	Employees		

7 What could have been done differently in order for stakeholders to undertake roles and responsibilities adequately or better?

	STAKEHOLDER	ALTERNATIVE ROLES/RESPONSIBILITIES OR ACTIONS TO SUPPORT ROLES AND RESPONSIBILITIES
7.1	Myself	
7.2	ILO/GTZ- International	
7.3	ILO/GTZ- Regional	
7.4	ILO/GTZ- Country	
7.5	Government	
7.6	Employers	
7.7	Employees	

8 To what extent was project information and data collected and reported

9 Rate how accurate, complete, reliable and timely project data was collected and reported.

		ACCURACY	COMPLETENES S	RELIABILITY	TIMELINESS
9.1	Collection				
9.2	Reporting				

10 What factors caused challenges in collection and reporting project data and how were these addressed? *(Consider structural, process, human factors)*

	Factors	Alleviating actions/strategies

10.1	Collection		
10.2	Reporting		
11	What could have been done differently in order to collect and report project information adequately or better?		
	ALTERNATIVE STRATEGIES/ ACTIONS TO COLLECT AND REPORT PROJECT DATA AND INFORMATION		
11.1	Collect		
11.2	Report		
12	How effective was project coordination with various stakeholders? <i>Comment on response including internal coordination were applicable</i>		
		EFFECTIVENESS OF COORDINATION	COMMENTS
12.1	Myself		
12.2	ILO/GTZ- International		
12.3	ILO/GTZ- Regional		
12.4	ILO/GTZ- Country		
12.5	Government		
12.6	Employers		
12.7	Employees		
13	What challenges if any were experienced in the coordination and collaboration between or within stakeholders?		
	CHALLENGES TO COORDINATION BETWEEN/WITHIN STAKEHOLDERS		
13.1	Myself		
13.2	ILO/GTZ- International		
13.3	ILO/GTZ- Regional		
13.4	ILO/GTZ- Country		
13.5	Government		
13.6	Employers		
13.7	Employees		
14	What were the key factors that caused challenges to external or internal stakeholder coordination and how were these addressed?		
		Factors	Alleviating actions/strategies
14.1	Myself		
14.2	ILO/GTZ- International		
14.3	ILO/GTZ- Regional		
14.4	ILO/GTZ- Country		
14.5	Government		
14.6	Employers		
14.7	Employees		
15	What could have been done differently in order to enable or improve internal and or		

external project coordination across stakeholders?

		ALTERNATIVE STRATEGIES/ ACTIONS TO ENABLE OR IMPROVE PROJECT COORDINATION
15.1	Myself	
15.2	ILO/GTZ-International	
15.3	ILO/GTZ-Regional	
15.4	ILO/GTZ-Country	
15.5	Government	
15.6	Employers	
15.7	Employees	

SECTION 2: PROJECT DESIGN, STRATEGY AND VALIDITY

Please describe your role in the design of the project strategies and objectives

16

--

In your opinion, rate appropriateness of stakeholder roles in design of project strategies and objectives. *Comment on appropriateness*

17

	STAKEHOLDER	APPROPRIATENESS	COMMENT
17.1	Myself		
17.2	ILO/GTZ-International		
17.3	ILO/GTZ-Regional		
17.4	ILO/GTZ-Country		
17.5	Government		
17.6	Employers		
17.7	Employees		

Was a needs (baseline) assessment for an HIV workplace program done for the country/ countries?

18

Which stakeholders were involved in the design of the needs (baseline) assessment and how? *Comment on involvement.*

19

		INVOLVEMENT	HOW	COMMENT
19.1	Myself			
19.2	ILO/GTZ-International			
19.3	ILO/GTZ-Regional			
19.4	ILO/GTZ-Country			
19.5	Government			
19.6	Employers			
19.7	Employees			

Which stakeholders were involved in the design of project strategies and objectives and how? *Comment on involvements*

20

		INVOLVEMENT	HOW	COMMENT
20.1	Myself			
20.2	ILO/GTZ-International			
20.3	ILO/GTZ-Regional			
20.4	ILO/GTZ-Country			

20.5	Government			
20.6	Employers			
20.7	Employees			

21 **What key needs (baseline) assessment findings justified the design of project strategies and objectives?** *Indicate not sure/don't know as applicable*

		KEY BASELINE (NEEDS) ASSESSMENT FINDINGS
21.1	OBJECTIVE 1	
21.2	OBJECTIVE 2	
2.3	OBJECTIVE 3	

22 **How do you rate extent to which program objectives were aligned to government HIV/AIDS workplace policies and programs across sectors?**

23 **Explain your rating above.**

--

24 **Which stakeholders were involved in the design of training curricular and how?** *Comment on involvement and selection criteria*

	INVOLVEMENT	HOW	COMMENT
24.1	Myself		
24.2	ILO/GTZ-International		
24.3	ILO/GTZ-Regional		
24.4	ILO/GTZ-Country		
24.5	Government		
24.6	Employers		
24.6	Employees		

25 **Did project have specific selection criteria for individuals that benefited from training?** *Get copy of selection criteria*

26 **Comment on extent to which appropriate individuals were trained across key beneficiaries**

	COMMENT
Government	
Employers	
Employees	

27 **How do you rate the appropriateness of project design and strategy in supporting HIV/AIDS workplace policies and programs?**

28 **Explain your rating above.**

--

SECTION 3: PROJECT RESULTS

29 **Did the project have time-bound target outputs?**

--

Provide copy of project work plan with targets

30 **How do you rate the performance of the project in achieving its outputs relative to set targets?**

--

31.0	Explain your rating above (<i>Including comment on project outputs relative to gender</i>).	
32	How would you rate the extent to which the project achieved the three immediate objectives i.e.	
32.1	Strengthened capacity of government and social partners to make effective use of global finances	
32.2	ILO constituents enabled to develop and implement HIV/AIDS workplace policies and programme	
32.3	ILO constituents capacity built through information exchange and knowledge transfer on good practices in the world of work	
33	What were the most significant changes in ILO constituents' implementation of HIV/AIDS workplace policies and programs?	
		Most significant changes
Government		
Employers		
Employees		
34	What in your experience were the key factors that supported the achievement of the most significant changes?	
35	Do you have any key expectations from the project that were not achieved?	
36	If yes, what were the two - three main expectations not achieved and what factors hindered their attainment?	
Missed expectations		Factors
36.1		
36.2		
36.3		
37	What in your opinion could have been done differently in the design or implementation of the program to enable attainment of key expectations?	
SECTION 4: PROJECT EFFICIENCY		
38	In your opinion how do you rate efficiency in project expenditure? <i>Provide activity line item expenditure reports</i>	
39	Explain your rating of efficiency in project expenditure.	
40	Could project resources (human, funds, time, scheduling) have been allocated differently to improve program outputs and outcomes?	
		Response
		Comment
40.1	Human	Yes completely
40.2	Financial	
40.3	Time	
40.4	Schedule	
41	If so, how could resources have been reallocated?	
ALTERNATIVE RESOURCE REALLOCATION		
41.1	Human	
41.2	Financial	

41.3	Time	
41.4	Schedule	

SECTION 5: PROJECT SUSTAIBILITY

42 Do the key ILO-GTZ partners have an HIV/AIDS work place policy and or program in place?

43 If yes or partly, was this developed/improved through participation in the ILO-GTZ program?

44 How do you rate extent to which project aided improvement in workplace HIV prevention, care and treatment?

45 Explain your rating above

46 How would you rate the extent to which project helped create an enabling HIV work place legal-policy environment in the country?

47 Explain your rating above

48 How would you rate the extent of ownership by key ILO constituents of any policies and programs developed through the project?

49 Explain your rating above

50 How would you rate the likelihood that the workplace policies and programs developed will be sustained beyond the program?

51 Explain your rating above

52 What in your opinion would be the key drivers of sustainability of the project strategies?

ANNEX D

INT/07/09/GTZ PROJECT SELF-ASSESSMENT TOOL

5 August 2009 version created by Lee-Nah Hsu

GTZ has formed a strategic partnership with ILO since 2003 to build country capacities in implementing HIV in the work place programmes as well as in leveraging external global resources in the context of the GTZ BACKUP initiative. There was a first Phase Programme from 2003 until June 2007. This second Phase collaboration is from 1st July 2007 to 30th September 2009. A self-assessment for this phase II is suggested based on consultation with the ILO-Evaluation office. This self-assessment will complement but not replace the final independent evaluation planned for September 2009.

The self-assessment is meant to be a comprehensive analysis of the overall achievements, missed opportunities, challenges encountered, actions taken to counter the challenges and obstacles, and good practice lessons identified and documented during Phase II. It is a critical self-review in order to draw lessons for future operations. It aims to reflect on the following implementation experiences of the Project:

- What was done well by ILO? Which are good approaches and how could they be replicated or scaled up?
- What did not work and why? How could we have done differently that would have improved the situation? or what was needed to make things work better?

The following is a simple tool to capture the ILO/GTZ Phase II project experience based on your experience implementing it in your country. The factors listed in the tool are some of the elements that may have an influence on your project implementation. Please insert additional issues you have identified that may be unique to your country or have not been covered in the factors listed in the tool so that we can all benefit from your unique experience.

ILO/GTZ Project Phase II Final self-assessment tool

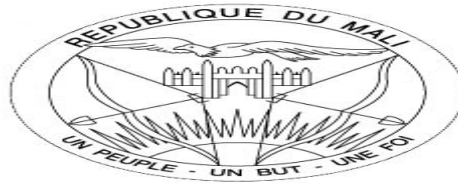
Issues	Actions taken	Impact	Partners engaged for the actions (specify linkage with NAC, UNAIDS, other ILO programmes, One UN, governmental, private sector, tripartite constituents, CSO, list each one)	Suggestions for the future (design, structure, strategy, management, technical input, resources, etc.)
Knowledge base management	<ul style="list-style-type: none"> • How existing ILO tools have been used in this project (indicate the specific ILO tools applied in this project, examples may be the use of the <i>ILO Code of Practice for HIV/AIDS in the world of work</i>, the Joint WHO/ILO guidelines on post-exposure prophylaxis to prevent HIV infection, etc. indicate if language versions are used, if so, specify the languages available) 			
	<ul style="list-style-type: none"> • What new tools, guides have been developed as a result of this project (please list each and specify the available language versions) 			
	<ul style="list-style-type: none"> • What is the new knowledge gained as a result of this Project? (for example, the sector impact study, the KABP of sector worker, etc, specify the language versions available for the study reports) 			
	<ul style="list-style-type: none"> • How has ILOAIDS knowledge base been disseminated through this project and what is the impact? (it might be TV interview, international conference presentation, website dissemination, dissemination seminar, etc list each & give the dates) 			

Policy advocacy	<ul style="list-style-type: none"> • What laws, policies have been reviewed, amended or enacted as a result of this project? (Specify at national level, at local level, at enterprise level, etc.) 			
	<ul style="list-style-type: none"> • How has the project facilitated the inclusion of the ILO tripartite constituents in the policy planning process? (specify who to what committees, etc.) 			
	<ul style="list-style-type: none"> • Was the project design consistent with supporting the One UN, 3 Ones, and National development plan and poverty reduction strategy? (Describe the alignment of the project design with each of these elements) 			
Mainstreaming ILO code of practice in the world of work	<ul style="list-style-type: none"> • How has the project achieved integration of <i>ILO code of practice on HIV/AIDS in the world of work</i> in the country with private and public enterprises? (If not, what were the barriers?) 			
	<ul style="list-style-type: none"> • How has the project contributed to the country UNDAF framework, other donor efforts? (Has the project coordinator been able to participate or provide input to the UN support to the country? Donor consultative group? If so, how has it been done; if not, what were the hindrances?) 			
Mainstreaming gender considerations in this project	<ul style="list-style-type: none"> • How has the project mainstreamed gender concerns? 			
	<ul style="list-style-type: none"> • What are the barriers to achieving gender mainstreaming into the ILO mandated HIV in the world of work function in the specific context of your country? 			
	<ul style="list-style-type: none"> • Specify which ILO tripartite constituents benefited? (list the specific partners) 			

Capacity building	<ul style="list-style-type: none"> • Are partners whom the Project has improved their capacity able to take on replication and scaling up themselves? (if so, how; if not, why and what are still needed) 			
Sustainability	<ul style="list-style-type: none"> • What was in the project design, strategy and approach in implementation that contribute to sustainability? 			
	<ul style="list-style-type: none"> • What (can) hinder the potential for sustainability? 			
	<ul style="list-style-type: none"> • What has been done to remove these barriers? And how effective are these measures taken? 			
	<ul style="list-style-type: none"> • What additional in-kind and in-cash resources has the project in your country been able to mobilize? (please specify source and amount) 			
Effectiveness & efficiency of project management	<ul style="list-style-type: none"> • Are resources used most cost-effectively? (give example) 			
	<ul style="list-style-type: none"> • Was the project management arrangement efficient to support expected achievement of project results? (if so, please give example what worked, if not, please specify what were the hindrances) 			
	<ul style="list-style-type: none"> • Is there a monitoring and evaluation system for your project at country level? (If so, describe it and give your opinion as to how successful it has been; if not, please give reason why not and what you would suggest to be done for such M&E?) 			
In your opinion, did this project achieve what it sets out to accomplish? (If so, what are they; if not, what were the reasons it did not? What would be needed to accomplish the planned objectives? & how could it be done differently?)				
Other issues (Please provide your insight and suggestions here)				



**Labour
Organisation**



Republic of Mali
One People –one Goal –one Faith

gtz

**German Technical
Assistance**

**FINAL ASSESSMENT REPORT ON
HIV/AIDS PROJECT WORKPLACE POLICIES AND PROGRAMS
IN MALI**

**Presented by:
Yaya KONATE**

September 2009

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Executive Summary

- 1. Context**
- 2. Description of the objectives of the project**
 - 2.1 Objectives of development
 - 2.2 Immediate objectives/results of the project
- 3. Description of the organisational terms, roles of the leading actors during the implementation**
- 4. Methodology of the evaluation**
- 5. Analysis of the results of the project**
 - 5.1 The relevance and the soundness of the project conception
 - 5.2 The efficiency of the project (the fulfilment of the results, objectives or progress made)
 - 5.3 The appropriateness and the efficiency of the use of resources
 - 5.4 The gender approach in the implementation of the project
 - 5.5 Other results
 - 5.6 Factors influenced the results of the project
 - 5.7 The sustainability of the results of the project
 - 5.8 Unsatisfied expectations
- 6. Conclusions**
- 7. Recommendations and advice**

EXECUTIVE SUMMARY

The Project on HIV and AIDS workplace policies and programs aims to reinforce the efforts of Mali in the fight against HIV pandemic. Financed by the GTZ and implemented by ILO, the project aims to promote universal Access by 2010 through the commitment of workforce and partnership at the workplace. The Project in Mali has three stated objectives:

- 1) Mobilized and strengthened capacities of ILO constituents;
- 2) Creating a work environment favourable to people living with HIV or AIDS; and
- 3) Strengthened capacities by means of information exchange and transfer of knowledge on good practices in responding to AIDS.

The project implementation in Mali was from June 2008 to September 2009 although the original starting date was July 2007.

The ILO, Mali implemented this project based on consultation and participation of ILO constituents. All project activities, including training module development, were carried out in a participatory way. A clear definition of roles and responsibilities facilitated Project implementation. However, the role and the technical support from ILO, Geneva were unclear until the end of June when a Technical Officer based in HQs came on board to reinforce the national coordination. Although ILO conceived the project objectives and strategies without involvement of Malian counterparts, they were adjusted to be in line with the national policies and strategies during an action plan validation consultation.

In general the ILO constituents and principal beneficiaries considered the project proved its relevance and efficiency in the country context. As a whole, the project has achieved its objectives (see annex –achievements of the project). The project efficiency is based on the completeness and depth of the results. In fact, the project started a process that should be deepened. The project systematically promoted a gender sensitive approach. All its activities were carried out with either both men and women mixed or specific to women. The project human resources were appropriate. On the contrary, the financial resources were grossly insufficient to maximize potential results. This also included delay in project start up.

The potential sustainability of the project results is mixed since there are both favourable premises and risks or challenges. The lack of financial resources to ensure continuity of the interventions started and to scale-up the interventions to the rest of the country. It is also difficult to reach and mobilize informal sector workers.

In conclusion, the project has achieved the following:

- ii) Demonstrated ILO's comparative advantage in its interventions to fight against HIV and AIDS at work settings;
- iii) strengthened the capacities of stakeholders;
- iv) increased the interest and motivation of stakeholders.

The project should be considered mainly a pilot or experiment. It is recommended that substantial financial resource and sufficient duration be given in continuing the momentum initiated by the project in order to realize and consolidate the achievements.

1. Context

Mali began to take actions against the HIV epidemic since the disease was identified in 1984. According to the report of a Social and Health survey (EDS-IV), the country, with the support of international partners, has reduced its HIV sero-prevalence from 1.7% in 2001 to 1.3% in 2006. However, difficulties and challenges remain. One of the gaps is responses for the workforce.

The "Implementation HIV and AIDS workplace policies and programmes" project financed by the German Technical Assistance (GTZ) and implemented by ILO fills this gap by supporting Mali to progress towards achieving universal access to HIV prevention, treatment, care and support. The project supports the Joint Program of the United Nations on AIDS 2008 – 2012, which is part of the United Nations Development Assistance Framework (UNDAF), 2008- 2012.

Mali participated in the second phase of this Global ILO/GTZ partnership project which covers the period of July 1st, 2007 to September 30th, 2009. The project strategy is to promote the ILO "Decent Work" Agenda. AIDS is a serious threat to workers and national economy if not controlled. The workplace is a cost-effective venue for HIV prevention.

2. Project objectives

2.1 Project development objective

The overall project development objective is to contribute towards the goal of universal access by 2010 through enhanced world of work engagement and partnership.

2.2 Immediate objectives/results of the projects

The *immediate objectives* for Mali according to the project document are as follows:

- 1) Mobilized and strengthened ILO constituent's capacities to prevent the spread of HIV in the world of work through an enabling policy framework.
- 2) Created an enabling workplace environment for people living with HIV or AIDS and those affected, in terms of non-discriminatory measures, access to prevention, treatment and care services.
- 3) Built capacity through information exchange and knowledge transfer on good practices in world of work programmes with other countries in West Africa through the use of existing ILO infrastructure.

The *expected results* of the project in Mali are summarized as follows:

- a. Reinforced ILO tripartite constituents to support strategic planning and elaboration of a political framework on HIV and AIDS and the world of work.
- b. Reinforced capacities of the Ministry of Employment through its vocational training centre to reduce the spreading of HIV among its population.
- c. Reinforced the HIV prevention capacities of the labour inspectors and controllers in order to include HIV prevention in their supervisory service, advice and sanctions.
- d. Advocated and built AIDS and gender knowledge and capacities among a network of women entrepreneurs and economic operators.
- e. Reinforced private sector enterprise health workers' ability to on post-exposure prophylaxis.
- f. Reinforced the capacities of the Foreign Affairs diplomats on HIV prevention to include HIV prevention in future partnerships and grant agreements.

- g. Established tripartite coordination mechanism or VIH national tripartite committee and review existing law or legislation relating to HIV prevention and AIDS support.

3. Description of the organization, methods, roles of the leading actors in project implementation

The project is coordinated by ILO/AIDS in Geneva with a national project coordinator in the country. Specifically the roles and responsibilities are assigned as follows:

a) ILO/AIDS

- the recruitment of international, national staff and consultants;
- overall policy development;
- project monitoring and evaluation.

In practice, the national partners, including the national coordinator did not seem to have a clear understanding of the role of ILO, Geneva until the last quarter of the project (June to September 2009).

b) Regional office of ILO, Dakar

This office was to handle financial transaction of the project. The Regional office has fulfilled its functions despite delays in approval of the project fund disbursement requests;

c) The national coordinator

- Disseminate information related to policies and programmes, intervention strategies and reference resources;
- Develop information, education and communication materials;
- Develop and implement trainers' training for all partners and target groups;
- Coordinate and monitor project activities and establish partnerships.

d) The National structures

- Designate HIV focal points to work with the project staff;
- Provide support to facilitate cooperation and coordination for project implementation.

The roles and responsibilities of all the national actors implicated in the implementation of the project were appropriate and clearly defined. It should be noted, however, that certain governmental institutions do not always have sufficient staff to handle its role as an executing agency to support and facilitate activity implementation.

4. Evaluation methodology

The evaluation methodology was developed in consultation with ILO/AIDS. It consisted primarily of the following:

- Review of documents:

The documents covered the project documents, action plans, project progress reports and communications to follow-up of activities. These documents were prepared by the national coordinator and ILO/AIDS. In addition, national policies and ILO publications on HIV prevention and the AIDS treatment, care and support were reviewed (a list of the documents consulted is listed in the Terms of Reference for the evaluation);

- Administering an evaluation questionnaire developed by the lead evaluator. The questionnaire was completed by key national actors in public and private institutions, trade unions, project national coordinator, technical and financial partners, beneficiaries or project stakeholders (a list of people surveyed is in the annex).
- Focus group discussions with the training participants to evaluate the relevance and the effects of the training activities of the project.

This methodology enabled capturing important questions raised by the evaluation, particularly on the design, the relevance of the objectives, the performance of the project, the durability of the results and the recommendations.

5. Analysis of the results of the project

5.1 Relevance and soundness of project design

The project was designed by ILO/ AIDS in Geneva based on results of the 1st phase of the project, *the ILO code of practice*, UNAIDS and GTZ policies. Overall, the project was relevant to the Mali policies, programmes and national strategies on HIV. It was compatible with the National Strategic Framework 2006 – 2010.

Specifically the project contributes to achieving the following components of the national strategy:

Component II Reducing the risks and vulnerabilities related to HIV epidemic. One of the national strategic objectives is "To reduce the vulnerabilities of the individuals, the families and the communities by ensuring the national policy of universal access". In other words, it is about the achievement of a national policy of universal access to the prevention, treatment, care and support.

Component IV Reinforcing the capacities and competences of the public, private and civil partners concerned. It includes prevention of HIV transmission in the health care, establishment of workplace programmes, projects, actions and activities on information, education and communication. The project objective 1 responds directly to this strategic component.

The ILO constituents did not participate in project design to reflect the specific needs of the principal beneficiaries. Some focus initially defined in the project document were from the donor. To alignment of the project with the national HIV and AIDS strategies and programmes, the national project coordinator jointly with the national partners revised the action plan to ensure consistency with the orientations of the National HIV and AIDS Strategy.

The project target was the world of work. This includes workers' trade unions (National Union of the Workers of Mali, Confederation of the Workers' Trade unions of Mali), the Business Coalition from the Private Sector (some fifty companies), the Ministries (Ministry of Labour, Ministry of Employment and Vocational training, Ministry of Foreign Affairs, and the Ministry of Health).

5.2 Project effectiveness (realization of the results / objective /or progress made).

The project objectives were achieved overall. (see annexe on achievements of the project). The main activities planned in the action plans were carried out, with the exception of those related to the documentation of good practices and the exchanges visit within the framework of the immediate objective 3 – *to reinforce the capacities by means of information exchange and knowledge transfer on good practices in world of work programmes with other countries in West Africa through the use of the existing ILO infrastructure in the region.*

The key project achievements were:

- 500 ILO Code of Practices on the HIV/AIDS and the world of work were disseminated (achievement: 100%);
- Thirty eight (38) representatives made up of the Focal Points from technical Ministries and other social partners took part in capacity building workshop. This activity benefited 27 Ministries for the total 38 representatives (achievement: 100%);
- Sixty (60) inspectors and labour controllers of the National and Regional Departments of labour trained (achievement: 100%);
- Sensitization of 50 men and 50 women on HIV and AIDS. 30% of these were young people who carried out their voluntary and anonymous HIV screening through the availability of confidential services provided in a list of HIV voluntary counseling and testing centres accredited in Mali (achievement: 100% with sensitizing);
- Training of thirty (30) agents on HIV post-exposure prophylaxis;
- Training of forty (40) women of REFOE (network of women entrepreneurs) and AFIM (Mali Women Engineers Association);
- Collection and dissemination of good practices in Mali among ILO Focal Points, the national programme coordinators and the ILO social partners in West Africa.

The project effectiveness relates to the completeness and depth of its results. The activities implemented started an important process which must be deepened and consolidated. For example, the trainings were give to people at the central level. It is necessary to devise strategies and provide resources to reach workers and to decentralize. Similarly the project contributes to creating an enabling environment of non discrimination. The work to de-stigmatize is only at its beginning and remains a major challenge in the country.

5.3 Appropriateness and efficiency of resource use

Human resources:

They were made up of a coordinator and an assistant. All informants interviewed consider the national coordinator was very efficient. It was thus possible to reduce the impact of delays in project personnel recruitment. The human resources were sufficient.

Financial resources:

The project funds were used in conformity with the standards and procedures of the ILO in accordance with approved action plans. Contrary to human resources, the financial resources were insufficient to fulfil the project ambitions.

5.4 The gender sensitive approach in project execution

The project systematically promoted gender sensitive approach. Women's participation was solicited in all capacities building activities. Except when both men and women participated, a training specific to the women was carried out for women entrepreneurs. During that training, an action plan was developed to reinforce the skills acquired by these women. Gender was an element of all meetings and training discussions.

5.5 Other findings

The project coordinator actively participated in the Joint Program of the United Nations on the VIH AIDS activities in establishing the "ONE UN" and in developing a joint programme strategy in Mali. The project received \$100,000 USD (programme acceleration fund from UNAIDS) for the following activities:

- i) Operationalize the Three-One principle and strengthen the coordination capacities of National high Council on the Fight against AIDS;
- ii) Reinforce the National monitoring and evaluation system;
- iii) Disseminate strategic information; and
- iv) Conduct World AIDS Day campaign.

The project and ILO visibility was reinforced through television channels and national radios. The dissemination of the *ILO code of practice on HIV and AIDS and the world of work* has resulted in the re-organization and re-orientation of partners in their policies and programmes at work.

The project facilitated formation of partnership among the Executive Secretariat of the High National Council of Fight against AIDS (the national authority to coordinate the HIV responses); the UNAIDS; the Technical Ministries of the government, specifically the Ministry of Labour of the Public Service and the Reform of the State; the Ministry for Employment and Vocational Training; and the Ministry of Foreign Affairs; the Business Coalition and trade unions (National Union of Workers in Mali, the Confederation of the Trade unions of the Workers of Mali and their affiliates) and the National Council of the Employers of Mali; other ILO technical cooperation projects in Mali.

5.6 Factors influencing project results

5.6.1 Positive factors

The project was implemented in the following context:

- The existence of a National Strategic Framework (2006-2010) and of its operational plan which define the strategic objectives, the strategic axes, the implementation strategies and

the activities to fight against HIV and AIDS. The National Strategy has been used as a reference for all partners involved;

- The existence of a consultation framework for Technical and Financial Partners to harmonize and create synergy;
- The existence of Sectorial HIV units within all Ministries;
- The existence of a Business Coalition with a Secretariat to mobilize all private sector actors to support the employers at all level (membership include over 50 companies)
- The enabling environment at the ILO country office (support, dialogue, coordination and joint actions among various ILO projects and programme)
- A strong political engagement and leadership of the leading national authorities of the country in the fight against HIV. The High National Council to Fight Against AIDS reports directly to the President and is chaired by the President of the Republic.

5.6.2 Negative factors

- The project was supposed to start in 2007 according with the grant agreement between the ILO and the GTZ. However, the National Coordinator was recruited in June 2008 and his support staff in September 2008. As a result, the actual project duration was less than one year.
- The funds provided for and allocated to Mali were too limited to carry out all the proposed activities.

5.7 The project sustainability

The premises to ensure sustainability are:

- Interest of implementing partners generated by the project;
- Synergy with others ILO technical cooperation projects;
- Strengthened capacities at the central level;
- Establishment of a National Tripartite Committee composed of the ILO constituents. The committee functions as facilitator to coordinate. Supervise, monitor and evaluate. The committee could continue to stimulate social dialogue to reinforce future HIV and AIDS responses.

However, the capacity of the Committee members could be further strengthened through trainings. Examples of needed skills enforcement include formulating work place response proposal for consideration by donors, financial institutions and the Global Fund.

Threats to sustainability identified are as follows:

- Lack of financial resources to ensure the continuity of the interventions to be scaled up to workers levels and decentralized. The ILO constituents and more specifically the trade unions do not have adequate financial resources. The Round 8 Mali proposal to the Global

Fund had to eliminate 8 workplace activities due to the 10% efficiency gain required by the Global Fund.

- Workers in informal sectors constitute the majority of the workforce in the country. However, it is challenging to reach and mobilize them. Innovative outreach approach would be necessary.

5.8 Expectations not fulfilled

The following are un-met expectations according to informants:

- The identification and collection of good practices and exchanges of experiences.
- Unemployed youth constitutes a vulnerable group to be covered.

The project, in its short-time span, has reached three Ministries: one Department each in the Ministry of Labour and the Ministry of Employment and the Vocational Training) and a strategic Department of the Ministry for Foreign Affairs and International Cooperation. The Ministry of Foreign Affairs Department has the visibility and oversight for grant agreement for Mali. In addition, officers from other 23 Ministries took part the capacity building training.

6 Conclusions

The project has achieved most of its objectives. Additionally, the project contributed the following added benefits:

- Demonstrated the comparative advantages of ILO interventions in the fight against HIV and AIDS at work settings;
- Strengthened capacities of social partners;
- Stimulated the interest of the national actors and asserted the relevance of the workplace interventions.

The beneficiaries, including the national actors, have fulfilled their roles and assumed their responsibilities satisfactorily.

The reinforcement of HIV knowledge among the labour inspectors was critical to facilitate them in taking an active role in fighting against discrimination and stigmatization of the people living with the HIV. Stigma and discrimination in general and at work due to the perceived or actual HIV status is still prevalent in Mali. They are barriers to upholding HIV affected workers' rights.

The engagement of the Ministry for Foreign Affairs was innovative and much commanded by national stakeholders. This approach made it possible to sensitize diplomatic corp but also making them better advocates in the Embassies of Mali for Malian residing overseas. This Ministry will now be more likely, within the framework of its mandate, to negotiate the integration of a HIV and AIDS component in grant and cooperation agreements.

The two unfulfilled expectations of the project were due primarily to the delay in starting the project, the very limited financial resources and a lack of regular technical support of ILO, Geneva

until the arrival of a global project coordinator during the last quarter of the project (June-September 2009).

7 Recommendations

The national partners had great expectations of this project. The limited project design, duration and financial resources reflect a pilot nature of this project. It is strongly recommended that future projects should be allocated sufficient duration for implementation as well as adequate financial resources in order to ensure full achievements of objectives and sustainabilities of investments.

The recommendations below were made by the people met during this evaluation and the beneficiaries of the project:

- Ensure tripartite committee to review existing laws on compliance with international standards on the rights of the people living with or affected by HIV;
- Build capacity of tripartite committee for coordination, advocacy, resource mobilization, monitoring and evaluation;
- Develop strategies for effective application of the law for HIV prevention, AIDS support in general and anti-discrimination and de-stigmatization of the people living with HIV in particular;
- Strengthen resource mobilization skills including conducting proposal development workshop to potential donors for Mali;
- Intensify sensitization company leadership to improve understanding of HIV and AIDS challenges in specific institutions;
- Decentralize and strengthen capacities at local levels;
- Elaborate a national work place HIV policy;
- Formulate strategies to reach informal sector workers and unemployed youth;
- Document good practices and promote exchange of perience and information.

MALI PROJECT ACHIEVEMENTS

Achievement by objectives

Immediate Objective 1 / Outcome No. 1		To Mobilize and strengthened capacities of ILO constituents to prevent the spread of HIV in the world of work through a conducive policy framework and ability to access prevention, treatment and care services.	
Outputs	End of the project		Partner(s) Agencie(s)
Output 1.3	targets	500 booklets of the ILO code of practice on the HIV/AIDS and the world of work having to be disseminated	All the ILO partners
	Achieved	500 booklets of the ILO code of practice on HIV, AIDS and the world of work disseminated. (100%)	
Output 1.4	targets	Capacity of the ILO constituents reinforced to support national strategic planning and the development of a framework of policy on the HIV and AIDS and the world of work	27 technical Ministries, representatives of employers and workers organizations
	Achievement	Thirty eight (38) representatives made up of the Focal Points of technical ministries and other social partners took part in this workshop on capacity building. (100%)	
Output 1.5	target	Sixty (60) inspectors and controllers from the Ministry of Labour through the National and Regional head office of labour trained on the prevention of the HIV/AIDS and in order to include the subject in their supervisory services, sanction and advice.	Ministry of labour
	Achievement	Sixty (60) inspectors and controllers of the National and regional labour head office were trained. (100%)	
Output 1.6	target	Reinforcement of the capacities of 100 young people of the Ministry of Employment through its Vocational training center in order to reduce the spreading of the virus of the AIDS in its community.	Ministry of labour of Public service and Reform of the State.
	Achievement	50 men and 50 women were sensitized on the VIH and AIDS 30% of did voluntary HIV testing through the available VCT services from the list of accredited centres in Mali (100% with sensitizing);	

Immediate Objective / Outcome No. 2		Creation of an enabling workplace environment for people living with HIV or AIDS those affected, in terms of non-discriminatory measures, prevention and access to treatment and care services.	
Outputs	End of the project		Partner(s) Agencie
Output 2.1	target	Establishment of a tripartite working group composed of Point Focal and examination of the text related to the legislation on the HIV.	Not Focal of the two supervision departments of the an agency of the SN The high National Council of AIDS Control, organization employers and work
	Achievement	The process of installation of the tripartite group is in hand and will be final in September 2009.	
Output 2.2	target	Reinforcement of capacity of 30 health agents of the medical private structures and companies on the new techniques of disease prevention post-exposure to the VIH.	Coalition of the private sector and ministry of health

	Achievement	Thirty (30) agents will be trained by September on the new techniques of disease prevention post-exposure to the VIH.	
Output 2.3	target	Advocacy (the network) of the women entrepreneurs' by stressing on the establishment of the program in workplaces and the relation between the migration and the HIV.	Coalition of the private sector
Output 2.4	Achievement	Forty (40) women from the network of women entrepreneurs and AFIM (association of the women engineers of Mali) were sensitized on HIV.	Trade-union Confederation of Workers of Mali and National Council of t Employers of Mali
	Provision	Reinforcement of capacity of employer's organizations and the trade unions to allow them to support the enterprises to develop policies and programs by taking account the dimension of equality between the men and the women on HIV and AIDS.	
Immediate Objective. 3/ Outcome No Mali		To build capacity through information exchange and knowledge transfer on good practices in world of work programmes with other countries in West Africa through the use of the existing ILO infrastructure in the region.	
Output 3.1	target	To collect best practices on the fight against AIDS among the ILO constituents and to disseminate them (publications)	
	Achievement	Not fulfilled due to resource constraint.	Ministry for Employment and Vocational training (study, research and planning unit)

ANNEX F
Country Self-Assessment Reports

ILO/GTZ Project Phase II Final self-assessment tool

MALI

Issues	Actions taken	Impact	Partners engaged for the actions (specify linkage with NAC, UNAIDS, other ILO programmes, One UN, governmental, private sector, tripartite constituents, CSO, list each one)	Suggestions for the future (design, structure, strategy, management, technical input, resources, etc.)
Knowledge base management	<ul style="list-style-type: none"> How existing ILO tools have been used in this project (indicate the specific ILO tools applied in this project, examples may be the use of the <i>ILO Code of Practice for HIV/AIDS in the world of work</i>, the Joint WHO/ILO guidelines on post-exposure prophylaxis to prevent HIV infection, etc. indicate if language versions are used, if so, specify the languages available) 	<p>During the project implementation, 500 booklets on the ILO Code of Practice for HIV/AIDS in the world of work were disseminated. During all training toward ILO constituents, the code of practice were used as tools to strength beneficiaries' knowledge on how to protect, prevent from HIV/AIDS in the workplace. The Joint WHO/ILO guidelines on post-exposure prophylaxis were also used during one training toward the Private Sectors Enterprises Health Practitioners. Since, Mali is officially a francophone country, the French language version were used to facilitate the communication.</p>	<p>The specific partners that were engaged in these exercises were: The Ministry of Health, The Ministry of Employment and Vocational Training, The Ministry of Labour, The Ministry of Foreign Affairs, The Business Coalition against HIV AIDS (comprised of more than 45 private enterprises), The Trade Unions (UNTM, CSTM, SNEC), the National Council of Employers and the others technical ministries of the</p>	<p>For future reference, it will be suitable to provide the ILO constituents with more brochures as supporting documents during ILO seminars. During training session, it was recurrent for participants to ask for more brochures and journal such as the manual for HIV Coordinators, the Guide for Trainers "managing HIV/AIDS workplace programmes", Transport sector directives etc. NB. Some of the participants were HIV/AIDS Focal Point.</p>

			Malian government.	
	<ul style="list-style-type: none"> What new tools, guides have been developed as a result of this project (please list each and specify the available language versions) 	No new tools have been developed in the project. We find it efficient to continue with ILO code of practice.		
	<ul style="list-style-type: none"> What is the new knowledge gained as a result of this Project? (for example, the sector impact study, the KABP of sector worker, etc, specify the language versions available for the study reports) 	N/A		
	<ul style="list-style-type: none"> How has ILOAIDS knowledge base been disseminated through this project and what is the impact? (it might be TV interview, international conference presentation, website dissemination, dissemination seminar, etc list each & give the dates) 	As ILO is a premium government partner in Mali, and the fight of HIV/AIDS one of its top priority at the Highest level, it is a common practice to disseminate ILO/AIDS Mali activities on National TV- ORTM (News hours) and public and private newspapers.	During all ILO workshop & seminars, public events etc with ILO constituents	To add more funding on communication tools (caravan, banderol, TV coverage etc.)
	<ul style="list-style-type: none"> What laws, policies have been reviewed, amended or enacted as a result of this project? (Specify at national 	Mali National Assembly has adopted the HIV/ AID law that state the rules relating to prevention care and control of AIDS. This law was approved in June 2006. However, in the eve of a publication of a new report (IV) on	All ILO constituents	

Policy advocacy	level, at local level, at enterprise level, etc.)	international standard on HIV/AIDS and the world of work, the project decided to review the current national legislation by sending a copy to Geneva. The law will be analyzed and recommendation will made for any changes or amendment.		
	<ul style="list-style-type: none"> How has the project facilitated the inclusion of the ILO tripartite constituents in the policy planning process? (Specify who to what committees, etc.) 	Although no official committee has not been put in place yet (expected on September 09), the project has actively involved all ILO constituents during the entire implementation. The project work plan was validated on a consensual basis with all majors ILO constituents for a strong national appropriation.		
	<ul style="list-style-type: none"> Was the project design consistent with supporting the One UN, 3 Ones, and National development plan and poverty reduction strategy? (Describe the alignment of the project design with each of these elements) 	The PRODOC framework was initially set on the German Technical Cooperation (GTZ) priorities only. For a better national ownership, the project reviewed its framework and aligned the work plan with the strategic directions of the National Strategic Framework (CSN) 2006-2010 thus fulfilling the national agenda on HIV AIDS prevention. The Joint United Nations Programme on HIV/AIDS and the UNDAF are all aligns to the National Strategic Framework (CSN) on HIV/ AIDS. The ILO/AIDS National Coordinator is a member of the HIV AIDS Thematic/ UN Joint Program	Haut Conseil National de Lutte contre le SIDA (National Counsel on HIV AIDS), UNAIDS (Joint Program)	All future ILO/AIDS project in Mali should be aligned to the National Strategic Framework during the formulation and the elaboration of the PRODOC. The ILO country team should be consulted to avoid any discrepancies with the national priorities and the donors (ILO partners).
Mainstreaming ILO code of practice in the world of work	<ul style="list-style-type: none"> How has the project achieved integration of ILO code of practice on HIV/AIDS in the world of work in the country with private and public enterprises? (If not, what were the barriers?) 	The Business Coalition against HIV AIDS in Mali was well-established before ILO/AIDS project. Their entities were aware and utilizing ILO code of practice on HIV/AIDS in the workplace as a tool for guidance. As for the public sector (ministries), the code was accepted and was used as a tool to facilitate seminars and workshops	27 ministries and Business Coalition	ILO/AIDS project in Mali should engage in formalizing a partnership agreement with the Business Coalition against AIDS.
	<ul style="list-style-type: none"> How has the project contributed to the country UNDAF framework, other 	The project coordinator is a member and provides technical support within the HIV/AIDS Thematic/ UN system. The group held meeting ones each month to	UN Sisters agencies (WHO, UNICEF, IOM, FAO, UNDP, WFP,	

	donor efforts? (Has the project coordinator been able to participate or provide input to the UN support to the country? Donor consultative group? If so, how has it been done; if not, what were the hindrances?)	discuss and coordinate activities on HIV/AIDS at the national level and to exercise each agency comparative advantage.	ILO, UNAIDS, UNESCO, UNFPA).	
Mainstreaming gender considerations in this project	How has the project mainstreamed gender concerns?	All the project activities included a gender sensitive training. Women were encouraged at all times to attend session. The men were sensitized on the gender issues.	All ILO constituents	
	What are the barriers to achieving gender mainstreaming into the ILO mandated HIV in the world of work function in the specific context of your country?	N/A		
Capacity building	Specify which ILO tripartite constituents benefited? (list the specific partners)	27 ministries benefited on project management and resource mobilization training. Others ministries such as the Ministry of Labour; Ministry of Health; Ministry of Employment and vocational training, Ministry of Foreign Affairs benefited on specific training on capacity building. National Union of Labours, National Confederation of Labours, National Counsel of Employers, Business Coalition against HIV/AIDS.		
	Are partners whom the Project has improved their capacity able to take on replication and scaling up themselves? (if so, how; if not, why and what are still needed)	Yes, the project has improved partners ability to lead in the prevention of HIV AIDS in the workplace. It provided a tool enable them to reproduce the activity at their respective departmental structures. However, lack financial resources are limiting their capacity to expand to others structures outside from the capital (country regions).		

Sustainability	<ul style="list-style-type: none"> • What was in the project design, strategy and approach in implementation that contribute to sustainability? 	ILO policies and programs are well defined and interpreted in the world of work framework. These were well communicated. ILO comparative advantages were demonstrated. Also, the project has always considered a tripartite dialogue throughout its activities for a full national appropriation. Although during project, ILO constituents were not involved. The project thru the NC leadership was able to engage partners in the validation of the action plan so that they take ownership of the project. Flexibility was given to partners depending on their specific work environment to integrate some activities from their action plan (annual) to the project work plan thereby ensuring sustainability.	All constituents	
	<ul style="list-style-type: none"> • What (can) hinder the potential for sustainability? 	The failure to extend the project now can cause a non sustainability effort to the partners. Partners need to continue to liaise with ILO/AIDS in order to consolidate what have been achieved. Although some activities with ILO partners in Bamako may carry on well after the project closure, there is still a need to support others sectors such as transportation, migration and mine in Mali and the need to expand to others geographical area.		
	<ul style="list-style-type: none"> • What has been done to remove these barriers? And how effective are these measures taken? 	N/A		
	<ul style="list-style-type: none"> • What additional in-kind and in-cash resources has the project in your country been able to mobilize? (please specify source and amount) 	We are in the process of mobilizing resources for the next project as this (current) will end on September 09.		
Effectiveness & efficiency of project	<ul style="list-style-type: none"> • Are resources used most cost-effectively? (give example) 	Before the disbursements were made, detail budgets were drawn for each activity under the project. All funds were utilized in accordance to the term and condition outlines in the ILO financial rules and regulations book. A		

<i>management</i>		spreadsheet is available detailing the expenses made under each EPA. NB. The funding available to cover most activities were not enough. The project was under budgeted.		
	<ul style="list-style-type: none"> Was the project management arrangement efficient to support expected achievement of project results? (if so, please give example what worked, if not, please specify what were the hindrances) 	The project had no backstopper to support the project since January 14 2009. There were only intermittent exchanges that took place during the entire project life up to the end (last 3 month of the project/ a support from ILO/GTZ officer).	Geneva (centralized project)	To recruit or assign a full time technical officer to follow thru the project implementation and avoid asking what the field is doing while indeed knowing there is no support and guidance from the HQ.
	<ul style="list-style-type: none"> Is there a monitoring and evaluation system for your project at country level? (If so, describe it and give your opinion as to how successful it has been; if not, please give reason why not and what you would suggest to be done for such M&E?) 	The country has a national monitoring and evaluation system in place. The project is inserted into this system. The project has done capacity building activities toward ILO constituents and provides a cost of restitution to follow thru the partners at their respective structures.	All constituents	
In your opinion, did this project achieve what it sets out to accomplish? (If so, what are they; if not, what were the reasons it did not? What would be needed to accomplish the planned objectives? & how could it be done differently?)	The project did partially accomplish its goals. The ILO/AIDS project was able to reach constituents through the activities. The project was able to highlight ILO comparative advantage in the world of work. However, due to a lack of financial resources (under-budgeted funding sources), some activities were cancelled in the regret of ILO partners. In the future, it will be suitable to set objectives with a concise and rational budget allocations (on activities) so that more ILO partners can me mobilize and participate efficiently. (Workshop, events etc.)			
Other issues (Please provide your insight and suggestions here)	This is was the first ILO/AIDS project in Mali. The project was welcomed especially by revamping the fight against AIDS in the workplace. The project was able to underscore ILO comparative advantage in world of work and thru the dissemination of its code of practice. It is strategically important to keep the ILO HIV/AIDS program in Mali. ILO constituents in Mali are in need of strong support from us and by advocating on legislation, policies about HIV/AIDS etc. The project was able to put a strong foundation among social partners, now it is in ILO best interest to maintain this credible accomplishment in order to continue a strong partnership with them.			

ILO/GTZ Project Phase II Final self-assessment tool

14 August 2009

MOLDOVA

Issues	Actions taken	Impact	Partners engaged for the actions (specify linkage with NAC, UNAIDS, other ILO programmes, One UN, governmental, private sector, tripartite constituents, CSO, list each one)	Suggestions for the future (design, structure, strategy, management, technical input, resources, etc.)
Knowledge base management	<p>• How existing ILO tools have been used in this project (indicate the specific ILO tools applied in this project, examples may be the use of the <i>ILO Code of Practice for HIV/AIDS in the world of work</i>, the Joint WHO/ILO guidelines on post-exposure prophylaxis to prevent HIV infection, etc. indicate if language versions are used, if so, specify the languages available)</p> <p>Romanian versions of these publication have been produced by the project:</p> <ol style="list-style-type: none"> 1. Joint ILO/WHO Guidelines on Health Services and HIV/AIDS, International Labour Office, Geneva, 2005 (Eng) (Rom) 2. A handbook on HIV/AIDS for labour and factory inspectors (Eng) (Rom) 3. Implementing the ILO Code of Practice on HIV/AIDS and the world of work (Rom) – version adjusted to Moldova national context 4. An ILO code of practice on HIV/AIDS and the world of work International Labour (Eng) (Rom) 5. ILO/AIDS: A Workplace Policy on HIV/AIDS: What it would cover (Eng) (Rom) 6. HIV/AIDS + Work: 	<p>A range of ILO/AIDS publications have been translated into Romanian (see list of publications in Romanian) and had important role in project implementation.</p> <p>It was important national partners use ILO recommendations in their native language. It enhanced capacities to tackle the subject. These helped for development of a local adjusted workplace policy sample.</p>	<p>UNAIDS supported materials distribution and advertising among national stakeholders;</p> <p>ILO-IPEC assisted the project in promoting ILO Guidelines for labour inspectors with the Labour</p>	<p>Printing in Russian language as well for Russian speaking regions and partners</p> <p>Design and distribute leaflets or factsheets specific for employees on HIV/AIDS. Majority of ILO/AIDS publications have a policy character and reflect less</p>

<p>A Workplace policy on HIV/AIDS: What it should cover (Eng) (Rom)</p> <ol style="list-style-type: none"> 7. Taking Action at the Workplace (Eng) (Rom) 8. Guidelines for Employers on HIV/AIDS at the Workplace (Eng) (Rom) 9. Guidelines for the Trade Unions on HIV/AIDS at the Workplace (Eng) (Rom) <p>Workplace Action on HIV/AIDS:</p> <ol style="list-style-type: none"> 10. Fact Sheet 1: A Workplace policy and Programme on HIV/AIDS: How to get started (Eng) (Rom) 11. Fact Sheet 2: How to Tackle Stigma and Discrimination towards HIV/AIDS at the Workplace (Eng) (Rom) <p>Additionally, the project disseminated to national partners photocopies of the Guidelines for the transport sector on HIV/AIDS, original Russian version.</p> <p>Above publications have been used by project team during trainings, workshops, roundtables as reference recommendations and core materials. These have been disseminated to national partners during events organized by the project and external to it. For example, NCC meeting, national forums etc.</p>	<p>ILO/AIDS publications are available on web and dissemination coverage is large for current and future interventions.</p>	<p>Inspection Moldova</p> <p>Private sector representatives benefited of these publications and designed formal or informal workplace policies</p> <p>Tripartite partners made use of materials and requested on a regular basis to reprint ILO COP or HIV/AIDS basic leaflets</p>	<p>informational needs of employees. Factsheets, ILO COP and other publications often target private sector administration only, or decision “takers”.</p> <p>A suggestion to plan funds to cover Russian versions of publications. There are regions in Moldova, mainly in the North and South speaking only Russian</p>
<ul style="list-style-type: none"> • What new tools, guides have been developed as a result of this project (please list each and specify the available language versions) <ol style="list-style-type: none"> 1. Training modules for women entrepreneurs from Moldova on HIV/AIDS and WPP – Romanian, English, Russian versions 2. Factsheet on OSH Day and HIV/AIDS – 2 pages - Romanian version only 3. Factsheet on discrimination based on HIV positive status – 2 pages – external to project funds used. English and Romanian versions available. 4. Workplace policy on HIV/AIDS model – developed in collaboration with the Ministry of Economy and Trade. Offered for adjustment to national companies. Romanian version only. 	<p>These outputs contribute to sustainability of actions in the WoW on HIV prevention</p> <p>Women entrepreneurs would be able to integrate ready-made training modules into regular business training they organize;</p> <p>Union Fenosa, private company, used the WPP local model for</p>	<p>Moldova International Centre for Advancement of Women in Business (ICAWB) collaborated towards design, piloting and implementation;</p> <p>Ministry of</p>	<p>Further disseminate project practices among national partners and encourage implementation of workplace policies using available tools and resources in Romanian or Russian</p>

<p>5. Including HIV/AIDS information in the Guidelines for mobile population from Moldova developed by ILO/MIGRANT project. 9 guidelines for 9 countries have been printed and disseminated in Moldova, for Moldovan citizens intending to migrate. The project contributed with relevant info on HIV/AIDS basic knowledge and contact details of AIDS institutions from each of those countries. The guidelines have been distributed through National Employment Agency informational centres. ILO/MIGRANT programme dealt with implementation.</p>	<p>development of company local workplace policy on HIV prevention.</p> <p>Mobile population benefited of the Guidelines including HIV/AIDS data</p>	<p>Economy and Trade collaborate during the process of development of the WPP model.</p> <p>ILO/MIGRANT project in Moldova collaborated with ILO/GTZ project on disseminated the Guidelines for Moldova mobile population</p>	
<p>• What is the new knowledge gained as a result of this Project? (for example, the sector impact study, the KABP of sector worker, etc, specify the language versions available for the study reports)</p> <ol style="list-style-type: none"> 1. KAP Survey on HIV/AIDS among employees from Moldova – Romanian and English versions 2. Compatibility analysis of national legislation with international on HIV/AIDS and world of work provisions – Romanian and English versions 	<p>The KAP Survey is the first Survey of this kind in Moldova and identified important data for sustainable actions future planning;</p> <p>As a result of this survey – the Moldova Labour Code is being amended with one of its recommendations, to exclude the discrimination grounded on HIV status;</p>	<p>The project collaborated with the Ministry of Economy and Trade, National Bureau of Statistics, CCM on finalizing and disseminating results.</p> <p>Main partners: Government representatives , civil society including PLHIV</p>	<p>Consider main findings as a baseline data for further planning of interventions in Moldova</p> <p>Explore study recommendations in investigation phase of future projects in Moldova</p>

			Association, Trade Unions, UN Agencies, CCM	
	<p>• How has ILOAIDS knowledge base been disseminated through this project and what is the impact? (it might be TV interview, international conference presentation, website dissemination, dissemination seminar, etc list each & give the dates)</p> <ol style="list-style-type: none"> 1. International conference in Mexico, 2008 – abstract accepted and published in Abstract Book. 2. Eastern Europe and Central Asia AIDS Conference, Moscow, 2008 – abstract published, poster presented. 3. European Conference on AIDS and Drugs in Vilnius, 2009 – abstract published and poster presented. 4. Live TV broadcasting of interview with NPC at a TV channel with national coverage about HIV/AIDS in the world of work, March 2008, Chisinau, Moldova – recording available on CD, Rom version 5. Participation in a TV talk show “HIV/AIDS and migration” debating the need to raise awareness about HIV among the general population and in particular in the world of work. July 3rd 2008 Chisinau, Moldova. Audio recording available in Romanian, Russian. 6. Website dissemination of project progress and outputs on the following websites: http://www.aids.md/search.ns?g=en&q=ILO , www.ccm.md, http://www.un.md/un_ag_mol/index_ILO_AIDS.shtml, http://www.ilo.org/public/english/region/eurpro/budapest, http://www.cmb.md/en/37-hiv-aids-policies.html. 7. The project raised awareness among national partners and HIV/AIDS stakeholders about the project progress and relevance through regular publications for the CCM Secretariat newsletter. The last issues are available online, the rest are hard copies possible to scan http://www.ccm.md/?page=docs&pos=3. Only Romanian and Russian 	<p>Awareness raising on HIV prevention and tolerance towards people living with HIV among population from Moldova has taken place due to project work;</p> <p>International and regional dissemination of Moldova practices took place;</p> <p>Regular update of the CCM newsletter with project progress info contributed to advocacy of HIV prevention in the world of work among national HIV/AIDS stakeholders</p> <p>General population found out about HIV economic-social impact in Moldova</p> <p>Constituents mobilized towards action in the world of work, though still need capacities enhancement</p>	<p>UNAIDS, Country Coordination Mechanism Secretariat (CCM), media outlets, Trade Unions, Government</p>	<p>Further mainstream collaboration with media outlets and journalists within future projects. Media products are efficient and sustainable in informing general population.</p> <p>Publication of progress project info on AIDS national websites an CCM is a very good way of raising awareness</p>

	<p>language articles are included.</p> <p>8. UN Moldova newsletter was also used as a source of dissemination of project good practices http://www.un.md/key_doc_pub/un_magazines/2009/Revista_ONU_nr1%2838%29_FI_NAL_16-03-09.pdf – information in English and Romanian, March 2009 issue</p> <p>9. On the occasion of OSH Day, local OSH magazine published an information note on OSH and HIV/AIDS prevention. Hard copy, only Romanian, scanned version could be provided. Two articles produced, one in 2007 and one in 2009</p> <p>10. GTZ Backup newsletter – providing inputs to disseminate project practices on a regular basis in collaboration with ILO HQ office</p> <p>11. In 2007, an independent consultant visited Moldova and recorded information to produce a booklet on Moldova and Ukraine Good project practices. The final version of this publication has not been sent to field offices.</p> <p>12. World AIDS Day poster “Are you a leader?” with the participation of Moldova partner and leader, the chief medical officer from a local private company, Union Fenosa Group – Mrs. Vera Avdeenco. Poster initially produced in English for WAD ILO HQ exhibition in December 2007 and in 2008 printed in Romanian for distribution in Moldova</p> <p>13. WAD concert for youth in December 2007 – ILO joined the organization of a concert for youth “Dance for life” in Moldova as a co-sponsor. It was both a visibility activity and raising awareness among young people targeting future young labour force from Moldova.</p>	<p>HIV/AIDS stakeholders included WoW action on HIV prevention national agenda</p>		
<p><i>Policy advocacy</i></p>	<ul style="list-style-type: none"> • What laws, policies have been reviewed, amended or enacted as a result of this project? (Specify at national level, at local level, at enterprise level, etc.) <p>National level:</p> <ul style="list-style-type: none"> - The Labour Code is in the process of amendments, to include a new criteria to fight discrimination grounded on HIV status - Current National AIDS Programme should have been amended, but due to political instability it is being delayed. As a result of project work, the Mid-Term Review of National AIDS programme recommended to add one more activity into National AIDS Programme relating to WoW prevention; 	<p>Legislation compatibility study conducted by national experts in labour legislation contributed with recommendations to improve national legislation;</p> <p>The project had substantial impact on</p>	<p>Ministry of Economy and Trade, ILO NC, UNAIDS, Ministry of Health, UNIFEM, Trade Unions Confederation</p>	<p>At national level it is necessary to advocate HIV prevention at the workplace in the 2011-2015 National AIDS Programme, National HIV Prevention</p>

<ul style="list-style-type: none"> - The law on HIV/AIDS prevention and control did not exclude art 22 in charge of discrimination at the workplace grounded on HIV status, while in the development process. In 2007 the Law has been passed by Parliament; - The Country Coordination Mechanism accepted as new members of the CCM Ministry of Economy and Trade, and private sector representatives. - The CCM approved as part of the country application to the Global Fund, the world of work component; - The project facilitated country contribution to new ILO Recommendation on HIV/AIDS in the world of work, consulting all relevant ministries before providing inputs to final questionnaire. <p>Sectoral level:</p> <ul style="list-style-type: none"> - The project collaborated with the ILO project on Worst Forms of Child Labour in Agricultural Sector and as a result the <i>Code of Conduct for Employers from Agriculture Sector</i> , included a provision of non-discrimination on the ground of HIV positive status (available in Romanian only) <p>Enterprise level:</p> <ul style="list-style-type: none"> - Enterprises adopted both formal and informal workplace policies on HIV/AIDS. Employees were informed on HIV/AIDS risks and prevention methods. Project activities did not target top managers and this slowed progress towards adoption of more workplace policies than current five. 	<p>advocating world of work action in the field of HIV/AIDS prevention at national level</p>		<p>Strategy soon to be developed;</p> <p>Advocacy for world of work actors active consultation within national HIV/AIDS coordination still needed;</p> <p>Further advocacy and capacity building of top managers from private sector is very important to achieve change in attitude and action;</p>
<p>• How has the project facilitated the inclusion of the ILO tripartite constituents in the policy planning process? (Specify who to what committees, etc.)</p> <p>In 2009, ILO constituents, i.e. the Deputy Ministry of Economy and Trade in charge of labour issues, and the President of the National Confederation of Employers were appointed to the National Coordination Council on TB, HIV and AIDS. In this way the constituents are part of national consultation processes.</p> <p>The Project facilitated communication between ILO constituents and the Moldova Global Fund CCM Secretariat, which ensured inclusion of workplace HIV prevention in the country application to Round 9.</p> <p>The project organized national tripartite consultations with ILO constituents in August 2008 to determine the objectives for round 9 application design.</p> <p>Constituents have always been consulted before any interventions and project plans.</p>	<p>World of work action is part of national coordinating HIV/AIDS prevention efforts.</p> <p>HIV/AIDS stakeholders recognize the importance of HIV/AIDS prevention in the world of work.</p>	<p>CCM, UNAIDS, Ministry of Health, Ministry of Economy, National Confederation of Employers</p>	<p>Further capacity building of ILO constituents and mobilization needed to involve in working groups and represent private sector interests and prevention</p>

	<ul style="list-style-type: none"> • Was the project design consistent with supporting the One UN, 3 Ones, and National development plan and poverty reduction strategy? (Describe the alignment of the project design with each of these elements) <p>Link to National Development Plan <i>Priority 4. Developing Human Resources, Providing for Employment Opportunities and Promoting Social Inclusion 4.2 Build a healthy society</i> The project objectives fit National Development Plan priority 4.</p> <p>Links to the ONE UN aligned to UNDAF <i>Outcome 2. By 2011, vulnerable groups enjoy increased equitable and guaranteed access to basic services of good quality provided by the state with the support of civil society</i></p> <p>UNDAF outcome 2.2.4: Government and social partners are better able to promote comprehensive workplace policies in response to HIV/AIDS with a focus on protection against discrimination in the workplace</p> <p>The project reported to the outcome 2.2.4 in UNDAF on a regular basis 3 ONES – the project contributed to representation of world of work actors in National Coordinating Bodies on HIV/AIDS.</p>	<p>UN JT on HIV/AIDS has always been informed on project progress and results.</p> <p>UNDAF reporting was also on the project team agenda</p>	<p>UNAIDS, CCM, ILO NC</p>	<p>Advocate for inclusion of world of work HIV prevention in strategic national policies as National AIDS Program, DWCP, National Prevention Strategy (soon to be developed)</p>
<p><i>Mainstreaming ILO code of practice in the world of work</i></p>	<ul style="list-style-type: none"> • How has the project achieved integration of ILO code of practice on HIV/AIDS in the world of work in the country with private and public enterprises? (If not, what were the barriers?) <p>By capacity building and raising awareness events for private and public companies from Moldova;</p> <p>By large dissemination of the ILO COP to members of the National Confederation of Employers from Moldova and during other relevant events, up to 2000 copies.</p>	<p>The ILO COP offers a strategic, policy framework for companies administration to develop policies in Moldova</p>	<p>Private and public enterprises</p>	<p>Disseminate and advocate the ILO COP provisions among policy makers</p>
	<ul style="list-style-type: none"> • How has the project contributed to the country UNDAF framework, other donor efforts? (Has the project coordinator been able to participate or provide input to the UN support to the country? Donor consultative group? If so, how has it been done; if not, what were the hindrances?) <p>UNDAF outcome 2.2.4: Government and social partners are better able to promote comprehensive workplace policies in response to HIV/AIDS with a focus on protection against discrimination in the workplace</p> <p>The project reported to the outcome 2.2.4 in UNDAF on a regular basis</p>	<p>UNDAF officers and UN JT always received regular inputs to important documents on behalf of project coordinator. UN JT on HIV/AIDS Advocacy Strategy is an additional important document to reflect project activities</p>	<p>UN Resident Representative office, UNAIDS, ILO NC</p>	

		and outcomes		
<i>Mainstreaming gender considerations in this project</i>	<ul style="list-style-type: none"> • How has the project mainstreamed gender concerns? <ol style="list-style-type: none"> 1. Capacity building programmes raised awareness on gender equality and women vulnerability to HIV/AIDS 2. The ILO COP principle related to gender balanced policies were debated and encouraged to be considered while developing, implementing workplace policies 3. Empower women entrepreneurs by enhancing their capacities to tackle the subject of HIV/AIDS at home, at the workplace and in their communities –awareness raising trainings, training modules on HIV/AIDS for women entrepreneurs 4. Enhance capacities of nurses from Moldova on HIV impact and their responsibility towards respecting universal precautions and delivering correct HIV preventing messages to general population. Majority of nurses in Moldova are women. 	<p>Developed Moldova workplace policy model includes gender equality provisions Section 3, point 8.</p> <p>Private sector representatives accounted this principle during education activities by focusing on most important issues related to the role of men and women in the HIV prevention efforts.</p> <p>ICAWB members and administration mobilized to involve more women in HIV prevention education activities</p>	ICAWB, private and public companies, media representatives, National Nursing Association from Moldova, UNAIDS,	Local civil society organizations should be assisted with capacity building programmes to be able further tackle the subject of HIV prevention through gender balanced policies. Also, NGOs could be targeted as partners, in addition to ILO constituents. NGOs should work in partnership with constituents for sustainable results.
	<ul style="list-style-type: none"> • What are the barriers to achieving gender mainstreaming into the ILO mandated HIV in the world of work function in the specific context of your country? <p>The ILO constituents understand the importance of gender mainstreaming in the world of work policies;</p> <p>One limitation so far noticed, women are sometimes more involved than men in activities related to HIV prevention. For example trainings are attended more often by women; medical representatives in private companies are women etc.</p>	<p>Constituents informed on ILO gender balanced principles as per ILO COP; also on HIV impact on women</p>	All project partners	
<i>Capacity building</i>	<ul style="list-style-type: none"> • Specify which ILO tripartite constituents benefited? (list the specific partners) <p>Government, civil society and private sector as following: The Ministry of Economy and Trade, Labour Inspection, National Employment Agency; the Ministry of Health, National Centre for Preventive Medicine (AIDS Centre);</p>	ILO tripartite constituents, NGOs trained on ILO COP principles and WoW action		Further capacity building necessary on developing leadership skills and active

<p>Social and health NGOs including PLHIV organizations; private and public companies including Global Compact Network members; Confederation of Trade Unions particularly Health, Construction, Education sector.</p>			<p>participation in national coordinating efforts on HIV/AIDS prevention – consulting world of work partners in the process of designing the National Prevention Strategy on HIV/AIDS</p>
<p>• Are partners whom the Project has improved their capacity able to take on replication and scaling up themselves? (if so, how; if not, why and what are still needed)</p> <ul style="list-style-type: none"> - Among partners whose capacities were enhanced and they are able to take on replication are: AIDS Centre, the Labour Inspection, National Employment Agency, 5 private/public companies, several NGOs which recently began working with the private sector to promote HIV education, HIV/AIDS stakeholders. These are able to independently tackle the HIV subject in world of work policies, raise awareness and advocate for actions. Although there is always room for more work. - National Confederation of Employers, recently appointed member of the NCC on HIV/AIDS/TB, needs more training or sharing of experience to mobilize towards more active involvement. The National Confederation has limited staff number and they find difficult to handle many responsibilities. Though the organization supports the project, its objectives; - Global Compact Network has been reluctant towards collaboration with the project, although when working with companies members of the GC separately, they were mobilized and opened for collaboration. GC leaders argued there are more urgent issues than HIV/AIDS prevention in Moldova and promised collaboration in the nearest future. Their local website (www.globalcompact.md) could be a very useful source of encouraging private sector to replicate current experience, for example Union Fenosa example, which is a GC member (http://en.ufmoldova.com/HIV_SIDA) ; 	<p>There are external factors reducing commitment and motivation of some partners to independently undertake HIV prevention actions;</p> <p>HIV/AIDS stakeholders informed and mobilized world of work prevention can contribute to Universal Access;</p> <p>Trade Unions from health, education, construction sectors are mobilized to sustain HIV prevention on their agendas;</p> <p>Labour Inspection mobilized towards independent replication of activities, though lack of sufficient human and</p>		

	<ul style="list-style-type: none"> - The recommendations to conduct HIV prevention activities, adoption, and implementation of workplace policies on HIV/AIDS are often understood as not emerging issues. The national legislation does not oblige employers to involve in education of its staff. Economic problems in the country, extra costs for education activities, low prevalence data, low commitment of top management to issues related to health and social protection of employees are among factors contributing to reduced motivation of constituents to undertake independently HIV prevention actions. Therefore, ILO project encouraged organization of education on HIV along with OSH prevention measures, which are organized on a compulsory basis. <p>Suggestions for future:</p> <ul style="list-style-type: none"> - Labour Inspection, the National Confederation of Employers, and Trade Unions Confederation top managers are target organization to further enhance their capacities and mobilize towards independent replication of HIV prevention activities. These are key institutions which should be assisted with exploring their websites for raising awareness and top management involvement. - More peer to peer sharing of experience in the region at sectoral and unit level. Private companies replicate easier good practices during peer-to peer discussions. - Targeting National Employment Agency (NAE) information centres at country level and NAE regional offices to disseminate publications and train personnel. - Consider for future projects design a recent launch of a Youth Informational Centre on Labour issues in Moldova under management of NAE to target young labour force - Focus capacity building activities on Trade Unions top management to mobilize and support HIV/AIDS prevention in the world of work 	<p>financial resources might be a limitation of governmental institution to sustain these efforts.</p>		
<p><i>Sustainability</i></p>	<ul style="list-style-type: none"> • What was in the project design, strategy and approach in implementation that contribute to sustainability? <p>Among project strengths to contribute to sustainability are:</p> <ul style="list-style-type: none"> - policy advocacy component: mainstreaming HIV/AIDS in the WoW in national policy documents; advocacy to involve ILO constituents in national coordinating efforts on HIV/AIDS; ILO as active member of UN JT on HIV/AIDS; - sharing of experience and continuous dissemination of project practices; 			<p>Include in project design process all possible HIV/AIDS stakeholders, not limiting to world of work actors – this will enhance capacities of</p>

	<ul style="list-style-type: none"> - getting new knowledge: conducting national research to ground further interventions on relevant data from the country; - awareness raising component: promotion of HIV/AIDS prevention in the world of work at all levels and type of organizations. Both world of work actors and NGOs should actively involve - health system strengthening component: activities targeting medical workers - targeting civil society as project partners - use of new formulas of capacity building events, such as outdoor trainings, interactive learning techniques applied during implementation - flexible adjustments of project work plan according to country progress was helping the project implementation, sometimes events planned at project start needed reformulation of objectives or change of subject or target groups - ILOAIDS publications in native language available to national partners through different channels: constituents themselves, web pages, UNAIDS library 			<p>everyone to work towards Universal Access;</p> <p>Consult national partners on their accountability to project implementation if a new phase starts.</p>
	<p>• What hinders the potential for sustainability?</p> <p>External to the project factors:</p> <ul style="list-style-type: none"> - HIV/AIDS prevention is not a key issue on labour actors agenda, and low top management commitment; economic problems; low prevalence registered in Moldova; - Limited number of staff in key institutions as Labour Inspection, National Confederation of Employers, National Employment Agencies etc to be in charge with HIV/AIDS prevention actions only; - High competition between HIV/AIDS institutions for available funds; - Private companies top management is not committed to social protection issues of employees and delegates participants to project activities with no decision-making power in their enterprises; - National partners are used to technical assistance projects in the country and rely on international organisations support rather than include responsibilities on their institutional agenda. <p>Internal-project related factors:</p> <ul style="list-style-type: none"> - Short term objectives within the project. It worked as project made of 6 (six) extensions in Moldova: Nov 2006 - March 2007, April - June 2007, July - Dec 2007, Jan - Dec 2008, Jan - June 2009, July -September 2009. It seriously hindered long term planning and sustainability of implemented actions. In these circumstances project team found difficult to engage with long term planning. 			

	<ul style="list-style-type: none"> - Lack of permanent support on behalf of a SRO Focal point on HIV/AIDS delayed project progress and support at national level. Local staff managed the project implementation at national level. 			
	<ul style="list-style-type: none"> • What has been done to remove these barriers? And how effective are these measures taken? <p>External factors are difficult to eliminate, therefore several steps contributed to mobilization of partners and sustainability of activities:</p> <ul style="list-style-type: none"> - it has been taken an approach of advocacy at policy level, and include the HIV prevention measures in national policies and strategies; - involve in project implementation governmental institutions in charge of policies development and raise awareness among national partners as often as possible on the importance of tackling the subject of HIV prevention to avoid HIV impact; - private enterprises have been offered a chance to share experiences as peer-to-peer communication, which brought results. private sector mobilized easier replicating their colleagues' experiences. Ukrainian company Interpipe mobilized local companies to take action on HIV prevention in the WoW; - UN JT Advocacy strategy prioritized action on mobilization of private/public companies to involve in HIV prevention; - Advocacy for including the WoW component in the country proposal to Round 9 of the Global Fund, until accepted, there were serious limitations towards this achievement, several stakeholders - World of work actors are members of the CCM. <p>Internal factors: these could not be changed, therefore project has been implemented in these conditions</p>			
	<ul style="list-style-type: none"> • What additional in-kind and in-cash resources has the project in your country been able to mobilize? (please specify source and amount) <ul style="list-style-type: none"> - The project was able to advocate for 190.000 USD for a two years project, if the Global Fund grants Round 9 to Moldova starting from 2010. It would support 			

	<p>strengthening capacities of labour inspectors to tackle HIV prevention within their institutional agenda. The Global Fund should take a decision by the end of this year if funds are granted;</p> <ul style="list-style-type: none"> - The project team has been kindly offered free publications for distribution during project activities by partners institutions, as AFEW, AIDS Centre which saved project money on printing it; - Raising awareness activities conducted at no cost to the project: media publications and TV interviews, web hosting of project resources, presentation during NGO national forum dedicated to world of work prevention – again saved project funds for other activities; 			
<p><i>Effectiveness & efficiency of project management</i></p>	<ul style="list-style-type: none"> • Are resources used most cost-effectively? (give example) <p>During its implementation the project conducted activities in partnership with national partners which reduced very much events costs: Example – May 2009 workshops for labour inspectors from three regions of Moldova covering 81 inspectors - spent 2930 USD.</p> <p>Many events organized by project team were at no cost to the project – example: 3 workshops for implementing the ILO/WHO Guidelines in Nov-Dec 2008;</p> <p>For more examples please see project team ongoing monitoring project file: activities delivered versus budget spent</p>			
	<ul style="list-style-type: none"> • Was the project management arrangement efficient to support expected achievement of project results? (if so, please give example what worked, if not, please specify what were the hindrances) <p>I will mainly refer to micromanagement during project implementation.</p> <p>What worked:</p> <ol style="list-style-type: none"> 1. Support of ILO HQ Regional Coordinator appointed in the last months of the project implementation, Ms. LeeNah Hsu. Her contribution to project implementation helped local project team significantly; 2. Support of ILO SRO office focal point on HIV/AIDS meant a lot to project efficient management. When the position was cancelled it was more complicated to deal with logistics (project funds were available through the following steps: ILOHQ – ILO SRO- UNDP Moldova – Project coordinator – suppliers, a long way 			<p>Budget communication costs for regional offices to be able communicate or visit once in a while each other (telephone costs, missions to neighbour countries);</p> <p>Appoint a responsible officer in the SRO Budapest office in</p>

	<p>which required efficient time management much in advance of events to be carried out. EPA requests needed to be prepared minimum 2-3 months in advance to the event). It took a lot of time to coordinate funds disbursements. Project team appreciates very much the support of ILO SRO office even no HIV/AIDS focal point is in the office. In particular, Ms. Agnes Fazekas supported project management to a great extent;</p> <ol style="list-style-type: none"> 3. Regional collaboration strengthened project management, communication with project colleagues from Ukraine – it was very important to during project implementation; 4. Project assistant position was very helpful in achieving project outcomes and supporting NPC. 5. Involvements in project management the ILO constituents and ILO NC. They have been very supportive while implementing the activities to achieve sustainable results and ensure a participatory approach. In particular, the Deputy Ministry of Economy and Trade, Mr. Sergiu Sainciuc and Ms. Ala Lipciu, the ILO NC in Moldova. <p>What did not work:</p> <ol style="list-style-type: none"> 1. It took time until project local team was clear about financial procures to be able to perform its duties efficiently, i.e. the process of requesting, sending, receiving EPA requests and meeting responsible officers at HQ and SRO. An induction training at least online, on basic financial procedures, reporting, travel, type of contracts and monitoring of project implementation would have helped project implementation and avoid miscommunication; 2. To my mind the EPAs request too many details on carrying out seminars in particular two or three months in advance to the event. Training venues often change, exchange rate, prices for services also change due to training date. Unless this is acceptable for HQ; 3. Short term extensions of the project hindered long term planning management; 4. UNDP Moldova colleagues did not brief the project team on financial procedures when project started in Moldova. There are many important procedures which the project team “learned by doing” and lost time on finding out this list on their own. 			<p>charge of HIV/AIDS projects for future, at least part time.</p> <p>Create an e-network of sharing project implementation progress in the region among ILO project staff and encourage communication and sharing good practices.</p> <p>UNDP Moldova to brief project teams when new projects are launched on local financial procedures and reporting.</p>
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	<p>Though the team took part in 1 hour training in the last phase of the project implementation.</p>			
	<p>• Is there a monitoring and evaluation system for your project at country level? (If so, describe it and give your opinion as to how successful it has been; if not, please give reason why not and what you would suggest to be done for such M&E?)</p> <p>The project reported on its progress to M&E Unit of the CCM, which is collecting data on national efforts related to HIV/AIDS activities. Currently, this department needs a reform since it does not have enough capacities to keep the monitoring updated at national level. The project reported its progress to Mid-Term Review of the National AIDS Program, DWCP work plan for 2008 and 2009, to UN JT and UNDAF. The project results have been registered in national progress monitoring reports. In addition, the project team took part in national workshops on designing the national M&E framework.</p> <p>The internal reporting on project progress was on a three, six and twelfth month basis. In addition, project team dealt with ongoing project monitoring.</p>			
	<p>In your opinion, did this project achieve what it sets out to accomplish? (If so, what are they; if not, what were the reasons it did not? What would be needed to accomplish the planned objectives? & how could it be done differently?)</p>	<p>As a general comment, the project accomplished targeted outcomes and outputs. It also managed to organize extra activities to project work plan at no cost to the ILO, therefore covering more people in project activities.</p> <p>The project achieved policy objectives (see above), the indicators as per work plan, mobilization and raising awareness etc., thus contributing to three immediate objective of the project (see project progress reports).</p> <p>Limitations to project achievements:</p> <ul style="list-style-type: none"> - Modest budget in comparison to proposed objectives; - Logical framework of the project could be improved and designed for the total project length; - Promotion of ILO/AIDS policy at country level on behalf of a SRO Focal point; - Training or learning events for project coordinators on the ILO/AIDS policies, at least online or distance internal courses, if other options are not possible. This would enhance project implementation team capacities to be in charge of efficient strategic and micro project development management. 		

ILO/GTZ Project Phase II Final self-assessment tool

NAMIBIA

Issues	Actions taken	Impact	Partners engaged for the actions (specify linkage with NAC, UNAIDS, other ILO programmes, One UN, governmental, private sector, tripartite constituents, CSO, list each one)	Suggestions for the future (design, structure, strategy, management, technical input, resources, etc.)
<i>Knowledge base management</i>	<p>How existing ILO tools have been used in this project (indicate the specific ILO tools applied in this project, examples may be the use of the <i>ILO Code of Practice for HIV/AIDS in the world of work</i>, the Joint WHO/ILO guidelines on post-exposure prophylaxis to prevent HIV infection, etc. indicate if language versions are used, if so, specify the languages available)</p> <ul style="list-style-type: none"> • ILO Code of practice on HIV/AIDS and the world of work (English version only) • A handbook on HIV/AIDS for labour and factory inspectors 	Occupational health and safety and labour inspectors are well informed on integrating HIV/AIDS into their work	<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare (MoLSW) • Namibian Employer's Federation (NEF) • National Union of Namibian Workers (NUNW) 	The social partners could benefit if the code could be translated into two local languages i.e. Afrikaans and Oshiwambo
	<p>What new tools, guides have been developed as a result of this project (please list each and specify the available language versions)</p> <p>None</p>	None	None	None
	<p>What is the new knowledge gained as a result of this Project? (for example, the sector impact study, the KABP of sector worker, etc, specify the language versions available for the study reports)</p> <ul style="list-style-type: none"> • A HIV/AIDS KAP study was done for the Ministry of Labour and Social Welfare employees. • A two-day Voluntary Counselling and Testing and wellness screening campaign was undertaken for the MOLSW employees 	<ul style="list-style-type: none"> • First line ministry in Namibia to do onsite VCT, wellness screening and a HIV/AIDS KAP survey • The ministerial management is well-informed on most prominent life- 	<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare • Namibian Business Coalition on AIDS • PharmAccess – Dutch NGO • Private consultant who assisted ministry with pre- and post intervention communication 	None

		<p>threatening disease amongst employees</p> <ul style="list-style-type: none"> • Information will inform strategic planning process of the ministerial HIV/AIDS workplace programme • Number of employees is known who went for VCT • Number of employees who tested HIV positive is known • Number of employees who got referred for further medical or psychological services are known 		
	<p>How has ILOAIDS knowledge base been disseminated through this project and what is the impact? (it might be TV interview, international conference presentation, website dissemination, dissemination seminar, etc list each & give the dates)</p> <ul style="list-style-type: none"> • ILO's 90th Celebrations in Namibia - 20 April 2009 • International Health and Safety Day – 24 April 2009 • Collective bargaining and HIV/AIDS training workshop 27 August 2009 • Labour inspectors and HIV/AIDS training workshop 1 September 2009 • HIV/AIDS Peer education training workshop for Ministry of Labour employees 16 March 2009 • HIV/AIDS Management training for the Ministry of Labour 28 April 2009 	<p>The Permanent Secretary of the Ministry of Labour and Social Welfare has appointed a new ministerial HIV/AIDS committee. The new chairperson of the committee just returned back from ILOAIDS Geneva after completion of her internship. She is spearheading the ministry's HIV/AIDS workplace programme</p>	<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare • Namibian Employers' Federation • National Union of Namibian Workers • Private sector companies • Other line ministries 	<p>Any ILOAIDS materials for dissemination purposes will be welcomed by tripartite social partners</p>

<i>Policy advocacy</i>	<p>What laws, policies have been reviewed, amended or enacted as a result of this project? (Specify at national level, at local level, at enterprise level, etc.)</p> <p>A Tripartite Memorandum of Agreement on implementing HIV/AIDS workplace programmes was signed and adopted by the tripartite social partners on 10 September 2009.</p>	<p>The tripartite social partners have identified and expressed the need to develop a National HIV/AIDS workplace policy for Namibia</p>	<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare • Namibian Employers' Federation • National Union of Namibian Workers • Other line ministries i.e. Office of the Prime Minister, Ministry of Health and Social Services 	<p>Not applicable</p>
	<p>How has the project facilitated the inclusion of the ILO tripartite constituents in the policy planning process? (Specify who to what committees, etc.)</p> <p>Currently Namibia lacks a National Tripartite Committee that ensures compliance and timely implementation of HIV/AIDS workplace programmes.</p> <p>However, Namibia is currently developing their new National Plan on HIV/AIDS (MTPIV). The National Coordinating body the Ministry of Health approached the ILO/GTZ Project to ensure the inclusion of the World of Work component into the new plan. Tripartite social partners engaged on 10 September to define their specific roles and responsibilities, draft the terms of reference for the National Tripartite Committee on HIV/AIDS and map out monitoring and evaluation of the World of Work component.</p>	<p>The need has been identified to establish a National Tripartite HIV/AIDS Committee under the legal arm of the Labour Advisory Council. The committee's primary purpose is to ensure compliance of the National HIV/AIDS workplace policy and to monitor and evaluate implementation of workplace programmes at National level,</p>	<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare • Namibian Employers' Federation • National Union of Namibian Workers • Other line ministries i.e. Office of the Prime Minister, Ministry of Health • UNAIDS, Joint team on HIV/AIDS • Private consultants 	<p>Not applicable</p>
	<p>Was the project design consistent with supporting the One UN, 3 Ones, and National development plan and poverty reduction strategy? (Describe the alignment of the project design with each of these elements)</p> <p>The project document was developed in 2006, but the project staff members were only recruited in September 2008. This resulted in the first project advisory board meeting to be held at the end of November 2008. The original work plan was adapted to align the reduced budget allocation and to ensure timely implementation of activities within a very short time span of 9 months. In hindsight, the project document was outdated and not aligned to the new National</p>	<p>The work plan was adapted and aligned to address most relevant needs amongst the tripartite social partners in Namibia</p>	<p>The project advisory board that consisted Government, Workers and Employers</p>	

	Development Plan (NDPIII), or the newly adopted poverty reduction plan. The original work plan was somewhat outdated and many of the indicated activities were a repetition or duplication of activities.			
<i>Mainstreaming ILO code of practice in the world of work</i>	<p>How has the project achieved integration of ILO code of practice on HIV/AIDS in the world of work in the country with private and public enterprises? (If not, what were the barriers?)</p> <p>The project was limited in timeframe and resources. The project had to prioritize activities and the main focus was to capacitate the Ministry of Labour and Social Welfare to develop and implement its own HIV/AIDS workplace programme. The project did not manage to assist private companies or other line ministries to integrate the ILO code on HIV/AIDS into their individual HIV/AIDS workplace programmes, due to limited resources and time to implement activities.</p>	Not sufficient coverage amongst tripartite partners	<ul style="list-style-type: none"> • Ministry of Labour and Social welfare • Namibian Employers' Federation • National Union of Namibian Workers 	
	<p>How has the project contributed to the country UNDAF framework, other donor efforts? (Has the project coordinator been able to participate or provide input to the UN support to the country? Donor consultative group? If so, how has it been done; if not, what were the hindrances?)</p> <p>The project was not part of the UNDAF development process however UNDAF is currently being revised for extension up to 2012. The project did however participate in the UN Joint Team on HIV/AIDS.</p>		UN Namibia	Future inclusion into the UNDAF framework will make ILO more visible and contribute to other UN agencies supporting ILO's work in Namibia
<i>Mainstreaming gender considerations in this project</i>	<p>How has the project mainstreamed gender concerns?</p> <p>All the capacity building workshops were gender-sensitive and highlighted the importance of gender in HIV prevention</p>	Gender-focused capacity building amongst tripartite partners	<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare • Namibian Employers' Federation • National Union of Namibian Workers 	NPCs should also receive capacity building and resource materials on gender issues and how it impacts HIV prevention efforts.
	<p>What are the barriers to achieving gender mainstreaming into the ILO mandated HIV in the world of work function in the specific context of your country?</p>	None	All line ministries	Not applicable

	No barriers. Namibia is cognizant of the importance of gender mainstreaming. Gender is considered a cross-cutting issue and is recorded into the new National HIV/AIDS Plan (MTPIV)			
<i>Capacity building</i>	<ul style="list-style-type: none"> • Specify which ILO tripartite constituents benefited? (list the specific partners) 	Not applicable	<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare • Namibian Employers' Federation • National Union of Namibian Workers • Other line ministries i.e. Office of the Prime Minister, Ministry of Health and Social Services 	Not applicable
	<p>Are partners whom the Project has improved their capacity able to take on replication and scaling up themselves? (if so, how; if not, why and what are still needed)</p> <p>The time span of the project was very short and the ministry of Labour will require support and technical assistance with establishing and maintaining the National Tripartite Committee on HIV/AIDS. The partners are recommending the establishment of a HIV/AIDS unit within the Ministry of Labour that will coordinate, monitor and evaluate HIV/AIDS workplace programme implementation and measure adherence or compliance of the National Workplace Policy on HIV/AIDS. The Ministry of Labour has expressed the need for technical assistance to accomplish this goal.</p> <p>There is a need to focus efforts on strengthening the other two social partners i.e. the Employers' and Workers' Associations. The National Union of Namibian Workers has been supported to date by DED, the German development agency. This project is ending at the end of September. They will be committing their own resources but express some concern over their ability to maintain on-going programming. The provision of technical support is an opportunity for ILO to remain engaged in activities for Namibian workers.</p> <p>The NEF (Namibian Employers Federation) has recently engaged an</p>		<ul style="list-style-type: none"> • Ministry of Labour and Social Welfare • Namibian Employers' Federation • National Union of Namibian Workers 	Not applicable

	occupational health specialist with GTZ funds. His job profile does include HIV/AIDS activities, but is insufficient to carry forward a full agenda on HIV/AIDS. Additional technical support is required to assist private sector companies to implement workplace programmes and policies on HIV/AIDS.			
<i>Sustainability</i>	What was in the project design, strategy and approach in implementation that contribute to sustainability? The project focused to build internal capacity of the lead agency of the world of work response namely the Namibian Ministry of Labour and Social Welfare. The project first of all capacitated ministerial employees to effectively develop and implement their internal HIV/AIDS workplace programme, but encouraged the ministry to embrace its mandate of coordinating the world of work response in Namibia. However, the NEF and NUNW did not receive technical assistance or support to ensure HIV/AIDS workplace policies and programmes are developed and implemented.			
	What hinders the potential for sustainability? Lack of resources to continue programming in Namibia to support the efforts of the tripartite partners.			
	What has been done to remove these barriers? And how effective are these measures taken? A screening exercise for funding options or possible donors has been executed. PEPFAR Namibia has been approached to see how ILO could participate in the Country Operational Plan for 2010.			
	What additional in-kind and in-cash resources has the project in your country been able to mobilize? (please specify source and amount) None			
<i>Effectiveness & efficiency of project management</i>	Are resources used most cost-effectively? (give example) Yes. The original project work plan was revised and the most viable activities were chosen to implement.	Not applicable	Not applicable	Not applicable
	Was the project management arrangement efficient to support expected achievement of project results? (if so, please give example what worked, if not, please specify what were the hindrances)	The ILO/GTZ project lacked visibility. The NPC	Not applicable	Appropriate office space should be provided. A project vehicle will also

	<ul style="list-style-type: none"> No. The project did not provide office space or office equipment. In addition the project administrative assistant was moved to another ILO project (TECLII) based at the Ministry of Labour of Namibia. Project implementation started very late commenced officially in November 2008, which allowed very short time to implement activities Project budget was far underestimated and did not allow for the original project work plan to be implemented Very limited timeframe did not allow for all activities to be implemented, had to adjust work plan according to short timeframe of expected implementation 			assist in timely project implementation
	<p>Is there a monitoring and evaluation system for your project at country level? (If so, describe it and give your opinion as to how successful it has been; if not, please give reason why not and what you would suggest to be done for such M&E?)</p> <p>There is no M&E system in place. The project had very limited activities and also a short timeframe for implementation. Once the National Tripartite Committee is established within the Ministry of Labour it could facilitate the monitoring and evaluation of HIV/AIDS workplace programmes as well as measure compliance of the National HIV/AIDS workplace policy</p>	The World of Work response in Namibia is not monitored or evaluated. There is no reliable data available on HIV/AIDS workplace programmes or policies	Not applicable	If ILOAIDS should engage in a next phase of HIV/AIDS activities in Namibia the project or programme should incorporate M&E
<p>In your opinion, did this project achieve what it sets out to accomplish? (If so, what are they; if not, what were the reasons it did not? What would be needed to accomplish the planned objectives? & how could it be done differently?)</p> <ul style="list-style-type: none"> Project budget was far underestimated and did not allow for the original project work plan to be implemented Very limited timeframe did not allow for all activities to be implemented, had to adjust work plan according to short timeframe of expected implementation Capacity should be strengthened and build within the Namibian Employers Federation and the relationship amongst the private sector players should be encouraged Advocacy is required to engage with union leaders to ensure sustained implementation of HIV/AIDS workplace policies and programmes 				

ILO/GTZ Project Phase II Final self-assessment tool

UKRAINE

Issues	Actions taken	Impact	Partners engaged for the actions (specify linkage with NAC, UNAIDS, other ILO programmes, One UN, governmental, private sector, tripartite constituents, CSO, list each one)	Suggestions for the future (design, structure, strategy, management, technical input, resources, etc.)
Knowledge base management	<ul style="list-style-type: none"> • How existing ILO tools have been used in this project (indicate the specific ILO tools applied in this project, examples may be the use of the <i>ILO Code of Practice for HIV/AIDS in the world of work</i>, the Joint WHO/ILO guidelines on post-exposure prophylaxis to prevent HIV infection, etc. indicate if language versions are used, if so, specify the languages available) 	<p>ILO Code of Practice was translated into Ukrainian in 2003 and since that time it has been extensively used throughout all ILO HIV/AIDS activities in Ukraine. It was reprinted several times including last time in 2009. It has served the basis for constituents' activities on HIV/AIDS at the national and sub-national level. Manual for education sector workers developed within the project is also based on the Code and its ten main principles. Sectoral national and regional agreements as well as collective agreements concluded within the project period for instance in education sector of Chernovtsy oblast' include non-discrimination principle. Partners realized their role and potential in addressing HIV/AIDS in the world of work after awareness-raising and capacity building activities undertaken by the project. All these activities were also built on the ILO Code of Practice and its Education and Training Manual which was also translated into Ukrainian earlier. ILO Code of Practice was widely promoted and used for training activities for UN staff within implementation of UN Learning Strategy on HIV. It has been used by other projects related to HIV in the WoW (UNAIDS/PAF, UNDP, SMARTWork, etc.). Its principles were included in the current State Programme on HIV/AIDS for 2009-2013.</p> <p>Joint ILO/WHO Guidelines were translated into Ukrainian and</p>	<p>MoLSP, social partners, UNAIDS and UN agencies, NGOs, education and health sector unions (national and regional), Centre for Perspective Social Studies of the MoLSP, Ministry of Health of Ukraine, Ministry of Education and Science of Ukraine, University for Education Management, regional education administrations, Kyiv branch office of the Association of Cities of Ukraine and Communities, All-Ukrainian Alcohol and Drug Monitoring Centre, All-Ukrainian</p>	<p>New Recommendation on HIV/AIDS in the world of work when will be a stronger tool significantly contributing to wider engagement of the ILO tripartite constituents and other partners in HIV/AIDS prevention in the WoW. All ILO tools, especially guidelines are of great importance for partners as they help in understanding their role and place in addressing the epidemics even now after so many years of efforts. Therefore</p>

		<p>distributed among health sector workers and OSH experts and was also used for planning and implementing training activities for health workers. These Guidelines were also used as one of the guiding documents in the pilot study on HIV/AIDS prevention in health sector of Ukraine. Project partners from health sector were also made aware and referred to Joint WHO/ILO Guidelines on post-exposure prophylaxis to prevent HIV infection though this publication was not translated into Ukrainian.</p>	<p>AIDS Centre of the Ministry of Health of Ukraine, etc.</p>	<p>such tools should be translated into Ukrainian AIDS Strategic Action Plan, adapted if necessary and widely distributed and promoted especially in regions where access to information is limited.</p>
<ul style="list-style-type: none"> • What new tools, guides have been developed as a result of this project (please list each and specify the available language versions) 		<p>The Model of Socio-Economic Impact of HIV/AIDS in Ukraine was updated and apart from this the new directions of the forecast were added. These included the forecast of the loss of income of enterprises on attracting new labour force and its vocational training; study of the impact of HIV/AIDS in the penitentiary institutions; study of poverty as a cause and a consequence of the spread of HIV/AIDS; sample survey of families with HIV-infected and sick with AIDS members, etc. There are two main peculiarities of the Model that differ it from other analogues. One is that the Model is dynamic, open and acting. This allowed amending it with new statistical data and macro-indicators and making new forecasting calculations on their basis. Second is that the Model has many directions of the forecast, that is why such detailed calculations make it possible to cover all areas at macro and micro levels which are directly linked to HIV/AIDS and to the impact of the epidemics. The Report on the Model was translated into English and a bilingual publication (Ukrainian-English) is available. Also based on national Model forecast of socio-economic impact of HIV/AIDS was made for the three small regions of Kyiv oblast within UNAIDS/PAF project implemented by the ILO in 2007-2008.</p> <p>The manual for education sector workers was developed by the project, printed and reprinted in Ukrainian. It contains both theory and practice being very useful for potential trainers from education workers. It's based on the ILO Code of Practice on HIV/AIDS in the WoW and also in line with a series of Presidential decrees on the necessity to strengthen national response to AIDS epidemics including in education sector with a</p>	<p>Centre for Perspective Social Studies of the MoLSP Ministry of Education and Science of Ukraine, University for Education Management, All-Ukrainian Alcohol and Drug Monitoring Centre, Centre for Social Expertise of the Institute of Sociology of Ukraine, education sector union of Ukraine</p>	<p>The Model should be updated on a regular basis. Now negotiations with GTZ project on HIV/AIDS in the WoW are going on as for update and publication of the updated Model with GTZ funding.</p> <p>This manual should be reviewed and get permission of the Ministry of Education to be used in educational institutions of Ukraine for training of education workers.</p>

		focus on capacity building of teachers and development of the special guidelines/manuals for teachers on HIV/AIDS.		
	<ul style="list-style-type: none"> What is the new knowledge gained as a result of this Project? (for example, the sector impact study, the KABP of sector worker, etc, specify the language versions available for the study reports) 	<p>Pilot study on HIV/AIDS prevention in health sector was conducted in 2009 based on two big health institutions and their infrastructures. It has been first such study in Ukraine and therefore has a great value for Ukraine in terms of new data as well as in terms of minimizing risks of occupational exposure of health workers to HIV. It included the whole range of issues including preventive measures in health institutions, compliance with existing national law and international standards, discrimination and stigma, access to PEP, etc. The study report will be available in Ukrainian with a summary in English in mid-September. It will also be published as a summary in national OSH newspaper.</p>	Institute for Occupational Medicine of the Academy of Medical Sciences of Ukraine	Such study is definitely needed at the national level to be really representative and effective but there is no funding from state budget for this purpose
	<ul style="list-style-type: none"> How has ILOAIDS knowledge base been disseminated through this project and what is the impact? (it might be TV interview, international conference presentation, website dissemination, dissemination seminar, etc list each & give the dates) 	<p>Since project budget was quite limited there were no funds for big media events. Nevertheless project knowledge based has been disseminated in a number of ways. Project used websites and printed media of the ILO constituents, organized different activities dedicated to WAD. ILO in Ukraine has thematic press-club meetings and HIV/AIDS at work and ILO/GTZ project were one of the subjects for such meeting. Model of Socio-Economic Impact has been presented in joint activity with UNAIDS, UNDP for journalists (November 2008) as well as at the first EECAAC in 2006 together with education sector activities and as a poster at EECAAC 2008. UN Joint Team on AIDS has been a good forum for promotion of project activities. Manual for Teachers has been presented at a special seminar in April 2009 in the University of Education Management. All education sector activities in Chernovtsy oblast' have been highlighted in local newspapers. Article on OSH training was published in all-Ukrainian magazine "Labour Protection". ILO National Coordinator in Ukraine Mr. Vasyl Kostyrytsya has played an important role in increasing visibility of ILO/GTZ project activities taking part in practically all of them as well as promoting them on many occasions. In particular in September</p>	ILO/GTZ project staff, ILO NC in Ukraine, tripartite constituents, all project partners, media	Better visibility and dissemination of ILO/AIDS knowledge would require more human and financial resources. A focal person at sub-regional if not at the national level would be a solution. Office of the ILO NC in Ukraine also has very limited human capacities to further disseminate this knowledge after completion of the project.

		<p>2008 Mr. Kostrytsya took part in the second national tripartite workshop on HIV/AIDS and the world of work in Tirana, Albania where he presented ILO HIV/AIDS activities in Ukraine to national participants as well as to his colleagues from CEE region.</p> <p>Presentations of the ILO/GTZ project publications and activities were made in two central national libraries on the occasion of the ILO's 90-th anniversary in April 2009.</p> <p>Project cooperated with other ILO/TC projects in Ukraine, in particular IPEC Programme in Ukraine and Social Dialogue Project in Ukraine. This has also ensured better visibility of project activities and also contributed to mainstreaming of HIV/AIDS in other ILO thematic areas.</p> <p>Now ILO web-site is under construction and all project important information will be put on this web in September.</p> <p>Some of project activities were highlighted in GTZ Back-up Initiative Newsletter.</p> <p>Project staff participated in different activities organized by national partners, for instance trade unions of transport and health sector where ILO/AIDS knowledge and project activities were presented.</p>		
<p><i>Policy advocacy</i></p>	<ul style="list-style-type: none"> • What laws, policies have been reviewed, amended or enacted as a result of this project? (Specify at national level, at local level, at enterprise level, etc.) 	<p>ILO comments were provided to the draft amended Law on HIV/AIDS and social protection of population and as a result new amended Law do not contain a gender discriminatory article.</p> <p>Two regional concepts of HIV/AIDS prevention in the education sector (Chernovtsy and Kyiv oblasts) have been developed and approved.</p> <p>Regional sectoral agreement of education sector of Chernovtsy oblast was reviewed to include non-discrimination on the basis of HIV status.</p> <p>Many collective agreements of educational institutions in Chernovtsy oblast contain clauses related to HIV/AIDS at workplace.</p> <p>Through participation in UN Joint Team on AIDS proposals on HIV/AIDS and the WoW were developed to the current State Programme on HIV prevention, ensuring treatment, care and support of people living with HIV and AIDS patients for 2009-</p>	<p>Chernovtsy and Kyiv regional education workers' unions and regional education administrations, UNAIDS, Kyiv branch office of the Association of Cities of Ukraine and Communities</p>	<p>Human and financial resources will be needed to keep ILO's presence in the area of HIV/AIDS after the project and influence decision-making at national and sub-national levels.</p>

		<p>2013 approved by the Law of Ukraine of 19 February 2009.</p> <p>Three models of local multipartite cooperation on HIV/AIDS were developed for three towns of Kyiv oblast' and three local Coordination Councils on HIV/AIDS established (ILO UNAIDS/PAF project).</p> <p>MoU between ILO and GTZ in Ukraine on future cooperation in the field of HIV/AIDS at work is under preparation.</p>		
	<p>• How has the project facilitated the inclusion of the ILO tripartite constituents in the policy planning process? (Specify who to what committees, etc.)</p>	<p>Majority of all related bodies were established before the project. Trade union representative and business sector representative as well as MoLS are member of National Coordination Council. Project Coordinator is a member of Steering Committee on HIV/AIDS established under the MoLSP by the SMARTWork project and which is operational now. It's a tripartite committee. Project supported inclusion of social partners in the three local Coordination Councils on HIV established within UNAIDS/PAF project. Project recommends including social partners in the Steering Committee which is to be established within new GTZ project on HIV/AIDS at workplace in Ukraine.</p>		<p>The issue of establishment of working group on HIV/AIDS at work is under discussion in the National Coordination Council on HIV/AIDS and TB. It would be more efficient to use existing groups rather than create new bodies.</p>
	<p>• Was the project design consistent with supporting the One UN, 3 Ones, and National development plan and poverty reduction strategy? (Describe the alignment of the project design with each of these elements)</p>	<p>ILO/GTZ project has been a part of UNDAF as well as of other plans developed by UN agencies represented in Ukraine through UN Theme Group and Joint Team on AIDS. It's also a part of DWCP, Ukraine. Issues covered by the project are reflected in the State Programme on HIV/AIDS for 2009-2013. Therefore it's been in line with listed elements. National poverty reduction strategy was approved in 2001 until 2009 and does not contain issues related to HIV/AIDS.</p>		
<p>Mainstreaming ILO code of practice in the world of work</p>	<p>• How has the project achieved integration of ILO code of practice on HIV/AIDS in the world of work in the country with private and public enterprises? (If not, what were the barriers?)</p>	<p>All educational and health institutions project worked with are public institutions where State acts as an employer. ILO Code of Practice was integrated in all activities of the project. For more details please see page 1 of the form. Private sector was targeted within UNAIDS/PAF project in the three pilot towns of Kyiv oblast'. Representative of local businesses (mainly catering sector and pharmacies) participated in training activities organized by the project. They were also provided with copies of the ILO Code of Practice. Also within this project printed materials were developed, in particular posters, booklets and bookmarks. Both booklets and posters included 10 main</p>	<p>ILO tripartite constituents, particularly education and health workers' unions, all partners listed on 1st page of the form</p>	

		principles of the ILO Code of Practice. All these materials were widely distributed in the three pilot towns including private sector enterprises.		
	<ul style="list-style-type: none"> • How has the project contributed to the country UNDAF framework, other donor efforts? (Has the project coordinator been able to participate or provide input to the UN support to the country? Donor consultative group? If so, how has it been done; if not, what were the hindrances?) 	Through membership in the UN Joint Team on AIDS project participated in the development, review and evaluation of UNDAF in Ukraine as well as in all other activities as requested by country, for instance development of the State Programme on HIV/AIDS, review of the Law on HIV/AIDS and Social Protection of Population, development of the National Operational Plan to implement State Programme on HIV/AIDS. Project Coordinator is not member of Donors' Groups. ILO NC in Ukraine participates in one of such groups. These groups are with higher level of representation.	UN Joint Team on AIDS, Theme Group on HIV/AIDS	
<i>Mainstreaming gender considerations in this project</i>	<ul style="list-style-type: none"> • How has the project mainstreamed gender concerns? 	Gender equality issues were mainstreamed in training activities of the project as a separate session. Given that 90% of education and health workers in Ukraine are women this issue has been of great importance. ILO materials including Code of Practice were used.	Education and health sector unions, trainers' team	In view of current ILO/EC Gender Equality Project in Ukraine there is a good chance of mainstreaming this issue in this project.
	<ul style="list-style-type: none"> • What are the barriers to achieving gender mainstreaming into the ILO mandated HIV in the world of work function in the specific context of your country? 	Lack of understanding of HIV/AIDS as a workplace issue and even more as a gender issue by some of the constituents; lack of guidelines on gender and HIV adapted to local conditions; gender imbalance in project targeted sectors. In the period of crisis these issues are not among priorities.		Existing tools should be made available in Ukrainian, adapted if necessary or developed taking into account local conditions. This would require additional resources.
<i>Capacity building</i>	<ul style="list-style-type: none"> • Specify which ILO tripartite constituents benefited? (list the specific partners) 	Ministry of Labour and Social Policy of Ukraine; Ministry of Health; Ministry of Education and Science of Ukraine; State OSH Committee; State Department on Labour Law Observance; National education and science workers union Chernovtsy and Kyiv regional education and science workers unions Chernovtsy and Kyiv regional education administrations		Since MoLSP is the main governmental partner of the ILO it should be better covered by HIV/AIDS activities. Therefore it is planned to organize a series of trainings for employees of this

		National and regional health workers' union Education and health workers of Ukraine Local authorities		Ministry in cooperation with GTZ project on HIV/AIDS at workplace being currently implemented in Ukraine by GTZ.
	<ul style="list-style-type: none"> • Are partners whom the Project has improved their capacity able to take on replication and scaling up themselves? (if so, how; if not, why and what are still needed) 	<p>Yes, project partners have been provided with ToT and some of them conduct trainings themselves (education sector). Manual for education workers has been a good tool for developing/improving their skills. Since two regional concepts of HIV/AIDS prevention in education sector have been approved and reinforced by work plan in Chernovtsy oblast this work plan is being implemented. Health workers pointed out on different occasions that they were never provided with information on HIV/AIDS in the context of the world of work and socio-economic impact. They share this information with their colleagues. Ukraine is a big country and project could not cover all regions and sectors therefore this work should be continued. According to project partners they still need training since epidemics is changing and new materials are being developed. Also for instance in education sector people do a lot of work just based on their enthusiasm without any financial resources available and needless to say that they need support.</p>	Trainers' team, education and health workers unions, University for Education Management	
<i>Sustainability</i>	<ul style="list-style-type: none"> • What was in the project design, strategy and approach in implementation that contribute to sustainability? 	<p>Project has been very practical and result-oriented. It was right to select pilot regions and sectors and make concrete interventions there rather than implement one activity for the whole country, especially with limited budget. Also the choice of education sector is very good in terms of sustainability since education workers have a tripartite role to play – as colleagues, member of collective, as teachers working with pupils as well as parents and members of community. Health workers as well as education workers have great authority especially in rural area that is why their potential can not be overestimated. Inclusion of HIV/AIDS in sectoral and collective agreements, development and approval of strategies, printed materials also contributed to project sustainability.</p>		Sustainability of this project was ensured among other things thanks to commitment of project partners. It is still important to motivate those partners as well as extrapolate good practices to other regions/sectors.
	<ul style="list-style-type: none"> • What hinders the potential for sustainability? 	<p>Poor financial security in pilot sectors, staff turnover, current crisis situation, variety of major functions that should be fulfilled by partners every day, sometimes lack of support of the</p>		

		management, etc.		
	<ul style="list-style-type: none"> • What has been done to remove these barriers? And how effective are these measures taken? 	<p>Project supported pilot sectors through capacity building and provision of printed materials but project is not able to solve such global issues as poor funding, etc. Project supported inclusion of proposals related to education workers in the State programme on HIV/AIDS for 2009-2013 which are in line with Presidential decrees. Through UN Joint Team project takes part in the development of National Operational Plan as requested by the Government.</p>		
	<ul style="list-style-type: none"> • What additional in-kind and in-cash resources has the project in your country been able to mobilize? (please specify source and amount) 	<p>A concert of Belgium quartet was organized jointly by the Embassy of Belgium in Ukraine, ILO, Federation of Trade Unions of Ukraine (FTUU), GTZ and UNAIDS on the eve of WAD 2008. The focus of this event was on human and labour rights of PLHA. It is important that this event was organized at no-cost for the ILO.</p> <p>Training workshop for OSH experts was co-organized and co-funded by the project in cooperation with IPEC Programme in Ukraine.</p> <p>ILO Social Dialogue National Project Coordinator conducted sessions on Social Dialogue in Chernovtsy oblast for education workers. His participation was covered by Social Dialogue project.</p> <p>National health workers' union contributed to training activity by providing conference-room at a reduced price as well as covered transport cost for non-resident participants.</p> <p>Project succeeded in mobilizing additional resource for practical implementation of the model of local tripartite cooperation in one of the towns of Kyiv oblast with financial support of the Canadian Embassy in Ukraine. (USD 10 thousand). This small project was implemented by Kyiv regional branch of the Association of Cities of Ukraine and Communities.</p> <p>Within the framework of cooperation with GTZ in Ukraine signing of MoU is being discussed and concrete cooperation areas have been determined. Within this cooperation additional resources will be mobilize for training for the MoLSP as well as update of the Model of Socio-Economic Impact.</p> <p>Project participated in development of poster for business and HIV together with UNAIDS and GTZ. These posters have been</p>	<p>All project partners, especially education and health sector unions (national and regional). Prices are going up every month in Ukraine and without partners' contribution it would be difficult to implement all activities.</p>	<p>It is important to get new partners on board, establish closer cooperation with possible donors, such as GTZ. Now possibilities of PEPFAR funding are being explored though PEPFAR was not in Ukraine until now.</p>

		printed with no cost for the ILO but with ILO logo.		
Effectiveness & efficiency of project management	• Are resources used most cost-effectively? (give example)	Project had quite limited resources and they have been used most cost-effectively. All activities were planned based on needs of target sectors and regions. Examples given in the previous paragraph prove this.	All project partners listed above	
	• Was the project management arrangement efficient to support expected achievement of project results? (if so, please give example what worked, if not, please specify what were the hindrances)	Project received great support and back-stopping from ILO/AIDS in Geneva. Project also has had good cooperation with ILO SRO in Budapest though there is no focal point on HIV/AIDS in SRO. Having such focal point would be very important especially in view of completion of the project. It is important to point out that personal commitment of the ILO NC in Ukraine also contributed to project success. He was involved in HIV/AIDS related activities from the very beginning and has helped to find good partners for the project as well as contributed to successful implementation of many activities		
	• Is there a monitoring and evaluation system for your project at country level? (If so, describe it and give your opinion as to how successful it has been; if not, please give reason why not and what you would suggest to be done for such M&E?)	There is no such system as it was not provided for in the project document. It has been a small project. All necessary project information was provided to project partners as necessary. For future specific indicators of effectiveness and efficiency of the project should be elaborated. Project tripartite steering committee could also serve M&E mechanism.		
In your opinion, did this project achieve what it sets out to accomplish? (If so, what are they; if not, what were the reasons it did not? What would be needed to accomplish the planned objectives? & how could it be done differently?)	Project achieved even more than planned. One of the objectives was to develop national tripartite cooperation strategy on HIV/AIDS was not achieved for objective reasons not dependent on project. This strategy was suggested to be developed and approved through the National Tripartite Socio-Economic Council but existing instability and crisis made it currently impossible. Of course such an ambitious objective require much more time and efforts to get understanding and agreement of all parties of social dialogue, develop and approve such strategy and what is even more important ensure its implementation.			
Other issues (Please provide your insight and suggestions here)	In general the project was very successful. But its visibility in Ukraine was insufficient in view of limited funding and pilot context. Since epidemics is growing rapidly in Ukraine and it is admitted that prevention is the weakest part of all national efforts large scale projects targeted at workplaces are needed in future. Despite all efforts there is a need to improve people knowledge on ILO and its mandate in general and in particular on HIV/AIDS at work, a new Recommendation would help very much in achieving this.			

<p>site visit thus requiring Francophone evaluator. 17th August 09 – Decision by ILOAIDS director together with TC manager to have site visits to both Namibia and Mali. Activate second tier evaluator candidates who are Francophone Evaluation manager contacted second tier Francophone candidates for their interest and availability. None available but received one referral that is available. Received self-assessment report from Moldova.</p> <p>19th August 09 – Objection by USDOL project team of the potential Mali evaluator</p> <p>20th August 09 – contact UNAIDS Senegal, Mali and TSF-UNAIDS Central West Africa for alternative candidates as well as asking ILO field offices for nominations (Francophone evaluator for Mali site visit)</p> <p>24th August 09 – Received self-assessment report from Mali.</p> <p>25th August 09 – Received and screened 9 candidates recommended by the field offices and UNAIDS. Selected 3 finalists. Evaluation manager explored finalists’ interest and availability. Received self-assessment report from Namibia.</p> <p>27th August 09 – One bilingual finalist selected. Evaluation manager contacted but pending rate in order to reach final decision and to send for EVAL concurrence. ILOAIDS sent EPA to Pretoria and Bamako to facilitate local contracting. Evaluation manager notified lead evaluator and requested work plan (condition for contract by Pretoria) Received draft self-assessment report from Ukraine even though she is still on leave. Not all documents available to her so she will complete them upon return on 1st September.</p>										
<p><i>Briefing of selected evaluator</i></p> <ul style="list-style-type: none"> - lead evaluator ill thus not reachable until week of 24 August 09 										

<p>initiate recruitment of co-evaluator for Mali (this is an added on task not previously planned) finalist selected</p>								
<p><i>Evaluator start desk review</i></p> <p>24th August lead evaluator confirmed.</p> <p>28th August Evaluation desk review package sent to lead-evaluator</p> <p>1. Lead evaluator to receive briefing by evaluation manager and sub regional HIV focal point –Pretoria</p> <p>2. Evaluation manager to inform on who is the final Mali evaluator-by 31st August 09</p> <p>3. Lead evaluator to submit detailed work plan and evaluation tools (both evaluators) in order to finalize contract- by 31st August.</p> <p>4. Finalization of contract with evaluators by 2nd September by Pretoria and Bamako.</p> <p>4. First teleconference with lead evaluator and co-evaluator together with Hamidou and Simphiwe (must take place by 4th September the latest)</p> <p>4. Elena and Larisa to suggest list of key informants for telephone interviews to evaluator via evaluation manager- by 2nd September.</p> <p>5. Vera and Hamidou to provide suggested list of key informants for meetings to evaluator via evaluation manager- by 4th September.</p> <p>6. Evaluators select list of interviewees, coordinate with NPCs to finalize schedule of meetings (Mali, Namibia) and interviews (Moldova, Ukraine)-by 4th September.</p>								
<p><i>Evaluator start interviews meetings & telephone calls</i></p> <p>1. Mali interviews- within 1-10 September</p> <p>2. Namibia interviews 7-10 September</p> <p>3. Ukraine, Moldova interviews within 1-10 September</p>								

<ul style="list-style-type: none"> -Lead evaluator to finalize report, may have discussions, clarifications with evaluation manager during the revision and finalization period. - The evaluation manager may request the lead evaluator to share an advanced copy of final draft with her for any remaining issues to be incorporated prior to 30th September. -the evaluation manager will coordinate with EVAL, ILOAIDS and if needed PARDEV on the clarification or revisions. -Lead evaluator submits final evaluation report to evaluation manager for ILO acceptance. - Upon acceptance, ILO will formally inform evaluators of acceptance of report and inform Bamako and Pretoria to release payment. - Evaluation manager making sure PARDEV and ILOAIDS take over the evaluation report for its necessary processing in accordance with ILO rules and procedures. 									
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N.B. Mali evaluation was delayed due to national holidays thus completed in October. Namibia evaluation completed in time.

The lead evaluator encountered personal problems thus severely delayed his initial submission of draft evaluation synthesis report.

The revised report also took a few months to receive from the lead evaluator.

This final project evaluation report has been supplemented with country self-assessment report and drawing lessons learned by each country as well as identifying one good practice example from each country where available.