

EVALUATION REPORT

“Trade Union campaign at the Workplaces on HIV/AIDS (AFRO3:2001 - 2005)”

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**Kessie Moodley, Workers College, Durban South Africa & Liv
Tørres, University of Oslo, Norway**

1. Introduction and mandate

Poverty in the African countries is widespread, deep and severe. According to the UNDP, about 170 million people, nearly a third of the region's population does not get enough to eat. Poverty and AIDS is closely intertwined. People living in poverty are more vulnerable to HIV infections because they have poor access to health care, information and facilities. In search of income for subsistence and survival, people living in poverty are also more involved in labour migration, resulting in breakdowns of family relations and increased likelihood of having multiple sexual partners. While poverty increases vulnerability to AIDS, AIDS in turn reinforces poverty in vicious circles. Sub-Saharan Africa remains by far the region worst-affected by the pandemic. The region has just over 10 percent of the world's population, but is home to two-thirds of all people living with HIV.¹ More than 25 million people are believed to be HIV infected. More than 2,2 million people died in 2003 alone (UNAIDS 2004). Seven Southern African countries (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) have adult prevalence rates above 20 percent. More than 11 million children under the age of 15 are estimated to have lost at least one parent due to AIDS with 34 million children have been orphaned overall (UNAIDS 2004).

Confronted by such challenges, and their direct implications for the trade union movements, the international labour movement started up a programme on HIV/AIDS in 2001 with funding from LO Norway. In September 2004, LO-Norway commissioned an evaluation of the project with the aim to assess "the performance and progress, and to see if the results or objectives are being met", on which basis LO would determine whether, and possibly how, to continue the projects. The following report constitutes the evaluation of the "Trade Union campaign at the workplaces on HIV/AIDS (AFRO3)" project, with recommendations for the future.² Fieldwork and interviews took place in three countries during November 2004, viz. Kenya, Zambia and Uganda.³ The approach of the evaluators was to peruse the project proposals, reports (activity & financial) and publications in order to form an overall sense and impression of the programme. Interviews were also conducted with persons directly and indirectly involved in the programme. Lists of the documents perused and interviews conducted are attached as appendices to this report.

2. Challenges of the HIV/AIDS pandemic in Africa

HIV/AIDS affects the labour market in multiple and complex ways. The pandemic influences labour supply, by depriving the labour market of a significant number of workers through illness and death. Furthermore, it impacts on the composition of the labour market and forms of labour market participation. The pandemic impacts on skills levels in the workforce, often in key economic and social sectors, in regions where levels of skills are already low. HIV/AIDS has a particular impact on the

¹ Most of the information about HIV/AIDS in the following paragraphs, including the country statistics is extracted from UNAIDS (2003 & 2004)

² The opportunity afforded to the evaluators by LO-Norway to conduct this evaluation is appreciated. The support received and the warm reception throughout the mission made the experience a unique one, despite the intensity of the visit with back-to-back meetings and travel. We are all the richer!

³ Although the mandate stated that the HIV/AIDS project would be evaluated only in Kenya and Zambia, with Uganda being considered for comparative purposes only, it was found that the project was being implemented also in Uganda and was hence also included in the evaluation.

supply of skilled personnel providing educational and health services. Several countries in southern Africa report that they cannot train teachers or health personnel fast enough to replace those that die from AIDS. Simultaneously, demand for services has exploded, with for example 50 to 60 percent of hospital beds now being taken up by AIDS-related patients in Malawi. Earnings, productivity and profitability are all affected. Purchasing power is eroded, affecting the demand for certain products, which in turn impacts on the labour market. Illness among workers further reduces labour productivity, causing declines in both agricultural and industrial efficiency. The impact is particularly acute in southern Africa as it is overwhelmingly the working age population that is affected by the virus. Altogether, these impacts adversely affect labour supply and profitability, which in turn affects broader economic stability and growth and the prospects for renewed investments and development in the region.

For children, AIDS is devastating. It robs them of parental guidance and care. Furthermore, with sick parents, AIDS affects household survival strategies by increasing household poverty, compelling new patterns of time use and work when children have to take over income responsibilities, or caring responsibilities when having to look after sick and dying relatives at home. The pandemic has left millions of children orphaned and without support, who will have no alternative but to work, regardless of the nature of employment and the effect upon them, and irrespective of laws regulating the engagement of minors to work. While extended families are often left with responsibilities for orphaned children in the intermediate period, additional strains are hence put on these families for survival strategies. In the longer-term, even extended families will have limited capabilities of taking on additional responsibilities. Importantly, the pandemic affects individual and household welfare in settings where vulnerability and poverty is already the order of the day. Women and girls are disproportionately affected by labour constraints as they spend more time caring for their families, including the sick and HIV/AIDS patients. A high number of children are also themselves HIV infected through “mother to children” transmittance. On this background, the HIV/AIDS pandemic compounds the challenges of reducing child labour in several ways. While adding to the number of vulnerable children, it reduces the resources available for effective programs.

The pandemic emerged in the Sub-Saharan countries at a time when national economic conditions were in fact worsening, making development efforts and reaching the millennium goals as well as any success of labour in organising, mobilising and collective bargaining far more challenging.

3. Output and evaluation of the project

At the 17th Congress of the ICFTU in April 2000, a resolution was adopted in favour of launching a trade union action programme against HIV/AIDS. As a follow-up, ICFTU-AFRO organised a conference on “Involving workers in the fight against HIV/AIDS in the workplace” in Botswana in September 2000. At the conference, the “Gaborone Trade Union Declaration” was adopted, setting out the trade union agenda for the fight against HIV/AIDS. Based on the Declaration and on decisions of its executive, ICFTU-AFRO submitted a 5-year project proposal to LO-Norway entitled ‘Trade Union Action Against HIV/AIDS at the Workplace’ covering the period 2000 to 2005. At the outset however, it

was accepted by all parties that LO-Norway would not be able to provide the total funding as requested, that amended funding proposals hence had to be submitted annually and that alternate and additional funding would be sourced.

This arrangement was confirmed in a subsequent Co-operation Agreement, which was signed in Dec. 2003, covering the period Jan. 2003 to Dec. 2005. The original proposal details the activities to be carried out and the budget needed for the activities to be implemented. The Co-operation Agreement in turn confirms LO-Norway's continued support for the Project, and sets out the objectives, needs and priorities of the project as well as the indicators for internal evaluation. This agreement calls on the ICFTU-AFRO to submit annual proposals which would be considered for funding subject to LO funds being secured from NORAD. The total funding from LO has been on average 80 to 90 000 USD.⁴ The original proposal focussed on three areas: 1) Establishment of an Institutional Framework at Regional & National levels, including the appointment of Project Coordinators and Operational Costs; 2) Conduct of Regional & National Workshops and the Production of Materials and 3) Establishment of Action Clinics in nine countries. However, in line with limited funds and accordingly revised activities, the project became focussed on 1 and 2 above plus considerable training of shopstewards as part of awareness raising programmes at the national level.

LO's support remains predominantly a financial one, with advisory and technical support from LO's consultants based in Africa. The number of countries originally targeted (nine) eventually whittled down to six, as a result of both the financial constraints and limited capacity and ability of some identified countries to implement the programme effectively.

Results of the project so far

Considerable reference material, such as brochures and posters on prevention, care and support has been produced by the ICFTU-Afro and national centres in relation to the project. Additional support has been provided for material to be circulated in several countries on for example Labour Day. The following material should be highlighted:

- ICFTU-AFRO Brochures / Pamphlets : 'Living Positively with HIV/AIDS' and 'Facts on : HIV/AIDS' - information pamphlets that provide answers to common questions and which give contact details – directed at ordinary membership;
- ICFTU-AFRO, in conjunction with LO-TCO and OATUU : 'Trade Union approach in the fight against HIV/AIDS' Booklet;
- ICFTU-AFRO Certificate issued on completion of the course on 'HIV/AIDS Prevention, Care & Support at the workplace';
- ICFTU-AFRO in conjunction with ORAF & CSIL produced the brochure in 2000 on 'The Gaborone Trade Union Declaration on Involving Workers in the Fight Against HIV/AIDS in the Workplace';
- ICFTU-AFRO brochure on Workers & Employers together against HIV/AIDS – the conclusions and recommendations on partnership between workers and employers in the fight against HIV/AIDS in the workplace adopted at the review workshop in 2003;
- ICFTU-AFRO training manual for shopstewards on HIV/AIDS in the workplace published in 2002, and translated into French. The manual is translated also into Portuguese and Swahili
- ZCTU Brochure / Pamphlet : 'ZCTU Crusade against HIV/AIDS' – sets out the 'Crusade' agenda and provides basic information;

⁴ The original project proposal submitted in October 2000 to LO-Norway detailed a total cost of US\$ 6,384,595 for 5 years (Oct. 2000 – Sept. 2005), with an average annual budget of over US\$ 1,000,000 for each of the five years.

- The Copper belt University HIV/AIDS Policy – a policy document on HIV/AIDS to which the Union (Copperbelt University Workers Union, an affiliate of ZCTU) contributed;
- Workers' Training Manual 'HIV/AIDS Basic Facts' – produced by NOTU and CTUC in 2000

Workplace policies have been developed throughout the project in line with the ILO Code of practice on HIV/AIDS and the world of work. Simultaneously, by the year 2004, all in all 500 shopstewards have been trained as HIV workplace-based trainers, who are currently initiating and running joint activities with employers at the workplace. The table below reflects the training & review workshops that were held as part of the activities of the project.⁵

	ICFTU - AFRO	COTU - KENYA	ZCTU - ZAMBIA	NOTU – UGANDA	ZiCTU - ZIMBABWE	BFTU - BOTSWANA	SFTU - SWAZILAND
2001	1 st Plan. workshop : 21 Mar.; - 2 nd Plan. workshop: 11, 12 Oct.	Shopsteward training (20): 25 Nov. – 6 Dec., Tom Mboya College;			Shopsteward training (18) : 14 – 23 Nov., Harare;		
2002	ICFTU-AFRO Women's Committee workshop : 24 – 25 April, Nairobi Pre-testing workshop of manual : 28 – 30 April;	Follow-up shopsteward workshop; Shopsteward training (20)	Shopsteward training (28) : 7 – 11 April, Lusaka;	Shopsteward training (27) : 11 – 15 Nov., Kampala		Shopsteward training (14) : 20 Feb. – 1 Mar., Tlokweng Follow-up training : 20 – 22 Nov., Tlokweng	Shopsteward training (28) : 25 – 29 Nov.
2003	Review workshop : 7-9 April; Advanced trainers workshop (18) : TUCTA, Tanzania Review and Planning Conference "Workers and Employers together against HIV/AIDS", April 2003	Workshops for women (20), youth (23), shopstewards (20)	Peer educators workshop (28) : 3 – 7 Mar., Mongu; Youth & women workshops (50) : 14 – 17 Aug., Kabwe;	Follow-up workshop : 17 – 21 Mar.; Women workshop (22) : 14 – 18 July; Formation of drama group (8) shopstewards;			Follow-up shopsteward training (26) : 18 – 21 May,
2004	Steering Comm. Mtg.: 22-24 March, Nairobi			Youth workshop (24): 12 – 16 Jan.			

The value of the training manual for labour awareness programmes in particular should not be underestimated. On the basis of such coordinated efforts and actions, the attempts by the trade union movement to influence international institutions, donors and national governments has also been facilitated through statements, organisation of joint workshops with employers and in the participate in international workshops etc.

ICFTU-AFRO has been sourcing other funds for the project in the past and continues to do so. The beneficiary organisations have received considerable support from other sources for specific project

⁵ Based on information from activity reports 2001 to 2003 plus additional information from people interviewed during the evaluation (covered 2004 in particular).

activities. With limited resources and massive challenges, seeking funding from other sources is welcomed by the union federations. Applications are hence being encouraged to access the Global Fund at national level.

For the ICFTU regional activities for example, the meeting between employers and workers held in Nairobi, Kenya, in 2003, was supported by the ILO. The Training Manual for Shopstewards on HIV/AIDS in the workplace was jointly funded by LO-Norway and the British TUC. In addition, the ILO provided technical assistance and also financial assistance for the publication of a similar manual for East Africa. The translation of the manual into Portuguese is being supported by the Canadian Labour Congress (CLC). Funds were received from TCO in the sum of US\$ 100 000 and funds from SIDA amounted to US\$ 90 000 for HIV/AIDS. In Kenya, a one-week training course for shopstewards in 2003 was funded by the ILO AIDS Programme. Over 800 peer educators were also trained from 2002 with funds received from the Kenyan National AIDS Control Council. In Zambia, 2003 support was received from Friedrich Ebert Stiftung (FES) for two education programmes. Support has also been received from the ILO, Trade Union Congress (TUC), the American Centre for International Labour Solidarity (ACILA) and the Japan International Labour Foundation (JILAF) but the activities were not specified. In Uganda, a manual 'HIV/AIDS Basic Facts' was developed in 2000 from support received from CTUC East Africa Project. In Namibia, support was received from ACILS to conduct a workshop in 2003. And in Zimbabwe, support for AIDS activities was also received from TCO Sweden.

Relevance of the project

The HIV/AIDS pandemic is one of the most urgent and damaging health, social, and economic issues that faces the African continent. This project purports to focus on the workplace and the sensitising and developing of capacities and resources of the shopstewards and workers at this level. Furthermore, the project recognises the need to collaborate with employers and others, to deal with and combat the pandemic. This rationale, and the approach, remains relevant and justifiable. While criticism could possibly be raised about the fight against HIV/AIDS ideally being a responsibility of states rather than of organisations, resources are too scarce and challenges too large for the state to fight the pandemic alone. The labour movement also has a particularly important role to play because they represent particularly vulnerable groups and relevant labour issues pertaining to the pandemic as set out above. The labour movement furthermore maintains a particular vicinity to large target groups for such programs and hence the trust needed for successful programmes to be carried through.

All the national centres and affiliate unions confirmed that the project targeted their needs. The training programme in particular receives positive response from large groups of shopstewards and union activists. COTU-K shopstewards for example highlight that they had all benefited from the training, which had changed their attitudes and approach to the pandemic, which in turn also had impacted positively on the workers in the workplace making them more sympathetic to comrades who were infected. Simultaneously they underline that follow-up seminars are urgently needed to be able to deal with issues in detail.

The approach of the project is also in line with ILO and UNAIDS thinking around joint projects and collaboration between unions and employers in this field. However, while the project may meet desperate needs of the individuals and unions in raising awareness about the HIV pandemic, more funds could possibly be set aside for particular labour issues. Recognising the particular role of labour, and the need for some division of tasks between labour, employers, the state and other parts of civil society, the project may benefit from a more narrow focus on issues around collective bargaining and union mobilisation. From existing AIDS programmes and policies, the realisation has increasingly also come about that *mainstreaming* HIV/AIDS into other activities creates the most successful programmes. Following such thinking, mainstreaming HIV/AIDS concerns into core activities for the labour movement may be optimal in the longer term in order to fight the epidemic while simultaneously strengthening the labour movement. Integrating HIV/AIDS programmes into collective bargaining would on this basis be particularly important for the labour movement. The ZCTU and COTU-K sees for example its role as negotiating with management to include HIV/AIDS in collective bargaining agreements, to assist in developing Code of Practice and to play a watchdog role over the implementation of the ILO Code. Other unions in the region have come shorter in terms of identifying HIV/AIDS issues related to collective bargaining. Activities to strengthen and achieve aims of integrating HIV issues into collective agreements would also have problems finding funding from other sources, while the general broadbased awareness programmes may more easily access for example Global Funds sources etc.

Assessing whether the goals have been reached is a considerable challenge in a project like this which is confronted with continuous (and increasing) deterioration of trade union organisation and capacity brought about by external challenges. Assessing whether the activities have reached the rank and file of the unions, it must be realised that the *workplaces* are the domain of trade unions, which are affiliated to national centres, which in turn are affiliated to the regional organisation, ICFTU-AFRO. This suggests a trickle down effect of resources, with the realisation that all organisations have their own structures and dynamics which may help or hinder the project's workplace focus. This is further compounded by the implementing and monitoring structures and mechanisms that are outlined in the original proposal. A project advisory Committee (PAC), a regional project coordinator, national project coordinators and coordinating committees as well as part-time project coordinators and staff at trade union action clinics, all require resource to function. This in turn suggests that the original focus - the workplace - may be too far down the hierarchy and receive relatively little resources and focus. Hence, a reorientation towards more resources distributed to trade unionists at the workplace would benefit the achievement of the original project aims.

The efficiency and implementation of the project

The Project is fortunate in that it has vibrant, qualified, resourceful and committed women coordinators. Angela Lomosi (ICFTU-AFRO), Milicent Ogila (COTU-K) and Rose Nassanga (NOTU), all exude confidence and display a commitment that augurs well for the Project. All seem to have good

overview of project details and budgets, a good understanding of goals and an analytical approach to how to reach them and when necessary, change project tools to changing circumstances. In the case of ZCTU, unfortunately the passing away of Peter Mulenga, who was the coordinator of the Project in Zambia, has affected the running of the Project to some extent. Fortunately, Annette Chola, who is the secretary at the Lusaka office, worked closely with Peter on the project. In addition, Steven Mumbi has been placed in an acting position in education to ensure the continuation of the project. In addition, Robinson Sikazwe and Alice Siame are experienced and competent consultants who are based in the field and can provide the necessary technical and strategic support.

In terms of *infrastructure and resources* to support project implementation at the national level, in all the organisations, resources and infrastructure are shared. It is also a reality that in most situations coordinators are drawn into other programmes and projects of the organisation. In general, all the organisations have the basic infrastructure and resources necessary to implement the project, including office space, means of communication, facilities for meetings and workshops, equipment and competent personnel. However, it must be pointed out that in the case of NOTU, Rose Nassanga, who is also qualified in research, heads both the HIV/AIDS and LO-Norway Research Project. She has demonstrated a good ability to manage and coordinate both projects, and as long the management of both projects is on a part-time basis, there is no reason why she should not continue to do so. However, should the project increase its activities at the national level and within the workplaces, support from the education department of the national centre should be enlisted. When it comes to broader resource issues, the regional level receives a relatively large share of the resources. More resources should be redirected towards the national level in the following, and not the least to project implementation at the workplace level.

When it comes to the *commitment and support of the structures, officials and officer bearers of the organisations and their affiliates, to the implementation of the project*, the leadership of all the national centres are highly aware of how AIDS affects both their organisations and also directly their leadership with all of them having lost several people to AIDS in the past few years. All hence displayed a keen knowledge of the project and a commitment to its continued support. This was extremely vital especially for the purposes of mainstreaming the project and supporting the coordinators in giving them the space to implement the project. All centres have also developed or adopted AIDS policies and/or codes of conduct. ZCTU has furthermore taken a policy decision to include HIV/AIDS in all trade union programmes. NOTU has adopted a policy on HIV/AIDS in the workplace. It would however benefit the project if HIV/AIDS had become mainstreamed into day-to-day *activities*, and awareness of union AIDS policies had increased especially amongst union affiliates. While AIDS affects all policy areas of the unions, a strategy for including AIDS issues in collective bargaining strategies seem particularly important.

When it comes to the ability to reflect critically on such implementation and the prudent use of resources to this end, it should be noted that in most meetings with union leadership and structures, questions, discussions and responses about AIDS were quite open and frank. This augurs well for the

project, in that a trusting and critical relationship can develop. The relative success of Uganda in the general fight against HIV/AIDS also reflects the critical value of openness and transparency about the pandemic.

While unions are confronted with massive challenges due to AIDS, there seemed generally to be a good understanding of budget restrictions and a critical approach to the effective use of LO resources. The various countries have reached different levels in terms of prevalence rates, and in the challenges confronted in the AIDS campaigns etc. National responses by the unions will hence also be slightly different. In Uganda for example, there is a relatively high awareness of the AIDS pandemic and project management hence sees the need to investigate possible other ways forward for the project.

All in all, the priorities, such as education, sensitising, establishment of AIDS committees, development of AIDS policies, collaboration and lobbying towards the government, correspond to the recommended steps forward as set out by the ILO, ICFTU and guidelines set for example by UNAIDS. Unions have endorsed these priorities with the ZCTU's Report on its Campaign against HIV/AIDS for example containing a number of measurable priorities. At the same time, NOTU feels that the level of sensitising and education is fairly high in Uganda and there is a need to move into areas of care and support, which suggests, as mentioned above that the priorities for the various countries may be different and the support needs to be adapted accordingly.

With regard to the question of *appropriate and cost-effective use of resources*, it was not possible to do an effective check on the use of financial resources, both because of time limitations and the fact that that it would need greater scrutiny and audits.⁶ However, it should be noted that the project was revised in accordance with the limited funds received (compared to original proposal), activities scaled down accordingly, activities were reported on an annual basis and project progress seem overall to have progressed smoothly. The table below outlines the proposed and allocated funds received for the project.⁷

Year	Proposal Request	Funds Received (As per Audited Statement)
2001	US\$ 99,000	US\$ 99,148
2002	112,500	80,954
2003	112,500	99,937
2004	338,690	66,610
2005	129,500	

Whilst a large part of the activities accounted for were conducted at national level in the various participating countries, the financial reporting was done at the regional level. It should be noted that some national centres felt that they would have had better control over expenditure and project funding if accounting had been done at the national level in order to be aggregated later to the

⁶ Assessing financial statements etc. was also not part of the mandate for the evaluation. The Funds received were accounted for in audited financial statements. The project has been found satisfactory by the auditors every year.

⁷ The 2001 & 2002 Proposal Requests were taken from the Original Proposal submitted (Oct. 2000); The 2003 & 2004 Proposals Requests were taken from Amended Proposals sent in Aug. 2002 and July 2003 respectively; The 2004 Funds Received were reflected in Acknowledgement Letter sent in April 2004. There probably were other funds transferred later in 2004.

regional level. Furthermore, some contradictions and shortages are found in the reporting and proposals for activities.⁸

The immediate objectives of the project seem to be achieved gradually, in that, there is sensitising of workers and building of shopstewards' capacity at the enterprise, although at a limited level, and in 2004, this happened even less. At the same time, several unions involved in training programmes have had problems taking the process forward in workplace policies and programmes afterwards, which partly reflects a lack of resources, but also need for awareness about joint programmes with employers. Best practices for effective interventions are being explored by the regional project coordinator attending the various strategic and capacity-building meetings and workshops, and interacting with the other agencies involved in the fight against HIV/AIDS. Collaborative efforts with other agencies and organisations are on-going. Workplace policies and inclusion of HIV/AIDS issues in collective bargaining agreements, are also being developed but to a very limited extent.

Sustainability of the project

The ICFTU itself points out several challenges related to the sustainability of the project. Resource constraints, inadequate numbers of trainers confronted by massive needs, the high cost of anti-retrovirals and severe poverty are some of the major problems.

At this stage, it would not be possible for the ICFTU-AFRO and the beneficiary organisations to continue with the activities without the LO-Norway support because of shortage of funds. While some activities could possibly have been maintained with existing resource material and manuals, there will need for transport costs, infrastructure and support. Even with available national resources, sustainability would confront challenges. First, the project needs to be much more focused with specific outcomes. There is a sense that the needs and priorities, and the indicators for evaluation, as contained in the Co-operation Agreement are too broad and far-reaching. Second, there needs to be greater capacity-building at grassroots to ensure that the programme becomes more established and integrated into key activities in the world of work. Third, the collaboration at the various levels need to be strengthened, or even institutionalised, to ensure continued and effective joint action. Finally, there needs to be improved coordination between the LO-Norway support and that of the other support received for the project.

Competence and capacity in the organisations, in terms of working on HIV/AIDS issues, has however improved in the following respects:

- The regional and national coordinators of the programmes are well trained and knowledgeable on HIV/AIDS related issues; they have displayed strong facilitation skills for running workshops and developing materials; and also have displayed the ability to coordinate activities;

⁸ In July 2003 a draft budget proposal was submitted for the 2004 year. However, on indication from LO-Norway of the support to be received, no revised budget was found; a draft budget proposal was tabled in July 2004 for the 2005 year. No indication of the support to be received nor a revised budget were found. An activity & financial report for 2003 was however submitted by March 2004 as required.

- Education manuals, publications and materials have been produced which will serve as essential tools in developing capacities, raising awareness and sensitising workers;
- Valuable experience has been gained in the areas of campaigning, lobbying and collaboration;
- Familiarisation with the Codes of Good Practice on HIV/AIDS has given the organisations effective tools for workplace practices.

External impact

Several activities have taken place, which seem to have had an external impact in the fight against HIV/AIDS. At the regional level, in Sept. 2000, the Gaborone Trade Union Declaration set out a trade union programme of action. It was significant that representatives from Governments and Employers' Federations were present. In April 2003, ICFTU-AFRO convened a meeting of Trade Union National Centres and Employer Organisations, from various African countries, with the intention of developing a joint programme of action to combat the HIV/AIDS pandemic. The meeting also included representatives from the ILO, WHO, UNAIDS, Global Unions, representatives from the Kenyan Government, and NGOs. A document reflecting the conclusions and recommendations of the meeting was adopted as a guide to workers and employers on continent on possible areas of collaboration in the fight against HIV/AIDS.

In August 2003, ICFTU-AFRO and the Pan-African Employers Confederation (PEC) issued a joint communiqué regarding the need for joint action in the fight against the HIV/AIDS pandemic. Links have been established with WHO and input has been provided to WHO on what is being done at the workplace and what should be included in the treatment plan; a paper, 'The role of Trade Unions in the fight against HIV/AIDS', was presented at the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA); A Resolution on HIV/AIDS was adopted at the 10th African Regional Meeting of the ILO in Dec. 2003, identifying the role of social dialogue in addressing HIV/AIDS in the world of work.

In Kenya, COTU-K participates in the National AIDS Control Council which was established in October 2000. This is a Government initiative which has adopted a five year strategic plan to combat HIV/AIDS with its theme 'social change to reduce HIV/AIDS and poverty'. It is significant that in 2002, COTU-K claims to have trained over 800 peer educators at the Tom Mboya College, with funds from the National AIDS Council. COTU-K and the Federation of Kenya Employers (FKE) have a positive working relationship and also meet at least four times a year with COTU-K and others at the National AIDS Council. There is a sharing of materials and from time to time joint action with ICFTU-AFRO on the adoption of an HIV/AIDS policy.

In Zambia, the ZCTU has been included as a member on the National AIDS Council Technical Committee. It also states that it has advocated for including the ILO/SADC Code Practice on HIV/AIDS into collective agreements and the Employment Act. The ZCTU affiliate, the Copperbelt University Workers' Union, has been able to advance a number of activities within the University campus, including participating in the formulation of the HIV/AIDS Policy document of the University, getting management to financially support (1-million Kwachas) peer educators activities targeting students

and workers, supporting the existence of an HIV/AIDS clinic at the University which administers ARVs, provides home care and counselling by 14 trained counsellors, concluding a collective agreement which includes a policy on HIV/AIDS.

In Uganda, the focus of NOTU has been predominantly at the workplace. The impact on Employers at this level includes instances of support from Employers in providing facilities for meetings, provision of treatment as long as workers were willing to be tested, the formation of workplace committees, an HIV/AIDS Policy.

Good collaboration with other relevant NGOs and government departments also seem to have been developed. In Kenya for example, a World AIDS day is commemorated in collaboration with NGOs and other organisations through the National AIDS Control Council. In Zambia, the ZCTU reports of networking with the National AIDS Council, the Zambia Health Education & Communications Trust (ZHECT), and organisations listed as ZARAN and CHEP. And NOTU in Uganda has links with the AIDS Information Centre. At the same time, the LO project and the overall campaign against AIDS would benefit from even stronger links with other organisations and a thorough strategy on the division of tasks between the various organisations. The trade union movement has given most attention to the need for developing bilateral co-operation with the employers, in accordance amongst others with the ILO Code of Conduct etc. However, while recognising the need for a division of tasks, the AIDS campaign would also benefit from improved relations and co-operations with ILO, UNAIDS, Global Fund, WHO etc.

4. General observations and recommendations

The general overview and impression of the project is that it has the potential of achieving the objectives set out and of contributing positively to the campaign of fighting the spread of HIV/AIDS. The success of the project, and therefore the campaign, will however depend on the extent to which the workplace becomes the focus and core of the project. A number of positive factors reflect that the positive potential of the project:

- ICFTU-AFRO has the ability to campaign and influence at the international and regional levels;
- Competent Coordinators and Consultants provide the necessary human resource to implement the project;
- National Centres have committed themselves to the project and have the necessary representation to reach the grassroots;
- Codes of Good Practice are in existence (such as ILO Code) to form the basis of a workplace programme.

The Co-operative Agreement captures *the broad terms and objectives* of the Project well. However, there is a general impression that the aims stated are too broad and difficult to follow up with concrete evaluations and concrete revisions. Hence, there needs to be a re-design of the project with the aim of specifying more clearly the aims with attached budgets that could realistically be supported. This would provide greater certainty in terms of implementation and targets. Goals furthermore have to have clear time-tables attached and project implementation needs to be transparent and properly

planned in a long-term perspective. Right now, some national centres indicate that they find it difficult to plan activities and pinpoint that long-term planning, communication and transparency should be improved. The base-line project plan with allocation of resources should be based on a five-year time period. Simultaneously, allocation of resources and criteria for choice of beneficiary organisations should be clear in advance of each five-year period.

The focus of the project is the workplace and in this regard the greater percentage of the resources needs to find its way there. Currently most of the budget supports the regional coordination and leads to fewer resources available to the national projects and consequently the workplaces. The regional coordination should provide support to the national projects at a practical level and it would help if advisory meetings were rotated amongst the various countries. In this way such events could also be used to run coordinator workshops and help to evaluate the projects in the host countries. In addition, the needs, priorities and indicators are too broad and too many and the project will need to be more targeted and operational. There needs to be a move away from general education and training especially in countries such as Uganda where the levels of awareness appear to be high. In such instances strengthening the collective bargaining capacity and agenda of the unions to place the issue of HIV/AIDS on the agenda, need to be supported. This may suggest that there needs to be a phased support and development in the HIV/AIDS projects, from training to broader capacity building. Strengthening collective bargaining and consequently integrating the HIV/AIDS programme into the main trade union agenda should however become an overall focus of the project in all countries. Following from the above, beneficiary countries should be selected according to their various needs. While countries such as Uganda, may need less awareness programmes with current awareness levels, their trainers and experience could be shared with neighbouring countries. At the same time, countries with high awareness levels may need reinforced focus on workplace programmes and collective bargaining.

The mainstreaming of the HIV/AIDS campaign into the core agenda of the trade union, like many other 'special interest' issues, will always face the challenge of being side-lined and failing to go beyond the adopted policies and positions on the issue. This is not necessarily because there is no commitment on the part of the leadership, but rather the fact that the trade union already faces so many other challenges. It therefore requires creative ways of ensuring that mainstreaming takes place, such as weaving it into the collective bargaining demands and union organising. Encouraging trade unionists to volunteer their services to help out in clinics, would also be a contribution to union activities and broad social engagement. In line with previous comments about mainstreaming and the need for focus, it is strongly felt that the project would benefit heavily by focussing more concentrated on the collective bargaining agenda and strategies to include HIV/AIDS issues into collective agreements.

There are two levels of coordination and collaboration that need strengthening. It may be necessary to re-design the project into a number of components and seek support for the different components from various sources. It is essential that each component has its own identified objectives

and targets, and remains independent, yet connected to the other components. An example of this could be seeking support from for example the Global Fund for the trade union action clinics or resource centres as a separate, yet linked, component of the project. Already support from various organisations, such as TUC (Britain), TCO (Sweden), CLC, ACILS, JILAF/RENGO, LO-Sweden, and CDC, suggest that ICFTU-AFRO, possibly with the support of the LO-Norway Consultants in Africa, needs to convene some form of strategic meeting to plan & design effective collaborative support for a joint campaign. The steering committee decided that it was important for their national centres to lobby for their inclusion in the Country's Coordinating Mechanisms. This should be followed up and intensified. The second area of collaboration should be closer interaction between the trade unions and other civil society organisations, employers, governments and international agencies. This must be part of the project design and the broad strategic campaign to fight the pandemic. This will ensure that a broader front is created, it will help to eliminate duplication, and will strengthen the hand of the union movement in its other endeavours; here again, organisations such as ILO, UNAIDS, WHO, Employer Organisations, NGOs and other regional and international organisations, need to agree on common, focused plans and strategies, with short-term, attainable goals.

LO-Norway's consultants provide an excellent resource for support in areas of project design to identify specific & attainable targets & objectives, devising collaborative links regionally and nationally, assisting with monitoring, and providing technical assistance. Greater and more strategic use of this human resource needs to be made and possibly written into the project.

At the same time, it is sometimes unclear what value is added by the regional dimension to the project. While regional programme coordination seems professional, the political decisions about which countries are to receive support, and for what, sometimes seem unclear. Hence, the project will benefit tremendously by more clarity in terms of regional versus national responsibilities, by making the national centres more in the driving seat and by creating long-term plans (with clear indicators as to who qualifies for project support and who doesn't) with beneficiary countries and activities outlined.

The process of including more countries on board to be part of the project must be determined by the approach adopted in implementing the next phase of the campaign. To ensure that a programme will work effectively in a country, the national centre and its affiliates must have a number of essential elements in place:-

- Effective links with Government and Employers to ensure effective lobbying;
- A culture of collective bargaining with existing agreements;
- Policies and programmes of action on combating HIV/AIDS;
- Basic infrastructure and human resources to coordinate and implement a campaign;
- A strong presence in workplaces through shopsteward structures.

APPENDICES

A] Documentation

1. Proposals & Agreements

Project Proposal for Oct. 2001 – Sept. 2005

Project Proposals for 2003

Project Proposals for 2004

Project Proposals for 2005

**Co-operation Agreement & Appendix between ICFTU-AFRO and LO-Norway
(Jan. 2003 – Dec. 2005)**

2. Activity Reports

Activity Report for 2001 & Plans for 2002

Annual Activity Report for 2002

Annual Activity Report for 2003

Report on 1st Advisory Meeting - 2001

Brief presented at Donor's Meeting - Sept. 2003

Report on Steering Committee Meeting – March 2004

3. Financial Report & Letters

ICFTU-AFRO Financial Report year ending 2001

ICFTU-AFRO Financial Report year ending 2002

ICFTU-AFRO Financial Report year ending 2003

Acknowledgement of Receipt of Funds – Aril 2004

4. Written Reports from the various National Centres : (COTU-K, ZCTU & NOTU)

B] Field Visits [11 – 20 November 2004]

[the following organisations were visited and the persons listed interviewed]

1. KENYA

ICFTU-AFRO :

- Andrew Kaleimbo (General Secretary),**
- Angela Lomosi (HIV/AIDS Coordinator)**

Central Organisation of Trade Unions (COTU-K)

- Noah Chune (Director of Education)**
- Millicent Agila (HIV/AIDS Coordinator)**
- B. N Hussein (Consultant) & Others**
- Meeting with five (5) Shopstewards who had attended the training**

Federation of Kenya Employers (FKE)

- Gershon Konditi (Executive Director)
- Jane Kabuyi (Project Coordinator)

ILO

Isiah Kirigua (National Project Coordinator)

2. ZAMBIA

2.1 Zambia Congress of Trade Unions (ZCTU)

**2.2 Visit to Affiliates : National Union of Commercial & Industrial Workers;
Copperbelt University Workers Union ; Guards Union of Zambia**

2.3 Robinson Sikazwe

3. UGANDA

2.1 National Organisation of Trade Unions (NOTU)

- Rose Nassanga (Director Research & Women)

2.2 Federation of Uganda Employers (FUE)

- Rosemary Ssenabulya (Executive Director)

2.3 Factory Visit : Roofings Uganda Limited