

**INTERNATIONAL LABOUR ORGANIZATION/  
UNITED STATES DEPARTMENT OF LABOR  
(ILO/USDOL)**

**HIV/AIDS WORKPLACE EDUCATION  
PROJECT IN GHANA**

**FINAL EVALUATION  
23-27 October 2006**

**REPORT**

**10 February 2007**

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## LIST OF ACRONYMS

AIDS – Acquired Immunodeficiency Syndrome  
ART – Antiretroviral Therapy  
BCC – Behaviour Change Communication  
BSS – Behaviour Surveillance Survey  
CIBA – Council of Indigenous Business Associations  
CMS – Commercial Market Strategies  
CTFCD – CTF Center for Development  
DOL – (US) Department of Labor  
FHI – Family Health International  
GAC – Ghana AIDS Commission  
GAPVOD – Ghana Association of Private Voluntary Organizations in Development  
GAWE – Ghana Association of Women Entrepreneurs  
GEA – Ghana Employers' Association  
GHANET – Ghana HIV/AIDS Network  
GNAG – Ghana National Association of Garages  
GSMF – Ghana Social Marketing Foundation  
GTUC – Ghana Trades Union Congress  
HIV – Human Immunodeficiency Virus  
HSS – HIV Surveillance Survey  
ICG – International Cooperation Group  
IEC – Information, Education and Communication  
ILAB – USDOL International Labor Affairs Bureau  
ILO – International Labour Organization  
IPEC – International Programme on the Elimination of Child Labour  
MMDE – Ministry of Manpower Development and Employment  
MMYE – Ministry of Manpower, Youth and Employment  
MOC Memorandum of Cooperation  
MoESS – Ministry of Education, Science and Sports  
MOU Memorandum of Understanding  
MSM – Men having Sex with Men  
NGOs – Non-Governmental Organizations  
NPC – National Project Coordinator  
OHS – Occupational Health and Safety  
PAB – Project Advisory Board  
PAF – Project Acceleration Fund  
PEF – Private Enterprise Foundation  
PEPFAR – President's Emergency Plan for AIDS Relief  
PLWHA – People Living With HIV/AIDS  
PMT - Programme Management Team  
POA – Plan of Action  
STIs – Sexually Transmitted Infections  
UNAIDS – Joint United Nations Programme on HIV/AIDS  
UNFPA – United Nations Population Fund  
UNDP – United Nations Development Programme  
USAID – US Agency for International Development  
USDOL – US Department of Labor  
VCT – Voluntary Counseling and Testing  
VREL – Volta River Estates Limited

## EXECUTIVE SUMMARY

**“Only the person who follows the path maker knows whether the path is straight.” Ghanaian Proverb.**

### 1. Evaluation mission

An independent, external final evaluation of the ILO/USDOL HIV/AIDS Workplace Education Project in Ghana took place from 23-27 October 2006. The evaluation team consisted of Mr. Bob Ransom, an international external evaluator as Team Leader, and Mr. Anthony Adu-Baffour, a national consultant. The mission also included the support and participation of Mr. Maurizio Bussi from the ILO Programme Management Team (PMT) in Geneva, 25-27 October. The evaluation schedule and list of persons contacted is given in Annex 2 and 3.

The purpose of the final evaluation as described in the evaluation Terms of Reference (Annex 1) was to: “assess the strengths and weaknesses of the project as implemented and conclude whether the project fully met the immediate and sub-immediate objectives. It is also critical to document lessons learned, success stories, and best practices in order to maximize the experiences gained through project implementation. The evaluation findings should also take into consideration the project duration, existing resources, and political and environmental constraints.”

### 2. Effectiveness of the project strategy and strategic framework

All key project stakeholders confirmed the relevance of the project strategy to the situation in Ghana. The generic ILO/USDOL HIV/AIDS Programme Strategic Framework was modified early in the project to reflect the specific situation of Ghana and was subsequently used to guide project implementation. The Strategic Framework focuses too narrowly on the formal “workplace” and not enough on “the world of work”, namely informal sector small-scale traders, producers, and service providers who comprise an estimated 80% of those working in Ghana.

### 3. Impact of the project on target organizations

At national level the project fostered the finalization, adoption by the Government and dissemination of a National Workplace HIV/AIDS Policy. The Policy was finalized through tripartite discussions: Government/Employers/Workers, and reflects the key principles of the ILO Code of Practice on HIV/AIDS in the World of Work.

The project involved as Partner Organizations and PAB members the following:

1. Ministry of Manpower, Youth and Employment (MMYE)
2. Office of the Head of Civil Service
3. Ghana Employers' Association (GEA)
4. Ghana Trades Union Congress (GTUC)
5. Ghana Association of Private Voluntary Organizations in Development (GAPVOD)
6. Wisdom Association of People Living with HIV/AIDS
7. Council of Indigenous Business Associations (CIBA)
8. Ghana Association of Women Entrepreneurs (GAWE)
9. Ghana AIDS Commission (GAC)
10. UNAIDS
11. USAID

The project directly targeted the following public institutions and private enterprises (\* indicates participation in Baseline Survey and Final Impact Assessment):

#### **Government/Public Sector**

- 1.\* Ministry of Manpower, Youth and Employment (MMYE)
- 2.\* Office of the Head of Civil Service
3. Ministry of Agriculture

#### **Agro Industry**

- 1.\* Volta River Estates, Ltd. (Akosombo) - Bananas
2. Darko Farms (Kumasi) - Poultry
3. Residual Industries of Ghana Ltd. (Kumasi)
- 4.\* Ghana Cocoa Processing Ltd. (Tema) - Cocoa
5. Kassardjian Ltd. (Tamale) – Sheanut Butter

#### **Mining Industry**

- 1.\* African Explosives (Tarkwa)
- 2.\* Newmont Mines (Kenyasi)
3. Goldfields Ghana Ltd. (Tarkwa)
4. Abosso Goldfields Ltd. (Daamang)

#### **Informal Sector**

1. Ghana National Association of Garages (Odawna Garages Consortium, Accra)

The project enabled the ILO tripartite constituents (MMYE, GEA, GTUC) and the participating public institutions and private sector enterprises to:

- Recognize the importance of HIV/AIDS as a workplace issue and the need to undertake action against HIV/AIDS in their own workplaces,
- Establish or expand a specific HIV/AIDS workplace education programme, targeting all personnel from management to the casual worker,
- Appoint HIV/AIDS Focal Persons and Peer Educators who were trained by the project,
- Influence the development of the National Workplace HIV/AIDS Policy and assist in its dissemination and use by member institutions and organizations,
- Develop their own organization's workplace HIV/AIDS policies and action programmes.

#### **4. Project management and implementation**

All project partners confirmed and praised the effectiveness and efficiency of project management and implementation. The NPC is perceived as responsive to and supportive of the Project Advisory Board (PAB) and active in carrying out the Plan of Action of the project. Key informants identified the dynamism of the NPC as one of the major factors contributing to the success of the project. The NPC had access to high-level officials and management of the participating government institutions and private enterprises, and was able to obtain their commitment to the project. This contributed directly to the effective implementation of project activities within the participating institutions and enterprises. The NPC is actively implementing the recommendations of the Sustainability Workshop organized by the project.

## **5. Sustainability**

Although the participating enterprises contacted appear capable and committed to sustain their HIV/AIDS workplace education, care and support activities, the public institutions and the partner organizations do not. The latter have not allocated sufficient human and financial resources to ensure a continuity of workplace HIV/AIDS education and prevention efforts within their own ministries or organizations or to support efforts by their members. The recommendations of the Sustainability Workshop appear to be appropriate, but require action and active follow-up by project management, particularly in the preparation of new project proposals. The new Business Coalition against HIV/AIDS may be able to provide leadership and generate resources to support workplace as well as general “world of work” initiatives, and was cited by many key informants as the best option for ensuring continuity of the activities initiated by the project.

## **6. Monitoring and evaluation**

The monitoring mechanisms of the project appear to have been effectively used, and the Project Management Plan (PMP) was used for the initial Baseline Survey, the final Impact Assessment and for periodic reporting by some of the participating institutions and enterprises.

## **7. Linkages with other HIV/AIDS initiatives**

All project partners reported that the project was working in conformity with the National HIV/AIDS Strategic Framework and was maintaining good linkages with the Ghana AIDS Commission and with other HIV/AIDS programmes in the country.

## **8. Lessons learned and good practice**

Two major lessons learned were identified. First, when there is top-level corporate commitment for workplace HIV/AIDS education, prevention, care and support programmes, they are funded, they “happen” and they are effective. Thanks to the ILO/USDOL project and other efforts, major enterprises in Ghana appear to recognize that HIV/AIDS workplace prevention efforts make good business sense, are in the self-interest of the enterprise and have been put in place.

However, up to 80% of workers in Ghana work in the informal sector and are mostly un-reached by workplace HIV/AIDS education, prevention, care and support programmes. The second lesson learned is that for “World of Work” HIV/AIDS education and prevention efforts to be effective, more attention needs to be paid to informal sector workers and operators. The ILO/USDOL project and the ILO Decent Work Pilot Programme in Ghana have demonstrated, by working with trade associations, ways of reaching individual workers, traders and vendors, small scale service-providers and producers who work for themselves. This strategy needs to be tested further.

Two examples of good practice were also identified and need to be documented and disseminated more widely, both in Ghana and in other ILO/USDOL project countries. First, the efforts of the mining sector in Ghana, specifically Goldfields Ghana Ltd. and the Ghana Chamber of Mines, which are demonstrating outstanding commitment to combating HIV/AIDS among the mining workforce and to providing VCT, care and

support services. Second, the proactive efforts of the Odawna Garages Consortium to provide HIV/AIDS education through a network of local focal persons and peer educators who were trained by the project.

## **9. Conclusions**

The ILO/USDOL HIV/AIDS Workplace Education Project in Ghana has achieved positive results that need to be extended to additional private sector enterprises, and to more public sector institutions in the country. Examples of good practice need to be documented and disseminated. The strategy employed by the project is solid and the project has involved the main stakeholders. The Development and Immediate Objectives of the project have been achieved in the participating institutions and enterprises. There is now a need for the project partners to more fully institutionalize their workplace HIV/AIDS education activities. Most importantly, as an estimated 80% of workers are engaged in informal economy activities, efforts need to be made to reach more informal sector operators through their trade associations. The new Business Coalition holds promise of providing major leadership in Ghana's ongoing workplace HIV/AIDS education and prevention efforts, and should be assisted technically and financially by the ILO to do so.

## **II. BACKGROUND AND PROJECT DESCRIPTION**

### **1. National HIV/AIDS Strategic Framework**

The Ghana AIDS Commission was established in 2000 and adopted a multi-sectoral approach in its activities, involving public and private sector groupings, civil society organizations, and development partners. The first National HIV/AIDS Strategic Framework, 2001-2005, guided its work. In 2004 approximately 400,000 Ghanaians were estimated to be HIV+ and this number is projected to reach 500,000 by 2015. HIV/AIDS prevalence rates increased from 2.6% in 2000, to 3.6% in 2003, and declined to 3.1% in 2004 and 2.7% in 2005 (National AIDS/STI Control Programme, Ghana Health Service, 2005). Despite the decline, there remain "hot spots" of infection, particularly among commercial sex workers, MSM, prison populations, and STI and TB patients. With the exception of Greater Accra, enterprises selected by the project were also in 'hot spot' regions - Eastern, Brong Ahafo, Ashanti and Western - that had prevalence rates of 4.7%, 3.3%, 3.0% and 2.9% respectively; higher than the national average of 2.7%.

More than 90% of AIDS cases in Ghana are found among adults between the ages of 15 and 49. Since this is the most economically productive segment of the population, illnesses and deaths in this age group constitute an important economic burden. Many productive years and much investment in education and training will be potentially lost, although the extent of the economic impact is not yet known. Five years ago, the ILO estimated that deaths attributable to AIDS as a proportion of the total labour force in Ghana was 1.5%. In 2005 that figure was expected to increase to 2.0%.

The second National Strategic Framework, 2006-2010, (NSF II) recognizes the HIV/AIDS epidemic as a socio-developmental challenge and incorporates emerging issues from the evolution of the epidemic as well as the social and cultural forces driving the epidemic. The NSF II is designed to be an overall planning guide for scaled-up efforts to prevent infections, promote behaviour change among the



general population and specific vulnerable groups, increase treatment, care and support, and combat stigma and discrimination.

The NSF II identifies seven key intervention areas including:

- Policy, Advocacy and Enabling Environment
- Coordination and Management of the Decentralized Response
- Mitigating the Social, Cultural, Legal and Economic Impacts
- Prevention and Behavioural Change Communication
- Treatment, Care and Support
- Research, Surveillance, Monitoring and Evaluation
- Mobilization of Resources and Funding Arrangements

Under “Mitigating the Economic Impact” of HIV/AIDS, the NSF II identifies the ways in which the epidemic is affecting the economy: “loss of workers and the investment in their training and education, increased cost to business due to absenteeism, labour replacement, recruitment and the need for new training, medical costs and funeral expenses” (p. 36, NSF II). In response, the NSF II suggests the need for workplace policies to guide industry-specific responses and the creation of a well-functioning Business Coalition.

## **2. ILO/USDOL Response**

The ILO began a three-year project in Ghana in 2003, with an initial budget of US\$461,172 which was later increased to US\$500,104. The Ghana HIV/AIDS Workplace Education Project is part of a US\$4,644,596 grant awarded by the US Department of Labor (USDOL) to the International Labour Organization (ILO) in FY 2002 to develop a programme for HIV/AIDS prevention education and workplace policy in partnership with Family Health International (FHI). The intended beneficiaries of the programme are workers and their families both in the formal and informal sector in over 20 countries. Indirectly, enterprises also benefit from the impact of prevention programmes as the reduction of the spread of HIV/AIDS reduces absenteeism and loss of workers as well as costs of recruitment and training.

The ILO programme strategy is to work with business, labour, and government leaders to develop their awareness of the existing and growing danger of HIV/AIDS, and to assist them to address it in the workplace. The strategy includes information and awareness raising campaigns of presentations and workshops, as well as technical assistance to business, labour, governmental and NGO groups. This assistance includes the design of BCC materials to increase the capacity of stakeholders to support workplace-based HIV/AIDS policies and programmes, and to induce behaviour change among workers.

In May 2004, the ILO Programme Management Team in Geneva, consultants from Management Systems International, a USDOL representative, and the individual Project Country Coordinators met to develop an overall strategic framework for the programme. Together with USDOL, they developed a generic strategic framework to be specifically tailored for each project country. The strategic framework includes two overarching development objectives that serve as the long-term goals for country-level projects. The project in Ghana contributed to the realization of these objectives.

The Development Objectives of the project are:

1. Reduced HIV/AIDS Risk Behaviours among Targeted Workers
2. Reduced level of Employment-related Discrimination Against Workers Living with HIV/AIDS or Affected by HIV/AIDS

Four Immediate Objectives contribute towards the achievement of the Development Objectives:

1. Improved Knowledge and Attitudes Related to HIV/AIDS Risk Behaviours
2. Increased Awareness and Use of Available HIV/AIDS Workplace Services
3. Reduced Stigma against Persons Living With HIV/AIDS
4. Increased Knowledge of HIV/AIDS Workplace Policy/Guidelines

These Immediate Objectives are supported by the following sub-immediate objectives:

1. Increased Availability of Quality HIV/AIDS Workplace Services
2. Improved Workplace Guidelines
3. Increased Levels of Workplace Collaboration and Commitment by Labour And Management
4. Increased Capacity of Workplaces to offer Comprehensive HIV/AIDS Policy and Programmes on a Sustained Basis
5. Improved Coordination and Cooperation Between Tripartite Constituents and Other Partners at the National Level
6. Improved National Level Policy Framework Related to HIV/AIDS at the Workplace
7. Increased Capacity of Tripartite Constituents to Support Development of Workplace Policy and Programmes

At the beginning of the project a local consultancy firm was retained to conduct a Baseline Survey and data collection exercise in Ghana. The primary methodology used for the data collection was a Workers' Survey questionnaire and onsite interviews in six selected public sector institutions and private enterprises in urban centres and rural areas. At the conclusion of the project an Impact Assessment survey was conducted among workers at the same six sites and a draft report prepared.

## **II. THE EVALUATION PURPOSE AND METHODOLOGY**

### **1. Evaluation Terms of Reference**

The Evaluation Terms of Reference are given in Annex 1. Specifically, the purpose of the final evaluation is "to assess the strengths and weaknesses of the project as implemented and conclude whether the project fully met the immediate and sub-immediate objectives. It is also critical to document lessons learned, success stories, and best practices in order to maximize the experiences gained through project implementation. The evaluation findings should also take into consideration the project duration, existing resources, and political and environmental constraints.

It is intended that the final evaluation will be used by all USDOL-funded HIV/AIDS projects to enhance project performance through increased understanding of project

components and any interim successes and/or failures; generate greater appreciation for opportunities and challenges encountered during design and implementation, and give further clarification of stakeholder roles and contributions. Specifically, the evaluation is to report on the extent to which the project achieved development objectives, the underlying objectives, and identify ways to improve future project designs and implementation.

The final evaluation should also examine whether or not changes suggested by the internal assessment were implemented; increased impact/effectiveness of project.”

## **2. Evaluation Team**

The evaluation team consisted of Mr. Bob Ransom, an international external evaluator as Team Leader, and Mr. Anthony Adu-Baffour, a national consultant. The mission also included the support and participation of Mr. Maurizio Bussi from the ILO Programme Management Team (PMT) in Geneva, 25-27 October. The evaluation schedule and list of persons contacted is given in Annex 2 and 3.

## **3. Evaluation Methodology**

The Evaluation Team reviewed the following documents prior to and during the evaluation exercise:

- National HIV/AIDS Strategic Framework II, 2006-2010
- Project Document
- Project Plan of Action
- Baseline survey instrument and report
- Mapping exercise guidelines and results
- TOR for consultants
- Sectoral Formative Assessment reports
- Technical Progress reports
- Workshop reports
- PAB meeting reports
- Focal Person and Peer Educator training course materials and reports
- Field trip reports
- Workplace Monitoring Forms
- Strategic Framework and PMP
- Work plans
- Country brief
- Company profiles
- BCC materials
- “Saving Lives, Protecting Jobs” video
- National Workplace HIV/AIDS Policy 2005
- Midterm Internal Assessment Report 2005
- Draft Final Impact Assessment Report 2006
- Constitution of the Ghana Business Coalition against HIV/AIDS 2006

The Evaluation Team leader had a pre-trip consultation on 11 October 2006 with the USDOL Project Manager and Evaluation Coordinator, and ILO PMT staff by conference call. The objective of the consultation was to reach a common understanding on the priority final evaluation questions, the available data sources and data collection instruments and the outline of the final evaluation report.

The Evaluation Team conducted individual interviews with the members of the PAB, the National Project Coordinator and with representatives of selected participating public institutions and private enterprises (see Annex 3). Time did not permit interviews with individual employees, beneficiaries of HIV/AIDS workplace interventions or training.

On the final day of the evaluation mission, the Evaluation Team held a debriefing session with the members of the PAB to present its preliminary findings, conclusions, and recommendations and to obtain feedback.

### **III. PROJECT STATUS**

#### **1. Project Activities**

The three-year ILO/USDOL Ghana HIV/AIDS Workplace Education Project is scheduled to be completed at the end of December 2006. The project has realized some budget savings and project activities could extend for another few months if agreed by ILO, USDOL and the PAB. During the last three years, the project has implemented the following major activities among others:

- Helped facilitate the finalization of the tripartite National Workplace HIV/AIDS Policy, which was subsequently endorsed by the Government. The project also provided resources for the printing and dissemination of the Policy, in cooperation with the Ghana AIDS Commission. The project also translated and disseminated the ILO Code of Practice on HIV/AIDS in four local languages (Ewe, Ga, Hausa, and Asante Twi) in collaboration with GEA.
- Customized for use in Ghana the generic ILO/USDOL Project Performance Monitoring Plan and Strategic Framework in August 2004.
- Signed cooperation agreements with five enterprises in the mining industry, seven in the agro industry, three ministries and one informal sector association, selected by the PAB based on the results of the mapping exercise and recommendation of the NPC. Two of the enterprises subsequently withdrew from active participation due to internal reasons. The number of workers in the participating institutions and enterprises totalled almost 4,000.
- Contracted a consultancy firm (PROLINK) to undertake a baseline survey in six of the original 13 institutions/enterprises. The survey was completed in February 2005. The same firm was contracted to undertake the final assessment of the impact of project initiatives on workers in the same six entities.
- Finalized Behaviour Change Communication (BCC) tools and strategies to use in public sector institutions. Public sector employees were chosen from the target ministries, in consultation with the PAB, for the development of a fully-fledged BCC programme in collaboration with Family Health International (FHI). Two NGOs were selected to be trained in the use of the BCC tool kit and to develop a similar programme for the agro and mining sectors and the informal economy.
- Organized basic training and refresher training for focal persons and peer educators in the participating ministries and private enterprises, and prepared

and delivered “Peer Educator Tool Kits” to all trainees. Some 357 persons were trained directly by the project.

- Finalized a Plan of Action for the Ministry of Manpower Development and Employment, now Ministry of Manpower, Youth and Employment (MMYE). The Plan of Action included the training of trainers for Labour/Factories’ Inspectors in April 2005. Twenty labour inspectors have received training on HIV/AIDS.
- Mainstreamed HIV/AIDS education modules into the training curricula of the MMYE School of Social Work. The curricula of five other training institutions of MMYE and the Office of the Head of Civil Service are being reviewed to integrate HIV/AIDS modules.
- Mainstreamed HIV/AIDS education modules into the training curricula of the Ghana Labour College of the GTUC, and sensitized trainers of the GTUC affiliate unions.
- Organized Peer Educator basic and refresher training for peer educators in public sector institutions including the MMYE, Ministry of Food and Agriculture and the Office of the Head of Civil Service in 2005. Refresher courses were held in 2006 to stimulate experience sharing and integrate new elements. Sixty Peer Educators including Focal Persons participated.
- Assisted in the finalization of the Education Sector HIV/AIDS policy of the Ministry of Education, Science and Sports (MoESS). Assisted the Ministry of Food and Agriculture to prepare a draft workplace HIV/AIDS policy.
- Produced and disseminated a video film about the project entitled “Saving Lives, Protecting Jobs” (30 minutes).

## **2. Project Internal Assessment**

An Internal Assessment of the project was conducted in May 2005. The Assessment concluded that the project was on track to achieve its immediate objectives but required some remedial actions. The key recommendations of the Internal Assessment are the following:

1. The project should consider assisting in the printing of the Ghana National Workplace HIV/AIDS Policy. There is precedence in Ghana of UN Agencies assisting in the printing and dissemination of national documents and the contribution is acknowledged in the publication itself.
2. The National Project Coordinator should make additional efforts to include all the stakeholders, especially the Ghana Employers Association (GEA). The project should establish a memorandum of cooperation and finalize a joint plan of action with each. With the GTUC, the plan of action needs to be updated to cover the period until the end of the project.
3. Participation at meetings of the PAB, especially for GEA and GTUC should be, or continue to be at a senior level.

4. The NPC should follow-up with the Chief Director of the MMYE and the Chief Director of the Office of the Head of Civil Service to ensure that focal point responsibilities become a core job function.
5. The ILO Programme Management Team (PMT) should provide the NPC with additional training on the functioning of ILO administrative and financial management systems, to ensure that there are no delays in obtaining clearance for project work requiring sub-contracting and use of external collaborators.
6. The PMT should clarify the reporting requirements of the NPC and indicate how the Ghana project fits into the overall ILO Programme. The PMT and the NPC should review the data tracking table to ensure that USDOL and other stakeholders are receiving accurate information concerning the PMP baseline.
7. The NPC should add new sections to the monitoring form, in addition to the yes/no questions, which provide her and the PAB with useful information on the implementation of project activities. These sections could include outputs such as, the number of peer-education training events held, the amount of information materials requested, and the results of pre and post training assessments.
8. The PMT as well as managers of other ongoing ILO country projects should exchange work plans, develop synergies, and look for opportunities to work together and share resources and experiences.
9. Activities with the informal sector should begin only after reviewing and taking into account the lessons learned in implementing previous programmes in the sector.
10. The PMT should assist the NPC to consolidate project sustainability activities into her own plan of action.
11. USDOL should provide the PMT with experiences of other USDOL-funded HIV/AIDS projects in how to sustain peer-education programmes in the formal and informal sectors.

#### **IV. EVALUATION FINDINGS**

##### **1. Ministry of Manpower, Youth and Employment (MMYE)**

Mr. E.A. Akuffo – Chief Director, MMYE and current Chairperson, PAB  
 Mr. Timothy Ogum – Former Chief Director, Office of the Head of Civil Service, and immediate past Chairperson, PAB  
 Ms. Jemima Allotey - Focal Person, MMYE  
 Mr. Kwaku Agyemang Duah – Principal, School of Social Work

General – The Ministry of Manpower, Youth and Employment has overall responsibility for providing leadership to combat HIV/AIDS in the world of work in Ghana. Before the project the MMYE was addressing the issue of HIV/AIDS in a casual manner. Now it is more active. However, unlike the Ministries of Health, Education, Food and Agriculture, Local Government and others, the MMYE still does not have a full-time HIV/AIDS Focal Person. This has impeded the effective leadership of the Ministry and raises serious issues about sustainability of activities initiated by the project.

The part-time MMYE HIV/AIDS Focal Person is also responsible for other ILO projects and has other responsibilities but is active - the Evaluation Team met her while she was holding a workshop for Peer Educators and Focal Persons on HIV/AIDS from Departments and Agencies under the Ministry and from other organizations.

The project helped in the preparation and launching of posters on Behaviour Change Communication (BCC), provided training for Focal Persons and Peer Educators and provided them with HIV/AIDS tool kits. There have also been formal meetings in the Ministry to discuss HIV/AIDS, a topic which is rarely discussed in public. The project also helped print the National Workplace HIV/AIDS Policy Document. As a result of the project, sections of the Civil Service Law are being reviewed. The project also helped with the inclusion of HIV/AIDS modules into course curricula of the School of Social Work. Other departments of the Ministry have also factored HIV/AIDS into policies and budgets which are supplemented by sources like the GAC.

Strategy – The project strategy is correct as it is the same tripartite strategy adopted by the Government on the labour front. The strategy reflects the practice in Ghana where government sets policy in consultation with the social partners, and employers and workers work together to implement the policies. The project strategy also provided for interaction with other agencies.

“What has not been right about the project is that it is too short – major impact requires more time”. Mr. E.A. Akuffo, Chairperson, PAB

Coordination - The project compliments the work of the National AIDS Commission and effectively coordinates with other related projects.

Project Management – The NPC is hardworking, effective and relates well with other projects and institutions. She did her best to ensure a high level of participation at workshops and meetings and made available the requisite materials and visual aids. There is a need to strengthen the office of the NPC to enable her to expand her coverage.

Sustainability – The MMYE included HIV/AIDS activities in its 2007 budget and is expecting supplementary funding from the GAC to continue with activities started by the project. There is an urgent need for a full time Focal Person or ideally a unit in the MMYE to manage HIV/AIDS activities. Networking between the public and private sector is suggested to ensure sustainability.

Informal Sector – The Ministry looks to the Council of Indigenous Business Associations (CIBA) to organize HIV/AIDS efforts in the informal sector.

School of Social Work - The project helped the School of Social Work to mainstream HIV/AIDS information in its course curricula. The aim is to train the students, who will be future social workers working at community level, to be able to understand and communicate information about HIV/AIDS to their clients. Two courses incorporate HIV/AIDS information: General Knowledge of HIV/AIDS and Psycho-social Counselling. So far 133 students have, or are taking, the courses. The understanding of the students about HIV/AIDS has increased but it is too early to

evaluate behaviour change. There is a need for the project to arrange for a training course for the lecturers teaching the courses. There is also a need to train peer educators among the 13 teaching and six support staff.

Other findings – It is mostly MMYE personnel at national level which have benefited from the project – social welfare personnel at District level have not received any training on HIV/AIDS. The exception is labour and factory inspectors from District level who have been trained.

## **2. Ghana Employers Association (GEA)**

Mrs. Rose Karikari Anang – Executive Secretary, GEA  
Mr. Charles Asante – HIV/AIDS Focal Person, GEA

General – The project has been very beneficial as it helped “zoom in on the workplace.” A National Workplace HIV/AIDS Policy has been accepted by the Cabinet. Members of the GEA Secretariat and Council have benefited from the training provided by the project. The project helped GEA members draft workplace policies.

Strategy – The project strategy is ideal in that it involves all the key stakeholders.

“No other strategy is possible – the workplace needs tripartite involvement. No single entity could do it.” Mrs. Rose Karikari Anang, GEA Executive Secretary.

Coordination – The NPC maintains good relations with other projects and the GAC.

Project management – The NPC has effectively involved the key stakeholders and has acted as a good resource person to GEA.

Sustainability – GEA intends to continue its commitment and work to assist member firms to prevent HIV/AIDS in the workplace. For sustainability, the project may have to transfer some of its activities to the new Business Coalition.

Informal Sector – The way to reach informal sector operators is through their associations, especially CIBA.

Other findings – In the early stages of the project GEA wanted to take over from the project the sensitization of formal sector enterprises, as many belong to GEA. This was not done. However, there is a need to increase the capacity of GEA to do so as a method for sustainability of project activities.

## **3. Ghana Trades Union Congress (GTUC)**

Mr. Kojo Brimpong – National Chairman, Ghana Mineworkers Union and First Vice-Chairman, GTUC

General - Before the project GTUC had an ongoing HIV/AIDS programme and HIV/AIDS policy. The project helped GTUC to include HIV/AIDS material in the curriculum of the Labour College and trained the College HIV/AIDS focal person.



GTUC invited the NPC to a meeting of Human Resource Managers of mining enterprises to discuss the project as a result of which four mining companies joined the project. As the mining sector has a high HIV+ prevalence rate, the Chamber of Mines decided to adopt a policy for the sector which the project helped to develop. The project formally signed an MOU with Goldfields Ghana Ltd. and Newmont Mines Ltd. The project trained focal persons and peer educators in the two mining companies.

Strategy – The tripartite approach was not bad but there is room for improvement, especially in communicating with and involving labour more to improve participation and sustainability of HIV/AIDS efforts.

Coordination - The project has been working closely with GAC, UNAIDS and FHI especially in the development of BCC.

Project Management – GTUC is satisfied with the way the project has been run. Organized labour has been fully involved.

Sustainability – The MMYE is unable to provide sustainable leadership. The private sector is better able to sustain the initiatives of the project. The new Business Coalition is perhaps best able to ensure sustainability. The Coalition needs officers, staffing and the technical support of partners to be able to start operation. There is a need to sensitize the big enterprises in the Business Coalition to involve the informal sector in the activities of the Coalition.

Informal Sector – GTUC now has an Informal Sector desk and considers informal sector enterprises as associate members.

Additional findings – GTUC believes that the NPC needs more support and resources to enable her to extend project services.

#### **4. Ghana AIDS Commission (GAC)**

Prof. Sakyi Awuku Amoa – Director General, GAC

General – There was an assumption that the private sector would engage on its own – this was not true. Motivation and incentives were required. The Commission has provided funds to requesting enterprises to initiate workplace activities. The project has helped enterprises to think about their own responsibility.

“The ILO project was very important at the time it came, in support of the national response to HIV/AIDS.” Prof. Sakyi Awuku Amoa, Director General, GAC.

Strategy – The project strategy was good and worked to a large extent. Initially most enterprises did not realise their role but the project has increased private sector involvement in HIV/AIDS prevention and education and has opened doors for collaboration. Firms are “now eager” to participate.

Coordination – The project has maintained the necessary linkages. The GAC works with all the project partners. There was regular interaction between the project and the partners.

Project management – The NPC is dedicated to her job and “kept all of us alive” in our work. The PAB membership was correct and met regularly even outside of Accra.

Sustainability - The project helped first in motivating the private sector to work on HIV/AIDS prevention and education. The private sector engaged in the development of the National Workplace HIV/AIDS Policy. Now the third stage is the formation of the Business Coalition to sustain the momentum created by the project and GAC. However, although the private sector may have the money it often lacks the knowledge to do the work, and this is where the project needs to continue to play a major role. The Coalition includes GTUC and GEA, with the GAC playing the role of facilitator. There should be an evolution of the PAB as the project ends so that the Council of the Coalition takes over the functions of the PAB.

Informal sector – This is the biggest challenge – how to work with the informal sector. Even if the project’s formal sector initiatives can be shifted to the Business Coalition, the coalition needs time to grow to support the informal sector. The ILO project needs to be “redesigned” to focus on and support the further development of programmes in the informal sector.

Other findings – There may be a need to set up a public sector coalition to promote and support HIV/AIDS education and prevention efforts in the public sector. Such a coalition may ultimately join the Business Coalition. There is already a meeting of Chief Directors of Public Sector institutions and this could form the basis of the proposed coalition.

## **5. UNAIDS**

Dr. Warren Naamara – UNAIDS National Coordinator

General - There are many projects on HIV/AIDS implemented by individual entities but the ILO project is a “flag bearer” and does more in the world of work than any other project. It also fits into the bigger picture of the National Strategic Framework.

“The ILO/USDOL project has made a difference – the world of work is being addressed.” Dr. Warren Naamara, Country Coordinator, UNAIDS.

Strategy – The representation on the PAB is correct.

Coordination – The project is participating in the joint UN Team on HIV/AIDS to develop a common workplace strategy, in keeping with the National Strategic Framework’s Three Ones: One National Coordinating Entity, One Strategic Framework, One Monitoring and Evaluation System.

Sustainability - Normally US Government-funded/supported projects seem not to have sustainability plans. But this project is playing an important role and needs to continue. The Business Coalition - a joint initiative of UNAIDS, the ILO Project and the Private Sector – may offer a sustainable way of supporting workplace HIV/AIDS programmes.

Informal sector – It is necessary to first help the “big players” to have a better understanding of the informal sector as suppliers of goods and services. The network value needs to be addressed thus making businesses more willing to invest in the informal sector.

## **6. USAID**

Peter Wondergem – HIV/AIDS Adviser, USAID

General – USAID had a programme in Ghana, 2000-2001, that focused on 50-60 enterprises. Today there are two ways of looking at the AIDS problem in Ghana: the official way – there is a problem, and the USAID way – there is no generalized epidemic. USAID believes that with limited resources available, it is imperative to prioritise their use in addressing “hot spots” of infection, and not workplace programmes. The “hot spots” in Ghana include:

- Sex workers
- MSM (25% infected and increasing)
- Prison populations (Nsawam prison has 50% prevalence rate)
- STI and TB patients.

Behaviour change is difficult – has behaviour change as a result of BCC efforts been documented?

“There is need to take the available data, analyze it and decide on the best response. Go where the virus goes”. Peter Wondergem, HIV/AIDS Adviser, USAID

Project management – The NPC is doing a good job, particularly in policy dialogue and prevention activities. Initially it was difficult to get the different parties to the table - everyone wanted some project money but the NPC managed it very well.

Sustainability – At the end of the project the way to go is the Business Coalition.

Informal sector – The informal sector is unorganized so difficult to work in.

## **7. Ghana Association of Private Voluntary Organizations in Development (GAPVOD)**

Mr. Kofi Adu – CEO, GAPVOD

General - GAPVOD is the largest umbrella organization of NGOs in Ghana. It creates a forum for NGOs to interact and share ideas, and act as an advocacy and pressure group. GAPVOD is a member of the PAB. Although a number of GAPVOD member NGOs work on HIV/AIDS, it has not implemented any project activities. However, it has learned from the project how to mainstream HIV/AIDS in its programmes.

Strategy – The project strategy of bringing together people with different perspectives is good and enriches the project. It created linkages.

Coordination – There was good collaboration at the top level. The project created linkages and gave clout to small organizations like Wisdom.

Project management – Various GAPVOD-organized workshops in the regions benefited from resource persons provided by the NPC. The NPC provided very effective leadership for the project. She is “very forceful.”

## **8. Wisdom Association of Persons Living with HIV/AIDS**

Mr. Kofi Ampong – President, Wisdom Association

General - The Wisdom Association is an association of 325 people living with and /or affected by HIV/AIDS. Women form about 75% of its membership. The association provides counselling and testing services, care and support, income generating activities, training and provision of assistance to members. Wisdom belongs to other associations such as the Ghana AIDS Network and the National Association of People Living with HIV/AIDS. Wisdom has learned much from the project through participation in workshops, and members acting as resource persons.

Other findings – with the exception of the President, Mr. Ampong no Wisdom staff were trained by the project, and Wisdom was not contracted by the project to provide training.

## **9. Ghana Association of Women Entrepreneurs (GAWE)**

Mrs. Lucia Quarchey – Executive Director, GAWE

General - GAWE in collaboration with GAC implemented an HIV/AIDS prevention project for members who cross borders. Another project examined the negative impact on enterprises of women taking care of family members living with HIV/AIDS. GAWE also implemented a project on entrepreneurship development of people living with HIV/AIDS. Even though GAWE members have small and medium-sized enterprises, the project had outreach activities for micro entrepreneurs. The ILO project tool kits were very helpful and four GAWE staff members were trained as peer educators.

Strategy – The project strategy needed to be broader, as no women entrepreneur groups were involved in its implementation.

Project management – The NPC was very efficient – she did more than necessary to ensure the success of the project. The PAB received good support from the NPC. Only 70% of the PAB members were active and supportive - the rest were overwhelmed by their duties.

“The private sector has more zeal to address the issue of HIV/AIDS – Government officials don’t have the time.” Mrs. Lucia Quarchey, Executive Director, GAWE.

## **10. Goldfields Ghana Ltd.**

Mrs. Charity Tuffour Kwarteng – HIV/AIDS Coordinator, Goldfields Ghana Ltd.

General - The management of Goldfields is fully committed to HIV/AIDS education and prevention, and provides full budgetary support for such activities and meets all costs of care and treatment. The company employs over 4,000 people including

contractors. The company has a workplace HIV/AIDS policy (posted on the wall of its main office) and as part of its policy, requires that each employee be given a two-day induction on HIV/AIDS before and after leave.

Goldfields is the first company in the mining sector to employ a full-time HIV/AIDS Coordinator and Assistant Coordinator. The Coordinator briefs Senior Management at monthly meetings. Each mine (Tarkwa and Damang) has an HIV/AIDS Steering Committee which meets monthly. The Committee is made up of one representative from the Union, one representative from the Senior Staff Association and one representative from each Department. These representatives oversee the activities of the 160 peer educators at all levels at both mines and among the contractors.

Goldfields is also the first company in the mining sector to develop and sign an HIV/AIDS pact with the Union. The drafting of its HIV/AIDS Policy involved the Head of the National Mineworkers Union of GTUC. The Workplace Policy has a five-year Detailed Implementation Plan (DIP) which is broken down into quarterly and monthly activities. Monitoring of activities is done monthly by tracking STIs, condom counts, and numbers of awareness education activities at the mines and in local communities.

The company has contracted a service provider (Crusader Health), to provide health services including HIV/AIDS Counselling and VCT. There has been an increase in testing since the launch of the HIV/AIDS Policy. Between January and October 2006, 550 people were tested with two people now on Antiretroviral Therapy (ART). Goldfields is collaborating with AngloGold (Eduaprim Mine) to set up an HIV/AIDS centre at the Tarkwa Government Hospital to provide ART. Each company is committing US\$40,000.

The company supports many other HIV/AIDS initiatives, including presentations to camp associations, church programmes which target women, and assistance to the SHARP training for commercial sex workers. Goldfields' programmes link up with other NGOs in their community projects.

The ILO project provided training and tool kits to the Goldfields HIV/AIDS Coordinator and did the initial training for peer educators, with the Coordinator using the training materials to train additional peer educators. The findings of the baseline studies conducted at the beginning of the project were used to develop posters more suitable to the mining environment.

Project Management – Goldfields has cordial relationships with the NPC who visits regularly and ensures that activities agreed under the project are performed. Consultants employed by the project are good and very effective.

Coordination – The project has very good working relationships with Ghana Aids Commission, Ghana Mineworkers Union and the NGOs' network on HIV/AIDS.

Sustainability – Goldfields will have no problem sustaining the activities provided by the project since they have the full support of management and Corporate Headquarters in South Africa. However for other sectors such as the Informal Sector (eg. Garages), there is the need to extend the project to ensure sustainability. Goldfields is a member of the Business Coalition, formed to ensure that the success stories and best practices of the project are sustained.

## 11. Ghana Chamber of Mines

Ms. Joyce Aryee – CEO, Ghana Chamber of Mines

The Ghana Chamber of Mines prepared a sector HIV/AIDS Policy in collaboration with GAC and GEA, and is collaborating with the Ghana Social Marketing Foundation (GSMF) in a programme called “Mine shield” which targets HIV/AIDS education and prevention in the mining sector. All the mines in Ghana are engaged in HIV/AIDS education and prevention activities.

General - The Human Resource Director of the Chamber of Mines follows up on HIV/AIDS activities.

Strategy – The Government of Ghana uses the vehicle of tripartite consultations in all its dealings with workers and this has proven to be an effective method.

Project Management – Both the NPC and PAB have worked hard to make the project a success.

“The Ministry of Manpower, Youth and Employment should perhaps focus its HIV/AIDS education and prevention efforts on youth, and leave the workplace to the Business Coalition.” Ms. Joyce Aryee, CEO, Ghana Chamber of Mines

Sustainability – The CEO is a member of the Steering Committee of the Business Coalition and believes that the Coalition is the way to go for the sustainability of the good practices and lessons learned of the project. The Coalition has now started looking for funding.

Informal Sector – The best way to reach the informal sector is to target their trade associations. Creating awareness with association leaders will be more important than peer education. Danish Assistance supported the development of the Ghana Business Code for SMEs and any business that signs the Code should address HIV/AIDS at the workplace.

## 12. Volta River Estates Ltd. (VREL)

Mr. Alex Yeboah Afari – Human Resource Manager and HIV/AIDS  
Focal Person, VREL

Ms. Juliet Nyaku - Assistant HIV/AIDS Focal Person, VREL

General - VREL was established in 1988 and was initially owned by Ghanaian and Dutch investors. Exports began in 1989/90. However due to land litigation, the company closed down. When the company restarted, its banana plantations were attacked by Black Sigatoka disease. In 1990/91, the EU protocol came into force and the company was exporting at a loss. In 2005, 80% of the plantation was destroyed by wind. About half of the workers were declared redundant. However, despite the many adversities VREL has faced in the past, the company is now in good shape and currently employs 674 staff made up of 595 males and 79 females.

| During the Evaluation Team visit to VREL, a peer educators' training sponsored by the company and Care International was going on. The training covered occupational health and safety (OHS) as well as HIV/AIDS and was attended by 11 trained peer educators and 18 first aiders. The company has a policy and a committee in charge of OHS.

The Company signed an MOU with the project and has been involved in various activities including awareness creation, BCC, training for focal persons and peer educators and refresher courses, and the sustainability workshop. The company has an HIV/AIDS workplace policy which gives protection to HIV positive staff and has the full support of management. All HIV/AIDS activities are fully funded from VREL budget resources. Workers select their own peer educators who are allowed time to do their work.

A local NGO drama group has been involved in community awareness creation on HIV/AIDS, sponsored by VREL. The VREL focal person and nurses also attended a joint workshop on HIV/AIDS organized by GTUC and GEA.

"HIV/AIDS was formerly a taboo subject – now this has been overcome." Mr. Alex Yeboah Afari – Human Resource Manager and HIV/AIDS Focal Person, VREL.

Strategy – The strategy is good but the project should be extended to train more people.

Project Monitoring – VREL regularly completes the project assessment forms which indicate areas of progress. A quality assurance/monitoring form has been developed internally for use by VREL peer educators.

Project Management – While VREL has no previous project experience with which to compare, they are so far satisfied with how the project is managed.

Sustainability – The Company has already taken up the peer educators' training and has expanded it to cover OHS. The company is also funding all HIV workplace activities and supporting the workplace policy. There is however a need to develop a long term strategy.

Gender – All the six VREL Departments have women representatives whose activities are coordinated by the assistant focal person. The group is developing a programme targeting women workers on domestic violence, income generation and HIV/AIDS.

### **13. Odawna Garages Consortium**

Alhaji Stephen Dakpo - Regional Chairman, GNAG  
Mr. John Nimo - Regional Secretary, CNAG  
Mr. Prince Osei - Zone 1 Chairman  
Mr. Emmanuel Enum - Member Steering Committee  
Mr. Ebenezer Ako Nai - Focal Person on HIV/AIDS

General - By Executive Instrument 68 of 1962, a light industrial estate was created and all the artisans in the Central Business Area (CBA) were moved there. In 1982

the various mechanic associations came together to form the Ghana National Association of Garages (GNAG). The Association has branches in all ten regions of the country. It is a non-profit making association made up of about 40,000 groups nationwide. The Odawna Garages Consortium alone has about 4,000 worker members. GNAG is affiliated to the GEA and receives support from donors and international organizations. The national chairman is on the PAB.

Impact of the Project – The Odawna Garages Consortium was selected as the only informal sector enterprise to participate in the project. The Consortium has benefited from the various training activities of the project. Trained peer educators are located among the 36 garage plots - early in the morning and in the evening they talk with garage workers. The education has gone down so well with the members that during the Evaluation Team visit a number of peer educators present enthusiastically displayed their knowledge during the meeting. They have been carrying out HIV/AIDS education in their churches, families and local communities.

“The information I learned (about HIV/AIDS) is burning inside me – I feel a need to share it.” Ms. Sara Ofori, food vendor, project-trained peer educator.

So far the peer educators have been able to cover about 2,000 Consortium members. Many Consortium workers have now gone for voluntary counselling and testing. The Steering Committee of GNAG is currently developing policy guidelines on HIV/AIDS and as part of the policy, condom distribution points will be established.

The Consortium identified additional needs, including more training kits and posters, allowances for trainers to cover income loss during training, a need to train trainers for other zones, and more funds to cover their HIV/AIDS activities. The GNAG has plans to work through other agencies to get funding from GAC and the new Ghana Business Coalition on HIV/AIDS.

Strategy – The project does not cover all workers and should have been expanded to cover women’s groups and more informal sector groups.

Project management – The NPC was efficient and effective and was able to push the PAB members to work. While about 70% of PAB members were committed, public sector representatives kept changing.

Coordination – The project collaborated very well with other organizations and programmes, especially GAC.

Sustainability – The Consortium leaders have doubts whether the new Business Coalition will be prepared to assist the informal sector.

## 14. ILO

Ms. Akua Ofori-Asumadu – National Project Coordinator, ILO/USDOL  
HIV/ADS Project

Strategy – The current project strategy, whereby the project works with both the tripartite constituents as well as the targeted enterprises at the same time, has required too much running around. In countries where a Business Coalition is



established and functional, the project strategy should be to build the capacity of the constituents to carry out activities for their members.

PAB – Tripartite representation was a good approach which could be adopted by all projects with the proviso that representatives should be knowledgeable and hard working people. One success factor was the agreement from the outset that members must attend meetings in person and not be represented by assistants.

National Policy Exercise - ILO in 2000 got the tripartite constituents to sit down to draft the National Workplace HIV/AIDS Policy Guidelines. However, the Guidelines were never finalized. The project helped to set up a small committee to review the draft and obtained comments from the constituents. A Stakeholders meeting was held in December 2004 to review and adopt the Policy, which was subsequently endorsed by the Cabinet. The project then assisted with the printing of the Policy. There is now a need to disseminate the National Workplace HIV/AIDS Policy more widely. The project intends to assist the constituents to write proposals to GAC for funds to disseminate the Policy Document. Meanwhile, another document – The National HIV/AIDS and STI Policy - has also been adopted by the Cabinet.

Project monitoring – The yes/no questions on the monitoring questionnaire of progress by participating enterprises are not useful. The collection of information over the phone has proven to be more effective. It is useful for enterprises to monitor their own progress as it encourages action.

Collaboration – The GAC NSF 1 contained no word on workplace activities so the project helped to include these activities in the NSF 2. The project with other constituents helped to draft the Constitution and TOR for the Business Coalition. The NPC is a member of the UN Technical Working Group on HIV/AIDS and has acted as resource person for training of UN staff.

Project Administration – Between October 2003 and May 2004 not much assistance was received from the PMT in Geneva, but thereafter, when an orientation was held for NPCs, the support was good. The Community Zero tool was also very helpful as well as the SKYPE software for communications. Technical backstopping of the project was provided by the PMT in Geneva while the ILO Office in Abuja provided some administrative backstopping.

Internal Assessment – most of the recommendations of the project Internal Assessment carried out in 2005 have been implemented.

Sustainability – The activities started by the project can be continued through the Business Coalition. The Steering Committee of the Coalition has expressed a desire to use ILO strategies and tools developed by the project for their programmes. One cannot be optimistic with the sustainability of project activities in the public sector, due to lack of human and financial resources. The sustainability of project activities in the informal sector requires a different approach, such as building the capacity of small business associations to organize HIV/AIDS education/prevention activities.

The project-organized Sustainability Workshop made three key recommendations – support the Business Coalition, take special action to reach informal sector workers, and strengthen programmes in the public sector. The NPC and the PMT in Geneva

are working to identify funding for a possible extension of the project to address these recommendations.

“The problem with ILO in Ghana is that there is no head. ILO is not at the table and is left out of UN Team decision-making. Different NPCs attend UN Team meetings – there is no continuity and no decision-making ability. The ILO needs to designate one person as “country representative.” Ms. Dorothy Rozga, Chair, UN Theme Group on HIV/AIDS and Country Director, UNICEF.

## **15. NGOS Collaborating with the Project as Contractors**

Mr. Ebenezer Ampaabeng – Gladeb Ltd  
Mr. Ibrahim Musah – CTFCD Researcher  
Mr. Samuel Smith – Development Consultant, PROLINK

Gladeb was contracted to produce the video film about the project entitled, “Saving Lives, Protecting Jobs.”

CTFCD was contracted to work on Behaviour Change Communication (BCC) for the Agricultural and Mining Sectors.

PROLINK was contracted to conduct the Impact Assessment and Baseline Studies.

Coordination – The consultants stressed the need for greater coordination of workplace HIV/AIDS activities nationwide. They drew attention to a similar project on workplace HIV/AIDS being supported by GTZ and the fact that GAPVOD has a subcommittee on HIV/AIDS.

Sustainability – Sustainability is likely to be higher in the mining companies than in other sectors due to their large and vulnerable workforce. It was suggested that more information on the cost of HIV/AIDS to business should be made available to business leaders in other sectors to encourage them to undertake workplace education and prevention programmes. It was also suggested that to reach the informal sector, HIV/AIDS activities could be incorporated into programmes which provide training and financial support to micro and small enterprises.

“The main problem is duplication of effort and lack of coordination of HIV/AIDS efforts in the workplace, yet there are large numbers of workers not yet reached – food sellers, second hand clothes dealers, fishmongers, hair dressers, etc.”  
Mr. Ibrahim Musah, Researcher, CTFCD.

## **V. CONCLUSIONS**

- 1. Project Strategy.** All stakeholders interviewed by the Evaluation Team felt that the strategy employed by the project was valid and appropriate for Ghana. However, some felt that the strategy did not pay enough attention to the informal sector, where the vast majority of workers are engaged. Greater use could have been made of the project partner organizations (members of the PAB) in terms of providing training and financial resources to enable them to carry out project activities.

**2. Strategic Framework.** The generic ILO/USDOL Programme Strategic Framework was adapted to Ghana and was effectively used to guide the various component activities of the project. The two Development Objectives – namely reduced HIV/AIDS risk behaviours among targeted workers and reduced level of employment-related discrimination against workers living with HIV/AIDS or affected by HIV/AIDS – and the four Immediate Objectives – namely improved knowledge and attitudes related to HIV/AIDS risk behaviours, increased awareness and use of available HIV/AIDS workplace services, reduced stigma against persons living with HIV/AIDS, and increased knowledge of HIV/AIDS workplace policy/guidelines - were achieved in the participating institutions and enterprises. It was not possible for the evaluation team to determine whether the objectives were achieved in other institutions and workplaces in Ghana.

**3. Project Impact.** The participating government entities and enterprises all described the inputs and impact of the project to be positive on their HIV/AIDS work. The Project Advisory Board functioned effectively. The National Workplace HIV/AIDS Policy provides a model for individual enterprise policies and was used as a guide for the development of such policies in the participating institutions and enterprises. The quality and use of materials produced by the project appears to be excellent, especially the Peer Educator's Tool Kit. The capacity of the main partners – MMYE, GEA and GTUC – which were already engaged in HIV/AIDS policy and prevention efforts prior to the project does not appear to have been significantly increased as a result of the project.

The Final Impact Assessment draft report needs further work, particularly a better presentation and analysis of the data collected, in order to better determine the effectiveness of the BCC strategy and its impact. In the draft report it is difficult to compare the data on respondent replies to the questions in the baseline survey and in the final impact assessment survey – the key to determining changes in knowledge and attitudes, risk behaviours, employment discrimination, awareness and use of workplace policies and services, etc.

**4. Project Management.** The energy and ability of the National Project Coordinator (NPC) and her office were widely appreciated and contributed greatly to the success of the project. Stakeholders found the overall project management to be effective and efficient. The project appears to have been managed in a professional manner.

**5. Project Sustainability.** This was identified by stakeholders and the Evaluation Team as one of the biggest challenges facing the project. Although many of the participating private enterprises appear capable and committed to sustain their workplace HIV/AIDS education, care and support activities, the public organizations do not. In particular, the MMYE does not appear convinced of the need, nor prepared to commit the human and financial resources necessary to lead efforts to combat HIV/AIDS in the world of work in Ghana. The recommendations of the Sustainability Workshop organized by the project appear to be appropriate, especially the recommendation that the newly-created Ghana Business Coalition against HIV/AIDS play a leadership role in efforts to combat HIV/AIDS in workplaces. The recommendations will require action and

active follow-up by project management, particularly in the preparation of new project proposals.

- 6. Project Monitoring System.** The project monitoring system was applied and data was collected according to the PMP. Not all participating enterprises regularly provided data. Some of the data collection forms used could be improved and participating enterprises should be encouraged and assisted to collect data for their own, rather than project, use.
- 7. Project Linkages with other HIV/AIDS initiatives.** Stakeholders reported good collaboration between the project, the Ghana AIDS Commission, and other national HIV/AIDS initiatives. They noted that the project was THE major workplace project in Ghana, and that the choice of project partners was correct.
- 8. Stakeholder Commitment.** The project enjoyed good stakeholder commitment, due to the good choice of partners. The PAB met regularly, with good participation of all members. As already noted, the MMYE commitment could be strengthened by designating a full-time HIV/AIDS Focal Person. Social dialogue was enhanced by the project.
- 9. Targeted Sectors.** The sectors chosen by the project - public, mining, agro-industry and informal sector – for workplace HIV/AIDS education and prevention efforts were logical, given the nature of the Ghanaian economy. Not all enterprises in each sector could be reached by the project, thus the project could not meet all needs in each sector.
- 10. Linkage with other ILO projects.** The project did not effectively link with the other ILO projects in Ghana, in terms of influencing them to include HIV/AIDS workplace education and prevention activities in their own project activities. Particularly useful would have been the inclusion of workplace initiatives in the ILO Decent Work Country Pilot Programme.
- 11. Examples of good practice.** There are several outstanding examples of good practice - in the mining industry and in the informal sector garages consortium – that need to be described in greater detail and widely disseminated.
- 12. Implementation of the Recommendations of the Internal Assessment.**  
The recommendations of the Internal Assessment appear to have been implemented.
- 13. Attention to Gender Issues.** The project appears to have effectively addressed major gender issues. Some specific efforts were made by the project to target women workers, who participated on an equal basis with men in all project activities.

## **VI. EVALUATION RECOMMENDATIONS**

In view of the positive results achieved by the project, the need to document and disseminate examples of good practice, and the need to institutionalize project activities by partner organizations to support the expansion of workplace HIV/AIDS education activities to other sectors and enterprises – especially to informal sector

workers and operators – throughout the country, the Evaluation Team recommends the following:

1. The NPC and PMT should continue their efforts to implement the recommendations of the Sustainability Workshop and to identify and obtain supplementary resources to enable the project to continue for an additional one year transitional period.
2. To sustain activities initiated by the project, additional personnel at the MMYE, GEA, GTUC and CIBA should be trained to carry out BCC activities among and by their members. During the transitional period, project efforts should be concentrated on providing this training as well as increasing the capacity of MMYE, GEA, GTUC and CIBA to carry out project activities themselves by assisting them to obtain additional financial resources.
3. During the transitional period, project efforts should also focus on increasing the capacity of District level personnel of MMYE, the Civil Service and other public services through the training of focal persons and peer educators to carry out BCC activities.
4. During the transitional period modules on HIV/AIDS should be introduced (if not already done so) into the curricula of additional MMYE training institutions, including the Government Secretarial School, the Management Development and Productivity Institute and the Civil Servants Training School.
5. During the transitional period, the project should phase out its support to the participating private enterprises and provide technical and financial assistance to the new Business Coalition to enable it to use the materials and experience of the project to reach additional enterprises in the country.
6. During the transitional phase, the project should assist the Business Coalition financially and technically to establish an Informal Sector Unit, with staff, equipment and vehicle, for outreach to support workplace education and prevention activities by informal sector trade associations throughout the country.
7. Government ministries and other public sector institutions need to scale-up their HIV/AIDS workplace education and prevention efforts, especially at District level. During the transitional period, the project should collaborate with the Ghana AIDS Commission and assist efforts to establish a Public Services HIV/AIDS Council, to provide needed public sector leadership in HIV/AIDS workplace education and prevention efforts.
8. The project should formally document examples of good practice – particularly in the mining sector and the Garages Association – through video case studies and print materials. These should be disseminated by the PAB to the Ghana AIDS Commission, MMYE, GEA, GTUC, and other stakeholders in Ghana and by the ILO PMT in Geneva to the PAB in other ILO/USDOL project countries. In doing so, the voices of focal persons, peer educators and individual workers should be featured prominently.
9. The project should require the author of the final Impact Assessment Report to revise the Report to give a clearer presentation of the data on the “before and after”

replies to survey questions, and to present a clearer analysis of the changes documented (or lack of change) and formulating possible reasons, especially for apparent increases in risk behaviours during the project observed in some sectors.

10. Upon completion of the ILO/USDOL project, project assets should be handed over to the Business Coalition to better enable the Coalition to carry on activities initiated by the project.

## **VII. LESSONS LEARNED**

1. Private enterprises with large workforces, once confronted by the potential economic costs of the epidemic, are more highly motivated to adopt HIV/AIDS workplace policies and to finance from their own budgets workplace HIV/AIDS education and prevention activities as well as care and treatment costs of workers and family members living with HIV/AIDS. When top management is committed to addressing the potential threat, action is immediate and results are positive. It is simply a matter of corporate self-interest.

2. Heads of public institutions do not share the same motivation as private enterprises and while public officials are well aware of the threat to government employees, are not as committed to assign staff or allocate required budgetary resources for effective HIV/AIDS workplace education and prevention activities. Greater efforts are required to convince government leaders to make the required commitment.

3. The vast majority of workers in Ghana are active in the informal economy, and are relatively unorganized. Thus they do not belong to trade unions or to employers' organizations. The Ministry of Manpower, Youth and Employment is not structured to address the needs of the informal sector. There are no government-organized HIV/AIDS education and prevention programmes for informal sector workers and operators. This should become the major priority of future HIV/AIDS world of work education and prevention programmes in Ghana.

4. When informal sector trade associations are involved in HIV/AIDS workplace education and prevention efforts, they have the potential of reaching significant numbers of workers, as well as small scale suppliers and service providers at community level.

5. The "tripartite plus" approach used by the project is effective when it comes to promoting and assisting HIV/AIDS workplace education and prevention activities in institutions and larger enterprises.

## **VIII. AREA FOR FURTHER INVESTIGATION**

Clearly not enough is known about the impact of HIV/AIDS on informal economy operators and workers. The GEA and GTUC count mainly formal, organized enterprises and workplaces as members. The new Business Coalition is dominated by large scale enterprises. The MMYE has no clear mandate concerning informal sector workers and workplaces. There is some experience in Ghana on how to reach individual traders and vendors, small scale service-providers and producers who work for themselves or in micro-enterprises as demonstrated by the ILO Decent Work Pilot Project. However, further investigation is required into how best to extend

HIV/AIDS education and prevention efforts to the world of work of the informal sector in Ghana.

## **IX. IMPLICATIONS FOR GLOBAL STRATEGIES**

The major identified weakness of the ILO/USDOL project strategy as implemented in Ghana concerns the lack of sustainability of activities undertaken by the project. The project was essentially a demonstration project in that it only directly involved 13 participating public sector institutions and private enterprises in a country with many ministries and institutions and thousands of medium and large private enterprises.

In future, attention should be paid to refining the strategy used by the project so as to directly increase the capacity of project partners - responsible ministries, employers' and workers' organizations, organizations of small enterprises and women entrepreneurs, development NGOs and associations of PLWHA – to directly implement project activities right from the beginning of the project. In this manner, the partners gain valuable knowledge, skills and experience, and are more likely to sustain their own HIV/AIDS workplace efforts. Such a strategy would require a change in orientation of project management from one of “doing activities” to one of “facilitating the activities” of the partners. It would also require the allocation of project financial resources to the partner organizations, perhaps through performance-based contracts.

## **X. ANNEXES**

### **ANNEX 1. TERMS OF REFERENCE FOR THE EVALUATION**

#### **FINAL EVALUATION OF THE INTERNATIONAL LABOUR ORGANIZATION HIV/AIDS WORKPLACE EDUCATION PROJECT IN GHANA**

##### **I. PROJECT DESCRIPTION**

The Ghana HIV/AIDS Workplace Education Project is part of a US\$4,644,596 grant awarded by the US Department of Labor to the International Labour Organization in FY 2002 to develop a programme for HIV/AIDS prevention education and workplace policy in partnership with Family Health International (FHI). The intended beneficiaries of the project will be workers and their families both in the formal and informal sector. Indirectly, enterprises will also benefit from the impact of prevention programmes as the reduction of the spread of HIV/AIDS will reduce absenteeism and its associated costs as well as costs of recruitment and training. As part of this programme, the ILO began a three-year project in Ghana in 2003, with an initial budget of US\$461,172 which was later increased to US\$500,104.

The estimated prevalence rate in 2005 was 2.6%. More than 90% of HIV/AIDS cases in Ghana are found among adults between the ages of 15 and 49. Since this is the most economically productive segment of the population, illnesses and deaths in this age group constitute an important economic burden. Many productive years and much investment in education and training will be lost, however the extent of the economic impact is not yet known. Five years ago, the ILO estimated that deaths attributable to AIDS as a proportion of the total labour force in Ghana was 1.5%. In 2005 that figure is expected to increase to 2.0%.

The ILO strategy is to work with business, labour, and government leaders to develop their awareness of the existing and growing danger of HIV/AIDS and to act to address it in the workplace. This was to be accomplished through an information and awareness raising campaign of presentations, workshops, and technical assistance to business, labour, governmental and NGO groups. These are to be complemented by an effort to increase understanding of the existing situation, and the development of support materials designed to increase capacity among stakeholders to support workplace-based HIV/AIDS policies and programmes, and to induce change in behaviour.

In May 2004, the ILO Staff in Geneva, consultants from Management Systems International, a USDOL Representative, and the individual Project Country Coordinators met to develop the overall strategic framework. Together with USDOL, they developed a generic strategic framework which would then be specifically tailored for each project country. As evidenced in the Strategic Framework, there are two overarching development objectives that serve as the long-term goals of the project. The project is intended to contribute to the realization of those objectives. The development objectives are:

1. Reduced HIV/AIDS Risk Behaviours Among Targeted Workers
2. Reduced level of Employment-related Discrimination Against Workers Living with HIV/AIDS or Affected by HIV/AIDS

The development objectives are to be accomplished by pursuing four immediate objectives:



1. Improved Knowledge And Attitudes Related To HIV/AIDS Risk Behaviours
2. Increased Awareness And Use Of Available HIV/AIDS Workplace Services
3. Reduced Stigma Against Persons Living With HIV/AIDS
4. Increased Knowledge Of HIV/AIDS Workplace Policy/Guidelines

These immediate objectives are supported by the following sub-immediate objectives:

1. Increased Availability Of Quality HIV/AIDS-Workplace Services
2. Improved Workplace Guidelines
3. Increased Levels Of Workplace Collaboration And Commitment By Labour And Management
4. Increased Capacity Of Workplace To Offer Comprehensive HIV/AIDS Policy And Programmes On A Sustained Basis
5. Improved Coordination And Cooperation Between Tripartite Constituents And Other Partners At The National Level
6. Improved National Level Policy Framework Related To HIV/AIDS At The Workplace
7. Increased Capacity Of Tripartite Constituents To Support Development Of Workplace Policy And Programmes

A Consultancy firm was retained to conduct the baseline survey and data collection exercises in Ghana. The primary methodologies to be used for the data collection were a Workers' Survey questionnaire and onsite interviews. Selected enterprises in urban centres and rural areas were targeted.

## **II. PURPOSE OF THE FINAL EVALUATION**

The purpose of the final evaluation is to assess the strengths and weaknesses of the project as implemented and conclude whether the project fully met the immediate and sub-immediate objectives. It is also critical to document lessons learned, success stories, and best practices in order to maximize the experiences gained through project implementation. The evaluation findings should also take into consideration the project duration, existing resources, and political and environmental constraints.

It is intended that the final evaluation will be used by all USDOL-funded HIV/AIDS projects to enhance project performance through increased understanding of project components and any interim successes and/or failures; generate greater appreciation for opportunities and challenges encountered during design and implementation, and give further clarification of stakeholder roles and contributions. Specifically, the evaluation is to report on the extent to which the project achieved development objectives, the underlying objectives, and identify ways to improve future project designs and implementation.

The final evaluation should also examine whether or not changes suggested by the internal assessment were implemented; and whether they increased the impact/effectiveness of project.

## **III. PROJECT PROGRESS TO DATE**

The following activities have been undertaken to advance the work of the project according to the work plan:

- **Performance Monitoring Plan [PMP] and Strategic Framework Development:** *Development of the Ghana Performance Monitoring Plan and Strategic Framework were completed in August 2004.*
- **Recruitment of Enterprises:** *Four enterprises in the mining industry, six in the Agro Industry, three ministries and one in the informal sector have been selected by the PAB following the recommendation of the NPC that they be part of the project.*
- **Baseline Survey:** *A consultancy firm was recruited to take on the baseline survey in six enterprises. The exercise was completed in February 2005.*
- **Finalisation of the Behaviour Change Communication (BCC) tools and Strategies for Public Sector:** *public sector employees were chosen amongst the four target groups in consultation with the PAB for the development of a fully-fledged BCC programme in collaboration with Family Health International (FHI). Two NGOs were selected to be trained in the use of the tool kit and develop a similar programme for the Agro and Mining sectors and in the informal economy.*
- **Plan of Action for The Ministry of Manpower Development and Employment (MMDE) Finalized within the Context of the Project:** *A final review of the Plan of Action of the Ministry of Manpower Development and Employment within the context of the project was completed and includes the following activities.*
- **Training Of Trainers for Labour/Factories' Inspectors:** *The Deputy Inspector of factories organized a down-stream training for all the other inspectors in the factories and labor inspectorate division of the Ministry of Manpower in April 2005. To date, 20 labour inspectors received comprehensive training on HIV/AIDS.*
- **Internal Assessment:** *An Internal Assessment was conducted in May 2005. The assessment recommended that the project: consider assisting in the printing of Ghana's National Workplace policy; the national project coordinator should make additional efforts to take on board all the stakeholders; participation of the PAB should be at a senior level; the NPC should ensure that the focal point responsibilities become a core job function; the PMT should offer the NPC additional training; the PMT should clarify reporting requirements, indicate how the project fits into the overall strategy, and review the data tracking table with the NPC; the NPC should add new sections to the monitoring form; increased exchange of project information among the ILO PMTs and managers of other ILO projects; activities in the informal sector should begin only after reviewing and taking into account lessons learned from previous programmes; the Global Programme should assist the NPC with consolidating the project's sustainability activities; and USDOL should provide the PMT with the experiences of other HIV/AIDS projects.*
- **Mainstreaming HIV/AIDS Education into the training curricula of Civil/Public Service training institutions:** *Mainstreaming HIV/AIDS Education into the training curricula of Civil/Public Service training institutions: As part of sustainability arrangements, the curricula of the training institutions of the Ministry of Manpower and The Office of the Head of Civil Service are being reviewed with the project's assistance and will integrate specific HIV/AIDS modules. Directors of Training of the various institutions have formally agreed to review curricula and introduce new HIV/AIDS modules based on ILO material. To date five national training institutions have reviewed their curricula on the basis of collaborative work with the project.*

- **Peer Education Refresher Training Workshop for the Public Sector:** *In August 2005, a series of workshops for peer educators were held for selected support and administrative staff of the Ministries of Manpower, Food and Agriculture and the Office of the Head of Civil Service. Refresher courses were held in February 2006 to stimulate experience sharing and integrate new elements. Sixty peer educators including their focal persons were retrained. A social worker and a nurse from the Civil Servants clinic and the Planned Parenthood Associations clinic who are providing referral services were also attending the above training session.*
- **Printing and dissemination of the National HIV/AIDS Workplace Policy:** *The project in cooperation with the Ghana AIDS Commission is providing resources for the printing and dissemination of the National HIV/AIDS Workplace Policy. The dissemination project started in March 2006. 2,500 copies of the policy were disseminated through government channels, employers' and workers' organizations' initiatives and in collaboration with the National AIDS Commission.*
- **Sectoral HIV/AIDS Workplace Policies:** *the Ministry of Education (MoE) held a workshop in November 2005 to finalize the Education sector's HIV/AIDS policy. The Ministry of Food and Agriculture with support from GTZ and the ILO prepared a draft workplace policy on HIV/AIDS.*
- **Re-Strategizing Meetings:** *A round table discussion was held in September 2005 with the Executive Director of the Ghana Employers' Association to discuss modalities for implementing the findings of the internal assessment. Twenty participants from the Unions affiliated to the TUC attended a curriculum review meeting organized in collaboration with the Labour college in November 2005.*

#### IV. FINAL EVALUATION TEAM

The final evaluation team will be comprised of: (i) one independent evaluator; and (ii) one national consultant.

The independent evaluator, as Team Leader, is responsible for conducting the final evaluation according to the terms of reference (TOR). The Team Leader shall:

- Review the TOR and provide input, as necessary.
- Review project background materials (e.g., project documents, progress reports, and mid-term assessment).
- Review the final evaluation questions and work with the donor to refine the questions, as necessary.
- Develop and implement the final evaluation methodology (i.e., conduct interviews, review documents) to answer the final evaluation questions.
- Conduct a preparatory meeting with USDOL and the ILO prior to the final evaluation mission.
- Prepare an initial draft of the final evaluation report with input from other team members, circulate it to USDOL and the ILO, and prepare final report.
- Conduct briefing with USDOL on findings, conclusions, and recommendations of the final evaluation.

The USDOL Project Manager is responsible for:

- Drafting the final evaluation TOR.

- Finalizing the TOR with input from the ILO.
- Providing project background materials.
- Participating in a preparatory meeting prior to the final evaluation mission.
- Assisting in the implementation of the final evaluation methodology, as appropriate (i.e., participate in interviews, review documents,) and in such a way as to minimize bias in final evaluation findings.
- Reviewing and providing comments on the final evaluation report.
- Approving the final draft of the final evaluation report.
- Participating in a debriefing on findings, conclusions, and recommendations of the final evaluation.

The ILO HIV/AIDS Programme Representative is responsible for:

- Reviewing the TOR and providing input, as necessary.
- Providing project background materials.
- Reviewing the final evaluation questions and working to refine the questions, as necessary.
- Participating in a preparatory meeting prior to the final evaluation mission.
- Scheduling all meetings.
- Assisting in the implementation of the final evaluation methodology, as appropriate (i.e., participate in interviews, review documents, observe committee meetings) and in such a way as to minimize bias in final evaluation findings.
- Reviewing and providing comments on the final evaluation report.
- Approving the final draft of the final evaluation report.
- Circulating draft(s) of the final report to concerned parties.
- Participating in a debriefing on findings, conclusions, and recommendations of the final evaluation.
- Ensuring compatibility with ILO evaluation policy and procedures.
- Compiling a draft summary of the evaluation report to be posted on the ILO/EVAL website.

## **V. FINAL EVALUATION SCOPE**

The final evaluation will:

1. Evaluate the validity of the project strategy and whether the strategic framework effectively guided project implementation.
2. Evaluate the quality and impact of project activities on the target groups, including:
  - a. Needs assessments process and reports and their use by the project and its stakeholders.
  - b. Accomplishments and effectiveness of the Project Advisory Board (PAB) with respect to promotion of HIV/AIDS policies.
  - c. Effectiveness of the BCC model, ease of use by enterprise trainers, impact of the peer educator trainings.
  - d. Stakeholder understanding and capacity to address HIV/AIDS at the workplace, particularly within ILO constituents and target enterprises.
  - e. Quality and use of the materials developed by the project. (Best practice manuals, information/awareness raising brochures, posters, radio etc.)
3. Evaluate the management of the project, its staff and the services it has provided.
4. Evaluate the project's sustainability plan, if any. Are project activities/ improvements likely to be sustained after project completion, and by whom?

5. Assess whether the monitoring system for collecting performance data was appropriate for systematically measuring impact of project performance. Were there sufficient staff to collect the data and is the data reliable? Were there sufficient resources allocated for consultants.
6. Evaluate the value of the project in the context of other HIV/AIDS activities in Ghana. Has the project been able to link with other activities? Are there overlaps or duplication of effort?
7. Assess the level of stakeholder commitment to the project (the Government of Ghana, trade unions, employers' organizations, participating enterprises, associations of PLWHA, ILO and other relevant development agencies) and the effectiveness of the project in fostering constituents' involvement and in promoting social dialogue.
8. Assess the sectors targeted for assistance. Why were they chosen? Was the project able to meet the needs of the different sectors effectively?
9. Has the project been able to effectively link with other projects implemented in Ghana by the ILO and into the broader context of the Decent Work Country Programme?
10. Discuss lessons learned and best practices. Include PEPFAR country team interactions if appropriate.
11. Evaluate to what extent recommendations from the midterm internal assessment were implemented. If they were not implemented, please provide analysis of why the project did not implement them.
12. Assess whether and how the project approach and its results have been internalized and/or expanded within targeted enterprises and national level institutions, particularly ILO constituents.
13. Assess how the choice of partners has been strategic in implementing the strategy.
14. Evaluate how the project has addressed gender issues.

## VI. FINAL EVALUATION METHODOLOGY

**Document Review:** The final evaluation team will review the following documents before conducting any interviews or trips to the region.

- The Project Document
- Plan of Action
- Baseline survey instrument and assessment
- Mapping exercise guidelines and results
- TOR
- Quarterly reports
- Reports from events
- Training Materials from the events
- Trip Reports
- Strategic Framework and PMP
- Work plans
- Country Brief
- Company Profiles
- BCC Documents
- National Tripartite Policy
- Midterm Internal Assessment Report

**Pre-Trip Consultations:** The evaluation team will have a pre-trip consultation with the Project Manager and Evaluation Coordinator, and ILO project staff by conference call. The objective of the pre-trip consultation is to reach a common understanding among the final evaluation team, and project implementers regarding the status of the project, the priority

final evaluation questions, the available data sources and data collection instruments and an outline of the final evaluation report. The following topics will be covered: status of evaluation logistics, project background, key evaluation questions and priorities, data sources and data collection methods, roles and responsibilities of final evaluation team, outline of the final report.

**Individual Interviews:** Individual interviews will be conducted with the following:

- a. Project Staff in Geneva, Ghana, and other relevant ILO staff
- b. USDOL Project Staff and other relevant USDOL staff
- c. Randomly selected individuals from the following groups:
  - Project Advisory Board (PAB)
  - Workers and employers who have received training or otherwise collaborated with the project
  - MMDE staff who have collaborated with the project
  - People Living With HIV/AIDS Network(s) and other NGOs that have collaborated with the project
  - UNAIDS
  - UNDP
  - USAID
  - US Embassy

**Field Visit:** Meetings will be scheduled in advance of the field visits by the ILO project staff, in accordance with the final evaluation team's requests and consistent with these terms of reference

**Debrief in the Field:** The final day of the field visit, the final evaluation team will present preliminary findings, conclusions, and recommendations to the ILO project staff and subsequently invite the PAB members to a debriefing session.

**Post-Trip Meeting:** Upon completion of the report, the evaluator will provide a debriefing by conference call to ILAB and ILO on the evaluation, findings, conclusions and recommendations as well as the final evaluation process.

## **VII: DURATION AND MILESTONES OF FINAL EVALUATION**

The following is a tentative schedule of tasks and anticipated duration of each:

<b>Tasks</b>	<b>Work Days</b>	<b>Due date</b>
Preparatory Research	3	Before trip
Field Research	6	23-27 October 2006
Travel days	2	
Draft Report	7	10 November 2006
Finalization of Document	2	17 November 2006
		<hr/>
		20

## **VIII: Deliverables**

A. A pre-departure conference call with ILO/AIDS staff and USDOL Washington Staff, to discuss roles, responsibilities and TOR (**before 6 October 2006**). Subsequently there will also be a conference call with the National Project Coordinator.

B. Evaluation methodology including questions to be administered during interviews (based on models provided and ILO guidance notes on evaluation) by **6 October 2006**.

C. Interviews with USDOL Washington staff prior to **15 October 2006**.

D. A Draft Report that outlines general findings by **10 November 2006**.

E. A Final Report, original plus five copies, will be submitted to USDOL within seven days after receiving final comments from USDOL and ILO. The final report should be sent electronically to USDOL.

F. Post trip debriefing to ILAB by **22 November 2006**.

## **IX. REPORT**

The final evaluation team will complete a draft of the entire report following the outline below, and share electronically with the USDOL Project Manager and Evaluation Officer and the ILO by 10 November 2006. The USDOL and the ILO will have ten days to provide comments on the draft report. The evaluator will produce a re-draft incorporating USDOL and ILO comments where appropriate, and provide a final version within three days of having received final comments from USDOL and ILO.

The final version of the report will follow the format below (page lengths by section illustrative only), and be no more than 40 pages in length, excluding the annex:

1. Title page (1)
2. Table of Contents (1)
3. Executive Summary (2)
4. Acronyms (1)
5. Background and Project Description (1-2)
6. Purpose of Evaluation (1)
7. Evaluation Methodology (1)
8. Project Status (1-2)
9. Findings, Conclusions, and Recommendations (no more than 20 pages)  
This section's content should be organized around the areas stated in the evaluation scope, and include the findings, conclusions and recommendations for each of the subject areas to be evaluated.
10. Lessons learned
11. Summary of potential areas for further investigation and implications for global strategies.

### **Annex:**

Project Document

Project Strategic Framework

Project PMP

Project Workplan

Midterm Evaluation Report

TOR for Final evaluation

List of Meetings and Interviews

Any other relevant documents

**ANNEX 2. EVALUATION SCHEDULE**

**ILO/USDOL HIV/AIDS WORKPLACE EDUCATION PROJECT**  
**Final Evaluation 23-27 October 2006**

**ACTUAL SCHEDULE**

<b>Date</b>	<b>Name</b>	<b>Designation &amp; Organization</b>	<b>Time</b>	<b>Venue</b>
<b>Monday 23 October</b>	Mr. Tony Adu Baffour	National Consultant	12:00-12:30pm	Novotel
	Ms. Charity Tufour-Kwarteng	HIV/AIDS Coordinator Goldfields Ghana Ltd.	1:15-2:00pm	Goldfields HQ
<b>Tuesday 24 October</b>	Ms. Akua Ofori – Asumadu	National Project Coordinator HIV/AIDS Education Project - Ghana	9:00-10:00am	ILO Project Office
	Ms. Jemima Allotey	Focal Point, Ministry of Manpower, Youth and Employment	10:30–11:00am	Police Hospital
	Mr. Kwaku Agyeman–Duah	Principal, School of Social Work	11:30 - 12:30pm	Ministries Osu
	Mr. Ibrahim Musah	Meeting with NGOs and Contractors: CTFCD	1:30 – 2:30pm	ILO Project Office
	Mr. Samuel Smith	PROLINK		
	Mr. Ebenezer Ampaabeng	Gladeb Ltd		
	Ms. Joyce Aryee	CEO, Ghana Chamber of Mines	4:30 – 5:00pm	Ghana Chamber of Mines



<b>Wednesday 25 October</b>	Mr. Alex Afari Yeboah Ms. Juliet Nyaku	Human Resource, Director.  Assistant Focal Person Volta River Estate, Ltd.	9:30 – 10:30am	VREL HQ Akosombo
	Dr. Warren Naamara	UNAIDS Country Coordinator	10:30 – 11:00am	Akosombo Hotel
	Ms. Dorothy Rozga	Chair UN Theme Group on AIDS and Country Director for UNICEF	12:30 – 1:30pm	Akosombo Hotel
	Alhaji Dakpo	Regional Chairman, GNAG	4:30 – 5:30pm	Odawna Garages Consortium
	Mr. John Nimo	Focal Person, Odawna Garages Consortium		
<b>Thursday 26 October</b>	Mr. Kojo Brimpong	First Vice-Chair, Ghana Trade Union Congress, HIV/AIDS Focal Person	8:30 – 9:30am	GTUC HQ
	Bob Ransom Tony Adu Baffour	Evaluation Team Meeting	10:00 – 12:30pm	ILO project Office
	Mr. E.A. Akuffo Mr. Timothy Ogum	Chief Director MMYE, Chair, PAB Head, Office of Head of Civil Service, former Chair PAB	1:30 – 2:30pm	MMYE, Chief Directors Office
	Ms. Rose KariKari Anang	Executive Secretary, Ghana Employers Association	2:30 - 3:00pm	GEA HQ
	Mr. Charles Asante	Focal Person, GEA		
	Mr. Peter Wondergem	USAID HIV/AIDS Adviser	4:00 – 4:30pm	USAID
	Ms. Lucia Quachey	Executive Director Ghana Association of Women Entrepreneurs	5:00 - 5:45pm	GAWA HQ

<b>Friday 27 October</b>	Mr. Kofi Adu	CEO, Ghana Association of Private and Voluntary Organizations in Development (GAPVOD)	9:30– 10:00am	GAC HQ
	Mr. Kofi Ampong	President, Wisdom Association		
	Prof. Sakyi Awuku Amoah	Director General, Ghana AIDS Commission (GAC)	10:00 –1:00am	GAC HQ
	Bob Ransom Tony Adu Baffour	Preparation for PAB Debriefing Session	11:30–2:30pm	UNAIDS Office
	All PAB Members	Debriefing with PAB	12:30 –2:00pm	UNAIDS Conference Room
	Ms. Akua Ofori-Asumadu	NPC - Interview	5:00-6:00pm	ILO Project Office

### **ANNEX 3. PERSONS INTERVIEWED BY THE EVALUATION TEAM**

#### **Project Advisory Board (PAB) Members**

1. Mr. E.A. Akuffo, Chief Director, Ministry of Manpower, Youth and Employment (MMYE), PAB Chair
2. Mr. Timothy Ogum, Head, Office of Head of Civil Service, former PAB Chair
3. Mr. Sakyi Awuku Amoa, Director General, Ghana AIDS Commission (GAC)
4. Dr. Warren Maamara, Country Coordinator, UNAIDS
5. Mrs. Rose Karikari Anang, Executive Secretary, Ghana Employers Association (GEA)
6. Mr. Kojo Brimpong, First Vice-Chair, Ghana Trades Union Congress (GTUC)
7. Mr. Kofi Adu, Chief Executive Officer, Ghana Association of Private Voluntary Organizations in Development (GAPVOD)
8. Mr. Kofi Ampong, President, Wisdom Association of People Living with HIV/AIDS
9. Mrs. Lucia Quachey, Executive Director, Ghana Association of Women Entrepreneurs (GAWE)
10. Mr. Peter Wondergem, HIV/AIDS Adviser, USAID

#### **Other Stakeholders/Partners**

1. Mrs. Charity Tufuor-Kwarteng, HIV/AIDS Coordinator, Goldfields Ghana Ltd.
2. Mr. Kwaku Agyeman-Duah, Principal, School of Social Work, MMYE, Osu
3. Ms. Joyce Aryee, CEO, Ghana Chamber of Mines
4. Mr. Alex Afari Yeboah, Human Resource Director and HIV/AIDS Focal Person, Volta River Estates, Ltd.
5. Mrs. Juliet Nyaku, Assistant HIV/AIDS Focal Person, Volta River Estates, Ltd.
6. Alhaji Stephen Dakpo, Regional Chairperson (Greater Accra), Ghana National Association of Garages (GNAG)
7. Mr. John Nimo, Secretary, GNAG Secretary

- | 8. Mr. Prince Osei, Zone 1, Chairman of GNAG
- 9. Mr. Emmanuel Enum, Member of Steering Committee of GNAG
- 10. Mr. Ako Nai Ebenezer, HIV/AIDS Focal Person, Odawna Garages Consortium
- 11. Mr. Charles Asante, HIV/AIDS Focal Person, Ghana Employers Association (GEA)
- 12. Ms. Jemima Allotey, HIV/AIDS Focal Person, Ministry of Manpower, Youth and Employment (MMYE)
- 13. Mr. Ibrahim Musah, Researcher, CTFCD
- 14. Mr. Samuel Smith, Development Consultant, PROLINK
- 15. Mr. Ebenezer Ampaabeng, Multi-Media Specialist, Gladeb Ltd.
- 16. Ms. Dorothy Rozga, Chair, UN Theme Group on HIV/AIDS and Country Director, UNICEF

## **ANNEX 4. INTERVIEW PORTOCOL QUESTIONS**

### **Final Evaluation**

#### **INTERVIEW PROTOCOL QUESTIONS FOR KEY INFORMANTS**

Introduction: Ask the Informant to first describe their involvement in the project and their overall impressions of the project.

1. Was the project strategy appropriate for the situation in Ghana?
2. What was the impact of the project on:
  - a. Government policy on HIV/AIDS in the world of work?
  - b. Employer organization policy on HIV/AIDS and the workplace?
  - c. Trade Union policy on HIV/AIDS and the workplace?
  - d. Policies of the participating enterprises on HIV/AIDS and the workplace?  
Why did they become involved in the project?
  - e. Informal association policies on HIV/AIDS and the workplace?
3. What was the impact of the project on:
  - a. Activities undertaken by the Government to address HIV/AIDS in the world of work?
  - b. Activities undertaken by Employer organizations to address HIV/AIDS in the workplace?
  - c. Activities undertaken by Trade Unions to address HIV/AIDS in the workplace?
  - d. Activities undertaken by the participating enterprises to address HIV/AIDS in the workplace?
  - e. Activities undertaken by informal associations to address HIV/AIDS in the workplace?
4. Was there effective coordination by the project with other actors working on HIV/AIDS in the world of work? Were project activities complementary to the activities of other stakeholders or was there duplication of effort?
5. How well did the ILO/USDOL project link to the national HIV/AIDS strategy, national coordination mechanisms and to other HIV/AIDS and ILO projects in the country?
6. How important was the project in relation to other HIV/AIDS projects in the country?
7. Is the sustainability plan for the project realistic? Why or why not?
8. Will activities initiated by the project be continued and expanded by the partners after the completion of the project? Why or why not?

9. Was the selection of project partners appropriate for the project? Did they involve themselves fully in project activities?
10. Are you familiar with the BCC model used by the project? If yes, how effective do you think it is?
11. How effective was the Focal Point and Peer Educator training of the project?
12. Did you participate in any workshops organized by the project? If so, how useful were they?
13. How effective was the National Project Coordinator? How effective was the support provided by the Project Management Team in ILO Geneva?
14. How active and effective was the Project Advisory Board (PAB) in guiding the project?
15. How effective was the monitoring system used by the project?
16. How effectively did the project consider and address gender issues?
17. To what extent were persons living with HIV/AIDS involved as resource persons in the project?
18. Was the strategic framework of the project effective in guiding the implementation of project activities?
19. Did the project achieve its objectives? If not, why not?
20. What were the principal results of the project?
21. How could the project have been improved?

## **ANNEX 5. LIST OF PROJECT ADVISORY BOARD (PAB) MEMBERS (October 2006)**

1. Mr. E.A. Akuffo, Chief Director, Ministry of Manpower, Youth and Employment (MMYE), PAB Chair
2. Mr. Timothy Ogum, Head, Office of the Head of Civil Service, former PAB Chair
3. Mr. Sakyi Awuku Amoa, Director General, Ghana AIDS Commission (GAC)
4. Dr. Warren Maamara, Country Coordinator, UNAIDS
5. Mrs. Rose Karikari Anang, Executive Secretary, Ghana Employers Association (GEA)
6. Mr. Kojo Brimpong, First Vice-Chair, Ghana Trades Union Congress (GTUC)
7. Mr. Kofi Adu, Chief Executive Officer, Ghana Association of Private Voluntary Organizations in Development (GAPVOD)
8. Mr. Kofi Ampong, President, Wisdom Association of People Living with HIV/AIDS
9. Mr. Simon Acquah, Council of Indigenous Business Associations (CIBA)
10. Mrs. Lucia Quachey, Executive Director, Ghana Association of Women Entrepreneurs (GAWE)
11. Mr. Peter Wondergem, HIV/AIDS Adviser, USAID
12. Mrs. Akua Ofori-Asumadu, National Project Coordinator

## **ANNEX 6. LIST OF TARGETED ENTERPRISES (October 2006)**

### **Government/Public Sector**

- 1.\* Ministry of Manpower, Youth and Employment (MMYE)
- 2.\* Office of the Head of Civil Service
3. \_Ministry of Agriculture

### **Agro Industry**

- 1.\* Volta River Estates, Ltd. (Akosombo) - Bananas
2. Darko Farms (Kumasi) - Poultry
3. Residual Industries of Ghana Ltd. (Kumasi)
- 4.\* Ghana Cocoa Processing Ltd. (Tema) - Cocoa
5. Kassardjian Ltd. (Tamale) – Sheanut Butter

### **Mining Industry**

- 1.\* African Explosives (Tarkwa)
- 2.\* Newmont Mines (Kenyasi)
3. Goldfields Ghana, Ltd. (Tarkwa)

### **Informal Sector**

1. Ghana National Association of Garages (Odawna Garages Consortium, Accra)

\* Participated in Baseline Survey