Final Evaluation—Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase II)

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NOTE ON THE EVALUATION PROCESS REPORT

This independent evaluation was managed by an independent consultant following a consultative and participatory approach.[1] All major stakeholders were consulted and informed throughout the evaluation and its independence was not compromised during the process.

The field mission took place in May 2008. The opinions and recommendations included in this report are those of the author and do not necessarily reflect those of the U.S. Department of Labor, the International Labour Organization, or any other organization involved in the project.

[1] Per Mei Zegers.

ACKNOWLEDGEMENTS

The evaluator would like to commend the entire project team and the backstopping officers at Macro International Inc. for their input into the evaluation process. The evaluation team was courteously and even enthusiastically received by all agencies. The interviewees were cooperative and eager to share their experiences, including successes and constraints encountered. The project staff was very helpful and accommodating despite their busy schedule. The evaluator also thanks all government officials, employers, and workers' organization representatives, civil society representatives, master trainers, and peer educators for their time and for sharing their thoughts and ideas.

EXECUTIVE SUMMARY

The Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase II) project in India has sought to consolidate and build on effective strategies developed under Phase I.

Originally intended to be completed in 2005, the project was extended in Phase II-B to continue through 2008. Since project inception in 2001, India has increasingly recognized the importance of including actions on the prevention of HIV, stigma and discrimination, as well as treatment and/or referral of people living with HIV/AIDS (PLHIV) through workplaces. As will be discussed in the report, the contribution of the project on increased attention to workplace-related HIV initiatives is recognized by tripartite partners associated with the project, which include the National AIDS Control Organisation (NACO) as well as employers and workers organizations.

The project is now in the closing stages of Phase II and was evaluated by an independent evaluator. The purpose of the evaluation was to assess the achievements of the project toward reaching its targets and objectives, as outlined in the cooperative agreement and other project documents.

This International Labour Organization (ILO) project continues to take the lead on efforts to address HIV in the workplace, and focuses on key areas for promoting effective policies, strategies, and actions on HIV in the world of work. The overall objective for the project was to contribute to the prevention of HIV/AIDS in the world of work, the enhancement of workplace protection, and the reduction of adverse consequences on social, labor, and economic development.

The project has seized many opportunities and responded to diverse requests for technical assistance. The design of the project was developed gradually over time. The initial project design of 2001 was adjusted in accordance with field realities, new options, and funding availability. The design and strategic framework of the first phase were logical, coherent, and provided sufficient flexibility for later adaptations. The project was developed in support of the Indian Government's broad strategies to address HIV.

The objectives set out for the project have been achieved through applying concerted strategies and responding to requests for technical support from tripartite and other partners. Other partners include national and local organizations of PLHIV, as well as nongovernmental organizations (NGOs) and international agencies working on HIV issues in India.

A particularly strong point of the project is the creativity—both of individual staff members and some of the project partners—to adapt in accordance with realities and requests from the field.

Considering the conditions under which the project needed to work, the appropriate sectors were targeted. Although selected target sectors were correctly identified for the early stages of the project, interviewees noted that target sectors in need of more attention in the future include migrant workers, construction workers, and agricultural workers on plantations.

Planning, decision-making, and implementation are accomplished by representatives from a tripartite of governments, employer organizations, and worker organizations. Interviewees were very positive about the tripartite approach and there was a high level of satisfaction with

the project. Interviewees often noted the benefit of partnering with the tripartite members to address HIV in the workplace. The linking of tripartite partners was strongest at the national level, where they were represented on the Project Advisory Board (PAB) and participated jointly in all project processes.[2] Cooperation was less visible at state and district levels, although at the corporate level the efforts to improve such cooperation would be beneficial.

In the Indian government, the Ministry of Labor, relevant various training institutes, NACO, and State AIDS Control Society are the principal partners. The project works well with all five major employer federations[3] and several national worker federations.[4] Other important stakeholders at the national level are also associated, such as NGOs and civil society groups representing PLHIV.

Although the project had a principal contact point within the Ministry of Labour and Employment (MOLE), the complexity of the Ministry was both a challenge and an advantage.[5] The large structure of the MOLE and the multitude of offices provided multiple potential points to address HIV in the workplace. At the same time, it also meant that the project team needed to link with several offices to ensure the greatest impact.

The role of the employer federations in promoting attention to HIV in the workplace among their members was important and has increased since the midterm evaluation. Given more time, work with employer organizations could still be improved, as some are not yet fully convinced of the importance of addressing HIV in the workplace. The tripartite partners indicated that their roles were well defined.

The project contributed to the adoption of a range of policies and strategies on HIV in the workplace. The PAB was effective, met regularly, and was highly relevant. The Project Management Team (PMT) served to join decision-makers at the national level to discuss not only issues directly related to the project, but also overall policies, strategies, and actions on HIV in the workplace. We recommend institutionalizing the PMT as a long-term institution focusing on policy and strategy development on HIV in the world of work—beyond the duration of the ILO project. The project has effectively shifted focus to increase national capacity strengthening as well as policy and strategy development, following recommendations from the midterm review of the current project phase.

As the project developed a training and advocacy package with unions, 732 union representatives were trained as trainers/peer educators at national as well as state levels. People living with HIV are key project partners who work with the formal and informal sector on HIV in the workplace. The project worked through government training institutions to reach informal economy workers both in their communities and in their workplaces.

The project worked with the formal sector through a series of different approaches and has been able to achieve a positive impact on the selected enterprises. The corporate group

[2] The Project Advisory Board was called the "Project Management Team."
[3] At the national level, all five of the main national employer federations have been included in various project actions. India Organizations of Employers, Standing Committee of Public Enterprises, Associated Chamber of Commerce and Industry, Confederation of Indian Industries, Federation of Indian Chamber of Commerce and Industries, and Laghu Udyog Bharti.
[4] Three central unions and several state-level unions have also been active in the project. Hind Mazdoor Sabha and the Indian National Trade Union Congress; Council of Indian Trade Unions, and state-level unions such as the Nirman Mazdoor Sangathana, a construction workers' union, Forward Seamen's Union of India.
[5] Relevant offices include the Employee State Insurance Company, Social Security Division; Directorate General, Factory Advice Service and Labour Institutes; V.V. Giri National Labour Institute; Central Board for Workers' Education**;** and Office of the Chief Labour Commissioner.

interviewees and other institutions approached for the assessment were unanimously enthusiastic about the project.[6] There were 213,422 workers reached through the 12 corporate groups in 157 enterprise units across the country. The capacities of enterprises to offer comprehensive HIV policy, programs, and services have been strengthened through the training of 2,303 master trainers. The project worked with 67 state-level enterprises, of which 16 corporate groups have developed their workplace policy and communicated it to their workers. The project supported a total of 466 enterprises in developing workplace policies, of which 139 have developed policy as a result of technical assistance from the project to partners of The U.S. Agency for International Development/India.

Availability of HIV services has improved overall, with a total coverage of 100 percent for HIV education. A range of coverage of between 75 to 83 percent was measured for availability of Sexually Transmitted Infections (STI) Treatment Information Service, Voluntary Counseling and Testing Information Service and Care and support information service. Information on behavior change dates back to 2006 and no updates are yet available. Qualitative information does indicate changes in behavior.

NACO interviewees point out that there is a continued need for some type of follow-up and monitoring system from government or other agencies, especially once a formal enterprise is no longer receiving support from the project.

The project initiated a wide range of actions that are directly or indirectly targeted at HIV issues among workers in the informal economy. Most of the actions are implemented through government agencies, employer organizations, corporate social responsibility programs, unions, and partner NGOs. The project developed innovative means to reach a range of informal economy workers.

The Behavior Change Communication (BCC) approach used in the project appears to be effective; qualitative and some quantitative results confirm this effectiveness. The quality and content of materials developed by the project are good. Interviewees were unanimous in their appreciation of and belief in the methods and materials, noting their positive impact on behavior. Another positive indication is that companies have replicated or adapted the materials at their own cost.

The project used a performance monitoring plan (PMP) associated with a data tracking table to measure progress on indicators.[7] The PMP and its tracking tables was designed using input from ILO headquarters and consultants. The project baseline study was carried out during the first phase. The project staff found that some of the indicators needed for cross-country comparison introduced in the second phase were not well-based in India project actions. At the same time, some of the existing project actions were not reflected among the indicators; thus, the importance of such actions was under-highlighted in the data tracking. The large numbers of indicators need to be reduced to core measures, while additional qualitative monitoring, preferably based within the workplace, needs to be developed.[8]

[6] See Annex 2 for short case studies.
[7] Please note that the performance monitoring plan (PMP) has two sections. The first section measures baseline and impact studies results, while the "data tracking" component in the second part of the plan covers data collected on a 6-month basis. See the PMP project plan for details.
[8] The India Midterm Internal Assessment also recommended more qualitative measures.

The relationship between the project and the U.S. President's Emergency Plan for AIDS Relief has been very good and productive, according to interviewees associated with the project. Overall, cost-effectiveness of the project was good. The project is very well-managed by a dedicated team. The staff has responded well to requests from partners and associates, and has been creative in finding solutions to problems encountered. The experiences acquired in India are already being adopted and replicated in other countries such as Nepal, Pakistan, and Sri Lanka.

Though the project planned for sustainability from project inception, given the size and complexity of the country, the projected success in the area of sustainability has not yet been fully attained. The project has acquired solid experience on developing actions to address HIV in the world of work through a wide range of mechanisms and institutions. A degree of ownership has been realized, but more technical support is needed according to the tripartite constituents.

Select Key Recommendations

1. The project needs more time to consolidate efforts already underway, ensure impact monitoring, and provide technical support for scaling-up. A third phase with funding through the U.S. Department of Labor is recommended.

2. A system for improved tracking of the implementation of policies adopted by the tripartite constituents and their NGO partners needs to be developed.

3. Advocacy is needed for increased budget allocations to national government-level programs that address HIV in the workplace in order to improve long-term sustainability.

4. Gender issues, particularly women's rights, need to be addressed in more detail through capacity-strengthening exercises and in all materials.

5. Indicators should be limited in number, be highly indicative of key impact, and include targets that are based on the level of change that can be expected after analyzing baseline results.

6. Target sectors that need more attention in the future include public sector workers, migrant workers, construction workers, and other informal economy workers.

7. Creating more networks with other ILOs and agencies' projects specializing in livelihoods and skills development would be useful.

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AIOE	All India Organization of Employers
ANC	Antenatal Care
APAC	AIDS Prevention and Control Project
ART	Anti Retroviral Therapy
BCC	Behavior Change Communication
BEST	Brihanmumbai Electric Supply and Transport
BMS	Bhartiya Mazdoor Sangh
CBA	Collective Bargaining Agreement
CBWE	Central Board for Workers Education
CCL	Central Coalfields Limited
CGL	Crompton Greaves Ltd.
CIE	Council of Indian Employers
CII	Confederation of Indian Industry
CITU	Centre of Indian Trade Unions
CSR	Corporate Social Responsibility
DSACS	Delhi State AIDS Control Society
ESIC	Employees State Insurance Corporation
FICCI	Federation of Indian Chambers of Commerce and Industry
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
HMS	Hind Mazdoor Sabha
IEC	Information, Education, and Communication
IIWE	Indian Institute of Workers Education
ILO	International Labour Organization

INP+	Indian Network for People Living with HIV/AIDS
INTUC	Indian National Trade Union Congress
JSACS	Jharkhand State AIDS Control Society
KABP	Knowledge, Attitude, Behavior, and Practices
LUB	Lagoo Udyog Bharti
MDACS	Mumbai District AIDS Control Society
MOLE	Ministry of Labour and Employment
MPT	Mumbai Port Trust
MSI	Management Systems International
NACO	National AIDS Control Organization
NACP III	National AIDS Control Programme III
NGO	Nongovernmental organization
NMS	Nirman Mazdoor Sangathana
NPA	National Program Assistant
NPC	National Program Coordinator
PAB	Project Advisory Board
PAF	Programme Acceleration Fund
PEPFAR	(U.S.) President's Emergency Plan for AIDS Relief
PLH	People Living with HIV
PLHIV	People Living with HIV/AIDS
PMP	Performance Monitoring Plan
PMT	Project Management Team
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
SACS	State AIDS Control Society
SCOPE	Standing Conference on Public Enterprises
SHARE	Strategic HIV/AIDS Responses in Enterprises

STI	Sexually Transmitted Infection
SWOT analysis	Strengths, weaknesses, opportunities, and threats analysis
ToR	Terms of Reference
ToT	Training of Trainers
TSU	Technical Support Units
UNAIDS	United Nations Joint Programme on HIV/AIDS
USAID	U.S. Agency for International Development
USDOL	United States Department of Labor
VCTC	Voluntary Counseling and Testing Centre
VVGNLI	V.V. Giri National Labour Institute
WPI	Workplace Interventions

Definitions: ILO tripartite approach: "The ILO is based on the principle of tripartism—dialogue and cooperation between governments, employers, and workers—in the formulation of standards and policies dealing with labour matters."[9]

Focal Point: The person in a target enterprise or within a stakeholder structure who functions as the particular reference person vis-à-vis the ILO project.

[9] International Labour Organization. (2008a). Tripartite Consultation. Accessed June 19, 2008, from http://www2.ilo.org/global/What_we_do/InternationalLabourStandards/Subjects/Tripartiteconsultation/lang--en/index.htm.

1. INTRODUCTION

The Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase II) project in India has sought to consolidate and build on effective strategies developed under Phase I. Originally intended to be completed in 2005, in Phase II-B the project was extended to 2008. Since project inception in 2001, India has increasingly recognized the importance of including actions on prevention of HIV, stigma and discrimination, as well as treatment and/or referral of people living with HIV/AIDS (PLHIV) through workplaces. As will be discussed in the report, the project's contribution of increased attention to workplace-related HIV initiatives is recognized by tripartite partners and others associated with the project, including the National AIDS Control Organisation (NACO), and employer and worker organizations.

The project is now in the closing stages of Phase II and was evaluated by an independent evaluator. The purpose of the evaluation was to assess the achievements of the project toward reaching its targets and objectives, as outlined in the cooperative agreement and other project documents.

The project focused on key areas for promoting effective policies, strategies, and actions on HIV in the world of work. The overall objective for the project was to contribute to the prevention of HIV/AIDS in the world of work, the enhancement of workplace protection, and the reduction of adverse consequences on social, labor, and economic development.

The *long-term objective* is to be accomplished by pursuing three immediate objectives:

1. Increased capacity of the International Labour Organization's (ILO's) tripartite constituents to adopt and implement effective workplace policies and programs to prevent the spread of HIV and the discrimination and stigmatization of PLHIV.

2. Enhanced tripartite action against HIV/AIDS in the five selected states and the city of Mumbai, covering workers in the formal and informal sectors.

3. Developing a plan of action for Phase III, aimed at a sustainable mechanism for the world of work response to HIV/AIDS.

These *immediate objective*s are supported by the following sub-immediate objectives, developed during the project monitoring plan (PMP) exercise in February 2003:

1. Increased provision of HIV/AIDS programs by tripartite constituents and partner agencies.

2. Improved knowledge about HIV/AIDS transmission and reported behavior change among targeted workers, employers, and employees.

3. Reduced stigma and discrimination in world of work agencies and their partners.

An internal midterm evaluation conducted in 2006 concluded with a number of recommendations that are being implemented in the project—

- More action at the national level rather than direct action at the state level.
- Mainstream HIV/AIDS workplace policy and program in NACO/State AIDS Control Society (SACS) in the National AIDS Control Programme III (NACP III)
- Develop capacity of stakeholders to implement HIV/AIDS workplace interventions in NACP III.
- Monitor implementation of workplace policies adopted by project partners.
- Continue with advocacy and training efforts for constituents and develop management and implementation mechanisms.
- Build capacity of local institutions at regional levels to offer technical assistance for workplace policies and programs.
- Scale up corporate group approach.
- Develop models of action in small and microenterprises as well as for the informal sector and migrant workers.

The purpose of the evaluation was to—

a. Determine if the project has achieved its stated objectives since the internal assessment reports and explain why or why not.

b. Assess the impact of the project in terms of the sustainability of its achievements.

c. Determine the level of satisfaction with project activities by its tripartite constituents.

d. Assess the HIV/AIDS knowledge, attitudes, behaviors, and practices of workers of partner enterprises in the project states of Phase II-B as evidenced by the Data Tracking Table/final survey results.

e. Assess the impact of the project in terms of its contribution toward National Policy/Programs on HIV/AIDS in the world of work.

f. Assess the impact of the project in building capacity of constituents and PLHIV in undertaking advocacy and interventions at workplaces.

g. Provide recommendations for the project in view of its continuation under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

h. Provide recommendations on how to improve project performance and—where necessary—identify the possible need to refine strategy for successful integration of workplace interventions (WPIs) in the third phase of the National AIDS Control Programme in India, the NACP III (2007-2012).

i. Make recommendations to U.S. Department of Labor (USDOL) and PEPFAR on the relevance/nature of further support to ILO in India.

2. PROJECT BACKGROUND

Phase I of the project, implemented from June 2001 through December 2002, focused on mobilizing the tripartite partners and developing training and advocacy tools.[10]

Under Phase II, key achievements of the project included strengthening national policy/legislative frameworks in the following ways:

- Advocacy by the project that influenced the inclusion of statements related to HIV/AIDS in the world of work in national and ministerial HIV policy documents and national planning documents.

- Advocacy and facilitation for Indian Employers Statement of Commitment on HIV/AIDS (2005), a Joint Statement of Commitment on HIV/AIDS of the Central Trade Unions of India (2007), and endorsement of the ILO Code Of Practice by the Indian Network of People Living with HIV/AIDS.

- The project team participated in consultations for the design of the NACP III.

The project also advocated for and provided technical support for the mainstreaming of HIV/AIDS in the Ministry of Labour and Employment (MOLE) and in two MOLE institutions that provide extensive country-wide training.

Collaboration was implemented with—

- NACO and SACS to develop national and state strategies, strengthen capacities, develop guidelines and materials, as well as implement actions on HIV in the world of work.

- Employer organizations by training of employer organization focal points on HIV, development of policies, guidelines, and materials at national, state, and local levels.

- Worker organizations/trade unions, including training of focal persons and trade union representatives at national and state levels and development of policies. Development with worker organizations of guidelines and pilot interventions with migrant workers, railway coolies, rickshaw pullers, and other informal economy workers, including mine workers, was also implemented.

- Nationwide Corporate Group approach through collaboration with 12 corporate groups. All the partner corporate groups are implementing HIV/AIDS interventions in all locations/plants, including with their contractual workers. In addition, the project has worked with 67 state-level enterprises in developing policy and implementing programs.

[10] Information obtained through interviews and reviews of multiple progress reports and project summaries. See reference list.

Other collaborating partners include V.V. Giri National Labour Institute, Central Board for Workers Education, Indian Network for People Living with HIV/AIDS, and U.S. Government-supported projects such as those with Population Services International.[11] Additional details on recent achievements under Phase II are included in Annex 1. Examples from project activities are used to illustrate some of the evaluation findings.

[11] See Annex 2 and 3 for details.

3. STUDY METHODOLOGY

The fieldwork for the final evaluation was mostly carried out during the evaluator's mission to India in May 2008, encompassing a larger cross-country study of the Strategic HIV/AIDS Responses in Enterprises (SHARE) program. Much information that was collected was deemed useful for a final evaluation. Information was updated through a phone conference with the project team and the analysis of updated materials in September 2008.

To ensure a thorough evaluation, the evaluator used a combination of methods so that a well-rounded evaluation could be carried out:

- Document review, including direct project-related documents, existing national policies and frameworks, as well as the overall context of India with respect to HIV prevalence in different categories of the population, and other potential issues of importance.
- Background interviews with ILO headquarters.
- Study of the linkages of the project to the existing national and decentralized structures.
- Study of the ILO guidelines, toolkit, and other materials developed by the project.
- Study of the results of baseline and post-project surveys to determine their validity and relevance.
- Individual discussions with other donors and agencies working on HIV, particularly those also addressing HIV in the different work settings or providing coordination support. Interviews with the associated partners of PEPFAR.
- Individual interviews and/or focus group discussions carried out with stakeholders from a wide range of groups.
- Individual and small group discussions with project staff in the central office and elsewhere as relevant to the country situation.
- Observation of the stakeholders and their work in different settings as well as their networking actions.
- Discussions with project staff in India to validate some findings.

Stakeholder categories interviewed during the study

- Project staff
- Ministry of Labour and Employment National AIDS Organization (government)
- Employer organizations (federations at national and/or provincial/state level)
- Worker organizations (federations at national and/or provincial/state level)
- Nongovernmental organization (NGOs)
- State AIDS Commissions

- Individual enterprises, including employees in management and peer trainers
- Informal economy representatives

The evaluation team first met with senior project staff, after arriving in the country in May 2008, to finalize the issues and address and obtain their further input into the study.[12] This was followed by a briefing from the project staff and initial joint discussions. Further meetings were held with other relevant stakeholders in the capital and other parts of the country (see Annexes 2 and 3). Individual and focus group interviews with stakeholder representatives covered a wide range of subjects to ensure that all issues were discussed.

The project staff developed the list of interviewees and schedule in concert with the evaluator to ensure that all relevant stakeholders were included. The short timeframe did not allow the evaluator to meet all of the many individuals involved with the project in different ways. The evaluator does believe, however, that all the key stakeholders at national level were interviewed and are a good representation of local-level partners. At the local level, the evaluator interviewed management staff from enterprises, enterprise and trade union master trainers and peer educators, trade union representatives, and state AIDS control representatives.

Note: The Terms of Reference (ToR) for the cross-country study on the SHARE program conducted in May 2008 included many questions that are traditionally included in final project evaluations. The responses gathered to answer the questions in the cross-country study were combined with additional questions in the ToR for the final evaluation.

To facilitate review, the questions are quoted directly in the text and their source is clearly indicated (i.e., whether they are from the original cross-country study or additional questions for the evaluation).

[12] See Annex 3 for a list of interviewees and senior staff.

4. FINDINGS: IMPLEMENTATION ANALYSIS

The project has seized many opportunities and responded to diverse requests for technical assistance. Analyzing and assessing the project activities was a complex task. To do justice to the project and report areas for possible improvement, it is necessary to discuss findings in greater detail than is required under the evaluation's ToR. To avoid lengthy discussions, there are examples and justifications of the findings (discussed in the body of the report) included in Annexes 2 and 3.

Final evaluation ToR question: What are the best practices/models developed by the Project?

The best practices and models developed by the project are indicated specifically in the report under Best Practice and/or Model, and also included in Annex 2.

Final evaluation ToR question: How has the India program evolved?

This question is addressed in Sections 4.1 and 4.3, with further information in other sections.

4.1. Analysis of Project Design

India component cross-country study ToR question: Is the design and strategic framework logical and coherent?

The design of the project was developed gradually over time. The initial project design of 2001 was adjusted in accordance with field realities, new options, and funding availability. The design and strategic framework of the first phase were logical, coherent, and provided sufficient flexibility for later adaptations. The project found that the strategic framework as represented in the Generic Strategic Framework and the first part of the PMP are very useful for advocacy purposes. They were used to clearly indicate to partners what the overall purpose of actions on HIV in the workplace entailed. Important partners such as NACO and the Council of Indian Employers reported that, in their opinion, the overall program design was good.

The project avoided the straightjacket of a rigid logical framework in the second phase and worked with conceptual frameworks instead. The frameworks were described in concept notes and work plans. This has allowed the project to continue to have the flexibility of a pilot project to experiment with and develop innovative approaches. Innovative approaches included identifying and working with a range of other partners not included in the original project design. This included successfully promoting and integrating awareness-raising efforts and detailed information in training courses within the curriculum of national training institutes. One agency trains labor officers, both across India and even internationally, while another reaches trainers working with the population at the community level. This flexibility also allowed for adjustments in accordance with NACO policies and priorities.[13] The model developed in India included adaptations for different sectors and types of target groups.

A particularly strong point of the project is the creativity of both individual staff members as well as of some of the project partners in adapting in accordance with realities and requests from the field. In the initial pilot phase, the project staff exhibited a willingness to learn from others and reorient the design. The representative of the Indian Network for People with

[13] Some of the policies and priorities were also influenced by the project input.

HIV/AIDS noted that their input and comments were seriously considered and the project design was adjusted accordingly.[14] The project staff further sought and made full use of opportunities to link to various agencies and interested partners.[15]

Perceptions of stakeholders on how to approach HIV in the workplace and its issues changed over time as the model continued to be implemented. Efforts in the initial phase focused on awareness raising and method development in workplaces and with tripartite partner organizations. The project later adapted actions to increasingly focus on areas that were found to need additional attention, mostly at the request of stakeholders. These included national- and state-level policy and strategy development, as well as the capacity building of a network of "champions" on the issue of HIV in the workplace.

India component cross-country study ToR question: Provide an overview of the way in which the USDOL-funded program fits into existing government to combat HIV/AIDS.

The project was developed in support of the Indian Government's broad strategies to address HIV. The Government of India established NACO in 1992. The project started implementation under the second National AIDS Control Program, which began in 1999 and ended in 2006.[16] Focus under the second NACP was on targeted interventions for high-risk groups, *preventive interventions among the general population,* and involvement of NGOs and other sectors and line departments such as education, transport, and police. The project contributed to the NACP III by ensuring effective integration of HIV in the workplace. NACO recognized the role of ILO, as reflected in its message of introduction to the Indian *Employers' Statement of Commitment on HIV/AIDS,* stating that: "The ILO code of practice mirrors the vision and action statements in India's National AIDS Prevention and Control Policy."[17]

Before the project startup in 2001, there were few focused initiatives on HIV in the workplace. A few other agencies had undertaken efforts that did affect workers in various settings, but these did not result in programs that were fully integrated into the workplace. The ILO project continues to take the lead on efforts to address HIV in the workplace. Donors and NGOs seek and receive technical input and support from the project.

4.2. Project Objectives

Final Evaluation ToR question: Determine if the project has achieved its stated objectives since the internal assessment reports and explain why/why not.

The project has achieved its objectives through the applications of concerted strategies and responding to requests for technical support from tripartite and other partners. Other partners include national and local organizations of PLHIV, NGOs, and international agencies working on HIV issues in India. This question is discussed in the remaining sections, and the project objectives are cited in Section 1.

[14] Celine D'Costa.
[15] As one partner NGO representative noted, project staff were willing to invest time in the initiatives of others. Mr. Sanjay Chaganti, Programme Director, PSI.
[16] World Bank (2007).
[17] Indian Employers Organisations of India. (2005). Indian Employers' Statement of Commitment on HIV/ADS. ILO. Geneva and New Delhi, p. 3, para. 2.

4.3. Project Startup

India component cross-country study ToR question: Review of project startup process, launch quality. How well did this provide a good basis for the implementation of an effective project?

Preliminary consultations were conducted with ILO's constituents and other project partners before officially launching the first project in 2001. The design and work plan were adapted based on stakeholders' inputs. New phases were planned with stakeholders' inputs through the Project Advisory Board (PAB), which is called the Project Management Team (PMT) in India.

4.3.1. Selection of Target Sectors

India component cross-country study ToR question: Assess the process for the selection of target sectors and the effectiveness of the mapping exercise. Were the appropriate sectors (formal and informal) targeted based on the prevalence data and within the context of the project? If not, how could workers have been better targeted?

Although the evaluation concentrates on recent project work, it is important to trace and assess the evolution of the project in terms of targeting to understand current efforts. For this reason, the evaluator has included some comments to summarize answers to the questions on targeting.

Considering the conditions under which the project needed to work, the appropriate sectors were targeted. The question on the selection of target sectors is a difficult one, however.[18] The project worked with different types of businesses through a range of mechanisms. The project initially faced some constraints in terms of selection of target sectors. Donors and national partners had already allocated priority states to implementing agencies working on HIV issues in accordance with high HIV prevalence. NACO, in its role as a key PMT member, requested that the project concentrate on three states with low prevalence and less well-developed programs on HIV to ensure greater overall coverage of areas of the country.[19] The choice was, therefore, initially based on a geographic selection of areas for intervention and not primarily by sector. The project then implemented a rapid assessment/mapping exercise which contributed to the selection of sectors that would be highly relevant to addressing HIV within each state.

The selection of three relatively low prevalence states hampered project implementation in several ways. The project had to overcome greater challenges to successfully advocate with their partners that HIV is an issue that deserves attention. Many companies and organizations were not easily convinced that they should invest time, effort, and financial resources into programs on HIV in the workplace. At the same time, the project was able to realize actions in the three states; thus, demonstrating that even in low prevalence states it is possible to

[18] The definition of what is meant by "target sector" depends on the country and the interviewee. The evaluator did not impose a definition of "target sector," preferring to allow interviewees to freely associate their responses to obtain a better idea of how groups are viewed. Some interviewees defined target sectors as either formal or informal, by type of industry, or by type of workers such as migrant workers, day wage workers, and contractual workers.

[19] The argument for this allocation of states was to ensure greater coverage of programs across the country by different agencies working on HIV.
Madhya Pradesh, Jharkand and West Bengal. In 2007 the prevalence in these three states was still less than 0.2 percent (UNAIDS & WHO, 2007).
The Project Advisory Board together with the National AIDS Control Organisation determined the locations.

implement preventive actions. This experience proved valuable in the current phase when the project has increasingly moved away from direct action and more toward providing technical support.

Since 2002, the city of Mumbai has also been included. Delhi has also been added and the project has been able to reach other areas through its tripartite partners that have initiated and/or expanded their actions to their workers and/or members in other states. Other NGOs support the tripartite partners in research and training.

The project concentrated initially on formal economy workers. The project needed to prove effectiveness and achievable working models on HIV in the workplace. The experience gained in the formal sector, while using different tools than those needed for informal economy workers, was valuable and proved to be a good starting point. The advantage of working with the formal sector is that it offered an opportunity to sensitize employers' organizations and unions. This has proved particularly important in the current phase of the project where actions were also channeled through unions.

Although the project correctly selected target sectors for the early stages of the project, interviewees noted that target sectors that need more attention in the future include migrant workers, construction workers, and agricultural workers in plantations. Migrants, as in most countries, are vulnerable because they are mobile and away from traditional social control. The NACO representative also noted that a more solid model is needed to reach migrant laborers in a next phase of the project, and that several strategies may be necessary depending on the exact situation. Other areas in need of more attention in the future are the numerous small enterprises and medium enterprises, since they were under-highlighted in the project. Most direct efforts were directed at large companies or informal economy workers. Resources to reach small and medium enterprises are limited and such companies are less likely to be willing to provide internal resources to finance actions on HIV. Encouraging employer and worker organizations to involve small and medium enterprises in their HIV-in-the-workplace efforts can be helpful to attain this aim. The project is making attempts in this direction, and the key sectors that are identified and proposed in the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) Round 8 proposal, led by MOLE, focus on informal economy workers in four sectors that engage a large number of migrants: construction, garment and textile, manufacturing, and mining.

4.4. Enabling Environment National Level

The ILO model of development is grounded in a concerted tripartite approach. Planning, decision-making, and implementation are oriented through representatives from the tripartite of governments, employer, and worker organizations. In the Indian Government, the principal partners are the Ministry of Labor, relevant various training institutes, NACO, and SACS. The project works with all five major employer federations[20] and several national worker federations.[21] Other important stakeholders at the national level are usually associated, such as NGOs and civil society groups representing PLHIV.

[20] At the national level, all five of the main national employers' federations have been included in various project actions. India Organizations of Employers, Standing Committee of Public Enterprises, Associated Chamber of Commerce and Industry, Confederation of Indian Industries, Federation of Indian Chamber of Commerce and Industries, and Laghu Udyog Bharti.

[21] Three central unions and several state-level unions have also been active in the project. Hind Mazdoor Sabha and the Indian national Trade Union Congress, Council of Indian Trade Unions, and state-level unions such as the Nirman Mazdoor Sangathana, a construction workers union, Forward Seamen's Union of India.

4.4.1 The Tripartite Framework

India component cross-country study ToR questions: Assess the effectiveness and efficiency of this framework. What were the major challenges and opportunities in utilizing the framework in developing policies and programs for the prevention of HIV/AIDS in the world of work? Did the program improve coordination and cooperation between tripartite constituents and other partners at the national level? Have levels of workplace collaboration and commitment by labor and management increased due to project intervention?

Final Evaluation ToR question: Determine the level of satisfaction from project activities by its tripartite constituents.

Interviewees were very positive about the tripartite approach and their level of satisfaction with the project. Interviewees commonly noted the benefit of associating the tripartite members to address HIV in the workplace. The tripartite partners did note some areas that could be improved, but these were largely related to their desire to increase reach and obtain further technical support. The linking of tripartite partners was strongest at the national level, where they were represented on the PAB and participated jointly in all project processes.[22] Cooperation was less visible at state and district levels, although at corporate level and efforts to improve such cooperation would be beneficial. Workers and employers at the enterprise level often found HIV to be a rallying point for joint efforts.

Best practice: The project developed a strong tripartite framework, which they preferred to call the "tripartite plus." The association of representatives of PLHIV was a "plus" element in the literal and figurative sense. The project team considered the contribution of PLHIV as vital in the entire project cycle and through all phases of the project. (See Annexes 2 and 3 for further details on the role of PLHIV).

Aside from MOLE and its implementing agencies, NACO and the SACS were directly involved with project activities.

Best practice: The project was successful in building partnerships between NACO, the SACS, and the trade unions through pilot actions such as in Mumbai and in Kolkata. Such efforts need to be scaled up, although primary responsibility needs to be focused through NACO to the SACS.

Though the project had a principal contact point within MOLE, the complexity of the Ministry was both a challenge and an advantage.[23] The large structure of MOLE with its multitude of offices provided multiple potential points to address HIV in the workplace. At the same time, it also meant that the project team needed to link with several offices to ensure greatest impact.

The HIV workplace thematic areas are currently placed under the Information, Education, and Communication (IEC) component in NACO. This limits the reach of the HIV workplace initiatives, since many more aspects than just IEC need to be addressed for effective impact.[24] Project representatives indicate that under the NACP III, HIV in the workplace is more

[22] The Project Advisory Board was called the "Project Management Team."

[23] Relevant offices include the Employee State Insurance Company, **Social Security Division**; Directorate General, Factory Advice Service, and Labor Institutes; **V.V. Giri National Labour Institute;** Central Board for Workers' Education**;** Office of the Chief Labour Commissioner.

[24] As listed in the ILO Code of Practice on HIV/AIDS in the Workplace.

broadly considered than under previous national programs, but there is still room for improvement.

Efforts to address HIV in general have been mainstreamed into 31 state ministries and departments. Each of these organizations has one dedicated HIV/AIDS unit with at least one focal person on their staff. NACO will continue to play a coordinating role, but ministries will increasingly address HIV issues as relevant to their own areas of concentration. This means that the project and others working on HIV in the workplace will increasingly need to associate a range of departments to be effective.

Linkages between ministries, such as between the Ministry of Health and the Ministry of Labour, could use improvement. Currently, the efforts of the project and of HIV in the workplace in general are channeled in cooperation with NACO. While NACO should continue to play an important role, the mainstreaming approach offers opportunities to create synergies that need to be seized. The project could contribute much expertise to this process through the provision of technical support in a potential Phase III of the project.

The role of the employer federations in promoting attention to HIV in the workplace among their members was important and has increased since the midterm evaluation. As one SACS specialist indicated, some companies only cooperated because of pressure from their employers' federation.

The project staff did note that work with employer organizations could still be improved, as some are not yet fully convinced of the importance of addressing HIV in the workplace. The five main employer federations did jointly issue a common formal statement of commitment on HIV. NACO has integrated the text of the ILO *Indian Employers' Statement of Commitment on HIV/AIDS* on their Web site.[25]

Union workers at the local level often lack the capacity to implement actions in general. Continued capacity strengthening in all areas and at all levels, including on HIV and on advocacy skills, is vital for continued success. Methods such as role-playing discussions on HIV can be further scaled up to increase comfort levels for discussing sexuality.

Several issues over which the project has little control also influence implementation quality. Most unions have limited budgets, as membership fees are very low.[26] Union leaders note that they lack the funds to hire sufficient staff. Unions need to become more formalized so that better staff can be hired who will be more accountable.

India component cross-country study ToR question: Were exact roles and expectations of the tripartite partners well-defined and understood, as evidenced by levels of activity, participation, and buy-in to the tripartite framework?

The tripartite partners indicated that their roles were well-defined. They also understood their roles as evidenced by the levels of activity, participation, and buy-in to the tripartite framework. Joining together in the tripartite to address the issue of HIV in the workplace was a new experience for most stakeholders, which they found to be useful.

[25] National AIDS Control Organisation. (2005). *Indian Employers' Statement of Commitment on HIV/AIDS.* Geneva: International Labour Organization. Accessed on October 6, 2008, from http://www.nacoonline.org/Quick_Links/Publication/IEC_Mainstreaming_and_Social_Marketing/Others/ILO_Indian_Employers_Statement_of_Commitment_on_HIVAIDS/.

[26] In one example, the membership fee is generally only 3 to 10 Rupees per year, less than $0.25 cents.

Best practice: The project is careful about how to offer advice and opinions and does not force—or even push strongly—their point of view on tripartite partners. The project staff recognize that true acceptance of the necessity to address HIV in the workplace cannot be forced.[27]

4.4.2. National Policy and Legal Framework

India component cross-country study ToR questions: What were the critical factors at the national level that led to the passage of HIV/AIDS workplace policy legislation? Are these policy or legislative changes being enforced? If not, why not? Did the national policy have any impact on any of the enterprises under the project? By the end of the project, have the tripartite constituents been sensitized and mobilized to develop policies and programs for the prevention of HIV/AIDS in the world of work?

Final evaluation ToR question: Assess the impact of the project in terms of its contribution toward National Policy/Programs on HIV/AIDS in the world of work.

The project contributed to the adoption of a range of policies and strategies on HIV in the workplace. The ILO Code of Practice was one of the tools that were used to inspire and formulate a number of the policies. (See Annex 1 for details). The ILO Code of Practice was officially endorsed by NACO in 2006. The project and its tripartite partners are seen as vocal and effective advocates on policy and legal framework development. The main challenge to passing additional laws and adopting policies is due to bureaucracy, as opposed to any lack mobilization of the tripartite constituents and their partners.

MOLE and NACO have drafted a National Policy on HIV/AIDS and the World of Work, which is in the process of finalization. NACO has repeatedly mentioned the importance of private sector involvement and addressing HIV in the workplace in official documents, guidelines, and on their Web site.[28] One set of guidelines on working with migrants and truckers, for example, includes a section entitled "NACO guidelines on strengthening HIV/AIDS interventions in the world of work in India."[29]

The *Indian Employers' Statement of Commitment on HIV/AIDS* was facilitated by the ILO project, NACO, and MOLE in 2005, and is published on the NACO Web site. [30] A Joint Statement of Commitment on HIV/AIDS of the Central Trade Unions of India endorsing the ILO Code of Practice on HIV/AIDS was adopted in 2007. The Indian Network of People Living with HIV/AIDS (INP+) has also endorsed the ILO Code of Practice as the key instrument for reducing HIV-related stigma and discrimination, and protecting rights of PLHIV at workplaces. The INP+ has over 100,000 members. The ILO project and project stakeholders have contributed to the development of strategies for the NACP III. A draft law on HIV has been submitted to the government, but adoption procedures are still in progress.[31]

[27] See Annex 2 for important examples of this finding.
[28] National AIDS Control Organisation (2008). National AIDS Control Organisation (2007).
[29] National AIDS Control Organisation (2007).
[30] National AIDS Control Organisation. (2005). *Indian Employers' Statement of Commitment on HIV/AIDS.* Geneva: International Labour Organization. Accessed on October 6, 2008, from http://www.nacoonline.org/Quick_Links/Publication/IEC_Mainstreaming_and_Social_Marketing/Others/ILO_Indian_Employers_Statement_of_Commitment_on_HIVAIDS/.
[31] Ministry of Law and Justice (2006).

The extent of implementation of policies that have already been adopted has not yet been monitored. A system for improved tracking of the implementation of policies adopted by the tripartite constituents and enterprises needs to be developed.

4.4.3. The Project Management Team[1]

India component cross-country study ToR questions: Assess the PAB in terms of efficiency, overall effectiveness, and relevance in achieving project objectives. What does the PAB's strengths or weaknesses reveal about sustaining project activities over the long term?

The PMT is composed of representatives of the tripartite structure as well as the INP+. It is quite common for structures such as the PMT, which are supposed to provide input and guidance into the functioning of a project, to be relatively ineffective. The PMT, however, played a useful role, was effective, met regularly and was highly relevant. The PMT served to unite decision-makers at the national level to discuss not only issues directly related to the project but also overall policies, strategies, and actions on HIV in the workplace. The role of PLHIV in the PMT has been very important. However, in some meetings, organizations have sent consultants instead of senior decision-makers who do not have the institutional history in mind.

Institutionalization of the PMT as a long-term institution focusing on policy and strategy development on HIV in the world of work beyond the duration of the ILO project is recommended.

4.4.4. Capacity Strengthening

India component cross-country study ToR question: Can the project be attributed with increasing the capacity of tripartite constituents to support development of workplace policy and programs? If not, why not? If so, is this capacity now sustainable without external funding, guidance, or any other support?

Final Evaluation ToR question: Assess the impact of the project in building the capacity of constituents and PLHIV in undertaking advocacy and interventions at workplaces.

The project has been working with representatives of the tripartite constituents since 2001. Their capacities have been strengthened at national and state levels to support the development of workplace policy and programs. During the last 2 years the project has increasingly focused on capacity strengthening of implementing partners through the provision of technical support.

The project shifted focus to increase national capacity strengthening, policy, and strategy development after the midterm review of the current project phase. The midterm evaluation report recommended shifting away from direct enterprise involvement in workplace interventions. The project staff and the evaluator concurred that resources were being wasted by continuing to place high focus on individual companies while well-functioning national structures were more important in the long term.

The current consultant-assessing the model for the cross-country study notes that acquiring experience directly by working with individual enterprises is also very important. The approach used in the model to work through enterprises, at least in the initial stages, ensures that the project acquires necessary experience and insight into effective workplace approaches. It is difficult for project staff to provide credible and useful technical support to

senior tripartite representatives without being able to quote direct experience in enterprises and other workplaces. The senior tripartite representatives also need to acquire the technical expertise to ensure that their staff and constituents are able to implement effective programs. The project developed a series of case studies based on the different actions developed in the project, which are also used for technical capacity strengthening.

The project has contributed to improving government capacities to implement HIV programs in the workplace through technical support on linking strategies and mainstreaming. National-level decision-makers state, however, that they still request continued technical support from the ILO, particularly to assist with scaling up efforts.

One of the most important initiatives to strengthen capacities of government staff was to assign a person specialized in HIV in the workplace to the SACS in Mumbai and Delhi, as well as in the states of Jharkhand and Goa. The approach was so successful that it has been integrated into the NACP III through a strategy to assign a state-level specialist on mainstreaming HIV workplace efforts in key departments, agencies, the public sector, and other companies. Although this position is be institutionalized within the SACS during the NACP III, there is currently a gap in some locations. In Mumbai, for example, the person assigned has left and no new person has been assigned to take her place. There will be a need for continued technical assistance to ensure the effective mainstreaming and interstate sharing of experiences with those states that have already had experienced specialists.

Some corporate group representatives noted that they did not always obtain the support they needed from SACS, particularly in places where no specialist is assigned to cover HIV in the workplace.[32] Excuses such as "I do not have time to come and assist" were common.

Some SACS offices are not very interested in assigning a person to concentrate on issues relating to HIV in the workplace. As one project staff member noted, "The ILO can only take this to a certain point, they [SACS] then need to take it to the next level. Although they do see its importance and it was done through a consultative process, it still needs to be institutionalized." Including such technical experts is a question of urgency and prioritizing.

Delhi SACS workplace coordinators indicated that it was difficult to reach and cooperate with unions prior to the ILO project. The project assisted with capacity strengthening and advocacy work with the unions, and the problem has been largely resolved. The workplace coordinators also stressed that it is insufficient to have a workplace coordinator at the state level; district-level coordinators are also needed.

The current design of the HIV in the workplace efforts in India is focused on organizations and government agencies at different levels, but coverage is not even. Many states cover large areas and have very large populations. District-level capacity strengthening should also ultimately be provided to government authorities, as well as employer and worker organizations for more direct impact. Some of the interviewees—particularly from the employer and worker organizations—requested more training on planning, managing, and monitoring a program on HIV for their membership.

Training of master trainers among employer and worker organizations, as well as various government training departments, has also been a key project activity. The project

[32] It is important to note that this is not due to any shortcoming from the project, but rather is an issue that is inherent in the SACS operations.

strengthened the capacities of the V.V. Giri National Labour Institute (VVGNLI) and the Central Board for Workers' Education (CBWE). VVGNLI and CBWE are training agencies under the responsibility of the MOLE.

Although capacities have been strengthened, it is important to bear in mind that other factors also influence effective implementation. In the case of the CBWE, for example, one of the interviewees pointed out that the bureaucracy within the agency is overbearing. The interviewee was responsible for implementing a project on HIV with informal economy workers in a particular location. The interviewee noted that he must ask permission for every step he needs to take when implementing an action. He also noted that he was given very little time to implement the actions on HIV assigned to him. Such challenges raise concerns about scaling-up and sustainability.

A representative of the Delhi Network of People Living with HIV emphasized that it is not possible to develop any program for capacity strengthening that will be similar in every state. It is important to tailor capacity strengthening to the local economic, sociocultural, and political situation. Gender issues, particularly women's rights, need to be addressed more in the capacity-strengthening exercises.

The project maintained the quality of training through monitoring and follow-up by project staff. The project elected not to divide tasks by type of expertise in, for example, behavior change communications, training, and/or policy development. Aside from the project director and the monitoring and evaluations staff, each member of the staff is responsible for a certain number of corporate groups and/or institutions as a whole. This allows for focused and consistent relationship building with good tracking of the effectiveness of implementation.

National, state, and district capacities for developing a flexible approach to implementing a model on HIV in the workplace still need to be strengthened. Another important factor to consider is that the epidemiological, economic, and sociocultural setting are in a constant state of change. The project is currently building up its own capacities to provide strengthening on flexibility to their stakeholders.

Some of the interviewees noted that national capacities of agencies providing diagnostics, care, and support as well as general nondiscrimination in health care also need to be strengthened.[33] Developing greater awareness among enterprises and workers of all types is not sufficient enough to improve the situation of HIV in the workplace if coverage and quality of services in the locality are insufficient.[34] Capacity strengthening of health service providers is beyond the scope of the project, but further development of the skills of tripartite partners to advocate for such services would be useful.

The current approach concentrates to a large extent on workers in their place of work as opposed to including their situation in their community. A fresh look needs to be taken at how the HIV in the workplace model can be linked to the wider socioeconomic structure. Increased capacity strengthening at enterprise level to promote nondiscrimination beyond the immediate enterprise deserves some increased attention. Corporate groups are reaching out beyond their workplaces to supply chains, local communities, and others. Project

[33] Interviewees from individual enterprise representatives, unions, and PLHIV all mentioned this bottleneck to improved programs on HIV in the workplace.

[34] Some enterprises have in-house health services, but most do not have the resources to provide a full-scale voluntary counseling and testing service, let alone quality health care and support services for PLHIV. Most such services are available, but distance and quality of care are major issues in many areas.

stakeholders still lack sufficient capacities to address such issues in the wider society, and more technical support will be necessary to ensure that existing trainers and peer educators can reach out to such groups.

India component cross-country study ToR question: Has the project sufficiently identified and set up a panel of national consultants/trainers?

The project trained a series of master trainers who can also train future master trainers. They form a panel of mostly NGO staff and consultants who can be contacted for training and capacity strengthening efforts on HIV in the workplace. The project prepared a list of people that can be consulted by potential agencies, companies, and other organizations interested in accessing their skills. At the same time, the size of the country means that a much larger cadre of specialists needs to be trained. The MOLE interviewees noted that the number of master trainers and managers who are knowledgeable on HIV is still not sufficient.

4.5. Analysis of Project Implementation in the Formal Economy

India component cross-country study ToR questions: What has been the overall impact of the project on selected enterprises? Number of enterprises and workers reached? Have the capacities of selected enterprises to offer comprehensive HIV/AIDS policy, programs, or services on a sustained basis increased since the project was implemented?

Final evaluation ToR question: Assess the HIV/AIDS knowledge, attitude, behavior, and practices of workers of partner enterprises in the project states of Phase II-B as evidenced by the Data Tracking Table/final survey results.

The project worked with the formal sector through a series of different approaches. The project has been able to achieve good impact on the selected enterprises. The corporate group interviewees and other institutions approached for the assessment were unanimously enthusiastic about the project.[35]

It is difficult to give an exact answer to the question of the number of enterprises and workers reached. Many workers were reached directly through programs developed with the technical support of the program, such as through the corporate groups. Others workers are being reached through programs currently being developed by tripartite and other agencies that have benefited from capacity strengthening through the project.

An analysis for this component of the evaluation needs to consider that, since the recommendations of the midterm evaluation in 2006, the project has refocused its efforts. The project has directed its strategies away from direct implementation with corporate groups and toward more technical support at the national level and through other implementing agencies. Nevertheless, the project has continued to provide support to new corporate groups and institutions and through U.S. Agency for International Development (USAID) partners as part of the PEPFAR program.

In 157 enterprise units across the country, the number of workers reached through the 12 corporate groups is 213,422. The capacities of enterprises to offer comprehensive HIV policy, programs, and services have been strengthened through the training of 2,303 master trainers. The project worked with 67 state-level enterprises, of which 16 groups have

[35] See Annex 2 for short case studies.

developed their workplace policy and communicate it to their workers. The project supported a total of 466 enterprises in developing workplace policies, of which 139 have developed policy as a result of technical assistance from the project to partners of USAID/India. Availability of HIV services has improved overall, with a high coverage of 100 percent for HIV education. A range of coverage of 75 to 83 percent was measured for availability of Sexually Transmitted Infections (STI) Treatment Information Service, Voluntary Counseling and Testing Information Service and Care and support information service.

Condom availability scored somewhat lower (58%), but interviewees in at least one company noted that condoms are readily available in vending areas near worksites. Placing condom vending machines within workplaces requires a great deal of discussion within the companies, which is the principal reason for not having 100 percent coverage. Condom distribution is somewhat uneven across the partner corporate groups. During the first year of project implementation, most companies did not provide condoms. In the second year they sometimes placed vending machines or referred workers to locations where they could obtain them. In the Mumbai Port Trust program, for example, condoms are offered free of charge at the end of any training or counseling session. The Mumbai Port Trust already provides condoms to individuals requesting them in their hospital, but they are also in the process of identifying locations for installing condom vending machines.[36]

4.5.1. Analysis of Impact on Behavior Change

The most recent impact survey conducted in India was in 2006, prior to the midterm review. The data collected in the baseline and impact assessments is reported in the project's data tracking tables. Baseline data on some indicators was not available for comparison to the impact survey. Development Objective 1, Reduced Level of Employment-Related Discrimination Against Persons Living with HIV/AIDS, for example, was not available because it was not included in the original baseline survey. The baseline survey was carried out prior to the development of the PMP with its development indicators.

Where data are available, improvements could be noted in the following areas:

- Condom use with a person who is not their spouse (56 to 89 percent)
- Percentage of targeted workers who report a supportive attitude toward HIV-positive coworkers (60 to 83 percent)
- Percentage of workers who could identify all four modes of HIV transmission (70 to 82 percent)
- Percentage that can identify two symptoms of STIs (37 to 52 percent)
- Percentage of workers who report using HIV services in the past 6 months (0 to 80 percent for HIV education and 48% for condom availability)
- Percentage of workplaces with a written HIV policy (0 to 75 percent)

[36] Annex 2 includes some short case studies of project actions and partnerships.

- Increased Availability of HIV/AIDS Workplace Services (approximately 0 to 75 percent and higher)

- Coverage of increased capacity of tripartite constituents to support development of workplace policy, program, and advocacy has increased to between 3 and 5 percent, depending on the type of constituent.

Overall, the evaluator noted through a qualitative assessment during the evaluation that attitudes toward PLHIV, stigma, and discrimination had improved. Interviewees were vocal in describing how their attitudes had changed since they had become involved or were affected by the project. Impact data do not show such a clear cut result, but this can be partially due to the way it was measured. Willingness to live in the same house with a person who is living with HIV has surprisingly decreased somewhat, from 77 to 60 percent. This may be, however, because 100 percent are willing to share a room with a person living with HIV and the question was not well understood by some within the context of India. Many workers share rooms where they stay and those would be considered their homes.

Best practice: The corporate enterprise model is implemented through a series of steps that have proved effective. Advocacy is first implemented with senior management, mostly the CEO and/or other high-level individuals who then nominate a focal point, often a Human Resources staff member or Medical Services staff member. All initial work is channeled through these high-level persons who are also kept informed of all progress. The corporate groups set up an internal committee on HIV/AIDS, which develops the specific program for their particular company. All actions within the corporate groups are financed by the companies; the project only provides technical support and some training materials. Baseline studies are implemented in each company to determine the exact knowledge, attitudes, and practices of the worker areas relevant to HIV.

The project further worked through the MOLE institutions, VVGNLI, and CBWE. These institutions have a wide range of training programs targeting government employees, as well as formal and informal economy workers. (See Annexes 2 and 3 for details of these and other government institutions to which the project has provided training and other support).

The project trained focal points in employer organizations. The project also worked with state-level chambers of commerce to engage them in HIV/AIDS programs. One of the employer organization representatives who were interviewed for the assessment indicated that some companies are reluctant to send their staff for training on HIV: "They do not see this as something productive and it is not on their priority list. They are also in denial and think 'This cannot happen to us.'" Once managers were convinced to send their staff to the training provided through the employer organizations, however, results were good.

The project developed a training and advocacy package with unions, and 732 union representatives were trained as trainers/peer educators at national as well as state levels. The project worked with union representatives to develop guidelines for pilot HIV/AIDS interventions by unions. Unions are being supported by the project to implement actions in the formal and informal economy using the guidelines that were developed. The project also facilitated the establishment of partnerships of unions with SACS in Mumbai and Kolkata.

Best Practice: The project staff realized during the initial stages of the project that launching HIV programs immediately was not necessarily always the most useful way to start to approach the issue. Decision-makers among the stakeholders were not initially easily

convinced of the importance of addressing HIV because of perceived low prevalence rates. Most stakeholders who were not already directly working on HIV had never really given the issue any thought. To get decision-makers to put the issue on their list of priorities, the project made an advocacy film that showed the economic and human impact of HIV. The advocacy film, combined with advocacy efforts by PLHIV trained by the project, was effective.

A key lesson learned was that it is important to use a combination of approaches, particularly during early stages of the project. Personal interactions of the project staff to lobby for addressing HIV in the workplace were supplemented with meetings of people living with HIV and the use of a film. A case study of the potential economic impact of HIV on a coal mining company was later developed and became another useful advocacy tool.

PLHIV are key project partners who work with the formal and informal sector on HIV in the workplace. Seventy-eight members affiliated with INP+ from southern, northern, western, and northeastern states of India were trained in workplace advocacy. The project is developing and field-testing a handbook for PLHIV for conducting workplace advocacy. The project also provided support on livelihoods actions with PLHIV and setting up new PLHIV networks in Madhya Pradesh and Jharkhand. The results of the livelihoods exercises are mixed. A small pilot project to train 33 women on tailoring was not so successful, and the INP+ as well as the project concluded that such actions are better implemented through existing agencies with extensive experience in such actions.

4.5.2. Lessons Learned Translated into Best Practices

1. The choice of an effective focal person within enterprises is essential; a competent focal point contributes a great deal to subsequent success.

2. Have corporate groups invest financially in their HIV program since it adds to their sense of ownership and interest in sustaining their program.

3. The project found that it is more effective to gradually build up the programs and not to try to "push everything on them at once. We tried to take them through it step by step because otherwise they might resist." All the planned components are reflected in the initial work plan, but the implementation is gradual. This approach was effective and companies often even come forward on their own to request technical support with the development of additional services.

4. It is more effective to work first on basic advocacy, then develop and deliver training, and finally introduce concrete proposals for a workplace policy. Introducing policy without first having a good foundation of convinced and knowledgeable staff is more challenging. It is particularly useful to be able to show that a worker who is HIV positive can be maintained or reintegrated into their workplace. Stating that HIV should be treated as any other illness was helpful.

5. The use of Knowledge, Attitudes, Behavior, and Practices (KABP) studies at the beginning of a project is very useful as an advocacy tool to convince management that a program on HIV is useful and should be supported.

6. The economic ramifications of HIV are a key factor in raising awareness of the importance for companies to implement a program on HIV.

7. It is vital to work very closely with the corporate groups for the program to be successful. Consistent contact, monitoring, and support are essential.

8. The development of the policy can be a long and arduous process. Companies along with employer and worker groups are technically supported to develop work plans and, eventually, policies. The stakeholders need to allocate time, space, and budgets. The only way to ensure that the policies are supported by a broad platform, particularly among the management and supervisors, is to develop them through a consensus-building process.

9. Pushing companies strongly to pass policies from the beginning is not effective, as they might simply adopt a policy but not enforce it. Companies need to be fully in favor of the policy before adopting it formally.

10. Ensure from the first meetings that the roles and resources needed from implementers of the programs were clear. Issues such as time, number of staff, and budget allocations need to be very clearly stipulated. Successful companies work using clear planning in all their activities, resources, and logistics; so it is important that no surprises for resources needed to implement an action occur.

11. Throughout all activities it is more effective to mix HIV workplace activities with other approaches on health, security, and other concerns affecting the workplace. Addressing HIV as an isolated issue, especially where there is low HIV prevalence, means that gaining the attention of management and workers at all levels is much more difficult. In most cases unions, companies, and training institutes mix their actions on HIV with other activities.

One of the challenges the project faced was to identify NGOs with which tripartite members could work to develop programs on HIV. Some NGOs were not aware of how to approach and work with enterprises and sent lengthy proposals using unfamiliar development terminology, for example. The project guided the NGOs intensively so they could work effectively with the corporate groups. The project facilitated partnership between corporations and NGOs for specific assignments, such as the KABP survey and awareness programs for workers, and built the capacity of NGO staff so they could understand the ILO approach and assist the company's master trainers at the local levels.

4.5.3. Additional Lessons Learned

1. Differences between the multinational companies and the national companies were identified. It is often easier for the multinational companies to promote and implement HIV programs because their headquarters offices encourage it.

2. In the case of national companies, success is easier if someone at a high level in the company becomes interested in and promotes the issue on a personal basis.

3. There are different advantages and disadvantages to the selection of focal points originating within different company departments.[37] In the case of a focal point within the human resources department, it is easier to promote and develop a company policy. In the case of medical personnel selected as focal points, the initial "buy-in" may be a little slower because they are seen as coming from a type of niche area

[37] Selection of the type of person to be the focal point within a company is left to the management.

within the company. Medical personnel, however, have the advantage of often having a more comprehensive understanding of HIV and its ramifications.

4. Consideration of the advantages and disadvantages of channeling actions through corporate social responsibility (CSR) programs is important. Where an HIV program is integrated directly into the overall workplace management system, it is more sustainable over the long term.[38] If funding for CSR is decreased or its focus shifted to another area, any existing program on HIV will decline. In this context, the project's strategy of putting in the WPI under the corporate responsibility (not CSR) and its engagement of Human Resources make strong sense and will ensure sustainability in the long run.

5. Most companies that have adopted a policy on HIV in the workplace have based it on the ILO Code of Practice on HIV/AIDS in the world of work. The companies interviewed for the assessment indicate that they enforce the code, although they also admit that they are aware of few if any PLHIV in their company. As a result, it is difficult to really determine the extent of enforcement of the enterprise policies.

PLHIV note that they have been trained on advocacy and training. They believe that they can also be trained in greater depth on policy issues so that they can play a greater role in promoting workplace policies.

The NACO interviewees pointed out that there is a continued need for some type of follow-up and monitoring system from government or other agencies once a company is no longer receiving support from the project. Mainstreaming a program within a company does not mean that staff will always continue to implement the program effectively without outside support. The project could contribute to such a monitoring system for NACO and other government agencies in a potential Phase III of the project.

Companies interviewed noted that the role of the INP+ and its local branches is important for effectiveness. The general opinion that "People with HIV cannot work, they are dying" is effectively counteracted by meeting advocates who are living with HIV.

The project found that implementation was more successful if the staff worked directly with individual enterprises—as opposed to through other agencies. This is, unfortunately, not sustainable over the long term, as substantial resources are needed for direct work with companies. Where efforts are initiated through employer and worker organizations or government agencies, they are usually integrated as part of a larger program and some of the achievements are diluted. The project did work with employer organizations to provide capacity strengthening and adoption of policies to ensure maximum impact of efforts on HIV in the workplace.

Best practice: It is useful to thoroughly document the implementation of an HIV in the workplace program in the form of case studies. The case studies are useful for companies to understand the processes involved. A certain "peer pressure" aspect is also inherently evident

[38] As one interviewee stated: "Where it is being driven only through CSR, then they only consider that they have done the training and check off that box as completed." Also note: CSR programs that focus on implementing behavior change communication on HIV in the surrounding community are very positive and need to be encouraged. Few companies would undertake such programs through their regular budget, so CSR offers important opportunities to reach a wider population.

in the case studies, as they indicate that other enterprises are already successfully implementing such programs.

India component cross-country study ToR question: Detail establishment of referral arrangements for VCT, PMTCT, and treatment, care, and support.

Companies associated with the project provide information on locations where Voluntary Counseling and Testing Centers (VCTs), treatment, care, and support centers and agencies are available. Although the corporate groups associated with the project usually offer some type of medical services, most do not have the required expertise and resources to provide full-scale services on HIV.

4.6. Analysis of Project Implementation in the Informal Economy

Final Evaluation ToR question: Has the project expanded its pilot initiatives to develop strategies/interventions to reduce the vulnerabilities of informal sector workers? If so, please elaborate on the progress thus far.

The project initiated a wide range of actions that are directly or indirectly targeted at HIV issues among workers in the informal economy. Most of the actions are implemented through government agencies, employer organizations, corporate social responsibility programs, unions, and partner NGOs. The project developed innovative means to reach a range of informal economy workers.

The model used with formal enterprises does not apply similarly in the informal economy. It is actually correct to say that a number of different models are needed in the informal economy, as opposed to one overall model. In fact, a wide range of methods are being used by the project. Informal workers come from diverse backgrounds, work in highly diverse settings, and may be self-employed or a daily-wage earner. The number of people working in the informal economy is approximately 340 million.[39] Many informal workers are highly mobile and can only be reached for a few hours at a time. Finding them subsequent to training or other actions to determine any behavior or attitude change can often be difficult. As an interviewee from MOLE stated, "The biggest challenge on HIV in the workplace in India is the informal economy." (See Annexes 2 and 3 for details on examples of project work on the informal sector.)

One of the main challenges of reaching the informal economy worker is the enormous geographic dispersion and the wide diversity in ways of living and culture. The interviewees from MOLE indicated that although a start is being made through its training institutes, "We are not really targeting this informal economy sector sufficiently." The project needs more time to consolidate efforts already underway, ensure impact monitoring, and provide technical support for scaling-up.

The CBWE education officer freely raised a few key issues for consideration and was willing to be quoted. He noted that reaching the informal economy worker is vital and that the actual model being used is potentially very effective. However, the human and financial resources needed to effectively reach informal economy workers needs to be scaled up substantially to implement the action throughout the city of Delhi and the rest of the country.[40] The number of workers in the block for which the education officer is responsible far surpasses the 6,000

[39] National Commission for Enterprises in the Unorganised Sector (May 2006).
[40] The condoms are obtained for free from government dispensaries for this purpose.

that were reached. The working conditions and practical aspects of implementing actions in blocks through CBWE need to be studied and improved to increase effectiveness. Lessons learned from the pilot projects need to be thoroughly assessed and used in future planning.

The project-supported specialist within the Delhi AIDS Control Society is providing assistance to two trade unions that cover railway coolies, construction workers, and embroidery workers. The unions have completed the KABP study and are starting to train peer educators. Lack of a small financial incentive is a hindrance to ensuring that peer educators will be sufficiently motivated. The specialist pointed out that more information is needed on where concentrations of vulnerable informal economy workers are located.

In Hyderabad, a union organizer was able to develop and implement an interesting action with railway porters. The union organizer identified and organized railway porters who were previously completely unassociated, who had frequent quarrels and extremely low income due to high competition. Porters had no uniforms and were frequently verbally abused by clients. Organizing the workers resulted in improved labor conditions, standard portering rates, and uniforms, all of which resulted in improved status. Through her interaction with the porters, the union organizer (who was also a railway health worker) realized that the porters were at risk of HIV due to casual sexual behavior. With the support of the project, the organizer was able to approach the porters with awareness-raising materials on HIV prevention. Her personal status as someone who had assisted them in addressing their problems resulted in a notable willingness to listen and become peer educators on HIV. The evaluator was able to meet with and interact with the coolies about their experiences. The organizer was able to train 30 peer educators among young railway employees to train the coolies.

Lesson learned: A key element in the success of the initiative was that the coolies had developed a personal bond with the organizer who had helped them with other labor issues. They were willing to discuss the sensitive issues of HIV because of their trust in her. She noted that continuous monitoring and follow-up of the action and a personal commitment to making it succeed are vital to ensuring behavior change.

Other lessons learned include the importance of integrating the actions on HIV with other forms of support, such as gaining official status at the railways, so as to be able to gain the interest of the target group and obtain their cooperation. The coolies were very positive about the training because it had addressed their fears about HIV and cleared up their misconceptions. They pointed out that they were now no longer at all worried about working with someone who is living with HIV, "No problem." The coolies pointed out that the program needs to be continued on a permanent basis because there is turnover among the coolies.

4.7. Behavior Change Communications

India component cross-country study ToR questions: Is there observable and measurable evidence to indicate that the behavior change communication (BCC) model is an effective intervention in changing behavior to reduce the spread of HIV/AIDS in the workplace? Please elaborate.

The BCC approach used in the project appears to be effective. Qualitative and some quantitative results confirm effectiveness. The materials developed by the project are good in

quality and content. Interviewees were unanimous in their appreciation and belief in the methods and materials as having made a positive impact on behavior.

Actual behavior change across companies was more difficult to assess. The partners decided about the company's specific survey as per their work plan, and an assessment by the project in 2006 did indicate improvements in key areas. The project is currently implementing a special analysis for which the baseline is already completed. The final impact assessment will be carried out in 2009, so the evaluator must rely on qualitative data collected during field visits.

The project developed core materials on HIV that cover issues inspired by the ILO Code of Practice on HIV/AIDS in the world of work and the results of a baseline study conducted when the project was in its first phase. Tripartite and other stakeholders provided input into the development of the core materials content and methodologies through meetings and other forms of communications. The materials were tested, adapted, and produced. Methods included interactive sessions with participative demonstrations and games.[41] Details are discussed in Annexes 2 and 3.

It should be noted that within companies and among informal economy workers there are also vast differences between workers. A high degree of flexibility on the part of the master trainers and peer educators is required to be able to bring about successful behavior change on HIV issues. Some of the trainers indicated that they still need more capacity strengthening to be able to effectively adapt their methods to their individual participants or listeners. Some interviewees have requested materials to be developed by sector, since they find it difficult to rely mostly on their own skills to adapt the methods and content.

A positive indication is that companies have replicated or adapted the materials at their own cost. The materials are commonly used during formal and informal sessions with workers. Some interviewees also asked for additional materials and innovative activities. Interviewees indicated that training and awareness raising often need to be repeated and participants quickly become bored when the materials are repetitive.

Where companies have developed their own methods, they are not always equally effective. Some companies elect to use overhead projectors to present a rather monotonous lecture. This is the choice of the company even if the ILO project recommends against it. Where such lectures are used they are fortunately followed by question and answer games with small gift rewards and other interactive methods.

An important point raised by the project team is that the SHARE BCC Toolkit is primarily oriented to HIV in the workplace and does not cover other types of stakeholders. Advocacy materials and training for decision-makers in enterprises, government, employer and worker organizations, partner NGOs, and others need to be covered in the toolkit. For example, in enterprises, behavior change at the management decision-making level is also expected and can be measured in terms of attribution of resources through budget allocations.

The involvement of PLHIV is key and very effective, particularly with respect to stigma and discrimination. The involvement of PLHIV is perceived as humanizing the HIV issue. Linkages of PLHIV can also be increased so that they provide direct ongoing technical support in the form of monitoring and follow-up to enterprises.

[41] Methods are discussed in more detail in Section 3.8.

Some peer educators reported that they are still not sufficiently confident to answer all of the questions that workers ask them, particularly on the subject of STIs. Some peer educators reportedly had a bad experience during their first presentation, and subsequently are too shy to continue. The audience sometimes asks questions that they do not know how to answer and this makes them uncertain.

VVGNLI reported that some of their participants have indicated that they do not have locations where they can hold training after completing their courses. A CBWE education officer reported the same challenge. Another issue is the regular turnover among peer educators. A system needs to be designed to ensure that new persons are trained to replace them. The project has already started to work on developing such a system through refresher trainings and increasing master trainings.

5. BASELINE, PERFORMANCE MONITORING, AND IMPACT ASSESSMENT REPORTING

The project used a PMP associated with a data tracking table to measure progress on indicators.[42] The PMP and the tracking tables were designed together using input from ILO headquarters and consultants. The project baseline study was carried out during the first phase. The project staff found that some of the indicators needed for cross-country comparison—which were introduced in the second phase—were not well-based in India project actions. At the same time, some of the existing project actions were not reflected among the indicators, so the importance of such actions was under-highlighted in the data tracking.

The midterm evaluator determined that the project PMP was generally a good tool to monitor and track the project. The current evaluator believes there is room for improvement, however.[43] The PMP is based mostly on process and quantitative output. The number of indicators and sub-indicators needs to be reduced to a series of core indicators that accurately reflect the key objectives.[44] The core indicators can include some common indicators for cross-country comparison, while others are adapted to individual project needs.

The current system includes important measures, but the high level of detail does not necessarily encourage the transition of the monitoring system to a national body. A post-PMP should be included in any sustainability plan to ensure that national entities can appropriate and implement it beyond the life of a project. For this reason, a PMP needs to be clear, straightforward to implement, and must include few core indicators that are highly relevant to tracking progress and impact.

The evaluator studied the form used for the KABP study in the enterprises, found it to be well worded, and believed that it adequately covers the issues that need to be covered.[45] In a conservative country such as India, it is uncertain that workers will honestly report their sexual behavior to an interviewer. Other methods, such as using anonymous reporting techniques, exist for use even with non-literate persons and should be employed. The results of the baseline do, however, indicate that at least some workers answer the question in a straightforward manner.

The project implemented an impact assessment in 2006 using project monitoring indicators to develop the study. The project monitoring system was, however, only fully developed after the initial rapid assessment was conducted, and some indicators of the PMP were not measured in the baseline. For this reason, the project could not provide baseline data for full comparison to all impact measures.

The evaluator found that some companies and worker organizations had not yet implemented an impact survey, although they had already been working on HIV in the workplace for about

[42] Please note that the PMP has two sections; the first section measures baseline and impact studies results, while the "data tracking" component in the second part of the plan covers data collected on a 6-month basis. See the PMP project plan for details.
[43] International Labour Office/U.S. Department of Labor (April 2005). Ketel, Hermen & Kien, Serey Phal (May 2007).
[44] Indicators that track information that is nice to know but not essential need to be eliminated.
[45] International Labour Organization, Project Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase II)/India (2006).

3 years. As per the revised evaluation plan, as indicated in the recent data tracking table, the impact evaluation will be conducted by ILO in June 2009.

The project implemented a monitoring and technical assistance system to provide support and assist with adapting approaches as companies gained experience with their target groups. The project worked with corporations to design internal monitoring systems intended for long-term use by the companies themselves. The project staff reports that the monitoring systems are being implemented, but that a great deal of follow-up and technical support is needed to ensure that the monitoring system is effective. The focal point within the corporate groups needs to track all the data collection, which can be challenging since the corporate groups are large. Data collection still needs to be streamlined. As a peer educator from one of the PepsiCo plants who was interviewed for the assessment noted, "We have not been able to do any follow-up to see if people are really changing their behaviors. We need an NGO to help us with that, as we do not have the staff time for that."

While the number of indicators needs to be reduced, additional qualitative monitoring, preferably based within the workplace, needs to be developed.[46] Qualitative monitoring would also help in the monitoring of actual behavior change, a factor that is under-highlighted in the current PMP. A system that includes input from workers using qualitative as well as quantitative input on core issues can be useful in improving the actions and sustaining the interest of workers.

The PMP does not include tracking of the informal economy actions, although they were of significant importance in India. In the months since the fieldwork for the evaluation, the project has developed a new system to add some measures to capture data on actions not previously included. Starting from the last reporting period, January to June 2008, the Data Tacking Table has provided a breakdown of impact-level indicators by formal and informal sector. In India the neighborhood pilot interventions implemented with the CBWE are not included, for example. The development of a toolkit to use with informal economy workers is likewise not reflected. The PMP needs to include some flexibility to allow for the introduction of actions designed as opportunities to try out innovative approaches identified.

Has the project incorporated lessons from other programs or from its PMP data over time?

The project incorporated information from other projects within India and from a SHARE project in Sri Lanka. The project also incorporated an unusual lesson from its PMP data. Namely, that the PMP did not include some important measures of actions being implemented by the project as new opportunities to integrate HIV in workplaces were identified. The project has recently adjusted its PMP to include attention to measuring some of these actions. The project found, however, that direct monitoring and follow-up with the partners on a consistent basis, combined with meetings and workshops, were the most effective ways to "keep a finger on the pulse" and adjust implementation as needed.

The project learned from the Sri Lanka project that they take their peer educators to visit a VCT center so they can understand more about the referral system. It also provides an opportunity for the peer educators to meet the counselor and doctor. This experience has now been incorporated into the master training and has proven useful.

[46] The India Midterm Internal Assessment also recommended more qualitative measures.

6. MIDTERM EVALUATION AND PROJECT TECHNICAL PROGRESS REPORTS

The project prepared and submitted regular technical reports that covered the project's progress, mostly in narrative format. Project staff indicated that the level of detail and deadlines at which the reports needed to be submitted interfered with the established work plans.

The current phase of the project was evaluated through an internal midterm assessment in 2006.[47] The project staff considered that the midterm assessment was very useful. This assessment enabled the project to take a step back and appraise their work together with the evaluator. The project staff appreciated the recommendations to which they had also been able to contribute. The project has tried to implement the recommendations and integrate them into their work plan.[48] The evaluator also noted that the recommendations were constructive within the framework of the project at the time of the internal midterm assessment.

According to the midterm review, there were some issues that needed to be addressed more intensively to strengthen national employer, worker, and government organizations working on HIV. The project was able to improve in these areas after the midterm, although more needs to be achieved.

The project prepared and submitted regular technical reports that covered the project progress, which were mostly written in a narrative format. Support provided by the ILO headquarters was appreciated and considered supportive without being intrusive in the finer details of the work.

The project developed two case studies describing programs in companies. These case studies have been useful advocacy tools with new companies considering implementing an HIV in the workplace program.

[47] International Labour Organization/U.S. Department of Labor (ILO/USDOL), (final report published in 2007).

[48] The purpose of the current assessment is to study the model being implemented across countries and not an in-depth verification of implementation of recommendations.

7. ANALYSIS OF PROJECT OBJECTIVE 3: DEVELOP A PLAN OF ACTION FOR PHASE III AIMED AT A SUSTAINABLE MECHANISM FOR THE WORLD OF WORK RESPONSE TO HIV/AIDS

The project has started working toward a sustainable mechanism with MOLE, but no overall plan of action for a third phase has yet been developed. The funding for the project has been partially based on a yearly allotment of funds through PEPFAR, which has resulted in difficulties in planning for the long term. The project has, however, contributed and participated in the development of a proposal to the Global Fund, part of which will aim at improving coverage and sustainability. At the same time, it is necessary for the project to have an independent source of funding so that it can respond directly, concretely, and efficiently to ongoing requests for technical assistance throughout the country. Technical support is the key to future scale-up and solid integration of HIV in the world of work in every state.

The project faces ever-increasing requests as more states, institutions, and companies become aware of their need to increase capacities in these areas. The project has the experience and capacity to answer to these needs. A new phase to respond to these requests is recommended.

Any potential new phase cannot be forced into a strict design, but will need to have the flexibility to respond as new opportunities to contribute technical support are identified by stakeholders. As will be discussed in the next section, funding through PEPFAR could provide the basis for an effective approach along these lines.

8. ANALYSIS OF THE RELATIONSHIP OF THE PROJECT WITH THE PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF

Final evaluation ToR questions: PEPFAR

How has the relationship with PEPFAR affected the USDOL project in India? Apart from receiving additional funding, has the interaction with the PEPFAR team and other workplace programs been productive? Assess the relationship between PEPFAR and the ILO/USDOL program. Has it affected implementation in any way? Please explain fully. And identify key benefits that the PEPFAR program sees as a result of TA from the ILO/USDOL Project in India.

Final evaluation ToR question: Make recommendations to USDOL/PEPFAR on the relevance/nature of further support to ILO in India.

The relationship between the project and PEPFAR has been very good and productive, according to interviewees who have been associated with the project. USAID staff and U.S. Embassy staff have observed that ILO has contributed in an effective way by providing useful technical support through PEPFAR to designated partners. The evaluator interviewed representatives of two of the partners, Population Services International (PSI) and the Avert society, who were also very pleased with the cooperation. USAID interviewees reported that another PEPFAR partner, the AIDS Prevention and Control Project in Tamil Nadu State, was also very satisfied with the technical support they had received from the project. The USAID interviewees noted, additionally, the good multilateral as well as bilateral interchanges of the project management with diverse international collaborators in general.

PSI, as a result of support from the project, has substantially improved its efforts to develop HIV in the workplace programs. Some of the benefits of PSI and other partners included the restructuring of the program to be more oriented by type of workplace, improved approaches within workplaces, improved advocacy techniques, adoption of materials, the Code of Practice on HIV, insistence that companies finance their own HIV programs, and the associations of employer and worker organizations.

Suggestions were made by some of the PEPFAR-associated interviewees that the project can increase synergies with other ILO programs, such as those on social protection, to further increase impact. Additional studies on integrating HIV actions in work contexts, such as among migrant workers, and the economic impact of HIV in different types of sectors are also requested. In the case of Avert, the project assisted with the restructuring of its approach to HIV in the workplace to make it more effective. Given the size of India, additional funding that enables the project to increase its reach by providing technical expertise based on their effective field experience is advised for a Phase III.

The project staff noted that the PEPFAR funding has allowed the project to elevate its efforts in the area of provision of technical support to major organizations working in India.

Currently, the PEPFAR funding is allotted to the project on an annual basis, which does not allow for good long-term planning. To further upgrade, scale up, and improve technical assistance of the project to PEPFAR and other partners, a multiyear funding mechanism or project is advisable. Funding by USDOL would make such an approach feasible and highly

desirable. This would allow for a more concerted, well-planned, and monitored approach to technical support provision.

The project staff noted that PEPFAR funding is being channeled through USDOL to the project and is an effective mechanism. USDOL is well aware of the ILO model on HIV in the world of work, and cooperation with USDOL has been good. ILO and USDOL have gradually developed effective joint reporting mechanisms based on project realities that differ somewhat from PEPFAR reporting requirements. Channeling funds through USDOL would allow for USDOL to continue supporting the project using its own expertise on labor issues and reporting.

9. COST-EFFECTIVENESS AND MANAGEMENT

India component cross-country study ToR question: Program cost-effectiveness based on the overall external budget. Were budgets adequate for the activities planned? Were limited budgets able to prioritize activities according to country needs? How could budgets have been allocated differently to have a better impact?

Overall, cost-effectiveness of the project was good. Budgets were adequate for the actions planned and the project was able to prioritize their activities according to country needs. Actions were planned in coordination with the tripartite constituents and using national strategies for inspiration. Additional synergies with other existing ILO projects could have contributed to further extending resources and impact.

The project also advocated strongly with companies in conveying that they must finance all actions directly from the moment the memorandum of understanding is signed. The project only provided technical support and materials in small quantities for actions. Corporate groups needed to pay for replication of materials themselves.

The project is very well managed by a dedicated team. There has been very little turnover over the life of the project, which is a good indication. The project director is highly respected, and while being a strong leader he is also willing to listen to others. His expertise and passion for the subject is evident in all meetings and was cited consistently by interviewees. The project team presents a coherent message to all partners and associates, which is also a reflection of good internal management. The staff, further, has responded well to requests from partners and associates and has been creative in finding solutions to problems encountered.

Final evaluation ToR question: Has the program focused on or taken any new directions? If so, have they proven successful? How can these best be shared? (If none, please state).

The midterm project evaluation recommended a shift away from local- and enterprise-focused initiatives in order to work more intensively at the national level on policy and strategies. However, efforts that had been initiated at local level in a number of corporate groups were scaled up to reach other units in different parts of the country.

As evidenced in the Technical Progress Reports,[49] the project continually responds to specific requests from corporate groups for additional support that is not standard in the project model. The project benefits from its flexible structure and management methods by being able to address many of these requests. The fact that the project has made internal financing of actions within most corporate groups a precondition means that the project does not have to delve deeply into its own budget to respond to such requests.

These and other best practices can be shared through Community Zero, regional and international meetings, field exchanges, and by assigning a regional project director such as the one in India. The India project director is also supporting Nepal, Bangladesh, Sri Lanka, and Pakistan.

[49] For example, all technical progress reports, most recently of September, 2008. International Labour Organization, Project Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase II)/India (2008c).

The evaluator recommends that Community Zero can be made even more interactive by encouraging an additional interface that is more personal, direct, and similar to social networking sites.[50] It could include, for example, individual community membership on the site by staff, photos of staff, their activities, suggestions for others, etc., that go beyond the existing interactive parts of the Web site. Some other international NGOs are already experimenting with these options.

[50] For example, Facebook and others. Making the site more personal will encourage greater use of the site and a closer drawing together and sharing of ideas and solutions.

10. SUSTAINABILITY, REPLICATION, CONTINUED RELEVANCE

10.1. Sustainability

India component cross-country study ToR questions: What is the likelihood that project benefits will be/were sustained after the withdrawal of external support?

Final Evaluation ToR question: Assess the impact of the project in terms of the sustainability of its achievements.

The project planned for sustainability from project inception, but given the size and complexity of the country, expected success in the area of sustainability is not yet fully attained. The project has acquired solid experience on developing HIV in the world of work actions through a wide range of mechanisms and institutions. A degree of ownership has been realized but more technical support is needed according to the tripartite constituents.

The India project worked to establish sustainability at different levels. At the national level, sustainability efforts focused on supporting policy and strategy development, and capacity strengthening of the tripartite constituents and civil society partners. At the enterprise level, companies are already implementing sustainable programs independently.

Specifically…

- VVGNLI has appointed an HIV in the workplace training program coordinator, fully integrated into their budget. Technical support at the national level to MOLE, trade unions, and NACO will likely be required for another 5 years for full sustainability. Technical support needs include providing input on HIV policy and program development.

- NACO suggests more gradual activities after phasing out to ensure complete sustainability. In the states, the project focused on capacity strengthening of the SACS to work effectively on the development of HIV in the world of work programs.

- Some companies are implementing sustainable programs independently. Mainstreaming HIV into existing training programs is less costly than a separate training course on HIV. Separate HIV training is more likely to have in-depth impact, but is less sustainable over the long term given the current relatively low prevalence levels. Updating the KABP impact surveys still need to be institutionalized in participating companies.

Capacity strengthening of the tripartite and institutionalizing training into government centers help to ensure some level of sustainability. This recognizes that the project cannot be a short-term effort, but must receive funding from external sources to implement all components for a longer period to ensure coverage.

The project estimates that some amount of technical support at the national level to MOLE, trade unions, and NACO will be required for approximately 5 more years for full sustainability. The interviewee from NACO suggested that a more gradual phasing out of the project is required than what is usually done. Phasing out should also be followed up by some activities to ensure complete sustainability. Technical support with these entities will include

providing input into HIV policy and program development and providing updated input based on experiences acquired nationwide and internationally.

To promote sustainability, the project has a policy to avoid funding the actions of tripartite partners and concentrate instead on the provision of technical support, training, and training materials. In the case of unions, the project advocates for the funding of actions using membership resources, although the project did provide some limited funding for informal economy outreach.

At the enterprise level the project worked intensively with each company for 2 years to provide technical support for the development of HIV programs. After the 2 years, the project started to phase out its activities. All of the corporate groups that have been associated with the project are still implementing their programs.

10.2. Replication

India component cross-country study ToR question: What evidence is there, if any, of project replicability?

Replication of project actions has already started. Some individuals, such as the specialists with the SACS that the project had provided, continue to replicate the actions. In Mumbai, however, the post of the specialist has been eliminated for the time being. Some replication within enterprises is already occurring independently, such as in different PepsiCo plants, through corporate outreach, and in the Crompton Greaves plants.

The experiences acquired in India are already being adopted and replicated in some other countries such as Nepal and Sri Lanka. A Pakistani employer federation has developed a policy with some technical input from the project through Joint United Nations Programme on HIV/AIDS support. Some of the project materials and posters have also been copied in a few locations in Africa.

VVGNLI provides training to labor officers from around India as well as from other countries. HIV in the workplace has been mainstreamed into their national as well as international training programs. A total of 61 countries have sent government staff to the institute. The National Highway Authority of India asked the Institute to assist them to implement research on HIV with truck drivers. VVGNLI also works with some national NGOs in Manipur and Nagaland to implement HIV in the workplace programs.

MOLE is preparing a program to integrate HIV in the workplace actions through the Directorate Generate of Employment and Training, which conducts vocational training through 5,530 vocational training institutes (Industrial Training Institutes). The Institute already implemented a workshop for senior trainers from the Industrial Training Institutes. The expansion to other areas is also the purpose of the PEPFAR and GFATM request currently shortlisted for approval.

Deutsche Gesellschaft für Technische Zusammenarbeit representatives reported that they had tried HIV in the workplace programs before being in contact with the project, but learned from the project how to improve their strategies. The project shared their corporate case studies and the ILO Code of Practice, which they noted were very useful.

One interviewee also noted that the resources at the level of MOLE are too limited to finance major replication efforts. Most resources are still centralized in NACO.

The experiences acquired in India are already being adopted and replicated in some other countries such as Nepal and Sri Lanka.

10.3. Relevance

India component cross-country study ToR question: Does the project continue to make sense?

The project does continue to make sense. The overall approaches of the project were highly relevant and well appreciated. The project is well anchored in the policies and strategies of the government. At the same time, the project contributed to policy development.

11. ALTERNATIVE STRATEGIES, UNANTICIPATED OUTCOMES, ADDITIONAL RESOURCES, AND PROJECT IMPLEMENTATION PERIOD

11.1. Alternative Strategies

Final evaluation ToR question: Might there have been a more effective way to address the problem(s) and achieve the objective(s)?

The project was able to address the problems and achieve its objectives using creative and innovative approaches. The project approached and was approached by various agencies and worker organizations to assist them with their particular programs on HIV. In each case, special approaches were developed to address the specific needs of the agency.[51] While it is always possible to identify ways to do things differently after the fact, the project identified effective ways to address the problems and reach objectives within the allocated budget. The project tapped into possibilities to integrate HIV in the workplace in different situations as they identified opportunities. The project, fortunately, benefitted from the flexibility offered by not being tied to a rigid log frame.

Gaining experience working directly in enterprises as was done in Phase I and the first part of Phase II was, however, useful to acquiring practical experience and field-level credentials. Although it was not part of the project objectives, the project implemented a pilot action on livelihoods for women living with HIV to learn tailoring, at the request of the INP+. The project was not able to show very good results in the area of promoting livelihoods, partially because of lack of synergies with other projects with expertise in this area. However, the project has already started working on this approach, and PLHIV are integrated in the training and income-generating practices of the ILO-led Alternative Livelihood Programmes. Creating more networks with other ILO and agencies' projects specializing in livelihoods and skills development would be more effective.

11.2. Unanticipated Outcomes

India component cross-country study ToR question: Did the project result in any significant effects or outcomes that were not foreseen?

The project was able to bring about significant effects and outcomes that were not foreseen. In the case of India, as already discussed, the project was able to identify opportunities to promote, provide technical expertise, and contribute to mainstreaming HIV in very large national training institutes.

11.3. Project Implementation Period

Final evaluation ToR question: The India program is the longest ongoing of USDOL HIV/AIDS workplace programs. How is this reflected in its impact? Can you see a difference the additional time has made?

The experiences of the project are difficult to compare to other countries because of the sheer size and complexity of the country. At the same time, the duration has allowed the project the opportunity to study different approaches, identify a wide diversity of partners within the

[51] See Annex 3 for details of implementation information.

tripartite structure to work with, and consolidate its actions. The evaluator only assessed one other country directly (Cambodia) so it is difficult to make an absolute comparison.

From reading data on other countries, however, small countries would need at least 5 to 6 years to establish sustainable programs. At least 1 year is necessary for the project to establish an effective basis for HIV in the world of work among tripartite partners. During this period, materials and training of trainers also need to be developed. Demonstrating effective strategies and actions within companies takes at least 2 to 3 years for real impact. Policy development at all levels can take longer, depending on the receptiveness and prevalence levels within the country. Ensuring sustainability in smaller countries means that case studies of effective efforts in companies and the informal economy need to be well distributed and promoted among all potential stakeholders. Scaling up, replicating, and adapting to new situations requires well-trained and experienced individuals among all stakeholder groups, including in government.

Gaining experience on scaling up, replicating, and adapting takes time and can only occur after the initial cases have already been demonstrated. In the case of India and other large countries, however, the duration can be much longer. In India, each state is equivalent to a large country in terms of population and complexity. Since India also has a federal system, efforts need to be well entrenched in each state.

As stated in previous sections, the project is currently in its second phase. The first phase started in 2001, and the project has since gradually developed its capacities and fine-tuned its approaches over time. The project has benefited from some flexibility in terms of planning. The staff was able to take advantage of some opportunities for pilot projects and actions with government agencies as they presented themselves. The size of the country, however, means that many states have not yet been covered or only indirectly covered. Certain project initiatives need to be replicated in more states, more enterprises, and with greater coverage of the informal economy.

12. CONCLUSIONS

The project has achieved good impact at the national level, as well as among corporate groups and institutions associated with the project. Several institutions, such as the CBWE, continue to identify new opportunities to integrate HIV in workplace programs and will need technical support to implement them. The country also functions through a federal system, and state-level policies and strategies need to be developed and implemented. Impetus for change and real impact can only be attained by strong joint efforts of all major stakeholders at all levels (i.e., through all of the tripartite constituents and their civil society partners). Corporate groups can also play a major role by setting an example and promoting HIV programs in other corporations. At the same time, HIV issues are being mainstreamed into the different government departments at national and state levels. The result is a complex mix that will require time to ensure that policies and strategies promoting HIV in the world of work are developed and implemented.

The project requires additional time to consolidate efforts already underway, ensure impact monitoring, and provide technical support for scale-up. A third phase, funded through USDOL, is recommended.

Provide recommendations on how to improve project performance, and, where necessary, identify the possible need to refine strategy for successful integration of WPI in the third phase of the National AIDS Control Programme in India, the NACP III (2007-2012).

Recommendations are included throughout the text, in the conclusions, and in a separate recommendations section. The project is already well integrated in the NACP III and, in fact, contributed to the WPI component. The project staff continues to find new ways to ensure that WPI receives adequate attention in practice during the implementation of the NACP III. Additional aspects on the strategy are included in the recommendations.

ANNEX 1, PART 1: LESSONS LEARNED, GOOD PRACTICES, AND RECOMMENDATIONS

I. Core Best Practices According to Project Staff—

- The project work with CBWE (see Annex 2 for details) is a best practice. The project is able to reach out to a large number of workers in the informal economy through the CBWE.

- Work through the unions in India has been successful to reach the formal but also informal economy workers. The unions were effective partners and have continued potential for working with groups that are difficult to reach such as migrants and construction workers.

- Engagement of PLHIV in all aspects of the project. The strongest component of their involvement has been in the area of advocacy. The project strengthened their advocacy skills to engage stakeholders in HIV in the workplace efforts which is particularly useful in a low prevalence country like India

- The corporate group approach is very effective in a country that has large companies with multiple company sites. The advantage was, for example, that through the 12 corporate groups the project could reach 157 workplaces. The effect is further multiplied as the corporate groups reach out to their supply chain and casual workers.

- The project developed, together with the partners, a monitoring system internal to the companies so they can track their performance on HIV in the workplace actions and policies.

- The project has introduced and demonstrated the effectiveness of having a specialist dedicated to HIV in the workplace in the government State AIDS Control Societies. This concept has been included in NACP III.

See text for additional best practices.

II - Key Lessons Learned, Good Practices and Recommendations

The lessons learned, good practices and recommendations discussed in the current section are combined for easy reference. Many of the points raised have already been discussed in the previous sections although additional recommendations are also included. The recommendations are often based on lessons learned and good practices so they do not necessarily imply that an action was not implemented but should have been.

While Annex 1 contains the key lessons learned, good practices and recommendations, Annex 2 covers additional detailed important points for consideration.

Overall Recommendation

An additional project phase is needed to ensure that the project is able to use its field experience and associated lessons learned to upscale and extend HIV in the workplace efforts to cover more of the country.

Recommendations of particular importance for the ILO have been indicated with the phrase "ILO specific".

Tripartite Constituents

1. NGOs and civil society groups, particularly of people living with HIV, should be integrated in tripartite planning and development of programs.(ILO specific)

2. Implement a project policy not to fund the actions of tripartite partners. Concentrate instead on providing technical support, training and training materials. Where this is not feasible financing should be provided in a limited way and only to implement programs with sectors such as the informal economy. .(ILO specific)

3. Participate in advocacy measures to ensure that lawyers and judges are adequately trained to enforce the legal framework to protect workers with respect to HIV.

4. A system for improved tracking of the implementation of policies adopted by the tripartite constituents and their NGO partners needs to be developed. .(ILO specific)

5. National, state and district capacities on developing a flexible approach to implementing a model on HIV in the workplace need to be strengthened. .(ILO specific)

6. The project could contribute to the development of a monitoring system for NACO and other government agencies on their HIV in the workplace programs in a potential Phase III of the project. (ILO specific)

Project Advisory Board

1. Ensure that all members of the Project Board understand laws, policies and enforcement methods on HIV in the workplace.

2. Advocate for increased budget allocations to HIV in the workplace programs at national government level as it is necessary to improve long term sustainability. Capacities alone are not sufficient to take the efforts to a next level of coverage in terms of diversity of sectors and geographic areas.

3. The association of representatives of PLHIV was highly effective in the entire project cycle and through all phases of the project. They should always be represented on the PMT. The involvement of PLHIV is key, particularly with respect to stigma and discrimination. The involvement of PLHIV is perceived as humanizing the HIV issue. Linkages of PLHIV can also be increased so that they can provide direct on-going technical supporting the form of monitoring and follow up to enterprises. Training PLHIV to tell about their experiences has been very effective.

Advocacy and BCC

1. A handbook/toolkit on how to approach and advocate with a company to have a program on HIV in the workplace is recommended for India. Such a handbook also needs to include guidelines on steps to develop a company program on HIV. Examples of case studies of companies who had successfully implemented a program on HIV in the workplace could be useful. Such a handbook can be useful for NGOs

and groups unable to benefit from direct technical support or to supplement technical support provided.

2. Increase the means to provide capacity strengthening for specialists on national panels to design, implement and provide training on HIV in the workplace.

3. Gender issues, particularly on women's rights, need to be addressed in more detail in capacity strengthening exercises.

4. A key lesson learned was that it is important to use a combination of approaches, particularly during early stages of the project.

5. Within each company there needs to be several ways of handling the issues because there are different types of workers.

6. Developing a series of case studies based on all the different actions developed in the project is useful and can be used for advocacy and technical capacity strengthening.

7. Some trainers still need more capacity strengthening to be able to effectively adapt their methods to their individual participants or listeners.

8. The SHARE BCC Toolkit is primarily oriented to HIV in the workplace and does not cover other types of stakeholders. Advocacy materials and training for decision makers in enterprises, government, employers and workers organizations, partner NGOs and could be covered in the toolkit.

9. Develop a website or send e-mail to master trainers and peer educators so they can download materials and innovative ways to discuss HIV in the workplace issues.

10. The role of peer educators was essential to effective behavior change. Peer educators necessarily needed to adapt their approach "on the spot" to take the particular type of person with whom they are discussing into account.

Project Monitoring, Baseline, Impact Assessment

1. Indicators should be limited in number, be highly indicative of key impact and include targets that are based on the level of change that can be expected after analyzing baseline results.

2. The performance monitoring tool needs to include tracking methods of the informal economy actions.

3. The performance monitoring tool should take the step by step implementation more proportionately into account over time.

4. Gender issues need to be more considered in the design of baseline and impact studies and in formative assessments.

5. Test of statistical significance need to be implemented to compare baseline and impact results to ensure that possible differences between the baseline and impact surveys are scientifically significant. The samples used for the baseline and impact

surveys need to correspond as closely as possible so that similar gender balance, age, and educations do not confound interpretation of results.

6. There is a continued need for government, employers' and/or workers organization to have an occasional follow up and monitoring system once a company is no longer receiving support from the project.

Target Sectors, Formal and Informal Economy

1. Target sectors that need more attention in the future include public sector workers, migrant workers and construction workers and (other) informal economy workers.

2. Increase attention to workers in small and medium enterprises since they were under highlighted in the project. Innovative methods to reach workers in small and medium enterprises need to be developed.

3. The choice of an effective focal person within enterprises is essential; a competent focal point contributes a great deal to subsequent success.

4. Sharing KAP survey results with management was a useful advocacy tool and found to be particularly enlightening. This approach needs to be replicated.

5. Where an HIV program is integrated directly into the overall workplace management system it is more sustainable over the long term.

6. Capacity strengthening on the implementation and monitoring of quality actions in diverse settings is required. Benchmarking and quality assurance of packages of services on HIV in the workplace are not sufficiently developed. Currently there are few monitoring methods in place to ensure that behavior change models and materials are correctly implemented in the enterprises.

7. It is more effective to work first on basic advocacy, develop and deliver training and finally introduce concrete proposals for a workplace policy. Introducing policy without first having a good foundation of convinced and knowledgeable staff is more challenging.

8. The only way to ensure that the policies are supported by a broad platform, particularly among the management and supervisors is to develop them through a consensus building process.

9. It takes about 2-3 years for a company to mainstream an HIV program and focus on adopting policies, even if not complete, needs to be intensified. Additional clauses can be integrated once a company has internalized their usefulness to improve labor relations and economic ramifications.

10. Condom distribution is somewhat uneven across the partner companies and requires more attention to ensure access.

11. There is a need for more and continually updated information on VCT, care and support. A system needs to be developed so that enterprises are kept informed of new services near their worksites. Such a system could be developed in cooperation with the government AIDS offices. Guides on VCT, care and support need to be frequently

updated as additional services become available and some centers and agencies close down.

12. The model used with formal enterprises does not apply similarly in the informal economy. A number of different models are needed in the informal economy as opposed to one overall model. Reaching the informal economy worker is more complex and frequently requires more resources.

13. The project needs more time to consolidate efforts on the informal economy that are already underway with institutions such as CBWE, NLI and unions to ensure impact monitoring and provide technical support for up scaling.

Establishing Linkages

1. Linkages between ministries, such as between the Ministry of Health and the Ministry of Labour, could use improvement and more focus at national level.

2. Public private partnerships and provision of services could be more actively pursued and developed.

3. Creating more networks with other ILO and agencies' projects specializing in livelihoods and skills development would be useful.

Sustainability

1. At project inception start planning for the possibility to modify the Project Advisory Board and turn it into a permanent working group on implementing HIV in the workplace programs.

2. Establish permanent country officers on HIV in the workplace based within the ILO office.

General Aspects

1. The project strategic framework needs to be flexible to accommodate changes in the understanding of the underlying situation. New understanding and approaches to HIV and related issues will need to be accommodated.

2. A broad range of tested interventions and methods should be combined into a "best practices" book for reference by governments, tripartite constituents and other agencies. The handbook could be illustrated with case studies for easy understanding of practical implementation continue to develop. The demographics of the epidemic changes continually. It is important to raise awareness that there can and should be changes and that upgrading and adjustment need to be made.

ANNEX 1, PART 2: ADDITIONAL DETAILS OF LESSONS LEARNED, GOOD PRACTICES AND RECOMMENDATIONS

Tripartite Constituents

1. There is sometimes a disconnect between the central offices of trade unions and their local level offices. Providing technical support on how to redress the disconnect could be useful that HIV in the workplace is addressed at local levels.

2. Increased capacity strengthening of union workers at the local levels including on HIV is vital for continued success.

3. Advocate with unions that working together on the subject of HIV is not a political issue and that it is focused on the health of workers.

4. Pay particular attention to assist workers' federations that are not affiliated with a specific political party to identify resources to be used to develop HIV in the workplace.

5. Promote and provide technical support for the establishment or capacity strengthening of national Business Coalition on AIDS. Support the linking of the business coalitions to international business coalition networks.

6. Fully up scaling efforts can be difficult if organizations cannot stimulate sufficient staff to become "champions" on the issue of HIV. Being interested and motivated to spend time and effort to implement actions is essential to success. Continuous monitoring and follow up of the action and a personal commitment to making it succeed are vital to ensure behavior change.

7. Attention needs to be paid to advocating for the reduction of bureaucratic hurdles within agencies and companies so that implementing actions at field level is efficient and effective.

8. Capacity needs to be strengthened to be able to develop programs that allow for differences in terms of HIV prevalence, population density, religion, caste, poverty levels and many other socio-cultural and economic factors in different parts of the country. Epidemiological, economic, and socio-cultural setting are in a constant state of change and need to be considered.

9. National capacities of agencies providing diagnostics, care and support as well as general non-discrimination in health care also needs to be strengthened in some cases.

10. The project can support tripartite constituents and other partners to advocate for capacity strengthening of health service providers to serve workers and address their needs. Advocate for increased availability of VCT and other services.

11. Capacity strengthening of MoL staff from the beginning of the project is recommended. Capacity strengthening should not only be focused on policy and strategy development and training of trainers but also on the management of a program on HIV in the workplace.

12. Systems for continuing the follow-up and monitoring of action on HIV in the workplace are needed.

Project Advisory Board

1. Clearly define the role of the Project Advisory Board Chairperson taking national cultural styles of decision making into account so he/she can improve the functioning of the decision making process

Advocacy and BCC

1. The "ILO Code of Practice on HIV/AIDS in the World of Work" was very well received and found to be complete, precise and to the point.

2. Some employers' organizations can benefit from further advocacy as some are not yet fully convinced of the importance of addressing HIV in the workplace.

3. Consider that turnover of permanent training panel members means that capacity strengthening programs need to be carried out on a continuous basis. When planning to establish a panel of experts consider the geographic size of the country, accessibility to locations with factories and its population size to ensure that a sufficiently large cadre of specialists exists.[52]

4. Tailor capacity strengthening to the local situation. Issues that are particularly different from state to state are access to care and support and denial or rights of people living with HIV.

5. Each type of target group has different needs in terms addressing risk behavior, language, cultural and other issues that affect how to do implement BCC. Additional toolkits for diverse sectors and expertise on methods to adapt them to individual situations are needed.

6. Although the KAP provides some useful input into how to approach HIV in the company, size and internal complexity within companies requires flexibility on the part of the trainers and peer educators.

7. Management needs a different approach in terms of awareness raising and behavior change than workers at other levels.

8. The number of master trainers and managers who are knowledgeable on HIV is still not sufficient and more training is needed.

9. Throughout all activities it was clear it is more effective to mix HIV Workplace efforts with other approaches on health, security, other labor issues and concerns affecting the workplace. Placing the issue of HIV in a larger framework of general health is, for example, more effective than discussing just HIV. Addressing HIV as an isolated issue, especially where there is low HIV prevalence, means that gaining the attention of management and workers at all levels is much more difficult.

[52] In some countries large work sites with vulnerable populations can be found in isolated areas such as in the case of mines.

10. Peer educators need additional detailed background information for them to consult so that they can answer questions.

11. Peer educators who are not directly known to those they try to reach need to have identity cards that validate their work. In the case of the informal economy peer educators do not always know their target group directly.

12. It was found to be essential not to push the discussions too quickly but to gain the trust of the workers slowly.

13. Corporate groups need to continue to be encouraged to develop their own BCC materials for ownership and relevance.

14. Additional materials and innovative activities need to be developed. Training and awareness raising often needs to be repeated and participants quickly become bored when the materials are repetitive.

15. Showing popular films that cover HIV issues during lunch breaks is effective.

16. Materials used in training need to consider that some individuals have very little basic knowledge about the human body so it is very difficult for them to understand anything that affects the reproductive organs. Additional materials that assist to explain the human reproductive system would be helpful.

17. Information on gender issues is under highlighted in training materials.

18. Materials can also cover issues such as the economic consequences for the family if a member becomes HIV positive.

19. Using STIs as the initial point of discussion is helpful since most participants are already aware of STIs as opposed to talking immediately about HIV.

20. Educated persons are effectively convinced through the use of data and other research results but additional "myth busting" games could also be developed for less educated individuals.

21. Short animated films would also be useful and can even be used to illustrate difficult points such as the attack of white blood cells. Super heroes in animated films are also popular and recommended by peer educators.

22. A system needs to be designed to ensure that new persons are trained to replace peer educators who leave their position or no longer wish to work as educators.

23. Replicate the Ambuja Cement company system. The system uses an automatic interactive voice response system where people can call and ask questions about HIV. Cards with the number to are distributed to workers and others in the outreach program. If a person cannot get an answer to their question they can leave their question and will be contacted with answer within 72 hours. The system was proved effective.

24. Mainstreaming of HIV discussions into regular informal encounters among staff is important for long term effectiveness.

25. Advocate that companies take the opportunity of World AIDS day to highlight the HIV in the workplace issues and organize events.

26. Unions can integrate HIV in their regular workers training courses.

27. All peer educators and masters trainers need to have sufficient materials to hand out.

28. Peer educators who work on a number of labor issues, as opposed to working only on HIV, tend to be more effective. Workers are more willing to listen to those who can help them with different problems, particularly labor issues. Provide more training on other issues such as gender and drugs so that they can provide more well rounded packages of information.

29. The peer education method was effective because it helped to reach all workers more easily.

30. Some peer educators and master trainers noted that they need more monitoring and follow up support to continue to implement their actions correctly.

31. Mainstreaming HIV is less costly for companies than having a separate training course on HIV. Having a separate HIV training is more likely to have in-depth impact but is less likely to be sustainable over the long term given the current relatively low prevalence levels in India.

32. Increase the capacity of migrant workers to reach out to their own communities upon return and provide training to their families and peers in the community.

33. Master trainers and peer educators can also provide their services to NGOs or other agencies willing to finance them to implement actions. They can then broaden their impact and reach. A small guide to help them promote their skills can be developed to assist them in this endeavor.

Involvement of People Living with HIV

1. An issue to consider is the legitimate concern of some of their workers about post-retirement care of PLHIV. This issue is not yet highlighted in most of the activities being implemented.

2. The ILO can also link efforts on HIV to assisting PLHIV to improve access to employment and/or work in the informal economy by creating synergies with livelihoods and other income generating projects.

3. Capacity strengthening of stakeholders using less formal means—such as through technical support in their companies/agencies, through meetings and e-mail exchanges—has been important at the level of decision makers. The capacity strengthening of such decision makers was not adequately covered in the PMP despite its importance for long term sustainability.

Project Monitoring, Baseline, Impact Assessment

1. Additional discussions to deepen understanding of the findings of the mostly quantitative baseline in India, particularly in focus group format, would have been beneficial.

2. In a conservative country such as India it is uncertain that workers will honestly report their sexual behavior to an interviewer. Other methods using anonymous reporting techniques exist for use even with non-literate persons and should be used.

3. While the purpose of the baseline studies was to establish a data baseline it is important not to immediately extrapolate the results beyond the types of groups that were studied.

4. Indicators need to be well based in project actions. Some indicators needed for cross country comparison were introduced that were not well based in the project actions. At the same time, some of the existing project actions were not reflected among the indicators so the importance of such actions was under highlighted in the data tracking.

5. The current system includes important measures but the level of detail does not necessarily encourage the transition of the monitoring system to a national body. A simplified monitoring plan should be included in any sustainability plan to ensure that national entities can appropriate and implement it beyond the life of a project.

6. Although it is ideal for the PMP measures to be the same over the life of a project to allow for comparison, it should be sufficiently flexible to allow for some adjustments as the project acquires experience on the usefulness and complexity of tracking.

7. Additional qualitative monitoring, preferably based within the workplace, needs to be developed. Qualitative monitoring would also help in the monitoring of actual behavior change, a factor that is under highlighted in the current PMP. A system that includes input from workers using qualitative as well as quantitative input on core issues can be useful to improve the actions and sustain interest of workers.

8. Assessing the data tracking tables is somewhat complex because quantified targets are not provided. Assessing the level of improvement is highly dependent on the individual situation within a company or stakeholders' organization. Factors such as the baseline results are highly relevant to interpreting any level of improvement. Under usual circumstances it would be ideal to conduct a baseline and set achievable and acceptable targets based on the baseline results.

9. Confounding factors need to be considered when interpreting impact assessment results. If numbers of people reporting casual sex do not go down or only go down marginally, it may actually be because more people are admitting to casual sex after training.

10. To measure results accurately and take the challenges of inadequate quality of data into account, consider apply statistical methods that take these aspects into account.[53]

[53] See Guerreiro Osorio, Rafael (2008) for examples.

11. Cross country comparisons also need to take into account that major recent regional studies have shown that sexual behavior is very different in countries such as India as compared to some other parts of the world. Differences in sexual behavior will influence the types of results on any common indicators reflected in the data tracking tables.

12. Internal monitoring systems need to be developed for use by implementing partners. Monitoring systems for some of the stakeholders in India were designed and adopted but need to be up scaled to cover more types of partner agencies.

Target Sectors, Formal and Informal Economy

1. In a country such as India with high numbers of internal and external migrants it can be useful to review documentation and/or carry out a study on their vulnerability to HIV. Consider that migrant workers are a complicated group to address as, aside from mobility and high poverty levels, they have few factors in common. Develop strategies to reach migrant laborers in accordance with their situation.

2. One of the ways to reach the informal economy effectively is with the support of employers' organizations and unions. Employers' organizations can motivate their membership to invest in corporate social responsibility programs on HIV with their informal economy supply chain and transport partners. Formal sector master trainers and peer educators can also reach out to their local communities with BCC efforts through corporate social responsibility activities. Master trainers and peer educators in some unions with informal economy membership can be trained and implement actions with their informal economy membership.

3. Directly working with individual enterprises is very important in the initial stages of the project as it ensures that the project acquires necessary experience and insight into effective workplace approaches. It is difficult for project staff to provide credible and useful technical support to senior tripartite representatives without direct experience in enterprises and other workplaces.

4. Support from senior management is key to successfully implementing a program on HIV in the workplace and needs to be fully acquired prior to trying to implement activities.

5. Turn-over among the staff assigned to be the focal point within a company or agency affected continuity. Either the focal point was promoted or left the company for another position.

6. The project found that there are different advantages and disadvantages to the selection of focal points originating within different company departments. In the case of a focal point within the human resources department it is easier to promote and develop a company policy. In the case of medical personnel selected as focal points the initial "buy in" may be a little slower because they are seen as coming from a type of niche area within the company. Medical personnel, however, have the advantage of having often developing a more comprehensive understanding of HIV and its ramifications.

7. Ensuring from the first meetings that the roles and resources needed from implementers of the programs were clear is key to success. Issues such as time, number of staff and budget amounts to be allocated need to be very clearly stipulated. The economic ramifications of HIV are a key factor in raising awareness of the importance for companies to implement a program on HIV. The message is effectively communicated by PLHIV who have been key advocates in the project. Their advocacy often centers on explaining the cost of firing an employee and training new workers.

8. Increased capacity strengthening at enterprise level to promote non-discrimination beyond the world of work deserves increased attention. The model is currently mostly focused on stigma and discrimination in the workplace but workers and their families are also part of communities. Companies could be encouraged to integrating means to support workers beyond the workplace in the HIV program, e.g., ensuring that the children of workers living with HIV can attend local schools. Provide capacity strengthening and or linking to groups that can provide support.

9. Monitoring systems designed with the corporate partners were primarily intended for long term use by the companies themselves. A great deal of follow up and technical support is needed to ensure that the monitoring system is effective. The focal point within the corporate groups needs to track all the data collection which can be challenging since the corporate groups are large. Data collection still needs to be streamlined.

10. It is more effective to gradually build up the programs and not to try to "push everything on company management at once.

11. It is particularly useful to be able to show that a worker who is HIV positive can be maintained or reintegrated their workplace.

12. The project staff indicated that pushing companies strongly to pass policies is not effective as they might simply adopt a policy but not enforce it. Companies need to be fully in favor of the policy before adopting it formally.

13. Some companies finally adopted a policy because the project convinced them that doing so would contribute to improve their labor relations.

14. Differences between the multinational companies and the national companies were identified. It is often easier for the multinational companies to promote and implement HIV programs because their headquarters offices encourage it. In the case of national companies success is easier to attain if someone at a high level in the company becomes interested in and promotes the issue on a personal basis.

15. Strong reliance on Corporate Social Responsibility programs can be ineffective because funding for CSR may be decreased or its focus shifted to another area any existing program on HIV will decline. Advocating for mainstreaming of HIV efforts into human resources or other budgets is more sustainable. The use of CSR can still be advocated to implement corporate outreach programs.

16. CSR programs that focus on implementing BCC on HIV in the surrounding community are, very positive and need to be encouraged. Few companies would

undertake such programs through their regular budget so CSR offers important opportunities to reach a wider population.

17. Specific issues need to be considered at workplace level:

- Top managers sometimes say they will support the program but do not attend themselves although they are also part of the workforce and are also at risk.
- Top managers need to be provided directly with counseling on HIV in the workplace if they do not attend training themselves.
- Companies frequently do not provide any working hours or only provide a limited time for training on HIV. Where workers have to participate in organized training during their breaks or after work it is difficult to draw and keep their attention. "They also need their rest periods."
- PLHIV have only been trained on advocacy and training while they believe that they can also be trained on policy issues so that they can play a greater role in promoting workplace policies.

18. Field visit exchanges of enterprises with HIV programs should be promoted so that exchanges of experiences and long term inter-company supportive relationships on HIV program implementation can be further established.

19. The promotion of HIV testing at staff gatherings such as parties is effective, particularly if management also participates.

20. Implementation was more successful if the staff worked directly with individual enterprises as opposed to through other agencies. Where efforts are initiated through employers and workers organizations or government agencies they are usually integrated as part of a larger program and some of the achievements are diluted.

21. Managing condom distribution is not always straightforward. In the case of condom dispensers they need to be maintained with a good supply.

22. Voluntary testing and counseling but also other forms of counseling related to HIV issues is often limited so meeting workers counseling needs is a challenge in many companies.

23. One of the main challenges of reaching the informal economy worker is the geographic dispersion and wide diversity in ways of living and culture.

24. The informal economy is expensive to reach but identifying innovative ways to reach them through their non-workplace membership groups can reduce costs. Informal economy workers can be members of other types of groups such as religious groups; migrant associations of people from the same community of origin; cultural groups and even political movements. It can be argued that reaching workers through these types of groups goes beyond the ILO mandate. At the same time they present viable means to reach informal economy workers that may otherwise be difficult or costly to reach. Options to reach such groups can be either through the creation of synergies with other organizations or through NGOs.

25. Informal economy workers are difficult to reach if they are casual workers because they may be present for just one session and are not longer available for the next session. Innovative ways to ensure that such workers still receive sufficient input need to be developed.

26. The number of workers in the informal economy and their diversity makes reaching them effectively a challenge so it is most effective to work through existing workers organizations, local NGOs and community based organizations. The identification of community based organizations and their involvement can be stimulated more to reach informal economy workers effectively.

Establishing Linkages

1. Linking the efforts of projects on HIV in the workplace with general health services offered through national and state health services needs to be increased.

2. A stronger concentration at the national level and greater involvement of local NGOs to implement workplace actions could be beneficial. High concentration of the limited staff on enterprise programs means that some opportunities to provide capacity strengthening at national level were missed.

Sustainability

1. Having corporate groups invest financially in their HIV program is effective since it adds to their sense of ownership and interest in sustaining their program.

2. A more gradual phasing out of a project on HIV in the workplace is preferable. Phasing out should be followed up by some post phasing out activities to ensure complete sustainability.

3. It would be useful a system to follow up or monitor project actions post project to occasionally track the results were developed. The system should cover all former project actions and not only those within enterprises. Such a monitoring system could be used to inform future sustainability plans both within the country and other countries. The monitoring system could, for example, determine why some actions are more sustainable than others.

General Aspects Model

1. The model also needs to further be developed to cover workers in sectors that have, so far, received little attention. These include agricultural workers who may, on occasion, travel to the urban areas to sell their products and engage in casual sex.

2. Each component of the model needs to be studied together as well as separately and its relevance to replication in other situations and countries determined.

ANNEX 2: EXAMPLES AND DETAILS SUPPORTING FINDINGS

Finding: Creativity of individual staff members—as well as of some of the project partners in the field—to adapt the project.

Example: In Mumbai, for example, the project developed interesting approaches with the Mumbai Port Trust to reach casual and permanent workers in India's largest port city. The principal partner within the Mumbai Port Trust was the hospital for Trust staff that also provides services to port casual workers. The program of the Mumbai Port Trust includes community outreach.

Finding: The representative of the Indian Network for People with HIV/AIDS noted that their input and comments were seriously considered and the project design was adjusted accordingly.[54]

Example: As a result of the input of people living with HIV (PLHIV) increased focus was placed on issues of stigma and discrimination and the active role of PLHIV in project implementation.

Finding: The project was developed in support of the Indian government's broad strategies to address HIV and played a key role in prioritization of WPI in the NACP-III

Example: NACO states in its message of introduction to the Indian Employers' Statement of Commitment on HIV/ADS that: "The ILO code of practice mirrors the vision & action statements in India's National AIDS Prevention and Control Policy."[55]

Finding: The experience gained in the formal sector, while using different tools than those needed for informal economy workers, was valuable and proved to be a good starting point.

Details: While the informal economy employs far greater numbers of workers, it would have been unrealistic to try to work primarily with these groups from inception.[56]

The project developed mechanisms to reach the informal economy through employers' organizations, corporate social responsibility programs, unions, and partner NGOs. Migrant workers are an important group within the informal economy that is considered highly vulnerable as also recognized in the National AIDS Control Program III.[57]

The formal sector employs many types of workers including a large proportion that is not very educated. The project developed materials that were also suitable or could be adapted for semi and non-literate workers.

Finding: Addressing the informal economy worker, particularly migrant, is important in any project on HIV in India. Migrant workers are considered highly vulnerable as also recognized in the National AIDS Control Program III.[58]

[54] Celine D'Costa.
[55] Indian Employers Organisations of India (2005). Indian Employers' Statement of Commitment on HIV/ADS. ILO. Geneva and New Delhi. P. 3, para 2.
[56] See Annex 4 for details and discussion of numbers of workers in the informal economy.
[57] National AIDS Control Organisation (2007).
[58] National AIDS Control Organisation (2007).

Example: The number of workers in different types of sectors is very large. The public sector alone employs over 18 million workers.[59] The government assesses that the number of people working in the informal economy is 340 million while the formal economy employs approximately 55 million persons.[60] The agricultural sector is part of the informal economy in India. The number of informal economy workers in agriculture is 181 million while the workers in other informal economy sectors number 159 million. Certain sectors, such as construction are also included in the informal economy figures as most workers are casual laborers.

Migrant workers are simultaneously hard to reach because of their high level of mobility. Some interviewees also noted that omitting agricultural areas in awareness raising and BCC programs is ill advised. Most migrants originate in rural areas and at least occasionally return home. As a representative of the Council of Indian Employers noted: "Women in rural areas do not have much voice and they should be addressed. Poverty is also a huge factor. They cannot ask their husband not to go to the city to work."

Agencies working on migrants include the AVERT Society in Mumbai. AVERT is receiving technical support from the project through PEPFAR funding. The interviewee from AVERT emphasized the great challenge of reaching the informal economy worker in general and the migrant worker in particular. They have tried innovative techniques such as organizing street plays while people wait in line and placing boxes with condoms at strategic places.

The project targeted enterprises in specific types of sectors and a range of companies was also targeted through employers' and workers' federations and other partners. The federations usually include a wide assortment of types of companies in different sectors.

Definitions used by the government to describe worker types impede the implementation of actions directed at migrants. According the some officials interviewed, migrants are often defined as people who have stayed in a location for less than one year. Some migrants stay for many years in one location but maintain a home base and family in their ancestral community. This type of classification using duration as a criterion may mean that longer term migrants are not included in actions because they do not fit the definition.

Migrant workers are a complicated group to address as, aside from mobility and high poverty levels, they have few factors in common. All attempts to create a consistent infrastructure to address HIV in the workplace of migrants are challenging. The number of migrants in certain sectors, such as construction, is very high. Some stay in a location for just a few hours while others will stay for several months or even longer. They often come from diverse cultural and religious backgrounds. Some travel longer distances away from their communities for work while others are closer. Frequencies of home visits back to communities also vary as well as the size and extent of tight family structures in the home communities.

The 2006 HIV Sentinel Survey indicated that, among antenatal attendees, HIV prevalence was

usually highest among women whose spouses were employed in the transport industry in most states.[61] In some states, namely Manipur and Nagaland, HIV prevalence was the highest among women whose spouses were industry/factory workers. [62] In fact, the recommendations section of the survey notes that behavior change communication campaigns among mobile populations

[59] Labour Bureau (2007)
[60] National Commission For Enterprises in The Unorganised Sector (May 2006)
[61] The National Institute of Health & Family Welfare (NIHFW) and National AIDS Control Organisation (NACO). (2007)
[62] The National Institute of Health & Family Welfare (NIHFW) and National AIDS Control Organisation (NACO). (2007)

including truckers, hotel staff, factory workers, migrants and laborers need to be strengthened.

In agricultural areas where there are large landholding areas, such as in sugar cane production and tea plantations, casual sex among workers in common. Contractors in such areas are also said to request sexual favors, especially from female employees. One NGO representative noted that the level of awareness of among agricultural workers living with HIV is low. One young man living with HIV reportedly requested to know if it was acceptable for him to marry as he had "grown up" now and was ready to marry and have children.

Finding: Workers and employers at enterprise level often found HIV to be a rallying point for joint efforts.

Details: Both management staff and peer educators commented on the contribution of HIV in the workplace actions toward the improvement of relations through common efforts. HIV is usually seen as a non-contentious issue that results in a win-win situation for all concerned. Employers were able to demonstrate good labor initiatives while workers could contribute directly to the wellbeing of their fellow workers. Subsequent to successful awareness raising campaigns all partners usually rallied around HIV in the workplace as a point of common interest.

Finding: The project contributed to the adoption of policies and strategies on HIV in the workplace.

Example: The ILO Code of Practice was officially endorsed by NACO in 2006 through continued advocacy and lobbying by the project and the PMT members. The project is recognized by experts for its persistent efforts in this area.[63] The Ministry of Labour and Employment (MOLE) and NACO have drafted a National Policy on HIV/AIDS and the world of work which is in the process of finalization. NACO has repeatedly mentioned the importance of private sector involvement and addressing HIV in the workplace in official documents, guidelines and on their website.[64] One set of guidelines on working with migrants and truckers, for example, includes a section entitled "NACO guidelines on Strengthening HIV/AIDS interventions in the world of work in India.[65]

The Indian Employers' Statement of Commitment on HIV/AIDS was facilitated by the ILO project, NACO and MOLE in 2005 and is published on the NACO website. [66] A Joint Statement of Commitment on HIV/AIDS of the Central Trade Unions of India endorsing the ILO Code of Practice on HIV/AIDS was adopted in 2007. The Indian Network of People Living with HIV/AIDS has also endorsed the ILO Code of Practice as the key instrument for reducing HIV related stigma and discrimination and protecting rights of PLHIV at workplaces. The INP+ has over 100,000 members. The ILO project and project stakeholders have contributed to the development of strategies for the National AIDS Control Program III.

A draft law on HIV has been submitted to the government but adoption procedures are still in progress.[67] The law covers many issues, not only on HIV in the workplace. An important

[63] Including UNAIDS, USAID, US Embassy staff.
[64] National AIDS Control Organisation (2008). National AIDS Control Organisation (2007).
[65] National AIDS Control Organisation (2007).
[66] Indian Employers Organisations of India (2005). Indian Employers' Statement of Commitment on HIV/ADS. ILO. Geneva and New Delhi. (Accessed 10-06-2008; http://www.nacoonline.org/Quick_Links/Publication/IEC_Mainstreaming_and_Social_Marketing/Others/ILO_Indian_Employers_Statement_of_Commitment_on_HIVAIDS/)
[67] Ministry Of Law And Justice (2006)

component, however, is the prohibition of discrimination in the workplace based on HIV status. A large amount of advocacy to support the draft law has already been undertaken. : "The Labour Minister is the convener of the Parliamentary Forum on HIV/AIDS set up in India." One interviewee noted that a sense of urgency to pass the law is lacking, HIV is seen as an important issue but not a priority. Although the ILO project has provided advocacy support in collaboration with its partners, ensuring passage of the law is no simple matter. Several interviewees noted that passing laws in India is a very long and bureaucratic process and that the draft law may cover too many separate issues to ensure relatively swift passage. As India is a very large democracy, successful deliberations and passage of the law first requires input from a range of sources.

Finding: An ILO expert on unions noted that there is sometimes a disconnect between the central offices of the trade unions and their local level offices.

Details: National level officials sometimes have "insufficient feel of what is happening at the local level". The leadership in some trade unions at national level is also quite old and several are perceived as having a high level of discomfort discussing HIV and sexuality.

Finding and comment: One issue affecting enforcement of laws on the labor rights of PLHIV is the lack of a special legal court or specialists who can judge cases that might be brought forward as a result of the potential new law. There has been some training for judges but according to some interviewees most legal system officials do not yet really understand the issues.

Finding, best practice: The project is careful about how to offer advice and opinions and does not force their point of view on tripartite partners. The project staff recognizes that true acceptance of the necessity to address HIV in the workplace cannot be forced.

Example: Recently, in May 2008, the project provided support for a round table of twelve major trade unions to identify specific sectors and geographical areas where they had strong presence and membership strength. Priority was placed not on HIV prevalence rates but union strength. While, theoretically, it appears ideal to select locations and target groups with high prevalence rates of HIV, in practice this may not serve long term up scaling of efforts. The project has responded wisely by not trying to influence the decision making on the selection of locations to the unions. In terms of sustainability it is important that workers and other organizations implement programs on HIV throughout their organizations. First gaining increased experience in areas where they are strong, however, will provide lessons learned for them to implement in new areas and focus can increasingly shift to high HIV prevalence locations.

Finding: The Project Advisory Board met regularly and provided input into project operations and overall planning and policy development on HIV in the workplace for India.

Details: The PMT is chaired by the Ministry of Labor. Regular progress reports were submitted and discussed within the PMT and work plans fine-tuned and finalized during meetings. The meetings are held every 3-4 months.

PMT meetings are carefully planned and a report of the minutes of the meetings is sent to all participants and approved. Democracy is a key element in government functioning in India. The PMT has, therefore, been instrumental in direct advocacy with the government because it is recognized as representing a range of important and large entities. The project staff noted that

this was very useful as opposed to advocacy being stimulated only by the ILO.
Finding: One of the challenges, however, was that in some meetings of the PAB organizations have sent consultants instead of senior decision makers who do not have the institutional history in mind. **Example:** MOLE has sent a request to NACO, for example, that they need to send a more senior person. The role of MOLE as chair of the PMT has been efficient in terms of scheduling and approving the minutes of meetings.
Finding: The role of PLHIV has been important in the PMT. **Example:** An interviewee from the Indian Network for People Living with HIV/AIDS (INP+) had an interesting comment. The project invited an INP+ representative to become a member of the PMT and they were already represented from the second meeting onwards which proved to be a very useful step. As the INP+ representative noted: "My personal history woke everyone up" As discussed in Section (4.7) on Behaviour Change Communications, involving PLHIV in advocacy and training proved to be very effective overall.
Finding: The project has contributed to improving government capacities to implement HIV in the workplace through technical support on linking strategies and mainstreaming. **Example:** The project prepared drafts, for example, on how to link prevention strategies and inputs on HIV in the workplace for the NACP-III. The project further participated in NACO's initiative to mainstream HIV into various ministries and departments. Experience acquired by the project together with MOLE and the Ministry of Coal, Mines and Steel were collated and provided to NACO for the purpose of developing work plans of these ministries on mainstreaming HIV/AIDS.
Finding: Capacities have been strengthened at national and state level to support development of workplace policy and programs. **Example:** The V.V. Giri National Labour Institute (VVGNLII) staff were trained and benefited from capacity strengthening from the project. These efforts have already had a cascading effect. The parliamentary committee on HIV is chaired by the minister of the MOLE. The minister sent his staff for capacity strengthening on HIV to the VVGNLI. A yearly selection of the country's senior labor officers are also sent for training to the VVGNLI for one month. The VVGNLI further conducts a 21 day training annually for international personnel working on labor issues and has included a session on HIV in the workplace. The managing board of the VVGNLI has a tripartite structure with representatives of employers and workers organizations as well as academicians. The five central trade unions are closely associated with the project and with the VVGNLI.
Finding: It is not possible to develop any program for capacity strengthening that will be similar in every state. It is important to tailor capacity strengthening to the local economic, socio-cultural and political situation. **Details:** Differences in terms of HIV prevalence, population density, religion, caste, poverty levels and many other socio-cultural and economic factors in different parts of the country need to be considered. Issues that are particularly different from state to state are access to care and support and denial or rights of people living with HIV. Workers who wish to be tested also need

to go very far since coverage is not yet complete.

Finding: A fresh look needs to be taken at how the HIV in the workplace model can be linked to the wider socio-economic structure. A new project may be needed in order to address this important issue.

Details: While the project cannot address all issues related to HIV, comments by interviewees regarding the wider society in which workers live provide pause for reflection. Children of workers who are known to be HIV positive commonly face problems in gaining admission for their children in schools. Any number of untrue reasons is provided to avoid admitting such a child. The project does provide some information on groups such as networks of people living with HIV but these groups cannot address all of the needs.

Finding: The corporate group interviewees and other institutions approached for the assessment were unanimously enthusiastic about the project.

Short summaries of findings on selected corporate groups—

1. As the representative of Ambuja Cement stated: " I give full credit to the ILO for changing our mindset." Ambuja Cement is implementing their HIV program and formal policy across 17 locations in 7 states. We have a lot of employees and the policy applies across the country. In each of the 17 locations a focal point has been appointed who act as a peer educator but also counsels patients and even accompanies them to access care and support services if needed. The interviewees from Ambuja Cement reported that their workers are coming forward for testing. One particularly successful approach is to organize testing when there are staff gatherings.

2. Representatives of Crompton Greaves, an Indian multinational producing electrical transformers, have developed a program for their workers and also for the surrounding community. Efforts in the community are implemented through their corporate social responsibility program. The interviewees indicated that it was very difficult initially to obtain the interest of senior staff in the units to implement a program on HIV in the workplace due to the low prevalence in the area. Frequent comments were, "If there are 2-3 people affected what does it matter?" and "What nonsense, how do you expect people to talk to you about HIV?" The interviewees reported that as the BCC was implemented "These people who were highly opposed, both male and female, are now very enthusiastic."

   The Crompton Greaves representatives noted that many workers had some basic knowledge about HIV through the media but, prior to the program, they did not really understand the importance of the issue. There had been a great deal of discussion about doing pre-employment testing for HIV within the company but since the program was implemented the company decided not to test for HIV.

   Another issue raised by the Crompton Greaves interviewees is the legitimate concern of some of their workers about post-retirement care of PLHIV. In fact, workers protested through their union that any program on HIV needed to address such issues as well. Company programs commonly only cover workers while they are in employment with the company but post-employment care and support is not included. Crompton Greaves has now taken the initiative to set up a committee to study all of the ramifications of pre and

post employment issues on HIV.

3. The Mumbai Port Trust operates a large hospital for port workers and their families. The Mumbai Port Trust was an effective partner because the hospital staff is very committed to addressing HIV. The hospital staff arrived in a large number of about 20 staff members to meet with the evaluator and enthusiastically related their experiences with the ILO staff and the SACS specialist. Although the hospital already had a program on HIV prior to working with the project, it was not well structured and no data was being collected or analyzed. The hospital has now adopted a formal policy on HIV in 2007. The staff noted that having the policy and communicating it to the workers has been very effective. More workers have come forward to ask questions about HIV since the policy has been instituted. Staff further requested more support from SACS in terms of equipment and HIV testing kits. The staff also reported that the principal reason that they are able to successfully implement their program is because they receive a great deal of support from their senior management.

The interviewees from the Mumbai Ports Trust requested more organized exchanges through field visits with other hospitals to learn and share experiences about handling the issue of HIV. Joint meetings are already being held but they believe that field visits would be more effective. They, further, noted that other ports in India had not yet started special programs on HIV and that they are ready to assist them to develop a program.

Finding: Companies need to be fully in favor of the policy before adopting it formally.

Example: In one case, for example, a company was very active but still did not pass their policy after substantial time had passed. The project staff was starting to question whether they should continue to promote the policy in that particular company. The company was still carrying out pre-employment HIV testing but finally decided to abolish the practice and signed their new policy into practice shortly afterwards. Another company took some time to study the economic ramifications of implementing their policy before adopting it.

Finding: The economic ramifications of HIV are a key factor in raising awareness of the importance for companies to implement a program on HIV.

Details: The message is effectively communicated by PLHIV who have been key advocates in the project. Their advocacy often centers on explaining the cost of firing an employee and training new workers.

Finding: Involving PLHIV with the project and for advocacy was very effective and recognized as such. The general opinion that "People with HIV cannot work, they are dying" is effectively counteracted by meeting advocates who are living with HIV.

Examples and details: One PLHIV advocate provided a sample of the types of comments she received such as, "Wow you have guts." She went on to note that it is common for people to say they cannot believe that someone with HIV will stand up and say that they are living with HIV. A certain level of respect for the courage of the PLHIV results and participants are more willing to listen to what she has to say.

As a PLHIV indicated, Apollo Tyres Limited has even appointed a PLHIV to help implement their Corporate Responsibility Social Outreach Program. Apollo Tyres recently received an award for their corporate social responsibility community outreach program on HIV from the

Federation of Indian Chambers of Commerce and Industry.(Chatterjee, Surojit, 2008) ; Apollo Tyres Limited, 2008)

PLHIV raised some important points regarding the effectiveness of their work with companies.

- Top managers sometimes say they will support the program but do not attend themselves although they are also part of the workforce and are also at risk.
- Top managers need to be provided directly with counseling on HIV in the workplace if they do not attend training themselves.
- Companies frequently do not provide any working hours or only provide a limited time for training on HIV. Where workers have to participate in organized training during their breaks or after work it is difficult to draw and keep their attention. As one stated, "They also need their rest periods."
- Too few companies have adopted policies on HIV in the workplace.

Finding: Employers in the formal sector can contribute to reaching informal economy workers.

Examples: Employers' organizations can motivate their membership to invest in corporate social responsibility programs on HIV with their informal economy supply chain and transport partners.

Formal sector master trainers and peer educators can also reach out to their local communities with BCC efforts through corporate social responsibility activities. Master trainers and peer educators in some unions with informal economy membership were trained and have implemented actions with their informal economy membership. Some unions have also expanded their membership of informal economy workers and plan to continue to do so in the future.[68]

Finding: The use of Knowledge, Attitudes and Practices studies at the beginning of a project is very useful as an advocacy tool to convince management that a program on HIV is useful and should be supported.

Example: The representatives of Crompton Greaves found the KAP survey to be particularly enlightening even if some workers had left sections on sexual health blank. The staff found the frequency of some of the risk behaviors surprising.

Finding: Although the corporate groups associated with the project usually offer some type of medical services most do not have the required expertise and resources to provide full scale services on HIV.

Examples and details: An employers' group representative interviewed indicated that diagnostic care and ARV can best be coordinated through government services as opposed to promoting care and support through companies. Only large companies would have the necessary medical and counseling skills to handle such issues sensitively and correctly.

The Crompton Greaves representatives indicated that they cannot offer all the required care and

[68] Such as the Indian National Trade Union Congress and the Hind Mazdoor Sabha.

support. Counseling workers individually is a problem area as staff is not skilled on the techniques. Locally available counseling is also very limited so meeting workers' counseling needs is a challenge. The employers' organization representative reported that some companies, are averse to working with government centers since they consider that there is too much "bureaucratic red tape." Some interviewees mentioned that they still need more and continually updated information on VCT, care and support. Some type of system needs to be developed so that enterprises are kept informed of new services at their worksites. Such a system could be developed in cooperation with the SACS.

Finding: The Hind Mazdoor Sabha (Union) is working primarily with construction workers, most of whom are migrant casual-daily wage workers in the informal economy. Because the workers only spend a short amount of time standing waiting for possible work the methods need to be adapted.

Details: Only about 50% of waiting workers are truly interested in the session since many feel they already know sufficiently about HIV through the media although they still have misconceptions.

The Union representative noted, "We find that people's behavior has really changed. They do practice safe sex. Acceptability of people with HIV has improved although it is not yet complete. Workers also know they can approach the local HIV committee for any information."

Finding: The working conditions and practical aspects of implementing actions in blocks through CBWE need to be studied and improved to increase effectiveness. Lessons learned from the pilot projects need to be thoroughly assessed and used in future planning.

Examples: The education officer also indicated that in the block where the pilot action was implemented there was no office space for him to meet with the volunteers and peer educators. He was, fortunately, able to arrange for the use of space within the office of a local NGO but it may not always be possible to make such arrangements when up scaling such efforts.

Volunteers stated that they faced challenges such as the mistrust of the local workers who ask for identity cards that justify their task to discuss such a sensitive issue. The volunteers reported carrying condoms with them so they can hand them out to people if asked. Some workers refused to talk to the volunteers saying that they do not "get HIV". The peer educator also noted that it is sometimes difficult to get his neighbors to listen, "People also say, 'why are you coming to meet me, you must be getting something out of it. Instead of listening to you for one hour, why should I waste my one hour for you?' They feel they only get awareness and not any benefit." Placing the issue of HIV in a larger framework of general health was more effective than discussing just HIV. The volunteers also found that it was essential not to push the discussions too quickly but to gain the trust of the workers they met slowly. A peer educator reported that he is sometimes asked to go with a worker for VCT because they are afraid to go on their own.

Finding: The materials developed by the project are good in quality and content and are well appreciated by the stakeholders.

Examples: Although the project did not strictly follow the BCC Toolkit outline to develop their materials they have integrated a certain flexibility into their approach so that stakeholders can adapt methods as needed. The project staff emphasizes to the corporate managers that it is their own program, not an ILO, NACO or NGO program. "We did not want it to be too prescriptive. We did not want to make them think that they only have to do it our own way. We give guidance but later on they should be able to continue and even develop initiatives on this subject on their own. How do I adapt to the individual workplace is the issue, not whether it is IEC or BCC."

The project staff indicated that using a strict approach could lead to opposition by some companies that would resist the very idea that they have to use a toolkit developed by outsiders for their own program. The project provides them with core materials developed through a series of steps using KAP results and input from key stakeholders as samples. The core materials consist of booklets, guides, card games, flip charts with stories and images for the semi-literate and non-literate, video, pamphlets, posters and other materials. The materials are used in different interactive ways. Some companies elect to use the core materials directly while some adapt the materials and others use different methods. Companies, employers and workers organizations, NGOs and government agencies usually implement a KAP study directly with their target group to help them to adapt their materials and methodologies. The V.V. Giri National Labour Institute has developed their own guide for trainers based on their experience, for example.

The project developed a type of card game that develops understanding of all the key issues which is very popular. When the evaluator first saw the card game she had her doubts that some of the contents such as the scientific definition of HIV seemed complex for some people who may not be literate. As a result of this skepticism the evaluator asked all the relevant interviewees how their participants responded to the card game and was surprised to learn how effective it was considered. One PLHIV stated, "I have personally field tested the card game with over 400 people in Hindi. When they are sitting there and they have finished the card game I give additional information, they really understand it." The interviewees also considered the inclusion of the definition useful as it provides an opportunity to explain the context of the HIV infection." Often companies provide small rewards for winners of the game which adds to its success. Peer educators considered that the content of the card game was highly relevant and not overly technical since it helped workers to understand the issues.

The project developed two stories displayed on small flipbooks for participants who are semi-literate or non-literate. The stories are realistic and well targeted to some of the potential audiences. In one case the story is told of a worker who returns home to his village from his time working in the city. This basic starting concept of the story is very familiar to many of the audiences. The graphics are well done and the story clear with content covering all the major issues. The Delhi State AIDS Control Society has replicated the flipbook after pre-testing it and found 90% of the contents to be relevant to their target groups.

The material could be improved by inserting the text of the story on the back of each image of the flipbook so that the facilitator can easily tell the story and not forget to cover all of the points.

An interviewee from another State AIDS Control Society reported that they even use the card

game with informal economy workers. "Even if they cannot read or write we ask others to help them and use the flipbook. They like that because it is in a story form."

The Council of Indian Employers interviewee noted that the project materials are very effective, illustrative and interactive. He also stated that the industrial landscape in India is so diverse that it would not be possible to prepare materials and actions adapted to each and every sector. Versatility is brought in through using different formats including bringing in PLHIV.

PepsiCo developed a storybook in comic/cartoon format which they have found to be very effective with the people in the communities surrounding the plant where it was pilot tested.

It is also important to consider that many people are already exposed to messages in the media. Materials need to take into consideration that information may be coming to the participants from different sources.

Finding: Some peer educators reported that they are still not sufficiently confident to answer all of the questions that workers ask them, particularly on the subject of STIs.

Examples: Some participants also ask questions about the usefulness of ayurvedic traditional medicine and state that they do not have answers. Another common question that consumes a great deal of time to discuss is about the origin of AIDS. The educators state that simply having additional detailed background information would be useful as a resource for them to consult.[69]

Some peer educators also reported that some individuals have very little basic knowledge about the human body so it is very difficult for them to understand anything that affects the reproductive organs. Additional materials that assist to explain the human reproductive system would be helpful. Information on gender issues is under highlighted.

Finding: The Behavior Change Communications can be further improved.

Examples: Materials can also cover issues such as the economic consequences for the family if a member becomes HIV positive. Using STIs as the starting point for discussion is helpful since most participants are already aware of them as opposed to talking immediately about HIV. A system where master trainers and peer educators can be informed and updated via e-mail on latest developments, new games, materials and other information would be useful.

Educated persons are effectively convinced through the use of data and other research results but additional "myth busting" games could also be developed for less educated individuals.

Short animated films would also be useful and can even be used to illustrate difficult points such as the attack of white blood cells. Super heroes in animated films are also popular and recommended by peer educators. Peer educators, further, reported that some people do not easily remember the main points and need more follow up and repeated sessions.

The Ambuja Cement company developed an innovative system using an automatic interactive voice response system where people can call and ask questions about HIV. Cards with the number to are distributed to workers and others in the outreach program. If a person cannot get an answer to their question they can leave their question on the voice mail and will be contacted with an answer within 72 hours. Many people have already called the number.

[69] The project did develop a guide but some considered that it did not cover all of the questions they are asked.

A Union organizer reaffirmed that it is very important to integrate the BCC with other actions. He stated, "If you talk to them only on HIV they will not be interested. We need to involve then with all their problems. If you enter a new area you cannot start right away about HIV. If you do they will see you as a preacher."

Finding: Some of the existing project actions were not reflected among the indicators so the importance of such actions was under highlighted in the data tracking.

Examples: The indicators are most highly focused on workplace issues. National level capacity strengthening, policy, legal framework and strategy development indicators are included but data reporting is not very clear. National capacity is mostly reported in terms of the number of people trained and the percentage having passed post-training tests. The capacity strengthening of stakeholders using less formal means—such as through technical support in their companies/agencies, through meetings and e-mail exchanges—has been important at the level of decision-makers. The capacity strengthening of such decision makers is not, however, adequately covered in the PMP despite its importance for long term sustainability.

ANNEX 3: DETAILS ON IMPLEMENTATION

1. Implementation Steps with Corporate Groups

The project staff implemented the actions within each corporate group through a series of defined steps. The first step was a meeting of the project team with the top management to discuss the approach and technical support process. During the same meeting the goal is also to learn more about the company so that an overall concept for developing an approach within the company can be developed. The project team determines, for example, whether the corporate group wants to do a "one off event" or implement a longer and more entrenched program on HIV. Project staff pointed out that the first meeting is crucial and explained that, while they try to advocate strongly for longer programs, companies cannot be forced to agree.

The project has a strict policy not to finance any of the actions implemented within the corporate groups so that the level of commitment and long term sustainability are more likely. The project staff also wants to ensure that financial and human resources of the project were not overstretched. Project support to the corporate groups is provided only through technical support and assistance with development or provision of tools and materials for Behavior Change Communications (BCC).[70]

Following the first meeting and the development of a broad level of consensus, one of the project team members is nominated to provide the technical support to the corporate group. The corporate group also nominates a focal point to represent them. The project team member and the focal point then work together to develop a basic work plan and draft a provisional Memorandum of Understanding. Together they also develop a Knowledge, Attitudes and Practices (KAP) survey for their company following which the project connects the corporate group to potential research agencies who implement the survey with them. Step 2 usually takes approximately 6 months.

Once all of the information has been collected a report is prepared and the project verifies that top corporate management is still completely supportive of implementing a program on HIV. The corporate group then organizes a two hour meeting to which the top managers of the individual factories/departments are called to attend.[71] During the meeting the project and the corporate group focal point advocate for a program on HIV in the workplace and the results of the KAP survey are presented. The presentation covers the KAP survey results and potential issues that need to be addressed. Many of the meeting participants are surprised at the survey results that often show information such as the percentage of staff engaging in casual sex. A person living with HIV usually also shares their personal experience during this meeting which has proved to be very useful for successful advocacy.

The top management of the corporate group further reinforces the message by explaining that they are backing the program on HIV and ask each unit manager to nominate master trainers and peer educators for their individual factory/department. The project also recommends that each company unit assign a focal point to coordinate the program and suggests a number of local NGOs with which they can collaborate. Information on Voluntary Counseling and Testing centers is also distributed.

[70] In Section 3.8 the author discusses the definition of IEC versus BCC and the types of efforts undertaken by the project n these areas in more detail.
[71] Most of the 12 corporate members have several factories, a unit head is the head of each factory

Each corporate group establishes an internal committee that is responsible for implementation of the program following which the MoU is formally signed.

The next step is to adjust the peer and master training as well as the materials according to the target groups within the company. Each company had multiple types of target groups which they define in accordance with their development program. Some target groups are also added over time as the company gains experience and/or becomes more interested in developing a wide reach of their HIV in the workplace program. Target groups may consist of management, workers, families of workers, corporate outreach target groups in local communities and workers in the supply chain including truckers.[72] Project staff noted that each type of target group has different needs in terms addressing risk behavior, language, cultural and other issues that affect how to implement BCC. They indicated that within each company there needs to be several ways of handling the issues. Although the KAP provides some useful input into how to approach HIV in the company, size and internal complexity within companies requires flexibility on the part of the trainers and peer educators.

Most companies used the core materials developed by the project as a starting point but some companies adapted and re-printed materials independently. Some companies also developed a small film or other materials on their own. Companies did contact the project to verify that materials were consistent with other existing materials and with the survey results.

Methods used included formal group sessions with participative demonstrations, role plays, games, informal sessions among peers/chatting during breaks, posters and films shown during lunch break. PepsiCo broadcasts films on their staff TV channel which goes into the homes of the workers. Some companies also developed their own small skits and other methods.

Refresher training was provided whenever a company indicated the need or when project staff noted that it was required.

Six monthly meetings were conducted to which the focal points of all the corporate groups were invited and during which they discussed their experiences, lessons learned, and challenges faced. Discussions centered on aspects such as BCC but also issues such as condom distribution and results of monitoring exercises. The stakeholders, including the project team, consider that these meetings are very important because it enables all concerned to keep close touch with field work and learn from each others' experiences. During such meetings stakeholders also report that they are still continuing to develop their own materials. Some companies have introduced condom vending machines or distribute them through the focal point or medical staff.

Additional Details Formal Sector

The project also worked with state level chambers of commerce to engage them in HIV/AIDS programs including the development of a pilot project with small enterprises in the Bhopal industrial area. The pilot project in Bhopal is yet to be implemented.

Various workshops and conferences have also been held to integrate HIV in existing occupational safety and health (OSH) programs of public and private sector enterprises.

[72] In e.g., PepsiCo actions were implemented with potato growers for their Frito chips and with truckers providing transport, with spouses of workers and in the local community near the plant.

2. Details of Selected Informal Economy Activities

The project provided technical support and training to the V.V. Giri National Labour Institute (VVGNLI). The VVGNLI conducts action oriented research and provides training to grass root level workers in the trade union movement, including those in the informal economy. The Labour Institute also trains government labor officers who deal with industrial relations, personnel management and labor welfare. [73] The project further implemented a pilot project in four locations through the Central Board for Workers' Education (CBWE). The CBWE provides training of workers in the techniques of trade unionism and awareness raising among workers about their rights, duties and responsibilities. [74]

The CBWE trains 300,000 people every year across all sectors and in both the formal and informal economy. The CBWE works through "education officers" who are in charge of a geographical area called a block. In India states are divided into divisions, 476 districts, sub-divisions and blocks. Blocks are further divided into smaller units. The project provided technical support to CBWE to implement a pilot project in four blocks. CBWE is now ready to scale their pilot projects up by mainstreaming the subject into their training syllabus. The subject of HIV has been mainstreamed into the syllabus. The project provided technical support for the development of a communications package on HIV in the workplace which has been translated into 12 languages.

The CBWE has implemented a pilot action on HIV, mostly with informal workers, in four blocks (neighborhoods). The evaluator interviewed one of the CBWE education officers who was responsible for one of the blocks together with his master trainers and one peer educator. The education officer interviewed reported that, while the action was successful, he faced a number of challenges from within his own agency. These challenges put into question the efficacy of fully up scaling the efforts using similar methodologies. He repeatedly insisted that, unless an education officer is truly motivated to spend extra time and effort on such an action, it will be difficult to achieve effective behavior change.

Five training volunteers were selected by CBWE from a group of 80 applicants through an assessment workshop and other selection methods. They were provided with a small financial incentive to implement the action in their respective areas. Peer educators from the community were also associated to support the volunteers which proved effective to gain the trust of the local workers. The volunteers were able to surpass their targets by more than doubling the number of persons covered to over 6,000 persons.

The CBWE education officer reported that he received good technical support from the project as well as from the Delhi Network of Positive People and the Delhi State AIDS Control Society. The education officer pointed out that having the involvement of a person living with HIV was key in gaining an understanding of the importance of the issue and how to address it. He stated that "All my trainees were meeting a positive person for the first time. Only then did they started thinking that they understand, it was a question of not just hearing about it. Unless you see someone with your own eyes you do not feel comfortable discussing this subject. This was one of the key things in getting the volunteers to understand."

The CBWE trainers and peer educators enter directly into the community to hold informal sessions with workers in their roadside shops, workshops, and small building sites. A two-day

[73] Government of India. (2008) Both VVGNLI and CBWE are public sector organizations under the responsibility of the Ministry of Labour and Employment.
[74] Government of India. (2008)

more intensive training workshop is also held for interested workers. Small brochures containing the core messages are handed out and posters are placed in prominent sites. Condoms are made available in earthenware pots hung in trees near roadside shops. The action was still underway at the time of the visit by the evaluator and another three months were expected for completion. A post action survey to compare to the baseline will be implemented at that time.

The project encouraged corporate groups to implement corporate social responsibility (CSR) programs to reach local communities and supply chain workers. PepsiCo, for example, implemented a program with farmers who supply potatoes for their Frito chips, caffeine and carton supplier groups. PepsiCo also trained truckers who provide transport for their raw materials and final products. The PepsiCo corporate outreach, further, carried out a program with the spouses of workers and in the local community near two plants visited by the evaluator.

In Hyderabad a Union organizer was able to develop and implement an interesting action with railway coolies. The evaluator was able to meet with and interact with the coolies about their experiences. Most of the coolies had been working independently and there was great competition between them. The organizer determined that it was important for them to be organized to improve their working conditions. She was able to gain official recognition and for them and registration as coolies at the station, complete with uniform and standard prices for their work. The organizer had noted through her work that some coolies had died of HIV and determined that it was necessary to add an action on HIV. She sought out the ILO to assist her to implement a program. The organizer was able to train 30 peer educators among young railway employees to train the coolies.

The peer educators found that at the first training session only 40 coolies had attended but at the next session all 400 were present. The coolies added, "When we have lunch or take a rest we just sit in some groups and we have our discussions in an informal way."

The project also implemented a one year pilot action in the state of Madhya Pradesh with women who were themselves agricultural workers or were wives of agricultural workers. The pilot action was carried out in 64 villages in cooperation with the State AIDS Control Society (SACS). A KAP type assessment indicated that there were gaps in knowledge such as on condoms and various misconceptions on HIV. Women formed self-help groups through which BCC on HIV issues was channeled. A master trainer and a woman doctor implemented the actions. Some men were also trained as peer educators to reach out to men in the villages. At the end of the one year period an assessment determined that women and their spouses were more aware of STIs and had sought treatment.

The Hind Mazdoor Sabha (Union) is working primarily with construction workers, most of whom are migrant casual-daily wage workers in the informal economy. Over 40,000 workers have already been trained through the action, mostly at locations where contractors come to select workers in the morning. Because the workers only spend a short amount of time standing waiting for possible work the methods need to be adapted. Usually the union workers rely on a special flipchart developed through the project that illustrates a short story that contains all the key elements. The flipchart is especially conceived for the semi and non-literate person and is well received. Only about 50% of waiting workers are truly interested in the session since many feel they already know sufficiently about HIV through the media although they still have misconceptions.

Condoms are handed out to the workers after the sessions but they also have access to vending machines in the area. The Union representative noted, "We find that people's behavior has really changed. They do practice safe sex. Acceptability of people with HIV has improved although it is not yet complete. Workers also know they can approach the local HIV committee for any information." No formal impact analysis has yet been done although a baseline analysis was carried out at the time of inception of the action three years ago. Official data to prove the assertion of behavior change is still lacking.

The Ambuja Cement Company also worked to sensitize the truckers that transport their materials and final products. A total of 16,000 trucks are used by the company and each has two to three people on board. As the interviewee stated, "The car is not air conditioned. He is tired and he wants to relax. He will not care if the water is clean or the food is good but he must sleep with someone in the night to relax. They told us that, 'we can't use a condom because it lessens our pleasure.' So they were using the condom for any other purpose except this. They will use it to repair the leaking water trap. It took us a lot of effort to convince them but we are happy to tell you that they are using them." The evaluator was not able to determine how many truckers have yet been trained but the program is still underway.

3. Details of Government Agencies Receiving Training and other Support from the Project

The Ministry of Labor and Employment is invited to attend all major NACO meetings and is represented on various committees on HIV. MOLE has a large number of offices that potentially have some role to play in addressing HIV in the workplace.

The Ministry of Health has an important role to play in other efforts linked to HIV. These include ensuring general and non-discriminatory health services for workers affected by HIV. Health services for PLHIV are frequently conceived in the framework of voluntary counseling and testing, care and support. These efforts are often considered to be specific to issues related to the HIV status of the individual. Interviewees who are PLHIV noted, however, that general access to health services for common ailments and even for surgery are highly problematic. Surgery is frequently refused or only carried out at a higher cost. Linking the efforts of project on HIV in the workplace with general health services offered through national and state health services needs to be increased.

The project supported NACO efforts at state level by providing assistance to assign Workplace Coordinators within the State AIDS Control Societies (SACS). Prior to the project the SACS were not working with unions or addressing HIV in the workplace in any concerted way.

As stated in the report the project worked with two government training agencies, the VVGNLI and the Central Board for Workers Education (CBWE). The project set up an HIV/AIDS Cell at the VVGNLI and training modules /materials were developed for trainees attending courses at the institute. Trainees include labor administrators, trade union leaders, international labor specialists and others for a total of over 3000 persons annually.

The CBWE is an autonomous body under the Ministry of Labour and Employment.[75] All CBWE Education Officers were also trained as trainers on HIV/AIDS. A component on HIV has been integrated into the CBWE workers education programs which reach approximately

[75] Central Board for Workers Education (2008)

300,000 workers annually, a substantial percentage of whom are in the informal economy. In the years 2003-2004 a total of 313,226 workers were trained on HIV of which over 60% were women.[76] Although, all Education Officers have been trained to include the subject in their courses, intensive actions on HIV in the workplace are pilot tested in four "blocks" (i.e., communities).

The CBWE provides training at different levels but reaches most workers directly in their communities. CBWE defines workers' education as, adult education designed to give workers a better understanding of their status, rights and responsibilities as workers, as union members, as family members and as citizens. [77] Workers Education emphasizes group advancement and solution of group problems which differs from vocational and professional education, which is meant for individual advancement. [78]

The Employee State Insurance Corporation (ESIC), an agency under MOLE, is implementing an HIV/AIDS program as an inter-sectoral partner of NACO. [79] The project has developed a pilot intervention with ESIC in West Bengal.

The MOLE is also in the process of integrating HIV in the workplace in the course materials of 7,000 industrial training institutes of which 2,000 are public and 5,000 are private. The number of students that will be reached through this program is expected to reach several millions. The materials to be used are currently being tested and were developed including with technical support from the project.

The SACS offices in Mumbai and the project states as well as the Delhi AIDS Control Society (DACS) set up programs with private and public sector enterprises. Programs were channeled with the technical support of the individuals assigned with the support of the project to provide technical capacity strengthening with the SACS and DACS. In Delhi, for example, the specialist worked with the Delhi Water Board that has a workforce of over 25,000 and with the North Delhi Power Limited Public Sector company which has 3000 employees.

The HIV in the workplace specialist supported by the project in SACS Mumbai reported that she had worked with a range of agencies and companies. These included the Police Department, the Reserve Bank of India, Mumbai Port Trust, Crompton Greaves, the Central Railways and others.

In partnership with the Mumbai District AIDS Control Society, the project has trained officials of the Director General, Factory Advice Service & Labour Institutes (DGFASLI).

4. Details on Development of Behavior Change Communications

The project team reported that they had started to develop their approaches in 2001 before the SHARE Toolkit was designed. Although the project did not hold a general BCC planning workshop as promoted in the SHARE Toolkit, the project did hold many meetings with the constituents, agencies such as the V.V. Giri National Labour Institute and also at enterprise level.

[76] International Labour Organization, Project Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase-II) / India (2005).
[77] Central Board for Workers Education (2008)
[78] Central Board for Workers Education (2008)
79 International Labour Organization, Project Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase-II) / India (2008a).

It is important to consider that the situation in India is quite unique. While there are socio-economic and cultural differences among workers in a range of sectors in every country, the vast size of the country and its diversity is even more impressive. Twenty-four official and regional languages are recognized by the constitution of India. Over 200 additional languages are spoken around the country. Religious differences are important, approximately 80% are Hindu, another 13% are Muslim, Christianity is practiced by 2% of Indians and other Asian religions are practiced by another 3%.[80] Education levels and economic situation vary widely. Other issues affecting how to discuss HIV issues include the still existing caste system, rural-urban differences and type of employment.[81] Master trainers and peer educators reported that the age and personal attention span of participants is also key in terms of how to orient BCC.

As a result of all these differences the project elected to rely on the development of core materials based on the ILO Code of practice on HIV/AIDS in the world of work, KAP results and stakeholder input.

Training is usually highly interactive using games, role plays, discussions and other methods. Participative demonstrations on condom use are also included. Trainers and peer educators working with groups in workshops or informally during breaks need to consider their target audience and adapt accordingly.

Some companies also show existing popular films that cover HIV issues during lunch breaks. In one case a company focal point reported that many workers are shy to buy condoms. The company responded by airing an Indian feature film at the staff canteen that shows a famous actor acting very shy while buying a condom. The result was laughter and a more positive attitude to buying condoms. Unfortunately actual results were only qualitatively reported.

[80] Estimates obtained from a variety of sources although no official government statistics on religious groups was found.
[81] One interviewee noted that as one goes higher in the caste level of the participants they found it was more difficult to work with participants as orthodoxy often increases.

ANNEX 4: UPDATE ON COVERAGE AND IMPACT[82]

Prevention of HIV/AIDS in the World of Work: A Tripartite Response
ILO India project: January 2003 – June 2008

1. Number of tripartite training programmes organized: 93

2. Total number of tripartite partners trained: 2664

Ministry of Labour &Employment (MOL&E) and its institutions:

V.V. Giri National Labour Institute:

Number of participants covered through Integration of HIV/AIDS in regular training programmes: **13738** (Men; 10990, Women; 2748)

Central Board for Workers Education (CBWE):

1. Number of Education Officers trained as trainers on HIV/AIDS : **263**

2. Integration of HIV in regular workers' education programmes of CBWE:**1585896** (Men; 561840, Women; 1024056)

Sector	Male	Female	Total
Organised	293356	65453	358809
Unorganised	161303	600103	761406
Rural	107181	358500	465681

3. Number of informal sector workers being covered under block level interventions: **5000**

Blocks/Cities	No. of Targeted Villages	Total Population	Intervention target
Sehore, Bhopal	11	3,400	1,000 Tribal workers
Mehrohli, Delhi	1	20,000	1,000 handicrafts/ construction workers
Ariyankuppam, Pondicherry	3	6,000	2,000agriculture/fishing community workers
Kudu, Ranchi	10	7,000	1,000 agriculture/ forest workers

[82] Draft dated 3September 2008/file name: coverage-impact India HIV-AIDS Project

Action with Workers' Organizations

1. Number of workers reached through three pilot projects of unions in the informal sector: **8600** and Number of Peer Educators trained in these projects: **107**

Name of the Union	Category of workers reached	Number covered	No. of PE trained
Hind Mazdoor Sabha (HMS)	Migrants in Giridih (Jharkhand) and coolies in Haridwar (Uttar Pradesh)	4000	23 (Giridih) 25 (Haridwar)
Indian National Trade Union Congress (INTUC)	Railway coolies in Hyderabad (Andhra Pradesh)	600	30
Confederation of Indian Trade Unions (CITU)	Mine workers in Jharkhand and West Bengal	4000	29

2. Number of Trade union members directly trained on HIV/AIDS: **947**

3. Work with enterprises

4. Corporate Group Approach

5. Number of master trainers trained: 452 from 12 corporate groups reaching out to 123441 workers in 157 units across the country

Name of ILO partner Corporate group & Number of units	Coverage		Total coverage	Master Trainers Trained
	Regular Employees	Contractual/ supply chain workers		
Ambuja Cement Ltd. - 13	7750	20000	27750	50
PepsiCo - 39	4066	1398	5464	83
SRF Group - 7	2517	1700	4217	25
Ballarpur Industries Ltd.- 6	11389	1210	12599	30
Apollo Tyres- 5	5000	5000	10000	24
Crompton Greaves Ltd.- 22	4771	3368	8139	32
Hindustan Lever Limited (Northern Region) - 7	2983	930	3913	33
Transport Corporation of India - 21	4600	25000	29600	50
Jubilant Organosys Ltd - 4	4900	Initiated in 450 Supply Chain companies	4900	54
SAB Miller - 14	2959	2500	5459	19
J.K Tyre & Industries 5	5800	1100	6900	32
Sona Koyo Steering Ltd. 14	2200	2300	4500	20
TOTAL 157	**58935**	**64506**	**123441**	**452**

Enterprises covered at the state level:

Number of master trainers trained: 2303 in 67 enterprises, covering a workforce of 213,422 in 5 states

State	Enterprises	Workforce	Trainers Trained
Madhya Pradesh	22	33,261	481
Jharkhand	14	83,825	856
West Bengal	19	51,479	635
Goa	9	15,667	275
Delhi	3	29,200	56
Total	**67**	**213,422**	**2,303**

Action with People Living with HIV (PLHIV)

Number of PLHIV trained directly by the project: 141 PLHIV (women: 55 & men: 86) trained in wok place advocacy

Impact of the project work

A. Influencing the Workplace Policy Environment:

- A draft National Policy on HIV/AIDS and the World of Work has been developed by the MOL&E. It is in the process of finalization.
- The National AIDS Control Organization (NACO) has endorsed the ILO Code of Practice on HIV/AIDS for use in workplace settings in India. .
- Indian Employers' Statement of Commitment on HIV/AIDS signed by seven national level employers' organizations/chambers launched. The statement endorses ten key principles of the ILO Code of Practice, and encourages Indian companies to develop non-discriminatory policies at workplaces.
- A Joint statement of Commitment of the trade unions, signed by five central trade unions, has also been launched.
- The Indian Network for People Living with HIV/AIDS (INP+) has endorsed the ILO Code of Practice.
- 16 state level enterprises and 10 corporate groups (having 136 units/plants) have developed their workplace policy.
- 139 enterprises have developed policy as a result of TA from the project to partners of USAID India.
- ILO has also has assisted development of sectoral polices, e.g Travel and Tourism Association of Goa (TTAG) policy that is applicable to around 175 member hotels in Goa .

- In all, ILO has assisted development of 466 company policies (136 companies under the corporate group approach, 26 individual company policies in selected states, 175 hotels of TTAG, and 139 company policies by giving TA to USAID partners in India.

B. Knowledge, Attitude, Practices and Behaviour of workers as a result of interventions supported by the Project in selected states. Baseline (BL) survey conducted in 2003, compared with the midline (ML) conducted in 2006:

1. Knowledge about routes of transmission

Indicators	Organized		Unorganized	
	Baseline	Midline	Baseline	Midline
Risk of infection by having unprotected sex with person infected with HIV	89.9	96.6	85.0	95.7
Risk of infection from a transfusion of infected blood and blood products	97.8	95.7	95.0	96.2
Risk of infection from HIV+ pregnant women can infect her unborn child	87.5	92.5	81.0	88.6
Risk of infection by using unspecialized needles and syringes	96.3	95.5	91.8	93.4
Aware about all four routes of transmission	70.0	82.0	44.0	77.0
Total (N)	**3748**	**442**	**1175**	**422**

2. Knowledge about protection from HIV

Indicators	Organized		Unorganized	
	Baseline	Midline	Baseline	Midline
Having one faithful non infected sexual partner	75.7	84.0	73	84
Using condom during sex	74.3	87.1	68.8	74.7
Abstaining from sex	71.4	70.2	72.1	75.4
Total (%)	**73.8**	**80.4**	**71.3**	**78**

3. Knowledge of symptoms of Sexually Transmitted Infections

Sector	Baseline	Midline
Organized	37.1	51.8
Unorganized	28.9	37.8

4. Reduced stigma and discrimination : Positive attitude toward HIV+ coworker) (Willingness to use same toilet, share tools, eat food and hold hand)

Sector	Baseline	Midline
Organized	64.0	86.0
Unorganized	52.5	70.0

5. Behaviour Change in the Organised Sector on sexual practices
   - Sex with non regular sex partners
     - 2-3 percent of workers in Jharkhand and Madhya Pradesh report having sex with non-regular partners (nearly 3% decrease from baseline)
     - Five percent in West Bengal (almost the same as baseline)
   - Use of condoms with non-regular sex partners
     - Usage high in Madhya Pradesh and Jharkhand (100%), 80% in West Bengal
     - Significant improvement in condom usage in West Bengal (5%) and Madhya Pradesh (20%)
6. Behaviour Change in the unorganized sector on sexual practices
   - Sex with non regular sex partners
     - 5-6 percent of workers in Jharkhand and Madhya Pradesh report having sex with non-regular partners (10% decrease in MP and 2% in Jharkhand over baseline)
     - Ten percent in West Bengal (almost the same as baseline)
   - Use of condoms with non-regular sex partners
     - Usage high in Madhya Pradesh (83%), West Bengal (56%) and Jharkhand (63%)
     - Significant improvement in condom usage in West Bengal and Madhya Pradesh (more than 40%), the status in Jharkhand is the same.
7. Behaviour change in the use of HIV/AIDS services

Indicators	Organized		Unorganized	
	Baseline	Midline	Baseline	Midline
Use of VCTC services	0.0	14.4	0.0	15.9
STI services	0.0	3.5	0.0	5.4
Condoms	69.1	78.5	40.9	62.5
Use of VCTC services	0.0	14.4	0.0	15.9

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ANNEX 6: LIST OF INTERVIEWEES

Date	Location	Name	Organization & Position and/or Type of Stakeholder	Contact Details
ILO				
5/5/08	ILO New Delhi Office	Mr. S. Mohd. Afsar	Technical Specialist (HIV/AIDS) – South Asia & National Programme Coordinator ILO	ILO Core 4 B, 3rd Floor India Habitat Center Lodhi Road New Delhi Ph: 91 11 24602101/02/03 Email: safsar@ilodel.org.in
5/5/08	ILO New Delhi Office	Ms. Yamin Zaveri Roy	Senior Programme Officer HIV/AIDS Project - ILO	ILO Core 4 B, 3rd Floor India Habitat Center Lodhi Road New Delhi Ph: 91 11 24602101/02/03 Email: yz-roy@ilodel.org.in
5/5/08	ILO New Delhi Office	Ms. P. Joshila	Programme Officer HIV/AIDS Project - ILO	ILO Core 4 B, 3rd Floor India Habitat Center Lodhi Road New Delhi Ph: 91 11 24602101/02/03 Email: joshilla@ilodel.org.in
5/5/08	ILO New Delhi Office	Mr. Manjunath Kini	Programme Officer HIV/AIDS Project - ILO	ILO Core 4 B, 3rd Floor India Habitat Center Lodhi Road New Delhi Ph: 91 11 24602101/02/03 Email: mkini@ilodel.org.in
5/5/08	ILO New Delhi Office	Ms. Divya Verma	Programme Officer HIV/AIDS Project - ILO	ILO Core 4 B, 3rd Floor India Habitat Center Lodhi Road New Delhi Ph: 91 11 24602101/02/03 Email:divya@ilodel.org.in
16/5/08	ILO New Delhi Office	Mr. K.S.Ravichandran,	Programme Officer	
16/5/08		Mr. G.K.B Dasanayaka	Senior Specialist-Employers' Activities	gota@ilodel.org.in

Date	Location	Name	Organization & Position and/or Type of Stakeholder	Contact Details
Partners				
4/4/08	Bangkok	Dennis Broun	UNAIDS, India Country Coordinator	
6/5/08	V.V. N.L. I NOIDA	Mr. Kanwar Manjit Singh	Director VVGNLI	V.V. Giri National Labour Institute/ Member - PMT Post Box No. 68 Sector 24, NOIDA 201 301 Distt.-Gautam Budh Nagar (U.P.), Ph: 951202411474 Email:
6/5/08	V.V. N.L. I NOIDA	Dr. Ruma Ghosh	Faculty VVGNLI	V.V. Giri National Labour Institute/ Member - PMT Post Box No. 68 Sector 24, NOIDA 201 301 Distt.-Gautam Budh Nagar (U.P.), Ph: 951202411474 Email:
7/5/08	U. S. Embassy New Delhi	Mr. Robert Clay Lalita Shankar	Director – PHN USAID	U.S. Embassy Chanakyapuri New Delhi 110021 Ph: 24198000 Email: lshankar@usaid.gov
7/5/08	GTZ Office New Delhi	Ms. Scherry Signaporia & Ms. Susan Koshi, GTZ		GTZ B 5/1, IIIrd Floor Safdurjung Enclave Opp. St. Thomas Church Ph: 46036694 Mobile: 9971262517
7/5/08	FICCI Office New Delhi	Mr. B. P. Pant	Secretary – Coordination Council of Indian Employers (CIE)	Federation House, Tansen Marg New Delhi – 110001 Ph: 23316121/23738760
7/5/08	DSACS Office New Delhi	Dr. Anil Gupta & Ms. Nidhi Rawat	Assistant Project Director/ Mainstreaming Consultant Delhi State AIDS Control Society (DSACS)	DSACS Dr. BSA Hospital Dharamshala Block Rohini Sector 6 Delhi 110085 Ph: 27055722
8/5/08	Trip guide	Suweshi Sharma	Manager HR	PepsiCo International, suweshi.sharma@intl.pespico.com
	PepsiCo Concentrate Plant	Mayur Chaturvedi Ravinder Kumar Namraja Mishra Sukhvinder Singh	Manager HR Peer Educator Peer Educator Peer Educator	mayur.chaturvedi@intl.pepsico.com

Date	Location	Name	Organization & Position and/or Type of Stakeholder	Contact Details
	PepsiCo Snack Plant	Manish Sinha Partha Gangopadhyay Vijay Ranga Priya Arora Rajinder Lamba Balwart Singh	General Manager HR VP Plant Operations Master trainers and peer educators	Manish.sinha@intl.pepsico.com Partha.gangopadhyay@intl.pepsico.com
9/5/08	Ambuja Cement Ltd. Delhi	V.K. Jain Sanjay Kumar	Director, CSR Company Focal Point HIV	vkjain@ambujamail.com sanjay.kumar@amujacement.com
10/5/08	Hyderabad	Siddharta Srikar	SACS Co-ordinator Workplace interventions	siddu007in@yahoo.com
		M. Umanagendramani	General Secretary S.C.Railway Licensed Porters' Sangh Sec'bad (& 6 other union titles)	u_nagendra@yahoo.com
		Approximately 100 railway coolies, short focus group with 8 coolies.	Hyderabad Railway Station	
	Office Network HIV positive people	M. Swapna (with 7 other representatives of people living with HIV)	President CDC, PRO District Cooridnator Network HIV positive people	040-32362370
12/05/08	Field visit Mehruali	Pankaj Rastogi Vijay Laxmi Raj Kumar Rukhana Shadab Ahmed Chandra Kals Devrat Roy F. Hashim	CBWE Education Officer Volunteer educators and peer educators	rastogi.pankajkumar@gmail.com
	ILO Office	Mr. Naveen Kumar,	Delhi Network of People Living with HIV	
13/5/08	Avert Office Mumbai	Dr. Anjana Shanbagh,	Ex workplace coordinator, Mumbai Districts AIDS Control Society), Team Leader mainstreaming, Technical Support Unit, Maharashtra	
	Avert Office Mumbai	Anna Joy	Associate Project Director	anna@avertsociety.org
	Mumbai Port Trust	Dr. Vasumati Upahdye Dr, Aarati Ugeemkar Prashant Vasant Guveco Prakash L. Pande Pramod Navare Sunil Nalawade Agit Zajakt Rajesh Giovejar Mukul Ambedkar S.J. Tashonskar Elise D'Silva	Chief Obstetrics and Gyneacology Senior Medical Officer Master trainers	vasumati.pahdye@yahoo.com

Date	Location	Name	Organization & Position and/or Type of Stakeholder	Contact Details
	Union Organizers Avert Office	Shala Bhalearo Vinod Bhal	Union- Nirman Mazdoor Sangtana	
14/5/08	Crompton Greaves Office	Kaustav Chakraborty Suzanna D'Souza Sandeep Kumar Maria Gonzalves	Sr. Exective Sales Deputy Mgr HR Manager CSR Sr. Manager CSR	kaustav.chakraborty @cgl.co.in
15/5/08	US Embassy	Mr. A. Sukesh	Advisor, Labour & Political American Embassy	sukesha2@state.gov
	Union OfficeHind Mazdoor Sabha (HMS	Mr. R.A Mittal,	Secretary, Hind Mazdoor Sabha(HMS	
	Ministry of Labour and Employment	Mr. Vikas, Indrani Gupli HK Mathur	Director Under Secretary Under Secretary	0237-11120
16/5/08	Indian Network of People Living with HIV (INP+	Ms. Celina D'Costa,	National Advocacy Officer Indian Network of People Living with HIV (INP+	celina@inpplus.net
	NACO office	Mr. Mayank Agarwal, Hari Mohan	Joint Director, IEC, National AIDS Control Organization (NACO), officials Team Leader-Mainstreaming Cell	04-358-3241
	ILO Office-Phone Conference	Sanjay Chaganti,	Programme Director, PSI	

ANNEX 7: SCHEDULE FIELD VISITS

5-16 May 2008			
Date	**Time**	**Venue**	**Programme**
5/05/08 Monday	9.30 AM.	ILO	• Briefing meeting with Mr. S. Mohd. Afsar (National Project Coordinator – ILO-India HIV/AIDS Project) and the project team and Mr.Ravichandran, ILO Programme Officer
	PM	ILO	• Meeting with the project team to discuss project approaches with constituents / material etc.
6/05/08 Tuesday	AM-	ILO	• Meeting with project colleagues contd • Discussion on PMP
	2.30 PM	VVGNLI, Noida	• Meeting with Director, V.V. Giri National Labour Institute (VVGNLI is also a member in the PMT)
	5.00 – 6.00 PM	ILO	• Meeting with project colleagues to discuss the PMP
7/05/08 Wednesday	9-10 AM	US Embassy	• Meeting with Mr. Robert Clay, Director, PHN, USAID- India (confirmed)
	12-1.00 PM	GTZ Office	• Meeting with Ms. Scherry Signaporia and Ms. Susan Koshi, GTZ (confirmed)
	1.30- 2.15 PM	AIOE Office, Delhi	• Meeting with Mr. B.P. Pant, Secretary, All India Organization of Employers (AIOE). Mr. Pant is a member of PMT
	3.30 PM	DSACS Office Delhi	• Meeting with Dr. Anil Gupta, Assistant project Director, Delhi State AIDS Control Society (DSACS) and the Mainstreaming Consultant Ms. Nidhi Rawat
8/05/08 Thursday	AM- PM	PepsiCo Plant at Channo, Punjab	• Travel to the PepsiCo Plant at Channo, Punjab, by road (Confirmed) • Meeting with master trainers/peer educators/management officials at the unit • Return to Delhi in the evening
9/05/08 Friday	11.00 AM	Gujarat Ambuja Cement Ltd. Delhi	• Meeting with Director, CSR and the Nodal Person of Gujarat Ambuja Cement Ltd (GACL), one of the corporate groups partnering with the project

5-16 May 2008			
Date	**Time**	**Venue**	**Programme**
	2.00- 3.00 PM	ILO	• Meeting with the Project Colleague(s)
	5.00 PM		• Travel to Hyderabad
10/05/08 Saturday		Hyderabad	• Meeting with SACS Co-ordinator Workplace interventions • Meeting with Trade Union organizer • Field visit to trade union intervention site in Hyderabad • Review and monitoring meeting with the nodal person and peer educators • Meeting with Andhra Pradesh network of People Living with HIV/AIDS. • Travel to Delhi (8.00 p.m. flight)
11/05/08 Sunday			
12/05/08 Monday	10-1.00 PM 4.30 PM	Mehrauli, Delhi ILO	• Field Visit to CBWE intervention site at Mehrauli, Delhi • Meeting with Mr. Naveen Kumar, Delhi Network of People Living with HIV
			• Meeting with the Project Colleague(s)
13/05/08 Tuesday	11.30 AM 1 PM 3 PM	9W 308 0800 1000 AVERT Office Ackworth Leprosy Hospital Compound, Behind SIWS College, R.A. Kidwai Marg, Wadala (West), Mumbai-400031 Ph: 022-24100250/24113035 /24113097 Mobile: 09821414179 MPT Office/Hospital Bandra (Anjana to accompany) AVERT Office Ackworth Leprosy Hospital Compound, Behind SIWS College, R.A. Kidwai Marg, Wadala (West), Mumbai-400031	• Travel to Mumbai • Pick up by Hotel • Driver from AVERT will pick up and take to AVERT Office • Meeting with Dr. Anjana Shanbagh, (Ex workplace coordinator, Mumbai Districts AIDS Control Society), Team Leader mainstreaming, Technical Support Unit, Maharashtra (confirmed) • Field visit to Mumbai Port Trust, meeting with the nodal person • Meeting with, Shala Bhalearo, Vinod Bhal,- Nirman Mazdoor Sangtana • 5/08

5-16 May 2008			
Date	**Time**	**Venue**	**Programme**
14/05/08 Wednesday	10.00 AM PM	AVERT Office Crompton Greaves Ltd. Kanjur Marg (East) Mumbai 400042 Ph: 022-77558000 (Anjana to accompany) 9W 311 1750 1945	• Meeting with Ms. Anna Joy, Assistant Project Director, Avert Society (confirmed) • Field visit to Crompton Greaves Ltd. Plant at Mumbai: Meeting with the Nodal Person of Crompton Greaves and the Master Trainers Travel to Delhi
15/05/08 Thursday	9.30- 10.30 AM 11.30 – 12.30 PM 2.00 – 3.00 PM 3.30 – 4.30 PM 5 – 5.30 PM	ILO US Embassy Chanakyapuri Ph: 24198000 (Gate No. 7, ask for Sukesh) HMS Office 120, Babar Road Ph: 23413519 New Delhi 110 001 Shram Shakti Bhavan, Rafi Marg New Delhi 110 001 PH: 23711120	• Meeting with Mr. A. Sukesh, Advisor, Labour & Political American Embassy (confirmed) • Meeting with Mr. R.A Mittal, Secretary, Hind Mazdoor Sabha (HMS) one of the central trade unions collaborating with the project. Mr.Mittal is also a member of PMT • Meeting with officials at Ministry of Labour and Employment (MOL&E)- Mr. Vikas, Director
16/05/08 Friday	9.00- 9.30 AM 10.00 – 11.00 11.30 – 12.30 3 – 3. 30 p.m. 3.30 – 4 p.m.	ILO Office INP+ Office G-46, Ist Floor, Green Park Main Opp. Adyar Anand Bhawan N. D. 1100016, Ph: 9868745925 NACO Office Chandarlok Building 9th floor, 36 Janpath, New Delhi 110 001 Ph: 23731810/ PSI ILO Office	• Mr. K.S.Ravichandran, Programme Officer • Meeting with Ms. Celina D'Costa, National Advocacy Officer, Indian Network of People Living with HIV (INP+) • Meeting with Mr. Mayank Agarwal, Joint Director, IEC, National AIDS Control Organization (NACO), officials • Mr. G.K.B Dasanayaka, Senior Specialist- Employers' Activities • Telecon with Mr. Sanjay Chaganti, Programme Director, PSI (Project Connect, based at Bangalore)
	4.30 – 5.30 p.m.		• Debriefing meeting at ILO

ANNEX 8: TERMS OF REFERENCE

Terms o f Reference for a Final Evaluation
Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase II) in India

I. Project description

The project, Prevention of HIV/AIDS in the World of Work: A Tripartite Response (Phase II) in India is part of a US$2 million grant awarded by the Department of Labor to the International Labor Organization between FY 2001 and 2005 to develop a program for HIV/AIDS prevention education and workplace policy. The intended beneficiaries of the project are workers and their families both in the formal and informal sector. Indirectly, enterprises will also benefit from the impact of prevention programs, as the reduction of the spread of HIV/AIDS will reduce absenteeism and its associated costs as well as the costs of recruitment and training replacement workers. The project hopes to develop awareness of the danger of HIV/AIDS while prevalence of the disease in India is still low.

The Phase I of project, implemented from June 2001-December 2002, was evaluated by an external team, including USDOL in September 2002. During the Phase-I, a work plan was developed for Phase II. The USDOL approved the Phase II, which was implemented from January 2003 – December 2005. An internal midterm assessment was undertaken in September 2004; which led to the expansion and extension of the Phase II.

A concept note was developed by the ILO project and USDOL sanctioned additional US$ 800,000 to extend and expand the projects' Phase II. As additional fund had a separate budget code, the Phase II of the three phased program, is being referred to as:

Phase II (A): Implemented from January 2003 – December 2005 in the states of Jharkhand, Madhya Pradesh and West Bengal and in the city of Mumbai; apart from providing technical support to Ministry of Labor & Employment (MOL&E), National AIDS Control Organization (NACO), Employers' and Workers' Organization, and People Living with HIV/AIDS (PLHIV).

Phase II (B): Currently being implemented from January 2006 till May 2008. This phase has included Delhi as an additional state, apart from continuation of ongoing work in the states of Jharkhand, Madhya Pradesh, West Bengal and city of Mumbai. The project also provides technical support to the MOL&E, NACO/SACS, Employers' and Workers' Organization, and PLHIV. Another feature of this expansion is the projects focus on big corporate groups in India in order to upscale enterprise based interventions. The project is also providing technical support in the state of Goa, where the implementation is being done with funds from UNAIDS (PAF- Program Acceleration Fund).

It was decided that the end line evaluation of Phase II (A) (January – December 2005) will be dove-tailed with the midterm evaluation of the extended and expanded Phase II, called Phase II (B). This evaluation was under taken in November 2006.

HIV/AIDS in India is not a single epidemic but made up of distinct epidemics, co-existing in the same state. Primarily driven by heterosexual transmission, HIV is steadily moving high-risk groups to the general population. The spread of intravenous drug use, high levels of other

sexually transmitted disease, the presence of vast sexual networks, significant levels of migration of labor, and severe gender bias all contribute to compound the problem. The epidemic is steadily shifting toward women who now are reported to account for 28 percent of HIV infections in India. Young adults under the age of 25 years also constitute a major at-risk group with obvious implications for the workforce. It is reported that 50 percent of all new infections occur among young adults below 25 years. Migration both within and between states is perceived as a principal source of transmission of HIV between urban and rural populations.

The working population, defined as anyone in the age group of 15-59 who is seeking employment, is nearly 400 million persons in India. The worst affected category is the 15-49 age group, constituting nearly 89 percent of all reported cases, which is also the economically active segment of society. Therefore if the spread of the infection is not arrested it is certain to give rise to economic upheavals and major implications for the world of work. The current state of the epidemic of some 5.1 million cases makes India the country with the second most number of HIV infected persons in the world after South Africa.

The ILO's strategy is to work with business, labor, 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, labor, 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 programs, and to induce change in behavior.

The ILO staff, a USDOL Project Manager and the National Project Coordinator in consultation with tripartite representatives developed a strategic framework with the help of a consultant from Management Systems International (MSI). As per the framework developed the overall objective for the project was set to contribute to the prevention of HIV/AIDS in the world of work, the enhancement of workplace protection and the reduction of adverse consequences on social, labor and economic development.

The long-term objective is to be accomplished by pursuing three Immediate Objectives:

1. Increased capacity of ILO's tripartite constituents to adopt and implement effective workplace policies and programs to prevent the spread of HIV, and the discrimination and stigmatization of PLHA.

2. Enhanced tripartite action against HIV/AIDS in the five selected states and the city of Mumbai covering workers in the formal and informal sectors.

3. Develop a plan of action for Phase 3 aiming at a sustainable mechanism for the world of work response to HIV/AIDS.

These Immediate Objectives are supported by the following Sub-immediate objectives developed during Project Monitoring Plan exercise in February 2003:

4. Increased provision of HIV/AIDS programs by tripartite constituents and partner agencies

5. Improved knowledge about HIV/AIDS transmission and reported behavior change among targeted workers, employers and employees

6. Reduced stigma and discrimination in world of work agencies and their partners.

II. Purpose of the final evaluation

The purpose of the final evaluation is to:

a. Determine if the project has achieved its stated objectives since the internal assessment reports and explain why/why not;

b. Assess the impact of the project in terms of the sustainability of its achievements;

c. Determine the level of satisfaction from project activities by its tripartite constituents;

d. Assess the HIV/AIDS knowledge, attitude, behavior and practices of workers of partner enterprises in the project states of Phase II (B) as evidenced by the Data Tracking Table/final survey results.

e. Assess the impact of the project in terms of its contribution toward National Policy/Programs on HIV/AIDS in the world of work;

f. Assess the impact of the Project in building capacity of constituents and PLHIV in undertaking advocacy and interventions at workplaces

g. Provide recommendations for the project in view of its continuation under PEPFAR.

h. Provide recommendations on how to improve project performance, and, where necessary, identify the possible need to refine strategy, for successful integration of WPI in the third phase of the National AIDS Control Programme in India, the NACP-III (2007-2012)

i. Make recommendations to USDOL/PEPFAR on the relevance/nature of further support to ILO in India.

III. Final report

One external evaluator will write the final report. The evaluator has already conducted the field evaluation and many of the interviews, which contributed to the multi-country study evaluation of the SHARE program. She will draw upon the fieldwork and interviews already undertaken as well as interviews via Internet with the project team to form the content of this final report.

The external evaluator is responsible for conducting the final report according to these terms of reference (TOR). She shall—

- Review the TOR and provide input and refinements, as necessary.
- Review project materials (e.g., project document, progress reports, findings and conclusions from the SHARE multi-country study, India section).
- Prepare initial draft of the final report and submit to Macro International; which will then circulate to USDOL and ILO for comment.
- Incorporate donor/implementer comments and submit a final report.

The USDOL Project Manager is responsible for:

- Drafting the final report TOR;
- Finalizing the TOR with input from the ILO;
- Providing project background materials;
- Reviewing and providing comments on the draft final report; and
- Approving the final draft of the report.
- Participating in any debriefing on findings, conclusions, and recommendations of the final report as necessary.

The ILO HIV/AIDS Program Representative is responsible for:

- Reviewing the TOR and providing input, as necessary;
- Providing project background materials if requested;
- Reviewing the final report questions and working with USDOL to refine the questions, as necessary;
- Participating in debriefing in the field with evaluator on findings, conclusions, and recommendations of the evaluation;
- Reviewing and providing comments of the final report; and
- Approving the final draft of the report.

IV. Final report scope

The final report will provide a summary of the key findings from the SHARE multi- country study India section. In addition, the report will respond to the following questions:

Evolution:

- The India program is the longest ongoing of DOL HIV/AIDS workplace programs. How is this reflected in its impact? Can you see a difference the additional time has made?

- How has the India program evolved? Has it incorporated lessons from other programs or from its PMP data over time?

- Has the program focused on or taken any new directions? If so, have they proven successful? How can these best be shared? (If none, please state).

- Has the project expanded its pilot initiatives to develop strategies/interventions to reduce the vulnerabilities of informal sector workers? If so, please elaborate on the progress thus far.

- The best practices/models developed by the Project.

PEPFAR

- How has the relationship with PEPFAR affected the USDOL project in India? Apart from receiving additional funding, has the interaction with the PEPFAR team and other workplace programs been productive?

- Assess the relationship between PEPFAR and the ILO-USDOL program. Has it affected implementation in any way? Please explain fully.

- Key benefits that the PEPFAR programme see as a result of TA from the ILO- USDOL Project in India.

V. Duration and milestones of the final report

The total level of effort will be 10 working days. The evaluator will complete the first draft of the report in 8 working days, and submit the first draft to Macro International by September 16. Macro International will verify all TOR questions have been addressed and circulate to USDOL and ILO for comment by September 17. USDOL and ILO will submit their comments by September 22. The evaluator will make necessary edits and re-submit the final copy by September 27. Macro International will provide the final edited report to DOL and ILO by September 30.

Deliverables

A Final Report, original plus 5 copies, will be submitted to USDOL within eight days after receiving final comments from USDOL and ILO. The final report should be sent electronically to USDOL and ILO.

VI. Report

The evaluator will complete a draft of the entire report following the outlines below, and share electronically with the USDOL Project Manager and ICG Evaluation Officer and the ILO by September 16. The USDOL and the ILO will have 3 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 to Macro 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 20 pages in length:

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 10 pages)

This section's content should be organized around the TOR questions, and include the findings, conclusions and recommendations for each of the questions to be evaluated.