

# **INTERNATIONAL LABOUR ORGANISATION (ILO) HIV/AIDS PROGRAMME**

**Implementing HIV/AIDS Workplace Policies and Programmes in selected  
countries in Africa, Latin America and the Caribbean**

**For filing under the Sierra Leone Component  
of the umbrella project INT/05/11/OPE  
SIL/06/50/OPE**

## ***EXTERNAL INDEPENDENT EVALUATION OF THREE HIV/AIDS PROJECTS IN BOLIVIA, SENEGAL AND SIERRA LEONE***

BY : Christian Bugnion, Director, Subur Consulting S.L.  
[www.suburconsulting.org](http://www.suburconsulting.org)



Time-frame for the field visits : Bolivia 1-8 March 2009  
Senegal 27 April – 1<sup>st</sup> May 2009  
Sierra Leone 2-8 May 2009

Final evaluation report date : 10 June 2009

*THE REPORT ONLY REFLECTS THE AUTHOR'S OPINION AND NOT NECESSARILY THOSE OF THE COMMISSIONING AGENCY*

## **TABLE OF CONTENTS**

Acronyms	3
1. Executive Summary	4
2. Background to the programme	6
3. Purpose, scope and clients of the evaluation	10
4. Methodology	11
5. Findings, conclusions and recommendations	13
6. Lessons identified	34
7. Annexes:	
a) TOR	
b) Agenda and list of meetings	
c) Bibliography	
d) Sample of NAS funding	
e) Evaluation framework	

## ACRONYMS AND ABBREVIATIONS

CBO	: Community based organisation
CEO	: Chief Executive Officer
CNLS	: Comité national de lutte contre le sida (Senegal)
COB	: Bolivia Workers Confederation
EHS	: Environmental Health and Safety
GM	: General Manager
GTA	: Grupo Tripartito de Apoyo (Tripartite project support group)
HQ	: Headquarters
ILO	: International Labour Organisation
KAP	: Knowledge, attitude and practice
LAC	: Latin America
NAS	: National Aids Secretariat (Sierra Leone)
NGO	: Non-Governmental Organisation
NPC	: National Project Coordinator
OPEC	: Organisation of Petroleum Exporting Countries
SGBV	: Sex and Gender based violence
SSA	: Sub-Saharan Africa
STD	: Sexually transmissible diseases
SWAA	: Society of Women against AIDS in Africa
TOR	: Terms of reference
TOT	: Training of Trainers
VCT	: Voluntary counselling and testing

## **1. EXECUTIVE SUMMARY**

This evaluation was undertaken by an external consultant as an independent and external final project evaluation in three countries (Bolivia, Senegal and Sierra Leone) participating in the overall HIV/AIDS programme of the ILO in the world of work. The primary focus of the evaluation was to determine the relevance and achievement of the stated objectives, determine the extent to which this project is integrated into the wider ILO programmatic framework, identify the sustainability of the projects, and review how this project has strengthened the ILO position to support its constituents.

The evaluation has followed a standard project evaluation approach consisting of a documentary review of the programme and the country projects, key informant interviews, both individual and group interviews, with the primary project stakeholders, including the tripartite constituents in each of the project countries; attendance to specific events as part of the project activities (training workshop); observation on-site and interviews and briefing with ILO technical staff of the HIV/AIDS programme in Geneva.

The major findings of the evaluation are as follows:

The ILO programme on HIV/AIDS in the world of work has created a strong impact on the tripartite constituents in each of the project countries visited. There is widespread agreement that the programme comes to fill an existing gap.

The programme has been able to change the commonly held view that HIV/AIDS is essentially a health issue, to the fact that HIV/AIDS is a critical aspect of the work place environment.

There is no doubt that the programme is entirely relevant to all stakeholders and in line with national priorities. In fact, it is surprisingly more important in these three relatively low prevalence countries to address the issues of prevention, stigma and discrimination, as people have had less direct exposure to persons who are living with HIV than in other higher prevalence countries. As a result, there appears to be more prejudice and discrimination towards people with HIV in lower prevalence countries given their limited exposure and knowledge about HIV/AIDS.

The individual projects have all achieved their immediate objectives in each project country and some have used innovative and positive approach to maximise resource use (such as in Sierra Leone where there is no NPC and the support is given directly to the NAS) or undertake ground-breaking work with indigenous population (training on HIV/AIDS with Aymara communities), or working with the informal sector through CBOs in Senegal.

However the projects have a very limited scope in terms of catchment and geographical coverage, and there are high expectations that the projects will upscale and extend their outreach in a potential second phase.

There remains a need to consolidate the results and ensure further ownership transfer to the local stakeholders. In order to do so the programme has to identify a clear and explicit exit strategy for each of the projects.

The programme has the potential to be a distinctive brand of ILO expertise if it is well nurtured and managed. Its potential is based on the widespread acceptability of HIV/AIDS as a non-political issue, which makes it non controversial for the tripartite constituents.

The individual projects have used intelligent and cost-efficient ways of maximising the limited resources available, but they remained constrained by the lack of transportation to support outreach activities, particularly in countries such as Sierra Leone.

In order to create some degree of sustainability for project activities, it would be useful to work with a pool of human resources within each tripartite constituency to be trained using TOT approaches so that a critical mass of trainer exists in charge of dissemination and institutionalisation down to the grass roots and local levels.

## 2. Background of the programme and its logic

The inter-regional project on HIV/AIDS and the world of work is a 12 country programme with a two-year time frame financed jointly by the OPEC Fund for International Development and the ILO. The programme's initial duration was from June 2006 to June 2008<sup>1</sup> with an overall budget of US\$ 4,000,000, of which half was financed by the OPEC Fund with ILO funding the other US\$ 2,000,000. The project had as specific geographical coverage 8 countries of Sub-Saharan Africa (SSA) and 4 countries in Latin-America (LAC) as follows:

SSA : Guinea-Conakry, Guinea-Bissau, Kenya, Madagascar, Mozambique, Senegal, Sierra Leone, Zimbabwe

LAC : Bolivia, Paraguay, Peru, Suriname

Identified project languages for these countries according to the programme document were English, Spanish and Portuguese. (Eventually it was changed to French).

In terms of project management, all projects were technically decentralised to the relevant ILO Office (Peru for Bolivia, Senegal sub-regional Office for Senegal) with the exception of Sierra Leone where a specific modality was created as the project worked directly through the National HIV/AIDS Secretariat. There the execution modality developed based on work plans and service agreement contracts for specific interventions.

Selection of geographical areas :

SSA remains by far the region worst-affected by the AIDS epidemic. An estimated 26.6 million people in this region were living with AIDS in 2003, and AIDS killed approximately 2.3 million people that same year. Data also shows a steady increase in recent years in the number of people living with HIV in SSA, and the number of AIDS deaths has also been growing. .

LAC

More than two million people are now living with HIV in LAC and the Caribbean region, including an estimated 200,000 who contracted HIV in 2003. At least 100,000 persons died of AIDS in the same period, the highest regional toll after SSA and Asia.

Several countries have increased their national HIV/AIDS budget, but the world of work is usually not directly involved in the national response to HIV/AIDS<sup>2</sup>.

Programme objectives :

The overall objective is to strengthen the awareness, technical capacity and institutional capabilities of the government and the workplace partners in selected countries to support the development and effective implementation of workplace policies and programmes aimed at preventing the spread of HIV and mitigating the impact of AIDS on social and economic development.

The immediate objective is to increase the capacity of the ILO's tripartite constituents, and associated civil society organisations, to design and

---

<sup>1</sup> With a no cost extension to March 2009 (with the exception of Senegal).

<sup>2</sup> Sierra Leone is an exception given that the world of work is an integral part of the National Response, and the National Aids Committee is chaired by the President himself

implement comprehensive workplace policies and programmes for prevention, care, and the protection of rights.

These objectives rest on two key elements :

- Collaborating with the government to ensure that the national legally and policy framework is conducive to workplace programmes and the protection of worker's rights; and
- Collaborating with employers and workers to launch effective gender-sensitive and sustainable programmes of prevention, care and support within the workplace and surrounding communities.

Three main outputs are envisaged for the programme:

1. The ILO's tripartite constituents are sensitised to HIV/AIDS as a workplace issue and mobilized to take action in the world of work
2. Workplace HIV/AIDS policies and programmes, and policies based on the ILO code of Practice of HIV have been developed and are being implemented
3. Workplace issues are integrated into national HIV/AIDS plans and a review of legislation has taken place.

Country specific projects :

## **Bolivia**

In Bolivia, the project document was established with an indicative starting date of March 2007 until October 2008, with an initial budget of US\$ 142,000 from the OPEC fund and an additional US\$ 40,000 from ILO HIV/AIDS. The project actually started in June 2007 and finished in March 2009. Because each country is unique and has a specific context which must be well incorporated in the intervention strategy in order to guarantee good project performance, the project document for Bolivia identifies one overall objective and three immediate objectives in line with the overall programme document:

**Development objective :** ILO's tripartite constituents support national activities against the effect of HIV/AIDS, in order to decrease the workplace discrimination towards persons infected and affected, and in order to prevent HIV/AIDS in the workplace.

### **Immediate objectives :**

- 1) Women and men at the executive level of labour unions and employers' associations, as well as people tasked with replication in their trade, are informed of the effects of HIV/AIDS in the workplace and are in conditions to support anti-discrimination initiatives as well as support to people infected and affected;
- 2) HIV/AIDS becomes part of the work agenda at the highest level of both employers' and workers' associations;
- 3) Together with the participation of employers' and workers' associations, prevention and attention to HIV/AIDS programmes in the workplace are developed and implemented in three productive companies.

In terms of HIV prevalence, Bolivia ranks relatively low as compared to SSA countries, with only 0.2%. However the number of people are regularly increasing in recent years, and a good prevention campaign is key to preventing its continued spread. Noteworthy is the fact that more than half the number of people infected by HIV are living in the orient of the country (Santa Cruz), whereas the geographical areas of the project were limited initially to La Paz and its surroundings (El Alto, where most productive industries are located, near the airport).

#### **Background of HIV/AIDS awareness.**

Because of its relatively low prevalence, there has been in fact very little awareness of HIV/AIDS in the general public and the general population has often not heard of HIV/AIDS. Furthermore HIV/AIDS has largely been culturally a taboo subject, and until recently HIV infected persons were not only discriminated, but outright banned from society and their families, just like lepers were treated in the middle ages in Europe. This indicates a very low knowledge of HIV/AIDS, a culturally rooted discriminatory attitude towards persons living with HIV, and a general lack of exposure on ITS and HIV given its relation to sexual behaviours, something also difficult to discuss openly in some cultures.

In addition, the intricate political situation in Bolivia that includes declarations of autonomy from different departments, such as Bolivia's richest and most prosperous, Santa Cruz, and the changes in government, with the election of the first indigenous president in history and the constitutional changes, create a difficult climate in which to undertake the project as the challenges include a very high rotation of government staff, a historically difficult relationship between employers and worker unions, and a difficult socio-economic situation as the minimum salary in Bolivia is less than US\$ 100 per month. Aiming to successfully implement the HIV/AIDS project in this context requires skills, the right entry points, and commitment and adaptability to changing and difficult conditions.

### **Senegal**

#### **Development Objectives:**

1. contribute to the reduction of HIV/AIDS and better quality of life of Persons Living with HIV/AIDS, building social partners capacity to plan and implement a join response to HIV/AIDS in the formal and informal sector
2. put in place in Government departments and enterprises workplace programmes in coordination with the National Council on AIDS

#### **Immediate Objectives:**

1. Assess the HIV/AIDS impact in the world of work and develop a plan of action
2. Advocate ILO constituents, including political authorities and senior managers in the private sector, to ensure their commitment to the fight against HIV/AIDS and to the development of HIV/AIDS workplace programmes



3. Build the capacity of resource persons within social partners and government's structures to design and manage programmes on HIV/AIDS prevention and care in the world of work
4. Support the negotiation of a policy on HIV/AIDS between employers' and workers' organizations in order to put in place an adequate framework on HIV/AIDS response in the world of work

**Technical support activities:**

- KABP survey (Knowledge, Attitudes, Practice, Belief, Behaviour) on HIV/AIDS among workers in the three countries
- Training and capacity building for managers, trade union leaders
- Training on Voluntary Counselling and Testing for social partners
- Training on communication within enterprises and medias
- Training of resource persons within enterprises responsible for workplace programmes on HIV/AIDS prevention and care
- Radio broadcast at national level to raise awareness among workers
- Elaboration of a workplace policy negotiated among workers' and employers' organizations
- Support to development and implementation of HIV/AIDS workplace programmes in enterprises by trained resource persons

**Focus sectors identified:**

- Strengthening of existing training programmes and establishment of a pool of master trainers at government level
- Support in the elaboration of a legal instrument on HIV/AIDS and the world of work
- Translation of the ILO Code of Practice in the national languages
- Strengthening of the legal framework.

In terms of the political situation, it should be noted that the government rightly included from the initial stages of the HIV/AIDS response the wider civil society and more importantly the traditional leaders and religious leaders. This proved a crucial decision as in other countries there remains some reticence to address the issue of HIV/AIDS prevention and treatment from the leadership. As regards to the relationship between the tripartite constituents, there is a common agreement that HIV/AIDS must be mainstreaming among all the constituents. Nonetheless the political process led to changes within the Ministry of Labour and as a result some delays were experienced in setting up the tripartite commission. However there is now willingness and interest from among the tripartite constituents to pursue the project, conditional to obtaining funding under their recently developed strategic framework.

**Sierra Leone**

**Development Objective:** contribute to the national HIV/AIDS response through targeted interventions in vulnerable sectors and in the informal economy

**Immediate Objective 1:** Strengthen the capacity of government representatives, workers' and employers' organizations in the mining sector to manage the response to HIV/AIDS at the workplaces

## **Outputs**

1. Capacity is strengthened within the labour inspectorate and among labour judges to deal with HIV/AIDS issues in the application and enforcement of laws and regulations
2. Workers' and employers' organizations in the mining and tourism sector trained to coordinate the response on HIV/AIDS at workplace level
3. Workplace policies and programmes in 2 selected mining and 2 tourism companies developed and ready for implementation (reviewed to one mining company)

**Immediate Objective 2:** To support the Association for Rural Development in the areas of Freetown, Bo and Makeni to empower informal workers (women and men) to manage the impact of HIV/AIDS – However the project revision dropped this objective in order to focus and concentrate resources in the on-going efforts in the mining sector and in order to avoid dispersion.

In Sierra Leone the national response to HIV/AIDS is strong through an active National HIV/AIDS Secretariat (NAS). Nonetheless Sierra Leone is one of the poorest countries in the world, with a Human Development Index of 0.336 according to the 2007/08 Human Development Report, ranking Sierra Leone 177 of 177 countries surveyed. Almost 57% of the population lives on less than US\$ 1 per day, according to the same report. In 2005 the country received US\$ 343 million as ODA from the various donors. Today the country remains an economically fragile country, with a large majority of the population having moved to the city capital, largely clotting the main communication axes and roads with informal shops and businesses. High youth unemployment and the lack of sustainable livelihood opportunities are among the key challenges. It is difficult to find within the employer's associations many champions willing to invest employees' time, much less resources, into the fight against HIV/AIDS. Despite these difficulties the project was able to identify entry point and key partners to develop some visible champions within the private sector such as Sierra Rutile Mining. Worker's associations have closely and actively participated in the efforts in the private company and the ministry of labour is also closely associated to the efforts undertaken by the NAS.

### **3. Purpose, scope and clients of the evaluation**

The purpose of the evaluation according to the TOR is to:

- Determine if the stated objectives have been achieved and if they were relevant;
- Determine to what extent the strategic approach of the OPEC funded programme is integrated in the ILO programmatic framework, in particular the DWCPs;

- Determine if the interventions were implemented in a way to ensure their continuation after the life of the programme and make recommendations on how to ensure sustainability.
- Determine how this project has strengthened the ILO position to support its constituents

The evaluation covers three countries selected by the ILO HIV/AIDS work place programme as Bolivia, Senegal (as a second choice after events in Madagascar forced the choice of a different francophone country) and Sierra Leone.

Key clients of the evaluation as identified in the TOR are:

- The coordinator of ILO/AIDS Technical Cooperation and its team at HQ, as well as the Director of ILO/AIDS programme;
- HIV/AIDS Technical specialists and national project coordinators in the field, covering project countries;
- Workers', employers' organizations and the Ministries of Labour, and other relevant ministries at country level;
- Cooperatives societies, Informal Sector Associations and Micro and Small Enterprises at country level (including Business Development Services);
- UNAIDS (UN Joint Programme on AIDS);
- NACs (National AIDS Councils);
- The Sub-regional and Field Offices responsible for the countries covered
- The OPEC Fund for International Development

#### **4. Methodology**

The evaluation has followed a standard project evaluation approach consisting of :

- a) a documentary review of the programme and the country projects, based on material made available by the HIV/AIDS programme and collected additionally during the field visits;
- b) key informant interviews, both individual and group interviews, with the primary project stakeholders, including the tripartite constituents in each of the project countries;
- c) attendance to specific events as part of the project activities (training workshop);
- d) observation on-site
- e) interview and briefing with technical programme staff in Geneva

In order to determine the questions that would be asked, an evaluation framework was prepared and is included as annex.

Part of the evaluation approach was to use appreciate inquiry with key informants, in order to be able to identify and replicate what were the positive changes the project brought about, and why.

Conversely the evaluation also asked for weaknesses and gaps in the project, in order to identify lessons and avoid potential gaps and flaws in subsequent project designs.

Triangulation was used when confronting diverging information from key informants.

The evaluation was under the supervision of Anna Torriente as ILO evaluation manager and was performed by an external consultant : Christian Bugnion, director of Subur Consulting S.L., with previous evaluation experience of ILO projects including HIV/AIDS projects in Togo and Benin.

#### *Evaluation constraints :*

The evaluation TOR were modified unilaterally one week before carrying out the first field mission, narrowing the scope from a programme evaluation with field visits to three countries to a three country project evaluation approach in order to reduce evaluation costs by 25%;

The evaluation unit of the ILO is not mentioned in the TOR as one of evaluation clients;

Difficulties in holding a preparatory meeting/briefing with the technical staff in Geneva given their unavailability due to travel or their preparing missions. As a result the preparatory meeting was held only after the evaluator had completed the field work in Bolivia.

Not all of the necessary documentation nor information was shared with the evaluator prior to undertaking the evaluation mission. Also the apparent agreement to continue funding to the project countries covered by the evaluation for another two years was not reflected into any document and was only discussed verbally in Geneva. The basis for such an agreement is not clear.

Given frequent travels of the programme technical staff in Geneva the evaluator could not have timely response to queries sent by e-mail or attempts to contact technical staff by phone.

## **5. Findings by country**

## **Bolivia**

The project in Bolivia has come to fill a gap. Because the prevalence rate is relatively low in Bolivia, little attention has been given to HIV/AIDS awareness and education. There is a lack of awareness among the population. Many issues relating to sex and intimate relationships are not openly discussed and are considered as cultural taboos. HIV/AIDS awareness has not been included in the educational curriculum and therefore there are very few sources outside the health sector dealing with HIV/AIDS. The national plan itself relies 98% on Global Fund money therefore making it heavily dependent on Global Fund allocations.

The ILO project is therefore filling a critical need on two accounts : first, because of it addresses the issue of HIV/AIDS in the workplace, something that has not been done in Bolivia before – and the wide majority of the population are at some time formal or informal workers. It was therefore high time to bring to the public's attention that HIV/AIDS is not just a health issue, but that it affects productivity, is tied to the workplace environment and even spreads to the homes, neighbourhoods and communities of those who acquire HIV/AIDS related knowledge.

The second aspect is that there have been few attempts to engage with the informal sector or with populations not speaking in the official country language - Spanish. The project has attempted to cover both those informal female workers (handicrafts and weaving and wool) together with their specific cultural heritage, approaching rural communities in their own language (aymara) and using indigenous facilitators both to discuss the modes of transmission of HIV/AIDS and the demonstration and explanation on condom use, and discussion on critical issues such as discrimination and stigmatisation.

One of the key aspects that contributed to the success of the project is the background of the NPC, who had previously directed the HIV/AIDS National Programme. The approach was therefore entirely streamlined with the Ministry of Health and synergies could be built between the ILO project and the national programme. In fact some of the facilitators contracted by the ILO projects for training are MOH specialized staff.

The reserve side is that the NPC has not ever worked in a tripartite environment, nor was she ever trained on how to work with the Ministry of labour, workers and the private sector. The lack of technical support by the ILO to the NPC for preparing the first tripartite meeting, which was to lead to the creation of a National Tripartite Group (GTA in Spanish), was undermined by this oversight and did not achieve its projected aim.

Another key finding is that CEOs and general managers are much less aware of the potential economic risk posed by HIV/AIDS in low prevalence countries. It was very difficult for company owners to actually free production time so that workers could attend the workshops and seminars on HIV/AIDS. In most cases, this had to be done outside working hours, which logically negatively affected

workers participation. There were some exceptions, such as the private cement company SOBOCE.

In this company senior management insisted that the project covers its four production sites across the country, and according to their own presentation 98% of the work force was able to attend the seminars across their industries. This is unique result and should not be extrapolated to what can be achieved with private companies in Bolivia, as this is no doubt the exception rather than the rule. Even union representatives expressed that the management was always one step ahead of the union's claims, making SOBOCE a unique example of pro-active management in social corporate responsibility with its own work force.

The project actually worked with 4 different companies, and accessing the companies was key in order to bring them on board for this project. The correct entry point was identified as the National Chamber of Commerce and Industry, which supported by letters to the private sector the entry point for the project.

Within the employer's associations, there remain a general lack of commitment in seeing HIV/AIDS as a serious issue. In order to gain employer's commitment, it may be necessary to prepare a one-day senior management leadership training, to deal specifically with the aspects related to productivity and loss of income arising from neighbouring countries where the prevalence is higher, and in particular the social and macro-economic costs associated with the pandemic (see for example the recent joint study by the UNDP and Ministry of Finance in Uganda).

Within workers' union the project has met with a high interest. All union representatives that attended the training were very satisfied with the approach, the contents and the facilitation of the workshops. In the specific training in Aymara that was witnessed by the evaluator, one of the facilitators was a workers' union representative who had attended the TOT and gave a thirty minute presentation on HIV/AIDS, including how the union had internalised the training.

*Discrimination and stigmatisation, the most common phenomena relating to HIV/AIDS in Bolivia.*

One of the evaluation findings was that the generally high level of ignorance regarding HIV/AIDS among the general population was met with an matching level of discrimination and stigmatisation of those people HIV positive. Without exception among the groups that were interviewed during the evaluation, the most significant and impressive aspect of any training received was the open testimony of those persons living with HIV/AIDS, some of whom have been HIV positive for the past ten years (three of which are actually contracted and contributed to the workshops and seminars). It was telling to see the reactions among the Aymara women and men during the training when one woman gave her testimony about living with HIV for ten years. This indicates that awareness must be raised so that people in Bolivia will understand that people living with HIV/AIDS are not some kind of lecherous and amoral people chastised by god

for their unholy behaviours, but that in reality anyone is susceptible of being infected by HIV/AIDS. The woman who gave her testimony as one living with AIDS also informed the evaluation that when she discovered she was HIV positive, some family members rejected her, stopped talking to her, and that she initially wore a mask on her face not to be recognised by the neighbours who threatened to stone her to death...

This also indicates that HIV remains a taboo subject in many environments and cultures. Indeed one of the positive project results has been an inclusive approach to indigenous communities of the Planalto, for example with specific Aymara communities where the issue of speaking of genitals and sexual behaviour has remained taboo up to this day. This is coupled with a reportedly high tradition of domestic violence, where women are largely confined to their home environment, makes the project approach an innovative one. Using Aymara speaking facilitators, the project has been able to train Aymara women as trainers and they are now able, speaking in their own language, to deal with this delicate issue. In the training witnessed by the evaluation, Aymara community members were also shown how to put on a condom. Because four non-Aymara health centre staff were also attending the training, parts of the training were actually done in Spanish, while the rest was done in Aymara. The only risk is to ensure that traditional leadership structures within the Aymara community are seen as supportive to this process, in order to avoid clashes between traditional values and prerogatives and what can be seen as an small revolution within the world of Aymara communities. To avoid any risk of backlash and increase in domestic violence, it is critical that the male leaders are openly supportive of the project approach and objectives.

Another interesting finding is the KAPB study that was jointly undertaken amongst WFP truck drivers in order to gain a better understanding of some of the high risk categories. While the report is in its final stages, some interesting behavioural aspects have been emerging and were shared verbally between the study team leader and the evaluation. Of 300 truck drivers, none had been willing to take a voluntary blood test...

Another key finding is the perception of neutrality of the ILO as regards to its convening role around HIV/AIDS at the workplace. In a country where political positions are polarized and open antagonism between some employers and labour unions have negatively affected other ILO projects, the HIV/AIDS project is seen, in the word of an ILO NPC, to be the Cinderella of all ILO projects – little budget and means but highly visible impact. The projects has the advantage of being seen as a-political, and provides a critical entry point for working in tripartite form – so long as the project staff are trained to work with the tripartite constituents. ILO should not lose an opportunity to capitalise on these achievements.

The project life was too limited to ensure sustainability, and it is not sustainable as such now. However there are elements of sustainability which can be identified, such as the work in some private companies (such as SOBOCE), although again it is mostly an exception. In order to further guarantee the continuity of the project actions, some further targeted support is necessary in

the following areas : developing core teams of trainers within each of the constituencies, in order to ensure dissemination and organisational ownership. Among the labour unions, there already appears to be a constructive basis and training groups may be identified for replication purposes.

Within the ministry of labour there has been wide support for the project. However political changes and staff turn-over have somewhat undermined the changes. There is currently a problem in Bolivia as regards to the application of the new Constitution in those departments controlled by opposing parties<sup>3</sup>. As such, there is a willingness to engage on the HIV/AIDS law once the legal conditions will allow. Noteworthy the support of the ILO, with technical inputs from those HIV positive associations (which actually collaborate with the project), into the drafting of the new legal text, which remains to be applied through the related rules.

It has also been mentioned by the Ministry of Labour that initially the project did not appear to be very interesting, but after the training it became much more important to the ministry and even had the direct support of the director and two ministers. Furthermore the pre-test and post-test results showed the change of attitudes amongst ministry staff.

Another key aspect is that this project showed that the ministry could work together with labour unions and employers associations on a common theme, something much more controversial and difficult in other ILO projects.

Among the private companies, there remains to identify the right entry point. Initially the CABOGO was identified as the main employers' association to partner with in the project, but its secretary recognised that they had not played the role they were expected to, in part given that production objectives are the priority. However the National Chamber of Industry has shown a very high interest in the project and could become the primary counterpart of the project for the private sector, given its openness in envisaging an internalisation of the HIV/AIDS within the overall social corporate responsibility framework. In any case they could be willing to have a specific training unit in charge of disseminating the contents to its constituent members, thereby contributing to the ownership and sustainability of the project objectives.

The project has created many expectations as a result of its activities. Not only in La Paz, the country's capital, but particularly also in the Santa Cruz region, where most of the industries and productive assets are located, and where the prevalence of HIV/AIDS is also much higher than the national average. On a political note, Santa Cruz is largely seen as an opposition-held territory, given its declaration of autonomy from central government and the various political battles being fought between the central power and the region. However the municipal and regional authorities have written to officially request ILO's

---

<sup>3</sup> The government has currently prepared a law to implement the new Constitution, which was approved by referendum by 61% of the votes in February 2009, but 4 of the 9 departments ruled by the opposition have indicated that the absence of a national pact will impede the application of the new constitution. One issue among others is that they do not recognize the authority of the newly appointed Minister in charge of Autonomies.



potential support in the region. This offers a unique opportunity for ILO to work in two very different regions with tripartite constituents on a non-controversial issue of HIV/AIDS, and if well played could provide entry points to the other projects which are currently stalled as they are perceived to touch on political sensibilities. In any case the theme of the ILO project is certainly recognised as non-political and makes it more easily accepted among the tripartite constituents.

This neutral perception of ILO HIV/AIDS project has been mentioned by all tripartite constituents, as well as by other ILO project coordinators. It has been judged to be a project with a very high cost-benefit ratio given its high visibility, capacity to bring together the tripartite constituents around a common theme, at a time when the political conditions are not conclusive to tripartite work and some ILO projects find extreme difficulties in achieving their objectives, and it is therefore a key component of the ILO's visibility and success in Bolivia. The project has opened un-chartered grounds with an innovative and unique approach, and has raised expectations at all levels. In the current very difficult political situation, it would be erroneous to focus on policy making at this time for a continuation of the project. There is a specific law on HIV/AIDS but its application is subject to political debates and interference and therefore the legal framework may take some time before it is up to date. However should the project continue in a targeted and well designed manner, it has the potential of contributing further to policy making by bringing the visible results to the attention of the politicians.

There can be no question about the commitment and dedication of the ILO staff, who are doubtless key to the success of the project. The evaluation has come across a number of activities undertaken by the NPC which falls quite outside the scope of her TOR, such as very actively contributing with UNAIDS on training of the UN staff (including drivers), training the ILO colleagues in the office, and even training the evaluator over lunch on HIV/AIDS!! (not to mention work on the strategic plan for HIV/AIDS, the support in the reform of the legal framework, and many other supporting activities which are not directly project outputs). Such commitment must be recognised and commended as it clearly spreads to all the team of facilitators who have been engaged in the project and have been working with the different target groups. There are no doubts about the quality of the staff in the project, with one shortfall regarding the lack of ILO training in working with and approaching tripartite constituents for new staff who have no ILO background – as is the case in Bolivia.

It can be said that despite its very short duration, the project has accomplished great results, but has also created many unfulfilled expectations given its limited resources and target areas. At present there are many options over to further sustain the project and its two-year additional funding allocation, which has been conceded by ILO HIV/AIDS programme in Geneva, but without stipulating the amount available for the up-coming two years.

The major challenge to the project is winning over production time for workers to be trained in the private sector. With the exception of the flagship company SOBOCE, employer's association and the National Chamber of Industry

recognized, along with other private sector companies, that it is very difficult to take time during working hours to attend any training. As a result the training has to be done after-hours, or on week-ends. At the tripartite constituent level, it was also mentioned that there are production peaks in industry from September to February/March – so the suggestion is that the project should be sensitive to seasonal production objectives and focus its efforts in the period April to November for training and dissemination activities within the companies.

Depending on the level of funding, the project should follow a three pronged strategy, resources and time allowing :

- 1) Create sustainability among the tripartite constituents by training of pool of trained human resources (trainers by TOT), to ensure organisational dissemination within ILO constituents even down to the regional and local levels. This is already to some extent the case with labour unions such as the COB, but it needs further to be supported as a specific objective in order to create this critical mass of resources within the COB. In terms of the employer's association, the National Chamber of Industry appears to be most engaged and supportive of the HIV/AIDS project. Indeed a meeting with its executive director and legal assistant indicated that they have a strong commitment and interest, within their own corporate social responsibility policy, to include the issue of HIV/AIDS. The suggestion of having a pool of trainers formed by the project within NCI was received with interest and receptiveness by its leadership, as there is a growing demand for HIV/AIDS workplace related information, both in terms of prevention, transmission and its implications on discrimination and patient care. Within the Ministry of Labour there have been many staff changes, which has undermined the positive dynamics and engagement in the project. However it should be hoped that some training capacity amongst labour inspectors will subsist, and again ensure a pool of trainers within the Ministry to be able to reach the regional and local levels across the country. This would require a careful assessment of available resources from within the three tripartite constituents in order to ensure the sustainability of the trainers. As a counterpart the constituents should guarantee some financial commitment to follow the ILO funded TOTs with regional and local training (including a tentative agenda with target groups and dates and selection criteria); ideally one or two should be attended by the NPC to ensure consistency in the language and approach to HIV/AIDS.
- 2) Another effort which needs to be continued is working with the tripartite constituents. While the project has worked well with individual constituents, there hasn't been much accomplished in terms of working together jointly on HIV/AIDS. Further efforts are warranted because the HIV/AIDS project is the most politically neutral intervention of ILO in Bolivia – and as such it should be strengthened to create a functional GTA (Grupo Tripartito de Apoyo) as a model for replication and entry point to support some other, more politically controversial, ILO projects. The inherent value of the non-political nature of HIV/AIDS in the workplace may have been somewhat overlooked by the technical cooperation in Geneva, but its value and potential for tripartite work should not be underestimated. However given the lack of previous

experience in tripartite work from the project staff, it is recommended that both a technical training be given (such as one week in another country where ILO is working with tripartite constituents on this project, in order for the NPC to gain hands-on practical experience) and more technical assistance be granted (such as having a senior ILO representative at the next meeting of the GTA to launch and install the GTA). Some degree of funds should also be allocated to this second component. In addition given the political cleavage in Bolivia it is important for the project to respond the expectations from the regional and municipal governments of Santa Cruz, the most industrial and highest prevalence area of Bolivia, by incorporating them in the regional trainings to be done by each of the tripartite constituents. The creation of a regional GTA for the Santa Cruz region may be a challenging, albeit balanced approach to a more comprehensive coverage in a country that is strongly divided among political lines.

- 3) The continuation and extension of work with indigenous communities in local languages such as the experience gained with Aymara communities. This should be continued and documented and further support is necessary, but with a careful and culturally respectful approach in order to avoid any potential problems (such as SGBV issues, as domestic violence is reported to be high in certain communities). This should also entail the development of training materials in Aymara language, and could be used as an example to be shared regionally among various countries.

In order to pursue successfully the project along these lines, a minimum of two additional years is required, and a review of the financial allocations.

As regards to project management, the project has a very light structure, and the two staff (NPC and administrative assistant) have started working in the early days from within their own homes, until the materials could be acquired and an office could be found. The project is now in the ILO office which regroups all ILO projects, something seen as very positive. The streamlining of financial matters are now operated jointly with the DCWP NPC, theoretically in order to reduce transaction costs and delays when requesting the payments from the regional office in Peru. However the large workload of the DCWP has in fact meant more delays in processing the financial requirements and does not appear to have been a clear advantage for the HIV/AIDS project itself.

In conclusion the project has been found to be quite efficient and effective in a very short time. Additional consolidation works needs to be undertaken over the next two years to ensure institutional sustainability and ownership of the process. There should be some fund-raising strategy in Bolivia and Peru, approaching some interested donors, to link some elements which will not be sustainable (such as working with indigenous communities) and providing some technical support in preparing a project document to continue and scale up the approach with the communities.

For the private sector there may be a need to show the economic costs of not incorporating HIV education in the workplace (e.g. general resistance of private sector to make staff available during working hours, therefore limiting the target

audience), but more importantly bring in on board positive examples from neighbouring countries where private sector companies have actively supported and committed resources to HIV/AIDS committees.

## ***Senegal***

The project in Senegal has three comparative disadvantages and one comparative advantage with the other two project countries visited by the evaluation. First, the NPC cover not one, but three countries (Senegal, Guinea and Guinea Bissau), so at most one third of his time is devoted to HIV/AIDS workplace in Senegal, having to balance activities in the other two countries. The second comparative disadvantage is that the person is not a health staff background, and therefore does not have the technical knowledge to ensure that the training curriculum used are up to date on HIV/AIDS and in line with the national agenda. Thirdly, the project has actually ended in April 2008, so a year has passed since the end of the project, making partners' mobilisation and interviews much more difficult. On the other hand, the NPC is the only one of the three countries with an ILO background and knowledge in working with tripartite constituents.

Each country's context is obviously different and in Senegal, the government has quickly reacted at an early stage by bringing on board the religious and traditional leaders in a coalition to support the HIV/AIDS campaign at national level, including the use of condom, something which tends to be rejected by the Catholic church and by Muslims. However the HIV/AIDS project has benefited in Senegal from a certain level of awareness and openness regarding HIV/AIDS issues at the national level, making discussion on sex behaviour for HIV prevention no longer taboo, although at the local level and amongst the informal sector the reality is that there remains much work to be done.

Again here the project fills a gap by addressing HIV in the workplace and bringing the debate outside of the health sector: That aspect of the work has been praised, as is the capacity to bring together in a tripartite committee the ministry of labour, the employers' association and the worker's union. However in Senegal political changes within the Ministry of labour meant that ownership and empowerment were delayed and constrained due to staff turn-over, something which has been seen in other countries and other ILO projects but which explains some of the delays in setting up the tripartite committee.

Nonetheless the project was able to achieve certain objectives, chief among which :

- strong advocacy work for HIV in the workplace among the tripartite constituents and the UN agencies, in particular from the UNAIDS and the CNLS;
- establish strategic partnerships with organisations like SWAA, UGPN, ANDSE for implementation of training in both the formal and informal sectors; including translation of ILO code of practice into national language (ouolof) and carrying out a KAP survey (Sahara study);

- Bringing the issue of HIV/AIDS in the workplace to the table for all tripartite constituents to address and subscribe to an HIV/AIDS workplace policy stemming from the ILO HIV/AIDS principles.
- Strong appreciation to the contribution of ILO in the world of work, particularly as regards to the private sector, which led to its inclusion into the UN Joint Country Team on HIV/AIDS work plan (confirmed by partners such as UNAIDS).

Within the tripartite constituents, the evaluation met with the CNES (employer's association) and attended a presentation on the achievements of HIV/AIDS training within their organisation and the challenges ahead to further promote the issues and ensure proper knowledge and dissemination and expand activities.

In the different components of the project, a majority of the workers' associations are represented in the national tripartite committee, and training of their own trainers has taken place, the same as with the ministry of labour. The remaining challenges are to be able to infuse this knowledge down to the regional and local levels, working through the regional and local focal points and committees which were set up for this purpose.

The evaluation was able to visit two of the four enterprises where training had taken place (Afremer –fish- and Soboa –brewery and sodas-) and talk to the medical staff and workers who participated in the project sponsored events, where training had been done by the women's association SWAA, a regional organisation that provided facilitation to the project in workplaces. In addition, two focus groups were held with informal sector workers, one at Dakar port with fishermen and women where training was done by the NGO ANDSE, and another in agricultural garden area of Darou Kouddouss, some four hours drive from Dakar. Here the training was done by union-sponsored UGPN, a local CBO linked to labour unions.

There is anecdotal evidence that people are changing their attitude and behaviour as a result of project activities, in particular as regards the use of condoms and undertaking VCT. However there could be said to exist two different levels of perception : among the formal sector, where the people interviewed were all literate, there is a greater openness as regards to the existence of HIV/AIDS and a better understanding as regards to the issue of discrimination and stigmatisation of HIV positive persons (and the absence of risks of contamination from sharing a meal, stretching hands, body contact, etc.).

However in the informal sector, there is very little basic knowledge and awareness of HIV/AIDS, so the fear of contamination is directly linked to the level of knowledge. There was great demand for further extending training to other docks, as given the limited resources only one dock could be covered, and medical staff indicate that there is a higher number of people coming in for VCT and condom distribution as a result of the project activities.

In terms of the technical support to the training, it needs to be said that the NPC does not provide technical oversight of the training materials. As a result, the evaluation found confusion both in the formal and informal sectors about the window period, about the risks associated with pregnant and lactating women, which indicates that training materials/curriculum need to be reviewed, if not by the project NPC, at least by some technical staff from CNLS, to ensure that the partners organisations are transmitting their message not only in line with the ILO directives on HIV/AIDS, but also in consistency with the national messages for HIV/AIDS awareness and dissemination. It is particularly important that the concept of the window period is clearly explained, as responses ranged from one week to nine months (including in one case up to ten years!). Same thing for pregnant and lactating women, who should know at least if they are HIV positive how long they can breastfeed their baby and under what conditions. Ideally the project should develop a standard training curriculum that could be used by all partners, something which is missing.

In Senegal and contrary to countries with similar prevalence levels like Bolivia, the government has taken a very early response to HIV/AIDS and there is some exposure given previous sensitisation campaigns. As a result people are already more receptive and prepared to incorporate HIV training and accordingly change their attitudes and behaviours.

In the informal sector, people had very different levels of understanding on the mode of transmission. Despite assurances from the more educated project partners that HIV/AIDS is no longer taboo in Senegal, focus group discussion with the informal sector show that people HIV positive are still seen through a lens of prejudice and mistrust, so that there remains in the mindsets a negative prejudice towards HIV positive persons. In fact in the informal sector, no one has come forward to announce publicly their serological status if HIV positive, but there is a lingering feeling that HIV is essentially due to bad moral behaviour which keep HIV positive persons from coming forward, as they expect to be discriminated if they do so.

In the formal sector, the SWAA have shown a copy of the letter that they intend to persuade the four trained companies to subscribe to, which is an HIV/AIDS workplace policy, based on the ILO directives. Because of the limited financial envelope during the life of the project, there were no funds available to ensure the follow-up activity leading to the signing of an HIV/AIDS workplace policy for each company. As the fielding of the evaluation one year after the project was completed triggered an expectation that further funds would be forthcoming for the project, the SWAA are currently lobbying the companies to incorporate an HIV/AIDS workplace policy.

Another key activity which took place during the partnership with SWAA has been the setting up of information kiosk (or small booths) which provide HIV/AIDS information, counselling and condom distribution in the workplace. While traditionally the workers will go to the health workers in the company for information on STD, HIV and other issues, it is also a move to make access to the HIV information and condoms more readily accessible to all workers and a part of informal sector which is always found around formal sector enterprises.

Even among informal sector partners, the idea of setting up of HIV kiosks has been put forward as something very useful, particularly in the fishing docks where migrant fishermen will sometimes leave the family for various months.

In general the project has been well received and supported by the tripartite constituents at the national level, who would like to see more activities and larger financial commitment in order to extend the coverage to a wider audience.

There is no doubt that the project has generated strong interest for HIV/AIDS at the work place and that the ILO is uniquely positioned for this sort of intervention. However the level of resources committed is not in line with needs nor with the programme's ambition.

Another major achievement has been that the Ministry of Labour has developed a strategic work plan incorporating all tripartite constituents, with a specific budget for the 2009-2011 three year period of over US\$ 1.1 million. While the strategy remains at the draft stage, it is expected that a validation and launching ceremony will take place in the course of the month with ILO support. However and curiously this did not come up in the discussions with the NPC, where more focus was placed on the actual project activities and their potential continuation.

In conclusion the project activities have generated expectations of larger involvement and have been well received by the project targets at all levels. As always the challenge is to ensure that the training undertaken within the tripartite constituents permeates downwards to the local level so that a critical mass is created within each constituency. The establishment of regional and local HIV/AIDS committees is a positive move in the right direction. At the activity level the work has shown great potential, but there needs to be a common training curriculum with clear information on key aspects such as window period, conditions for pregnant and lactating mothers, etc..

The project very short time-frame, which has actually started on 1<sup>st</sup> October 2006, was compressed until end of 2007, with a quarterly no-cost extension up to April 2008. This was inadequate to ensure both quality implementation and supervision of the project in the three target countries, particularly considering that there is no vehicle provided in the project budget. Being responsible for three countries means the NPC was often not available to respond to any requests from Senegal as he had to juggle his time to attend the three countries' requirements. Because there is no focal point for HIV at the sub-regional office, the NPC also attended a number of regional meetings on HIV acting as *de facto* sub-regional focal point. All this caused a dispersion resources and some lack of consistency in being able to adequately support all three project countries. It needs to be stated that the NPC in Senegal is the only one working with three countries, as both in Bolivia and Sierra Leone the persons is only in charge of one country.

There is a clear demand for extending the project activities along the same lines to a wider audience, and the needs are there. However this will be contingent on the level of resources available. At the tripartite constituents' level, the existence of a strategic framework indicates the key areas of support where ILO would expect to be involved. Therefore many options exist, but a continuation will depend on what becomes the priority for ILO. At the same time, it is felt that having one responsible for three countries and such a low level of resources is not the most cost-effective manner to develop ILO visibility, as unfulfilled expectations are created in the project countries.

### **Sierra Leone**

Sierra Leone has a unique management structure for the project, different again from Bolivia (ILO NPC) and Senegal (1 NPC for three countries but depending on the SRB). Here there is no ILO staff (indeed there is not ILO office) and the country is covered by the Nigeria regional office. The innovative approach of ILO in Sierra Leone consisted in supporting directly the National Aids Secretariat (NAS) by providing funding for specific activities on the basis of service agreements on the basis of which funds were transferred directly from the ILO to the NAS in Freetown on replenishment basis, and once the activities have been undertaken (and pre-financed by NAS). This agreement was done as in the past the ILO and NAS had been working on a previous project with funding from DFID, which served as a foundation for the current HIV/AIDS workplace project, but the administration was done by the UNDP. Complaints about delays and also UNDP's overheads were the reason why a more direct execution mode was contemplated in this project. Again considering the amount of available resources, it seemed like a sensible and cost-efficient approach. As in Bolivia and unlike in Senegal, the project was still on-going at the time of the evaluation, ending April 30, 2009. There is no ILO office nor ILO project office in Sierra Leone. The country has also a fairly low prevalence rate, with 1,5% according to the latest NAS information available.

ILO's direct support to the NAS has indeed a number of advantages : it ensures that HIV/AIDS at the work place is mainstreamed into public policy, at a time when the highest levels of government are receptive to HIV/AIDS; it allows greater leverage and advocacy for a continuation of concerted efforts amongst both the government and private sector partners, but also equally ensures coordination and streamlining among the different players, including the UN agencies. The NAS has also been committing its own resources for a number of workplace activities not directly funded by the ILO HIV/AIDS project, such as the support to the Labour Congress for dissemination, a strategic partnership given its outreach capacity, or willingness to develop activities with the motorcycle's riders association (a huge business as it is mostly informal and anyone having been to Freetown and in the countryside can see the high number of bikers), or support to the Port Authority Clinic.

In terms of specific project funds, the ILO funding has supported the efforts in the mining sector, and the mission spent two days (travel included) to reach Bonthe district, where an on-going intervention with the Sierra Rutile Mines company has been initiated by the NAS under ILO funding. The support to the



Mining sector obeys a dual strategy : on the one hand, there has been for the first time a specific study of HIV/AIDS surveillance in the mining sector (NAS, May 2008) which contains key information on six mining companies, including Sierra Rutile (which also had the highest HIV prevalence of the mining companies with a 2.3% rate); on the other hand, the NAS is trying to engage into cost-sharing public-private partnerships to maximise the limited resources available and include private-sector ownership and commitment to the process.

Within the Sierra Rutile Mining Company (work force on pay-roll 1,150 according to the human resources department), there have been a sustained number of activities at the various levels. Through contacts within the human resource department and the health department, the company has become a close partner for implementing HIV/AIDS work place activities as part of its regular activities.

For one, their clinic, which is meant for its workers but also actually services some of the dependents and neighbouring informal communities, is now fully engaged into VCT (re-testing is recently being done at the clinic since 2 months) and PTMCT activities, in addition to giving counselling and ARVs to HIV positive patients (so far only 2 with 1 on ARV treatment) when in 2004 they did not even carry out the first blood test. All of the clinic staff is employed by Sierra Rutile, but the NAS has provided both training and equipment to the clinic. The clinic has an average of 2,000 consultations per month, and there is always staff on duty, as production is done on 24 hour basis, meaning that shifts are organised around the clock to ensure production.

In terms of the prevention, the company has identified 16 shop stewards, who are actually Union Miners members, to work as peer educators amongst the rest of the staff. They are authorized to disseminate HIV/AIDS related information for a brief period during working hours, although there is not yet a fully formalised training. Nonetheless the effects are already felt in the clinic as medical staff reported an increase in number of people coming for VCT and for obtaining condoms. Sierra Rutile plays the role of model given its real commitment to streamlining HIV/AIDS issues in the work place.

The company general manager, a South African national, is committed to an HIV/AIDS work place programme, but naturally asks "Are we doing the right thing, how do we know?". Now that a baseline has been obtained in the mining sector, with specific prevalence rates including for Sierra Rutile, it is expected that in subsequent years the prevalence should come down to the national average or lower, currently estimated to be at 1.5% according to the latest data available from NAS.

As in all large work places in the industry, there is a numerous community immediately in the vicinity of Sierra Rutile. At least an estimated 6,000 people should be living within walking distance of the mine, counting an average family size of 5 for each worker. An unexpected positive outcome was that the mining area has housing and catering facilities for its staff. This is sub-contracted to a private company, called ATS and present in 9 African countries. During the visit the ATS manager requested the NAS deputy director to also

give them a specific HIV/AIDS training in the work place for all 112 staff operating on the Sierra Rutile premises. As the project activities progress, so does the interest of new partners working in relationship with current partners such as Sierra Rutile.

The evaluation spent some time going out to the neighbouring communities and had interesting discussions with the female headed health centre staff (one with formerly 9 HIV positive patients, 3 of which died, and 6 remain on treatment, and only 2 in the other health centre of which one was medicated). At the end of the meeting in the second health centre the evaluator requested an ad hoc group of community people to come together to discuss HIV/AIDS. A very interesting discussion was held with a group of 10, 6 men and 4 women. It turned out that among the men, one was working on the dredge at Sierra Rutile, but said he had never heard of HIV/AIDS training (the evaluator was accompanied by one of the Sierra Rutile Clinic nurses, who claimed to have been doing some training on that dredge, but maybe not during the person's shift). Interestingly it became apparent that the Environment, Health and Safety unit of the company (EHS) has been doing some regular dissemination, including the "safety first" found often in extractive industries work places, but has not yet streamlined the HIV/AIDS message in EHS. This shows that the HR and medical staff of Sierra Rutile should work more closely with the EHS unit to make sure that HIV/AIDS is also streamlined across the company's activities. In fact, it could also be argued that the condoms could be marked with a "safety first" on their package, which would be compatible both with the EHS policy and the purpose of HIV/AIDS work place activities.

In the focus group two male youths who were attending said they were volunteers from SPW (an international NGO which partners with NAS, but the NAS deputy director was not present in that meeting nor aware they were in that community). They are trained as role model and peer educators for the community, but particularly targeting the youth. They claimed to have trained the community on HIV/AIDS, so the evaluator asked them to keep quiet and asked the rest of the group, including women, several questions. However the group showed remarkable knowledge when asked about modes of transmission and of prevention, including an older woman between 50 and 60 years of age who also said she didn't use any condom.... Because she didn't need it any more at her age!

With few exceptions the group answered the questions on HIV/AIDS correctly, which shows that the dissemination work from SPW volunteers had been successful, all the more so considering the group had been put together ad hoc and without any previous notice.

In Sierra Rutile the company is well organized and is no doubt an exception rather than the rule in the current difficulties faced by most mining companies. Nonetheless there appears to exist some potential partnership arrangement with an additional two mining companies, and the NAS is ready to consider an extension of their work place programme to incorporate the new companies. However at this time of global economic recession, only profit-making companies can be expected to partner and commit resources to the project.

The evaluation was also able to witness the benefits of partnerships with organisations based in the communities, such as SPW and public health center staff. It is by now widely recognised that almost all people aged over 18 (and some even younger) are at some point workers, either in the formal and informal sector. As a result the issue of installing an HIV/AIDS work place policy is relevant for both the formal and informal sectors. But because all workers are also members of their community, there is also an increase of awareness on HIV/AIDS as the discussions transcend the work place and reach family and community structures. In this sense, the work that ILO supported in Sierra Rutile, both through the work of their health centre and the shop stewards, has found a pleasant echo amongst the neighbouring communities with HIV/AIDS dissemination done by public health centre staff and other NGOs such as SPW. It can be said that this leads to synergetic relations which have a multiplier effect as HIV/AIDS is addressed from the different angles.

One of the critical issues which came up systematically in meetings in the field and even in Freetown and at all levels and across the range of stakeholders (including with the UN agencies) was the issue of mobility. The generalised lack of transportation means available, except for motorbikes -which are often manned by unlicensed drivers- is the single most severe constraint to reaching out and working in the districts.

NAS has developed a very good strategy by partnering with the Labour Congress (which regroups 18 major unions) as implementing partners for HIV/AIDS activities. The evaluation was able to meet a group of district peer facilitators in Makeni. The staff were all members of different unions in different districts, but had been trained by Labour Congress with support and facilitation from NAS. In turn they were charged with dissemination of HIV/AIDS awareness and non-discrimination to their own constituencies. 27 local HIV/AIDS committees were formed, each composed of 5 members. During the outreach campaign that was funded for a week, participants estimated the number of people directly reached at some 200 per facilitator. Considering a total of 135 facilitators (27 committees times 5 persons), the target audience during the outreach was nearly 27,000 people – a very good way to reach remote areas. Nonetheless they also complained that without logistical support their capacity to engage with populations was very limited.

Another key finding of the evaluation is that there remains a high level of stigma and discrimination towards the HIV positive people. In fact in the provinces, the people living with HIV met by the evaluation did not want to come out with their story, given the prejudices in people's minds about the amoral behaviour leading to being infected by HIV/AIDS. Only in Freetown did the association of people living with HIV/AIDS show a willingness to assist and participate in the trainings in order to give their testimony – something that does not seem to be necessarily part of the plan for NAS in their current training approach strategy. Nonetheless there remains much work to change people's perception about the disease and the stigma associated with those people who have HIV/AIDS, and the systematic incorporation of people living with AIDS in the training would

provide a living testimony and offset the initial message given in the early days that AIDS KILLS.

The most worrisome information concerned at least two, but possibly more, cases of pastors rejecting their wives because they are HIV positive (the men do not accept to be tested) and in one case saying he can cure AIDS by praying, in the other saying openly in church that the woman was bringing problems to his house and publicly exposing her. In some areas the traditional and religious leaders are those less prone to actually support HIV/AIDS activities and some degree of denial still exist, including among the community. While there is an association of religious people living with HIV/AIDS, general resource constraints and lack of mobility limit their networking within the churches and mosques, but at least there is a small but growing number of HIV positive religious leaders who are now on the side of those who suffer from stigma and discrimination. Another key issue that shows that there still remains much work to be done in relationship to pre-conceived ideas regarding HIV/AIDS and discrimination and stigma among HIV positive people has been the various reports from different associations that people only come to test when it is too late and the disease is in such an advanced stage that it is too late to control it, leading to in some cases the death of the person.

The reason behind this reticence to test early for HIV/AIDS appears to be rounded on the belief that stigmatisation and rejection by family and peers is expected to take place as HIV positive persons are still seen as having had an amoral behaviour. According to labour union representatives this was also an issue as people preferred to lose their job than having to confess openly that they are HIV positive. So although there is a national work place policy which addresses discrimination issues, in practice much remains to be done to build up tolerance and acceptance of HIV positive persons in society.

On the positive side there seems to be a high degree of commitment stemming from the President himself, who chairs the National Aids council. Indeed the first lady was also present to inaugurate the association of people living with AIDS in 2008 (although it was already in existence since 2006). It is envisaged that NAS will be able to further lobby for HIV/AIDS work place programmes and hopefully it can be streamlined into at least a few companies of the private sector, where partnership agreements are likely to take place.

One common perspective amongst all stakeholders is that NAS “has the money”. As in other countries, the NAS is largely dependent on accessing Global Fund allocations for its programme. However in the context of Sierra Leone where this is limited donor funding and resources are generally very scarce as needs far exceed the available funds, there is a general feeling that NAS is the provider of first resort, and that it has sufficiently deep pockets to care for all and everyone. Nothing is further from the truth, as the NAS has also to struggle to make the best use of its limited resources, faced with growing needs and requests from all sides.

Another key finding was related to the high risk areas such as the Freetown harbour, owned by the Port Authority. An initial meeting had been held with the

HIV/AIDS ILO programme officer Margherita Licata during her previous trip to Freetown, with the chief medical officer of the Port Clinic, Dr. Jalloh.

There is a very large mass of diverse population groups around the harbour, as well as a large number of illegal migrants from all parts of the world. The clinic catchment area is estimated to be up to 10,000 individuals, the majority of which are informal sector workers. From the range of suspected cases, Dr. Jalloh informs that in more than half the people have tested as HIV positive. There is thus a clear need to undertake activities in the port area, but the choices have to be made in view of existing resource allocations.

The collaboration with NAS has been very good and the unique partnership agreement with ILO is showing to have yielded very positive results. However the efforts in HIV/AIDS in the work place are still work in progress to be consolidated and it is much too early to consider any sustainability in the activities funded by the project.

### **Common findings to all three project countries, possibly applicable to the whole of the programme (12 countries)**

Looking at the TOR of the evaluation, and considering the purpose to :

1. Assess the relevance of the programme objectives, in particular if they address the problems and the needs of the major stakeholders.
2. Assess the effectiveness of the programme immediate objectives, i.e. if they are being achieved (moving from national to individual level of the strategic framework), obstacles and opportunities
3. Assess the efficiency in terms of optimal use of available means.
4. Assess level of stakeholder commitment to the programme
5. Assess to what extent results and outcomes could be sustained based on current programme strategies and approach

The evaluation makes the following analysis :

The projects have been designed to guide specific implementation in each country. However the project coordinators have not been asked to use the programme document as the overall M&E framework. Rather, each project document was developed on the basis of the earlier generic programme document. This means that results are not being appraised compared to the original programming framework document, but against each individual project document (each of which is compatible, but somewhat different, from the programme design document).

There can be no doubt that the individual projects are highly relevant to the needs of the stakeholders. In fact, HIV/AIDS at the workplace is certainly becoming a very strong entry point for all ILO programmes, much beyond the intended scope of the programme itself. As mentioned in the project countries, HIV/AIDS is not seen as a political issue and therefore is much more likely to

meet with the support of ILO's tripartite constituents than possibly any other sort of technical cooperation project.

The projects are therefore not only relevant to the programme objectives, but they are ground breaking because they fill a wide gap – inclusion of HIV/AIDS in work places and debates among the tripartite constituents leading to policy application and positive attitudinal change.

In addition the HIV/AIDS project is clearly aligned with the national priorities (projects closely coordinate with each CNLS or NAS and therefore are clearly in line with the Paris declaration).

In terms of effectiveness of the projects, each project has chosen a slightly different approach to suit the national context, but all three projects are globally geared towards reaching the immediate objectives, although the amount of resources and the time-frame allocated for each project does not guarantee that it can simultaneously progress on both the upstream (national level policy, tripartite agreements and strategies) and downstream (individual interventions in private companies and in the informal sector)

It also needs to be noted that in terms of working with the tripartite constituents, possibly the most advanced process of the three project countries is in Senegal, where in May 2009 a strategic three-year framework will be launched with budgeted activities for all tripartite constituents.

Of the 3 project countries Bolivia is one where tripartite constituents have much greater difficulty in coming together. This is due in part by the current context and high degree of politicisation which has grounded some of the other ILO projects to a virtual stand-still. Nonetheless each project has capitalised on the existing opportunities to reach project objectives as far as possible.

The one single major constraint faced by all three projects is the commitment and availability of the private sector to fully engage into project activities on cost-sharing basis. Another major concern which seems to apply specifically to low prevalence countries (all three project countries have a rate close to 1%), is the fact that private companies are not very willing to allow production work time to be used for disseminating HIV/AIDS message and activities. In other words, much of the training within companies has to be done outside the regular working hours, and staff attendance and availability is sometimes limited as a result – particularly as compared to ILO HIV/AIDS projects evaluated in higher prevalence countries such as Togo and Benin.

However this seems to indicate that low-prevalence countries have less knowledge about HIV/AIDS prevention, counselling and treatment.

Some other issues which have appeared in all countries during the evaluation : the general management of companies need to be a part of the process. While human resources have often been the entry point for addressing HIV/AIDS in the work place, it is important to bring in the general manager as a champion for

the project. In order to do so various strategies can be pursued, some of which may be:

- Holding a half-day very targeted workshop only for top management to ensure their support in the process;
- Providing evidence of the costs associated with loss of production given illnesses and low of labour force<sup>4</sup>
- Incorporating HIV/AIDS in the work place as an integral part of corporate social responsibility (looking at branding HIV/AIDS as part of CSR)
- Allocating a yearly award for best performing company in terms of incorporating response to HIV/AIDS in the work place (public award ceremony with selected companies and regional ILO director, to increase visibility and with press coverage) – this could be done either nationally or sub-regionally

One of the difficulties in Africa has been the issue of confidentiality. In Senegal and in Sierra Leone, people have some resistance to testing for HIV/AIDS, partly because they are not always certain that the confidentiality will be ensured, and even more so in the rural areas where communities are smaller. In Sierra Leone, when talking about HIV/AIDS to the nurse at one rural health centre, the person was about to show us the list of those persons who had tested positive on the blood test!! Certainly there remains some efforts of varying degrees to ensure confidentiality in the project countries.

In all countries the projects have been overly ambitious considering the resource allocation. Projects need to be more focused on actual objectives in line with the amount of funds committed and the local capacity (existing resources and transportation and infrastructure). At the same time given the ambitious objectives, the projects have created high expectations for scaling up and replication and stakeholders do not understand why so few resources have been given to the projects. In all three countries the projects have achieved some tangible results but the scope remains so small that is certainly cannot be generalized and the question of its replicability in order to cover the whole of the country (or at least the most exposed sectors of activity) remains.

There are two aspects to an eventual scaling up of HIV/AIDS to be streamlined at the national level :

First, the lack of funds available (both from public and private sources), particularly in relatively low prevalence countries, makes it more difficult to establish HIV/AIDS at the work place as a priority. As most countries' national HIV/AIDS response is heavily dependent on accessing the Global Fund, there is also no guarantee that funds will always be available in the future to support these activities. Therefore ILO must start thinking serious of how HIV/AIDS can be streamlined into private companies and how cost-sharing can be gradually

---

<sup>4</sup> ILO assumes that a healthy workforce is cost-efficient, but has not presented any productivity study or other to support this assumption to the companies where it wants to implement the HIV/AIDS programme. By contrast, in countries such as Uganda, UNDP has co-financed with the Ministry of Finance, Planning and Economic Development, and the Uganda AIDS commission, a macro-economic study on the impact of HIV/AIDS in Uganda (Kampala, 2008) which quantifies the consequences of inaction regarding HIV/AIDS in the social and productive sectors.

introduced in a successful manner in the world of business. Only by having a clear commitment from the private sector can any degree of sustainability of such a programme be insured.

Second, sustainability is not thoroughly thought through in the programme document, nor is there a clear roll-out strategy for each project looking at how to achieve sustainability. On the contrary, even the project documents are not clear on how to ensure sustainability, nor do they specify clearly what is to be made sustainable. Sustainability is really a question of strategy. What does the ILO want to accomplish? If the answer is small demonstrative actions within the tripartite constituents and some activity in a very small number of private companies, then it is using the right strategy.

However if the objective is to develop a national policy to be streamlined in the entire country about HIV/AIDS in the work place and develop company specific approaches which can be scaled up until all HIV/AIDS exposed sectors are included, it remains far short of the mark. The issue of sustainability is also directly linked to the amount of information (or lack thereof) regarding project funds and budgeting processes, including the programme funding strategy.

### ***Programme management***

As regards to resource use efficiency, each country has followed a different approach, with a very unique system for Sierra Leone – altogether avoiding any direct project coordinator post and working through the national structures (NAS)- leading therefore to a very low-cost arrangement for ILO. In some cases the NAS has used its own funds to carry out complementary HIV/AIDS work place activities to those financed by the ILO<sup>5</sup>. However the projects offer no transportation in any of the three countries, which severely limits outreach capacity for all. Considering that mobility is the single major constraint in accessing target beneficiaries in countries such as Sierra Leone, and seeing that the budgetary envelope is actually much higher than the amount spent, it would be justified, since there is not even a project coordinator salary to be paid, to include a vehicle specifically assigned for HIV/AIDS work place project activities. Of course a vehicle per project would certainly facilitate the work in every country.

The issue of financial sustainability also needs to be clearly explained. None of the projects has what can be considered as an exit strategy<sup>6</sup>, so the project simply stops when funding runs out. This is no longer part of good practices in programme management and an exit strategy, either in the form of a gradual hand-over or through cost-sharing basis, must be developed in the design stage of the programme, and agreed upon by the tripartite constituents.

As regards to the Decent Work Country Programmes, the HIV/AIDS project remains on the sidelines in Senegal, is absent in Sierra Leone<sup>7</sup> and in Bolivia

---

<sup>5</sup> See example as annex that NAS was funding with US\$ 42,000 the work in the mining sector

<sup>6</sup> HIV/AIDS comment : It is suggested that an additional sentence be added to clarify that there is no formal exit strategy, but that “in the Bolivia project, one of the immediate objectives was that “HIV/AIDS becomes part of the work agenda at the highest level of both employers’ and workers’ associations”. This would be more accurate and signal the intent to move into national ownership and follow-up

<sup>7</sup> Note from HIV/AIDS programme : a DWCP is currently being developed for Sierra Leone



the HIV/AIDS projects is successfully collaborating with other ILO projects, particularly given the NPC's personal commitment. Since each country has a different situation as regards to DWCP, the evaluation cannot draw any final conclusion on the matter.

Nonetheless it does appear in Senegal that greater synergies could be obtained between the HIV/AIDS project and other ILO projects, as there was no evidence of direct interaction among the projects, but of course, the Senegal project had come to an end one year earlier.

## **Overall conclusion**

The HIV/AIDS workplace programme is certainly a high visibility and high impact programme which has made positive initial results in bringing the attention to, incorporating and debating HIV/AIDS in the work place at both the tripartite constituents level and in some selected activities in the private sector (in all three project countries participating private companies have adopted or are expected to adopt a policy for HIV/AIDS in the work place) as well as in the informal sector.

Because virtually all the population over 18 is at least a part-time worker in the formal or informal sector, the HIV/AIDS programme has been able to break the commonly agreed concept that HIV/AIDS is essentially a health issue. By incorporating it as a work place issue, it has transcended the work place as all workers are also members of a family – so that awareness raised in the work place trickles to the family level and the wider community.

As such it has been rather successful, and there is anecdotal change of attitudinal and behaviour change. However it is too early to expect a critical mass to exist, and efforts should be undertaken to ensure it is able to achieve its overall objectives by granting it an extension for two more years at least. In order to develop a proper exit strategy which the programme needs, a longer time-frame is necessary.

## **Recommendations**

The primary recommendations are made for the HIV/AIDS programme, with shorter recommendations made for the field offices and NPCs.

For the **HIV/AIDS programme**, if ILO wants to make itself known for its HIV/AIDS programme and consider branding this product it should

:

- 1) start giving more attention to the resources it places in each project country in line with the objectives, including transportation and definition of the geographical catchment area of project activities;
- 2) determine the fund-raising strategy and ensure it is communicated to the project staff in each project country;
- 3) provide a clear indication of the available budget for each country;
- 4) allocate a realistic time-frame for completion of activities, considering that it is well known that new projects take up to their first six months to get up to speed; the technical staff know this well from experience;

- 5) establish clear objectives and review them annually, and prepare systematically yearly work plans for each project country;
- 6) establish a clear information and communication strategy, both for relating to staff in project countries (too much micro-management is taking place from the Geneva office – either the NPC is a trusted and qualified staff or not) but more importantly with the local media, to ensure greater visibility, which should also be used to leverage additional donor support.
- 7) Provide specific training as needed to NPCs, particularly for working with tripartite constituents for new recruits without ILO experience.

For countries where there is no field office such as Sierra Leone, additional recommendations were made which are supported by the evaluator, namely :

- 8) A yearly visit by the ILO technical officials to meet stakeholders at HQ and in the field in implementing countries;
- 9) Cross-border exchanges between implementing countries by project support staff to share experiences, challenges and good practices

At the **Regional Sub-office level in Dakar**, the office should:

1. Determine in consultation with the programme staff the need for a separate sub-regional focal point for HIV/AIDS from the project NPC;

At the field level, the **project NPCs** should also:

1. Determine as soon as possible a work plan for the continuation of the project focusing on the hand-over and exit strategy so that at the end of the project ownership can be transferred to the national constituents as much as possible;
2. Ensure that each constituency is systematically targeted in order to establish a training pool (TOT) to ensure organisational learning and ownership and the subsequent transfer of knowledge to the local levels;
3. Assess the coverage of project intervention areas and partners selection to ensure that they are both politically and technically balanced and that they can be replicated and upscaled (e.g. avoid cost-intensive models and continued focus on training and capacity development and awareness raising).

## 6. Lessons

There are a number of lessons which can be drawn from the projects in the three countries and stemming from the findings described above.

One is that resources have to match the expected objectives in a realistic manner, and providing seed money is not enough to meet the development objectives.

Two is that the time-frame for sustained attitudinal and behavioural change is much longer than the projects two-year life. It needs at least a five year programme to address change in a comprehensive manner.

Three the geographical areas where project interventions take place are important : in some countries there is a clear political division and ILO projects should strive to ensure they maintain their credibility and neutrality by working in all regions with the tripartite constituents.

Four defining a pool of human resources for each of the tripartite constituents can lead to some degree of sustainability provided they are all trained using a TOT approach and in turn the training is passed down to the local levels of each constituency.

Five the private sector needs more efforts from the ILO to win it over to the world of HIV/AIDS in the work place. This can be done through a combination of approaches including more studies on the economic costs of HIV/AIDS and developing awards for best-performing private sector companies.

Six there is a large experience in all twelve project countries which only report to Geneva. There should be more regional events in which cross-fertilisation across the project countries can take place to exchange approaches and learn from each other. Only in Senegal did the NPC have a regional vision, as he was given responsibility for three countries.

Seven an explicit exit strategy is needed in this type of programme, either through a cost-sharing agreement, gradual hand-over, or other forms of exit depending on the expected level of commitment and ownership of the tripartite constituents.

Eight it is also more difficult to work in low prevalence countries given that HIV/AIDS may not be the top political priority nor obtaining as much commitment from the tripartite constituents, particularly from the private sector, but at least as necessary, as prejudice and stigma appear to be more present than in higher prevalence countries.