# ILO EVALUATION

- **Evaluation Title:** Independent end of project evaluation of project countries and global programmes respond effectively to HIV and AIDS in the world of work, including social protection coverage in the informal economy

- **ILO TC/SYMBOL:** GLO/12/63/NOR

- **Type of Evaluation :** Final External

- **Country(ies) :** Burundi, Cameroon, Chad, Ivory Coast, Democratic Republic of Congo, Ghana, Kenya, Madagascar, Morocco, Mozambique, Namibia, Nigeria, Rwanda, Senegal, South Africa, Zambia, China, Indonesia, Sri Lanka, Thailand, Brazil, Guatemala, Jamaica, Ukraine, Tajikistan.

- **Date of the evaluation:** February-April 2014

- **Name of consultant(s):** Mei Zegers

- **ILO Administrative Office:** ILOAIDS

- **ILO Technical Backstopping Office:** ILOAIDS

- **Date project ends:** 31 March, 2014

- **Donor:** country and budget US$ Norway, 1,997,703 USD

- **Participating organizations:** Country employers' organization, workers' trade unions, Ministry of Labour and Social Affairs, Labour Administration and Inspectorate, Ministry of Health, National AIDS Programme, National TB programme, UNAIDS co-sponsors, Associations of PLHIV, WB, UNICEF, UNAIDS, UNDP

- **Evaluation Manager:** Esteban Tromel

- **Evaluation Budget:** 54,785

- **Key Words:** HIV, AIDS

**This evaluation has been conducted according to ILO's evaluation policies and procedures. It has not been professionally edited, but has undergone quality control by the ILO Evaluation Unit.**

## Executive Summary

ILOAIDS worked with country partners to implement a Norway-funded project entitled, "Countries and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in the informal economy". The project was evaluated between February and April 2014 by an independent external evaluator.

The ILOAIDS GLO/12/63/NOR project was carried out over 19 months (June 2012 – December 2013), with a no-cost extension through March 2014.  The project was a component of a larger programme that the Norwegian Government funded to support ILO Programme and Budget Outcomes for the period 2012-2013 (P&B 2012-2013).[1]  The project has a budget of USD 2,000,000 and is most directly linked with P&B 2012-2013 Outcome 8 and Indicators 8.1 and 8.2.[2]Outcome 8 is "The world of work responds effectively to the HIV/AIDS epidemic." Its corresponding indicators are:

Indicator 8.1- Number of member States that, with ILO support, develop a national tripartite workplace policy on HIV/AIDS, as part of the national AIDS response

Indicator 8.2: Number of member States where tripartite constituents, with ILO support, take significant action to implement HIV/AIDS programmes at workplaces.

The project activities covered 20 countries from Africa (11), Asia and the Pacific (4), Latin America and the Caribbean (3), and Europe and Central Asia (2).  Specific targeted activities were implemented to achieve key results in line with the P&B 2012-2013, Decent Work Country Programmes (DWCPs) and Country Programme Outcomes (CPOs).

The project included two Global Research Products, which also covered an additional 6 countries. The Global Products were partially supported with additional funding from the Regular Budget Supplementary Account (RBSA).

**Project Immediate Objectives**

| Immediate Objective 1  (IO) |
| --- |
| Policy and regulatory frameworks in target countries reflect the principles of Recommendation N° 200, including gender equality |
| **Immediate objective 2**: Capacity of tripartite- plus constituents strengthened to implement workplace HIV and AIDS interventions in prevention and access to treatment, care and support |
| **Immediate objective 3:** Knowledge on effective HIV responses and strategies strengthened among constituents and other stakeholders to plan evidence-based world of work interventions on HIV and AIDS. |
| **Immediate Objective 4:** |
| Improved knowledge on access and effect of social protection schemes on the informal economy workforce, including PLHIV households |

Project specific country actions were implemented under IO1 and IO2 depending on country needs. Actions included the development and adoption of policy and regulatory frameworks at national, sectoral and/or company level. Capacity strengthening was provided to implement various elements

---

[1] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

[2] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization.

of ILO Recommendation N° 200, including reduction of stigma and discrimination, access to HIV prevention, care and support and Voluntary Confidential Counselling and Testing (VCT). The Global Products correspond to IO3 and IO4.

The Global Products are:
1) A multi-country study on "What works in HIV and AIDS workplace interventions?" The research covers 10 African countries.
2) Research on "the access and effects of Social Protection policies and programmes on women and men workers in informal employment affected by HIV or AIDS." The research covers four countries: Indonesia, Guatemala, Rwanda and Ukraine.

ILOAIDS technical specialists and other senior officials in headquarters managed the project with support from sub-regional offices. At field level, HIV technical specialists, national coordinators and ILO HIV focal points managed and implemented country activities. ILOAIDS monitored the project progress, together with other ILO collaborating units and programmes. Tripartite constituent representatives, as well as civil society groups such as those of people living with HIV (PLHIV), had significant roles in the design and implementation of project activities in the countries. Representatives from these groups were also included in the project evaluation (See Annex 5 for details).

The overall purpose of the evaluation was to assess the project and draw lessons that will guide the design and implementation of future similar ILO projects in the field of HIV and AIDS in the world of work.

The main objectives of the evaluation were to:
1) Assess the methodological approach which was applied for the -
   - Capacity building of national constituents plus
   - Strengthening of regulatory frameworks as stated in the target Country Programme Outcomes (CPOs)
   - Implementation of workplace programmes
2) Review existing budget information on use of funds to determine the value added of donor resources to the achievement of the Global products and CPOs selected at the beginning of the partnerships.
3) Assess alignment of the interventions with the P&B for the Biennium 2012-2013[3], Social Protection Floor (SPF) and the Decent Work Country Programmes (DWCPs).
4) Assess whether the interventions are aligned with ILO relevant Conventions and the ILO Recommendation on HIV and AIDS in the workplace, 2010 (no.200).[4]
5) Assess the progress to promote knowledge dissemination, design a sustainability strategy and manage risks.
6) Review gender-based needs and concerns of women and men targeted by the project.
7) Assess how activities can have impact on an HIV and AIDS as well as any measurable results to date.
8) Assess how the project has leveraged other funds at the country level
9) Identify project contributions made to the ILOs internal learning processes.

---

[3] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization
[4] General Conference of the International Labour Organization, (2010), Recommendation 200: Recommendation concerning HIV and AIDS and the world of work. Adopted by the Conference at its Ninety-Ninth Session, Geneva, 17 June 2010. Geneva: ILO.

The key evaluation clients are:
- Norway as donor of the project
- ILO as executor of the project
- Project management and staff

Methods of data collection and stakeholder perspectives were triangulated for as many of the evaluation questions as possible. This included interviews, online questionnaires and document review.

The end of project independent evaluation thus included:
- A desk review of relevant project, country and subject (HIV in the world of work) related documentation
- Briefing at ILO Geneva
- Preparation of detailed methodology including guidelines for questioning
- Study visit to five countries
- Individual discussions with relevant ILO staff in the countries
- Individual interviews and/or focus group discussions with constituents, NGOs and other non-state actors
- Compilation of information on progress in other countries through an online survey using Google Drive Forms[5].
- Debriefing workshop at ILOAIDS headquarters with opportunity for feedback on preliminary findings.
- Drafting of first version of the report
- Review and collection of comments from stakeholders
- Draft revision and responses to relevant comments
- Finalising of evaluation report

The evaluator selected countries for the country case studies and field visits with input from ILOAIDS. The key criteria for country selection included:
- Representation of countries from at least three ILO regions.
- Selected countries must represent a mix of the different types of project actions to ensure that all outputs and their eventual outcomes are covered.
- Selected countries should include more than one expected output to allow for sufficient insight into the evaluation questions.
- Selected countries should include at least one that was also covered under Immediate Objective (IO) 3 on "What Works" research and Objective 4 on social protection access and effects

Based on these criteria and as described in Section 1, the countries selected for case studies were Kenya, Democratic Republic of Congo (DRC), South Africa, Indonesia, and Guatemala. Of these countries, Kenya and South Africa were included in the research for IO 3 while Indonesia and Guatemala were included under IO4.

The interviews focused on the ILO staff responsible for implementing project components, research experts involved in the global studies, representatives of constituents, NGOs and other non-state actors. A sample of the direct beneficiaries was included from companies, informal economy representatives and affiliates of workers organisations to determine their views on the impact of interventions. Selection was based on criteria regarding the extent to which they represent target

---

[5] Google Drive Forms allows the user to send an email with a link to a questionnaire, which is automatically uploaded to the owner's Google Drive once it is filled in. This allows useful and streamlined compilation.

groups benefiting from project actions and situations where the project had successes as well as challenges.

Evaluation Limitations
The selection of the case study countries was necessarily limited due to resource constraints. Nevertheless, a substantial investment was made to ensure that a good proportion of countries were selected using valid criteria. The online form was used to try to provide a comprehensive overview of other countries not visited.

Aside from the Global Products, the project is not clearly distinguishable from other types of support on HIV in the world of work that is provided in the intervention countries.  The project is, in fact, intended to flexibly provide key funding in well-targeted areas in the form of technical support and seed money. The project intention is to provide such support in accordance with international and national frameworks/objectives in combination with specific stakeholder identified needs.[6]

**Relevance**
The project design is very relevant to the strategy outlined in the P&B 2012–13[7] and the CPOs. The project design was sufficiently flexible to allow for increased relevance to the P&B 2012–13 and the CPOs over time.  Each project element is closely related to more than one P&B Outcome, beyond Outcome 8 that is specifically targeting HIV and AIDS.[8]

The project design was well aligned, formed a good strategic fit and was valid to contribute to the implementation of ILO Recommendation 200, [9] to ILO Conventions relevant to HIV and AIDS, and the P&B 2012-2013. All of the project actions were linked to various components of ILO Recommendation 200. The project was, furthermore well linked to ILO Recommendation 202 on the Social Protection Floor[10] and the DWCPs. These include elements on the development of policies at workplace and national level, prevention of HIV, Voluntary Confidential Counselling and Testing (VCT), treatment and care, and addressing stigma and discrimination. The decision to develop a Global Product on Social Protection was well in support of ILO Recommendation 202.

LOAIDS focused the localisation of the "What Works" Global Product in Africa because it is the region highest affected by HIV and AIDS. The intention to research different realities materialized with a choice of countries, which combined a wide geographic distribution across Africa and included countries with different types of epidemic (generalized, concentrated and low). The number of country case studies for the Social Protection Global Product could have been larger to allow for more potential for extrapolation of results.

---

[6] As already indicated, such as ILO Recommendations 200 and 202, the P&B 2012-2013, DWCP, CPOs.
[7] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization
[8] For example the following P&B 2012-2013 Outcomes: 1: More women and men have access to productive employment, decent work and income opportunities. 4: More people have access to better-managed and more equitable social security benefits. 6: Workers and enterprises benefit from improved safety and health conditions at work and Outcome. 9 and 10: Employers and workers have strong, independent and representative organizations. 11: Labour administrations apply up to date labour legislation and provide effective services. 13: A sector-specific approach to decent work is applied. 17: Discrimination in employment and occupation is eliminated.
[9] International Labour Organization (2010), Recommendation Concerning HIV and AIDS and the World of Work, 2010 (no. 200). Geneva: International Labour Organization.
[10] International Labour Organization (2012) Social Protection Floors Recommendation, 2012 (No. 202). Available from: http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524 (Website accessed March 20, 2014)

The relevance of the design concept of using Norway Ministry of Foreign Affairs funding for seed money input into critical areas to achieve CPOs was proven during project implementation. The project is coherent with both the vertical and horizontal elements of the P&B 2012-2013 Outcomes.[11]  The design of the Global Products was very complementary with country project actions, particularly with respect to countries where seed money was used to fund such actions.

**Effectiveness**
The project outputs can be measured at two levels, 1) in terms of the Global Products and 2) as related to the project country actions. The project outputs were effective in supporting the achievement of the P&B Strategic Outcomes and Country Programme Outcomes.

The evaluator faced some challenges to assess the extent to which the project outputs were attained as the final project report focused on reporting on the P&B Strategic Outcomes and not on the project logical framework outputs and indicators. This is primarily because of the ILO reporting requirements regarding the P&B Strategic Outcomes, which do not require details on projects contributing to the larger funded programme.

Though final details on project outputs were not available, the evaluator was able to determine through a triangulated data analysis approach that the project achieved the expected outputs (summarized here) regarding:
- Development of national or sectoral workplace policy or laws on HIV and AIDS and related capacity strengthening of focal points and labour officials
- Strategic frameworks/road maps on HIV in the world of work
- Sectoral and workplace action plans and programmes in 5 key sectors
- Capacity strengthening tools were also developed and/or adapted

The evaluator noted that substantial results were attained in important areas in a comparatively short time.  Tripartite- plus stakeholders were usually not, however, very aware of the source of the funding. This lack of awareness is understandable because of the way the project funding was integrated with support from other sources of technical and financing input (see Section 3).

Capacity strengthening was provided in the form of training, guidance during meetings, and direct technical support while developing strategies and plans.  This methodological system of combining different approaches to strengthen capacities was very effective as they complemented and reinforced each other.

The project was effective in the development of regulatory frameworks, i.e., legislation and policies among ILO constituents in participating countries.  A tripartite methodological approach was used in all instances with a role for PLHIV in most instances. This approach resulted in good results within the limited project implementation period.

The *quality* of the actions to meet the CPOs is very good. Country case study evaluation interviewees were generally very positive about the ILOAIDS actions in support of HIV in the world of work. The commonly shared comment is, however, that ILOAIDS input is still too limited as compared to the actual need in the countries among the tripartite constituents plus. Workers organisations

---

[11] The vertical logic clarifies the causal relationships (hierarchy) in the columns between levels of objectives in the strategic framework (or logical framework). This means, for example, cascading from a goal, objectives, to actions.
The horizontal logic (reading across the rows of the matrix) defines how the objectives specified in the columns of the strategic framework will be measured and the means by which the measurement will be verified (evaluated). It includes the elements such as name of objective, indicator, means of measurement.

representatives and Organisations of PLHIV were particularly adamant that more technical support and financial input from ILOAIDS is needed.

The Global Products are useful to gain an understanding of the subjects included in the research but will be most important when their recommendations are implemented in the countries. The Global Products did already contribute to social dialogue as a result of the involvement of tripartite constituents plus.[12] In the case of the social protection study, the involvement of PLHIV was also important.

Project country actions have been very effective in supporting the CPOs and ultimately the P&B 2012-2013 outcomes 8.1 and 8.2. Though funding resources per country were very limited, they were well targeted to support key areas to improve the situation on HIV in the world of work.

Stakeholders noted that the ILOAIDS country actions were identified through interactions with the tripartite constituents in accordance with the CPOs and related DWCP. The actions were thus aligned with needs at national and organisational level.

**Impact**
The quality of immediate term impact depends on the kind of action. The extent to which Global Products have immediate impact depends on the speed of implementing recommendations included in the reports. Global Products could also have more immediate impact if readers could note that they covered more countries. Country actions focusing on legal frameworks, policies, and plans only partially have immediate impact because much will depend on subsequent implementation and/or enforcement as relevant.

Medium term impact is difficult to predict and depends on continued enforcement, implementation, scaling up of project efforts.  Much of the medium term impact will depend on the available technical and financial support. Technical support is, of course interlinked with financial resource availability.

**Gender**
Gender was adequately addressed in the Global Products and implementation of the actions; though the evaluator does not have access to sex disaggregated data for the country actions and cannot confirm this in detail.  Vulnerable and key populations at risk such as those with disabilities, Lesbian, Gay, Bisexual and Transgender (LGBT) were mostly only considered in a limited manner.

**Efficiency**
The project's technical resources were generally used efficiently, particularly given the limited available human resources. Management coordination was sometimes challenging due to the low staffing levels, organisation of structures and actual roles of staff.

The donor resources provided through the project clearly added value to the achievement of the Global Products and CPOs.

Financial resources were used efficiently to maximise the effectiveness of the actions. Seed money was well targeted and used efficiently. Financial disbursement processes could have been more streamlined to ensure that actions could be implemented more quickly to take advantage of the momentum and motivation of stakeholders to engage in the actions.

---

[12] The "plus" stands primarily for civil society organisations.

**Sustainability**

The project does not have an overall written sustainability implementation strategy but the Global Products and Country Actions were designed to enhance future sustainability of existing impact and enhance future impact. Tripartite constituents plus and development partners—especially UN— were included in planning and/or discussions on future directions of actions. Individual country actions were designed to achieve sustainability.

Due to capacity strengthening and the development of legal/policy frameworks at different levels, there are good opportunities for effective sustainability in the future though much depends on available technical and financial resources.

## 1.1 Lessons Learned

1. Data on project outputs and indicators of projects that include logical frameworks[13], needs to be available for the monitoring and evaluation of projects that support larger organisation outcomes, such as the ILO Programme and Budget outcomes.

2. Studies on access of PLHIV to social protection can be useful if recommendations are implemented at country level.

3. Organising VCT through workers organisations, mobile clinics and as an integrated component in wellness testing are important and useful additional approaches.

4. Where countries are undertaking actions to formalise informal enterprises, which often include organising them into associations and cooperatives, ILOAIDS can more effectively and efficiently channel its resources than in situations where this is not yet being undertaken. It is, nevertheless, necessary to consider that the poorest countries are probably also the slowest in investing in formalising the informal economy.

## 1.2 Emerging Good Practices

1. The allocation of well-targeted seed money to support high priority specific and timebound activities at country level on HIV in the world of work is useful and effective.

2. Focus on health sector workers in programmes on HIV in the world of work is of particular importance. There is a high need to address both the occupational safety and health of health workers as well promoting non-discriminatory attitudes among health care workers toward PLHIV and increased acceptance of /engagement in VCT?

## 1.3 Key Recommendations

**Targeting to Strengthen Impact**

1. Seed money should continue to be strategically allocated to support actions at national as well as at downstream level, i.e. "downstream" direct interventions targeted at population groups or economic sectors.

---

[13] or similar planning and reporting mechanisms

2. Replicate and develop additional mechanisms to increase focus on HIV in the world of work among informal economy workers. Provide technical support to tripartite constituents plus on how best to reach the informal economy.

**Mainstreaming and linking HIV in the world of work with other initiatives and approaches**

3. Develop guide on mainstreaming HIV in the world of work into other relevant programmes.

4. Develop a guide on mainstreaming HIV in overall wellness programmes

**Design of Implementation Systems and Guidance**

5. Organise testing through workers organisations, mobile clinics and as an integrated component in wellness testing. Involve organisations of PLHIV is also helpful as they can encourage workers to be less afraid of the stigma.

6. Develop system on how to integrate the HIV response at company level in wellness programmes.

7. Develop strategies and actions for linking HIV in the world of work actions even more closely with other labour rights actions and human rights actions at work, such as eliminating discrimination.

**Information Sharing- Knowledge Base Development**

8. Continue to improve the knowledge base on HIV in the world of work. Expand the number of countries for both Global Products. Extend the content of the Global Product study on "What works" to include additional countries in Asia and the Pacific, Latin America and the Caribbean, and Europe and Central Asia.

9. Develop systems to implement the recommendations from the Global Products on Social Protection and HIV in the world of work, and the "What works" studies.

10. Use a social networking approach to stimulate stakeholders at enterprise level and among tripartite constituents to share experiences. Develop a legal data system of case studies, even if short, for reference and sharing among legal professionals. Consistent sharing and publishing of successful experience could help build a sound and continually updated knowledge base. A social media based system should also aim to help stakeholders provide each other with mutual support.

**Organisation Development**

11. Continue to refine human resource management system to allocate fully country dedicated ILOAIDS staff in high priority countries.

12. Review and contribute to general ILO discussions on streamlining approval systems for financial disbursements at country level for small scale funding mechanisms similar to the project evaluated.

13. Regardless of the funding mechanism modality, there should be indicators at project level to transparently capture and measure and report specific results and draw conclusions at midterm and end of project.

## Table of Contents

## Acknowledgements

## Acronyms and Abbreviations

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| ART | Anti-retroviral therapy |
| BCC | Behaviour Change Communication |
| BRICS | Brazil, Russia, India and China (economies) |
| CIELS | Comité Interentreprises de Lutte Contre le Sida<br>Inter-Enterprise Committee on the Fight Against AIDS |
| CID | Confédération Intersyndicale du Congo |
| COPEMECO | Confédération des Petites et Moyennes Entreprises |
| COTU | Central Organization of Trade Unions |
| CPO | Country Programme Outcomes |
| CSO | Civil Society Organisations |
| DAC | Development Assistance Committee |
| DFID | Department for International Development |
| DRC | Democratic Republic of Congo |
| DWCP | Decent Work Country Programmes |
| GICAM | Groupement Inter Patronal du Cameroun |
| GIZ | Gesellschaft für Internationale Zusammenarbeit<br>(German Development Cooperation) |
| ILOAIDS | International Labour Organization Acquired Immunodeficiency Syndrome |
| IO | Immediate Objective |
| FEC | Fédération des Entreprises du Congo |
| FKE | Federation of Kenya Employers |
| HOSPERSA | Health Workers Trade Union (not an acronym) |
| ISNSC | Informal Sector National Steering Committee on HIV and AIDS (Kenya) |
| KPSAN | Kenya Private Sector Advisory Network<br>(Member of informal sector national steering committee on HIV and AIDS) |
| LGBT | Lesbian, Gay, Bisexual and Transgender |
| LGN II | Law Growth Nexus II (LGN II) |
| LVCT | Liverpool Voluntary Counselling and Testing |
| M&E | Monitoring and Evaluation |
| MTCT | Mother-to-child transmission |
| OECD | Organisation for Economic Co-operation and Development |
| OFID | OPEC Fund for International Development |
| OSH | Occupational Safety and Health |
| PARDEV | Partnerships and Field Support Department |
| P&B 2012-2013 | Programme and Budget for the period 2012-2013 |
| PERTAMINA | Perusahaan Pertambangan Minyak dan Gas Bumi Negara<br>(State Oil and Natural Gas Mining Company- Indonesia) |
| PLHIV | People Living with HIV |
| Plus | Civil Society and other non-state actors in addition to employers' and workers' organisations. (i.e. as in Tripartite Plus) |
| PNMLS | Programme National Multisectoriel de Lutte Contre le SIDA |
| PSPA | Private Sector Partners Against AIDS |
| RB | Regular Budget |

| | |
|---|---|
| RBTC | Regular Budget Technical Cooperation |
| RBSA | Regular Budget Supplementary Account |
| SCREAM | Supporting Children's Rights through Education, the Arts and the Media |
| SIDA | Swedish International Development Cooperation Agency |
| SHWAP | Swedish HIV/AIDS Workplace Programme |
| SPF | Social Protection Floor |
| TB | Tuberculosis |
| ToR | Terms of Reference |
| UBRAF | Unified Budget Results Accountability Framework |
| UNEG | United Nations Evaluation Group |
| UNGEWE | UN Joint Team on Gender and Economic Empowerment |
| VCT | Voluntary Counselling and Testing |
| XBTC | Extra-Budgetary Technical Cooperation  Resources |
| WISE | Work Improvement in Small Enterprises |

## 1    Introduction

ILOAIDS worked with country partners to implement a Norway funded project entitled, "Countries and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in the informal economy". The project was evaluated between February and April 2014 by an independent external evaluator.

The ILOAIDS GLO/12/63/NOR project was carried out over 19 months (June 2012 – December 2013), with an extension through March 2014.  The project was a component of a larger programme that the Norwegian Government funded to support ILO Programme and Budget (Outcomes for the period 2012-2013(P&B 2012-2013).[14]The project has a budget of USD 2,000,000.Euro and is most directly linked with P&B 2012-2013 Outcome 8 and Indicators 8.1 and 8.2.[15]Outcome 8 is, "The world of work responds effectively to the HIV/AIDS epidemic." Its corresponding indicators are:

Indicator 8.1- Number of member States that, with ILO support, develop a national tripartite workplace policy on HIV/AIDS, as part of the national AIDS response.

Indicator 8.2: Number of member States where tripartite constituents, with ILO support, take significant action to implement HIV/AIDS programmes at workplaces.

The project activities covered 20 countries from: Africa (11), Asia and the Pacific (4), Latin America and the Caribbean (3), and Europe and Central Asia (2).Specific targeted activities were implemented to achieve key results in line with the P&B 2012-2013, Decent Work Country Programmes (DWCPs) and Country Programme Outcomes (CPOs).

The project included two Global Research Products, which also covered an additional 6 countries. The Global Products were partially supported with additional funding from the Regular Budget Supplementary Account (RBSA).

The Global Products are:
3) A multi-country assessment study of "What works in HIV and AIDS workplace interventions?" The research covers 10 African countries.
4) Research on "the access and effects of Social Protection programmes and policies on women and men workers in informal employment affected by HIV or AIDS." The research covers four countries: Indonesia, Guatemala, Rwanda and Ukraine.

The principal project actions were intended to:
- Strengthen policy and regulatory frameworks in target countries to reflect the principles of the ILO Recommendation N°200 including non-discrimination, gender equality and women's empowerment .
- Strengthen capacities among Tripartite-Plus constituents to implement workplace HIV and AIDS interventions in prevention, access to treatment, care and support.[16]

---

[14] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

[15] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

[16] Tripartite constituent representatives consist of Government, employers and workers organisation representatives. Where civil society representatives are also included the tripartite constituents with added representative of civil society groups they are commonly referred to as the Tripartite Plus.

- Enhance knowledge among constituents and other stakeholders on effective HIV responses and strategies to plan evidence-based world of work interventions on HIV and AIDS.
- Improve awareness on access and effect of social protection schemes on informal economy workforce including PLHIV households.

**Table 1 - Project's Objectives and Outputs**

| | |
|---|---|
| **Development Objective**<br>Contribute to achieving Millennium Development Goal 6 of halting and reversing the HIV, TB epidemics by promoting universal access to HIV and TB prevention, care and support through world of work policies and interventions. | |
| **Immediate Objective (IO)1**<br>Policy and regulatory frameworks in target countries reflect the principles of the Recommendation No. 200 including gender equality. | **Output 1.1:** A national or sectoral workplace policy or law on HIV and AIDS is agreed among the tripartite plus stakeholders, on the basis of the ILO Recommendation N° 200 |
| | **Output 1.2:** Focal points in the governments', employers' and workers' organizations are trained to implement and disseminate the policy document |
| | **Output 1.3:** Labour inspectors and labour judges trained on the new labour standard on HIV and AIDS |
| **Immediate objective 2**: Capacity of tripartite plus constituents strengthened to implement workplace HIV and AIDS interventions in prevention and access to treatment, care and support | **Output 2.1** Strategic frameworks or road-map to implement workplace programmes at country level agreed in 4 countries |
| | **Output 2.2:** Five workplaces selected in key sectors |
| | **Output 2.3:** Action plans for HIV interventions developed and agreed to in key sectors of the 5 workplaces per target country based on the key principles of ILO Recommendation N° 200 including gender equality |
| | **Output 2.4:** Tools to enhance managers and workers capacity to implement workplace programmes developed or adapted |
| | **Output 2.5:** Targeted HIV and AIDS interventions implemented in selected workplaces in 14 countries |
| **Immediate objective 3:** Knowledge on effective HIV responses and strategies strengthened among constituents and other stakeholders to plan evidence-base world of work interventions on HIV and AIDS. | **Output 3:** (Global Product) Analytical multi country report on What Works finalized by December 2013, covering 10 African countries. (Global Product) |
| **Immediate objective 4:** Improved knowledge on access and effect of social protection schemes on the informal economy workforce, including PLHIV households | **Output 4:** A synthesis report on piloting the global tool in four case study countries. |

ILOAIDS technical specialists and other senior officials in headquarters managed the project with support from sub-regional offices. At field level, HIV technical specialists, national coordinators and ILO HIV focal points managed and implemented country activities. ILOAIDS monitored the project progress, together with other ILO collaborating units and programmes. Tripartite constituents representatives—consisting of Government, employers and workers organisations—as well as civil

society groups such as those representing people living with HIV (PLHIV), had significant roles in the design and implementation of project activities in the countries.[17] Representatives from these groups were also included in the project evaluation (See Annex 5 for details).

## 1.1 Objectives and Scope of the Evaluation

The overall purpose of the evaluation was to assess the project and draw lessons that will guide the design and implementation of future similar ILO projects in the field of HIV and AIDS in the world of work.

The main objectives of the evaluation were to:
10) Assess the methodological approach which was applied for the -
- Capacity building of national constituents plus
- Strengthening of regulatory frameworks as stated in the target CPOs
- Implementation of workplace programmes

11) Review existing budget information on use of funds to determine the value added of donor resources to the achievement of the Global products and CPOs selected at the beginning of the partnerships.
12) Assess alignment of the interventions with the P&B for the Biennium 2012-2013[18], Social Protection Floor (SPF) and the DWCPs.
13) Assess whether the interventions are aligned with ILO relevant Conventions and the ILO Recommendation on HIV and AIDS in the workplace, 2010 (no.200).[19]
14) Assess the progress to promote knowledge dissemination, design a sustainability strategy and manage risks.
15) Review of gender-based needs and concerns of women and men targeted by the project.
16) Assess how activities can have impact on HIV and AIDS as well as any measurable results to date
17) Assess how the project has leveraged other funds at the country level
18) Identify project contributions made to the ILOs internal learning processes.

The key evaluation clients are:
- Norway as donor of the project
- ILO as executor of the project
- Project management and staff

The scope of the evaluation covered all of the project's activities from inception through the finalising of the research reports. Following ILO evaluation requirements, the evaluation was based on the Development Assistance Committee (DAC) criteria of relevance, efficiency, effectiveness and evidence of impact and sustainability through contributions of ILO support. The evaluator, Mei Zegers, attended a briefing exercise in ILOAIDS headquarters. This was followed by visits to 5 countries for field case studies in February and March 2014. The countries visited were Kenya, Democratic Republic of Congo (DRC), South Africa, Indonesia and Guatemala. Additional information was collected in March 2014 through an online survey to obtain additional information including from countries not visited. (See section 2.3 for details of case study country selection criteria)

---

[17] The tripartite constituents with the added civil society organisations are often referred to as "Tripartite Plus"
[18] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization
[19] General Conference of the International Labour Organization, (2010), Recommendation 200: Recommendation concerning HIV and AIDS and the world of work. Adopted by the Conference at its Ninety-Ninth Session, Geneva, 17 June 2010. Geneva: ILO.

As required and described in the Terms of Reference (ToR), all aspects of the evaluation were guided by the ILO evaluation policy which adheres to the Organisation for Economic Co-operation and Development OECD/ Development Assistance Committee (DAC) Principles and the United Nations Evaluation Group (UNEG) norms and standards. This included ethical conduct with respect to interviews and other evaluation activities.

## 1.2    Analytical framework

The evaluation assessed the positive and negative changes produced by the project – intended and unintended, direct and indirect. It assessed whether the project took steps to ensure that the project's approaches and benefits will continue after the completion of the project, including sources of funding and partnerships with other organizations. In analysing the evaluation data, the project framework, the ILO Decent Work Agenda and Country Programmes, P&B[20]; and the provisions of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200)[21] were considered.

To facilitate discussion within the context of the current report, country activities supported with project seed funding will be referred to as "country actions". This will help differentiate actions under Immediate Objective 1 and 2 from the Global Products under Immediate Objectives 3 and 4.

## 2    Evaluation Methodology

### 2.1.1    Evaluation Criteria

The evaluation was based on the OECD/DAC criteria of relevance, efficiency, effectiveness and evidence of impact and sustainability through the analysis of the project implementation and outputs. The evaluation also assessed the coherence of the actions.

### 2.1.2    Key Evaluation Questions

Note: Gender was considered as a crosscutting issue throughout the report.
When reviewing the evaluation questions in Table 2, please note that the Country Programme Outcomes (CPO) vary by country.

**Table 2 – Key Evaluation Questions**

| Evaluation  Criteria | Key Evaluation Questions |
| --- | --- |
| **1.   Relevance** | 1.1 To what extent and how is the design of the ILO project relevant to the *strategy* outlined in the Programme and Budget Outcomes for the Biennium 2012–13[22], CPOs for Outcomes it aims to support?<br>1.2 To what extent and how is the project relevant for the *achievement* of the Global products and CPOs it aims to support? |

---

[20] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization
[21] General Conference of the International Labour Organization, (2010), Recommendation 200: Recommendation concerning HIV and AIDS and the world of work. Adopted by the Conference at its Ninety-Ninth Session, Geneva, 17 June 2010. Geneva: ILO.
[22] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

| | | |
|---|---|---|
| **2. Coherence** | To what extent and how are the various activities in the project's implementation strategy: | |
| | 2.1 Coherent to the vertical [23] and horizontal elements of P&B Outcomes which the project supports | |
| | 2.2 Complementary (in its design and implementation) | |
| **3. Effectiveness** | Have the project outputs been effective in supporting the achievement of the: | |
| | 3.1 CPOs – if so, how effective? What were the successes, challenges? | |
| | 3.2 P&B Strategic Outcomes – if so, how effective? What were the successes, challenges? | |
| **4. Impact** | To what extent, and how, have the project's actions produced achievements of CPOs and P&B outcomes over the: | |
| | 4.1 immediate term (note, answers to 4.1 will be integrated with the Effectiveness Section (3) for reasons of clarity in reporting) | |
| | 4.2 midterm | |
| **5. Gender and vulnerable and key populations at risk project mainstreaming** | 5.1 To what extent, and how, have the means of action led to tangible improvements in the situation of target groups, including as related to gender, people with disabilities. | |
| **6. Efficiency** | To what extent are the project's resources being used efficiently? | |
| | 6.1 Technical resources efficiency | |
| | 6.2 Financial resources efficiency | |
| **7. Sustainability** | 7.1 Does the project have a sustainability implementation strategy that involves tripartite constituents and development partners and establishes synergies that could enhance impacts and sustainability? | |
| | 7.2 If yes, how effective is the strategy? What are the likely successes, challenges, remaining gaps? | |

In combination with the evaluation questions other specific topics were covered in the evaluation including on:
- Knowledge development initiatives:
- Advocacy and Technical Advisory Services
- Capacity Building

## 2.2 Evaluation Process Description

---

[23] The vertical logic clarifies the causal relationships (hierarchy) in the columns between levels of objectives in the strategic framework (or logical framework). This means, for example, cascading from a goal, to objectives, to actions.
The horizontal logic (reading across the rows of the matrix) defines how the objectives specified in the columns of the strategic framework will be measured and the means by which the measurement will be verified (evaluated). It includes the elements such as name of objective, indicator, means of measurement.

Methods of data collection and stakeholder perspectives were triangulated for as many of the evaluation questions as possible. This included interviews, online questionnaires and document review.

Methods of data collection and stakeholder perspectives were triangulated for as many as possible of the evaluation questions. This included interviews, online question form, and document review. The end of project independent evaluation thus included:

- A desk review of relevant project, country and subject (HIV in the world of work) related documentation
- Briefing at ILO Geneva
- Preparation of detailed methodology including guidelines for questioning
- Study visit to five countries
- Individual discussions with relevant ILO staff in the countries
- Individual interviews and/or focus group discussions with constituents, NGOs and other non-state actors
- Compilation of information on progress in other countries through an online survey using Google Drive Forms[24].
- Debriefing workshop at ILOAIDS headquarters with opportunity for feedback on preliminary findings.
- Drafting of first version of the report
- Review and collection of comments from stakeholders
- Draft revision and responses to relevant comments
- Finalising of evaluation report

The independent evaluator developed a checklist of key questions to be posed to all stakeholders in case study countries, which was reviewed and agreed with the evaluation manager. An online questionnaire was designed to ensure comprehensive data was gathered from all countries, particularly those not visited. The online questionnaire was finalised after pre-testing in Kenya with one of the ILOAIDS field staff who also provided valuable input to ensure clarity. The online form was subsequently sent to key project related staff. The data from the online forms was very useful as respondents filled in details in accordance with their country actions and opinions regarding successes, challenges and remaining gaps.

The evaluator submitted a draft report, which was circulated for comments to all relevant stakeholders. The Evaluation Manager then consolidated comments. The evaluator provided responses to the comments and independently inserted changes in the final report as relevant.

## 2.3    Selection Criteria for Country Case Studies and Interviewees

The evaluator selected countries for the country case studies and field visits with input from ILOAIDS. The key criteria for country selection included:

- Representation of countries from at least three ILO regions.
- Selected countries must represent a mix of the different types of project actions to ensure that all outputs and their eventual outcomes are covered.
- Selected countries should include more than one expected output to allow for sufficient insight into the evaluation questions.

---

[24] Google Drive Forms allows the user to send an email with a link to a questionnaire, which is automatically uploaded to the owner's Google Drive once it is filled in. This allows useful and streamlined compilation.

- Selected countries should include at least one that was also covered under Immediate Objective (IO) 3 on "What Works" research and Objective 4 on social protection policies and programmes.

Based on these criteria and as described in Section 1, the countries selected for case studies were Kenya, Democratic Republic of Congo (DRC), South Africa, Indonesia, Guatemala. Of these countries, Kenya and South Africa were included in the research for IO 3 while Indonesia and Guatemala were included under IO4.

The interviews focused on the ILO staff responsible for implementing project components, research experts involved in the global studies, representatives of constituents, NGOs and other non-state actors. A sample of the direct beneficiaries was included from companies, informal economy representatives and affiliates of workers organisations to determine their views on the impact of interventions. Selection was based on criteria regarding the extent to which they represent target groups benefiting from project actions and situations where the project experienced successes as well as challenges.

## 2.4    Limitations and Potential Sources of Bias

The selection of the case study countries was necessarily limited due to resource constraints. Nevertheless, a substantial investment was made to ensure that a good proportion of countries was selected using valid criteria. The online form was used to try to provide a comprehensive overview of other countries not visited.

Aside from the Global Products, the project is not clearly distinguishable from other types of support on HIV in the world of work that is provided in the intervention countries to achieve CPOs under outcome 8.  The project is, in fact, intended to flexibly provide key funding in well-targeted areas in the form of technical support and seed money. The project intention is to provide such support in accordance with international and national frameworks/objectives in combination with specific stakeholder identified needs.[25]As a result, many stakeholders could not clearly distinguish the project from other ILOAIDS support, especially on-going technical advisory support. The evaluator thus collected all relevant information on ILOAIDS actions and analysed the project within this general context. This means that the exact results of the project are difficult to delineate from these other actions but there are advantages to this limitation. The project could be assessed as a replicable tool on the effectiveness of using seed money to maximise other ILOAIDS actions. Using organisation development analysis methods, the evaluator was, further, able to identify some areas to strengthen overall future ILOAIDS effectiveness.

The main focus of the evaluation is to answer the evaluation questions and cover the scope of the Terms of Reference. For this reason the report is organised around the pertinent findings to respond to these requirements. Each finding is supported by examples from different countries though the evaluator could not prepare individual country case study overviews. The evaluator had to collect and analyse the data without the support of other team members and there were report writing time limitations. Individual country case study reports were also not required under the ToR.

## 3    Relevance

## 3.1    Overall Statement on Relevance and Related EQs

---

[25] As already indicated, such as ILO Recommendations 200 and 202, the P&B 2012-2013, DWCP, CPOs.

| EQ 1 .1 - To what extent and how is the design of the ILO project relevant to the *strategy* outlined in the Programme and Budget Outcomes for the Biennium 2012–13 (P&B 2012-2013)[26], CPOs it aims to support? |
|---|
| The project design is very relevant to the strategy outlined in the P&B 2012–13[27] and the CPOs. The project design was sufficiently flexible to allow for increased relevance to the P&B 2012–13 and the CPOs over time.  Each project element is closely related to more than one P&B Outcome. |

| EQ 1.2 - To what extent and how is the project relevant for the *achievement* of the Global products and CPOs it aims to support? |
|---|
| The project design has proven relevant overall for the achievement of the Global Products and CPOs. ILOAIDS focused the localisation of the "What Works" Global Product in Africa. The reasoning was that many countries in Africa share the highest burden---even if efforts to include concentrated and low epidemic countries was made—and because they share similar social and economic trends.  This decisions did, however, limit the level of achievement towards a true "Global Product". The number of country case studies for the Social Protection Global Product could have been larger to allow for more potential for extrapolation of results. The relevance of the design concept of using Norway Ministry of Foreign Affairs funding for seed money input into critical areas to achieve CPOs was proven during project implementation. |

The project was well aligned, formed a good strategic fit and was valid to contribute to the implementation of ILO Recommendation No. 200[28],other ILO  Conventions relevant to HIV and AIDS[29], and the P&B 2012-2013. All of the project actions were, for example, linked to various components of ILO Recommendation No. 200. The project was, furthermore well linked to ILO Recommendation No. 202 on Social Protection Floors[30] and the DWCP. Country actions included elements on the development of policies at workplace and national level, prevention of HIV, Voluntary Counselling and Testing (VCT), treatment and care, and addressing stigma and discrimination. The decision to develop a Global Product on Social Protection directly supported promotion and application of ILO Recommendation No. 202.

With respect to the P&B 2012-2013, the project most particularly corresponds to Outcome 8: "The world of work responds effectively to the HIV/AIDS epidemic' and several other Outcomes. See Annex 3 for a table that summarises linkages between the Global Products, PB 2012-2013 Outcomes, CPOs, Key Actions and relevant Norway Ministry of Foreign Affairs funding.

It is important to note that the design validity is determined by the fact that ILOAIDS GLO/12/63/NOR is not a project in the classical sense. It was primarily designed as part of a broader package to support the institutional commitment and realisation of P&B 2012-2013 Outcome 8. The design is valid to achieve this wider aim.

---

[26] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

[27] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

[28] International Labour Organization (2010), Recommendation Concerning HIV and AIDS and the World of Work, 2010 (no. 200). Geneva: International Labour Organization.

[29] E.g. core conventions with regard to project actions on promotion of social dialogue: C87 Freedom of Association and Protection of the Right to Organise Convention, 1948. C98 Right to Organise and Collective Bargaining Convention, 1949. On discrimination in employment: The Discrimination (Employment and Occupation) Convention, 1958 (No. 111) and the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159) .

[30] International Labour Organization (2012) Social Protection Floors Recommendation, 2012 (No. 202). Available from: http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524 (Website accessed March 20, 2014)

Figure 1 visually summarises the linkages between the strategy frameworks, the country actions and the ultimate results. As discussed in Section 3.1, the evaluator found that the project was not only relevant to the strategy frameworks and their inter-linkages but also contributed to their realisation in practice.

**Figure 1- Linkages Between Strategy Frameworks, Country Actions and Results**
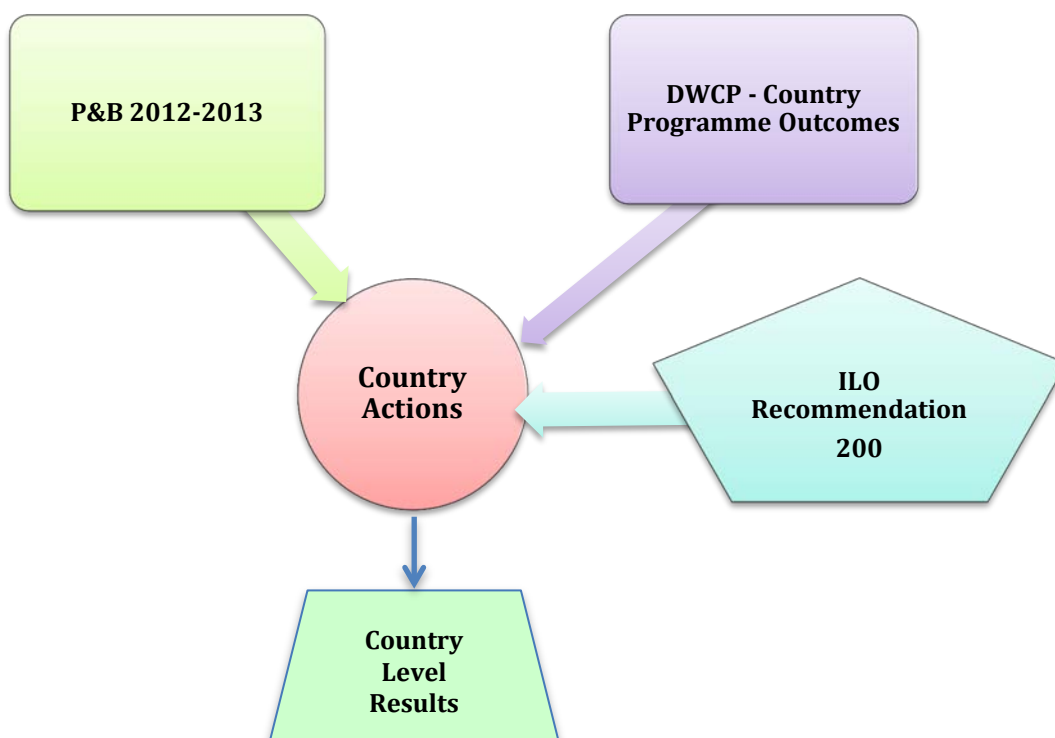


In addition to their relevance to the P&B 2012-2013, the Global Products formed a response to the recommendations of the global evaluation (2011) of ILO's strategy to address HIV and AIDS and the world of work.[31]  These recommendations included:

- The need to "bring together successful, well-tested past project and other actions into more coherent and defined approach that encompass the wider ILO social protection and labour rights."
- "Develop and broaden ILO operations to address HIV through as yet under-exploited avenues, including... social security systems."

Depending on the product, country, CPO and subject area, the project also strategically contributed to other P&B 2012-2013 Outcomes:

1: More women and men have access to productive employment, decent work and income opportunities.
4: More people have access to better-managed and more equitable social security benefits.
6: Workers and enterprises benefit from improved safety and health conditions at work and Outcome.

---

[31] Henry, Carla; Zegers, Mei (2011) Independent evaluation of the ILO's strategy to address HIV and AIDS and the world of work.  International Labour Office, Evaluation Unit. Geneva: ILO. P XV.

9 and 10:  Employers and workers have strong, independent and representative organizations.
11: Labour administrations apply up to date labour legislation and provide effective services.
13: A sector-specific approach to decent work is applied.
17: Discrimination in employment and occupation is eliminated.

In most countries, Norway Ministry of Foreign Affairs funding indirectly contributed to yet additional P&B Outcomes even where these have not been explicitly cited in the table in Annex 3.The design allowed for the actions to impact other P&B 2012-2013 Outcomes in a crosscutting manner including "Outcome 5: women and men have improved and more equitable working conditions"; and "7: more migrant workers are protected and more migrant workers have access to productive employment and decent work".[32]

The project had a concept note[33] with a general Logical Framework[34] prior to launching.  No detailed project document had been prepared though the evaluator does not consider this a detriment.

The details of the project design evolved over time as the countries perfected their CPOs and related activities to be supported with Norway Ministry of Foreign Affairs project funding.  This was an advantage as content could be fine-tuned to the needs expressed by the constituents and to ensure appropriate linkages to the overall outcomes at different levels.

The evaluation found that ILOAIDS staff members were well aware of the importance of continuously considering the ultimate goals of the ILO as reflected in the P&B 2012-2013 and DWCP. The design flexibility helped ensure that ILOAIDS staff could identify precise opportunities where the Norway Ministry of Foreign Affairs funding could make a difference towards achieving the outcomes. The ILOAIDS staff noted the advantages of this flexibility to ensure that actions were well targeted in all case study countries. In other countries, ILOAIDS staff raised similar points regarding the usefulness of the project design to ensure country specific pertinence. In Cameroon, for example, the CPO and Norway Ministry of Foreign Affairs supported actions were designed to specifically address important issues regarding fragmented and weakly coordinated actions, shortcomings at leadership level, monitoring and evaluation (M&E), reporting and involvement of the tripartite constituents. Norway Ministry of Foreign Affairs funds were used to support specific elements where no other funding, or only limited funding was available for these actions considered to be vital to achieve the overall outcomes.

All ILOAIDS field staff in the case study countries and through the online survey indicated that they felt the project was very relevant to the specific issues in their country.[35]ILO country offices in the evaluation countries visited noted that having some financial resources to allocate proved to be very valuable to increase ILO credibility on HIV. As one stakeholder in Kenya noted, "We appreciate the amount, even to get a single shilling for this work has been great. The amount is small but it has really been helpful." Other stakeholders from government, employers and workers organisations, and civil society organisations (CSO) also confirmed this element in the other project countries.

---

[32] Outcome 5 is cross-cutting across all countries; Outcome 7 is particularly relevant to Guatemala where many agricultural workers are migrants.

[33] International Labour Organization (2011a) Concept Note for Project: Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector. Geneva: International Labour Organization/AIDS.

[34] International Labour Organization (2011b) Logical Framework – Norway project 2012-13 for Outcome 8. Geneva: International Labour Organization/AIDS.

[35] I.e., or the country they were responsible for.

One interviewee indicated that seed money should be primarily used to support national level enabling environment actions, as larger projects are still needed for downstream actions. This is an important point, though funding is currently very limited for any projects, regardless of whether they are for up or direct action downstream projects. The evaluator is thus of the opinion that seed money can be usefully and strategically allocated to support actions at national as well as at downstream level.

With the exception of the Global Product Research, the project oriented much of the funding to the tripartite constituents. Several CSOs in the case study countries noted that they could be more usefully involved in similar future projects. Some CSO stakeholders indicated that seed funding should be strategically earmarked to support civil society organisations, particularly those of PLHIV. As one representative of a CSO of PLHIV[36] remarked, "15- to 30 thousand dollars is actually a lot for an NGO like this one, we can use such funds very strategically. This should be decided together from the early project design period".

The countries identified for inclusion in the project had been strategically selected from a list formulated by UNAIDS of high impact countries (See Annex 8 for highlights from a 2011 UNAIDS list categorising key countries by type).[37]ILOAIDS also considered geographic balance to determine selection criteria for inclusion in the project. The actual difference that the Norway Ministry of Foreign Affairs project could make in terms of providing seed money to support synergies in achieving outcomes was also considered, China is an example of a country selected for this reason. Ultimately, 26 countries were selected of which 6 were included in Global Product research while the remainder (20) included one or more project outputs to address HIV in the world of work in the country. Some countries focused on a single project output while 15 addressed several outputs. Geographically, 17 countries were in Africa, 4 in Asia and the Pacific, 3 in Latin America and the Caribbean, and 2 in the Europe and Central Asia regions (See Annex 3 for a list of project outputs by country).

## 3.2    Adequacy of Objectives and Indicators

The project objectives (see Section 1) are adequate.  The immediate objectives are well grounded in the overall ILO strategies adopted by the ILO Governing Body and reflected in the P&B 2012-2013. The immediate objectives are also linked to many of the DWCP in the project countries, which include references to specific HIV in the world of work issues. The DWCP are time-bound and resourced programmes, informed by international development agendas and based on p riorities of constituents and national development objectives. . In Guatemala the agricultural employers group indicated, for instance, that their activities with ILOAIDS were specifically linked to the DWCP that they had previously helped develop.

The CPOs and project immediate objectives are well linked to each other. The country actions designed to support these CPOs are, in turn, highly relevant. All of these elements are thus effectively combined in the design. In, for instance, Cameroon, Indonesia, the Democratic Republic of Congo (DRC), Ghana, Guatemala, Chad, Tajikistan and Ukraine, HIV in the world of work is included as a priority area in the DWCPs. In a more specific example, in Burundi, the CPO supports the strategy set out in the country's DWCP by supporting constituents and scaling-up their capacity to implement their 2011 National HIV Workplace Policy. In Zimbabwe, the CPO was designed to

---

[36] To protect anonymity of evaluation interviewees, exact sources of comments are not cited unless the comments are broad and not considered private.

**[37]** UNAIDS (2011), UNAIDS Meeting On The 31 High Impact Countries (20+ Countries) Operational Procedures Johannesburg, South Africa – 4 October, 2011 Meeting Report. Johannesburg: UNAIDS.

support the priorities of the DWCP at both outcome and output levels. In Indonesia HIV is included in the DWCP as an indicator under the social protection area.

Objective 1 and 2 are well defined. The project indicators as reflected in the project Logical Framework are adequate although they are mostly quantitative. It would have been preferable to include more qualitative indicators so that impact of outputs on outcomes can be easier to verify. With regard to Objective 2 on capacity strengthening to implement HIV workplace interventions, there was some overlap between outputs 2.2 and 2.3. Output 2.2 states that 5 workplaces would be selected in key sectors while output 2.3 states that "Action plans for HIV interventions developed and agreed to in key sectors of the 5 workplaces per target country based on the key principles of R200 including gender equality."[38] In practice this meant that the same 5 workplaces were included in Output 2.2 and 2.3 though the wording was a bit confusing. The question is then whether the sectors are selected first followed by the selection of workplaces or the other way around. It should be added that 5 workplaces in countries targeted for these outputs was realistic given the project budget size.

The Global Products are well defined in the Logical Framework[39] and have clear indicators. The output for the "What Works" Global Product under the Immediate Objective 3 (IO3) is "Analytical multi- country report on What Works finalized by December 2013, covering 10 African countries." Indicators are:

- Evidence on the reduction of vulnerability of workers to HIV after work place intervention is provided.
- Evidence based advice to National AIDS programmes, UNAIDS, constituent improved programmes targeting vulnerable HIV workers.

The Social Protection Platform output for Objective 4 is "A synthesis report on literature review and 4 country case studies applying the assessment tool". The related indicators are, "4 country case studies conducted" and "Description of the assessment tool".

## 3.3    Methodological Approach

The selection of specific priority actions, priority target groups, and regions within countries was well designed given the funding limitations of the project. The Global Products focused on the national situation with examples from different locations.  In most cases country actions focused primarily on the capital though there were exceptions, such as in Ukraine where important territories were prioritised.

The design of the project interventions for both the Global Products and the specific country actions were adequate to reach out to the intended target groups, particularly the tripartite constituents The design of some of the country actions could have included more attention to organisations of PLHIV and to CSO working with other ILO projects. Section 5.9.4 discusses these elements in more detail.

## 3.4    Wider Poverty Reduction Strategy Country Linkages

---

[38] International Labour Organization (2011a) Concept Note for Project: Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector. Geneva: International Labour Organization/AIDS.

[39] International Labour Organization (2011b) Logical Framework – Norway project 2012-13 for Outcome 8. Geneva: International Labour Organization/AIDS.

The funding available for actions in each country was quite limited at somewhat less than US $ one million divided between the 20 countries.[40] Countries received between $20,000 (DRC) and $95,000 (Thailand) in accordance with their CPO and planned activities. The countries also received some funding for human resources and some actions—depending on the country—from other sources. The design of the project was intended to provide synergistic support to the countries to address HIV issues. The countries included in the project are HIV priority countries and, consequently, country poverty reduction strategies commonly include addressing HIV.  Due to time constraints the evaluator could not study the poverty reduction strategies[41] of all project countries though she did review several.[42]

The main focus of poverty reduction strategies related to HIV was placed on prevention, care, support and mitigation of the impact of the epidemic. These poverty reduction strategies are translated into actions such as awareness raising and capacity strengthening, Voluntary Counselling and Testing (VCT), and mechanisms to provide Anti-retroviral therapy (ART).  Most of the activities are couched in general terms with no direct reference to HIV in the world of work strategies. As already indicated, DWCP do commonly mention HIV in the world of work as a priority area. Some national strategic HIV plans, such as in South Africa[43], also mention HIV in the world of work as a target area for action. All project activities were linked to existing national plans or provided support to include HIV in the world of work.

## 3.5    Project Risk Management Planning

The project concept note[44] included a series of assumptions and risks. These included the existence of sufficient starting point capacities and buy-in from tripartite constituents to develop and implement actions. The non-availability of technical support from HIV, gender and other specialists was also included. Additionally, there was a risk of insufficient social dialogue among tripartite constituents to develop ownership and programme implementation. Finally the commitment of associations to follow up on members' training was cited as a risk. None of the risks ultimately proved to be true with the exception of Guatemala where social dialogue remains challenging (see Section 5.8.2). ILOAIDS staff and the other stakeholders were generally able to overcome the risks though it is quite early to determine if associations actually follow up on training sustainably.

## 4    Coherence

## 4.1    Coherence to Vertical and Horizontal Elements of P&B Outcomes[45]

---

[40] That is, those countries which included activity(ies) other than being included in one of the Global Product research studies.

[41] Not all countries included in the project have recent specific poverty reduction strategy documents. Some, like Indonesia, have longer-term strategies which tend to be more general. In the case of Indonesia the longer term strategy is divided into medium term strategies but no recent version in English could be located on the Internet.

[42] E.g., Government of the Republic of Kenya (2008), Kenya Vision 2030, A Globally Competitive and Prosperous Kenya, First Medium Term Plan, 2008 – 2012. Nairobi: Government of the Republic of Kenya; Ministry Of Economy, Planning, Land Reform, and Integration (2012), Republic of Congo: Poverty Reduction Strategy Paper: Book 1, Growth, Employment, And Poverty Reduction Strategy Paper (2012-2016); Republic of Cameroon, (2009) Growth and Employment Strategy Paper 2010-2020. Yaoundé: Government of Cameroon.

[43] Government of the Republic of South Africa (2012) National Strategic Plan on HIV, STIs and TB, 2012-2016. Pretoria: Government of the Republic of South Africa.

[44] International Labour Organization (2011a) Concept Note for Project: Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector. Geneva: International Labour Organization/AIDS.

[45] The vertical logic clarifies the causal relationships (hierarchy) in the columns between levels of objectives in the strategic framework (or logical framework). This means, for example, cascading from a goal, objectives, to actions. The horizontal logic (reading across the rows of the matrix) defines how the objectives specified in the columns of the strategic framework

| E.Q. 2.1. To what extent and how are the various activities in the project's implementation strategy coherent to the vertical and horizontal elements of P&B Outcomes which the project supports? |
| --- |
| The project is coherent to both the vertical and horizontal elements of the P&B 2012-2013 Outcomes. |

As the logical framework[46] indicated, each level of results in terms of outputs, outcomes and impacts was closely designed to support the P&B 2012-2013. As already indicated in Section 3, the design further evolved to address specific country challenges in the form of CPOs that are also consistent with the P&B 2012-2013. Horizontal coherence is thus evident. The vertical elements as related to the causal logic between the different levels of the results chain of the P&B Outcomes is also coherent. The P&B 2012-2013 has internal vertical coherence, as the outcomes are inter-related and often even overlap, for example Outcome 8 on HIV and Outcome 17 on discrimination. The vertical logic of the project as indicated in the Logical Framework is also closely aligned with the P&B. The vertical logic was even more fine-tuned as the design evolved over time to contribute to CPOS by providing seed money to well-targeted actions.

## 4.2    Complementarity of Project Actions

| E.Q. 2.1 To what extent and how are the various activities in the project's implementation strategy complementary (in its design and implementation) |
| --- |
| The design of the Global Products was very complementary with the country project actions, particularly with respect to countries where seed money was used to fund such actions. |

Project funding was used to round out gaps related to HIV in the world of work that were not filled by existing HIV funding. Kenya is one such country where OPEC Fund for International development (OFID) and UN Joint Team on HIV and AIDS (UNJTA) - OFID funding were used for various HIV activities, some of which also had an impact on HIV in the world of work through, for example, actions against discrimination. As one Kenyan stakeholder[47] noted, "The Norway Ministry of Foreign Affairs funding is useful as it does not increase our donor dependence but provides seed money in important areas where we need an extra push."

The Global Products and the country actions all support the implementation of Recommendation No. 200 and complement each other in a focussed way.  The Global Products were carried out in countries where they would provide added value to HIV in the world of work actions.

ILOAIDS field staff involved in the country case studies and those who responded to the online forms indicated that the potential for complementarity with other HIV actions in the countries was excellent. ILOAIDS staff indicated that the country actions were also complementary to other HIV initiatives in the country. The degree to which this was actually already valuable is discussed in Section 5.

---

will be measured and the means by which the measurement will be verified (evaluated). It includes the elements such as name of objective, indicator, means of measurement.

[46] International Labour Organization (2011b) Logical Framework – Norway project 2012-13 for Outcome 8. Geneva: International Labour Organization/AIDS.

[47] The stakeholder quoted in this case is not an ILOAIDS staff member.

When analysing complementarity of project components it can be useful to evaluating the complementarity of project supported country actions across different countries. In the case of the current evaluation this is not necessarily very relevant, however as the country actions were specifically targeted to address national gaps.

Internal country complementarity is more important. Where regional factors, such as migration play a role, complementarity may be important. None of the actions focused foremost on international migration, however.

In most countries, the project only funded one or two country actions which means that complementarity of project-funded actions at country level is difficult to assess. It is, nevertheless, very important to indicate that the supported actions were designed to be highly complementary with other HIV actions in the countries. This includes other HIV in the world of work actions as well as other HIV actions in a range of areas, particularly as related to stigma and discrimination and VCT.

## 5    Effectiveness

### 5.1    Overall Conclusions on EQs on Effectiveness

The project outputs can be measured at two levels, 1) in terms of the Global Products and 2) as related to the project country actions. Details to answer the EQ on effectiveness are covered in the remainder of section 5.

| E.Q. 3.1 Have the project outputs been effective in supporting the achievement of the CPOs – if so, how effective? What were the successes, challenges? |
|---|
| The Global Products are useful to gain an understanding of the subjects included in the research but will be most important when their recommendations are implemented in the countries. The Global Products did already contribute to social dialogue as a result of the involvement of tripartite constituents plus. In the case of the social protection study, the involvement of PLHIV was also important. Country actions were well targeted and have been very effective in supporting the CPOs. |

| E.Q. 3.2 Have the project outputs been effective in supporting the achievement of the P&B 2012-2013 Strategic Outcomes  – if so, how effective? What were the successes, challenges? |
|---|
| The project outputs have been very effective in supporting the achievement of the P&B Strategic Outcomes. Though funding resources per country were very limited, they were well targeted to support key areas to improve the situation on HIV in the world of work. |

Note: for reasons of clarity in reporting discussion of the immediate term impact has been integrated in Section 5. Medium term impact is covered in Section 7.

| E.Q. 4.1 To what extent, and how, have the project's actions produced achievements of CPOs and P&B outcomes over the immediate term. |
|---|
| The donor resources provided through the project added value to the achievement of the Global products and CPOs.<br>Immediate term impact depends on the kind of action. The extent to which Global Products have immediate impact depends on the speed of implementing recommendations included in the reports. Global Products could have more impact if they covered more countries. Country actions focusing on legal frameworks, policies, and plans only partially have immediate impact because much will depend on subsequent implementation and/or enforcement as relevant.<br><br>Medium term impact is difficult to predict and depends on continued enforcement, implementation, |

scaling up of project efforts. Much of the medium term impact will depend on the available technical and financial support. Technical support is, of course interlinked with financial resource availability.

Country actions focusing on legal frameworks, policies, and plans are only partially immediate because much will depend on subsequent implementation and/or enforcement as relevant. Country actions focussing on VCT, stigma and discrimination (etc.) have had positive immediate impact.

## 5.2    Level of Outputs Achieved

The evaluator was provided with a Technical Cooperation Outcome-Based Report that provides a final overview of the project results.[48] An interim report[49], covering the first year of project implementation, includes a list of the *project outputs* achieved by the end of 2012.[50] The final overview report, however, provides a narrative list of achievements per country without details per project Logical Framework outputs and indicators. The report only refers to the results as they pertain to the P&B 2012-2013 outcome indicators. Details such as whether focal points were appointed for each workplace under the indicator for 2.2 as well as results disaggregated by sex are not included. As a result, the evaluator finds it difficult to assess the adequacy, ultimate usefulness and achievement of the Logical Framework project indicators.

The evaluator discussed the situation of lack of detailed information on Logical Framework project outputs and indicators with ILO/Evaluation unit, Partnerships and Field Support Department (PARDEV), and  ILOAIDS representatives. The project is part of a larger Norway Ministry of Foreign Affairs funding mechanism provided to support the implementation of different outcomes of the P&B 2012-2013. Funding has been allocated to different departments to implement projects/actions to achieve the outcomes. The project discussed in the current evaluation report is one of these developed within this larger funding mechanism. ILOAIDS was provided with a template to report on the final project achievement towards these outcomes under the Norway Ministry of Foreign Affairs funding mechanism.  The template expressly did not include requirements to fill in information pertaining to the specific project outputs/indicators. This is because the reporting logic of the template is based on the CPOs and their corresponding indicator(s). The emphasis is therefore on carrying out actions that will contribute to the CPO as opposed to the original separate classical project-based logical framework.

A review of both the interim and the final report do appear to indicate that all of the project specific outputs were achieved. The interim report indicated that, at the end of 2012, 15 of the countries with project actions had already completed or were about to complete the achievement of their outputs. The fieldwork of the case study countries, the results of the online forms, and review of various documents does support an overall conclusion that, by the beginning of 2014, all the countries had achieved their outputs. The evaluator prepared an overview of key results by country, as well as linkages to P&B 2012-2013 outcomes, based on available information. The overview is included in Annex 3.

---

[48] International Labour Organization (2014) Norway-ILO Partnership Cooperation Agreement (PCA) 2012-15 Technical Cooperation Outcome-Based Report. Outcome 8 :The world of work responds effectively to the HIV/AIDS epidemic. Reporting period: 01/2012 - 12/ 2013. Geneva: International Labour Organization/AIDS.

[49] International Labour Organization (2013) Norway-ILO Partnership Cooperation Agreement (PCA) 2012-15 Technical Cooperation Outcome-Based Report. Outcome 8 :The world of work responds effectively to the HIV/AIDS epidemic. Reporting period: January-December 2012. Geneva: International Labour Organization/AIDS.

[50] That is, project outputs as related to the project Logical Framework

Assessing the extent to which the project outputs on the Global Products was reached is relatively straightforward. A review of the draft research documents indicates that the outputs were achieved. In the case of the Social Protection Platform Global Product, the number of case study countries had been reduced from 5 to 4 due to insufficient financial resources. Adjustments in the expected outputs took this situation into account, however.

The project thus achieved the expected outputs (summarized here) regarding:
  − Development of national or sectoral workplace policy or laws on HIV and AIDS and related capacity strengthening of focal points and labour officials
  − Strategic frameworks/road maps on HIV in the world of work
  − Sectoral and workplace action plans in 5 key sectors
  − Capacity strengthening tools were also developed and/or adapted

Despite an overall conclusion that the project contributed to the outcomes for the P&B 2012-2013 and CPOs, it is likely to continue to be difficult to delineate the exact influence of the project from other forms of input into the observed field level results. The primary reason for this situation is the very concept behind the project country actions, that is, to provide support (seed money) in key target areas where other funding is not (sufficiently) available. This means that the project is different from classical projects where it is often easier to indicate whether overall results are more clearly attributable to project funding.  In the past, projects usually had a very specific set of deliverables[51] while the current project is intended to support an on-going  program and thus has a broader scope.

Another very specific element that makes it difficult to determine whether country level results were specifically due to the project is that ILOAIDS staff are not funded through the project. In fact, any good results are a combination of the talent and commitment of such staff in connection with the project-funded country actions.  It is important to note, however, that the evaluator does not believe this difficulty in highly demarcating the influence of the project is necessarily a detriment. As will be discussed in the remaining sections of the report, there is sufficient evidence that the investment of Norway Ministry of Foreign Affairs in the project has been highly useful to achieve overall objectives established in Recommendation No. 200.

Adequately detailed project reporting is an important component of any evaluation or analysis of ILO actions. While an evaluator should go to the field and learn about effectiveness and impact, a good overview of implemented actions is still needed, particularly where these are spread across countries or subject areas. Given that there are relatively few new funding modalities to support P&B type outcomes—and the continued existence of Logical Framework-project based outputs/indicators—it will be necessary to develop new reporting approaches for such situations. Regardless of the funding mechanism modality, there should be indicators at project level to transparently capture and measure specific results and draw conclusions. Most importantly the reporting mechanism needs to serve to adequately draw out areas for improving similar projects/actions, input into lessons learned and good practices.

Projects within this larger funding mechanism can still have logical frameworks as part of planning (and departmental reporting).  Logical Frameworks, or similar planning mechanisms, can be useful to guide staff. They can also help ensure transparency with regard to the extent to which actions actually have been accomplished in accordance with planned outputs.

---

[51] This situation appears to be changing with increasing numbers of projects and donor funding including more flexible approaches.

## 5.3    Quality of Actions to Meet CPOs

The quality of the actions to meet the CPOs is very good. Country case study evaluation interviewees were generally very positive about the ILOAIDS actions in support of HIV in the world of work. The evaluator noted that substantial results were attained in important areas in a comparatively short time.  Tri-partite plus stakeholders were usually not, however, very aware of the source of the funding. This lack of awareness is understandable because of the way the project funding was integrated with support from other sources of technical and financing input (see Section 3).

Stakeholders noted that the ILOAIDS country actions were identified through interactions with the tripartite constituents in accordance with the CPOs and related DWCP. The actions were thus aligned with needs at national and organisational level.

The commonly shared comment is, however, that ILOAIDS input is still insufficient as compared to the actual need in the countries among the tripartite constituents plus. Workers organisations representatives and Organisations of PLHIV were particularly adamant that more technical advisory and financial support from ILOAIDS is needed. This request was often added after the interviewees had first stressed their appreciation for efforts undertaken with ILOAIDS support.

While the current section of the report cannot cover all of the country actions, some examples can serve to illustrate the close linkages between the actions and local needs. In most cases only one example from the countries discussed is included, even if there was more than one action. In each case, relevant stakeholders had positive comments about the quality and usefulness of these country actions.

In South Africa and China, for example, country actions with the health workers sector were based on nationally identified needs to include health workers more actively in HIV in the world of work actions. In South Africa and China, issues around occupational safety and health (OSH) for health workers have been overlooked in the past. In South Africa, health workers told the evaluator that this was also closely linked to the rights of health workers living with HIV who suffer from stigma and discrimination even as they work in difficult conditions and care for other PLHIV. In China, health workers can be afraid to care for PLHIV because they do not understand transmission modes and because of lack of adequate OSH in their workplaces. The project thus targeted activities to support improved OSH as well as reduction in stigma and discrimination among health workers.

In Sri Lanka project seed funding was used to enable ILOAIDS to credibly take part in discussions around the reform with an insurance fund. ILO risk projections helped insurance companies to realize that inclusion of HIV in their insurance coverage policy does not cause additional financial burden to the insurance companies and that such inclusion is sustainable in view of the large pool of members to the insurance.  After consultation with their global reinsurers who, after their risk assessments, agreed it was prudent to insure against the risk of HIV.  Four other insurance companies have followed this good practice example.

In Indonesia the project supported the integration of VCT@work in a national petroleum company[52] among other actions.[53]

---

[52] Pertamina works in the areas of oil, gas, renewable and new energy. Perusahaan Pertambangan Minyak dan Gas Bumi Negara  (PERTAMINA). State Oil and Natural Gas Mining Company- Indonesia.

[53] Pertamina (2014) Company Profile. Available from http://www.pertamina.com/en/company-profile/. Website accessed March 15, 2014.

In Nigeria, the seed money was used to provide technical support for consultations, review and validation of a needed National workplace policy on HIV and its implementation guidelines. Capacity strengthening for federal and state level labour officers on HIV workplace policies and prevention programmes followed this.

In Kenya, an especially important need was identified to work on strengthening capacities on HIV in the informal economy. Consequently, project funds were used to support the Federation of Kenya Employers (FKE) to train members of the Informal Sector Steering Committee that could in turn raise awareness on HIV and AIDS to train their association's membership.

In DRC, with input from stakeholders, ILOAIDS identified five crucial sectors to develop HIV in the workplace action plans. The plans were subsequently detailed in a workshop with input from the tripartite constituents and an organisation of PLHIV. As one government representative[54] indicated, "Aside from the national government, it is essential that the sectors have action plans. I feel this money was well spent for this purpose." Evaluation interviewees in DRC did raise a key issue associated with this element, that is, lack of funding to implement the actions. Project support did contribute to an analysis of resource mobilisation options but, at the time of the field evaluation, this had not yet resulted in financing.

In Guatemala, the agriculture sector is the largest economic sector. It also includes high levels of internal migrant workers who, due to the nature of their migrant status, are at higher risk of HIV. Tripartite constituents plus deemed it important that an HIV in the workplace policy in the agriculture sector be adopted. With project support, therefore, ILOAIDS worked with the tripartite-plus constituents to develop an HIV policy in this sector. A more specific policy adapted to the coffee plantations was also developed and adopted.

## 5.4    Voluntary Counselling and Testing Programme

The project supported various VCT actions in the target countries, many of these were associated with the ILOAIDS VCT@work initiative. The initiative  is a component of the broader ILO Getting to Zero at Work campaign. The VCT@work initiative was launched in 2013 to reach 5 million working women and men with voluntary HIV testing by 2015. The project supported activities in Burundi, Cameroon, DRC, and South Africa on VCT advocacy and awareness raising. Awareness raising and VCT implementation activities were implemented in Chad, Indonesia, Ghana, Guatemala, Kenya, Nigeria, Sri Lanka, and Zambia. In Thailand the project supported the launching, advocacy and training to implement the VCT@Work initiative.

The VCT@work initiative has served to highlight the importance of VCT in the context of work. The tripartite constituents plus reported that such an initiative is, indeed, useful to focus attention on the role that the workplace can have to increase VCT access and to mobilise workplace actors. though many challenges to successfully implement VCT remain. In some locations, such as DRC but also according to the online survey in some countries not visited, there is a need for more funding to support actual VCT and not limit support to advocacy and awareness raising.

Based on interviews, the evaluation identified several key findings with respect to VCT. Improved evidence of the integration of VCT with other ILOAIDS strategies is important given that the campaign was sometimes seen as a "stand alone" activity. Including VCT as clearly integral component of the overall strategy is, therefore, important. Organising testing through workers

---

[54] From the Programme National Multisectoriel de Lutte Contre le SIDA (PNMLS).

organisations and mobile clinics can be useful.. Involving organisations of PLHIV is also helpful as they can encourage workers to be less afraid of stigma. Employers interviewed noted the importance of involving peer educators to organise VCT. Several interviewees in different countries also stressed the importance of further improving the counselling component of the VCT@work initiative.

The VCT@work campaign is intended to primarily focus "on workers in sectors highly affected by the HIV epidemic due to their working and related living conditions. This could include mobile/transport workers, migrant workers, workers in the mining, health, tourism, agriculture sectors, young workers, uniformed services and others as identified under the National AIDS strategies/plans.[55] In practice, however, there is still scope to improve the targeting of workers within sectors. In Indonesia, for example, representatives of the Pertamina Company reported the usefulness of the campaign. They did add, however, that only 15 of the over 3000 people tested were found to be living with HIV, a prevalence of .05%. This is lower than the estimated national prevalence of 0.4% of the population[56]. This is good news for Pertamina, of course. Pertamina staff as well as some other evaluation interviewees indicated, however, that perhaps the campaign should have targeted their workers in potentially more high-risk locations such as in harbours. In the other case study countries similar comments were made. As one interviewee stated, "You just cannot test everyone. You can identify where there are hotspots along the economic corridors". Focussing VCT@work in high-risk economic corridors were suggestions made in both Indonesia and Guatemala. Evaluation interviewees thus stressed the importance of improving the targeting of workers in high-risk categories within work settings.

The primary reason for requesting improved targeting of the VCT@work initiative campaign is the cost of testing. National HIV commissions and UNAIDS representatives interviewed particularly noted this issue because governments are responsible for funding—or obtaining funding—for the test kits. These interviewees did emphasise the importance of the ILO VCT@work initiative, but stated that testing should be targeted.

Despite promises of anonymity, many workers are still hesitant to be tested in their workplace. As evaluation interviewees in South Africa pointed out, even in their country with its comparatively high HIV prevalence, the stigma associated with living with HIV is still great. Of course, workers are more likely to participate in VCT if they feel assured that anonymity is guaranteed but many workers are concerned to even be seen to enter a space where HIV testing takes place. Given that workers often feel that workers' organisations have their interests more at heart, there is a greater level of trust and willingness to participate in testing initiatives led by trade unions. The challenge is, of course, that workers organisations usually have fewer resources to organise their VCT actions than companies. Not all workers are organised in unions, particularly in countries such as Guatemala. Informal economy operators may be organised into associations but, if they have workers, these are even less likely to be organised. Companies, especially international and large ones, would often rather have VCT integrated into an overall "wellness" package so that they can provide holistic health care.

Interviewees across the range of tripartite plus stakeholders noted that integrating HIV testing into a general wellness series of health testing is probably the most effective way to reach large numbers of workers. When the test is part of a package workers they do not have to be concerned about

[55]International Labour Organization (2014), Target Populations (VCT@work Campaign). Available from: http://www.ilo.org/aids/WCMS_234797/lang--en/index.htm. (Website accessed 30 March, 2014)
[56] UNAIDS (2013), Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: UNAIDS

visibility as it becomes routine. In the case of Heineken in DRC, the company includes VCT as part of their normal check-ups for diabetes, high blood pressure, TB, etc. Workers are told that they can opt out of the HIV test as they cannot be tested against their wishes. The company reports, however, that almost all workers agree to the testing in this situation.

There have been some initiatives on VCT within the informal economy. Although these initiatives are still limited. In Kenya, an experienced NGO, Liverpool Voluntary Counselling and Testing (LVCT), which has extensive experience with informal economy settings, was effectively involved with project support. LVCT worked with Federation of Kenya Employers and Central Organization of Trade Unions (COTU) on VCT activities supported with project funding. The Federation of Kenya Employers (FKE) was also involved with the employers of the matatu industry. The possibility of reaching the informal economy is strengthened by the presence of such NGOs, which is, unfortunately not the case in all countries. , which the ILO Law Growth Nexus II (LGN II) project supported the Matatu Welfare Association on labour law compliance and incorporated a module on HIV and AIDS during the trainings. The LGN II project supported workers in the matatu sector to obtain labour contracts and other actions to promote decent work. The LGN II project linked to the ILOAIDS efforts in Kenya is one good example of HIV mainstreaming.

## 5.5   Informal Economy Programme

Both Global Research Products adequately include discussion and analysis of the informal economy as related to "What Works" and social protection. The project supported country actions in the informal economy, particularly in Kenya and Zambia, but the high cost of addressing this sector formed a challenge.  The high-cost is primarily because many are not organised and may also be in hard-to-reach areas. Actions carried out with the informal economy using project support were quite effective though much more support is needed.  As one interviewee stated, "The approach to the informal economy is still challenging. We have been able to reach them somewhat but far from sufficiently." An interviewee in Indonesia pointed out that prevalence in the country is still increasing, much of it among informal economy workers and their spouses. The evaluator found that stakeholders, particularly from Government, requested more ILO technical support to learn how best to reach the informal economy.

The project, ultimately, did not focus on as many country actions on the informal economy as would have been ideal. ILOAIDS indicated that this is also in part due to the nature of the CPOs 8.2 target that calls for implementation of 5 workplace programmes with clear measurement criteria (such as establishing bipartite committees) that are more appropriate for formal sector enterprises. ILOAIDS added that a new ILOAIDS strategy focus on vulnerable and key populations at risk and the informal economy will result in a stronger effort to address the needs of these workers.

The informal economy has a large population, which, in most countries, is largely unorganised, making it costly to reach them effectively. The limited amount of funding available within the project for different actions was a critical challenge to targeting actions. This is because one of the goals of seed money is to provide opportunities to leverage other funds and/or establish cost-effective synergies. Even when informal economy enterprise owners and workers are organised, they do not have sufficient funds to address many key decent work issues, including HIV. Formal economy organisations tend to have at least some resources even if, in the case of formal workers organisations, these are also often limited. At the very least formal economy organisations have offices to organise their activities.

Some flexibility is needed when allocating seed funding to allow for more direct support in some cases. Examples are working with workers organisations and targeting the informal economy. Many country case study interviewees, as well as some staff members who responded to the online

evaluation survey, noted that projects using "seed money" can be highly effective but that a more intensive funding mechanism may be needed in some situations, particularly for the informal economy.

The evaluator wishes to emphasise that it is impossible to make sweeping statements regarding how and where larger funding and projects are needed for informal economy HIV actions. Much depends on the organisation of the informal economy in the country and its internal regions. Available Government support for the informal economy development is, likewise, important, particularly with respect to the trend to increased formalisation of this sector. As the African Development Bank Group indicates, where informality is decreasing, the number of working poor is also decreasing and vice versa[57]. In many countries, such as Zambia, Kenya, DRC, Guatemala and Indonesia, efforts are thus being undertaken to formalise informal enterprises, which often includes organising them into associations and cooperatives. In DRC, for example, informal economy associations are now members of the Inter-Enterprise Committee on the Fight Against AIDS (i.e., CIELS), the Confédération des Petites et Moyennes Entreprises (COPEMECO)[58] and the Confédération Intersyndicale du Congo (CID)[59]. Opportunities to use seed money approaches are, of course, more likely to be efficient where organising is already underway as more workers can be reached through their representatives., ILOAIDS can then more effectively and efficiently channel its resources. It is, nevertheless, necessary to consider that the poorest countries are probably also the slowest in investing in formalising the informal economy..

The extent to which formal companies are willing and able to reach out to any informal economy supply chain on HIV issues is another factor to consider. When mobilising resources to support the informal economy, ILOAIDS will need to consider all these factors.

## 5.6    Formal Sector Actions

Project funding was used to support actions in the formal sector, particularly to develop sectoral policies as well as the development—or review—of some workplace policies in individual companies. Companies and their employer organisation representatives appreciate the technical support that ILOAIDS has provided. Activities particularly noted included provision and support in the form of:
- resource person(s) (expert advice)
- briefing materials (Recommendation 200, guidelines)
- awareness raising materials
- information on the VCT network
- organisation of meetings and workshops to develop policies and plans.

Where seed money was allocated to support such specific activities in the formal sector it has been highly effective and uptake has been good. Companies, employers and workers representatives indicated how the support was used to improve their actions on HIV in the world of work. Examples included increasing emphasis on using management to lead on HIV by example, including being tested publicly.

---

[57] African Development Bank Group (2013) Recognizing Africa's Informal Sector. Available from: http://www.afdb.org/en/blogs/afdb-championing-inclusive-growth-across-africa/post/recognizing-africas-informal-sector-11645/ (Website accessed April 4, 2014)
[58] Small and medium enterprises employers organization.
[59] Workers organization. Associations that are members include market vendors, motorcycle taxis, crafts people, shoemakers, and some horticulture associations making up 5-6% of the membership to date.

As can be expected, larger companies in the project countries already have various wellness programs in place. International companies often already have an HIV policy as part of their human resource management system. Some of these companies also reach out to their supply chain such as Heineken in DRC. Some also reach out to surrounding communities such as in the case of Pertamina in Indonesia and the Postal Corporation of Kenya. Medium size companies tend to have fewer funds to organise outreach activities.

Several formal economy stakeholders indicated that, while the ILOAIDS support has been useful, there is still much more need for the presence of the ILO, particularly in the form of technical support. An interviewee pointed out, "We need the technical support because, for example, the termination of employment of PLHIV is still very common in the companies." [60]

Interviewees state that no particular changes are needed in the *form* that such technical support takes as they are satisfied with the content. Focus on advice and input into how to address issues such as stigma and discrimination, VCT, sectoral/company policy development all need to be continued and expanded in a similar manner. In this context, it is interesting to note that the Global Product on "What Works" also clearly confirmed that the concrete approaches ILOAIDS, other UN Agencies, donors, national institutions and companies are using are effective.

Health sector focus, such as in China and South Africa, is of particular importance. There is a high need to address both the occupational safety and health of health workers as well as their own non-stigma and discrimination towards VCT and PLHIV. Several interviewees from the health sector in South Africa noted that they are expected to "care for others but no one cared about us." Their level of appreciation of project supported focus on their circumstances and needs as patients and caregivers is high. The positive experience with ILOAIDS focus on this sector in both countries indicates the importance of replicating similar actions.

## 5.7    Global Products

The Global Products both usefully add to the knowledge base on HIV in the world of work. The most important benefit of the research will only be visible if countries start to use the information from the studies and implement the recommendations. The Global Products did already contribute to social dialogue as a result of the involvement of tripartite constituents plus.  In the case of the social protection study, the involvement of PLHIV was also important to conducting good research. Both studies also developed relevant methodologies that can be used for future similar studies. The actual carrying out of the studies also gave the stakeholders pause to consider the issues being studied and thus served as advocacy and awareness raising tools as they were being carried out. The evaluation will not cite all the research findings as this is beyond the scope of the Terms of Reference and would needlessly add to the length of the report.

### 5.7.1    Social Protection

The major project funded activity on social protection was the Global Product research on the access of PLHIV to social protection programmes.  The study also included an assessment of the effects of social protection policies on PLHIV and their households. Due to the cost of funding, the research covered only 4 instead of the planned 5 countries originally planned for the study**.** The study was carried out in Guatemala, Indonesia, Rwanda and Ukraine. Two of these countries, Indonesia and Guatemala, were also included as case study countries for the current evaluation.

---

[60] Statement made by an employers' representative.

Given that the report has only recently been drafted, three of the countries still need to develop concrete actions to follow up on the studies.  In Guatemala, the researchers indicate that they were concerned that the Government may not take the study seriously. They reiterated the importance of continuing ILO support with advocacy so that recommendations can be implemented. Indonesia is an exception as it is the first of the four countries to address the issue—even before the Global Product on social protection was designed. According to interviewees, this is largely due to advocacy of the ILO and other development agencies.

One of the challenges with respect to the Global Product on social protection is that it is difficult to extrapolate from the experience of the four countries even if a few similarities can be deduced. Similarities include the under-utilisation of PLHIV of social protection services, even in the area of health services.  Though the most important and common type of social protection is the provision of health services. Most social protection programmes in all 4 countries are oriented to workers in the formal economy and their households. ILOAIDS is currently trying to mobilise resources to replicate the studies in other countries. This will be useful for the countries concerned and will also add to an analysis of common issues on social protection and HIV issues.

The evaluator also found that the other three countries included in the evaluation are intent to work on improving linkages of PLHIV to social protection schemes. These are, therefore, important elements to consider in the future.

Indonesian and Guatemalan research institutes interviewed reported some difficulties with regard to implementing the Global Product research. The budget did not allow the researchers to cover important high-risk locations, such as Papua in Indonesia.  Delays in government approval to start the research in Guatemala were fortunately solved. In both countries involving organisations of PLHIV proved important even if, in the case of Indonesia, this was challenging at first. The Indonesian team leader pointed out the need for higher cultural sensitivity and respect by Western advocates when dealing with academics from other countries. She indicated that the ILO needs to ensure that any such individuals who are associated with training/planning are properly briefed in this regard. In general, however, the researchers were pleased with the technical support that they received from ILOAIDS headquarters.

The Norway Ministry of Foreign Affairs project support was used in Indonesia to help fund a National Stakeholders Consultation Meeting on HIV Sensitive Social Protection in November 2012. This was the first national event conducted to increase stakeholders' awareness on the issues concerned with social protection and HIV.  A national coalition on social protection and HIV was subsequently established. A community advocacy strategy to include PLHIV into the national health social protection scheme was developed.

### 5.7.2   Success of Global Product -What Works in HIV and AIDS Workplace Interventions

The Global Product on "What Works" served well to confirm that methods that ILOAIDS has promoted to address HIV issues in the workplace are effective. Elements such as work place policies, peer education, management commitment, and the need to involve different types of actors at enterprise level were all found to be of key importance. The role of workers organisations in HIV workplace actions was reconfirmed. All of these elements serve to buttress the argument that ILOAIDS is on the right path with its current overall approaches. The overall quality of the report is well in line with its terms of reference.

The study could, however, also have included more innovative specific examples of successful initiatives. This is particularly important in the areas of behaviour change communications (BCC). The evaluator has observed some very interesting approaches developed with the support of ILOAIDS in

different countries of Asia and Africa in the past. Some of these could have been useful to share. Other areas that could have been highlighted are existing approaches to implementing legal and workplace level initiatives to handle discrimination complaints, if any. ILOAIDS staff indicated that this was partially due to major restrictions in terms of the time frame and that,  if existing good outcomes do not appear in the report, "this must be due to the lack of evidence".

The study focused on experiences in Africa, which, according to evaluation interviewees in Indonesia and Guatemala was a pity. The research was carried out in Ghana, Cote d'Ivoire, Namibia, Madagascar, Morocco, Mozambique, Kenya, Senegal, South Africa and Zambia. The reasoning for focusing only on Africa was because it is the continent where the burden of the epidemic is concentrated, the higher cost of managing research across continents and the expectation that future funding may be found to add focus on other areas of the world.

A truly global approach would, however, have been more useful to gain more ideas and share innovations across the globe. Any replication of the studies should therefore also cover Asia and Latin America.  Other alternatives to gather information on "What Works" can also be considered. These could include using a social networking approach to stimulate stakeholders at enterprise level and among tripartite constituents to share experiences. Consistent sharing and publishing of successful experience could help build a sound and continually updated knowledge base.[61]

There were also some issues with respect to a lack of awareness of the on-going study among key stakeholders. Different commonly involved partners, such as representatives of workers and employers organisations, PLHIV and research institutions had been associated in preparatory and validation meetings. Despite this situation, quite a few interviewees in the Global Product country case studies indicated that they wanted more information on "what works". When told that a study towards this end had been conducted they expressed surprise. This element is actually an expression of the importance of the necessity of wider dissemination of ILOAIDS activities, a repeatedly recurring point raised throughout the evaluation, including through the online research forms. The technical support and the need for sharing information was a continually reiterated theme. This is, of course, a very positive point as it results from the effective work and recognised usefulness of ILO Recommendation 200.

The presentation of the report could also be reviewed or improved in the future.  It would be useful to reduce the repetitive nature of some of the elements, e.g. the importance of peer education is continually stated in different sections though it was confirmed as a common (cross-cutting) element. The case study examples are currently presented to support the findings and could also be developed more fully as standalone case studies. Uploading these examples in a searchable format on an ILOAIDS website, could for example, be useful to assist stakeholders who want to have more concrete examples of "What works".

The evaluator would like to mention one particularly important issue raised in the Global Product, the value of mainstreaming HIV into wellness programs. Throughout the evaluation many

---

61 Useful websites providing information in this regard include: 1)  +SocialGood, which "unites a global community of innovators around a shared vision: Leveraging the power of technology and new media to make a the world a better place." Includes useful articles such as, +SocialGood (2014b) Available from: http://www.plussocialgood.org/News. See for example: http://www.plussocialgood.org/Post/16-technologies-transforming-international-development/7a043dfc-77c9-4885-84bf-f4d1f2bbea72. (Website accessed April 9, 2014). 2) Nonprofit Tech for Good (2014) Available from http://www.nptechforgood.com/ (Website accessed April 9, 2014). 3) Think in Innovation (2014). Available from http://www.thinkinnovation.org/en/, (Website accessed December, 2013

stakeholders mentioned the importance of this mainstreaming and requested that ILOAIDS try to integrate HIV and wellness in its own strategies. The evaluator understands that ILOAIDS is already reviewing if—and/or how—this should most wisely and effectively be done. Companies are, in fact, already forging ahead to mainstream HIV.  It would thus be important for ILOAIDS to determine its strategies and then share these with the constituents for the sake of clarity.

## 5.8    Advocacy, Awareness and Technical Advisory Support Services

The country actions had important components on advocacy and awareness using various approaches. These included advocacy and awareness raising for the development and content of strategic policies and plans as well as communications on elements related to the implementation of ILO Recommendation No. 200. The most important and appreciated component was the technical support ILOAIDS technical specialists and focal points provided.  Evaluation interviewees clearly appreciated the quality of such technical support. The evaluator cannot quote all the interviewees' positive remarks but will include one example here, "What I have seen is that (X)[62] first evaluates the reaction of the corporations and adjusts how the workers, employers and Government participate together in the development. (X) is realistic and prudent."  Guidelines, brochures, posters, and other materials were translated and adapted as necessary and then disseminated. Advocacy and awareness raising was also conducted in workshops and meetings with the tripartite constituents plus. In South Africa project funding was used to prepare a very interesting short video on the prevention of stigma and discrimination at the workplace.

Only two criticisms were provided, neither of which were truly negative. One point that was repeatedly raised in the case study countries was the continued need for ILOAIDS support to provide credibility during advocacy and awareness raising. Stakeholders in all case study countries indicated that the ability of the ILO to increase its visibility with respect to HIV in the world of work is essential. Having some funds, even if limited, provided leverage to ILOAIDS to credibly support the implementation of ILO Recommendation No. 200. The evaluation found that most evaluation interviewees mentioned ILO Recommendation No. 200 spontaneously indicating a good awareness of the Recommendation among stakeholders. Various evaluation interviewees stated that ILO Recommendation No. 200 needs to be supported through concrete measures, preferably with the visible presence of the ILO.  In fact, the country case study fieldwork indicated quite clearly that tripartite constituents consider the ILO and its support to implement ILO Recommendation No. 200 important.

As one employer representative noted, "We still need support from ILO for the advocacy." In another country an employers' representative noted, "We recognise in the ILO an influential partner who can influence the Government to implement good practices on HIV in the workplace." A government body representative stated, "The support of the ILO was critical, our language on HIV in the workplace was not correct and they helped us with that." A representative of an organisation of PLHIV likewise noted, "We need to increase our level of advocacy and ILOAIDS need to keep supporting us on this". The types of responses provided in the online survey, though filled in by ILO staff, similarly indicated the need for a strong ILOAIDS role. As a staff member indicated in the online survey, "the ILO's Decent Work strategy and ILO Recommendation No. 200 has attracted much interest and improved the ILO's visibility. These have fostered national dynamics in the workplace and the ILO faces difficulties to honour all the requests for technical support" (i.e., including for technical advocacy, awareness raising, guidance). The stakeholders' general tone is that advocacy and awareness raising are particularly needed for government, employers and workers to thoroughly and consistently implement the relevant strategies and plans.

---

[62] The evaluator prefers not to single out any individual staff members and has preferred to keep anonymity in place.

It is, of course, important for stakeholders to develop stakeholder advocacy independence. The evaluator believes, however, that for at least the next 5 years continued visible ILOAIDS presence will be needed in the priority countries.

A very major demand is for more dissemination of ILO tools and materials of all kinds related to HIV and OSH. Much dissemination of ILOAIDS supported materials has occurred. In Ukraine, for example, the "National Tripartite Cooperation Strategy on HIV/AIDS in the World of Work for 2014-2017, which is the main guiding document for the tripartite constituents, was developed and translated into English.. It was printed and disseminated at practically all project activities as well as through the networks of the tripartite constituents."

The challenge is, however, that much more dissemination is requested. As a workers representative stated, "Norms and standards are very well but we need copies of usable guidelines, brochures on HIV in the workplace, stigma and discrimination, etc. etc. This is really necessary to have more impact." In DRC and Guatemala more materials for people with limited literacy skills were also requested. It is evident that there is also a need to ensure that all materials distributed with the support of ILOAIDS actually reaches the stakeholders as the evaluator did find that various interviewees still kept at least piles of some materials in their offices. Exploring social media, including using normal mobile phones[63], to help support easier dissemination of messages may also facilitate these processes. Hard copies will still be needed of key documents, however, and to serve as constant reminders on desks.

### 5.8.1 Support to the Creation of a Legal and Policy Environment on HIV and AIDS in the Workplace

The project was effective in the development of regulatory frameworks, i.e., legislation and policies among ILO constituents in participating countries. The project supported government, formal and informal economy legislation and/or policies in Cameroon, Chad, Côte d'Ivoire, DRC, Ghana, Guatemala, Indonesia, Jamaica, Kenya, Nigeria, South Africa, Sri Lanka, Tajikistan, Thailand, Ukraine, Zambia and Zimbabwe. A tripartite methodological approach was used in all instances with the participation of PLHIV in most instances. This approach resulted in good results within the limited project implementation period.

Stakeholders are very satisfied with the new and, in some cases, improved policies that were adapted to bring them in line with ILO Recommendation No. 200. With respect to the findings it is important to note that the evaluator does not prompt interviewees with highly specific questions but uses technique of very open and general questioning. Evaluation sub-questions are only used as a checklist to ensure that all issues are covered. This means that comments from interviewees are unsolicited and freely made, accordingly they have particular value in the area related to ILOAIDS useful contributions in the development of legislation and policies. The positive results are typified in the statement of one employers' organisation representative interviewee: "The help of the ILO has helped us to develop the HIV related labour rights based in decent work, norms, and standards. That is very useful for us in our sector."

Legislation and policies, whether at national, sectoral or enterprise level are only a starting point, however, and implementation is the key. In Ukraine, Nigeria, Sri Lanka and Kenya, for example, judges and or labour officers learned more about implementation of such frameworks. The recently

---

[63] Thus not only for smart phones.

produced ILOAIDS HIV and AIDS and Labour Rights Handbook[64] has proven useful in providing guidance already and needs to be further disseminated. Much more work will be needed, however, to ensure that all of the laws and policies are implemented, including through the wide dissemination of the HIV and AIDS and Labour Rights Handbook. Many stakeholders emphasised that implementation and enforcement needs high focus, at least for the immediate future. Stakeholders in different countries repeated the refrain with comments such as, "It should all now be about enactment".

ILO Recommendation 200 contributed to increased awareness and capacity strengthening concerning HIV in the world of work in legal situations. In Kenya and Sri Lanka, for example, there have already been cases that have been successfully concluded, or settled out of court, by referring to Recommendation 200 and national frameworks. In Kenya, the case was successful as a direct result of the Labour Right Handbook.

The evaluator met with one pro-bono lawyer in South Africa who mentioned that she keeps a copy of ILO Recommendation 200 on her desk. She stated that she finds it useful when she needs to make her case in legal settings. In South Africa there is some more progress on taking cases of stigma and discrimination in the workplace to court than in many other countries. In Kenya a judge also referred to ILO Recommendation 200 in his decision on a case. The main challenge for the limited number of cases has been that PLHIV are hesitant to come forward to press their case, even in South Africa. The Indonesia AIDS coalition actually stated that they are ready to support a test case but have not managed to find anyone who is "willing to have his or her case go forward".

The other challenge is that it is very difficult to measure and prove discrimination in a court case. The South African lawyer has indicated that she is willing to share her experiences in motivating potential plaintiffs and in handling her cases with other countries. Though laws and policies are different, the ways in which she has handled the cases can still provide useful learning for lawyers and judges in other countries. ILOAIDS is already following up on this issue.

In some countries there were still requests to further improve addressing HIV related legal issues. In Kenya, for example, there was a request to ensure that HIV is mainstreamed into the national OSH act. The OSH act requires that workers in formal enterprises undergo OSH training, which also includes alcohol and substance abuse and stress management. Other elements interviewees suggested were the need to strengthen workers organisations and those of PLHIV to motivate and support individuals to come forward with their discrimination cases.

Sectoral policy development with project support has been quite successful. ILOAIDS has gained experience and also has some good technical staff, which has resulted in comparatively swift results. Where the evaluator saw that it would take quite some time to develop and adopt policies in the past, a certain momentum is taking place. The project period is quite short but in the space of just a few months strategies and policies were already in place in the targeted countries under this output. In Guatemala, for example, coffee growers representatives reported, "One of the main successes is we in the coffee sector opened the door and made our policy quickly. In other sectors they took several years to develop a policy, I our case it was just a few months." They added, "In every place where we validated it, people are very enthusiastic and are waiting for us to implement the policy."

---

[64] ILO (2013a) HIV and AIDS and Labour Rights: A Handbook for Judges and Legal Professionals Office. – Geneva: ILO, 2013

Other examples of useful comments on work of ILOAIDS staff and HIV focal points included, "(X)did not come with a ready-made policy but facilitated us to create a policy by ourselves. We did use Recommendation 200 which we used as a basis for what we developed".

### 5.8.2    Dialogue Creation Between ILO Constituents and Organisations Representing PLHIV

The project contributed to the improvement of dialogue between ILO Constituents and Organisations as well as with those representing PLHIV. It has contributed to a platform for the PLHIV and their organizations to be heard by ILO constituents though the degree and manner depended on the type of project supported actions. The Kenyan National AIDS Control Council also noted that the project supported ILOAIDS actions helped promote "dialogue between the informal economy and the formal sector".

Interviewees gave many examples of how social dialogue between the stakeholders was improved during the project-financed actions. ILOAIDS staff and focal points were conscious of and were generally successful in ensuring that meetings, workshops and other actions included representatives of the different constituents. In Guatemala, this was particularly challenging as workers organisations are still only weakly organised due to the larger political context. Where recognised workers organisations could be associated, however, ILOAIDS ensured that non-unionised workers from the companies were at least included. In South Africa and Zimbabwe dialogue between the constituents is still challenging due, in part, to the different political alignment among workers' organisations. In South Africa, a Government official noted, "We do see dialogue but it is a bit challenging. It is a learning curve for us and we cannot manage to improve it all in one go."  Stakeholders see the ILO as a neutral body, which is critical to help support the improvement of social dialogue in South Africa.

There were some stakeholders who pointed out that, in the future, if the ILO is not present, the Government should coordinate national, regional and sectoral consultations. Government should then ensure that the constituents are represented as well as relevant CSOs. In Indonesia a working group on HIV in the world of work has already been established which is one useful mechanism to ensure sustainable dialogue on relevant HIV issues.

Organisations of PLHIV note that progress has been made to improve their involvement but that much improvement is still needed. Such organisations were involved to share experiences and discuss their issues in various meetings and workshops. Their participation often resulted in the recognition that the voice of PLHIV had previously not sufficiently been heard in programming at workplace level. In China, for example, PLHIV blamed health workers for serious discrimination towards PLHIV. The project supported actions brought healthcare workers and PLHIV together. PLHIV subsequently understood that the OSH of health workers was insufficient and they worked together to improve OSH and reduce discrimination.

### 5.9    Capacity Strengthening of National Constituents Plus

Project funding was used to target capacity strengthening of the constituents plus in many of the project targeted countries. Training was provided including in Burundi, Cameroon, Chad, China, Ghana, Indonesia, Jamaica, Kenya, RDC, South Africa, Sri Lanka, Thailand and Zambia. In fact, once the evaluator started verifying available information, it was apparent that the project supported actions on capacity strengthening in different ways in all of the target countries.

Capacity strengthening was provided in the form of training, guidance during meetings, and direct technical support while developing strategies and plans.  This methodological system of combining different approaches to strengthen capacities was very effective as its components complemented

and reinforced each other. The key focus was on strengthening constituents at federal and sectoral levels to develop and implement strategies and plans. Training was also provided in some specific companies such as in Indonesia on HIV prevention and services referral mechanisms. Specific capacity strengthening for the judiciary, magistrates and labour officers in several countries (See Annex 3 for details). Topics included the same issues covered in ILO Recommendations 200 such as strengthening competence to develop appropriate strategies and mechanisms on prevention, stigma and discrimination, implementation of the VCT@work initiative. Capacities on addressing HIV in the informal economy were particularly strengthened in Kenya and Zambia.

It is evident from both the country case studies and the results of the online survey that capacity strengthening has been quite successful. The key issue is, however, whether human and financial resources will be available to continue to implement the key learning acquired. In the case of strategy and plan development participants are now able to adapt and/or develop new plans in the future.  Several stakeholders indicated this with statements such as, "(ILO staff) was very good and patient with us and is very knowledgeable. (X) held our hand and helped us all the way. All of us who were involved feel the same way." Others were very practical, e.g., "I thank the ILO for the training because I learned about this subject and also how to share my knowledge."

Despite the overall positive findings on capacity strengthening, it is evident that more is still needed. This does not necessarily mean that the ILO should continue to conduct training in the form of workshops for the foreseeable future. Direct technical support to advise on implementing actions was commonly requested throughout the evaluation. A typical comment was, "What we need to know more about is lessons learned from what has been done in other countries. We need concrete examples, like case studies on how guidelines are being implemented." In Kenya and Indonesia technical specific support was requested on how to integrate HIV into the country's OSH programme. Other requests were for advice on how to integrate the HIV response with company wellness programmes.

An additional issue raised was that guidance is needed on how to link HIV in the world of work actions more closely with other labour rights actions. An important need is to design an approach to strengthen informal economy actions on HIV in the world of work. Experiences in Kenya and Zambia can serve as examples though, of course, their experiences are specific to their situation. Both countries already have organised informal economy associations, which is not the case in all HIV priority countries.

Several stakeholders pointed out that having ILO Recommendation 200 was useful to understand the issues. The majority of interviewees mentioned Recommendation 200 spontaneously (without prompting) as an important tool, which indicates that they were well aware of its existence. As one stated, "use it quite effectively to influence the top people in the unions."  A representative of the Swedish Workplace HIV/AIDS project[65]also indicated that ILO Recommendation 200 was useful when planning and implementing activities in the companies that the programme works with. In Indonesia a Government representative indicated that she is using the Recommendation in capacity strengthening. The same person reported having attended a training in the ILO Training Centre in Turin that included HIV in the world of work, which had been very useful.

Some stakeholders did state that they needed more copies of ILO Recommendation 200, another indication that dissemination continues to be a vital need. Some stakeholders noted that Governments should actually fund replication and dissemination of such documents to employers

---

[65] The project is a multi-country project to support Swedish companies in implementing HIV programmes in their workplaces.

and workers organisations, and informal economy associations. Governments' ownership of issues on HIV in the world of work does not, however, generally appear to be sufficient that they would allocate funding to pay for replicating documents like ILO Recommendation 200.

### 5.9.1 Government

Governments desire a clear integration with their national response and expect the ILO to work yet more closely on the enabling environment. As one interviewee noted, "countries are very specific in what they need from the ILO and are no longer just vaguely going along. ILO alignment with the national response needs to be very clear so that it does not appear that the ILO is working on its own." This situation is due, in part, to the fact that most general HIV programmes[66] are only weakly linked to the ILO's primary Government partner, the Ministries of Labour. Such ministries are often already poorly funded. The evaluator did note, however, that ILOAIDS is linking to other ministries in the countries visited.

Interviewees from organisations of PLHIV, employers and workers all request that the ILO continue to push for concrete action on the part of the governments. A simple example was the statement that, "The ILO needs to join even more strongly with us to push the Government more to comply. It is just unfortunate that ILO Recommendation 200 is not a convention…" As another stated, "It is the Government's responsibility to provide health and security to the population. We can facilitate this through the workplaces but need to be well integrated with their actions."

Government commitments to fund actions on HIV in the world of work are, unfortunately, still limited. As several interviewees in different countries indicated, this is in part because HIV in the world of work is not yet seen as a vital component of the HIV response.

### 5.9.2 Employers' Organisations and Companies actions to Promote HIV and AIDS Programmes

Actions were funded to develop and establish HIV and AIDS Workplace Programmes in several countries. These included Burundi, Cameroon, China, DRC, Ghana, Indonesia, Jamaica, Kenya, South Africa, Sri Lanka, Thailand, Ukraine, Zambia, (See Annex 3). In some cases this consisted of sectoral plans, in others it also included company specific HIV workplace programmes. Facilitation to achieve these plans was provided through technical support, translation and dissemination of ILO Recommendation 200, capacity strengthening, holding of meetings and planning workshops. The evaluator does not have the quantitative data regarding the level to which planned project outputs were achieved (See Section 5.2 for explanation) but it does appear that targets were reached.

Specific issues related to strategies and plans were identified in each of the countries visited for the evaluation. Unfortunately, however, it is beyond the scope and time allocated for the evaluation to delve into great country detail. There are, nevertheless, some issues that are important to raise. Some of these have already been discussed in previous sections. In DRC much of the emphasis was placed on the employers organisation on HIV, CIELS. Other stakeholders in DRC indicated that they wanted to be more involved, including the overall employers' organisation, the Fédération des Entreprises du Congo (FEC). FEC had been involved in the development of the national policy on HIV in the workplace but wanted more voice in continuing and future actions. This is, however, an issue that needs to be addressed internally between the CIELS and FEC. The ILO can, of course, ensure that FEC is always included together with CIELS in any future ILOAIDS actions. CIELS, for its part, indicated that it lacks sufficient linkages with public sector employers. Various stakeholders indicated that the functioning of CIELS needs improvement as it has not reached the desired level of effectiveness.

---

[66] i.e., those that are not focused on HIV in the world of work

### 5.9.3 Workers' Organizations' Extension of their Work to Protect People Living with HIV

Workers organisations have started to implement actions to protect PLHIV, including with some project support. In Ukraine, for example, HIV training centre was established together with Medical College under the auspices of Cherkassy regional AIDS Centre with methodological support from trade unions. The two largest workers groups in Thailand have launched VCT promotions and campaigns on rights awareness of PLHIV. In Kenya the Central Organization of Trade Unions(COTU) was an active partner to create awareness on VCT, care and support for PLHIV. The Zambia Congress of Trade Unions, a major workers organization in the country, facilitated development of legislation on non-discrimination due to HIV status. In Indonesia workers organisations have not yet been very active but have indicated that they will now become more dynamic with respect to HIV in the world of work issues. The national focal point of the principal workers organisation in Indonesia is already aware but local level unions need more attention. In South Africa, HOSPERSA, a trade union for public and private sector health workers, has been actively involved in project supported VCT actions and awareness raising among members. In DRC stakeholders indicated that, although workers organisations were included in actions, they need to be more involved at workplace level.

In three of the evaluation case study countries, workers organisations indicated that, "Including HIV has helped us to increase our membership". Publicity about their campaigns and actions on HIV had attracted new workers to join them. As already stated in a previous section, the main challenge with respect to workers organisations is their lack of resources. A common comment was, for example, "We have our recommendations, our plan, but these are not being realised yet while PLHIV and others are waiting for these to be implemented…."

### 5.9.4 Civil Society Actions to Promote Understanding of HIV and AIDS in the World of Work

Aside from the tripartite constituents, organisations of PLHIV were the major agents engaged in promoting understanding of HIV in the world of work. Other CSOs were sometimes also associated. These included Kenya LVCT, NGO which was a partner in the VCT@work initiative and in Indonesia the Kusuma Buana Foundation which provides health care for employees in private companies. The capacities of the CSOs were strengthened (See Section 5.9 first paragraphs) Organisations of PLHIV participated actively in country actions as well as in the Global Study on Social Protection. In DRC PLHIV indicated that they needed to be much more included in future ILOAIDS actions. All countries made an effort to engage PLHIV in a meaningful way in the Social Protection research, not only as subjects but also as advisors to the research team, interviewers, and in other areas. In Guatemala, for example a PLHIV was a key member of the research team.

With regard to country actions, many examples exist. In Ukraine representatives of the All-Ukrainian Network of PLHIV participated in the development of the National Tripartite Cooperation Strategy on HIV/AIDS in the World of Work, as well as in development of HIV workplace programmes in Cherkassy region. In Cameroon two organisations of PLHIV were included in the validation workshop of the national tripartite policy on HIV in the world of work.

Some organisations of PLHIV still need further strengthening and financial support to fully play their role. Like informal economy association and workers organisations, organisation of PLHIV usually have limited financial resources despite their often good advocacy skills.

## 6    Gender, Vulnerable and Key Populations at Risk

### 6.1    Overall Conclusions on EQ on Gender, Vulnerable and Key Populations at Risk

E.Q. 5.1 To what extent, and how, have the means of action led to tangible improvements in the

> situation of target groups, including as related to gender, people with disabilities and the poor.

Gender was adequately addressed in the Global Products and implementation of the actions, though the evaluator does not have access to sex disaggregated data for the country actions and cannot confirm this in detail. Vulnerable populations and key populations at risk, such as those with disabilities, and Lesbian, Gay, Bisexual and Transgender (LGBT) were mostly only considered in a limited manner. (Details on how included in 6.1)

The Global Product on social protection includes data disaggregated by sex, including a category on transgender persons for Guatemala and Indonesia. In both countries, transgender issues are important in the context of HIV. In Indonesia, the report states for example, "Compared to their female and male counterparts, only one third of transgender individuals have access to health insurance."[67]

The Global Product for IO3 includes conclusions on "What Works" such as the importance of including gender sensitivity in actions, e.g., "The task teams or steering committees established by management…. should also be gender sensitive."[68]Also, "Workplaces should adopt flexible context-specific, gender-tailored approaches."[69] These comments are fairly standard but important to mention in the context of such studies.

Issues concerning Lesbians, Gays, Bisexuals and Transgender(LGBT) were not discussed in the Global Product on "What Works". This is unfortunate, as LGBT are disproportionately affected by stigma and discrimination in the workplace and with regard to HIV.[70]According to one ILOAIDS staff member, this is in part because the research terms of reference focussed more on standard (male-female) gender issues. Associated research institutes focused most on the formal sector or informal economy workers in types of work that do not explicitly include workers from such groups.[71]The issue of (self) definition of LGBT workers *outside the entertainment industry* is a constraint.  LGBT workers in the formal/informal economy often hesitate to come forward openly due to continuing stigma in many countries. This means that it is also challenging to include such workers in studies covering broader economic production and service industries. Where possible, however, and with the support of PLHIV such workers can be included in future studies of "What Works".  It would be very useful to include case studies of LGBT working outside the entertainment industry and how HIV affects their work situation (or how their work situation affects them).

In terms of attention to gender in the country actions, a detailed table summarising how gender was approached in the county actions is included in Annex 4.  Some examples include the adoption of "gender sensitive workplace programmes" in Ukraine. In Thailand gender issues were covered in detail in the country actions with sex workers in the entertainment sector. In the Postal Corporation

---

[67]International Labour Organization-AIDS (2014b), Initial Draft - Multi-Country Research on "Access" And "Effects" of Social Protection Policies & Programmes on Workers living with HIV and their Households: An Analytical report. Geneva: ILOAIDS.P. 32.

[68] The full statement is found in Section 3.2.3.2- International Labour Organization-AIDS (2014a) Initial Draft: What Works to Achieve Good Outcomes in HIV and AIDS Workplace Initiatives: Analytical Report of the Multi-Country Research. Geneva: ILOAIDS.

[69] International Labour Organization-AIDS (2014a) Initial Draft: What Works to Achieve Good Outcomes in HIV and AIDS Workplace Initiatives: Analytical Report of the Multi-Country Research. Geneva: ILOAIDS. Section 3.2.3.2.

[70] See for example: "LGBT persons are at greater risk of being affected by poverty, as heteronormativity and criminalisation infringe on LGBT persons' rights, affect their health, their position in the labour market, their educational opportunities, their political participation and their access to socialtosocial networks and services." Swedish International Development Cooperation Agency (2014). Human Rights of Lesbian, Gay, Bisexual and Transgender persons: Conducting a DialogueAvailable from: http://www.sida.se/Publications/Import/pdf/sv/Human-Rights-of-Lesbian-Gay-Bisexual-and-Transgender-persons-Conducting-a-Dialogue_3327.pdf (Website accessed April 4, 2014).

[71] Informal sector workers included transport workers, market vendors, construction workers, etc.

of Kenya, 60% of the workers are women and the HIV policy was written to include gender and disability related rights.

Stakeholders raised particular issues during the country case studies, which indicate areas for future increased attention. These include the need to establish linkages of HIV in the world of work to projects/actions on/with:
- domestic workers
- violence against household members of workers
- general workplace discrimination and sexual harassment (including in the informal economy)
- promotion of male circumcision
- ensuring the inclusion of informal sub-sectors where women predominate[72]
- women in agriculture on small holder and medium estates

## 6.2 Effectiveness of Attention to Vulnerable Populations and Key Populations at Risk

Within the context of the current evaluation, vulnerable groups are "…vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV."[73] Such populations include people with disabilities, the poor, migrant workers, youth, ethnic or religious minorities and LGBT.[74] LGBT have already been discussed in the previous section.

People with disabilities were covered somewhat in the Global Product on social protection. The global product on "What Works" did not find evidence-based good outcomes addressing the needs of people with disabilities. Some of the country actions included attention to people with disabilities. These include the Postal Corporation of Kenya, which included people with disabilities among the HIV peer educators. In South Africa, the Department of Labour links the HIV program to their gender and disability programme, including disaggregating data by gender and people with disabilities in actions. No other specific details regarding actions with/for people with disabilities were identified in either the case studies or through the online survey. Given that people with disabilities are more vulnerable to abuse and HIV and HIV can also result in disabilities, it would be advisable to include more focus on this group in future ILOAIDS activities. Research on the HIV vulnerability of people with disabilities is also needed. One method to increase this attention is also to integrate HIV more strongly with wellness programmes as disabilities should normally integrated in such programmes.

In Indonesia ILOAIDS also linked its activities with other efforts to support migrant workers. This included the development and integration of a revised pre-departure HIV training manual, consistent with the key principles of Recommendation 200, in the Ministry of Manpower and Transmigration's standard migrant pre-departure training. Norwegian funds were used to organize a coordination meeting to follow up on the migrant workers' utilization of the pre-departure HIV training manual.

The issues of the poor are mostly covered through the efforts on the informal economy (see Section 5.5). Issues regarding migrant workers were somewhat covered in Guatemala as such workers are engaged in the agriculture sector though interviewees pointed out that more work is needed to

---

[72] E.g., market women, beauty industry.

[73] UNAIDS (2011a), Terminology Guidelines, Revised Version: October 2011. Geneva: UNAIDS

[74] E.g., Alliance (2010), Who are vulnerable and most-at-risk populations? Campaign briefing 1 (July 2010). Available from: http://www.aidsalliance.org/includes/Document/Prevention%20campaign/Campaign-Policy-Briefing-1.pdf ((Website accessed March 31, 2014) it is not so much the actual composition of a particular population

address the specific issues of such migrant workers. Ethnic and religious minorities were not visibly covered in project actions. According to one interviewee, in Guatemala 22% of the PLHIV have indigenous origins, many of these are migrant workers.

ILOAIDS has mainly linked to youth through other ILO projects targeting youth, such as in Zimbabwe and Indonesia. In Chad the Prime Minister instructed his staff to integrate HIV into youth employment strategies but this has not yet materialised because they are ostensibly waiting for the approval of an ILO project on youth employment. The main challenges for ILOAIDS in addressing HIV in the world of work with vulnerable groups is the high level of resources needed as compared to working with formal economy workers.

## 7 Impact Overall Conclusions on EQ on Medium Term Impact

| E.Q. 4.2 To what extent, and how, can the project's actions produce achievements of CPOs and P&B outcomes over the midterm (2-5 years) |
| --- |
| Medium term impact is difficult to predict and depends on continued enforcement, implementation, scaling up of project efforts. Much of the medium term impact will depend on the available technical and financial support. Technical support is, of course interlinked with financial resource availability.[75] |

In line with stakeholder requests, and the evaluator's analysis, technical support is a high priority area to help ensure the medium term impact of project actions. This is particularly important in the high priority countries, such as DRC, where no dedicated ILOAIDS staff member (or even a full time focal point) has yet been allotted. Unfortunately, donors do not easily provide funding for human resources despite the fact that, in the case of HIV, the need for technical support is substantially higher than for other forms of support.

### 7.1 Project Contributions made to the ILOs Internal Learning Processes

The project contribution to the ILOs internal learning processes has been implemented through several mechanisms. The most immediate and tangible is the sharing of experiences and information through meetings at country, sub-regional and headquarters office level. Other contributions are through the analysis and reporting of results, some of which are still in the process of being finalized. This includes the Global Products on social protection and "What works" as well as on the VCT@work sub-campaign. ILOAIDS reporting on the outcomes for P&B 2012-2013 will also be shared. The appointment of an evaluation manager from a different ILO department is, furthermore, contributing to the ILO's internal learning processes.

## 8 Efficiency

### 8.1 Overall Conclusions on EQs on Efficiency

| E.Q. 6.1.To what extent are the project's technical resources being used efficiently? |
| --- |
| The project's technical resources were generally used efficiently, particularly given the limited available human resources. Management coordination was sometimes challenging due to the low |

---

[75] Note: Discussions of the immediate term impact are included with the Effectiveness Section (3) for reasons of clarity in reporting.

staffing levels, organisation of structures and actual roles of staff.

| E.Q 6.2 To what extent are the project's financial resources being used efficiently? |
| :--- |
| Financial resources were used efficiently to maximise the effectiveness of the actions. Seed money was well targeted and used efficiently. Financial disbursement processes could have been more streamlined to ensure that actions could be implemented quickly to take advantage of the momentum and motivation of stakeholders to engage in the actions. |

## 8.2    Management Arrangements and Results-based Management

The evaluator found that the technical resources were used very efficiently in terms of time allocations as related to the results. As compared to the Global Evaluation of ILOAIDS three years ago, a more streamlined and efficient human resources system was visible. Most of the staff who worked on project activities were able to manage their time in such a way that they could maximise expected results even when they have to manage several countries. The challenges of technical specialists to facilitate actions in more than one country coordination were clearly daunting, however, as expectations of stakeholders are high. Where ILOAIDS is able to have a person fully dedicated to just one country, impact is very visible and stakeholders are highly appreciative. In South Africa and Guatemala the value of the technical specialists who need to cover several countries is still recognised. In South Africa, the existence of another project on HIV in the world of work  adds to the impact and the technical quality of the specialist. In Guatemala, the technical specialist—though also covering other countries—has been able to focus her attention quite efficiently and effectively. In DRC the need for a locally based fully time dedicated person to support HIV in the world of work is very evident. DRC is a high priority and extremely complex country that needs an experienced national to support the ILOAIDS actions. Several evaluation interviewees stressed this issue, with one even bluntly stating, "It is a weakness in this country that the ILO does not have a person providing full time leadership on mainstreaming HIV in all activities. It is really lacking and it is necessary to revitalise the office."

The monitoring and evaluation (M&E) was centred on a Results-based Management system, particularly linked to the P&B 2012-2013 and associated CPOs.  Implementation monitoring was conducted by specialists through follow-up and backstopping from sub-regional and headquarters and two written reports covering one year of implementation each.  Technical support for the Global Products was based in ILOAIDS headquarters. In countries and in sub-regional offices, ILO directors have also provided support and contributed to ensuring that the project actions fit well with the DWCP.

As discussed in Section 5.2 there were some challenges with respect to the reports on the project Logical Framework and its outputs due to the more generalised reporting expected for the P&B 2012-2013. Where projects are developed to implement components of a larger funding programme—such as the one discussed in the current evaluation—there is a need to review M&E mechanisms. If a project has a specific outputs and accompanying indicators—as outlined in a Logical Framework or other similar system—than countries should report on such indicators. This is necessary for the sake of clarity and transparency and will allow internal and external M&E specialists to track whether intended outputs have been accomplished. Under the current project the evaluator could only generally estimate that that the project achieved its outputs.

## 8.3    Financial Resource Efficiency

Resources were limited overall but adequate to meet the essential outputs and contribute to the P&B 2012-2013. One of the ILOAIDS field staff members phrased it eloquently, "The financing was small but very useful. I prefer to look at this not from a project but from a programme perspective. If we look at it broadly and how it fits in the bigger picture, then we can see how it really helped." The seed money for the country actions was small but this, in part, also led staff to be especially careful in prioritising how and where the funding should be spent.

Resources for the Global Products were adequate though more countries could naturally have been covered if there were more funds.

For country actions, the financial management system was rooted at field level where staff identified funding and resource gaps to implement country actions to meet the CPOs and P&B 2012-2013 outcomes. Staff subsequently submitted requests to fund the actions with work plans and other details concerning the action. Field staff in the country case studies and the online survey indicated that needing to fill in an EPA for every activity and/or mission, no matter how small, and waiting for approval was not conducive to the fieldwork. The project funding and disbursement was centralised which resulted in delays in allocating the funding as compared to more decentralised projects. In some cases the requests were not correctly worded or additional information was needed to approve disbursements causing delays. Unfortunately, given the type of project and the comparatively small project budget, approval and disbursement processes were complex. The evaluator is of the opinion that the seed money approach used in the project is very efficient and useful and would hope that this type of mechanism is replicated in the future. If similar projects are replicated, however, it would be advisable to review the disbursement process to improve efficiency even while ensuring adequate financial control.

## 8.4    Resources Leveraged from Non-Project Resources

Project relevance and synergies were increased by using the project funding to create synergies with financing obtained from other resources such as the ILO Regular Budget (RB), ILO Extra-Budgetary Technical Cooperation Resources (XBTC), UNAIDS Unified Budget Results Accountability Framework (UBRAF), Department for International Development (DFID).

Initial support from Norway helped to leverage additional financial support. In the case of Thailand, for example, UNAIDS and the ILO regional office provided additional financial support. Collaboration with other UN agencies such as UNDP and UNFPA LAO provided scope for synergistic relevance. In Indonesia, for example, project funds were combined with UNDP funding to finance a national stakeholders consultation on HIV.

The type of available resources depended on the country. Unfortunately the evaluator was not able to obtain any detailed data on funds or material support leveraged with project support. Anecdotal evidence does exist however, that in addition to donor funding other resources were added to maximise the impact of the country actions. These included Government provision of VCT test kits, constituents and companies provision of meeting and/or training space and support for coffee and snacks.

## 8.5    Synergies Realized with Other ILO Interventions and Sources of Funding

The project actions, because limited in terms of funding, did not provide much scope for the creation of synergies with other ILO interventions and sources of funding. ILOAIDS staff does discuss and hold

meetings with staff of other projects and exchanges experiences. In South Africa the ILO- SIDA[76] Project "Economic Empowerment and HIV Vulnerability Reduction along the Transport Corridors "and the ILOAIDS technical specialist regularly join together to support each other to improve their approaches. Their joint work also helps ensure that actions fit with the overall ILOAIDS strategies and outcomes. In Indonesia the ILOAIDS staff member provided support to an ILO project on migration. In Guatemala the projects on social dialogue to strengthen the role of workers organisations were-and will be in the future—vital for the implementation of ILOAIDS actions.

HIV is not yet fully effectively mainstreamed into all relevant ILO projects. Increased HIV mainstreaming is still needed in high impact countries, particularly in any relevant projects such as on youth, migrants, informal economy, Women's Entrepreneurship Development. The International Programme on the Elimination of Child Labour (IPEC) has mainstreamed HIV where relevant, including through a Supporting Children's Rights through Education, the Arts and the Media (SCREAM) Guide specifically on HIV. The Law Growth Nexus II project implemented in Kenya and Zambia included an HIV component. The ILOAIDS staff member in Kenya provided technical guidance for this component.

Ideally technical experts need to provide specific input to projects on mainstreaming HIV into other ILO projects but this is not always possible due to lack of resources. A specialized on mainstreaming HIV in the world of work into other ILO projects, similarly to the gender mainstreaming guide, would be useful. UNDP, UNAIDS, and the World Bank[77] have developed a general guide that could be adapted more specifically on HIV in the world of work.

## 8.6    Synergies Realized with Other Development Partners' Interventions

With the exception of DRC, the role of the ILO as part of the UN Joint Country Team on HIV was seen as very positive and useful in the case study countries. ILOAIDS could not yet allocate a full time HIV expert to DRC though UNAIDS indicated that there is a high need for more visibility and a strong role of the ILO within the country team. The evaluator was able to meet with UNAIDS representatives in each of the other case study countries. The expertise and input of the ILOAIDS staff was very well appreciated even in countries such as South Africa and Guatemala where the staff member is not appointed full time. As one UNAIDS staff indicated, "(X) is really a team player, does very well." In another country the UNAIDS staff commented, "(X) is fantastic person, has a knack for getting people around to understand ILOAIDS point of view."  In yet another country it was stated, "The ILO has a big contribution to HIV strategies in the middle-income countries." Lastly UNAIDS in another country stated, "The ILO has strongly contributed to the Joint UN team here. It filled an unmet need on HIV in the workplace." UNAIDS in all countries does state that they wish to see ILOAIDS continue and even expand its role within the Joint UN Team and within the countries.

While the project did not finance direct actions with interventions of other development partners, ILOAIDS has shared experience and information, such as ILO Recommendation 200 and other guidelines with them. In both Kenya and DRC this was, for example, realized through a Memorandum of Understanding between ILOAIDS and the multi-country Swedish HIV/AIDS Workplace Programme (SHWAP). In addition to information, ILOAIDS staff facilitated making contacts for the project in other countries such as in Tanzania.

---

[76] Swedish International Development Cooperation Agency
[77] UNDP, UNAIDS, World Bank (2005), Mainstreaming HIV And AIDS In Sectors & Programmes: An Implementation Guide for National Responses.

# 9    Sustainability

## 9.1    Overall Conclusions on EQs on Sustainability

| E.Q. 7.1 Does the project have a sustainability implementation strategy that involves tripartite constituents and development partners and establishes synergies that could enhance impacts and sustainability? |
| --- |
| The project does not have an overall written implementation strategy but the Global Products and Country Actions were designed to enhance future sustainability of existing impact and enhance future impact.  Tripartite constituents plus and development partners—especially UN—were included in planning and/or discussions on future directions of actions. Individual country actions were designed to achieve sustainability. |

| E.Q. 7.2 How effective is the sustainability strategy? |
| --- |
| Due to capacity strengthening and the development of legal/policy frameworks at different levels, there are good opportunities for effective sustainability in the future though much depends on available technical and financial resources. |

As indicated in previous sections, the project has been effective overall in reaching its immediate objectives, its contributions to the P&B 2012-2013 and related CPOs. With respect to the Global products, sustainability will depend on scaling up to cover other countries and the implementation of the recommendations included in their reports. For the country actions, the frameworks, strategies and plans have inherent written sustainability components. Some of the capacity strengthening was conducted using a training of trainers approach with the intention that knowledge will be further disseminated.  Follow up will be essential to ensure (continued) implementation and allocation of resources . In some countries the project included actions to assist constituents to improve their resource mobilisation but whether this will be successful in the future remains to be seen.

Workers organisation representatives in South Africa indicated that, where the ILO cannot provide adequate human resources to support them, it should "to improve the dialogue with Government, and the others of the tripartite on how they plan to sustain this programme."  The ILO needs to continue to emphasise improving social dialogue to ensure independent sustainability.

Knowledge dissemination of the Global Products and case studies of the country actions are highly recommended to help ensure replication and guide implementation of similar actions elsewhere. During the evaluation stakeholders made multiple requests for the ILO to scale up the sharing or updated experiences and materials.  The role of the ILO Training Centre in Turin can play in this respect is important as recent experiences are shared in training. A social media based system to involve stakeholders and help them provide each other with mutual support will also be helpful.

Continuing to contribute to the Joint UN Team on HIV and to ONE UN initiatives where they exist, will also likely help with sustainability as other agencies are aware and support ILO action on HIV in the world of work.

UNAIDS has identified signs of increased risky sexual behaviours leading to significant increases in the number of sexual partners in some countries.[78]  The list of countries includes some of the project countries such as DRC, Côte d'Ivoire, Rwanda, South Africa, Zimbabwe.  It is, therefore,

---

[78] UNAIDS (2013), Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: UNAIDS.

highly recommended that additional funding be found to provide technical support, and as much as possible, also seed money to replicate these successful initiatives.

## 9.2    Donor Dependence - Sustainable Funding Resources

Many interviewees expressed concerns about sustainable funding resources and dependence on donors for future actions. A general trend in different countries was discerned among national stakeholders who feel that they are too controlled by donor "fashions".  They claim that donors continually change their approaches and force them to adjust their requests in line with these new "fashions". In one typical comment a stakeholder stated, "I don't see many donors who actually fund us in accordance with our needs. There is too much donor fashion. Donors pick and chose what they want to fund in a plan, even if it is not according to our priorities."  ILOAIDS did introduce some initiatives  such as VCT@work, which stakeholders generally supported as they could see it was part of the overall strategies on HIV in the world of work.  They were particularly pleased with the concept of seed money which allowed them to have more input into which activities would be funded and how, even if funding is limited. The need for a more general and continuing fund to finance activities in the countries on HIV in the world of work in areas decided with tripartite plus input is evident.

## 10    Conclusions

## 10.1    Summary Judgments - Project Merit And Worth

The project design is very relevant to the strategy outlined in the P&B 2012–13[79] and the CPOs. The project design was sufficiently flexible to allow for increased relevance to the P&B 2012–13 and the CPOs over time.  Each project element is closely related to more than one P&B Outcome.

The project design was well aligned, formed a good strategic fit and was valid to contribute to the realisation of ILO Recommendation 200[80], ILO relevant Conventions, and the P&B 2012-2013. All of the project actions were linked to various components of ILO Recommendation 200. The project was, furthermore well linked to ILO Recommendation 202 on the Social Protection Floor[81] and the DWCPs. These include elements on the development of policies at workplace and national level, prevention of HIV, Voluntary Counselling and Testing (VCT), treatment and care, and addressing stigma and discrimination. The decision to develop a Global Product on Social Protection was well in support of ILO Recommendation 202

ILOAIDS focused the localisation of the "What Works" Global Product in Africa. The reasoning was that many countries in Africa share the highest burden---even if efforts to include concentrated and low epidemic countries was made—and because they share similar social and economic trends. Covering countries in different continents would have also increased the cost of the research while available funding was limited.  This decision did, however, limit the level of achievement towards a true "Global Product". The number of country case studies for the Social Protection Global Product could have been larger to allow for more potential for extrapolation of results.

---

[79] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization
[80] International Labour Organization (2010), Recommendation Concerning HIV and AIDS and the World of Work, 2010 (no. 200). Geneva: International Labour Organization.
[81] International Labour Organization (2012) Social Protection Floors Recommendation, 2012 (No. 202). Available from: http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524 (Website accessed March 20, 2014).

The relevance of the design concept of using Norway Ministry of Foreign Affairs funding for seed money input into critical areas to achieve CPOs was proven during project implementation. The project is coherent to both the vertical and horizontal elements of the P&B 2012-2013 Outcomes. The design of the Global Products was very complementary with country project actions, particularly with respect to countries where seed money was used to fund such actions.

The project outputs were effective in supporting the achievement of the P&B Strategic Outcomes and Country Programme Outcomes . Global Products are useful to gain an understanding of the subjects included in the research but will be most important when their recommendations are implemented in the countries. The Global Products did already contribute to social dialogue as a result of the involvement of tripartite constituents plus. In the case of the social protection study, the involvement of PLHIV was also important. Country actions were very effective in supporting the CPOs. The project outputs have been very effective. Though funding resources per country were very limited, they were well targeted to support key areas to improve the situation on HIV in the world of work.

The donor resources provided through the project added value to the achievement of the Global products and CPOs. Capacity strengthening was provided in the form of training, guidance during meetings, and direct technical support while developing strategies and plans. This methodological system of combining different approaches to strengthen capacities was very effective as they complemented and reinforced each other.

The project was effective in the development of regulatory frameworks, i.e., legislation and policies among ILO constituents in participating countries. A tripartite methodological approach was used in all instances with a role for PLHIV in most instances. This approach resulted in good results within the limited project implementation period.

Immediate term impact depends on kind of action. Country actions focusing on legal frameworks, policies, and plans only partially have immediate impact because much will depend on subsequent implementation and/or enforcement as relevant. Country actions focussing on VCT, stigma and discrimination (etc.) have had positive immediate impact.

Medium term impact is difficult to predict and depends on continued enforcement, implementation, scaling up of project efforts. Much of the medium term impact will depend on the available technical and financial support. Technical support is, of course interlinked with financial resource availability.

Gender was adequately addressed in the Global Products and implementation of the actions, though the evaluator does not have access to sex disaggregated data for the country actions and cannot confirm this in detail. Vulnerable and key populations at risk including those with disabilities, LGBT were mostly only considered in a limited manner, primarily because no evidenced-based good outcomes were identified.

The project's technical resources were generally used efficiently, particularly given the limited available human resources. Management coordination was sometimes challenging due to the low staffing levels, organisation of structures and actual roles of staff.

The donor resources provided through the project clearly added value to the achievement of the Global products and CPOs.

Financial resources were used efficiently to maximise the effectiveness of the actions. Seed money was well targeted and used efficiently. Financial disbursement processes could have been more streamlined to ensure that actions could be implemented quickly to take advantage of the momentum and motivation of stakeholders to engage in the actions.

Though the project concept notes includes a list of efforts to be undertaken to achieve sustainability the project does not have an overall written sustainability implementation strategy. The Global Products and Country Actions were, however, designed to enhance future sustainability of existing impact and enhance future impact. Tripartite constituents plus and development partners—especially UN—were included in planning and/or discussions on future directions of actions. Individual country actions were designed to achieve sustainability.

Due to capacity strengthening and the development of legal/policy frameworks at different levels, there are good opportunities for effective sustainability in the future though much depends on available technical and financial resources.

## 10.2 Lessons Learned

Note: Details in Templates in Annex 1

1) Data on project outputs and indicators of projects that include logical frameworks[82], needs to be available for the monitoring and evaluation of projects that support larger organisation outcomes, such as the ILO Programme and Budget outcomes.

2) Studies on access of PLHIV to social protection can be useful if recommendations are implemented at country level.

3) Organising VCT through workers organisations, mobile clinics and as an integrated component in wellness testing are important and useful additional approaches.

4) Where countries are undertaking actions to formalise informal enterprises, which often includes organising them into associations and cooperatives, ILOAIDS can more effectively and efficiently channel its resources than in situations where this is not yet being undertaken. It is, nevertheless, necessary to consider that the poorest countries are probably also the slowest in investing in organising the informal economy.

## 10.3 Emerging Good Practices

(details included in Templates inserted in Annex 1)

1) The allocation of well-targeted seed money to support high priority specific activities at country level on HIV in the world of works useful and effective.

2) Focus on health sector workers in programmes on HIV in the world of work is of particular importance. There is a high need to address both the occupational safety and health of health workers as well as their own non-stigma and discrimination towards VCT and PLHIV.

## 10.4 Key Recommendations

**Targeting to Strengthen Impact**

---

[82] or similar planning and reporting mechanisms

1. Seed money should continue to be strategically allocated to support actions at national as well as at downstream level , i.e. "downstream" direct interventions targeted at population groups or economic sectors.

2. Replicate and develop additional mechanisms to increase focus on HIV in the world of work among informal economy workers. Provide technical support to tripartite constituents plus on how best to reach the informal economy.

**Mainstreaming and linking HIV in the world of work with other initiatives and approaches**

3. Develop guide on mainstreaming HIV in the world of work into other relevant programmes.

4. Develop a guide on mainstreaming HIV in overall wellness programmes.

**Design of Implementation Systems and Guidance**

5. Organise testing through workers organisations, mobile clinics and as an integrated component in wellness testing. Involve organisations of PLHIV is also helpful as they can encourage workers to be less afraid of the stigma.

6. Develop system on how to integrate the HIV response with wellness programmes at company level.

7. Develop strategies and actions for linking HIV in the world of work actions more closely with other labour rights actions and human rights actions at work, such as eliminating discrimination.

**Information Sharing- Knowledge Base Development**

8. Continue to improve the knowledge base on HIV in the world of work. Expand the number of countries for both Global Products. Extend the content of the Global Product study on "What works" to include additional countries in Asia and the Pacific, Latin America and the Caribbean, and Europe and Central Asia.

9. Develop systems to implement the recommendations from the Global Products on Social Protection and HIV in the world of work, and the "What works" studies.

10. Use a social networking approach to stimulate stakeholders at enterprise level and among tripartite constituents to share experiences. Develop a legal data system of case studies, even if short, for reference and sharing among legal professionals. Consistent sharing and publishing of successful experience could help build a sound and continually updated knowledge base. A social media based system should also aim to help stakeholders provide each other with mutual support.

**Organisation Development**

11. Continue to refine human resource management system to allocate fully country dedicated ILOAIDS staff in high priority countries.

12. Review and contribute to general ILO discussions on streamlining approval systems for financial disbursements at country level for small scale funding mechanisms similar to the project evaluated.

13. Regardless of the funding mechanism modality, there should be indicators at project level to transparently capture and measure and report specific results and draw conclusions at midterm and end of project.

## Annex 1 – Full List of Recommendations, Lessons Learned and Emerging Good Practices

The list in Annex 1 includes the 13 key recommendations as well as some additional recommendations for consideration. They are grouped together in Annex 1 for the sake of ease in potential discussions regarding implementation of the recommendations.

| Recommendations | Addressed to ILOAIDS, ILO | Priority Level/ Recommended Time Frame for Follow up | Resource Implications ("Human resources refers to ILO staff) |
|---|---|---|---|
| **Targeting to Strengthen Impact** | | | |
| 1. Seed money should continue to be strategically allocated to support HIV in the world of work actions at national as well as at downstream level. | Donors, ILOAIDS | High<br>Depends on available funding, preferably immediate | Human resources: fund raising time. |
| 2. Replicate and develop additional mechanisms to increase focus on HIV in the world of work among informal economy workers. Provide technical support to tripartite constituents on how best to reach the informal economy. | ILOAIDS, tripartite constituents, civil society organisations | High<br>Short term | Financial resources needed |
| **Mainstreaming and linking HIV in the world of work with other initiatives** | | | |
| 3. Develop guide on mainstreaming HIV in the world of work in other relevant projects | ILOAIDS, input from constituents and civil society organisations | High<br>As soon as feasible | Human resources, funding for dissemination, online |
| 4. Develop guide on mainstreaming HIV in wellness programmes | ILOAIDS, tripartite constituents, civil society organisations, companies | High | Human and financial resources |

| **Design of Implementation Systems and Guidance** | | | |
|---|---|---|---|
| 5. Organising testing through workers organisations, mobile clinics away from direct vision of employers, and as an integrated component in wellness testing. Involve organisations of PLHIV is also helpful as they can encourage workers to be less afraid of the stigma. | Tripartite constituent, companies (ILOAIDS to provide technical support only) | High | Human resources, financial resources |
| 6. Develop system on how to integrate the HIV response at company level in wellness programmes. | ILOAIDS | Medium | Human and financial resources |
| 7. Develop guidance mechanism on how to link HIV in the world of work actions more closely with other labour rights actions. | ILOAIDS and other relevant ILO departments | High<br>As soon as feasible | Human and financial resources |
| **Information Sharing- Knowledge Base Development** | | | |
| 8. Continue to improve the knowledge base on HIV in the world of work. Expand the number of countries for both Global Products. Extend the content of the Global Product study on "What works" to include countries in Asia and the Pacific, Latin America and the Caribbean, and Europe and Central Asia. Add specific research to highlight the good practices covering vulnerable and key populations at risk populations. | ILOAIDS with input from tripartite constituents, civil society organisations | High<br>As soon as feasible | Human and Financial resources |
| 9. Develop systems to implement recommendations from the Global Products on Social Protection and HIV in the world of work, and the "What works" studies. | ILOAIDS | High<br>Short term | Human resources |
| 10. Use a social networking approach to stimulate stakeholders at enterprise level and among tripartite constituents to share experiences. Consistent sharing and publishing of successful experience could help build a sound and continually updated knowledge base. A social media based system should also aim to help stakeholders provide each other with mutual support. | ILOAIDS with input from ILO and other social media specialists | High<br>Short term | Human and financial resources |
| **Organisation Development** | | | |

| | | | |
|---|---|---|---|
| 11. Continue to refine human resource management system to allocate fully country dedicated ILOAIDS staff in high priority countries. | ILOAIDS | High<br>Short to long term | Human and financial resources |
| 12. Review and contribute to ILO discussions on streamlining approval system for financial disbursements at country level for small scale funding mechanisms similar to the project evaluated. | ILOAIDS, other ILO departments/units | High<br>Short term | No resources |
| 13. Regardless of the funding mechanism modality, there should be indicators at project level to transparently capture and measure specific results and draw conclusions. | ILOAIDS, PARDEV | High<br>As relevant | No resources |

Lessons Learned

| ILO Lesson Learned Template | |
|---|---|
| **Evaluation Title: Independent End of project Evaluation of Project:** | |
| **Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector Project TC/SYMBOL: GLO/12/63/NOR** | |
| **Name of Evaluator: Mei Zegers                                   Date: April, 2014** **The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.** | |
| **LL Element                        Text** | |
| **Brief description of lesson learned (link to specific action or task)** | Some projects are designed to support the attainment of l larger organisational outcomes, such as the ILO Programme and Budget Outcomes. If such projects have Logical Frameworks (or similar planning and results measuring instruments) with measurable outputs and indicators, relevant data should be gathered, analysed and reported. Monitoring and evaluation of projects cannot be complete without a summary of data pertaining to the outputs and indicators. The output/indicator data can then be combined with other information gathered to monitor and evaluate the results at outcome level. |
| **Context and any related preconditions** | To be implemented in projects supporting larger programmes to attain Programme and Budget Outcomes |
| **Targeted users / Beneficiaries** | ILO |
| **Challenges /negative lessons - Causal factors** | Difficulties to fully evaluate the project at all levels as required under the final evaluation Terms of Reference |

| Success / Positive Issues - Causal factors | |
|---|---|
| ILO Administrative Issues (staff, resources, design, implementation) | Review and design methodologies to report results of projects which contribute to larger Programme and Budget Outcomes |

| ILO Lesson Learned Template |
|---|
| |

| LL Element | Text |
|---|---|
| Brief description of lesson learned (link to specific action or task) | Studies on access of PLHIV to social protection can be useful if recommendations are implemented at country level. |
| Context and any related preconditions | Recommendations are valid, especially at country level. If input into study has been obtained from PLHIV recommendations to help improve access of PLHIV to social protection can be especially useful. |
| Targeted users / Beneficiaries | Countries, PLHIV |
| Challenges /negative lessons - Causal factors | |
| Success / Positive Issues - Causal factor | |

| ILO Administrative Issues (staff, resources, design, implementation) | ILO provides technical support to countries to advise on implementation of recommendations. |
|---|---|

| ILO Lesson Learned Template |
|---|

Evaluation Title:  Independent End of project Evaluation of Project:

**Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector**

**Project TC/SYMBOL:  GLO/12/63/NOR**

**Name of Evaluator:  Mei Zegers                              Date:  April 2014**
**The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.**

| LL Element | Text |
|---|---|
| **Brief description of lesson learned (link to specific action or task** | Organising Voluntary Counselling ad Testing on HIV through workers organisations, mobile clinics away from direct vision of employers, and as an integrated component in wellness testing are important and useful approaches. |
| **Context and any related preconditions** | |
| **Targeted users / Beneficiaries** | Tripartite constituents, companies, informal economy associations, civil society organisations. |
| **Challenges /negative lessons - Causal factors** | |
| **Success / Positive Issues -  Causal factors** | Evaluation stakeholders indicated that workers organisations and mobile clinics away from direct vision of employers increase the willingness of workers to be tested. Integrating HIV testing in the larger context of wellness programmes at company level also helps to increase workers willingness to be voluntarily tested. |

| ILO Administrative Issues (staff, resources, design, implementation) | ILO promotes various mechanisms for testing. |
|---|---|

---

**ILO Lesson Learned Template**

**Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector**

 **Project TC/SYMBOL:  GLO/12/63/NOR**

**Name of Evaluator:  Mei Zegers                                 Date:  April 2014**
**The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.**

| LL Element | Text |
|---|---|
| **Brief description of lesson learned (link to specific action or task)** | Where countries are undertaking actions to formalise informal enterprises, which often includes organising them into associations and cooperatives, ILOAIDS can more effectively and efficiently channel its resources than in situations where this is not yet being undertaken. It is, nevertheless, necessary to consider that the poorest countries are probably also the slowest in investing in organising the informal economy. |
| **Context and any related preconditions** | Countries that are undertaking formalising of their informal economy enterprises. |
| **Targeted users / Beneficiaries** | Informal economy enterprise owners and workers, relevant associations, cooperatives, governments. |
| **Challenges /negative lessons - Causal factors** | Where the informal economy is poorly organised it is difficult and more expensive to implement HIV in the world of work actions. |
| **Success / Positive Issues -  Causal factors** | |

| ILO Administrative Issues (staff, resources, design, implementation) | ILO determines whether resources are sufficient to support informal economy HIV actions in countries where formalisation is challenging. Prioritising and deciding on resource allocations keeping the ability of the ILO to link to formalising efforts into account. |
|---|---|

Good Practice Templates

<table>
<tr><td colspan="2"><strong>ILO Emerging Good Practice Template</strong><br><strong>Being currently revised, new version end of 2013</strong></td></tr>
<tr><td colspan="2"><span>Evaluation Title:  Evaluation Title:  Independent End of project Evaluation of Project:</span></td></tr>
<tr><td colspan="2"><strong>Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector</strong><br><strong>Project TC/SYMBOL:  GLO/12/63/NOR</strong><br><br><strong>Name of Evaluator:  Mei Zegers                          Date:  April 2014</strong><br><br><strong>The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.</strong></td></tr>
<tr><td colspan="2"><strong>GP Element Text</strong></td></tr>
<tr><td><strong>Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)</strong></td><td>The allocation of well-targeted seed money to support specific high priority activities at country level on HIV in the world of work is useful and effective.</td></tr>
<tr><td><strong>Relevant conditions and Context: limitations or advice in terms of applicability and replicability</strong></td><td>Where full scale projects do not exist or are too limited in scope to cover other high priority targets results, ensuring the availability of seed money from US$20,000 and upwards should be allocated (if resources permit). Input from tripartite constituents plus to determine where such seed money is to be allocated is vital.</td></tr>
<tr><td><strong>Establish a clear cause-effect relationship</strong></td><td>The evaluation found clear evidence in all 5 case study countries and through an online survey of other project countries that well targeted seed money is very useful. It has contributed to ILO credibility to promote ILO Recommendation 200 and to synergistic outcomes.</td></tr>
<tr><td><strong>Indicate measurable impact and targeted beneficiaries</strong></td><td>See cell above</td></tr>
<tr><td><strong>Potential for replication and by whom</strong></td><td>Any donors and implementing agencies at international and national level.</td></tr>
<tr><td><strong>Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)</strong></td><td>Effect of well-targeted seed money contributes to all higher ILO goals.</td></tr>
<tr><td><strong>Other documents or relevant comments</strong></td><td></td></tr>
</table>

| ILO Emerging Good Practice Template |
|---|
| Being currently revised, new version end of 2013 |

**Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector**
**Project TC/SYMBOL:**

**Name of Evaluator:  Mei Zegers                              Date:  April 2014**
**The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.**

| GP Element | Text |
|---|---|
| **Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)** | Health sector workers focus in programmes on HIV in the world of work is of particular importance. There is a high need to address both the occupational safety and health (OSH) of health workers as well as their own non-stigma and discrimination towards VCT and PLHIV. |
| **Relevant conditions and Context: limitations or advice in terms of applicability  and replicability** | In countries where health sector workers are not yet sufficiently included in various HIV in the world of work efforts as indicated in ILO Recommendation 200, health sector workers need to be prioritized. Replicability depends on available resources at international and national levels. |
| **Establish a clear cause-effect relationship** | Health sector workers may work in insufficient occupational safety and health conditions which may result in increased susceptibility to HIV infection. They may thus be at comparatively higher risk as compared to workers in some other sectors even while they care for patients. This in turn may also increase their unwillingness to care for PLHIV. |
| **Indicate measurable impact and targeted beneficiaries** | Where health sector workers are not sufficiently covered in terms of occupational safety and health (OSH) improvement in their OSH may improve their levels of stigma and discrimination. Such impact can be measured through knowledge, attitudes and practices assessment of health workers as well as their patients LHIV.  Improved attention to HIV in health workers' workplaces can also result in decreased prevalence rates in this work sector. |
| **Potential for replication and by whom** | Any programme/project/action on HIV in the world of work. |
| **Upward links to higher ILO Goals (DWCPs,  Country Programme Outcomes or ILO's Strategic Programme Framework)** | Contributes to reduced stigma and discrimination in the world of work both by and among health workers. This contributes to higher ILO Goals. |
| **Other documents or relevant comments** |  |

**Immediate Objective 1**
Policy and regulatory frameworks in target countries reflect the principles of the Recommendation 200 including gender equality.
**Immediate objective 2**: Capacity of tripartite plus constituents strengthened to implement workplace HIV and AIDS interventions in prevention and access to treatment, care and support
**Immediate objective 3:** Knowledge on effective HIV responses and strategies strengthened among constituents and other stakeholders to plan evidence-base world of work interventions on HIV and AIDS.
**Immediate Objective 4:** Improved knowledge on access and effect of social protection schemes on informal sector workforce including PLHIV households

---

Note: The numbers cited under the CPO column correspond to the P&B 2012-2013[83] Indicators under Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.
>   Indicator 8.1- Number of member States that, with ILO support, develop a national tripartite workplace policy on HIV/AIDS, as part of the national AIDS response
>   Indicator 8.2: Number of member States where tripartite constituents, with ILO support, take significant action to implement HIV/AIDS programmes at workplaces

(Please see next page for details)

---

| Region and Country | CPO | Immediate Objective 1 | | | Immediate Objective 2 | | | | | IO3 | IO4 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **1.1:** A national or sectoral workplace policy or law on HIV is agreed among tripartite plus stakeholders, based on Recommendation 200 | **1.2** Focal points in governments, employers' & workers' org. trained to implement &disseminate the policy document | **1.3** Labour inspectors & labour judges trained on the new labour standard on HIV and AIDS | **2.1** Strategic frameworks or road-map to implement country level workplace programmes agreed in 4 countries | **2.2** 5 workplaces selected in key sectors | **2.3** Action plans for HIV developed &agreed in key sectors: 5 workplaces per country based on R200 | **2.4** Tools to enhance managers & workers capacity to implement workplace programmes developed | **2.5** Targeted HIV and AIDS interventions implemented in workplaces in 14 countries | Analytical multi-country report on What Works finalized by December 2013, covering 10 African countries. | A synthesis report on piloting the global tool on social protection in 4 case study countries |
| **Africa** | | | | | | | | | | | |
| Burundi | 8.2 | | | | X | X | X | X | X | | |
| Cameroon | 8.1 | | x | | | | | | | | |
| Chad | 8.2 | X | X | | | X | | | | | |
| Cote d'Ivoire | 8.1 | X | | | | | | | | X | |
| DR Congo | 8.2 | | | | | X | X | X | X | | |
| Ghana | 8.2 | | | | | X | X | X | X | X | |
| Kenya | 8.2 | | | | | X | | X | X | X | |
| Madagascar | 8.1 | | | | | | | | | X | |
| Morocco | 8.1 | | | | | | | | | X | |
| Mozambique | 8.2 | | | | | | | | | X | |
| Namibia | 8.2 | | | | | | | | | X | |
| Nigeria | 8.1 | X | | | | | | | | | |
| Rwanda | 8.2 | | | | | | | | | | X |
| Senegal | 8.1 | | | | | | | | | X | |
| South Africa | 8.2 | | | | X | X | X | | X | X | |
| Zambia | 8.2 | | | | | X | X | | X | X | |
| Zimbabwe | 8.1 | X | | | | | | | | | |
| **Asia &Pacific** | | | | | | | | | | | |
| China | 8.2 | | | | | X | X | X | X | | |
| Indonesia | 8.2 | | | | | X | | | X | | X |
| Sri Lanka | 8.2 | | | | X | X | X | | X | | |
| Thailand | 8.2 | | | | X | X | | | X | | |
| **Latin America &** | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Caribbean** | | | | | | | | | | | |
| Brazil | 8.2 | | | | | X | X | X | X | | |
| Guatemala | 8.1 | X | X | X | | | | | | | X |
| Jamaica | 8.2 | | | | | X | | X | X | | |
| **Europe &Central Asia** | | | | | | | | | | | |
| Ukraine | 8.2 | | | | | X | | X | X | | X |
| Tajikistan | 8.2 | | | | | X | X | X | X | | |
| **Total    27** | | 6 | 1 | 1 | 4 | 15 | 9 | 9 | 14 | 10 | 5 |

## Annex 3 –Summary Table – Global Product, CPOs, ILO Outcomes, Actions - Norway Ministry Of Foreign Affairs Funding

Note: all policies and actions developed during the project period were based on ILO Recommendation 200. P&B Outcome 17 on the elimination of discrimination in employment is cross-cutting and included in all activities. It is only listed in the table when the product or action included comparatively intensive specific focus on Outcome 17.

| Global Products and Country Programme Outcomes | Relevant Links of Actions to ILO Outcomes | Summary of Results |
|---|---|---|
| **Global product** <br> What works in HIV and AIDS workplace interventions? A multi-country assessment study. | Outcome 6: Workers and enterprises benefit from improved safety and health conditions at work and Outcome. <br> Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. <br> Outcome 17: Discrimination in employment and occupation is eliminated. | • Identification of "what works" to achieve outcomes in HIV workplace and institutional interventions. <br> • Assessment of economic benefits of HIV workplace interventions. <br> Focus on Côte d'Ivoire, Ghana, Kenya, Madagascar, Morocco, Mozambique, Namibia, Senegal, South Africa and Zambia.  (Full Norway funding) |
| **Global product** <br> Research on the coverage and impact of Social Protection Floor on women and men workers in informal employment affected by HIV or AIDS. | Outcome 1: More women and men have access to productive employment, decent work and income opportunities. <br> Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. <br> Outcome 4: More people have access to better managed and more equitable social security benefits. <br> Outcome 17: Discrimination in employment and occupation is eliminated. <br> Support implementation of ILO Recommendation on | Knowledge on "access" and "effects" of social protection policies and programmes for PLHIV. <br> Includes information on: <br> • Coverage of PLHIV and their households <br> • Contribution of social protection coverage to prevent HIV and reduce vulnerability. <br> • Contribution of social protection coverage to reduce impact of HIV on affected households <br> *Focus on* Rwanda, Indonesia, Brazil, Guatemala, Ukraine (Full Norway funding) |

| | HIV and AIDS (No. 200) and Recommendation No. 202 (National Social protection Floors). | |
|---|---|---|
| **Country Programme Outcomes** | | |
| **Burundi**<br>Capacity of the tripartite partners strengthened to enable them to give effect to Recommendation No. 200, integrating world of work interventions into national strategies on HIV and AIDS | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>Outcomes 9 and 10: Employers and workers have strong, independent and representative organizations. | • Development of 5 workplace programmes<br>• Establishment of monitoring system with tripartite input<br>• Adoption of resource mobilisation strategy<br>• Establishment of Extended National Tripartite Committee for continued mobilisation. |
| | | Norway funding:<br>• Capacity building for Extended Tripartite Committee, government focal points and other stakeholders.<br>• Development of the sectoral action plans.<br>• Support to the tripartite constituents to develop resource mobilization strategy.<br>• Validation of resource mobilization strategy.<br>• Provision relevant ILO documents and tools for tripartite constituents.<br>• Production of advocacy leaflets for the VCT@Work campaign. |
| **Brazil**<br>Capacity of the tripartite partners strengthened to enable them to give effect to Recommendation No. 200, integrating world of work interventions into national strategies on HIV and AIDS. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>Outcomes 9 and 10: Employers and workers have strong, independent and representative organizations.<br>Outcome 17 : Discrimination in employment and occupation is eliminated. | • Development and launching of a workplace programme on HIV including stigma and discrimination on the basis of sexual orientation and gender identity in 5 workplaces.<br>• Facilitation of social dialogue between world of work and civil society organizations<br>• Development and training of private sector focal points, employers and workers representatives. |
| | | Norway funding:<br>Development and piloting of the manual, enabling ILO to leverage contributions from UNDP and UNAIDS to cover costs of:<br>• Promotional materials<br>• Consultations with the national stakeholders (including PLHIV and LGBT). |

| | | |
|---|---|---|
| **Cameroon**<br>The prevention of HIV and AIDS in the world of work is strengthened through national and sectoral policies developed on the basis of Recommendation No 200. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic<br>1. Outcome 13: A sector-specific approach to decent work is applied. | • Development and validation of national tripartite policy on HIV.<br>• Development of 3 sectoral plans on HIV: Rural Development, Forestry/Environment and Judicial.<br>• Development of operational mechanism for sustainable implementation of convention framework (2010) between Ministry of Labour and Employer's Organization (GICAM84 in 2010).<br>• Development and adoption Public (i.e. Ministry of Labour)-Private Partnership to mobilise private sector to fund ART.<br>• Capacity strengthening of tripartite constituents plus to HIV response. |
| | | Norway funding:<br>• Development, meetings, training, validation regarding National Tripartite HIV Policy; sectoral action plans (with tripartite constituents).<br>• Distribution relevant documents/tools to tripartite constituents.<br>• Production and dissemination advocacy leaflets on the VCT@Work campaign. |
| **Chad**<br>Tripartite constituents develop a national HIV workplace policy and implement workplace programmes. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic<br>Outcomes 9 and 10: Employers and workers have strong, independent and representative organizations. | • Capacity strengthening tripartite constituents plus to mobilise resources and implement programmes.<br>• Workplace programmes on HIV in five sectors: construction, agriculture, sugar, telecommunications, mining.<br>• Establishment of Extended Tripartite Task Force (plus) to support sectoral HIV Committee of Ministry of Labour with National HIV Workplace Policy.<br>• Managers and workers from 5 sectors commit support to roll out VCT@work initiative in 2014-2015. |
| | | Norway funding:<br>• Capacity building of tripartite (plus) task force and Ministry of Labours' sectoral HIV Committee<br>• Sensitization of 500 workers and managers from the 5 sectors on the VCT, stigma and discrimination<br>• Dissemination of 170 copies of national workplace policy, Recommendation No 200 in three regions. |

| | | • Publication and dissemination of prevention and VCT/ VCT@work imitative to workers in 5 sectors. |
|---|---|---|
| **China**<br>Strengthen equal opportunity and treatment for people living with HIV and AIDS and OSH training for health care workers, implementation of standard precautions in hospitals. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>Outcome 17: Discrimination in employment and occupation is eliminated. | • Improvement of healthcare workers' OSH to increase their safety confidence and thus protect rights to medical treatment of PLHIV.<br>• HIV and OSH program established in 2 general hospitals.<br>• Initiation of establishment of HIV and OSH program in two general hospitals.<br>• Bipartite HIV and reproductive health programs on non-discrimination, gender-equality, healthy work environment, social dialogue, no mandatory screening and confidentiality in 10 companies.<br>• 5 PLHIV assisted by ILO trained public interest lawyers in legal actions on discrimination in employment and medical treatment. Consequent to media attention, Premier of China publically affirmed rights of PLHIV to treatment and health workers to OSH protection. |
| | | Norway funding: (check)<br>Support for training of public interest lawyers and legal cases with PLHIV. |
| **Côte d'Ivoire**<br>Human rights in the world of work are strengthened through the revision of the national policy on HIV and its integration into national legislations. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic<br>Outcome 17: Discrimination in employment and occupation is eliminated. | • Revision (updating) and technical validation of National Policy on HIV and AIDS in the world of work with input of tripartite constituents  (submitted to government for political validation and adoption).<br>• Revision of workplace policies to protect human rights of PLHIV. |
| | | Norway funding;<br>• Development of road map on revising national HV workplace policy<br>• Revision, technical and validation of the policy.<br>• Development of two draft sectoral HIV workplace policies for agriculture and transport sectors. |
| **Democratic Republic of Congo**<br>HIV prevention in the world of work is strengthened, particularly in high risk sectors. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>    2.  Outcome 10: Workers have strong, independent and representative organizations. | Development of action plans to implement workplace programmes.<br>Production of advocacy leaflets on VCT@Work campaign. |
| | | Norway funding:<br>• Capacity strengthening for CIELS[85], workers and employers, sectoral focal points. |

[85] CIELS: Comité Interentreprises de Lutte Contre le Sida (HIV/AIDS Inter-Enterprise Committee)

| | | |
|---|---|---|
| | 3. Outcome 13: A sector-specific approach to decent work is applied. | • CIELS analysis of resource mobilisation<br>• Action plan development to implement HIV programmes.<br>• Support for 2nd National Forum on mobilizing the private sector on the HIV response in DRC.<br>• Production of advocacy leaflets on VCT. |
| **Ghana**<br>HIV/AIDS risk behaviours among targeted workers and communities reduced through education. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. | • Planning and development of activities on access of informal sector youth and workers to HIV services. Input from Informal Sector HIV Association/Steering committee, tripartite constituents and Joint UN Team on AIDS.<br>• Implementation of workplace interventions with consultation of stakeholders.<br>• Development of National Capacity Building Plan for Judiciary and Magistrates, Human Right Institutions for mainstreaming stigma reduction into pre- and in-service curriculum.<br>• VCT@ work campaign |
| | | Norway funding:<br>• Development of National Capacity Building Plan (see above)<br>• Development of workplace programmes.<br>• VCT@Work |
| **Guatemala**<br>Tripartite constituents' capacity to develop and implement HIV/AIDS policies in the workplace is increased. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>Outcomes 9 and 10: Employers and workers have strong, independent and representative organizations.<br>Outcome 11: Labour administrations apply up to date labour legislation and provide effective services. | • Development and adoption of sectoral policy in agriculture.<br>• Capacity strengthening and stimulation of social dialogue (particularly important in Guatemala).<br>• Development of workplace sub-sector coffee policy in consultation with tripartite constituents. Policy provides framework for member companies to implement workplace policies. |
| | | Norway funding:<br>• Development and launch of the Declaration of Commitment to implement Recommendation No. 200 in agricultural sector.<br>• Capacity strengthening and consultations with tripartite partners plus in coffee plantation sector.<br>• Production and dissemination of advocacy/awareness raising materials. |
| **Indonesia** | Outcome 8: The world of work responds effectively | • Workplace programmes and policies established in 7 enterprises. HIV |

| | | |
|---|---|---|
| Scale up workplace HIV policies and programs targeting marginalized workers. | to the HIV/AIDS epidemic. | <ul><li>prevention training and services referrals in companies.</li><li>Development and adoption of migrant worker pre-departure HIV training manual by Ministry of Manpower and Transmigration.</li><li>Ministerial Decree issued requiring inclusion of HIV in existing health insurance and social protection schemes. (Developed with tripartite plus input)</li><li>Ministry of Health call for private health insurance companies to include HIV in coverage packages.</li><li>Global product on social protection results used in tripartite plus social dialogue to develop community advocacy strategy to include PLHIV into health social protection scheme</li><li>Establishment of national coalition on social protection and HIV.</li><li>Government ministries, participating enterprises, CSOs, and the press (11,000 people) participated in VCT on World AIDS Day.</li><li>PERTAMINA mining and energy company joined, and is implementing, VCT@work initiative.</li></ul> |
| | | Norway funding: <ul><li>Coordination meeting to follow up on migrant workers' utilization of the pre-departure HIV training manual and set up referral system for migrant workers in Ponorogo, East Java.</li><li>National validation and dialogue workshop on Global Product on social protection and HIV research findings.</li><li>Launch and implementation of VCT@work initiative.</li></ul> |
| **Jamaica** The ILO constituents, with ILO support, develop programmes on HIV and AIDS in workplaces. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. <br> 1. Outcomes 9 and 10: Employers and workers have strong, independent and representative organizations. | <ul><li>Workplace HIV programmes established in 8 food and beverage industry enterprises signed a proclamation on HIV and AIDS and the world of work.</li><li>Capacity strengthening of focal points in participating enterprises</li></ul> |
| | | Norway funding: <ul><li>All activities organized to achieve CPO results.</li></ul> |
| **Kenya** | Outcome 8: The world of work responds effectively | <ul><li>Strengthening capacities to address HIV in the world of work for the</li></ul> |

| | | |
|---|---|---|
| Decreased HIV and AIDS - related (discrimination) incidence at the workplaces in both the formal and informal economy. | to the HIV/AIDS epidemic.<br>Outcome 17: Discrimination in employment and occupation is eliminated. | informal sector.<br>• HIV workplace programmes developed in 6 Informal Sector Associations in collaboration with FKE[86], NACC[87] and GIZ[88]<br>• Development of partnership and launching of HIV in 8 regions with Postal Corporation of Kenya. With bi-partite input.<br>• Capacity strengthening of FKE member companies on online reporting tool for reporting to national HIV M&E[89] framework. |
| | | Norwegian funding:<br>• Informal sector actions.<br>• Capacity strengthening<br>• VCT@ work campaign<br>• Postal Corporation of Kenya actions. |
| **Nigeria**<br>Development of workplace policies on HIV and aids scaled up in selected sectors. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>    4.   Outcome 13: A sector-specific approach to decent work is applied.<br>    5.   Outcome 11: Labour administrations apply up to date labour legislation and provide effective services. | • Revision, updating of national workplace policy on HIV with input from tripartite plus.<br>• Adoption of national policy by Minister of Labour and Productivity, other constituents and PLHIV organisations. Onward presentation for adoption to the Nigerian Government.<br>• VCT@work conducted during 10 days of testing with over 14,6500 workers.<br>• Capacity strengthening for labour officers |
| | | Norway funding:<br>• Technical support for consultations and review National workplace policy on HIV.<br>• Validation meeting for adopting draft National workplace policy on HIV.<br>• Capacity strengthening for federal and state level labour officers developing and implementing HIV workplace policies and prevention programmes.<br>• Promotion and mobilisation of workers for VCT@WORK |
| **South Africa**<br>Government and Social | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. | • Development of HIV workplace programmes in National Department of Labour, National Health Laboratory Services (NHLS), Health and Other |

---

[86] Federation of Kenya Employers

[87] National AIDS Control Council

[88] Gesellschaft für Internationale Zusammenarbeit (German Development Cooperation)

[89] Monitoring and Evaluation

| | | |
|---|---|---|
| Partners develop and implement effective HIV/AIDS and TB workplace programmes. | Outcomes 9 and 10: Employers and workers have strong, independent and representative organizations. | Service Personnel Trade Union of South Africa (HOSPERSA), Federation of Democratic Unions of South Africa (FEDUSA), <br>• Development of Joint Labour Programme on HIV for Organized Labour including Congress of South African Trade Unions (Cosatu), National Council of Trade Unions (NACTU), FEDUSA, and independent unions. <br>• Ministry of Labour Technical Assistance Guidelines used to guide development & implementation of HIV/AIDS programmes. <br>• VCT@ work campaign. |
| | | Norway funding: <br>• Review of the Code and Technical assistance Guidelines on HIV. <br>• Meetings/workshops and road shows held during review and consultation processes. <br>• Development of advocacy materials for VCT and against stigma and discrimination. (VCT@ work campaign) |
| **Sri Lanka** <br>The Government and social partners develop and implement policies in line with ILO Code of Practice for HIV AIDS in the workplace. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. <br>Outcome 11: Labour administrations apply up to date labour legislation and provide effective services. | • Capacity strengthening capacities of constituents and partners to implement relevant policy through work place interventions. <br>• Capacity strengthening of 250 Labour Officers to integrate HIV in worker education <br>• Establishment of HIV workplace programmes in 5 departments of Ministry of Labour. <br>• Development and implementation of HIV workplace policies and programmes in 5 enterprises. <br>• Development of HIV workplace peer education training programme. <br>• Rolling out of VCT @work initiative in 15 districts in sectors with high HIV prevalence in collaboration with tripartite partners and UNAIDS and National AIDS Programme. |
| | | Norway funding: <br>• Labour officer training of trainers on HIV and workplace policies/actions. <br>• Awareness raising and training of management, staff, Trade Union representatives, trainers, peer educators, in plantations. <br>• Awareness campaigns using print, electronic media, edutainment events, and mobile clinics to promote VCT. (VCT@ work campaign) |
| **Tajikistan** <br>Tripartite constituents' capacity | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. | • Adoption and dissemination of the National Tripartite HIV and AIDS Workplace Strategy Paper endorsed by the tripartite constituents. |

| | | |
|---|---|---|
| to implement HIV/AIDS programmes in the workplace is increased. | Outcomes 9 and 10: Employers and workers have strong, independent and representative organizations. | • HIV, AIDS and Tuberculosis Tripartite-plus Workplace Plan of Action for 2013-2016 focusing on key economic sectors developed and approved.<br>• Development of 5 Workplace policies and programmes in agriculture, transport and railways, textile, construction and food industry.<br>• Signing of bipartite MoU n the agriculture sector to address stigma and discrimination.<br>• Economic empowerment of women living with HIV to start own business. |
| | | Norway funding:<br>• Meetings and workshops for adoption of the National Tripartite Strategy and its Plan of Action for 2013-2016.<br>• Capacity strengthening among employers and worker leaders in five sectors.<br>• Strengthening of legal protection related to labour rights.<br>• Economic empowerment actions for women LHIV.<br>• Launch of campaigns "Getting to Zero at Work" and "VCT@WORK". |
| **Thailand**<br>Enhanced access to rights at work and HIV and AIDS protections among key affected populations and vulnerable groups. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>Outcome 17: Discrimination in employment and occupation is eliminated. | • Development of the WISE SHAPE tool to improve OSH in the entertainment sector with targeted sex workers, their employers and NGO SWING[90].<br>• Development and launching of workplace policies and programmes in 10 entertainment sector enterprises in Bangkok.<br>• Development and adoption of ILO enterprise approach on HIV prevention in entertainment sector with Bangkok Metropolitan AIDS Authority (within the city AIDS Action Plan and Strategy).<br>• Establishment with Thai Ministry of Public Health of monitoring system to assess and reduce stigma and discrimination in healthcare settings; provide input in policies and programs on OSH for health workers staff, and reduce discriminatory treatment of patients living with HIV.<br>• VCT@Work initiative is implemented with ACCOR, multinational hotel chain. |
| | | Norway funding:<br>• Development, capacity strengthening, implementation, dissemination of WISE SHAPE program. |

---

[90] Service Workers In Group

| | | • Launching, advocacy and training to implement VCT@Work initiative<br>• Technical support for development and implementation of research in health sector.<br>• Engagement of a specialist to carry out business skills program of advocacy, training and monitoring with target groups. |
|---|---|---|
| **Ukraine**<br> ILO constituents develop and implement programmes on HIV/AISD at selected workplaces. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>Outcomes 9 and 10:  Employers and workers have strong, independent and representative organizations. | • Development and adoption of National Tripartite Cooperation Strategy on HIV/AIDS and the World of Work by National Tripartite Socio-Economic Council of Ukraine.<br>• Bi-partite development and implementation of 7 HIV workplace in the sectors of health, electricity, education and confectionery. |
| | | Norway funding:<br>• Development of work plan for National Tripartite Cooperation Strategy and adoption of gender sensitive workplace programmes.<br>• Printing and dissemination of materials. |
| **Zambia**<br>HIV and AIDS workplace programmes developed in selected sectors. | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic.<br>6.  Outcome 13: A sector-specific approach to decent work is applied. | • Development and launching of HIV programmes in 5 workplaces in education, agriculture, informal economy and the transport sectors.<br>• Sponsoring of VCT@work initiatives during Third National Prevention Convention organised by the National AIDS Council of Zambia and Ministry of Health. (Also at additional event)<br>• Training for informal workers from seven subsectors on HIV policy and workplace programme development and implementation. Development of policies and actions plans in each subsector.<br>• Development of HIV workplace strategy and implementation guide in the sectors of the Ministry of Education, Science, Vocational Training and Early Education.<br>• Establishment of 9 work place committees in 9 work places (2 in the formal and 7 in the informal sectors). |
| | | Norway funding:<br>• Capacity strengthening through support of consultants, seminars and mentoring in informal economy sectors.<br>• TV and radio awareness raising programmes<br>• Development and dissemination of National Overarching Workplace policy on HIV and AIDS and its implementation plan through Ministry of Labour and Social Security.<br>• Develop and implement sector specific workplace programmes. |

| | | | |
|---|---|---|---|
| | | • Development and implementation of policies and programmes with 7 informal economy organizations.<br>• VCT@work campaign with 215 people. | |
| **Zimbabwe**<br>Reduced incidence of HIV and AIDS infection and improved protection of infected and affected people through non-discriminatory policies | Outcome 8: The world of work responds effectively to the HIV/AIDS epidemic. | • Development and launching of a national workplace policy on HIV in consultation with the tripartite constituents.<br>• Development of HIV Policy for the Tourism Sector and the Engineering sector (the latter in collaboration with Swedish supported actions). | |
| | | Norway funding:<br>• Technical support through a desk study to prepare for policy writing process.<br>• Tripartite stakeholder consultations.<br>• Development of a one year policy operational plan. | |

## Annex 4 – Summary of Gender Mainstreaming Actions by ILOAIDS

| Africa |
| --- |

**Burundi**

Gender mainstreamed in all five of the sectoral action plans.

**Cameroon**

Provision of technical support to analyse and mainstream gender into Tripartite National HIV Workplace Policy.

**Chad**

Gender mainstreamed in sectoral action plans.

**Côte d'Ivoire**

Study on gender aspects and how to integrate gender into national HIV workplace policy.
Gender mainstreamed into policy, including engagement of men and boys; gender based violence.
Programme on "zero tolerance" on gender discrimination in workplace was developed.

**Democratic Republic of Congo**

Gender mainstreamed into National Policy and 5 sectoral action plans. Includes provisions on human rights of PLHIV, gender based violence, promotion of conducive environments for gender equality in HIV workplace activities.

**Ghana**

Peer Educators participants were 51.4% were male and 49.6% female.
In predominantly male dominated trade associations (e.g., fishing) gender balance was obtained by including supply chain sub-sectors with predominantly female presence such as fish mongers and processors.

**Kenya**

Focus placed on obtaining gender balance in selection of committee members and peer educators.
Postal sector HIV and AIDS policy includes gender equality and women empowerment as a guiding principle in

**Nigeria**

National policy recognises entrenched gender inequalities and inequities as significantly contributing to spread of the infection. Including specific guidelines on gender/sexual orientation discrimination, gender sensitive grievance procedures.

**South Africa**

Attention to achieving gender balance in participation in meeting and workshops, content design and messages developed. Attention to practical and strategic gender needs in actions and policies.
Gender responsive HIV and AIDS Workplace programmes developed for selected workplaces with support of Department of Women, Children and People with Disabilities.

**Zambia**

Gender mainstreamed in all programmes and activities due to high proportion of women LHIV. Strategy of targeting 60% girls and women in all activities was employed to increasing access to HIV and AIDS prevention and mitigation.

**Zimbabwe**

Policy advocates for mainstreaming gender issues into HIV and AIDS - OSH workplace programmes Including sexual rights of men and women against sexual harassment and abuse, equal employment opportunities, encourage couples to go for HIV testing together as strategy to minimize new infections among discordant couples.

| Asia and the Pacific |
| --- |

**China**

ILO collaboration with National Female HIV Positive Network to develop program for women LHIV to identify violations to their rights in employment and access to medical treatment.

Trained women public interest lawyers to provide legal services for people with HIV, particularly attention women LHIV.

**Indonesia**

Desk study on gender-based violence and relation to HIV vulnerability among migrant workers for the UN Joint Team.

Training of Trainer module for HIV workplace programme included reproductive health.

LGBT was part of the target for VCT initiative

Female and LGBT experiences were systematically incorporated in consultations, discussions, decision-making process, and during the programme implementation.

**Sri Lanka**

Gender balance in selection of trainers and peer educators.

Training materials sessions included HIV and Gender issues, were gender sensitive and pre-tested with men and women.

**Thailand**

Programme for female sex workers included components on empowering women to eliminate sexual harassment and gender based violence in the work place

Establishment of peer based report system to addresses cases of violence and harassment, measures to eliminate harassment, referrals to legal aid services.

Economic empowerment training for female migrants, sex workers and other women vulnerable to HIV.

| Latin America and the Caribbean |
|---|

**Brazil**

Workplace programming included special attention to preventing HIV-related discrimination, stigma and discrimination on the basis of sexual orientation and gender identity.

**Guatemala**

ILO *Guide to mainstreaming gender in workplace responses to HIV and AIDS was* translated into Spanish for dissemination as part of workshop materials.

Policy development workshops highlighted gender equality and women's empowerment.

**Jamaica**

Gender dimension integrated into all activities.

ILO Guide to Mainstreaming Gender in Workplace Responses to HIV and AIDS disseminated as part of the training materials.

The nine HIV workplace programmes included measures to ensure gender equality and women's empowerment.

| Europe and Central Asia |
|---|

**Tajikistan**

Gender dimension integrated into all activities.

ILO Guide to mainstreaming gender in workplace responses to HIV and AIDS translated into Tajik, printed and disseminated.

Women living with HIV empowered through training to start their own business.

**Ukraine**

Gender dimension integrated into all activities.

ILO *Guide to Mainstreaming Gender in Workplace Responses to HIV and AIDS* translated into Ukrainian, printed and disseminated.

> Training module on gender developed and incorporated in awareness-raising and training activities.
>
> HIV workplace programmes include provision on gender equality, with one workplace (Cherkassy medical college) also including gender-related activities in work plan.

**Mini Case Study -  Involvement of PLHIV in Work**

PLHIV were engaged during the course of the project to share experiences and discuss sessions on positive living. For instance, Kenya Civil Aviation Authority (KCAA) AIDS Control Unit Head who is also a PLHIV, was engaged in a process of mentorship and experience sharing with the Postal Corporation of Kenya (PCK).

An exchange visit was conducted with the aim of learning from KCAA how their support network for PLHIV was established and how it works. The policy development processes exposed some gaps in PCK, particularly in the programming at workplace level where minimum involvement of organisations of PLHIV. There have since been efforts from all parties, to engage PLHIV and involve them in some of the activities.

## Annex 5 – Schedule and List of Persons Interviewed

The country schedules included additional discussions with the ILOAIDS staff/focal points between and after meetings that are not all reflected in the schedules included below. These meetings served to deepen understanding of the different project actions and those of ILOAIDS in the respective countries.

ILOAIDS Headquarters staff
(data on some individuals was still missing at the time of finalising the draft)

| Date: February 3-7 2014 | Name | M # | F # | Organisation and address | Job Title or type of individual [ |
|---|---|---|---|---|---|
| | Alice Ouedrago | | X | ILO Headquarters | Director, ILOAIDS |
| | Brigtte Zug-Castillo | | X | | Senior Adviser to the Director, ILOAIDS |
| | Ingrid Sipi-Johnson | | X | ILO Headquarters | Legal Officer, ILOAIDS |
| | Lee-Nah Hsu | | | ILO Headquarters | Senior Specialist Technical Cooperation, ILOAIDS |
| | Anna Torriente | | | ILO Headquarters | Senior Legal Officer, ILOAIDS |
| | Lisa Marie Wong-Ramewsar | | | ILO Headquarters | Senior Officer, Programme for the Promotion of the Declaration on Fundamental Principles and Rights at Work |
| | Alexandre Petrachkov | | | ILO Headquarters | Senior Administrator, ILOAIDS |
| | Oluremi Doherty | | | ILO Headquarters | Technical Officer, ILOAIDS |
| | Julia Fäldt Wahengo | | | ILO Headquarters | Technical Officer, ILOAIDS |
| | Esteban Tromel | X | | ILO Headquarters | Senior Disability Specialist, Gender Equality and Diversity Branch |
| | Rasha Tabbara | | X | ILO Headquarters | Administrator/ Programme Analyst Conditions of Work and Equality Department |
| | Franciscso Guzzman | X | | ILO Headquarters | Evaluation Unit |

**KENYA**
**17th – 22nd   February 2014**

| Date | Time | Organization and Location | Contact Details |
|---|---|---|---|
| Monday, 17th Feb | Arrival | | |
| Tuesday,18th Feb | 8.30am – 10.30am | National Project Coordinator  – HIV and AIDS, UN Complex, Gigiri, Block P, Ground Floor | Hellen Magutu Amakobe, magutu@ilo.org, +254722738929 |
| | 11.00am – 12.00noon | UNAIDS, UN Complex, Block M, Level 2 | Gurumurthy Rangaiyan gurumurthyr@unaids.org |

| | | | +254-20-7624379 |
|---|---|---|---|
| | 12.00 – 1.00 pm | LUNCH | |
| | 2.00pm – 3.15pm | National AIDS Control Council, Landmark Plaza 8th floor | Dr. Bathsheba Osoro, Head Stakeholders' Coordination bosoro@nacc.or.ke Tel: +254-20- 2896000 ext 261 or +254733 886288, +254727 531250 |
| | 3.30pm – 4.30pm | Federation of Kenya Employers (FKE), Waajiri House | Isaac Kiema, Projects Coordinator, ikiema@fke-kenya.org Office   Main Line: +254-20-2721929/48/49/52, +254-20-2720242/62/0171 Office Cellular Lines: +254722 203487, +254733 333291 |
| Wednesday,19th Feb | 9.00am – 10.30am | Central Organization of Trade Union - COTU (K), Gikomba, COTU House | Damaris Muhika, Program Officer damarismuhika@gmail.com +254725329967 |
| | 11.30am – 12.30pm | Ministry of Labour, Social Security and Services (MoLSSS) – Directorate of Occupational Safety and Health Services, Safety House, Commercial Street, Industrial Area | Dr Musa Nyandusi, Deputy Director musanyandusi@gmail.com +254724504220 |
| | 1.00pm – 2.00pm | LUNCH | |
| | 2.00pm-4:00pm | Liverpool VCT, Care and Treatment (LVCT),  Hurlingham | Dr. Lilian Otiso lotiso@lvct.org 10.4.1.1.1.1 +254-20-2646692 / +254-20-2633212 |
| Thursday, 20th Feb | 9.00am – 11.00am | Postal Corporation of Kenya (PCK), Posta House, 5th floor | Ann Koech, Manager Omae (Communications Worker's Union), Sakuda, Francis Nganga and Jennifer Rono akoech@posta.co.kejrono@posta.co.ke tsakuda@posta.co.kefnganga@posta.co.ke +254-20 324 2000 / +254-20-324 3000 Jennifer +254722252257 |

| | 11.30am – 12.30 noon | Swedish Workplace HIV/AIDS Programme (SWHAP),  Hazina Towers 9<sup>th</sup> floor | Daniel Mwaura, Coordinator daniel@swhap.org +254722908333 |
|---|---|---|---|
| | 12.30pm – 1.30pm | LUNCH | |
| | 2.00pm – 4.00pm | Informal Sector National Steering Committee  Shankarbass House (next to Kenya Cinema), 1<sup>st</sup> Floor | Proudly Kenyan Mathew Ashers, CEO +254714884492  buyproudlykenyan@gmail.com |
| Friday, 21<sup>st</sup> Feb | 9.00 am – 10.30 am  11.00am - 12.00pm | NPC – HIV and AIDS UNAIDS, UN Complex, Block M, Level 2 | UN Complex  Gurumurthy Rangaiyan gurumurthyr@unaids.org  10.4.1.1.1.2 +254-20-7624379 |
| | 1:00 – 14:30 pm | NPC – HIV and AIDS | UN Complex |

**INDONESIA**
**24<sup>th</sup> – 27<sup>th</sup>  February 2014**

| Date | Time | Organization and Location | Contact Details |
|---|---|---|---|
| Monday, 24th Feb | 09.00 am – 11.00 am | ILO Indonesia  ILO Jakarta Office Menara Thamrin, Level 22 - Jl. M. H. Thamrin Kav. 3, Jakarta | Risya A. Kori, National Programme Coordinator on HIV and AIDS, risya@ilo.org, +62811-1493-650  Richard Howard, Senior Specialist on HIV and AIDS, howardr@ilo.org  Sarah Ayu, Consultant to Support the VCT@Work Programme in Indonesia, sarah.ayu01@gmail.com |
| | 11.00am – 11.30am | ILO Indonesia  ILO Jakarta Office Menara Thamrin, Level 22 - Jl. M. H. Thamrin Kav. 3, Jakarta | Michiko Miyamoto, Deputy Director, miyamoto@ilo.org, +6221-391-3112 |
| | 12.00noon – 1.00pm | LUNCH | |
| | 1.30 pm – 2.30pm | Kusuma Buana Foundation  Jl. Asem Baris Raya Blok A/3, Gudang Peluru, Tebet | Dr. Adi Sasongko, Medical Director, adi.sasongko@gmail.com |

| | | | |
|---|---|---|---|
| | 3.30pm – 4.30pm | National AIDS Commission<br><br>Wisma Sirca, Level 2<br>Jl. Johar No. 18, Menteng<br>Jakarta | Halik Sidik, Deputy for Organizational Strength, halik.sidik@aidsindonesia.or.id, +62811-1494-628<br><br>Fonny J. Silfanus, Deputy Secretary, fonny@aidsindonesia.or.id, +62812-9221-343 |
| Tuesday, 25th Feb | 09.30am-10.30am | ILO Indonesia<br><br>ILO Jakarta Office<br>Menara Thamrin, Level 22 - Jl. M. H. Thamrin Kav. 3, Jakarta | Mohamad Anis Agung Nugroho, Senior Enterprise Advisor Better Work Indonesia, anis@ilo.org, +62821-2456-9574 |
| | 12.30noon – 1.30pm | LUNCH | |
| | 1.30pm – 2.30pm | PT. Jamsostek (*health insurance provider for formal workers, and now merging as BPJS 1*)<br><br>Jl. Jenderal Gatot Subroto No. 79<br>Jakarta Selatan 12930 | dr. Dewi Anggres MARS, Head of Affairsand the Development of Retirement Benefits, anggresdewi@ymail.com, +62811-883-337<br><br>dr. M. Rifai Siregar AAK, Assistant Manager |
| | 3.00pm – 4.00pm | Ministry of Manpower and Transmigration<br><br>Jl. Jenderal Gatot Subroto Kav. 51, Central Jakarta | dr. Amarrudin, Head of Occupational Safety and Health Norms Supervision Sub-Directorate<br><br>Sudi Astono, MS, Head of Occupational Health Service Supervision Section<br><br>dr. Muzakir, Head of Labour Health Care Supervision Section |
| | 5.00pm-6.00pm | Centre for Population and Public Policy University of Gadjah Mada<br><br>(via skype/telephone) | Dr. Dewi Susilastuti, Senior Researcher, dewi.susilastuti@gmail.com, +62858-7888-5010<br><br>Skype account: dewi susilastuti |
| Wednesday, 26th Feb | 8.30pm – 9.30pm | Royal Norwegian Embassy<br><br>Starbucks<br>Jl. MH Thamrin No. 9; Skyline | Rahimah, Advisor Development Cooperation, Imah.Rahimah@mfa.no, +62813-1957-0522 |

| | | Building | |
|---|---|---|---|
| | 10.00am-11.00am | ILO Indonesia<br><br>ILO Jakarta Office<br>Menara Thamrin, Level 22 - Jl. M. H. Thamrin Kav. 3, Jakarta | Gillian Dowie, Consultant on Youth Employment, dowie@ilo.org |
| | 11.30am – 12.30pm | ILO Indonesia<br><br>(via skype/telephone) | Tauvik Muhamad, National Programme Officer on Social Protection, tauvik@ilo.org, +62818-411-65<br><br>Skye account: Tauvik Muhamad |
| | 12.30pm – 1.30pm | LUNCH | |
| | 1.30pm – 2.30pm | ILO Indonesia<br><br>ILO Jakarta Office<br>Menara Thamrin, Level 22 - Jl. M. H. Thamrin Kav. 3, Jakarta | Albert Y. Bonasahat, National Programme Officer for TRIANGLE Project (migrant workers), bonasahat@ilo.org, +62812-1116-660 |
| | 4.30pm – 5.30pm | APINDO<br><br>Gd. Pertama Kuningan Lt. 10 Jl. Kuningan Mulia Kav. 9C Guntur - Setiabudi | Indra Kesuma, Senior Manager, indra@apindo.or.id, +62819-1177-1050 |
| Thursday, 27th Feb | 10.00am-11.00am | Indonesia AIDS Coalition<br><br>Jl. Kayu Jati 1 Gang II No. 16 A, Rawamangun (behind Rabbani) | Aditya Wardhana, Executive Director, awardhana@iac.or.id<br><br>Bani Rissetyabudi, Programme Manager, bani@iac.or.id, +62812-3450-0333<br><br>Irwandy Widjaya, Community Mobilization Officer, widjaja@iac.or.id<br><br>Sindi Fitriarti Putri, Advocacy Officer |
| | 12.00noon-1.00pm | LUNCH | |
| | 1.00pm-2.00pm | PT. Pertamina (Persero), Health and Medical Management<br><br>Sario Building<br>Jl. Medan Merdeka Timur No. 12 A, Central Jakarta | dr.Sapto Pudjo Hadiwardoyo, Senior Analyst Medical Policy and Development<br><br>dr. Eka Prihsetyoningsih, Assistant Manager Medical Corporate<br><br>dr. Arif Hening Mustikaningrum, |

| | 4.00pm-5.00pm | UNAIDS<br><br>Menara Thamrin, Level 10 - Jl. M. H. Thamrin Kav. 3, Jakarta | | Cho Kah Sin, UNAIDS Country Coordinator, choKS@unaids.org |
|---|---|---|---|---|

*(Assistant Medical Corporate, arifhening@pertamina.com — shown in top cell)*

**DEMOCRATIC REPUBLIC OF CONGO**
**04 - 08 Février 2014**

| **LUNDI 03 mars 2014 : Arrivée de la mission à Kinshasa à 11h45, Vol KQ : Accueil par le BIT/Kinshasa** | | | |
|---|---|---|---|
| **Mardi 04 mars 2014 : Séance de Briefing avec l'OIC – BIT/Kinshasa** | | | |
| **Heure** | **Activité** | **Annotations** | **Lieu** |
| 9h00-10h00<br><br>10h00-10h45<br><br><br>11h00-13h00 | 1- Séances de travail avec le Point Focal VIH/Sida-BIT/Kinshasa<br>2- Rencontre avec le Chargé du Bureau BIT/Kinshasa<br>3- Rencontre avec le Directeur Pays ONUSIDA,<br>4- Rencontre avec le Point Focal VIH/Sida du PNUD | Briefing sur la mission et échanges. | 1. BIT<br><br>2. BIT<br><br>3. ONUSIDA<br><br>4. PNUD |
| 14h30-15h30<br>15h45-17h00 | 1. Séance de travail avec le PNLMS<br>2. Rencontre avec le Secrétaire Général à la Prévoyance Sociale (Point Focal VIH/Sida) du Ministère du Travail, de l'Emploi et de la Prévoyance Sociale. | Secrétaire Exécutif du PNMLS<br><br>Ministère TEPS | 1. Siège Social PNMLS<br><br><br>2. Ministère TEPS |
| 9h00-12h00<br><br><br>14h30-15h30 | 1. Séance de travail avec le Secrétaire Exécutif du CIELS<br>2. Rencontre avec « FEMME PLUS » ONG VIH/Sida | Visites des entreprises identifiées et Echanges.<br><br>Echanges | 1. Siège social CIELS<br>2. FEMME PLUS |
| 16h00-17h00 | UCOP++ (ONG PVVIH) | | BIT/Kinshasa |
| **Jeudi 06 mars 2014** | | | |
| 9h30-10h30 | FEC (Patronat) | | **BIT-Kinshasa** |
| 11h30-12h30 | ANEP (Patronat) | | Idem |
| 14h30-15h30 | FENAPEC | | Idem |
| 15h45-17 | COPEMECO | | idem |
| **Vendredi 07 mars 2014** | | | |
| 9h00-10h00 | INTERSYNDICALE DE LA RDC (12 syndicats officiels) | | Siège CSC/Kinshasa |
| 11h00 à 16h00 | VISITE DES ENTREPRISES | | Sièges des entreprises |
| | IDEM | | Idem |

| | | |
|---|---|---|
| | IDEM | | | Idem |
| 16h30- 17h00 | Débriefing avec le Chargé du Bureau BIT/Kinshasa | | | BIT |

**SOUTH AFRICA**

| Day/Date | Time | | Organization and Location | | E-mail |
|---|---|---|---|---|---|
| Sun, 09-Mar-14 | Arrival | | | | |
| Mon, 10-Mar-14 | 08h30 | 10h30 | **Simphiwe Mabhele**, HIV/AIDS Technical Specialist | ILO DWT Pretoria | mabhele@ilo.org |
| | 11h00 | 13h00 | **Dr Muzimkhulu Zungu,** | National Health Laboratory Services (NHLS) | muzimkhulu.zungu@nioh.nhls.ac.za |
| | 14h30 | 16h30 | **Nikki Soboil,** Chief Executive Officer | Southern Africa Clothing and Textile Workers Union (SACTWU) | nikki@swhp.org.za |
| Tue, 11-Mar-14 | 08h30 | 10h30 | **Ayanda Khumalo,** Senior Associate Attorney | Webber Wentzel Attorneys & Lawyers | ayanda.khumalo@webberwentzel.com |
| | 11h00 | 13h00 | **Busisiwe Tshabalala, Wellness** Officer | National Education Health and Allied Workers Union (NEHAWU) | busisiwe@nehawu.org.za |
| | 14h30 | 16h30 | **Susan Preller,** Acting Chief Executive Officer | South African Business Coalition on Health and HIV (SABCOHA) | Susan@sabcoha.co.za |
| Wed, 12-Mar-14 | 09h30 | 10h30 | **Vic van Vuuren,** Director | ILO DWT/CO Pretoria | vanvuuren@ilo.org |
| | 11h00 | 13h00 | **Fazeela Fayers,** Assistant General Secretary | Health and Other Services Personnel Trade Union of South Africa (HOSPERSA) | agseducation@hospersa.co.za |
| | 14h30 | 16h30 | Rivalani Mkhansi, Deputy Director | National Department of Labour | Rivalani.Mkansi@labour.gov.za |
| Thu, 13-Mar-14 | 08h30 | 10h00 | Nancy Fee, Senior Policy and Strategy Advisor | UNAIDS South Africa | feen@unaids.org |
| | 11h00 | 13h00 | Cynthia, Provincial AIDS Coordinator | Kalafong Hospital | edna.bokaba@gmail.com |

| | 14h30 | 16h30 | Oniah Nkosi, National Project Coordinator | ILO Pretoria | nkosi@ilo.org |
|---|---|---|---|---|---|
| **Fri, 14-Mar-14** | 08h30 | 10h30 | Jacqueline Mpolokeng, Health, Safety and HIV Policy Coordinator | Congress of South African Trade Unions (COSATU) | jacqueline@cosatu.org.za |
| | 11h00 | 13h00 | Stephen Ngcobo, Training and Advocacy Manager | Treatment Action Campaign (TAC) | stephen.ngcobo@tac.org.za |
| | 14h30 | 16h30 | **Simphiwe Mabhele,** HIV/AIDS Technical Specialist | ILO DWT Pretoria | mabhele@ilo.org |

## GUATEMALA
### 16<sup>th</sup> – 22<sup>nd</sup>  March 2014

| Date | Time | Organization and Location | Contact Details |
|---|---|---|---|
| **Tuesday 18<sup>th</sup> March** | 9:00-11:00 | Ms. Ana Catalina Ramírez, ILO HIV Technical Specialist Hotel Barceló | Ana Catalina Ramírez acramirez@ilo.org |
| | 11:00-12:30 | ILO Guatemala Diagonal 6, 10-01, Las Margaritas, Torre 2, piso 9. Tel. +502 23366010 | Mr. Carlos Linares , ILO Coordinator linaresc@ilo.org  Tel: +502 414992929 |
| | 12:30-14:.00 | Lunch | |
| | 15:00-17:00 | ANACAFÉ-FUNCAFÉ, 5ta. Calle 0-50 Zona 14. Tel. +502 22438330 | Mr. Mynor Maldonado, Executive Director FUNCAFÉ mynor.dmm@funcafe.org Mr. Rudy Cabrera, Coordinator of the Health Programme FUNCAFÉ Rudy.ACM@anacafe.org |
| **Wednesday, 19<sup>th</sup> Feb** | 9:00-11:00 | UNAIDS Guatemala UNAIDS Office, 5a. Avenida 5-55 zona 14, Europlaza, Torre IV, nivel 12. Tel. +502 23818600 | Mr. Ricardo García, Country Coordinator garciar@unaids.org Mr. Rodirgo Pascal, Gender and Human Rights Advisor Mr. Walter Saba, Social Mobilization Adviser |
| | 11:30-12:30 | Cámara del Agro de Guatemala (CAMAGRO) 12 calle 1-25 zona 10, Edificio Géminis 10, Torre Norte, oficina | Ms. Ana Chan, Legal Adviser achan@camaradelagro.org |

| | | 909, Edificio Géminis. Tel. +502 23353003 | |
|---|---|---|---|
| | 12:00-14:00 | Lunch | |
| | 15:00-16:30pm | Ministry of Labour and Social Protection 7a. Avenida 03-33  Zona 9. Tel. +502 24222520 | Ms. Elsa Ávalos Vice Minister eavalos@mintrabajo.gob.gt |
| **Thursday, 20th March** | 10:00-11:00 | National AIDS Programme, Ministry of Health, zona 13 | Ms. Tania Solís, Private sector adviser Taniasolis2006@yahoo.com.mex |
| | 11:30-12:30 | Asociación de la Industria del Vestuario y Textiles (VESTEX) 15 avenida 14-72 Zona 13 , Nivel 2, Guatemala. Tel. +502 24108323, Ext. 1308 | Ms. Sonia Flores, Training and Human Ressources Officer |
| | 12:30-14:00 | Lunch | |
| | 15:00–16:00 | Central General de Trabajadores de Guatemala (CGTG), 3ª. Avenida 12-22, Zona 1. Tel. +502 22321010 | Mr. Victoriano Zacarías Deputy General Secretary vzm@yahoo.com |
| **Friday, 21st March** | 9:00-10:30 | Belejb' Q'Anil y Universidad de San Carlos (USAC) ILO Guatemala Diagonal 6, 10-01, Las Margaritas, Torre 2, piso 9. | Ms. Paola Cano Researcher HIV and Social Protection paokano@hotmail.com |
| | 11:00-12:30 | Red Legal y Observatorio de Organizaciones que trabajan con VIH (Location to be confirmed) | Ms. Gabriela Tuch Coordinator gabytuch@gmail.com |
| | 12:00-14:00 | Lunch Debriefing session with Carlos Linares, ILO Guatemala | |
| | 14:00-15:00 | Debriefing session with Ana Catalina Ramírez. | |

Information and Question Checklist for Final Evaluation
Introduction

Note: Not all questions will be asked of every interviewee or through the online survey. Much will depend on the interviewee and their specific involvement with the project.
The question checklist has been divided by type of potential interviewee, however.
Some questions will not be asked if the interviewee has already covered the information under a previous question. For example, when asked about project successes and challenges they may cover subsequent topics.

Interviewee/respondent types
ILO Staff
Research institutions
Government
Employers and Workers Organisation Representatives
Companies/Informal Economy Enterprise Owners/Workers
NGOs and others Civil Society, other development partners/projects

Summary of Information and Questions to be Answered for the Evaluation

**Relevance**
1.1 To what extent and how is the design of the ILO project relevant to the ***strategy*** outlined in the CPOs and P&B[91], for Outcomes it aims to support?
1.2  To what extent and how is the project relevant for the ***achievement*** of the Global product and CPOs it aims to support?

**Coherence**
2.1 To what extent and how are the various activities in the project's implementation strategy *coherent* to the vertical and horizontal elements of P&B Outcomes which the project supports
2.2 To what extent and how are the various activities in the project's implementation strategy *complementary* (in its design and implementation)

**Effectiveness**
3.1.1 Have the project outputs been effective in supporting the achievement of the
CPOs – if so, how effective? What were the successes, challenges?

3.1.2 1 Have the project outputs been effective in supporting the achievement of the
Outputs on the Global Product? If so, how effective? What were the successes, challenges?

Knowledge development initiatives:
- To what extent has the Global Product GLO403 be successful in assessing what works in HIV/AIDS workplace interventions.
- To what extent has the work on the Global Product GLO404 increased knowledge on the effect of social protection schemes on informal sector workforce including PLHIV households?

---

[91] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

**Advocacy and Technical Advisory Services**
- To what extent is there evidence that there is an increased understanding among ILO constituents in the participating countries, through advocacy initiatives and technical advice regarding legislation and policies on HIV/AIDS in the workplace? Give examples.
- To what extent has the project created a dialogue between ILO constituents and organisations representing PLHIV and has allowed a platform for the PLHIV and their organizations to be heard by ILO constituents?
- To what extent has the project contributed to increased awareness of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200). If possible, examples should be given in respects of this.
- To what extent have employers' organizations been encouraged and supported to promote among their members the notion of HIV/AIDS in the workplace? How many have implemented workplace programmes and changed practices?
- To what extent have workers' organizations been encouraged and supported to extend their work to protect persons living with HIV/AIDS? How many have changed practices and what are some examples?
- To what extent has civil society, in particular organisations representing PLHIV has been engaged in action to promote understanding of HIV/AIDS in the workplace? How many have taken actions and provide examples.

**Capacity Building**
- To what extent have ILO constituents' capacity to develop and implement effective legislation and policies concerning HIV/AIDS in the workplace been enhanced through project initiatives? What changes are to be observed?
- To what extent have the organizations of PLHIV been able to build their capacities to promote the rights of PLHIV and to dialogue with labour market institutions

3.2 Have the project outputs been effective in supporting the achievement of the
P&B Strategic Outcomes – if so, how effective? What were the successes, challenges?
4.1 To what extent, and how, have the project's actions produced achievements of CPOs and P&B outcomes over the immediate term (note, answers to 4.1 will be integrated with the Effectiveness Section (3) for reasons of clarity in reporting)

**Impact over Medium Term and Potential for Scaling Up**

4.2 To what extent, and how, have the project's actions produced achievements of CPOs and P&B outcomes with impact over the medium term

**Gender and Vulnerable Groups**

5.1 To what extent, and how, have the actions led to tangible improvements in the situation of target groups, including as related to gender, people with disabilities and the poor.

**Efficiency**

6.1 To what extent are the project's resources are technical resources being used efficiently?

6.2 To what extent are the project's resources are financial resources being used efficiently?

**Sustainability**

7.1 Does the project have an implementation strategy that involves tripartite constituents and development partners?

7.2 Does the project have an implementation strategy that establishes synergies that could enhance impacts and sustainability?

7.3 If there is a strategy, how effective is it? What are the likely successes challenges, remaining gaps?

Questions for In-Country ILO Staff

Relevance
1) In your opinion, is the overall **design** of the project **relevant** to the *strategy* outlined in the
   - CPOs
   - P&B[92], for Outcomes?
   If so, how?

2) In your opinion, is the project design relevant (appropriate) for the *achievement* of the Global Product (as applicable in country, that is "What works" or "Social Platform")

3) In your opinion, is the project relevant for the *achievement* of the CPOs?

Coherence

4) In your opinion, are the various activities in the project's implementation strategy *complementary* (in design and implementation)?

5) If yes, how why do you feel they are complementary? (Fit well; create synergies, potential for up-scaling?)

Effectiveness

Knowledge development initiatives:
If your country participated in the development of the global products:

6) *For field visits to Kenya, South Africa, others as indicated in Table 1*
In your opinion, how successful was the "What works" research/global product in assessing what actually works in HIV/AIDS workplace interventions?
   - What were the strong points?
   - Challenges?
   - Remaining gaps to improve knowledge in this area?

7) *For field visits Indonesia, Guatemala, others as indicated in Table 1*
In your opinion, how successful was the "Social Platform" research/global product in increasing knowledge on the effect of social protection schemes on informal sector workforce including PLHIV households.
   - What were the strong points?

---

[92] International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: International Labour Organization

- Challenges?
- Remaining gaps to improve knowledge in this area?

**Advocacy and Technical Advisory Services**

8) Is there (or is there not) any increased understanding among ILO constituents as a result of the project (in your country) as related to:
   - advocacy initiatives
   - legislation and policies on HIV/AIDS in the workplace
   If yes, give examples. If no, why not?

9) Has dialogue between ILO constituents and organisations representing PLHIV changed as a result of the project or not?
   If yes, give examples. If no, why not?

10) Has the project contributed to increased awareness of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200) or not?
    If yes, give examples. If no, why not?

11) Have employers' organizations promoted the awareness of HIV/AIDS issues in the workplace among their members or not?
    If yes, give examples. If no, why not?

12) How many employers' organizations (if any) have implemented workplace programmes and/or changed practices? (Provide short written overview, less than 1 page)

13) Have workers' organizations extended their work to protect persons living with HIV/AIDS or not?
    If yes, give examples. If no, why not?

14) Has civil society, in particular organisations representing PLHIV has been engaged in action to promote understanding of HIV/AIDS in the workplace or not?
    If yes, give examples. If no, why not?

15) How many have taken actions? (Provide short written overview, less than 1 page)

**Capacity Building**

16) In your opinion, have ILO constituents' *capacity to develop and implement effective legislation and policies* concerning HIV/AIDS in the workplace been enhanced or not? (through project initiatives)
    If yes, give examples of any changes resulting from improved capacities. If no, why not?

17) Have the organizations of PLHIV been able to build their capacities to promote the rights of PLHIV and to dialogue with labour market institutions or not?
    If yes, give examples of any changes resulting from improved capacities. If no, why not?

**Impact over Medium Term and Potential for Scaling Up**

18) Do you think the project's actions will continue to have impact over the medium term (2-5 years) or not?
    If yes, provide examples. If no, why not?

Gender and Vulnerable Groups

19) Have project actions led to any tangible improvements in as related to gender, people with disabilities and the poor.
   If yes, provide examples. If no, why not?

Efficiency

20) In your opinion, are the project's resources are technical resources being used efficiently or not?
   If yes, provide examples. If no, why not?

21) In your opinion, are the project's resources are financial resources being used efficiently?

Sustainability

22) Does the project have an implementation strategy that involves tripartite constituents and development partners for the different country actions?

23) If there is a sustainability strategy, how effective is it in your opinion?
   According to you, what are the likely successes, challenges, remaining gaps?
   Recommendations?

Questions for Government Officials

1) In your opinion, is the project relevant to the needs of the country in addressing HIV issues?

2) Have you noticed any successes as a result of the project[93] or not? If yes, what were they?

3) Did you notice any challenges in the project? If yes, what were they?

4) Do you notice any improvement in increased understanding among ILO constituents as a result of the project (in your country)? If yes, give examples. If no, why not?

5) Has dialogue between ILO constituents and organisations representing PLHIV changed as a result of the project or not?
   If yes, give examples. If no, why not?

6) Has the project contributed to increased awareness of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200) or not?
   If yes, give examples. If no, why not?

   If yes, please give examples. If no, why not?

7) In your opinion, have ILO constituents' *capacity to develop and implement effective legislation and policies* concerning HIV/AIDS in the workplace been enhanced or not? (through project initiatives)
   If yes, give examples of any changes resulting from improved capacities. If no, why not?

---

[93] If the interviewee is not aware of the specifics of the project, refer to ILO/AIDS as most actions would have been primarily supported by the project.

8) In your opinion, have the organizations of PLHIV been able to build their capacities to promote the rights of PLHIV and to dialogue with labour market institutions or not?
If yes, give examples of any changes resulting from improved capacities. If no, why not?

9) Did you notice whether the project paid special attention to gender, people with disabilities and the poor.
If yes, please provide examples. If no, why not?

10) Do you think the project's actions will continue to have impact over the medium term (2-5 years) and even long term or not?
If yes, please provide examples. If no, why not?

11) Are you aware of any sustainability strategy of the project? If yes, what is your opinion?

12) Recommendations?

Employers and Workers Organisation Representatives

1) In your opinion, is the project relevant to the needs employers/workers organisations in addressing HIV issues?

2) Has your (employers/worker) organization increased work to protect persons living with HIV/AIDS or not? (over the last 2 years as a result of the project?)
If yes, give examples. If no, why not?

3) Have workers' organizations extended their work to protect persons living with HIV/AIDS or not?
If yes, give examples. If no, why not?

4) In your opinion, do you feel your organisation has improved understanding of HIV in the world of work issues as a result of the project. If yes, give examples. If no, why?
(special note to evaluator to pay attention to
- advocacy initiatives
- legislation and policies on HIV/AIDS in the workplace)

5) Has dialogue between your organisation and organisations representing PLHIV changed as a result of the project or not?
If yes, give examples. If no, why not?

6) Is your organisation aware of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200) or not?
If yes, give examples of what you are doing as related to this recommendation since the project started. If no, why not?

7) Has your organization promoted the awareness of HIV/AIDS issues in the workplace among members or not?
If yes, give examples. If no, why not?

8) *For employers:* how many of your members have implemented workplace programmes and/or changed practices? If yes, how many? What types of changes?

9) *For workers' organisations*: are you aware of any employers who have implemented workplace programmes and/or changed practices? If yes, how many? What types of changes?

10) Has your organisation increased collaboration organisations representing PLHIV?
If yes, give examples. If no, why not?

11) In your opinion, has your organisation improved *capacity to develop and implement effective legislation and policies* concerning HIV/AIDS in the workplace through project initiatives?
If yes, give examples of any changes resulting from improved capacities. If no, why not?

13) Did you notice whether the project paid special attention to gender, people with disabilities and the poor.
If yes, please provide examples. If no, why not?

12) Do you think the project's actions will continue to have impact over the medium term (2-5 years) or not?
If yes, provide examples. If no, why not?

14) Are you aware of any sustainability strategy of the project? If yes, what is your opinion?

15) What are you planning to do to ensure sustainability and/or scale up your actions on HIV in the world of work?

16) Recommendations?

Questions for Companies/Informal Economy Enterprise Owners/Workers

1) In your opinion, is the project relevant to the needs of your enterprise in addressing HIV issues?

2) Have you noticed any successes as a result of the project[94] activities in your enterprise or not? If yes, what were they?

3) Did you notice any challenges in the project activities with your enterprise? If yes, what were they?

4) Has your enterprise increased work to protect persons living with HIV/AIDS or not? (over the last 2 years as a result of the project?)
If yes, give examples. If no, why not?

5) In your opinion, do you feel your enterprise has improved understanding of HIV in the world of work issues as a result of the project. If yes, give examples. If no, why?
(special note to evaluator to pay attention to
   - advocacy initiatives
   - legislation and policies on HIV/AIDS in the workplace)

6) Is your enterprise aware of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200) or not?

---

[94] If the interviewee is not aware of the specifics of the project, refer to ILO/AIDS as most actions would have been primarily supported by the project.

If yes, give examples of what you are doing as related to this recommendation since the project started. If no, why not?

7) Has you enterprise implemented workplace programmes and/or changed practices? If yes, how many? What types of changes?

8) In your opinion, has your enterprise improved *capacity to develop and implement effective legislation and policies* concerning HIV/AIDS in the workplace through project initiatives?
If yes, give examples of any changes resulting from improved capacities. If no, why not?

9) Do you think the project's actions will continue to have impact over the medium term (2-5 years) or not?
If yes, provide examples. If no, why not?

17) Does your enterprise pay special attention to gender, people with disabilities and the poor as a result of the project or not?
If yes, please provide examples. If no, why not?

10) Has your organisation increased collaboration with organisations representing PLHIV?
If yes, give examples. If no, why not?

18) Do you think the project's actions will continue to have impact over the medium term (2-5 years) and even long term or not?
If yes, please provide examples. If no, why not?

19) What are you planning to do to ensure sustainability and/or scale up your actions on HIV in the world of work in your enterprise?

20) Recommendations?

Questions for NGOs and others Civil Society, Other Development Agencies/Projects

1) Have you been involved or associated with the project implementation? If yes, how?

2) In your opinion, is the project relevant to the needs employers/workers organisations in addressing HIV issues?

3) Have you noticed any successes as a result of the project[95] or not? If yes, what were they?

4) Did you notice any challenges in the project? If yes, what were they?

5) Have you noticed any changes in the way employers and workers address HIV in the world of work as a result of the project or not?
If yes, give examples. If no, why not?

6) In your opinion, do you feel that employers and workers have improved understanding of HIV in the world of work issues as a result of the project. If yes, give examples. If no, why?

---

[95] If the interviewee is not aware of the specifics of the project, refer to ILO/AIDS as most actions would have been primarily supported by the project.

(special note to evaluator to pay attention to
- advocacy initiatives
- legislation and policies on HIV/AIDS in the workplace)

7) Have you noticed whether the project contributed to improved dialogue between employers/workers and organisations representing PLHIV changed as a result of the project or not?
   If yes, give examples. If no, why not?

8) In your opinion, has the project contributed to improved *capacity to develop and implement effective legislation and policies* concerning HIV/AIDS in the workplace through project initiatives?
   If yes, give examples of any changes resulting from improved capacities. If no, why not?

9) Did you notice whether the project paid special attention to gender, people with disabilities and the poor.
   If yes, please provide examples. If no, why not?

10) Do you think the project's actions will continue to have impact over the medium term (2-5 years) and even long term or not?
    If yes, please provide examples. If no, why not?

11) Are you aware of any sustainability strategy of the project? If yes, what is your opinion?

12) Recommendations?

Online Questionnaire for ILO/AIDS NORAD Funded Project ILO Country Staff
Please note that all questions indicated with an asterisk are questions that are required to be answered.
Please also ensure that you answer all other applicable questions as well as you can. If you have any questions please contact me at meizeg09@gmail.com
Important note: Mozambique, Rwanda, Madagascar, Morocco, Namibia and Senegal staff only need to answer the questions related to the Global Product that is relevant to their country.
* Required
   **Name of Country**
   Please fill in a separate form for each country for which you are responsible (if there is more than one).

   **1) What is the CPO title and its related output(s)? ***

   **2) In your opinion, is the overall design of the project relevant to the CPO(s) in your country or not? ***
   o ◯ Yes, it is relevant
   o ◯ No, it is not very relevant
   **2a) If relevant, please describe how.**

   **3) Do you feel that the different project activities fit well together or not? ***
   This means, do the different actions that were undertaken with NORAD project funding in your country fit well together, complement each other?
   o ◯ Fit well
   o ◯ Fit somewhat
   o ◯ Do not fit well as well as could be desired

**3a) If they do not fit well, how could it be improved?**

☐

**4) Do you feel that the project activities have fit well with other ILO led country initiatives or not?**

o ◯ Fit well

o ◯ Fit somewhat

o ◯ Do not fit as well as could be desired.

**4a) If they fit well or somewhat, give examples of linkages to other ILO led country initiatvies**

☐

**5) Did the project have a global product component in your country?** *

The global products are either the study on "what works" or the study on the "social protection platform".

o ◯ Yes

o ◯ No

**6) If your country participated in the "What Works" research, how successful was the methodology used to assess what works?**

Answer this question only if your country participated in the "What Works" Global Product research. The content of the report will be available to the evaluator.

o ◯ Successful

o ◯ Somewhat successful

o ◯ Not very successful

**6a) Please explain your answer with examples.**

☐

**7) If your country was involved in the "Social Protection Floor" global product research, were there any strong points in how it was conducted?**

Only answer this question if your country was involved in the Global Product on the Social Protection Floor. This question is about the research process. The content of the report will be available to the evaluator.

o ◯ Yes, several strong points

o ◯ Just a few strong points

o ◯ No strong points

**7a) If yes (or a few) what were the strong points?**

☐

**7b) If a few (or no strong points) in how it was implemented, please indicate how it could have been improved.**

☐

**8) Are there any remaining research gaps to improve knowledge on HIV in the world of work in your country?** *

o ◯ Yes

o ◯ No

**8a) If yes, describe the gaps in knowledge on HIV in the world of work in your country.**

☐

**9) Has the project contributed to increased awareness of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200)** *

o ◯ Yes

o ◯ No

**9a) If yes, give some concrete examples.**

**9b) If no, why not?**

**10) Has advocacy on HIV in the world of work with support from the ILO improved the response to HIV?** *

Please note the key word "advocacy" in this question

o ◯ Yes

o ◯ No

o ◯ Not applicable, did not do advocacy

**10a) If yes, give some concrete examples.**

**10b) If no, why not?**

**11) Is there (or not) increased understanding with respect to legislation and policies on HIV/AIDS in the workplace among ILO country constituents as a result of the project?** *

Please note the key words "legislation and policies" in this question.

o ◯ Yes, there is increased understanding

o ◯ No, there is no increased understanding

**11a) If yes, give some concrete examples.**

**11b) If no, why not?**

**12) Has dialogue between ILO constituents and organisations representing PLHIV changed as a result of the project or not?**

o ◯ Yes, dialogue has increased

o ◯ It has increased somewhat

o ◯ No, it has not increased at all

**12a) If yes, of somewhat, give concrete examples.**

**12b) If no, why not?**

**13) Have employers' organizations promoted the awareness of HIV/AIDS issues in the workplace among their members as a result of the project or not?**

o ◯ Yes, have promoted awareness

o ◯ No, have not promoted awareness

**13a) If yes, give some concrete examples.**

**13b) If no, why not?**

**14) Have any employers' organisations implemented workplace programmes and/or changed practices or not?**

o ◯ Yes, they have

o ◯ Somewhat

o ◯ No, not at all

**14a) If yes, or somewhat, please provide example(s)**

**15) Have workers' organizations extended their work to protect persons living with HIV/AIDS or not?**

o ◯ Yes

o ◯ No

**15a) If yes, give examples.**

☐

**15b) If no, why not?**

☐

**16) Have organisations representing PLHIV, been engaged in action(s) to promote understanding of HIV/AIDS in the workplace or not?**

o ◯ Yes

o ◯ No

**16a) If yes, give examples.**

☐

**16b) If no, why not?**

☐

**17) Did the country have any existing legislation on HIV in the world of work prior to 2012?**

o ◯ Yes

o ◯ No

**18) Have ILO constituents developed effective legislation concerning HIV in the workplace as a result of improved capacities due to project support?**

Answer this question only if the answer to 16 was "no", that is, there was no legislation prior to 2012

o ◯ Yes

o ◯ No

**18a) If yes, give concrete examples of any legislation developed resulting from improved capacities.**

Given that projects do not have a great deal of direct influence over official adoption of legislation, this question only pertains to the development and not official adoption of legislation. (Projects are usually too short and adoption is a bureaucratic process that requires time)

☐

**18b) If no, why not?**

☐

**19) Have the organisations of PLHIV increased their dialogue on the rights of PLHIV with world of work players or not?**

That is, with the support of the project?

o ◯ Yes

o ◯ Somewhat

o ◯ No

**19a) If yes, or somewhat provide examples.**

☐

**19b) If no, why not?**

☐

**20) Do you think the project's actions will continue to have impact over the medium term (2-5 years) or not?**

o ◯ Yes

o ◯ No

**20a) If yes, provide examples.**

☐

**20b) If no, why not?**

☐

**21) In your opinion, are the project's financial resources being used efficiently or not?**

o ⚪ Yes

o ⚪ Yes

**21a) If yes, provide examples.**

☐

**21b) If no, why not?**

☐

**22) In your opinion, are the project's technical resources being used efficiently or not?**

o ⚪ Yes

o ⚪ No

**22a) If yes, provide examples**

☐

**22b) If not, please explain.**

☐

**23) Are written sustainability mechanisms put in place for the actions supported in your country?**

Written sustainability mechanisms could be short descriptions in the concept note.

o ⚪ Yes

o ⚪ No

☐

**23a) Do the sustainability mechanisms involve tripartite constituents and development partners for the different country actions?**

o ⚪ Yes

o ⚪ No

**23b) If there are sustainability mechanisms, how effective are they in your opinion?**

Briefly (one paragraph) describe key successes, challenges

☐

**24) Are there any remaining gaps that need to be addressed on HIV in the world of work in your country?**

Identify gap and include related recommendations for future actions here.

o ⚪ Yes

o ⚪ No

**24a) If yes, please list them briefly.**

☐

## Annex 7 – References

African Development Bank Group (2013) Recognizing Africa's Informal Sector. Available from: http://www.afdb.org/en/blogs/afdb-championing-inclusive-growth-across-africa/post/recognizing-africas-informal-sector-11645/ (Website accessed April 4, 2014)

Alliance (2010), Who are vulnerable and most-at-risk populations? Campaign briefing 1 (July 2010). Available from: http://www.aidsalliance.org/includes/Document/Prevention%20campaign/Campaign-Policy-Briefing-1.pdf ((Website accessed March 31, 2014)

General Conference of the International Labour Organization, (2010), Recommendation 200: Recommendation concerning HIV and AIDS and the world of work. Adopted by the Conference at its Ninety-Ninth Session, Geneva, 17 June 2010. Geneva: ILO

Government of the Republic of Kenya (2008), Kenya Vision 2030, A Globally Competitive and Prosperous Kenya, First Medium Term Plan, 2008 – 2012. Nairobi: Government of the Republic of Kenya.

Government of the Republic of South Africa (2012) National Strategic Plan on HIV, STIs and TB, 2012-2016. Pretoria: Government of the Republic of South Africa.

Henry, Carla; Zegers, Mei (2011) Independent evaluation of the ILO's strategy to address HIV and AIDS and the world of work. International Labour Office, Evaluation Unit. Geneva: ILO.

International Labour Organization-AIDS (2014a) Initial Draft: What Works to Achieve Good Outcomes in HIV and AIDS Workplace Initiatives: Analytical Report of the Multi-Country Research. Geneva: ILOAIDS.

International Labour Organization-AIDS (2014b), Initial Draft - Multi-Country Research on "Access" And "Effects" of Social Protection Policies & Programmes on Workers living with HIV and their Households: An Analytical report. Geneva: ILOAIDS.

International Labour Organization (2011), Programme and Budget for the Biennium 2012–13. Geneva: ILO.

International Labour Organization (2012) Social Protection Floors Recommendation, 2012 (No. 202). Available from: http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:3065524 (Website accessed March 20, 2014)

International Labour Organization (2013), ILO launches new initiative to reach 5 million workers with voluntary HIV testing by 2015 (with UNAIDS). Available from: http://www.ilo.org/ilc/ILCSessions/102/media-centre/news/WCMS_215171/lang--en/index.htm (Website accessed March 31, 2014)

International Labour Organization (2014), Target Populations (VCT@work Initiative). Available from: http://www.ilo.org/aids/WCMS_234797/lang--en/index.htm. (Website accessed 30 March, 2014)
International Labour Organization (2010), Recommendation Concerning HIV and AIDS and the World of Work, 2010 (no. 200). Geneva: International Labour Organization.

International Labour Organization (2011a) Concept Note for Project: Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector. Geneva: International Labour Organization/AIDS

International Labour Organization (2011b) Logical Framework – Norway project 2012-13 for Outcome 8. Geneva: International Labour Organization/AIDS.

International Labour Organization (2013a) HIV and AIDS and Labour Rights: A Handbook for Judges and Legal Professionals Office. – Geneva: ILO, 2013

International Labour Organization (2013b). Norway-ILO Partnership Cooperation Agreement (PCA) 2012-15 Technical Cooperation Outcome-Based Report. Outcome 8 :The world of work responds effectively to the HIV/AIDS epidemic.Reporting period: January-December 2012. Geneva: International Labour Organization/AIDS.

International Labour Organization (2014) Norway-ILO Partnership Cooperation Agreement (PCA) 2012-15 Technical Cooperation Outcome-Based Report. Outcome 8 :The world of work responds effectively to the HIV/AIDS epidemic.  Reporting period: 01/2012 - 12/ 2013. Geneva: International Labour Organization/AIDS.

Ministry Of Economy, Planning, Land Reform, and Integration (2012), Republic of Congo: Poverty Reduction Strategy Paper: Book 1, Growth, Employment, And Poverty Reduction Strategy Paper (2012-2016).

Nonprofit Tech for Good (2014) Available from http://www.nptechforgood.com/ (Website accessed 10 April, 2014)

Pertamina (2014) Company Profile. Available from http://www.pertamina.com/en/company-profile/. Website accessed March 15, 2014.

+ SocialGood (2014), 16 Technologies that are Transforming International Development. Available from http://www.plussocialgood.org/News. Also see: "+SocialGood units a global community of innovators around a shared vision: Leveraging the power of technology and new media to make a the world a better place."

Swedish International Development Cooperation Agency (2014). Human Rights of Lesbian, Gay, Bisexual and Transgender persons: Conducting a Dialogue
Available from: http://www.sida.se/Publications/Import/pdf/sv/Human-Rights-of-Lesbian-Gay-Bisexual-and-Transgender-persons-Conducting-a-Dialogue_3327.pdf (Website accessed April 4, 2014).

Republic of Cameroon, (2009) Growth and Employment Strategy Paper 2010-2020. Yaoundé: Government of Cameroon.

Think in Innovation (2014). Available from http://www.thinkinnovation.org/en/, (Website accessed December, 2013).

UNAIDS (2011a), Terminology Guidelines, Revised Version: October 2011. Geneva: UNAIDS

UNAIDS (2011b), UNAIDS Meeting On The 31 High Impact Countries *(20+ Countries)*Operational ProceduresJohannesburg, South Africa – 4 October 2011 Meeting Report. Johannesburg: UNAIDS.

UNAIDS (2013), Global report: UNAIDS report on the global AIDS epidemic 2013. Geneva: UNAIDS.

UNDP, UNAIDS, World Bank (2005), Mainstreaming HIV And AIDS In Sectors & Programmes: An Implementation Guide for National Responses. Available from: file:///Users/meizeger/Documents/AA-ILOAIDS-NORAD/Documents/Mainstreaming%20HIV.pdffile:///Users/meizeger/Documents/AA-ILOAIDS-NORAD/Documents/Mainstreaming%20HIV.pdf (Website accessed April 17, 2014)

## Annex 8 –Project Countries on UNAIDS List High Impact and High Mother-to-child Transmission Burden

Project countries indicated with green highlighting.
Reference: UNAIDS (2011b), UNAIDS Meeting On The 31 High Impact Countries *(20+ Countries)*Operational ProceduresJohannesburg, South Africa – 4 October 2011Meeting Report. Johannesburg: UNAIDS.

High impact countries*

| | | | Countries |
|---|---|---|---|
| | | | **Countries** |
| **High burden countries** | | 1. | Nigeria* |
| | | 2. | Ethiopia* |
| | | 3. | Mozambique* |
| | | 4. | Uganda* |
| | | 5. | Kenya* |
| | | 6. | Tanzania* |
| | | 7. | Zambia* |
| | | 8. | Malawi* |
| | | 9. | Zimbabwe* |
| | | 10. | Cameroon* |
| | | 11. | Dem. Rep. Congo* |
| | | 12. | Indonesia |
| | | | Sub-total |
| **High burden countries** | **BRICS**** | 13. | South Africa* |
| | | 14. | India* |
| | | 15. | Russian Federation |
| | | 16. | China |
| | | 17. | Brazil |
| | | | Sub-total |
| Severe / hyper endemic countries | | 18. | Lesotho* |
| | | 19. | Swaziland* |
| | | 20. | Botswana* |
| | | 21. | Namibia* |
| | | | Sub-total |
| **Concentratedepidemics/ Geo-political relevance** | | 22. | Ukraine |
| | | 23. | Myanmar |
| | | 24. | Thailand |
| | | 25. | Haiti |
| | | 26. | |
| | | 27. | Iran |
| | | 28. | Guatemala |
| | | 29. | Jamaica |
| | | 30. | Cambodia |
| | | 31. | Djibouti |

* These countries are also among the 22 high burden Mother-to-child transmission (MTCT) countries, in addition to Angola, Burundi, Chad,Côte d'Ivoire and Ghana.

** Given the emerging socioeconomic and geopolitical importance of the Brazil, Russia, India and China (BRICS) economies, the nature of engagement to advance HIV issues and the actual level of additional funding through Unified Budget Results Accountability Framework (UBRAF) can be expected to vary to reflect both the domestic and international expectations of these countries.

---

**ILO-Norway Partnership Programme 2012 - 2013**
**Terms of Reference**
**Independent End of project Evaluation of Project relating to HIV/AIDS in the workplace**

---

**Project Title:** Country and global programmes respond effectively to HIV and AIDS in the world of work including social protection coverage in informal sector:

Component I: Country Programme Outcomes

Component II: Global Products

**TC Code:** GLO/12/63/NOR

**Type of Evaluation:** Independent end of project evaluation

**Countries:**
Component I: Burundi, Cameroon, Chad, Cote d'Ivoire, DRC, Ghana, Kenya, Nigeria, South Africa, Zambia, Zimbabwe, China, Lao PDR, Indonesia, Sri Lanka, Thailand, Brazil, Guatemala, Jamaica, Ukraine, Tajikistan

Component II:
(GLO 403) : Cote d'Ivoire, Ghana, Kenya, Madagascar, Morocco, Mozambique, Namibia, Senegal, South Africa and Zambia
(GLO 404) : Brazil, Guatemala, Indonesia, Rwanda and Ukraine

**Project End:**     December 2013

**Evaluation Manager:** Mr. Esteban Tromel

**Administrative Unit**:     ILOAIDS

**Technical Unit**:     ILOAIDS

**Independent evaluator:**

**Date Evaluation Completed:** 31 March 2014

## 1. Background and context

**Introduction:**

The ILO response to HIV and AIDS is based on a two-pronged strategy working at two different levels:
   a) Interventions addressing the critical enablers of the HIV response and the contributing social and economic factors impacting on the HIV vulnerability.
   b) Interventions supporting capacity strengthening of ILO constituents to put in place sustainable responses in key economic sectors.

The main strategy is through a combination of interventions to effectively achieve the outcomes, encompassing protection of rights of vulnerable male and female workers, addressing gender inequalities and social-economic insecurity which perpetrates HIV vulnerabilities, behaviour change, access to voluntary counselling and HIV testing, care and support, building enabling environment and extending social protection systems to HIV vulnerable populations.

The project strategy is in line with the ILOAIDS strategy in the world of work for 2012/13 as defined in the document GB.313/POL/2, approved by the ILO Governing Body in March 2012.

**Description of the project:**

The ILOAIDS GLO/12/63/NOR project was implemented over 19 months (June 2012 – December 2013) and consisted of two components:
   1) The first component aimed to support priority countries to develop national and sectoral workplace policy frameworks consistent with the Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200); and to develop and implement enterprise-level policy and programmes. This component covered Country Programme Outcomes (CPOs) from 21 countries from Africa (11), Asia and the Pacific (5), Latin America and the Caribbean (3), and Europe and Central Asia (2). The country selection was based on the following criteria: a) countries belonging to the group of 38 UNAIDS High-Impact Countries[96]; b) the possibility of cost-sharing from other existing funding sources; c) the availability of local expertise in HIV and the world of work; d) collaboration with other ILO Outcomes; (e) gender-sensitive CPOs; and (f) the demonstrated demand and commitment of the ILO tripartite constituents.

   Haiti and Rwanda were initially covered by the project, but were subsequently replaced by Nigeria and Brazil for the following reasons:
   - In Haiti, a marked lack of capacity on the part of the constituents and the lack of success in reaching tripartite consensus necessary to establish objectives and implement a work plan, obliged ILO to postpone its planned financial support.
   - In Rwanda, activities were initially planned for 2013 but during the course of the year it became clear that results of the CPO would not be attained in a timely manner and activities would therefore be postponed to 2014. Rwanda was however maintained for the Global Product component of the project.

   2) The second component of the project contributed to the development of two Global Research Products. These were funded in part by the project, with other funding from the RBSA. The Global Products are:

---

[96] UNAIDS 38 High Impact Countries: Angola, Botswana, Brazil, Burundi, Cambodia, Cameroon, Central African Republic, Chad, China, Cote d'Ivoire, Democratic Republic of Congo, Djibouti, Ethiopia, Ghana, Guatemala, Haiti, India, Indonesia, Iran, Jamaica, Kenya, Lesotho, Malawi, Mozambique, Myanmar, Namibia, Nigeria, Russian Federation, Rwanda, South Africa, South Sudan, Swaziland, United Republic of Tanzania, Thailand, Uganda, Ukraine, Zambia and Zimbabwe

a. *"What works in HIV and AIDS workplace interventions? A multi-country assessment study."* The research covers 10 African countries[97] and looks at what works with regards to achieving good outcomes in HIV workplace interventions;

b. *"Research on the coverage and impact of Social Protection Floor on women and men workers in informal employment affected by HIV or AIDS."* The research aims to gain knowledge on access to and the effect of social protection policies and programmes, particularly on social health protection and income support, on women and men workers in informal economy settings affected by HIV and/or AIDS. The research covers five countries: Brazil, Indonesia, Guatemala, Rwanda and Ukraine.

**The project's objectives and outcomes are:**

| **Development Objective** | |
|---|---|
| Contribute to achieving Millennium Development Goal 6 of halting and reversing the HIV, TB epidemics by promoting universal access to HIV and TB prevention, care and support through world of work policies and interventions. | |
| **Immediate Objective 1** Policy and regulatory frameworks in target countries reflect the principles of the Recommendation 200 including gender equality. | **Output 1.1:** A national or sectoral workplace policy or law on HIV and AIDS is agreed among the tripartite plus stakeholders, on the basis of the Recommendation 200 |
| | **Output 1.2:** Focal points in the governments', employers' and workers' organizations are trained to implement and disseminate the policy document |
| | **Output 1.3:** Labour inspectors and labour judges trained on the new labour standard on HIV and AIDS |
| **Immediate objective 2**: Capacity of tripartite plus constituents strengthened to implement workplace HIV and AIDS interventions in prevention and access to treatment, care and support | **Output 2.1** Strategic frameworks or road-map to implement workplace programmes at country level agreed in 4 countries |
| | **Output 2.2:** Five workplaces selected in key sectors |
| | **Output 2.3:** Action plans for HIV interventions developed and agreed to in key sectors of the 5 workplaces per target country based on the key principles of R200 including gender equality |
| | **Output 2.4:** Tools to enhance managers and workers capacity to implement workplace programmes developed or adapted |
| | **Output 2.5:** Targeted HIV and AIDS interventions implemented in selected workplaces in 14 countries |
| **Immediate objective 3:** Knowledge on effective HIV responses and strategies strengthened among constituents and other stakeholders to plan evidence-base world of work interventions on HIV and AIDS. | **Output 3:** (Global Product) Analytical multi country report on What Work finalized by December 2013, covering 10 African countries. |
| **Immediate Objective 4:** Improved knowledge on access and effect of social protection schemes on informal sector workforce including PLHIV households | **Output 4** (Global Product) A synthesis report on piloting the global tool in four case study countries. |

---

[97] Countries covered by GLO 403: Cote d'Ivoire, Ghana, Kenya, Madagascar, Morocco, Mozambique, Senegal, South Africa, Namibia, Zambia

Outputs under immediate objective 1 are addressed by countries with CPOs under outcome 8.1, while outputs under immediate objective 2 are covered by CPOs under outcome 8.2[98]. The table below shows the project outputs covered by each country:

| Region | Country | CPO | Outputs under Immediate Objective 1 | | | | Outputs under Immediate Objective 2 | | | | Output under Immediate Objective 3 | Output under Immediate Objective 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1.1 | 1.2 | 1.3 | 2.1 | 2.2 | 2.3 | 2.4 | 2.5 | | |
| **Africa** | Burundi | 8.2 | | | | X | X | X | X | X | | |
| | OK Cameroon | 8.1 | X | | | | | | | | | |
| | Chad | 8.2 | | | | | X | | | | | |
| | Cote d'Ivoire | 8.1 | X | | | | | | | | X | |
| | OK Dem. Rep. Congo | 8.2 | | | | | X | X | X | X | | |
| | Ghana | 8.2 | | | | | X | X | X | X | X | |
| | OK Kenya | 8.2 | | | | | X | | X | X | X | |
| | Madagascar | 8.1 | | | | | | | | | X | |
| | Morocco | - | | | | | | | | | X | |
| | Mozambique | 8.2 | | | | | | | | | X | |
| | Namibia | 8.2 | | | | | | | | | X | |
| | Nigeria | 8.1 | X | | | | | | | | | |
| | OK Rwanda | 8.2 | | | | | | | | | | X |
| | Senegal | 8.1 | | | | | | | | | X | |
| | OK South Africa | 8.2 | | | | X | X | X | | X | X | |
| | OK Zambia | 8.2 | | | | | X | X | | X | X | |
| | OK Zimbabwe | 8.1 | X | | | | | | | | | |
| **Asia and the Pacific** | OK China | 8.2 | | | | | X | X | X | X | | |
| | Lao PDR | 8.1 | X | | | | | | | | | |
| | OK Indonesia | 8.2 | | | | | X | | | X | | X |
| | Sri Lanka | 8.2 | | | | X | X | X | | X | | |
| | OK Thailand | 8.2 | | | | X | X | | | X | | |
| **Latin America and the Caribbean** | Brazil | 8.2 | | | | | X | X | X | X | | X |
| | OK Guatemala | 8.1 | X | X | X | | | | | | | X |
| | OK Jamaica | 8.2 | | | | | X | | X | X | | TT |
| **Europe and Central Asia** | OK Ukraine | 8.2 | | | | | X | | X | X | | X |
| | Tajikistan | 8.2 | | | | | X | X | X | X | | |
| **Total** | | 27 | 6 | 1 | 1 | 4 | 15 | 9 | 9 | 14 | 10 | 5 |

In addition to supporting the achievement of Outcome 8 of the ILO's P&B, the proposed interventions also support the achievement of other ILO outcomes. A brief summary of the relevant outcomes and how the project addresses them is provided in the table below:

| Outcome | Proposed contribution to the Outcome |
|---|---|
| **Outcome 4***: more people have access to better-managed and more gender-equitable social security benefits* | The project will generate country evidence, practices and recommendations to facilitate policy dialogue for guaranteeing coverage of vulnerable populations in national social protection systems. |
| **Outcome 9 and 10***: Employers and workers have strong, independent and representative organizations* | ILO's support in HIV workplace policy and programme development, including social protection extension to workers affected by or living with HIV and AIDS, will include workers and employers organizations at the design, |

---

[98] Outcome 8.1:   Number of member States that, with ILO support, develop a national tripartite workplace policy on HIV/AIDS, as part of the national AIDS response.

Outcome 8.2:   Number of member States where tripartite constituents, with ILO support, take significant action to implement HIV/AIDS programmes at workplaces.

| | |
|---|---|
| | implementation, monitoring and evaluation stages. This ILO strategy for HIV ensures participation and reinforces the capacity of its social partners to actively influence and participate in national coordination processes, funding mechanisms and in the implementation of activities. |
| **Outcome 13**: *A sector-specific approach to decent work is applied* | The workplace interventions are based on findings from risk and vulnerability assessments of workers in key economic sectors. This will help ensure that the factors contributing to risks and vulnerabilities are understood and that the needs of these sectors are identified and prioritized in addressing HIV and AIDS-related challenges. |
| **Outcome 17**: *Discrimination in employment and occupation is eliminated* | Recommendation 200 guides the ILO response to HIV and AIDS. One of R200's key principles is protecting workers from discrimination based on their HIV status and advocating a non-discriminatory work environment. |

**Implementation arrangements:**
ILO/AIDS has been responsible for overall coordination of the project, technical support, quality assurance and management of the budget. CPOs have been implemented by HIV field offices through the HIV specialists, in collaboration with gender, employers, workers and social security specialists as required. Field offices have provided technical and administrative support for the day to day implementation to achieve the proposed outputs. The field specialists, in consultation with country constituents and partners, developed implementation plans reflecting activities and timelines to achieve the outputs, while ILO/AIDS has been responsible for the global coordination of this project. The development of the Global Products was partly done through outsourcing.

## 2. Introduction and rationale for the evaluation
The project foresaw a final independent evaluation of both Components of the project. The purpose of the evaluation is to draw lessons that will guide the design and implementation of future ILO projects in the field of HIV/AIDS in the world of work.

The evaluation will be undertaken in accordance with the ILO's Evaluation Policy adopted by the Governing Body in 2005, which provides for systematic evaluations of projects in order to improve quality, accountability, transparency of the ILO's work, strengthen the decision-making process and support to constituents in promoting decent work and social justice. The evaluation will comply with UN and OECD/DAC norms and standards, and ethical safeguards will be followed.

## 3. Purpose, objectives and clients of the evaluation
The purpose of this final evaluation is to assess the relevance, effectiveness, efficiency, coherence, impact and sustainability of the ILO's actions taken under this project to (i) strengthen policy and regulatory frameworks in target countries to reflect the principles of the Recommendation 200 including gender equality; (ii) strengthen capacities among tripartite plus constituents to implement workplace HIV and AIDS interventions in prevention, access to treatment, care and support; (iii) enhance knowledge among constituents and other stakeholders on effective HIV responses and strategies to plan evidence-base world of work interventions on HIV and AIDS; and (iv) Improved awareness on access and effect of social protection schemes on informal sector workforce including PLHIV households.
The evaluation will seek to ascertain what has worked, what has not worked and why? It would be particularly important to evaluate the methodological approach which was applied for the capacity building of national constituents plus, and the strengthening of regulatory frameworks

as stated in the target CPOs . .The evaluation should also identify contributions made to the ILOs internal learning processes.

To this end , the evaluation will:

- Review existing budget information on use of funds to determine the contribution added value of donor resources to the achievement of the Global products and CPOs selected at the beginning of the partnerships;
- Assess  to what extent the interventions are aligned with the P&B, SPF and the DWCPs;
- Assess whether the interventions are aligned with ILO relevant Conventions and the ILO Recommendation on HIV and AIDS in the workplace, 2010 (no.200);
- Assess the progress made to, promote knowledge dissemination, design a sustainability strategy and manage risks
- Any gender-based needs and concerns of women and men targeted by the programme should be considered throughout the evaluation process and integrated throughout the final evaluation report.
- Where possible, a sample of the beneficiaries should be interviewed to determine their views on impacts of interventions.
- Assess the impact orientation of activities and measurable results to date.
- Assess how the project has leveraged other funds at the country level

The key evaluation clients will be:

- Norway as donor of the project
- ILO as executor of the project
- Project management and staff

**4. Scope**
The Norway funded project has a budget of USD 2,000,000.Euro and is directly linked with P&B outcome 8 and indicators 8.1 and 8.2.

Following ILO evaluation requirements, the evaluation will be based on the Development Assistance Committee (DAC) criteria of relevance, efficiency, effectiveness and evidence of impact and sustainability through contributions of ILO support. The evaluation will identify how donor funding contributes to the achievement of the selected CPOs and how these CPOs contribute to the achievement of P&B outcome indicators.

**5. Evaluation Methodology**
The end of project independent evaluation will combine a desk review of relevant project documentation, to obtain an overview of the activities supported in terms their contribution to the ILO P&B and CPOs, ;briefings at ILO Geneva;  a study visit tosix six countries; and compilation of information on progress in other countries through other methods (phone interviews, questionnaires).

Key  questions to be posed to all relevant country offices will be prepared by the independent evaluator and once agreed with the evaluation team, a questionnaire will  be prepared and sent out to key programme staff, to be combined with telephone interviews if felt appropriate.  This will be established in the evaluation inception report.

The evaluator would then undertake a study visit to the six selected countries to conduct the field evaluation mission to gather country level case studies and a review of partner organizations.

The evaluator will submit a draft report which will be circulated for comments to all relevant stakeholders, comments that will be consolidated by the Evaluation Manager. Furthermore, an evaluation workshop will be held in the ILO HQ as a means for the independent evaluator to present draft findings, conclusions and recommendations and obtain feedback on these. Apart from the relevant HQ staff, a group of relevant stakeholders from the different regions will be invited to attend the workshop.

A final evaluation report will be submitted by March 31st 2014.

Evaluation criteria and questions
All aspects of this evaluation shall be guided by the ILO evaluation policy which adheres to the OECD/DAC Principles and the UNEG norms and standards. The evaluation will be based on the OECD/DAC criteria of relevance, efficiency, effectiveness and evidence of impact and sustainability through the analysis of the project implementation and outputs.

|  |  |
|---|---|
| • **Relevance:** To what extent is the design of the ILO project relevant to the strategy outlined in the CPOs and P&B for Outcomes it aims to support (see table 1), and for the achievement of the Global product and CPOs it aims to support? | • **Coherence:** To what extent are the various activities in the project's implementation strategy coherent and complementary (in its design and implementation) with regard to the vertical and horizontal elements of P&B Outcomes which the project supports? |
| • **Effectiveness:** Have the project outputs effective in supporting the achievement of the CPOs, and Strategic Outcomes listed in Table 1. | • **Efficiency:** To what extent are the project's resources (technical and financial) are being used efficiently? |
| • **Impact:** To what extent have the project's actions produce immediate and midterm impacts towards achievements of CPOs and P&B outcomes it aims to support? | • **Sustainability** Does the project have an implementation strategy that involves tripartite constituents and development partners to establish synergies that could enhance impacts and sustainability? |

Through these criteria the evaluation should aim to identify how the project has contributed to the achievement of the selected four project outcomes and through these to the ILO SPF Outcome 8 and indicators 8.1, 8.2 and the two Global Products.

The key questions to be addressed by this evaluation concern:
- How the project has contributed to achieving progress towards the selected outcomes and outputs, in line with the indicators listed in the log frame.
- How the interventions reach out to the target groups, addressing their problems and part of a wider poverty reduction strategy
- How effectively gender equality has been mainstreamed in the project implementation.
- How the project has been able to leverage resources from other sources in order to obtain the objectives.
- How the current efforts build on previous experience (other projects or regions, previous phases funded by the donor), and/or the synergies realized with other ILO interventions and sources of funding (i.e. RB, RBTC, XBTC, RBSA).
- The effectiveness, efficiency, impact orientation and sustainability of HIV/AIDS interventions
- How effective has the project been in ensuring sustainability, in particular by ensuring ownership among national ILO constituents.

- The extent to which results-based management is being used with examples of impact on the ground as a result of i) using the global products, (ii) interventions, and (iii) training.

**Analytical framework**

In analysing the evaluation data compiled, and drawing conclusions about the relevance and strategic fit of the projects, as well as the validity of their design, impact orientation and sustainability, the following questions should be addressed, in the framework of the project documents; and against the backdrop of the objectives described in ILO Decent Work Agenda and Country Programmes, and Programme and Budget; and the provisions of ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200).

**Knowledge development initiatives:**
- To what extent has the Global Product GLO403 be successful in assessing what works in HIV/AIDS workplace interventions.
- To what extent has the work on the Global Product GLO404 increased knowledge on the effect of social protection schemes on informal sector workforce including PLHIV households.
- 

**Advocacy and Technical Advisory Services**
- To what extent is there evidence that there is an increased understanding among ILO constituents in the participating countries, through advocacy initiatives and technical advice regarding legislation and policies on HIV/AIDS in the workplace? Give examples.
- To what extent has the project created a dialogue between ILO constituents and organisations representing PLHIV and has allowed a platform for the PLHIV and their organizations to be heard by ILO constituents?
- To what extent has the project contributed to increased awareness of the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200*).* If possible, examples should be given in respects of this.
- To what extent have employers' organizations been encouraged and supported to promote among their members the notion of HIV/AIDS in the workplace? How many have implemented workplace programmes and changed practices?
- To what extent have workers' organizations been encouraged and supported to extend their work to protect persons living with HIV/AIDS? How many have changed practices and what are some examples?
- To what extent has civil society, in particular organisations representing PLHIV has been engaged in action to promote understanding of HIV/AIDS in the workplace? How many have taken actions and provide examples.

**Capacity Building**
- To what extent have ILO constituents' capacity to develop and implement effective legislation and policies concerning HIV/AIDS in the workplace been enhanced through project initiatives? What changes are to be observed?
- To what extent have the organizations of PLHIV been able to build their capacities to promote the rights of PLHIV and to dialogue with labour market institutions?

## 6. Main outputs/deliverables of the evaluation
The evaluation process will yield the following outputs:

- An inception report with an agreed evaluation design.
- A draft report, to be circulated to ILO for comments and which will be the basis for an evaluation workshop.

- A final report including recommendation and incorporating comments of ILO to be submitted by the end of March 2014
- An evaluation summary according to the ILO template provided

## 7. Management arrangements

The evaluation will be managed by an ILO staff member who has not been involved in the design or implementation of the project. The person selected must meet the independence criteria set forth in the ILO's Policy Guidelines for results-based evaluation. An officer of the ILO's Gender, Equality and Diversity branch, has been selected for this purpose.

All contacts with the independent evaluator are done by the evaluation manager.

The evaluation will be undertaken by an international evaluation consultant, who will be responsible for the timely submission of deliverables, including the final evaluation report which should comply with ILO evaluation policy guidelines. The consultant is expected to be familiar with issues relating to HIV/AIDS in the workplace.

## 8. Proposed timeframe and work plan

The total duration of the evaluation process from the desk review to the submission of the final report should be for a three-month period. Contract from 15 December to 31 March 2014. It is proposed that desk review will take place in early-mid January 2014 and that field work will take place in early-mid February, with a draft report available by the end of February 2014 and a full report by end March 2014.

The evaluation consultant will be engaged for 60 working days of which 15 days will be dedicated to conducting visits to ILO Geneva and to the six project countries. The ILO will purchase the ticket separately and the DSA will be included in the contract.

Total amount of the contract: 40,000 USD and the payment will be made as follow:

The first payment of USD 10,000 will be made to cover DSA costs on signature of the contract.

The second payment of USD 15,000 will be paid upon satisfactory submission of the draft of the report on 28 February 2014.

The final payment of USD 15,000 will be made upon completion of the work (31 March 2014) and after presentation of incurred expenses such as boarding passes and hotel invoices. The final payment may be subject to adjustment based on invoices submitted.

The independent evaluator has to have her/his own travel and health insurance because the ILO would not be liable for this under any circumstances.

| Phase | Responsible Person | Tasks | Timeframe |
|---|---|---|---|
| I | Evaluation Manager -Gender, Equality and Diversity | - Draft, circulate, revise and finalize TORs<br>- Recruit external consultant | December 2014 |
| II | Evaluation Consultant, Gender, Equality and Diversity | - Telephone briefing<br>- Desk Review of thematic programme related documents<br>- Consultations with ILO staff and key partners<br>- Inception report with Evaluation questionnaire based on desk review and consultations | First half of January 2014 |

| III | Evaluation consultant with logistical support by field offices | - Circulation of evaluation questionnaire to project staff and national partners in different countries, to gather feedback.<br>- Field visits to intervention sites in HQ and selected countries<br>- Consultations with national partners | First half of February 2014 |
|-----|-----|-----|-----|
| IV | Evaluation consultant | - Draft report based on consultations from field visits, desk review and responses to questionnaire survey | End of February 2014 |
| V | Gender, Equality and Diversity | - Circulate draft report to key stakeholders<br>- Convene evaluation workshop<br>- Consolidate comments of stakeholders and send to evaluator | First half of March 2014 |
| VI | Evaluation consultant | - Submission of final report including explanations on why comments were not included | March 31 2014 |