

Internal Final Evaluation Report

On

**Pacific Island Workplaces Combating
HIV/AIDS**

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Executive Summary

In mainstreaming HIV prevention, beyond the health sector, into the structure of society, to respond to the broad development challenges of the epidemic, the world of work, or the **Workplace**, has been recognized as an important locale within which to implement a response to the epidemic.

The workplace is important because it replicates the existing and prevailing societal values, norms and prejudices. However, the workplace also provides a context in, and avenue through, which new knowledge and values can be introduced and shared, and from there to reach the family, and the community

The International Labour Organization (ILO), World Health Organization (WHO), and Joint United Nations Program on HIV and AIDS (UNAIDS) provide comprehensive frameworks to guide national action in HIV and the Workplace. Some of these are stand alone, while others can be integrated into existing workplace and occupational health and safety policies for the protection of workers. The relevance of any of these is the extent to which it assists in facilitating access to appropriate HIV prevention, treatment, care and support services for workers and their families, and create an enabling working environment for all.

With the exception of Papua New Guinea, with HIV prevalence of 0.83, and over 30,000 People Living with HIV, the other Pacific island countries (PICs) have low prevalence of HIV and low numbers of people living with AIDS. Treatment for HIV is available in all countries through the combined support from the Global Fund and other development partners. Of primary concern, however, is the high prevalence and incidence of other Sexually Transmitted Infections (STIs) and still higher prevalence of these among the youth and the demographically productive age population that is 15-45 years.

Over the past decades there have been sustained regional and national efforts to respond to, and address, the challenges of HIV in the region. The most recent is articulated in the second Pacific Regional STI and HIV Strategy and its plan, 'The Pacific Regional Strategy Implementation Plan 2009-2013 (PRSP II).' The goal of the strategy is 'to reduce the spread and impact of HIV and other STIs while supporting people infected and affected by HIV in the Pacific communities.'

The deep-seated stigma and discrimination associated with, and experienced by, PLHIV in the PICs can be understood against the background of factors that are both external and internal to the region. These are religion and cultural traditions.

All development partners share the vision of an HIV free Pacific environment where PLHIV are embraced and the epidemic halted, as articulated by Pacific Island country leaders. This vision, together with its own mandate regarding the World of Work, informed the decision by the International Labour Organization (ILO), in Fiji, to take up the challenge to address HIV at the workplace in the PICTs. This complements the work of other UN Agencies

and development partners. It is also in alignment with the HIV prevention objectives of the Pacific Regional Strategy on STIs and HIV/AIDS 2009-13 and the accompanying Plan, PRISP II.

In Fiji and Papua New Guinea, the two countries selected for the field work for this Evaluation, specific HIV and AIDS HIV legislations, *The HIV and AIDS Management and Prevention Act, 2003* (HAMP, Act (in PNG) and *The HIV and AIDS Decree, 2010 (amended in 2011) in Fiji* provide for, and protects, the rights of people living with HIV against stigma and discrimination. Antecedent to the HIV Decree, 2011 in Fiji were the Employment Relations Promulgation of 2007 and the National Code of Practice for HIV and AIDS in the Workplace in 2008. In Papua New Guinea, following the HAMP Act, there had also been efforts to implement HIV and the Workplace legislations. All these constitute the national arsenal in combating HIV and AIDS at the workplace. Occupational Health and Safety and other Industrial Relations legislations also cover the workplace in the other PICs.

With its known array of international instruments, such as the framework and guidelines on HIV at the workplace, the Code of Practice, the Decent Work Country Programs and the Recommendation 200, the ILO has the comparative advantage over other international agencies, to engage with the World of Work. The ILO also engages at the tripartite level with a view to using 'the workplace as a catalyst to prevent the spread of HIV and reduce its devastating sigma.' The overriding purpose in this is to ensure better life for 'workers who are also bread-winners of families, builders of communities, contributors to enterprise and economies.' The division of labour for the ILO, as provided in the 2008-2012 United Nations Development Assistance Fund (UNDAF) of the Pacific UN Team, underlines the broad parameters of its engagement.

The ILO project was anchored to two thematic areas of the PRISP II log frame. These are:

1. Prevention

With a goal of intervention and continuing work at a higher level of member states tripartite partnership to develop a National Code of Practice for HIV in each member state, and at the lower level to ensure the implementation of HIV prevention, care and support programme where workplace policies have already been implemented, while assisting others to finalize and implement their draft policies.

2. Leadership and Enabling environment

With a goal to engage with specific industry sectors such as Migrant workers, Seafarers, Port Workers, OSH Inspectors, Human Resource Managers, Youth and Women's Wing of the Trade Unions, Hotel workers and Police to encourage the formulation of their policies. It is also to address critical issues such a discrimination, confidentiality, social security and care and support.

The objectives of the project under evaluation are twofold. These are:

1. To improve the lives of working women and men from the discrimination and stigma associated with HIV and AIDS epidemic through the establishment of effective national and workplace policies and programmes on HIV.
2. To have these working women and men change their behaviours and attitudes and, overtime, influence their communities, churches and villages especially unemployed youths and women and people with disabilities and benefitting their families.

Recognizing the critical issue of gender inequalities in the PICs, and the power imbalances and discrimination it can lead to at the workplace, the Project also ensures the mainstreaming of gender in all prospective Workplace HIV policies.

The eight PICs selected for project implementation are: Fiji, Kiribati, Marshall Islands, Papua New Guinea, Tuvalu, Samoa, Solomon Islands and Vanuatu.

Methodology

Following the results based approach suggested by the Terms of Reference; qualitative methods with its tools of Key Informants interviews and Focus Group were used. Reports and other project related documents were also examined and site visits were undertaken in the two countries. In addition there were also briefings by the Head of the ILO Country office in Suva and the Project Coordinator. For the other six countries that were not visited questions were prepared and sent to their representatives.

Funding and managing the Project

Funding for the project was sourced from the Pacific Island HIV and STI Response Fund 2009-2013. Otherwise known as the Response fund, it is a multi-donor funding mechanism designed to support the implementation of national and regional HIV and STI strategic plans and activities that have been identified in the PRSP II. Application for the funding for the ILO project was made under funding Stream 5. This provides for regional, and international technical assistance organizations or agencies to implementation high priority activities in PRSP II, and contributes to the outputs and outcomes as provided in the log frame. A total of US\$ 450,000 to cover project activities and targets between October 2011 and August 2013 was applied for. A letter of Agreement between the SPC and ILO was signed in February 2012 and the funds were made available in June 2012. This was due to delay in negotiating the terms of the funding. An understanding was reached to provide two tranches of the funds and work on the Project began.

Findings

The Project was designed primarily for service delivery to identified clients and beneficiaries. Due to the delay in negotiating the funding, the initial Project was redesigned to accommodate the lost time with a focus on three main sectors. These are Maritime, Hotel and the Correction Services.

Overall the evaluation found the redesigning of project to be valid for the task and successful in its execution. It met all the required targets at the output level though limited in achieving outcome level targets. There were nevertheless significant gaps in the Project design especially in the baseline study.

The collaboration between the Grant Management Unit (GMU) of the Secretariat of Pacific Community (SPC), as the manager of the funds and the ILO Program Officer in the overall management of the project was found by the Evaluation to be effective. Evidence of this is provided by the mutual recognition of time spent in negotiating differential organizational (SPC and ILO) financial/budgetary platforms and the necessary adjustments that was agreed on for the project to proceed. Additionally the continuous engagement between the Project Coordinator and the GMU through emails and feedback on reports guided the progress of the project.

Project output and outcome achievements

Measured against the agreed targets in the Project logframe, the Project was successful. It achieved output targets beyond the key sectors identified for service delivery. By the end of the project life, a total of 35 HIV Workplace Policies had been drafted across the seven countries.

In all eight countries both National and Enterprise level targets were reached and a total of 563 individuals from the key and other sectors were trained through 17 training workshops in 2013.

As outcome level achievements, four HIV Workplace Policies have been accepted and launched, and an Employment award has also been granted. The three workplace policies accepted and signed are in Fiji and the organizations are: the Fiji Correction Services, The Fiji Trade Union Congress, and the Warwick Hotel. The Employment Award was achieved in Papua New Guinea.

The expected outcome of behaviour change by trained participants and their onward influence in their respective communities to change the behaviour of their families and communities was not evaluated. This outcome is seen by the Evaluation as unattainable within the short time between the delivery of information and the Evaluation. Behaviour changes take a longer time to achieve.

Project relevance and sustainability

While OSH and other Employment related legislations cover general health and safety at the workplace as part of Decent Work conditions, informant interviews were clear that attendant HIV prevention issues such as stigma and discrimination are not fully covered elsewhere. It is this clarity, which attracted the Tripartite Partners, gave the Project its relevance, and will sustain it.

The major achievement of the Project is that without it, HIV would not have been addressed as a workplace issue. This means needless fears about HIV would have led to sustained stigma and discrimination of those infected and

affected. It would also have led to termination of suspected or known HIV positive workers.

RECOMMENDATIONS

1. Funding needs to be sought by the ILO Country Office, Suva, to maintain the support to the Papua New Guinea Development Law Association (PNGDLA) to continue with the court case of the termination of a HIV positive employee (WALO VS TELEKOM) in PNG. The verdict will be of significance to HIV and the World of Work in Pacific Island countries.
2. Technical Assistance needs to be provided by the ILO Country Office, Suva, to support the implementation of the HIV Workplace Policies that have been signed on and launched.
3. Further training of Provincial Labour Officers in PNG and the new OSH Officer at the Fiji Ministry of Labour and Industrial Relations is necessary to sustain the HIV Workplace Policy in the country. Recalling that PNG has twenty-two Provinces each with a Provincial Labour Officer with responsibility to engage with enterprise and provide guidance, ILO can collaborate with the National AIDS Council in PNG and the Department of Labour and Industrial Relations to plan and execute this training.
4. The ILO Country Office Suva should seek to provide technical assistance for vetting the draft HIV policies that the Project had assisted.
5. The ILO Country Office, Suva should seek to provide technical assistance and collaborate with other UN agencies in PNG especially UNAIDS to undertake an auditing and documentation of all the existing HIV and Workplace Policies in PNG to ensure coherence of services.
6. Gender relations at the workplace do not seem to have had much traction in the training workshops. Further and more intensive training in gender relations at the Workplace is needed. ILO Country Office, Suva should collaborate with the relevant UN agencies and Civil society organizations to provide this training.

LESSONS LEARNED

The Evaluation process provided the opportunity to examine relevant documents and engage with participants of the workshops as Key informants. There had also been continuing engagement with the ILO Project Coordinator over the period of the Evaluation. These, together with an understanding of HIV prevention in the Pacific Island countries and territories, provide the basis for the lessons learned as noted below:

1. The first lesson is the need for a robust and documented baseline study to precede any project of this kind. This will provide broad knowledge of what information and programmes are available that can be of value to the Project.
2. The second lesson is that projects of this nature always need to be initiated early and allowed to run its actual course. It is apparent that the rush to start the project and its abrupt ending did not complement the

extent to which this project was embraced by both National and Enterprise level representatives and participants of the workshop.

3. The third lesson is, always engage with the key national entities with responsibility for the national response to the epidemic when addressing any aspect of HIV prevention; here the National AIDS Councils or Committees. More would have been gained, especially in PNG, if the Project had engaged initially with the National AIDS Council.
4. The fourth lesson relates to the enthusiasm with which workers' Unions responded to the HIV training and the concern with health issues that they demonstrated. This begs the important question of what to do and how to approach other health issues of relevance to productivity in the workplace.

It also augurs well for other health issues that do affect productivity to be addressed at the workplace through perhaps piloting an experiment with "Health and wellbeing for productivity" with two or three PICs from which lessons can be learnt.

Evidence of the prevalence of non-communicable diseases in the PICs exist and continue to be the concern of development partners as well as the SPC. While school programmes target youth at an early age, targeting the workplace could be considered.

5. The fifth lesson has to do with HIV awareness and behaviour change communication. Enthusiasm and awareness created at workshops do not always have a longer life. To sustain any gains within the short life of this project effort must be made to maintain contact with the respective organizations and ensure that relevant support is provided.

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
DLIR	Department of Labour and Industrial Relations
FJN +	Fiji Organization of People Living with HIV
FTUC	Fiji Trade Union Congress
GMU	Grant Management Unit
HAMP	HIV and AIDS Management and Prevention Act
HIV	Human Immunodeficiency Virus
ILO	International Labour Organization
OSH	Organizational Health and Safety

PLHIV People Living with HIV

PNG Papua New Guinea

PNGDLA Papua New Guinea Development Law Association

SPC Secretariat of Pacific Community

STI Sexually Transmitted Infections

UN United Nations

UNAIDS Joint United Nations Programme on HIV and AIDS

UNDAF United Nations Development Assistance Fund

PART ONE:

1.0 Introduction: HIV and AIDS and the Workplace

1.1 The World of Work and HIV

In mainstreaming HIV prevention, beyond the health sector, into the structure of society, the World of Work, or the **Workplace**, has been recognized as an important locale within which to implement a response to the epidemic. The primary reason is to ensure the health of workers, as wage earners for families, and contributors to national **productivity** and the rights of workers from unlawful dismissal based on HIV status. Other reasons include the creation of an enabling working environment that is free of stigma and discrimination of those infected and affected by HIV and the promotion of gender equality.

The workplace is important because it replicates existing and prevailing societal values, norms and prejudices; not only in the perception of disease such as HIV but also those associated with gender and gender relations. However, the workplace also provides a viable context in, and avenue through, which new knowledge and values can be introduced, shared, to reach the family, peers and the community.

Efforts in providing for the health and protection of workers are primarily national and enterprise based. However they are supported by international codes of practice and guidelines developed by the combined efforts of the International Labour Organization (ILO), World Health Organization (WHO), and Joint United Nations Program on HIV and AIDS (UNAIDS).¹ Some of these are stand alone, while others can be integrated into existing workplace and occupational safety and health policies for the protection of workers. The important aspect of any of these is the extent to which it assists in facilitating access to appropriate HIV prevention, treatment, care and support services for workers and their families,² and create an enabling working environment.

1.2 Context

With the exception of Papua New Guinea, which has an HIV prevalence of 0.83³, and over thirty thousand people living with HIV, the other Pacific island countries (PICs) have low prevalence of HIV and low numbers of people living with AIDS.⁴ Treatment is available in all countries through the combined support from the Global Fund and other development partners. Of primary concern, however, is the high prevalence and incidence of other Sexually Transmitted Infections (STIs) and still higher prevalence of these among the

¹ ILO Code of Practice on HIV and AIDS and the World of Work. ILO, Geneva, 2000. Also see The Joint WHO-ILO-UNAIDS policy guidelines on health and improving access to services HIV/AIDS, 2005

² See ILO Recommendation 200, Mr. Juan Somavia.

³ See PNG Global AIDS Report, 2012 also PNG National Estimation Report, National AIDS Council, 2012

⁴ SPC/CPS ' HIV Surveillance in Pacific Island Countries and Territories, 2012 Report

youth and the demographically productive age population, which is 15-45 years. With STIs as known markers of potential HIV transmission, and the absence of widespread HIV counseling and testing, the potential for an upward trend in HIV transmission and prevalence is real. This is already noticed in the Fiji situation. Added to this, is the prevalence of other HIV and STI transmission risk factors. These include low condom use, alcohol and drug use and multiple sexual partnerships. At the same time high levels of mobility and intense stigma and discrimination of PLHIV in the PICs render people vulnerable to HIV infection. Stigma and discrimination, particularly, in the Pacific Island countries, is influenced by a combination of religious and traditional beliefs and values.

1.3 Responding to the HIV epidemic in the Pacific

Over the past decades there have been sustained regional and national efforts to respond to, and address, the challenges of HIV in the region. The most recent regional effort is articulated in the second Pacific Regional STI and HIV Strategy and its plan, 'The Pacific Regional Strategy Implementation Plan 2009-2013 (PRSP II).' The goal of the Strategy is 'to reduce the spread and impact of HIV and other STIs while supporting people infected and affected by HIV in the Pacific communities.' And its purpose is to coordinate the response at the regional level, mobilize resources, and increase the capacity in the region for a sustain response to the epidemic. Most importantly, it is also to 'assist the PICs in achieving and reporting on their national and international targets in response to HIV particularly the Millennium Development Goals (MDGs), United Nations General Special Assembly on HIV and AIDS (UNGASS) commitments and Universal Access (UA) to HIV prevention, treatment, care and support.'⁵

Among other issues that inform the Strategy is the demographic dynamics of HIV prevalence and its potential impact on the adult life expectancy.⁶ The HIV prevention objectives and corresponding activities identified in the Regional Strategy are also captured in the current National HIV and other STI Strategic Plans (NSP) of the Pacific Island Countries. In each of the NSPs these concerns are expressed and strategies are presented to respond to the challenges. These challenges include unsafe sex and high STIs among the productive age group, stigma and discrimination of PLHIV, lack of accurate knowledge of HIV prevention and personal risks of infection. There is also noted in almost all the NSPs, the role of leaders, from all sectors, in addressing the traditional and religious beliefs and practice that impact of HIV transmission.

5 Pacific Regional Strategy on HIV and other STIs for 2009-2013, p4, Secretariat of the Pacific Community

⁶ *ibid.*

1.4 The challenge of stigma and discrimination in the Pacific Island Countries

The deep-seated stigma and discrimination associated with, and experienced by, PLHV in the PICs can be understood against the background of factors that are both external and internal to the region. The external factors relate to the earlier designation of HIV as a deadly and incurable disease and its association with homosexual practice, commercial sex and multiple sexual partnerships as the primary routes of transmission.

Within the PICs, these external factors found fertile ground, and intensified, in cultures and religions with strong moralization on sex and sexuality, condemnation of homosexuality (inspite of its traditional acceptance in some of the cultures) and abhorrence of commercial sex. Being infected with HIV is then associated with immoral behaviour. PLHIV are then seen as people not to be associated with because of their disease situation and deviant sexual behaviour.⁷ These cultural/religious definitions and attitudes are strengthened in legal provisions in the PICs that make homosexuality (with the exception of consenting adults as in the ex-French colonies) and prostitution criminal offences.⁸

The Leadership of the churches in the PICs has continued to be vocal on the immorality, and sin, of pre-marital sexual practice, commercial sex and homosexuality. To date there are not many other secular leaders who have challenged tradition and the church leadership and advocate for changes in the law. This has contributed to sustain the intense stigma and discrimination of PLHIV as sinners and immoral. While the laws themselves are not robustly enforced,⁹ they have nevertheless permeated and influenced every aspect of social life in the PICs and led to the perception of homosexual practice as criminal.

1.5 The issue of gender in Pacific Island countries

Similar to the factors that have influenced the intense stigma and discrimination surrounding HIV and AIDS are those that have embedded gender inequalities within Pacific cultures. The fusion of Christian and other religions and traditional cultural values in socialization processes in the PICs,¹⁰ have helped to sustain the depths of the subordinate position of women and informed the inequities that are currently prevalent. The attendant gender-based, intimate partner and sexual violence are the consequences of this subordination. The economic dependence of many women and the lack of control of resources tend to 'disempower women to complain or escape from

⁷ These issues came out clearly in recent interviews with church leaders and others by the author.

⁸ Josephine Cooper, 'An Overview of the Legal Environments for the HIV Response in Participating Countries,' April 2013. Prostitution is used here as it is in the legal documents and laws. The author is aware of the more contemporary designation of Commercial sex.

⁹ Ryan Goodman, 'Beyond the Enforcement Principle: Sodomy Laws, Social Norms and Social Panoptics.' California Law Review, Vol 89, Issue 3 (Introduction)

¹⁰ Plange, Nii-K 'Overview Report on Child protection practices in Fiji, Samoa and Vanuatu with contributions from country reports" University of the South Pacific, 2002

violence’¹¹ and lead to poverty, for some.¹² There are however differences of the extent of gender based violence and discrimination among the PICs.

Over the past two decades or so there had been, and continue to be, demonstrable efforts in the region, and within countries, to address these situations through legal reforms, advocacy and activism on the ground. In these the work of the Women Crisis Center in Fiji, the Vanuatu Women’s Center and the Family and Sexual Violence Action Committee in Papua New Guinea are examples.

1.6 Stigma and Discrimination and gender relations at the Workplace in the PICs

The World of Work in the Pacific Islands countries varies in terms of these deep-seated gender relations, fear of HIV, and stigma and discrimination of PLHIV. In Fiji and Vanuatu, for example, there have been instances of termination of workers on the basis of their HIV status though ostensibly for poor performance¹³.

In Papua New Guinea, the Workers’ Unions have expressed concerns to government as workers are dismissed upon the discovery or suspicion of their HIV status. In the private sector, termination of suspected PLHIV remains common.¹⁴ In other situations, employers have demanded compulsory HIV test results, as the condition of employment, while recruitment panels screen others discreetly. With prospective employees sometimes unaware of their rights, and protection under the law,¹⁵ these practices have continued. And the provisions in the existing Occupational Safety and Health legislations are clear to respond to the ‘situations’ created by HIV infection.

Gender relations at the workplace also tend to replicate the dominant social values that subordinate women many of whom have men as their supervisors.¹⁶ Sexual harassment either direct or indirect remains rampant. In Fiji there is evidence of sexual harassment at the workplace.¹⁷ A survey reported that one in three women respondents have been sexually harassed

¹¹ ‘Violence against women in Melanesia and East Timor: Building on Global and Regional Promises.’ Australian Government/ AusAID, Office of Development Effectiveness, 2008. Also see Griffen, V ‘gender relations in pacific cultures and their impact on development of children’ Paper prepared for Seminar on Pacific Children’s Rights, Oct 30,2006

¹² Plange, Nii-K (initial drafting) ‘Integrating Poverty and Gender into Health Programmes: A source book for Health professionals.’ WPRO, WHO.2006

¹³ See ILO Project Document ‘Pacific Island Workplace Combating HIV and AIDS

¹⁴ Authors knowledge of the PNG situation and personally receiving complaints from dismissed workers.2003-2009

¹⁵ For example see report on HIV Stigma Index in five Provinces in Papua New Guinea. Igat Hope Inc., PNG 2012. Some PLHIVs who were screened appeared unaware of the existence of the HIV/AIDS Management and Prevention Act, 2003 of PNG.

¹⁶ Plange, Nii-K, Report on Women Workers Response to the Amendment of Section 65 Cap.92 of the Employment Act, Fiji. 1993

¹⁷ Conversation with the General Manager of Business Coalition on HIV and AIDS, Fiji (BAHA, Fiji), Ms. Alison Cupit, Sept 10.2013

at work¹⁸ while in Papua New Guinea ‘sexual harassment is a major barrier for women in the world of work.’¹⁹

PART TWO

2.0: Combating HIV and AIDS at the World of Work

2.1 Ensuring Workers health and rights: Combating HIV and AIDS at Workplace in the PICTs

The vision of an HIV free Pacific environment where PLHIV are embraced and the epidemic is halted, as articulated by Pacific Island country leaders, is shared by all development partners. This shared vision, together with its own mandate regarding the world of work, influenced the decision by the International Labour Organization (ILO) in Fiji to address HIV at the workplace in the PICs. This is also in coherence with the ILO's own efforts in HIV and AIDS and the World of Work as provided by the principles of the Recommendation 200. In the region the ILO decision to address HIV and AIDS through the Workplace also complements the work of other UN Agencies such as the UNDP and UNAIDS.²⁰ Both have implemented projects with focus on HIV related issues such as leadership, gender equality and stigma and discrimination. More importantly the ILO initiative is also in alignment with the HIV prevention issues noted in the Pacific Regional Strategy on STIs and HIV/AIDS and the accompanying Plan, PRSIP II. Within each PIC, the ILO effort is also aligned with the strategies for HIV prevention in the respective National HIV and STIs Strategic Plan 2000-2016.

In Fiji and Papua New Guinea, the two countries selected for the field work for this evaluation, specific HIV and AIDS legislations, *The HIV and AIDS Management and Prevention Act, 2003* (HAMP, Act) in PNG and *The HIV and AIDS Decree, 2010 (amended in 2011) in Fiji* provide for, and protect, the rights of people living with HIV against stigma and discrimination including at the workplace. Antecedent to the HIV Decree, 2011 in Fiji were the Employment Relations Promulgation of 2007 and the National Code of Practice for HIV and AIDS in the Workplace in 2008. These constituted the national arsenal in combating HIV and AIDS at the workplace. In PNG under the protection of the HAMP Act, 2003 a strong association of PLHIV, Igat Hope, Inc. had emerged, and grown with time, to advocate for the rights of PLHIV as provided by the HAMP Act and, by 2012, was placing PLHIV at

¹⁸ Fiji Country Report for Violence Against women in Melanesia and East Timor: Building on Global and Regional Promising Approaches, 2006, AusAID, Australian Government.

¹⁹ Say No: Unite. Training in Elimination of Sexual Harassment at the Workplace in PNG, November, 2012 (ILO)

²⁰ The Joint work of UNAIDS/UNICEF/UNDP in addressing Leadership among the youth and church Leaders in the Pacific Island Countries. There is also the work on leadership by the Pacific Youth Council sponsored by AusAID. (Also funded under RF allocation to UNAIDS TLDP). Also the ongoing efforts in addressing stigma and discrimination through review of the law and other relevant Acts by the Pacific Regional Rights Resource Team (RRRT) of the Secretariat of the Pacific Community.

Voluntary Confidential Counseling and Treatment (VCCT) sites and health clinics.

In the other countries national HIV and AIDS committees exist with responsibility to coordinate the implementation of strategies for HIV prevention. Within the past few years each country has been assisted by the Pacific Regional Rights Resources Team (RRRT) of the Secretariat of Pacific Community to review its national laws to protect the rights of PLHIV and address stigma and discrimination.²¹

With the array of international products and instruments, such as the framework and guidelines on HIV at the workplace mentioned above, the Code of Practice, the Decent Work Country Programmes, and the ILO Recommendation 200, the ILO has the comparative advantage over other international agencies in engaging the world of work. The implementations of the principles of these instruments have gained traction in the PICs and underline the ILO's ongoing work with the Tripartite at country level. To engage 'the workplace as a catalyst to prevent the spread of HIV and reduce its devastating sigma' is thus a continuation of the ILO's work. And the objective is to ensure better life for 'workers who are also bread-winners of families, builders of communities, contributors to enterprise and economies.'²² The broad parameters of this engagement are underlined by the division of labour assigned to the ILO in the United Nations Development Assistance Fund (UNDAF) 2008-2012 of the UN Country Team.²³

The ILO Project to combat HIV at the workplace was planned for implementation in eight selected PICs and was seen as part of the Decent Work Country Programmes. As part of the PRSP it was anchored to two thematic areas of the PRSP II log frame and under code 4.2.2.4 these are:

1. Prevention

With a goal of intervention and continuing work at a higher level of member states tripartite partnership to develop a National Code of Practice for HIV in each member state, and at the lower level to ensure the implementation of HIV prevention, care and support programme where workplace policies have already been implemented while assisting others to finalize and implement their draft policies.

2. Leadership and Enabling environment

With a goal to engage with new organizations and specific industry sectors such as Migrant workers, Seafarers, Port Workers, OSH Inspectors, Human Resource Managers, Youth and Women's Wing of the Trade Unions, Hotel workers and Police to encourage the formulation of their

²¹ Josephine Cooper, Overview of the legal Environments for the HIV response of the Participating Countries: A desk Review, 2013.

²² See ILO project Document for the 'Second Pacific Regional Strategy on HIV and other Sexually transmitted Infections Implementation Plan, 2009-2013 (PRSP II),' p1.

²³ UN Country Teams of Samoa and Fiji, UNDAF, 2008-2012. UN Pacific Office Suva.

policies. And also address critical issues such as discrimination, confidentiality, social security and care and support.

The key activities to address these objectives under the PRSIP Log frame code 4.2.2.4 are:

1. Training of Seafarers and Port workers in HIV prevention
2. Development and implementation of National Code of Practice on HIV and the Workplace
3. Training of Enterprise/organization Union workers on how to formulate Workplace policy
4. Country level consultations

The eight PICs are Fiji, Kiribati, Marshall Islands, Papua New Guinea, Samoa, Solomon Islands, Tuvalu and Vanuatu.

2.2 Objectives of the Project ‘Pacific Island Workplaces combating HIV and AIDS’

The objectives of the Project under evaluation are twofold.²⁴ These are:

1. To improve the lives of working women and men from the discrimination and stigma associated with HIV and AIDS epidemic through the establishment of effective national and workplace policies and programme on HIV.
2. To have these workingwomen and men change their behaviours and attitudes and overtime, influence their communities, churches and villages especially the unemployed youths and women and people with disabilities and benefitting their families.

Recognizing the critical issue of gender inequalities in the PICs and the power imbalances and discrimination it can lead, and has led, to at the workplace, the project also intended to ensure the mainstreaming of gender in all prospective Workplace HIV policies. The objective of this is to address the deep-seated gender inequalities and some of the attitudes of men that see women as subordinate.²⁵ In pursuit of these objectives the Project will engage at both the National and Enterprise levels with focus on key sectors such as maritime, hotel and the Correction Services.

2.3 Funding and managing the Project

Funding for the project was sourced from the Pacific Island HIV and Other STI Response Fund 2009-2013. Otherwise known as the Response Fund it is a multi-donor funding mechanism designed to support the implementation of national and regional HIV and STI strategic plans and activities that have been identified in the PRSP II. Application for the funding was made under funding Stream 5, which is to provide regional, and international technical

²⁴ See Project Document, *ibid*, p2

²⁵ Plange, Nii-K, ‘Men As Partners in Family Life and Reproductive Health.’ Prepared for UNFPA, 2000

assistance organizations or agencies for the implementation of high priority activities in PRSP II, and contribute to the outputs and outcomes as provided in the log frame. A total of US\$ 450,000 to cover project activities and targets between October 2011 and August 2013 was applied for and received. This was after protracted negotiations of almost two years. The negotiations were around issues such as the auditing of funds disbursed by SPC, the nuances of clauses in the Letter of Agreement that are not satisfactory to the ILO, and ownership of unused funds. Added to these was the departure of officers in charge of negotiations including the headship of the ILO Country Office in Suva. In the end, through the recognition of a shared responsibility to implement the project, an agreement was reached. Though much time had been spent in the negotiations, the Project came alive but with only a year for implementation as the PRSP Response Fund's life time was only till mid 2013. The Project was redesigned to take into consideration the 'wasted' time. This led to the reduction of its scope and a focus on three key sectors. The selection of the sectors was based on 'the epidemiological conditions and national priorities.' The sectors are,²⁶

1. Maritime: using workers as point of entry
2. Hotel: using Employers as entry points
3. Correction Service: as Government entry point

In real terms the Project was implemented between April 2012 and June 2013 with an extension of three months to September 2013 and finalization of the Evaluation in October 2013.

A letter of Agreement (LOA) between the Secretariat of Pacific Community and the ILO Country Office, Suva was signed on February 2nd 2012. It sets out the terms of the funding and the management requirements of the SPC as the Principal Recipient of the fund and the ILO as a sub-recipient. These include the form, conditions and tranches of disbursement, reporting periods (six monthly) and the specific role and responsibility of the Grant Management Unit (GMU) of The Secretariat of Pacific Community (SPC).²⁷ The Project funds were transmitted to the ILO on 5th June 2012 and the Project was launched on the 22nd of October 2012.

In support of the Project the GMU waived its requirement of 85% utilization of disbursed funds before another tranche was disbursed. It also decided on two main disbursements. These are as follows.

- U\$ 207,820.10 to cover activities for Q2-Q4 of 2012
- U\$ 230,348.90 to cover activities for Q1-Q2 of 2013.

Additionally the GMU collaborated with the Project Coordinator, to revise the previous log frame from the initially planned three years of activities and targets to what can be demonstrably achieved within a year to which the

²⁶ RF Grant Six-Monthly Progress Report: Period July-December, 2012

²⁷ See the Letter of Agreement between the Secretariat of the Pacific Community and the International Labour Organization for Implementation of the Pacific Regional Strategic Implementation Plan II. Project No. R01ILO01-Pacific Island Workplaces combating HIV/AIDS

funding was tied. To assist in the implementation the GMU also suggested the hiring of a temporary staff, as a Project Assistant.

The ILO Decent Work Team, Bangkok, that covers the Asia Pacific Region including its SAFEWORK and HIV specialists and the ILO Geneva technical unit on HIV, provided technical support to the ILO Country Office in Suva, Fiji.

All activities were under the direct responsibility of the designated officer in the ILO Country Office, Suva.

2.4 Purpose and scope of the Evaluation

Three key issues constitute the scope of the evaluation as provided in the Terms of Reference (Annex 1). These are:

1. To determine the extent and impact of *building the capacity* of ILO constituents in participating countries to establish effective *national and workplace level policies and programmes on HIV and AIDS* for working women and men whose lives are improved through responsive and responsible action towards stigma and discrimination associated with the HIV and AIDS epidemic.
2. To determine the extent of attitude and behaviour change in these working women and men over time who, in turn, are able to influence their communities, churches and villages especially the unemployed youth and women and people with disabilities and benefiting their families.
3. To determine the extent and impact of the ILO interventions in addressing gender discrimination and the promotion of safe workplaces in the Pacific/targeted PICs.

In addition the evaluation is also required to address the validity of the project design including the relevance, effectiveness, efficiency and sustainability as provided in the ILO evaluation guidelines. The broad outlines of these are provided in the Terms of Reference (Annex 1). As an action oriented implementation project lessons could be learned in the process. The evaluation is thus required to identify and explore good practices for future use.

Additionally the evaluation is to address the reasons behind the time lapse of the project and adverse impact on what would have been gained or lost, as well as recommendations for PR/SR to prevent such lapse in the future.

In line with the results based approach applied by the ILO, the evaluation is required to focus on identifying and analyzing results through addressing key questions related to the evaluation concerns and the achievement of immediate objectives of the project using data from the logical framework.

The Project log frame provides the two thematic areas of the PRSP II, and specific activities and outputs that can guide the evaluation. These are *HIV prevention* and *enabling environment*.

With the delays and changes in the initial logframe of activities, the evaluation focused, as per the Terms of Reference, on the period of about one year: that is, from the time the funds were received by the ILO (June 2012) to the end of the expanded designated time to end activities that is September 30, 2013.

The evaluation was required to be undertaken within a twenty day period, that is from 9-30 September, 2013.

2.5 Evaluation methodology

The Evaluation used qualitative methods of investigation and was driven by the results based approach. This meant addressing key questions that can lead to the identification of achievements of the immediate objectives at the output and outcome levels. The logic is to explore the linkages between input, output and outcome level achievements. This Evaluation methodology is consistent with outcome 4 in the PRSIP II Monitoring and Evaluation Framework. The tools that were used include:

1. Key Informant interviews

Individuals at both national and enterprise level were identified, with the assistance of the project coordinator, for interviewing. Series of questions were developed to *guide* the interviews and assist in maintaining focus and addressing strategic and relevant issues at both levels. These questions were based on both available project data and the understanding of the objectives and scope of the evaluation (Annex 2). The Key informant interviews also allowed coverage of broad areas of work experience and understanding of culture and disease especially HIV, the associated attitudes and its relation to the workplace

A set of questions was sent electronically to representatives of the countries that were not visited and given a week to respond. This was done with the assistance of the project coordinator and two reminders were sent to the recipients in course of the evaluation.

2. Focus Groups

Focus group was planned to be used where necessary and appropriate. Two focus groups were facilitated: one each in Fiji and Papua New Guinea. This allowed extensive discussions on the broad issues relating to attitudes to HIV and the Workplace, stigma and discrimination, gender relations. It also allowed few experiences to be brought out by some members, which were used as part of the discussions.

3. Literature/Document reviews

Projects related documents such as reports and draft HIV Workplace Policies were provided and examined.

4. Site visits

Site visits provide the chance to verify reports and notations in other documents. They also allow for conversations with relevant staff and

where necessary examination of other documents and reports. The site visits undertaken by the Evaluation in Fiji include:

1. Ministry of Labour, Industrial Relations and Employment
2. Ministry of Women, Welfare and Poverty Alleviation
3. Business Alliance for HIV and AIDS, (BAHA, Fiji)
4. Fiji Commerce and Employers Federation
5. Fiji Red Cross
6. Fiji Correction Services

For Papua New Guinea:

1. Ministry of Labour and Industrial Relations
2. Office of Occupational Safety and Health
3. Papua New Guinea Development Law Association
4. UNAIDS
5. PNG Trade Union Congress

5. Briefings and continuing dialogue

The Project Coordinator provided initial briefing on the Project and its trajectory up to the point of Evaluation. The Evaluation also benefitted from the initial briefing and the open door policy provided by the ILO Country Office Director in Suva.

Ready availability of, and access to, the Project Coordinator was utilized to explore issues as they emerged during the evaluation process. The Project Coordinator handled travel and logistics, as well as periodic changes in schedule.

6. Skype

The Grant Management Unit could not be visited. Skype facility was used for discussions on the funding arrangements. This covered the issues relating to the delay and negotiations for the funding and the collaboration with the Project Coordinator.

In the process of the design and execution of the evaluation standard evaluation norms and ethical safeguards were duly respected and followed.

2.6 Evaluation limitations

The major limitation of the Evaluation was in the data collection from face to face interviews with key informants, which was restricted to two countries. This prevented access to a large pool of participants from who a random selection can be made to discuss critical issues of stigma and discrimination and gender equality and explore possible experiences.

Key informants to be interviewed were selected and arrangements made by the project coordinator. While this was convenient, it could have created a bias in the information received. The evaluation however did not form the impression of any bias from those interviewed.

There was also the usual limitation with mailed questionnaire. Of the six countries to which questions were mailed six responses were received from five countries: Marshall Islands, Vanuatu, Tuvalu Samoa and Kiribati.

It is also a limitation to undertake an assessment of behavior change within only a short time of providing information or engaging in a behaviour change communication as was done by the Project. Normally a better sense of attitude and behaviour change can only be assessed or evaluated after a length of time, perhaps even a year.

For this reason, outcome evaluation relating to behaviour change was not deemed feasible to be undertaken within the time frame of this Evaluation

PART THREE:

3.0 Evaluation Findings

3.1 Findings

The key evaluation objectives and the subsidiary issues provided in the evaluation framework and the log frame adapted from the PRSIP II (Table 1) were used to drive and guide the analysis. The sequential logic of the analysis, following the results based approach, entailed the examination of input level activities and their linkages to activities and achievements at the output and possible outcome levels.

Table 1: Evaluation Logframe

Input Level	Output	Outcome
<ul style="list-style-type: none"> • ILO resources • Guides • Workshop modules • Videos • Expertise in HIV and AIDS • Expertise in ILO policies • Workshop training team • PLHIV • Training tools for trainers • Partnerships • HIV and AIDS Workplace Policy templates 	<p>Number of people /organizations trained with HIV Awareness and policy drafting.</p> <p>National level</p> <ul style="list-style-type: none"> • Tripartite (Number of government representatives. Number of worker organizations • Number of trained reps per participant countries. 	<ul style="list-style-type: none"> • Agreement and implementation of National Policy Guidelines for HIV Workplace Policy • National HIV and AIDS Policy or an Employment Award aligned to ILO recommendations concerning HIV and the World of Work 2010. • Implementation of HIV prevention, care and support programmes aligned with the Workplace Policy on HIV and AIDS.
	<p>Enterprise Level</p> <ul style="list-style-type: none"> • Capacities built in Policy drafting • Number of Draft HIV Workplace Policies for 	<ul style="list-style-type: none"> • A demonstrable enabling corporate environment with workplace leadership. • HIV and AIDS Policy well known by employees

	integration into OSM or other Policies <ul style="list-style-type: none"> • Draft Policies that are Gender mainstreamed Beyond Enterprise level <ul style="list-style-type: none"> • Attitude change of workers in relation to HIV and PLHIV. • Attitude change in gender relations 	<ul style="list-style-type: none"> • Dedicated workplace leadership. • A holistic Occupational Safety Health system and committee. Beyond Enterprise level <ul style="list-style-type: none"> • Deeper understanding of HIV prevention issues including Stigma and discrimination • Deeper understanding of gender relations • Working men and women with changed attitudes and behaviour influencing their families and communities
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The findings are presented in four main parts: Section One, as *Part Four of the report*, examines and analyses the Project design and main Project inputs including financial support and management and the validity of the Project design. *Part Five* presents an analysis of achievements of the project targets at the output level with emphasis on the activities in capacity building, training and policy drafting as provided in the project log frame. *Part Six* explores and examines any outcomes achieved, as a result of the activities at the output level, within the Project life. The critical issues of effectiveness and efficiency of the Project are carried along in the analytical process and addressed with available evidence.

The Conclusions and Recommendations, which also examine the issues of relevance and sustainability of the Project, are covered in *Part Seven*. This is followed by lessons learned in *Part Eight*.

PART FOUR: PROJECT INPUT ANALYSIS

4.0 Project Design, Funding and Management

4.1 Input analysis: Project Design

The project was designed, primarily, for service delivery to identified clients and beneficiaries. The services to be delivered include:

1. Accurate knowledge of HIV transmission and prevention
2. The disabling of the work environment that can be caused by stigma and discrimination of PLHIV
3. The understanding of HIV workplace policy and capacity for its development
4. The principles of ILO Recommendation 200 on non-discrimination, confidentiality and HIV as a Workplace issue
5. Gender and gender relations at the workplace
6. Training manuals and materials for training for the three sectors

With the recognized multiple interests by the project, the architecture of the project design was two tiered with targets at the **Enterprise level**; primarily vulnerable industries such as Seafarers, hotel/tourism, Uniformed Services (especially Correctional Services) and the **National level** of Tripartite partnership primarily relevant government Ministries, Employer Organizations and Workers' Unions.

Baseline information on the level of HIV awareness, and country specific HIV prevention priorities were collected and engagement with selected partners and the key sectors were made. The baseline information was used to develop a simple multiple-choice questionnaire on HIV and AIDS knowledge for use as a pre workshop survey. Other preparatory activities included the establishment of workplace policy database, preliminary surveys of company registrations to ascertain the number of companies with workplace policies and programs and the development of a training manual.

The delivery method of the workshop was primarily a participatory format with group exercise in workplace policy development some of which were tailored to the different tripartite constituents. Videos, power point and expert presentations were also part of the workshop delivery mode.

An additional factor in the design was the use of testimonies of PLHIV arranged through collaboration, in Fiji, with FJN+, The Fiji HIV positive people organization.²⁸

Partnerships were established with other relevant organizations such as the Red Cross, the Business Coalition on HIV & AIDS (BAHA) in the Fiji situation, and in Papua new Guinea with UNAIDS and Papua New Guinea Development Law Organization (PNGDLA). In the other countries partnership was also established with relevant Ministries and Tripartite constituents. This was encouraged and sustained through longstanding relations between the ILO Country Office, Suva and the tripartite partnership within the respective countries.

The Project design was firmly anchored to the institutional backstopping provided by the head of the ILO Country Office, Suva, and the Regional Office in Bangkok and the ILO HIV Unit – ILO/AIDS in Geneva.

Overall the Evaluator found the Project design as valid for the task though weak in parts and partially successful in its execution especially in relation to expected outcomes.

By the end of the one-year of Project execution, the required output targets, as provided in the reworked log frame, had been met (see below). Achievements at the outcome level were however limited.

The geographic span of the eight participating countries, usually a hindrance to service delivery in the Pacific Island countries and Territories did not pose a challenge to the execution of the Project. Within the twelve-month period,

June 2012-June 2013, the Project covered all eight countries and organized and facilitated 17 workshops, which reached a total of 563 individuals.²⁸ This meant 'on the average there were two trainings/workshops per month, inclusive of the travel time to seven Pacific Island countries other than Fiji.'²⁹ However the limited time, and number of countries to be covered, appears to have constrained the project in designing a follow up of activities undertaken at the output level and achievements at the outcome level. For example there are draft HIV workplace policies to be vetted, support for development of Workplace policy implementation plans to be provided, and other Workplace policies that have been drafted and accepted by enterprise management without vetting.³⁰

There were other gaps in the design. Baseline work for one of the countries visited, Papua New Guinea, appears to be insufficient. It overlooked significant aspects of the country's efforts in HIV prevention that would have provided an enormous advantage to the Project. This relates specifically, though not exclusively, to the existence of HIV Workplace policies.

There was also weakness in assessment of existing HIV awareness programmes for some of the tripartite constituents. The Evaluation found no evidence of engagement with key national HIV and AIDS entities such as the National AIDS Councils or Committees. These entities are legislated to coordinate HIV prevention in country. Thus, the importance of the Tripartite, as an entry point, notwithstanding, the leverage of these entities in HIV prevention cannot be overlooked. Papua New Guinea provides an example of note.

In Papua New Guinea earlier efforts in 2004, and more recent work, 2009, in HIV mainstreaming³¹ had been undertaken through the combined efforts of AusAID and the National AIDS Council. This had led to the development of a HIV Workplace policy template and HIV Workplace policies in the public sector.³²

The oversight responsibility for this was, and continues to be, with the National Department of Planning and Monitoring in collaboration with the National AIDS Council. The Council reports annually on HIV issues directly to government from where it receives its funding.

²⁸ See Six-Monthly Project Report, January –June 2013

²⁹ Ibid, p3

³⁰ The Fiji Correction Services had developed and launched an HIV and Workplace policy but is now stuck without expertise to take the next step towards developing an implementation plan. The Warwick Hotel had also launched its HIV Workplace Policy though this has not been noted by the project.

³¹ See Nii-K Plange 'HIV Mainstreaming in Key AusAID sectors. PNG-Australia HIV and AIDS Program, October 2011. And previous to this Kate Butcher,' Mainstreaming HIV in AusAID'. 2004. And the HIV Workplace Policy Template developed by the National AIDS Council. There is also the work of the Business Association Against HIV/AIDS (BAHA) with extensive inroads into the business sector to ensure Workplace Policies

³² These include Transport, Law and Justice, Fisheries, Education, The Law Reform Commission including even the Department of Labour and Industrial Relations.

Within the private sector, the Mines and other enterprises had instituted HIV Workplace policies as early 2004-2006 under the guidance of their international offices. By 2006 the private sector had outsourced its HIV and AIDS workplace oversight to the Business Coalition for HIV and AIDS (BAHA, PNG). The Unions were early in providing HIV awareness for workers and received funding from the National AIDS Council.

The National AIDS Council also provides funding for BAHA, public sector agencies including the Department of Labour and Industrial Relations and the Unions for HIV prevention work.

Thus while the Tripartite is the point of entry for the execution of the Project it should have also engaged with the National AIDS Council, given its instrumental role and leverage, to assess what would be most beneficial to the country in relation to HIV and AIDS Workplace policies and gender relations at the workplace.

Additionally the challenge faced by most of the tripartite constituents is the translation of HIV workplace policy into implementation and the absence of any robust enforcement. A key informant from the Trade Union Congress in Papua New Guinea expressed this as a concern for workers. He also noted that without the ILO project engagement between the Department of Labour and Industrial Relations and the Unions is very limited.

A project design with a robust auditing of the HIV workplace policies in key sectors in PNG, as part of the baseline study, would have still led to collaboration with the tripartite for a different approach. Perhaps, leading to an approach that would have led to efforts to fill gaps in existing HIV Workplace policies, and develop capacity for their implementation.

Weakness in the Project design was also evident in Fiji. Limited efforts were made to engage the Maritime Authority to broker access to the most vulnerable population of the Fiji Maritime sector. These are the young men who are picked at random to work on Fishing boats. These usually are unskilled and without the benefit of HIV and AIDS awareness courses that are provided to the professional seafarers. It is for them more that the Seafarers that HIV training and workplace policy development would have been most beneficial.³³

The secretary of the Fiji Seafarers Union, who was a Key informant, noted this with emphasis and insisted that robust efforts needs to be made to engage with the Maritime Authority.

In Fiji, Kiribati and Tuvalu, the vulnerability of Seafarers had been known much earlier in the HIV epidemic and awareness programmes have been included in their training. A more beneficial approach by the Project, at the

³³ Interview with Captain Kete, Secretary of the Seafarers Union, Fiji.

preparatory stages, should have been a review of the training materials with a view to filling relevant gaps.

4.2 Funding and Management

The Evaluation found the Project fund utilization to be sound and effective in meeting the objectives and progressing with the implementation of activities. Thus by the end of the Project life almost all output level targets have been met. The fund utilization was made easier as costs were allocated to activities. The Partnership that the Project developed with the Red Cross and the Business Coalition on HIV and AIDS (BAHA, FIJI) was also cost effective as it reduced project transaction cost for the delivery of services. (Table 2) but extend HIV Workplace initiatives to sectors outside the project target sectors. The same was found by the Evaluation with partners such as the Ministries of Women and Labour and Industrial Relations and Employment in Fiji.

Table 2: Project Budget

Project Total: US\$438,169.00	ILO Statements of Expenditure	Amount Received	Amount Spent	Balance US\$
First disbursement	01 June 2012- 31 Dec 2012: US\$82,006	207,820.10	82,006	125,814.10
Received in HQ: 05 June 2012				
207,820.10	01 Jan 2013 - 30 June 2013: US\$ 190,022.71	230,348.90	190,022.71	166,140.29
Second disbursement	01 July - 30 Sept 2013 (Estimated)		*102,505.88	63,634.41
Received in HQ: 07 May 2013				Unspent as at 30 Sep 2013: US\$63,634.41
230,348.90				
	*Amount allocated to partners:	BAHA	25,568	
		Fiji Min of Labour	13,589	
		Fiji Min of Women	8,000	
		FTUC Women & Youth	4,000	
		PNG TUC	15,660	
		TOTAL	*66,817	

Red Cross HIV officers and BAHA, Fiji Ministry of Labour representatives assisted in facilitating some of the training workshop and undertook some of

their own HIV workplace policy training at their own cost.³⁴ With its interest in gender relations and gender-based violence the representatives from the Fiji Ministry of Women integrated HIV workplace policies in their own training of women in different provinces.³⁵

The Evaluation also found that it was a judicious decision by the Project to direct funds, earmarked for a regional workshop, to support to the Papua New Guinea Development Law Association (PNGDLA) to represent the HIV positive worker who had been terminated by the company. At the early stage of the project implementation the evaluator did not find value for money of a regional workshop. It was, comparatively, a better use of resources to support the court case and the publication of relevant training Guidebook for stakeholder.³⁶

The PNGDLA is currently collaborating with the PNG Trade Union Congress to provide legal representation in the case WAKO vs. TELECOM, PNG. The results of this case will be of significant value to HIV and the World of Work in both PNG and the Pacific region. The GMU acquiescence to the redirection of funding is also a demonstration of support to the Project.

The collaboration between the GMU and the Project Coordinator in the overall management of the Project was found by the Evaluation to be effective. Evidence of this is provided by the mutual recognition of time spent in negotiating differential organizational (SPC and ILO) financial/budgetary platforms and its impact on the project and the necessary adjustments that needed to be made. Additionally the continuous engagement with the Project through emails and feedback on reports guided the progress of the Project.³⁷

The above notwithstanding there was high opportunity cost for the time spent in negotiating the final and fine details of the funding, its disbursement and final auditing. The issues of contention were related to the new funding formula of the Response Fund and its stringent reporting and auditing requirements. These were provided in the initial Letter of Agreement by SPC to the ILO. The detail response to these aspects of the LOA by the ILO triggered a long drawn negotiation. This took up to about two years.

Given the extent of output targets achieved within a year of implementation much more could have been achieved if a full three-year had been given to the Project. The Evaluator finds it a concern that, after more than two decades of successful operations and contribution to the development of the

³⁴ The Red Cross collaborated with the Fiji Ministry of Labour to initiate and facilitate a workshop for the Republic of Fiji Military Force and other private sector entities such as William and Goslings, the Foster and Chemical Group of Companies. BAHA collaborated with the ILO Project to develop an HIV and AIDS Guidebook. The Guidebook adheres to the ILO Code of Practice on HIV and AIDS and the World of Work; and to the national code and the HIV/AIDS Decree 2011. BAHA included the guidebook as part of its own publication on Sexual Harassment in the Workplace which it uses in its workplace training for the private sector.

³⁵ Interview with Ms. Rajeli Mawa, Fiji ministry of Women, Welfare and Poverty

³⁶ Request for such a guide, and assistance to design an implementation plan, was re-iterated by almost all key informants in Fiji.

³⁷ See email exchanges between GMU and the ILO Program officer between Jan 2011-June 2013.

region, aspects of the financial systems of each are not known to each other and had led to a delay in the inception of an important project. Even if the Response Fund requirements were different from other funding from the SPC to the ILO, the new requirements could have been made known to all agencies prior to, or as part of the conditions of, application to the Response Fund. A lesson needs to be learned from this experience. New funding requirements, conditions and respective responsibilities of fund managers and recipients, have to be made known to all agencies either prior to, or when the availability of the funding is announced.

PART FIVE: OUTPUT LEVEL ANALYSIS

5.0: Project Output Analysis and Effectiveness

5.1 Output level analysis and project target

With the twofold objectives of, training to build HIV competence and building capacity in drafting HIV related workplace policies by the identified sectors; three indicators are taken by the evaluation to assess achievements. These are:

1. The training provided in understanding HIV prevention including the reduction of stigma and discrimination of those infected and affected by HIV at the workplace.
2. The number of people trained from the key sectors and
3. The number draft HIV and AIDS Workplace policies for onward presentation and discussion/consultation with Management.

With the two-tier strategy adopted at the project design level the outputs must also include demonstrated national support from the respective/key national Ministries.

Measured against the above the project was successful and achieved output targets beyond the key sectors identified for service delivery (See Annex 3). By the end of the year a total of 35 HIV Workplace Policies had been drafted across the seven countries (Table 2). In all eight countries both National and Enterprise level targets were reached and a total of 563 individuals from the key and other sectors had been trained (Annex 3) through 17 training workshops (Also see Project Six-Monthly Report, June- December, 2013).

On gender issues the Project did make appreciable headway. There was demonstrated care to ensure workshop attendance was gender balanced. This was documented with gender and age disaggregated participants list. Significantly, the Project broke traditional taboo to openly discuss sex and sexuality with gendered adult groups. From the point of view of the evaluator, this is the strongest indication of the Project's intention to address gender relations. Comments from key informants from the Tripartite constituents showed an appreciation of this strategy as relevant in facing up to the challenge of HIV prevention. A Human Resource Manager from one of the Fiji resorts who was part of the training commented that 'the training was good for

us to develop new mind sets and change our behaviour.’³⁸ The representative of the Fiji Commerce and Employers Federation made similar comments while the Fiji Ministry of Women representative supported the training in gender relations as needed in the region.

Representatives from the Fiji Ministry of Labour, Industrial Relations and Employment also commented favourably on the Project. They emphasized the extent of the collaboration with the Ministry to provide training for different sectors and were appreciative of the training Guide that had been prepared. A representative of the Ministry noted that with her OSH background she found the HIV Workplace training relevant to her own work, which involves training within, and at times outside, the public sector.

In Papua New Guinea, the Secretary of the Department of Labour and Industrial Relations acknowledged the challenges of gender relations in the Pacific Island countries and commented favourably on the effort of the Project in addressing it.

A Key Informant also reported having ‘learned new things that are good for their work’ and will ‘no longer fear an HIV positive person... and that HIV is just ‘like diabetes, high blood pressure’ that should not prevent one from working alongside workmates.’³⁹ Comments from Kiribati, Marshall Islands and Vanuatu as part of the questions that were sent to the representatives were all appreciative of the training and what was learned or emphasized (for others). Each recognized the importance of the rights based approach to HIV Workplace policy. A Marshall Islands participant who was a union representative, noted in her response to the questions that, ‘this was an excellent workshop, and our organization has since written a HIV/AIDS Workplace Policy using the information gained. It has also been helpful in developing the National Gender Policy for the Marshall Islands.’

The training workshops also took care to address the interest and responsibilities of each of the tripartite constituents in relation to the principles of Recommendation 200. This was achieved through some of the training sessions that had mixed group of participants from the three constituencies. In these, each was allowed to identify issues of interest for discussion. Additionally training sessions also had group exercises that were specific to the respective rights and responsibilities of each of the constituents.⁴⁰ These were in addition to the general information on HIV and gender relations that were provided.

All the comments received from the questions sent to representatives, and through the key informant interviews, were strong on the extent of the grasp of the principles that underpin ILO recommendation 200 had been understood. While references were not made to the Recommendations itself, the bits

³⁸ The Human Resource Manager, The Warwick Resort, Fiji

³⁹ From the HR Officer, The Warwick Resort, Fiji.

⁴⁰ See Training programmes, sent by the project to country representatives. These include programmes for employers, seasonal workers, OSH and Labour Inspectors

knowledge that Key informants reported to have gained, from the workshops, are some of the essential components of the Recommendation 200.

There were nevertheless pockets of resistance/discontent to gender equality at the workplace. A response to the mailed questions from a representative could be an indication of deeper concerns that might not have been articulated. On the question whether one can have a woman as his supervisor, the respondent wrote 'I will not accept to work under her because it is against my custom identity.'

This comment indicates the challenge for the Project and other initiatives to address gender relations in the PICs. A pre/post workshop survey taken to provide a baseline and indications of improvements in HIV knowledge and understanding of gender also show the gaps in knowledge (Annex 4). A careful study of the ten questions of the survey shows that it included the principles of the ILO recommendation 200 including the rights of workers to confidentiality of HIV status.

This survey could have been undertaken at the preparatory stages of the project as part of the baseline information. This would have provided the chance to prepare a detailed questionnaire to explore the nuances of HIV prevention and the grasp, by the different tripartite constituents, of the principles that underline the ILO Recommendation 200.

As key outputs, HIV and AIDS workplace policies, at enterprise level were drafted (Table 3) as part of the training workshops.

In each of these the draft policies cover large sector memberships (by country standards). These include,

- 1800 in Fiji Airways,
- 150 in the Kiribati Seafarers Union
- 230 Seafarers of the Tuvalu Overseas Seafarers Union.

Table 3: Summary of Output Targets achieved

Country	Workplace Policies drafted
Fiji	18
Kiribati	1
Marshall Islands	2
Samoa	11
Solomon Islands	1
Tuvalu	1
Vanuatu	1
Papua New Guinea	Joint Communiqué between ILO and Department of Labour and Industrial Relations
Total	35

Source: Project Six Monthly Report (Jan-June 2013)

Most important for the Project, and perhaps for its sustainability, was the collaboration it established with, and training it provided for representatives from relevant national government Ministries. These included,

- Departments or Ministries of Commerce and Industry from Solomon Islands, Vanuatu and Kiribati
- Samoa National Ministries of Commerce, Industry and Labour, Women and the Public Service Commission.
- Fiji Ministry of Labour and Employment and Correction Services
- Fiji Ministry of Women and Poverty Alleviation
- Department of Labour and Industrial Relations, Papua New Guinea.

Comments provided by Government key informants in Suva and Papua New Guinea were supportive of the Project. The major concern for them had to do with enforcement of the HIV Workplace policy. The Fiji representative noted that in lieu of enforcement, training of employers and workers from the perspective of the 'spirit' of the policy could be the best way forward in ensuring compliance.

Of the two countries visited Fiji had the most Enterprise representatives trained. These included the key ones of the Maritime, Hotel and the Trade Union Congress (Women and Youth Wing), as well as the Commerce and Employers Union.

The Fiji Correction Services path to the development of its HIV and AIDS Workplace Policy could provide a model for replication. Collaboration with the Ministry of Labour and Industrial Relations and the Red Cross was established to support training in HIV and HIV Workplace policy, including the rights of workers and prison inmates. Separate workshops were held for inmates, prison workers, supervisors and Management. Included in the training were the Correctional Office Chaplain, the Medical corps and representatives of the Female officers. Views from these different sections were taken into consideration and finally led to the development of the Service's HIV Workplace Policy. The key background documents that were taken into consideration included,

- National HIV and AIDS Decree 2011
- National OSH Policy
- The International Convention on the Treatment of Prisoners
- ILO Recommendation 200
- A Draft HIV and Workplace Policy

A precedent in the Fiji situation was the involvement of inmates by the Correction Services in its own internal training towards the drafting of its HIV Workplace policy.

On the other hand the complexity of the PNG situation confronted the project though it made a good effort to wade its way through towards a solution. The elements of the complex situation in HIV awareness and Workplace Policy development in Papua New Guinea are as follows:

1. BAHA, PNG provides HIV awareness training for the private sector.⁴¹
2. The Unions are funded by the National AIDS Council to undertake HIV prevention awareness and training for workers.
3. The National AIDS Council has developed a HIV and AIDS Workplace Policy template as far back as 2004.
4. Few Public sector agencies have HIV and AIDS Workplace Policy. This includes, The Constitutional Law Reform Commission, Transport, Education, Fisheries and Planning and Monitoring.
5. Communication between the Tripartite needs improvement.⁴²
6. AusAID had encouraged HIV mainstreaming in the public sector and provided training to Workplace policy development to government Provincial.
7. Some of the Mines do have HIV Workplace policies and were providing counseling, testing and treatment for its workers as far back as 2005.
8. Few Provincial Councils have either drafted or have HIV Workplace policies.

Against this backdrop the Project efforts were first, to avoid a replication and second to seek a common ground for cooperation. The Project thus provided needed training in HIV awareness, gender relations and workplace Policy development to OSH inspectors as requested by the Department of Labour and Industrial Relations. From this, the Project catalyzed a Memorandum of Understanding between the Tripartite. This was duly signed and registered (Annex 5). The thrust of the MOU is a recognition of HIV and AIDS as a Workplace issue and 'Employers and workers working under all forms of arrangement and covering all types of workplaces, shall take measures to give full effect to the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200).'

Building and sustaining Partnerships

Beyond the quantifiable targets of numbers trained, capacities built and policies drafted and HIV awareness created, are issues of critical importance to the project outputs that are worth examination. These include partnerships, collaboration with the Tripartite.

At the National level, the Project established an effective collaboration with key departments/ministries. For example the Project Coordinator mentored the newly appointed official of the Fiji ministry of Labour whose responsibilities include HIV and the Workplace. With the backdrop of the existing ERP and the OSH, the National Code of Practice for HIV and AIDS in the Workplace, the Decent Work Country Programme, ILO Recommendation 200 and the overarching HIV Decree,⁴³ the mentoring equipped the new official to provide

⁴¹ Ms. Florence Willie, the Employers Union Representative confirmed that BAHA, PNG is responsible for the training. The author is also aware that BAHA collaborates with the National AIDS Council in providing HIV training.

⁴² Comment from Key informant from the Union. He feels a radical approach is needed from government to penetrate worker community with ore HIV information

³¹ All National government supported facilities

HIV and the Workplace training to representatives from the Republic of Fiji Military Forces (RFMF) and the Fiji Police Service. Following these, there had been request from Bank South Pacific for HIV and the workplace training.

This is an example the multiplier effect anticipated by the Project as it trained potential trainers. It also allowed the relevance of HIV workplace policy to permeate both the private and the public sector as the Ministry of Labour responded to and provided training to other sectors. Of relative advantage to the Project is the legitimacy that such collaboration brings to the partnership as a key player in the tripartite forum.

The project collaboration with the business community through the Fiji Business Association Against HIV/AIDS (BAHA, Fiji) also allowed inroads into the business world with issues of HIV, stigma and discrimination and particularly, as the BAHA, Fiji representative noted, with sexual harassment.

The major output from Papua New Guinea also came from collaboration between the Project and the key national entity, the Department of Labour and Industrial Relations (DLIR). It was neither training nor a draft HIV workplace policy. It was a 'Joint Communiqué between the Department of Labour and Industrial Relations and the ILO.'⁴⁴ The communiqué expressed responsibility to be taken by the DLIR to incorporate HIV into the Occupational Safety and Health legislation, Industrial Relations laws and the Employment Act.

As in Fiji, Government's initiative in HIV prevention in PNG provided the background to the initiative taken by the Department of Labour and Industrial Relations in HIV prevention. The HIV and AIDS Management and Prevention Act, 2003, led to the mainstream HIV into government sectors and HIV Workplace Policy by few government departments and most of the large corporate entities such as the Mines. Through the efforts of the National AIDS Council and BAHA there are over 500 business enterprises and government agencies with a template provided by the National AIDS Council.⁴⁵

The Department of Labour had participated in training provided in 2004. This is the origin of the Department of Labour and Industrial Relations own draft HIV Workplace policy, 2007.⁴⁶ This draft policy clearly shows the awareness, at the country level, of the international principles of HIV prevention as it made reference to UN HIV and Human Rights, the ILO Code of Practice on HIV and The World of Work (2001). The draft also noted 'the high degree of gender discrimination in PNG society' and provided for an Employment Conditions of 'No HIV Discrimination and No gender Discrimination.'

Evidently there are numerous HIV Workplace policies in PNG within the public and the private sectors and lack of enforcement remains the challenge. What

⁴⁴ Joint Communiqué Between DLIR and ILO, Port Moresby, February 2013

⁴⁵ For example the Lae and Eastern Highlands Provincial Councils have HIV Workplace Policies. The Autonomous Government of Bougainville also has its own HIV and Workplace Policy.

⁴⁶ See Department of Labour and Industrial Relationship/AIDS Workplace Policy, Draft 12/12/2007.

can be attributed to the Project is the extent to which it succeeded in encouraging and brokering the signing of the MOA by the Tripartite.

In pursuit of a HIV and AIDS Workplace Policy that will be mandatory and cover all employment situation the DLIR has taken the initiative, in consultation with Enterprise representatives, to draft a 'Common Rule' whose specifications, including HIV and AIDS, will take precedence over all existing employment related legislations. The DLIR hopes this becomes law by March 2014 to which 'all employers will have to abide by it.'⁴⁷ This exercise was also partly funded by the National AIDS Council. The value of the ILO Project has been to catalyze an existing initiative, which had been slow moving, and bring the tripartite constituents to support the process.

What is remarkable, as found by the Evaluation, is the recognition by most participants in the workshops of the extent to which the OHS, ERP and other employment laws do not address the specific issues related to HIV and AIDS at the workplace.

The OSH group from PNG as well as the HR Manager from the Fiji Resort made references to a new and clear understanding of HIV and 'no problem now' in working next to an HIV positive person. This appears to have informed the enthusiasm with which the respective HIV and AIDS workplace policies were drafted.

Reaching men with HIV Prevention information

An added strategic achievement at the output level is the success of the project in reaching men with HIV awareness and behavior change information including gender-based violence as a risk factor in HIV transmission.⁴⁸ Voluntary Confidential Counseling and Testing (VCCT) or Provider Initiated Counseling and Testing (PICT) usually capture mostly women at Antenatal clinics. Men, generally, have remained hard to reach with HIV and STI information and testing; nor have men generally shown initiative for VCCT.⁴⁹ The workplace, mostly dominated by men, provides a strategic context to reach men with HIV information and in some cases VCCT. Workplaces such as manufacturing, maritime, mining, and ports are the locations of male peers and demonstrations of masculinity. Comments from the General Secretary of the PNG Trade Union Congress underlined this. He stated categorically that 'HIV information must and need to reach workers regularly as behaviour and attitude change is difficult to achieve ... and I receive notices of AIDS related deaths all the time.'

⁴⁷ Statement by the Secretary of Department of Labour and Industrial Relations, Papua New Guinea, September, 17, 2013.

⁴⁸ UNAIDS, 'working with men for HIV prevention and care' 2001, Geneva, Switzerland.

⁴⁹ Research in PNG and other international studies show how difficult it is to reach men. For example in PNG out of a total of 138,581 HIV tests reported in 2010, 35% or 49,062 were from the Ante-Natal Clinic. The author is yet to sight gender disaggregated figures on HIV testing in the other countries. See PNG National Department of Health, 2010 STI, HIV and AIDS Annual Surveillance Report.

For these particular areas of work (dominated by males) the relevance of HIV and AIDS at the Workplace cannot be over-emphasized. A comment by an OSH Key informant that 'from the training we need now to adhere to safety precaution measures in attending to the injured' is an indication of the extent of HIV awareness created. Injuries are commonplace at the work sites. Recent survey of workplace injuries among 15-29 years age category in Fiji shows a high burden of occupational injuries; these include for the period surveyed, 40% fractures, 32% cuts and open wounds, cutting and piercing injuries 27%.⁵⁰ It is in attendance to these that precautions and safe practices in HIV prevention are important.

5.2 Project Effectiveness at the Output Level

Evidently the Project can boast of effectiveness in reaching output level targets. The challenge is translating these into outcomes (see below) and ensuring the sustainability of gains. What underline the effectiveness of the Project are not only the numbers trained but also the participatory nature of the training, which, in many instances, included representatives/participants from both national and enterprises level. The added value of this representation is the dialogue/discussions that it engendered towards the realization of the common goal in an HIV Workplace policy as a relevant to workers' health and productivity.⁵¹

In Fiji, particularly, where there is a history of tense relations between government and labour, and sometimes within the enterprise, the HIV at the Workplace policy appeared to rally all around to a common goal. Similarly in PNG, despite the misgivings of the Unions about the HIV work of BAHA, and concerns with limited efforts by the DLIR in pursuing workers issues, the project brought the Union and the DLIR together. This is a notable achievement of the Project.

Admittedly the Project has not led to the eradication of stigma and discrimination at the workplace. This will take more than one or two workshops. Nevertheless it has been effective in responding to the particular prevention strategy/priority of the National Strategic Plans and the goal of the PRISP II in reaching both young and adult men and female as workers and addressing HIV related stigma and discrimination.

To date neither the HIV Decree, 2011 of Fiji nor the Papua New Guinea HIV and AIDS Management and Prevention Act, 2003 has been tested in court in spite of known terminations of workers especially in PNG. The initiative taken by the Project to support the PNG Development Law Association (PNGDLA) in collaboration with the PNG Trade Union Congress to present a worker's

⁵⁰ Reddy, R et al, Workplace injuries in Fiji: A population based study (TRIPS) IN journal of Occupational Medicine, Oxford, June 20 2013.63(4), 284-286.

⁵¹ Comments made in Key informant interviews with the Employers Union and the Ministry of Labour, Fiji. Similar comments were made by the key Informant at the Warwick Hotel and the representative of the Seafarers Union in Suva.

case in court. (WALO LAULEA vs. TELIKOM (PNG) Ltd) is a demonstration of the Project's (and ILO) commitment to the rights approach in the World of work. The effectiveness of this case is in the opportunity it has provided to demonstrate the strength and or weakness of the HAMP Act 2003 and perhaps the HIV Decree of Fiji.

5.3 Gaps in Project Effectiveness

In spite of the effectiveness in reaching as many targets the Evaluation found that there is an absence of clearly defined checklists and non- negotiable. Among the draft policies sighted there are notable differences. The Fiji Ministry of Labour representative noted, as a concern, the absence of a checklist against which draft policies could be vetted.

The Evaluation also found a weakness in the extent to which gender –equality has been communicated and understood by participants. In key informant interviews what were recollected most are, the accurate information of HIV transmission routes, and ‘embracing people who are HIV positive’ without stigma or discrimination. Gender equality and the gender aspects of HIV infection was hardly mentioned as knowledge gained except when probed. This could be a result of both the deep influence of traditional culture as explained earlier and noted in the response to the set questions and the lack of intense and robust exercises on gender in the training workshops.

As provided in the Universal Access initiative, HIV prevention, care and support services must reach all citizens, especially those-in-need. With respect to care, the traditional roles of women had always had them bear the burden of care of the sick and the elderly. A gender sensitive HIV and AIDS Workplace policy must make explicit the provisions that can be made to those caring for an infected HIV kin. Evidence of the double burden of work (either formal or informal) and household care and maintenance that women bear are numerous.⁵² Absent in almost all the draft policies sighted are specific provisions that can be made for those caring for HIV positive kin.

The Samoa and the Marshall Island draft policies from the government ministries acknowledge and underline gender equality. However they, and the others, have not gone far enough with specific provisions for care for an HIV and AIDS kin. While this might as well be covered in other aspects of working conditions it needs to be addressed in an HIV Workplace Policy.

The Evaluation also found that the end of the Project came with what can be described as unfinished business. Partners at both enterprise level had completed draft Workplace policies and are in dire need of directions going forward especially in implementation.

⁵² See for example Plange, Nii-K ‘Survey report on Women Garment Factory Workers in Fiji,’ 1998.

PART SIX: OUTCOME ANALYSIS

6.0 Project Outcome Analysis

6.1 Project outcomes and effectiveness.

The Project was ambitious with its expected outcomes as provided in both the Project document and the Terms of Reference. At the outcome levels HIV Workplace Policies developed by trained participants from Enterprise were expected. Workers with attitudes free of stigma and discrimination and, embracing PLHIV were also expected to emerge. Behaviour changed workers onwardly influencing attitudes and behaviour within their communities were also expected as outcomes. In the known best practices in HIV prevention and behaviour change communication these are long-term prospects as it takes time to change people's mindsets and attitudes. The very short span of the Project was practically insufficient to achieve such long-term goals that could lend themselves to evaluation. At the level of behaviour and attitude change the evaluation therefore made no effort to evaluate behaviour change. It did however make an effort to explore the extent to which the message from the workshop is being taken into other contexts of kin and community.

Changes to, and gaps to be filled in, to the OSH and other Employment related laws to include HIV and AIDS can however be causally linked to the training and knowledge gained at the workshop. Such changes also require sufficient time to be undertaken as it includes careful attention to sentences and words to avoid misinterpretation. Issues have to be thoroughly discussed to ensure that all areas and potential loopholes are covered. Series of meetings have to be held to work things out. Small wonder that in PNG, for example, changes to the OSH to accommodate HIV and AIDS is in its third iteration.

Overall only four tangible outcomes are found by the evaluation to have been achieved. These are presented with comments below.

6.2 Key Project Outcomes: The Workplace Policies

Project Outcome one

- National Memorandum of Agreement between the PNG Employers Federation and the PNG Trade Union Congress together with a finalized Employment Award

Comment

As a result of the Project discussions and the HIV and the workplace road show, negotiations between the two parties ensued and resulted in a Memorandum of Agreement. The Union had been strident in its pursuit of a negotiated HIV Workplace policy based on its knowledge that, as the Secretary puts it 'the level of HIV knowledge penetration of the workers of the nation is limited... and a radical education approach is needed 'For the Union this is therefore a realization of long standing objective which will support workers' rights.

Project outcome two

- **Fiji Correction Services Launched its HIV Workplace Policy**

Comment

The final launching of an Enterprise HIV Policy is the gold standard outcome of the project. The Fiji Correction HIV Workplace Policy is directly linked to the training workshop. More importantly it is also causally linked to the attitude changes of one person whose 'transformation' is provided as a Most Significant Change by the Project. The process leading to the final launching can be a model worth documenting. It involved series of workshops with Management, supervisors, workers and inmates to gauge opinions and pull all together into a draft policy from which the final emerged to the satisfaction of all. The major outcome here is also the chance to reach young men. A population category that is at risk, vulnerable and as mentioned earlier difficult to reach. The Policy when implemented will provide HIV services for a total of 1500 male and 56 female prisoners respectively across Fiji and others that might come later.

Project outcome three

- **Fiji Trade Union Congress launched its HIV Workplace Policy**

Comment

Preparations for and drafting an HIV Workplace Policy was a result of the awareness of HIV created at the workshop. Workers appear unaware of some of the critical issues of HIV and cultural challenges had precluded discussions of sex and sexuality as the major factors underlining STI and HIV transmission. The workshop generated interest as workers realized their vulnerability and possible/potential risks. This was made clear with the data presented on the demographics of infection in Fiji, which showed workers' age category as the most infected. With support from the President of the Trade Union Congress work started and led to a draft and later its finalization.

Project outcome four

- **Warwick Hotel HI Workplace Policy accepted and signed**

Comment

Discussions on the need for HIV Workplace policy followed from the training. Participants from the hotel understood the vulnerability and the risks of their work and the gaps in the existing OSH. With the efforts from the head of the HRM discussions ensue, the draft was further discussed and finalized. Management immediately accepted and signed on it. The Warwick, a popular resort along Fiji's coral coast now boasts of an HIV Workplace Policy.

6.3 Influencing Attitudes Within Families and Communities

An expected outcome of the workshop is the leap of HIV information from the training into the communities with the participants carrying the message of needed change of behaviour. Few Key informants have had the courage to take the message home. Culture and tradition and uncertainty about people's response had constrained the efforts. Few however had taken on the challenge. Coincidentally they are the same who had pushed the initiative and gone beyond the drafting to launching a Workplace Policy. From HIV prevention perspective this means *champions* are always important in introducing change.

From the Correction Service to the Family

The champion of the HIV workplace policy for Fiji Correction Services had also taken the message to his family. As a result of the workshop and his new awareness he passed on this message to his elderly parents and, also to his own tenant. While reaction from the parents was initially hesitant further dialogue led to their understanding of HIV and AIDS and the importance of embracing those infected and affected by HIV.

From the Union offices to the Youth and Women's Wing

Influenced by the workshop and as a result of the data presented and the exercises at the workshop including the testimony from the representative of the Fiji Association of HIV positive people, FJN+, the FTUC champion of the Workplace Policy had taken the message to her community and church.

From the hotel to adjoining villages

As a result of the training and the discussions on condoms and HIV prevention, the lead person from the Warwick hotel has continued to open discussions on HIV at village Kava sessions in the evenings. The challenges he faces are real as the geographic area of the hotel is predominantly catholic. He has been successful though in influencing thinking on condoms as a protection from infection and for family planning.

7.0 PART SEVEN: CONCLUSIONS AND RECOMMENDATIONS

7.1 Conclusions: Relevance and Sustainability of Project

The defining characteristic of the Project is its concern with HIV and AIDS as a workplace policy to protect the rights of workers including from termination on the basis of being HIV positive. While OSH covered general health and safety at the workplace as part of Decent Work conditions all key informant interviews from all the Tripartite constituencies noted that HIV related stigma and discrimination are not covered elsewhere. It is this clarity, which attracted the Tripartite constituents, gave the project its relevance and may sustain it.

With this the door appears to have been opened for enterprise to provide additional training that will address other nagging issues. For example confidentiality and the availability and use of PEP kits are yet to be fully understood. An OSH Key informant appears to feel that one's HIV status needs to be known in order not to discriminate, but to take precautions in case of an accident, with blood spilled, at which he would have to assist. This could be an indication that the coverage of PEP at the workshops might not have been well understood. Other key informants mentioned other health issues affecting workers that could be given same attention.

Beyond the immediate interest of the Project to both national and enterprise constituencies, is also its alignment with key development plans and strategies.⁵³ Primarily the Project locates itself in the National STI and HIV and AIDS Strategic Plans not only of the eight but all PICs. Addressing HIV related stigma and discrimination has been identified by all PICs as one of the formidable challenges in their respective efforts at HIV prevention. The project has therefore contributed to the ongoing national (regional) effort in HIV prevention.

Within the countries visited evidence show the extent of interest in the project by workers and the unions. Both representatives of the workers Union in PNG and Fiji were firm in their appreciation of the Project and their willingness to carry it forward.

Increasingly at both National and Enterprise level there was a genuine call for repeated training to reach the wider community of workers. In Papua New Guinea, for example, the Department of Labour and Industrial Relations needs to reach its Provincial Labour officers spread across the twenty-two Provinces and from there to permeate private and public sectors. In Fiji the representative from the Ministry of Labour and Employment continues to provide training, upon request, from both private and public sector

The Project did not appear to have had a clear exit strategy. It was not clear from the representatives whose organizations had completed and signed on their workplace policies that assistance would be given to develop an implementation plan. It appears that up to almost the beginning of the evaluation activities were just being rounded up. This notwithstanding, evidence from interviews led to the conclusion that it will be sustained. This is because it is now embedded in key organizations and institutions, it is supported, in the countries visited, by legislations such as the HIV Decree, 2010 in Fiji and the HAMP Act in PNG and it is acceptable to both constituents of the Tripartite.

The pending court case in PNG will, if media coverage is provided, keep HIV and workers' rights in the front pages and the final verdict will contribute to sustaining the objectives of project. However the continuation by partners with

⁵³ These include as mentioned in the introduction, the PRSP II from which it derived its funding, the Pacific Plan and the UNDAF and the ILO's own International mandate to address HIV at the World of Work

the Project would also depend on the extent to which the ILO maintains its technical support post-Project.

There are deficits in HIV competence within the partners. High turnover of trained officers and new champions will impact on its sustainability. The Project is aware of the departure of a key HIV champion from the Ministry of Labour in Fiji. This can happen with other key sectors where, 'champions' seem to have emerged. It is perhaps only by chance that the new HRM person at the Warwick Hotel, who led the efforts in their policy development, had just changed jobs from the Ministry of Labour to the private sector in Fiji.

These are real challenges to the relevance of the project and its sustainability. They do provide the basis for seeking ways to assist both Enterprise and National partners with technical skills in moving from policy to implementation. This point is made with the assumption that sooner the other organizations across the eight countries may finalize and have their workplace policies signed on by unions and management. Where to go next from this stage appears to be lost on all the tripartite constituents.

Value for money

The Project has nevertheless shown its value for money. This is the extent to which it has brought the awareness of HIV and AIDS both as a workplace issue and its absence in Employment legislations including the Occupational Safety and Health.

Over the course of the Evaluation, the Project consistently received favourable acceptance. The objective of providing education towards the reduction of stigma and discrimination at the workplace seem to have been achieved among those who were interviewed.

In this regard the Project has also contributed to the national efforts at HIV prevention. Against this backdrop the following recommendations are provided.

7.2 RECOMMENDATIONS

1. Funding needs to be sought by the ILO Suva Office to maintain the support to the PNGDLA in the WALO vs. Telekom PNG court case, as it would have an important implication to HIV and the world of work in the Pacific Island countries.
2. The ILO Office in Suva should consider the provision of technical assistance to support the implementation of the HIV Workplace Policies where they have been launched.
3. Further training of Provincial Labour officers in PNG and the new OHS officer at the Fiji Ministry of Labour and Industrial Relations is necessary to sustain the HIV Workplace Policy in the country. Recalling that PNG has twenty-two Provinces each with a Provincial

Labour Officer with responsibility to engage with enterprise and provide guidance, ILO can collaborate with the National AIDS Council in PNG and the Department of Labour and Industrial Relations to plan and execute this training.

4. The ILO Office in Suva should seek to provide technical assistance for vetting the draft HIV policies that the project had assisted.
5. The ILO Office in Suva should seek to provide technical assistance and collaborate with other UN agencies in PNG especially UNDP and UNAIDS to undertake an auditing of all the existing HIV and Workplace Policies in PNG to ensure coherence of services.
6. Gender relations at the workplace do not seem to have had much traction in the training workshops. Further and more intensive training in gender relations is needed. ILO Suva Office should collaborate with the relevant UN agencies to provide this training.

8.0 LESSONS LEARNT

The Evaluation process has provided the opportunity to examine relevant documents and engage with participants of the workshops as Key informants. There had also been continuing engagement with the Project Coordinator over the period of the evaluation. These together with an understanding of HIV prevention provides the basis for the lessons learned as noted below:

1. The first lesson is the need for a robust and documented baseline study to precede any project of this kind where necessary. This will provide broad knowledge of what information are available that can be of value to the Project.
2. The second lesson is that projects of this nature always need to be initiated early and allowed to run its actual course. It is apparent that abrupt ending did not complement the extent to which this project was embraced by both National and Enterprise level representatives and participants of the workshop.
3. The third lesson is, always engage with the key national entities with responsibility for the national response to the epidemic when addressing any aspect of HIV prevention, e.g. the National AIDS Councils or Committees. More would have been gained especially in PNG if the Project had engaged initially with the National AIDS Council.
4. The fourth lesson relates to the enthusiasm with which workers, especially, responded to the HIV training and the concern with health issues that was demonstrated. This begs the important question of what to do and how to approach other health issues of relevance to productivity in the workplace.

While the ILO *SOLVE* concept appears to have been introduced at the workshops, it is not clear how much time was spent on them. This augurs well for other health issues that do affect productivity to be addressed at the workplace through perhaps piloting an experiment with 'Health and wellbeing for productivity' with two or three PICs from which lessons can be learnt.⁵⁴

Evidence of the prevalence of non-communicable diseases in the PICs exist and continue to be the concern of development partners as well as the SPC.⁵⁵ While the school programmes target youth at an early age, targeting the national context for productivity could be considered.

5. The fifth lesson has to do with HIV awareness and behaviour change communication. Enthusiasm and awareness created at workshops do not always have a longer life. Hence to sustain any gains within the short life of this project an effort must be made, by the Project Coordinator, to maintain contact with the respective organizations and ensure that periodic refresher training and awareness are provided.

⁵⁴ The author initiated something like this within the AusAID sector in PNG when working as HIV Policy Adviser for the PNG-Australia HIV and AIDS Programme, January 2009-December 2012.

⁵⁵ See Pacific Non –Communicable Diseases (NCD) Progress Report, Jan1-Dec 31,2009

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ANNEX 1: TERMS OF REFERENCE

Terms of Reference – *Pacific Island Workplaces Combatting HIV&AIDS Project* End of Project Review (EPR)/ Evaluation

1. Introduction and rationale for evaluation

The Pacific Regional HIV and STI Response Fund (also known as the Response Fund), is a five-year funding program aimed at supporting a broad range of multi-sectoral approaches and interventions at regional and national levels, supported by technical assistance provision from the Secretariat of the Pacific Communities (SPC) and its regional development partners.

The aim of the Response Fund (RF) is to contribute to the achievement of the goal of the Pacific Regional HIV and STI Strategy which is: *“to reduce the spread and impact of HIV and other STIs, while embracing people infected and affected by HIV in the Pacific Communities.”* Furthermore, the rationale of the Response Fund is to support the scale up of the response to HIV and STIs in the Pacific Islands through an efficient, responsive, multi-donor fund that supports effective implementation of regional and national HIV & STI plans, including the capacity building needs identified in those plans.

The International Labour Organization (ILO) is a sub-recipient of this Pacific Islands HIV and STI Response Fund Grant managed by the SPC and as a recipient of this Grant, the ILO is required to complete an **Independent End of Project Evaluation** as part of the overall quality assurance activities of the Grant Cycle Management. The evaluation complies with SPC and UN norms and standards, and ethical safeguards will be followed.

2. Brief background on project and context

The *Pacific Island Workplaces Combatting HIV&AIDS Project* was to span three years. However, the first two years were spent on negotiations over the audit and financial systems of the two organisations – ILO and SPC, thus resulting in a delayed start up. The total budget was the US dollar equivalent of AU\$450,000 – donor agencies were Australia and New Zealand. The Project employed a Project Manager and Project Assistant, with technical backstopping from the Senior HIV Specialist, based in Bangkok and ILO/AIDS in Geneva. The Project Letter of Agreement (LOA) was signed on the 2nd February 2012, Project funds were transmitted to the ILO on 5th June 2012, and Project was launched on 22 October 2012.

Workplaces are a strategic place to inform and discuss HIV and AIDS because working women and men spend most of their time at work and the workplace is an effective channel for influencing knowledge, attitudes and behaviour. It is essential that all workers be well informed about HIV and AIDS.

The Pacific Islands Workplaces Combatting HIV&AIDS Project approaches these needs through the development and implementation of workplace policies and programmes on HIV and AIDS at the national and enterprise levels. These programmes aim to facilitate access to prevention, treatment, care and support services for workers and their families. This also involved building the capacity of ILO's tripartite partners in 8 member states, namely, Fiji, Kiribati, Marshall Islands, Papua New Guinea (PNG), Samoa, Solomon Islands, Tuvalu and Vanuatu, with priority focus on Fiji and PNG.

3. Purpose, scope and clients of evaluation

The purpose of the evaluation is to determine the extent and impact of building the capacity of ILO constituents in participating countries to establish effective national and workplace level policies and programme on HIV and AIDS for working women and men whose lives are improved through responsive and responsible actions towards stigma and discrimination associated with the HIV and AIDS epidemic. These workingwomen and men in turn are able to change their behaviours and attitudes and over time, influence their communities, churches and villages especially the unemployed youths and women and people with disabilities and benefitting their families. The Evaluation will also include the extent and impact of ILO

interventions in addressing Gender Discrimination and also the Promotion of Safe Workplaces in the Pacific/targeted PICTs.

Even though the time lapse is two years from the initial discussions of the Award of the Grant to ILO (Grant Award letter to ILO dated 29th April 2009) and the signing of the Letter of Agreement between the ILO and SPC (February 2012), the scope of the Evaluation would focus mainly within the period of about one year from when the funds were received by the ILO (June 2012) to the end of the expanded designated time to end activities which is September 30th, 2013. Another scope of the Evaluation would be to address the reasons behind the time lapse, and adverse impact on what could have been gained or lost, as well as recommendations for PR/SR to prevent such lapse in the future.

It is also envisaged that the Evaluation consider the Lessons Learned about what particular implementation methods were most effective and the Future Role of the workplace in HIV responses, its sustainability and addressing gender related vulnerabilities such as violence at the workplace and HIV as an occupational disease especially in the healthcare sector.

Clients of the evaluation are primarily the ILO's tripartite partners i.e. Governments (Ministries of Labour as the focal Ministry as well as other Ministries such as Women and Health), Employers' and Workers' Organisations and their affiliates in the 8 member States as well UNAIDS and a few sector-specific stakeholders such as the Fiji Corrections Services, Fiji hotels, the National Advisory Committee in the Marshall Islands, the Development Law Association of PNG and the Seasonal Workers Licensees in Vanuatu. The Evaluation Consultant will be required to travel to Papua New Guinea, visit Fiji's tripartite partners and beneficiaries of the Project around Suva, and interview partners in the other member states that benefitted from the project. Ideally, the Consultant will administer a standardized questionnaire to key entities from other member states that Evaluator could not visit to assure comprehensiveness, as well as visit the SPC-GMU as the PR and other collaborating regional partners with ILO on this initiative, including PLHIV impacted positively or negatively by workplace policies are also a key stakeholder to be engaged for the evaluation purposes.

4. Suggested analytical framework

The evaluation should address the overall ILO evaluation concerns such as relevance, effectiveness, efficiency and sustainability as defined in the ILO Policy Guidelines for results-based evaluation, 2012 (http://www.ilo.org/eval/Evaluationguidance/WCMS_176814/lang--en/index.htm). The evaluation will be conducted following UN evaluation standards and norms.

In line with the results-based approach applied by the ILO, the evaluation will focus on identifying and analyzing results through addressing key questions related to the evaluation concerns and the achievement of the immediate objectives of the project using data from the logical framework indicators.

Relevance and strategic fit

- 1) Did the project address a relevant need and decent work deficit? Was a Needs Analysis carried out at the beginning of the project reflecting the various needs of different stakeholders? Are these needs still relevant? Have new, more relevant needs emerged that the project should address?
- 2) Have the stakeholders taken ownership of the project concept and approach since the design phase? How the project aligned with enterprise level strategies? How well accepted was it at individual business levels?

How did the project align with and support the Pacific Regional Strategy Implementation Plan for HIV/STIs II (PRSIP II), national development plans, the national poverty reduction strategy (PRS), national decent workplace programmes, national strategy for HIV & STIs plans of action on relevant issues (e.g. Pacific Islands Response Fund)

- 3) National Health Plans) as well as programmes and priorities of the national social partners?
- 4) How did the project align with and support ILO strategies, i.e., the operational objectives of the thematic programming, decent work country programmes, mainstreamed strategies and other relevant strategies and policies of the ILO?
- 5) How well did the project complement and fit with other ILO projects/programmes in the country or countries of intervention and in the Pacific region?
- 6) How well did the project complement and link to activities of other donors at local level? How well did the project fit within the broader local donor context (United Nations and non-United Nations, making reference to UNDAF and donor consultative groups, where applicable)?

Validity of design

- 1) What was the baseline condition at the beginning of project? How was it established? Was a gender analysis carried out?
- 2) Were the planned project objectives and outcomes relevant and realistic to the situation on the ground? Did they need to be adapted to specific (local, sectoral, etc.) needs or conditions?
- 3) Was the intervention logic coherent and realistic? What needs to be adjusted?
 - Did outputs causally link to the intended outcomes (immediate objectives) that link to broader impact (development objective)? How plausible were the underlying causal hypotheses?
 - What were the main strategic components of the project? How did they contribute and logically link to the planned objectives? How well did they link to each other?
 - Who were the partners of the project? How strategic were the partners in terms of mandate, influence, capacities and commitment?
 - What were the main means of action? Were they appropriate and effective in achieving the planned objectives?
 - On which risks and assumptions did the project logic build? How crucial were they for the success of the project? How realistic were they? How far could the project control them?
 - How appropriate and useful were the indicators described in the project document in assessing the project's progress? Were the targeted indicator values realistic and could they be tracked? If necessary, how should they be modified to be more useful? Were indicators gender-sensitive? Were the means of verification for the indicators appropriate? Was the M&E Logical Framework in the ILO Pacific Islands HIV and STI Response Fund Grant appropriate, useful and user-friendly?

Project progress and effectiveness

- 1) Did the project make sufficient progress towards its planned objectives? Did the project achieve its planned objectives upon completion?
- 2) Were the quantity and quality of the outputs produced so far been satisfactory? Do the benefits accrue equally to men and women?
- 3) Were the project partners using the outputs? Have the outputs been transformed by project partners into outcomes?
 - How did the outputs and outcomes contribute to the ILO's & SPC's mainstreamed strategies?
 - How did they contribute to gender equality?
 - How did they contribute to the strengthening of the social partners and social dialogue?
 - How did they contribute to poverty reduction?
 - How did they contribute to strengthening the influence of labour standards?
- 4) How have stakeholders been involved in project implementation? How effective has the project been in establishing national ownership? Was project management and implementation participatory and was this participation contributing towards achievement of the project objectives? Has the project been appropriately responsive to the needs of the national constituents and changing partner priorities?

- 5) Has the project been appropriately responsive to political, legal, economic, institutional, etc. changes in the project environment?
- 6) Has the project approach produced demonstrated successes? In addressing Human Rights and Gender Equality, PLHIV Stigma/discrimination, Safe Work Environment and Advancement and Implementation of National Codes of Practice?
- 7) In which areas (geographic, sectoral, issue) did the project have the greatest achievements? Why was this so and what had been the supporting factors? How can the project build on or expand these achievements?
- 8) In which areas did the project have the least achievements? What has been the constraining factors and why? How can they be overcome?
- 9) • What, if any, alternative strategies would have been more effective in achieving the project's objectives?

Efficiency of resource use

- 1) Have resources (funds, human resources, time, expertise, etc.) been allocated strategically to achieve outcomes?
- 2) Have resources been used efficiently? Have activities supporting the strategy been cost effective? In general, did the results achieved justify the costs? Could the same results have been attained with fewer resources? In general, was there value for money?
- 3) Were project funds and activities delivered in a timely manner?

Effectiveness of management arrangements

- 1) Were management capacities adequate?
- 2) Did project governance facilitate good results and efficient delivery? Was there a clear understanding of the roles and responsibilities by all parties involved?
- 3) Did the project receive adequate political, technical and administrative support from its national partners? Did implementing partners provide for effective project implementation?
- 4) If the project has a national project steering or advisory committee, did the members have a good grasp of the project strategy? How did they contribute to the success of the project?
- 5) How effective was communication between the project team, the field office, the regional office, and the responsible technical department at ILO headquarters, PARDEV, the Response Fund and the donor? How effective was communication between the project team and the national implementing partners? Was the SPC GMU grants management and administrative support adequate? Timely? Sufficient quality and focus?
- 6) Did the project receive adequate administrative, technical and, if needed, political support from the ILO field office, field technical specialists and the responsible technical unit in headquarters?
- 7) How effectively did project management monitor project performance and results?
 - Was a monitoring and evaluation system in place and how effective is it?
 - Were appropriate means of verification for tracking progress, performance and achievement of indicator values been defined?
 - Was relevant information and data systematically being collected and collated? Was data disaggregated by sex (and by other relevant characteristics, if relevant)?
 - Was information being regularly analyzed to feed into management decisions?
- 8) Was cooperation with project partners efficient?
- 9) Was relevant gender expertise sought? Were available gender mainstreaming tools adapted and utilized?
- 10) Has the project made strategic use of coordination and collaboration with other ILO projects and with other donors in the country/region to increase its effectiveness and impact?

Impact orientation and sustainability

- 1) Could observed changes (in attitudes, capacities, institutions, etc.) be causally linked to the project's interventions?
- 2) How far has the project gone in making a significant contribution to broader and longer-term development impact? Or how likely is it that it will eventually make one? Was the project strategy and project management steering towards impact?

- 3) What were the realistic long-term effects of the project on the poverty level and the decent work condition of the people?
- 4) Was there a need to scale down the project (i.e., if the project duration is shorter than planned)? Could the project be scaled up during its duration? If so, how did project objectives and strategies have to be adjusted?
- 5) How effective and realistic was the exit strategy of the project? Is the project gradually being handed over to the national partners? Once external funding ends will national institutions and implementing partners likely to continue the project or carry forward its results?
- 6) Were national partners willing and committed to continue with the project? How effectively did the project build national ownership?
- 7) Were national partners able to continue with the project? How effectively has the project built the necessary capacity of people and institutions (of national partners and implementing partners)?
- 8) Has the project successfully built or strengthened an enabling environment (laws, policies, people's attitudes, etc.)?
- 9) Were the project results, achievements and benefits likely to be durable? Were results anchored in national institutions and can the partners maintain them financially at end of project?
- 10) Could the project approach or results be replicated or scaled up by national partners or other actors? Is this likely to happen? What would support their replication and scaling up?
- 11) Could any unintended or unexpected positive or negative effects be observed as a consequence of the project's interventions? If so, how has the project strategy been adjusted? Have positive effects been integrated into the project strategy? Was the strategy been adjusted to minimize negative effects?
- 12) Should there be a second phase of the project to consolidate achievements?

4) Main outputs

The **overall objective** of the Project is to improve the lives of working women and men from the discrimination and stigma associated with the HIV and AIDS epidemic through the establishment of effective national and workplace level policies and programme on HIV. In turn, these workingwomen and men are able to change their behaviours and attitudes and over time, influence their communities, churches and villages especially the unemployed youths and women and people with disabilities and benefitting their families.

1) At **national level**, where tripartite partners (Ministries of Labour, employers' and workers' organisations) agree to the implementation of an overall national policy guideline to guide workplaces in their countries. This may take the form of a National Code of Practice for HIV&AIDS in the work place, a national HIV/AIDS Policy or an Employment Award that is aligned to ILO Recommendation concerning HIV and AIDS and the World of Work 2010 (No. 200).

2) At **enterprise-level**, working with management and workers' representatives to draft HIV and AIDS workplace policies and implement a workplace programme that is part of the enterprise's Occupational Safety and Health requirements, Corporate Social Responsibility (CSR) or Corporate Governance, Employee Assistance Programmes (EAP) or Staff Welfare Programmes. It is envisaged that the rippling effects of enterprise-level HIV&AIDS policy and programme will contribute to an enabling corporate environment that has dedicated workplace leadership, knowledgeable employees and a more holistic Occupational Safety and Health (OSH) system and committee. Specific industries such as seafarers, hotels, OSH inspectorates, trade unions and Government agencies were targeted in this regard.

The Evaluation team will be required to:

- i) Provide an assessment of the impact of the above two-tier approaches in Fiji, Kiribati, Marshall Islands, PNG, Samoa, Solomon Islands, Tuvalu and Vanuatu.
- ii) Assess the progress of the Project in relation to the key Response Fund Grant results as per Letter of Agreement with the ILO under the *Pacific Island*

- Workplaces Combatting HIV&AIDS Project* and the extent to which the project has been consistent with, and supportive of, the policy and programme framework within which the project evolved.
- iii) Highlight the efficiency and effectiveness of the implementation (or non-implementation) of activities against the approved proposal and log frame for the period from February 2012 to August 2013.
 - iv) Offer guidance on whether the Project funds were utilized effectively and efficiently and articulate lessons learned and good practices.
 - v) Deliver an independent unbiased report on the effectiveness of SPC in the overall management and support to the Sub-recipient – ILO.
 - vi) Determine the direct impact of the project on the beneficiaries – whether positive or negative, and whether it was intended or not – through the review of both qualitative and quantitative indicators, and comparing indicators with the original baseline from the start of the project, if any.
 - vii) Define the prospects for sustainability of benefits – including (as appropriate) financial viability/recurrent cost financing, equipment/asset maintenance, institutional capacity building and local ownership, environmental impact, social acceptability, etc.
 - viii) Determine the extent to which experiences have been capitalized and lessons learned captured for further use in future intervention in the country.
 - ix) Decide on the extent to which the project has contributed to increase the national capacity in managing projects, addressing issues and solve problems.
 - x) Assess the stakeholder participation in the management/implementation of the project, and the level of local ownership, project performance with respect to efficiency (input delivery, cost control and activity management) and effectiveness (delivery of outputs and progress towards achieving the purpose). Comparison should be made against what was planned and the value for money gained or not.

The main deliverables of this evaluation are 1) draft evaluation report 4) **a final evaluation report** with executive summary (in standard ILO format). The contents of the report include:

- Title page (standard ILO template)
- Table of contents
- Executive summary
- Acronyms
- Background and project description
- Purpose of evaluation
- Evaluation methodology and evaluation questions
- Project status and findings by outcome and overall
- Conclusions and recommendations
- Lessons learnt and potential good practices (please provide also template annex as per ILO guidelines on Evaluation lessons learnt and good practices) and models of intervention
- Annexes (list of interviews, overview of meetings, proceedings stakeholder meetings, other relevant information)

The main evaluation report should be concise and not exceed 40 pages excluding annexes (supporting data and details can be included in annexes).

All draft and final outputs, including supporting documents, analytical reports and raw data should be provided in electronic version compatible with WORD for Windows. Ownership of the data from the evaluation rests jointly with the ILO and the ILO consultants. The copyright of the evaluation report will rest exclusively with the ILO. Use

of the data for publication and other presentation can only be made with the agreement of ILO Suva Office. Key stakeholders can make appropriate use of the evaluation report in line with the original purpose and with appropriate acknowledgement.

5) Methodology to be followed

The End of Project Review/ Evaluation will consist of a balanced mixed up of literature review, interviews and site visits for fact-finding:

- **Literature reviews:** The project manager should provide the EPR mission with the list of all project-related documents at least 3 weeks prior to the mission. For printouts, it should only provide the 3-5 most significant documents (i.e. those that provide the best summarized description of the background, the actual situation and the context in which the project evolves). The grant project manager may also prepare on a single sheet a summary of the main issues the project has faced so as to ease the focusing of the mission from the start.
- **Interviews:** The mission should start by a well-prepared briefing of the EPR team by the grant project manager and her team, followed by a briefing from SPC M&E team regarding the EPE process prior to field work, addressing each point mentioned above (see the section on what to evaluate above); the briefing should contain all most up-to-date project data, including impact indicators, and checked against their baseline. The briefing should be followed by a session of questions/answers from the Mission to the project head office team, and open discussions among participants on the preliminary conclusions. During the preparatory period, the head of the EPR mission should negotiate whom he/she wants the EPR mission to interview and the project team to arrange all appointments accordingly. The EPR team should then conduct the interviews. As the time allocated is often short, it may be preferable for the EPR team to split and each member to conduct interviews, most relevant to his/her expertise, following a ready-made questionnaire agreed upon prior to the mission. On the sites of implementation, the team will interview beneficiaries of the projects – preferably taken at random – as well as any other on-site inhabitant who may be affected by the project whether positively or negatively. To ensure unbiased information, the mission may ask at any time to meet privately with project beneficiaries (i.e. in the absence of any project staff).
- **Site visits for fact-finding:** On-site visits are to provide first-hand verification of what was reported in the projects' materials. The mission should have prepared in advance a questionnaire so as to obtain the maximum from these visits. Similar to the division of tasks with the interviews, the team may choose to split site inspection tasks so as to inspect the various aspects of the project implementation most relevant to their respective fields of expertise. The mission should be authorized to interview anybody on the site (see above on interviews). The mission must concentrate on assessing the project's impact, notably through the use of both qualitative and quantitative methods. In addition to interviews, the mission can also request to check local registers, notably diagnostic record logbooks in health facilities, etc., and any relevant locally-produced documents and/or data bases.

The impact evaluation will consider all the traditional evaluation criteria, but place more weight on credible examination of impact. It will use a combination of both quantitative and qualitative methods.

- **Qualitative techniques** can facilitate a wider range of explanations, be better at identifying unintended impacts, and sometimes avoid repeating conceptual mistakes made by designers at the beginning of programs. They can sometimes be applied with moderate success even when data collection during the life of the initiative was poor. Qualitative techniques can also be particularly suited for programs working closely with a relatively small number of people – a village-level community development program, or

an organizational capacity-building project. An example of a qualitative technique is the *Most Significant Change* approach, where the evaluator begins the research by inquiring of stakeholders, “what have been the most significant changes over this period?” and only then relates those changes to the intervention.

Donors, including AusAID⁵⁶, are now using more **quantitative techniques** in evaluating aid impacts. Quantitative techniques allow a precise description of a hypothetical counterfactual situation to answer the question: “*what would have happened if there were no intervention?*” – and which can then be compared to the real life result of the program. However, a high degree of statistical expertise is required to avoid pitfalls. Constructing a convincing quantitative counterfactual requires indeed a sound model of reality and good data collection.

7. Management arrangements, work plan and time frame

The evaluation will be conducted to provide donors, grant managers and implementers with sufficient information to make informed judgment about the overall performance of the Grant and the impact that the Response Fund has contributed to preventing HIV & AIDS in the Pacific region and addressing PRSIP II. The evaluation findings will also be useful in further strengthening the 2013-2017 HIV & AIDS multi-country programme cycle and will provide guidance in programme planning, implementation, monitoring and evaluation in the context of an equity focus and right based approach to programming.

The evaluation of the ILO’s *Pacific Island Workplaces Combatting HIV&IDS Project* is expected to cover priority focus countries which are Fiji and PNG as well as the other six countries: Kiribati, Marshall Islands, Samoa, Solomon Islands, Tuvalu and Vanuatu.

The Evaluation Manager is responsible for the overall coordination and management of this evaluation. The manager of this evaluation is Mr. Satoshi Sasaki, Decent Work Specialist who the evaluator reports to. Ms. Pamornrat Pringsulaka Regional Evaluation Officer at ILO Regional Office for Asia and the Pacific (ROAP) Bangkok will provide support and oversee the evaluation process and quality control of the Report.

⁵⁶ For more details see “Impact Evaluation” in AusAID Office of Development Effectiveness website at http://www.ode.ausaid.gov.au/publications/pdf/impact_eval.pdf

ANNEX 2: GUIDE TO KEY INFORMANT INTERVIEWS FOR THE EVALUATION OF THE ILO PROJECT ON COMBATING HIV AND AIDS AT THE WORKPLACE

Introduction

The objective of the Project is to protect workers against HI related stigma and discrimination through developing and implementing HIV Workplace policies at the national and enterprise level.

The workplace provides an excellent locale within which to access both female and male workers and engage them in discussion of HIV and its related stigma as well as the vulnerability of women to HIV infection through gender based violence.

Eight Pacific island countries were involved and between June 2012 and June 2013 17 trainings for a total of 563 workers were undertaken.

The training package includes the following,

1. An introduction to ILO and its standards as set out in ILO Recommendation 200
2. The key principles of recommendation 200 including the rights of workers
3. HIV Basics including what is HIV, its mode of transmission, condom demonstration and testimony of a PLHIV, Video on stigma and discrimination
4. The simple Workplace programmes for implementation such as designation of an HIV corner with posters, condoms, IEC materials, referral systems, VCCT locations and resources for new employees.
5. Integrating Health promotion measures into Occupational Safety and Health (OSH) management systems for the creation of a preventive culture
6. Gender and sexual harassment
7. Drafting of a draft HIV Workplace policy as a starting point to kick start discussions within the organization around HIV
8. Role plays to advocate for HIV workplace policy

Participants of the training workshops are also provided with package of resource materials including a USB of all presentations with a view/hope that they in turn can use these to 'bring the HIV message' home to family, in and community.

Purpose of Evaluation.

The purpose of the evaluation is to assess the extent to which the project has succeeded in building HIV capacity among its constituents of working women and men and how in turn these have been able to take the message, including gender and gender based discrimination to 'home' and community.

Methodology

The tool of Key Informant interviews and Focus Group, as part of the arsenal of Qualitative methods will be appropriate in accessing data from participants in the training.

Key Informants will be selected randomly from the population of participants in the two countries to be visited by the evaluation.

To ensure consistency of the issues addressed the questions below have been generated for the documents available. These will guide the interviews and ensure that focus is maintained on the critical issues.

It is estimated that each interview will take between 30-40 minutes.

Questions.

1 Previous knowledge of HIV& Gender

1. Before the training can you recall what you knew about HIV
2. If yes where did you get the information?
3. Can you briefly tell me (write) what you knew before the training
4. Have you ever discussed HIV and AIDS with a friend or a family member
5. Have you ever discussed HIV and AIDS with anyone at work before
6. How many women work in your organization.
7. If there are, is anyone of them in a senior position
8. If there are, is any one of them one of your bosses.
9. How would you feel if you have a woman as your boss?
10. Do you think women should be bosses?
11. Did you ever think HIV and issues of women in your society has to be discussed at work

2 HIV Training Workshops

1. How did you get to know about the workshop on HIV and issues of women
2. Did you feel that an HIV and AIDS is an issue that belong to the workplace and why
3. How long did the Workshop run for
4. At the end of the workshop did you feel that you have learned something?
5. Can you name three things that you have learned which you think are important to you
6. How do you think you can use what you have learnt

3 National Issues

1. Do you think government must take the lead in addressing HIV and AIDS and issues relating to gender?
2. If yes, what exactly can government do
3. As a citizen what do you think is your responsibility in the fight against HIV and AIDS and violence against women?

ANNEX 3: OUTPUTS

National and Enterprise Level draft Policies

National Level:

A National policy on HIV and AIDS in the form of a Memorandum of Agreement between the PNG Employers Federation and the PNG Trade Union Congress Employment Award in PNG developed and finalized in PNG.

Enterprise level workplace policies for HIV: Fiji:

- 5 draft policies were developed in the Hotel Industry for Warwick Resort, Mana Island, Reddy Group of Hotels and Lautoka Hotel.
- Government Institutions: Ba Provincial council and the Fiji Police Force.
- 9 Private Sector Organizations: Fiji Water, Asco Motors, FINTEL, Bank South Pacific, Fiji Development Bank, Fiji National University, Fiji Sugar Corporation, Fiji Sugar Corporation, Flour Mills of Fiji And Housing Authority.
- Draft workplace policies on HIV and AIDS were developed at the Workshops and finalized and launched: Fiji Trades Union Congress (FTUC) and Fiji Corrections Services (FCS).

Kiribati:

- 1 draft policy for Kiribati Islands Overseas Seafarers Union (KIOSU)

Marshall Is:

- draft policies for Ministry of Health and College of Marshal Island

Samoa:

- 5 Government Departments, developed draft policies: Ministry of Commerce, Industry and Labour; Ministry of Women; the Samoa Public Services Commission; Samoa Police Services and Samoa Fire and Emergency Services.
- 2 worker's organization: Samoa Public Services Association and Yazaki Workers Association developed policies
- 4 private sector organizations: Accident Compensation Corporation, Electric Power Corporation, Samoa Shipping Services and the Samoa Chamber of Commerce and Industry developed policies.

Solomon Is:

- Draft national policy from the Department of Labour

Tuvalu:

- 1 draft policy for Tuvalu Overseas Seafarers Union (TOSU)

Vanuatu:

- 1 draft for the Department of Labour
- 1 draft for the Vanuatu Council of Trade Unions

ANNEX 4: PRE/POST SURVEY

Pre and Post Workshop Knowledge results.

Survey Questions.

1. What does HIV and AIDS stand for, briefly explain the difference
2. Is HIV and AIDS a workplace issue, (Yes or No) explain your answer
3. Mosquitoes transmit HIV (True or False)
4. Mandatory blood test is the solution to our HIV woes (True or False)
5. How can HIV affect labour force in your country
6. Name some body fluids which HIV virus can multiply in
7. Only gays and sex workers (prostitutes) are at risk of being infected by HIV
8. Should you as a worker has the right to know if the person working next to you has HIV
9. The virus can pass from one person to another through sharing pens, cups, spoons, using the same toilet, and swimming pool (agree or Disagree and explain)
10. What is gender and why should you be informed about it.

Country/Organization/Attendance	Pre-Test (%)	Post-Test (%)	Knowledge Improvement (%)
Fiji Corrections Services (Management) N-61	-	-	-
FTUC/Fiji Women's Wing N-26	42.89	71.25	28.36
Kiribati Seafarers Workshop N-25	28.28	46.09	17.81
Lautoka Seafarers N-26	29.8	57.38	27.60
Lautoka Correctional Service N-26	30.45	58.50	20.05
Labasa Tripartite Workshop N- 27	39.60	59.00	19.40
Labasa Correction Service N	-	-	-
Ministry of Health, Fiji	-	-	-
Mana Island, Fiji	38.89	58.33	19.44
Marshall Islands Tripartite N-17	46.1	69.50	23.35
Nadi Tripartite Workshop	51.00	-	-
Outrigger Hotel Workers N-38	34.05	68.64	34.59
PNG Workshop N- 27	47.11	70.88	23.78
Samoa Tripartite (Govmnt) N-23	38.44	67.8	29.42
Samoa Tripartite (Employers) N-10	35.00	89.44	54.44

Country/Organization/Attendance	Pre-Test (%)	Post-Test (%)	Knowledge Improvement (%)
Samoa Tripartite (Workers) N-27	39.35	62.50	23.15
Suva Workers Workshop N-34	44.09	63.97	19.68
Suva Seafarers N-23	36.75	52.27	20.52
Solomon islands Tripartite Workshop N-25	29.32	60.5	29.32
Tuvalu Workshop N-23	22.14	38.10	15.95
Vanuatu Tripartite N-17	28.68	45.67	16.98
Vanuatu Seasonal Workers N-14	31.33	53.67	22.33
Warwick Hotel Staff	31.11	47.81	16.70

Source: Adapted from ILO Workplace combating HIV and AIDS reports, 2012

ANNEX 5: PEOPLE INTERVIEWED IN Papua New Guinea AND FIJI

NAME	ORGANISATION
PAPUA NEW GUINEA	
Kornet Sapuli	Department of Labour and Industrial Relations
Donald Lunen	Executive Director, OSH
Moses Maki	Executive Director, Labour Inspection
KanauLobuna	Department of Labour and Industrial Relations
George Vaso	Secretary, Department of Labour and Industrial Relations
Maria Lovaga	Deputy Secretary, Department of Labour and Industrial Relations
Pauline Dee	Papua New Guinea Development Law Association
John Paska	Papua new Guinea Trade Union Congress
Florence Willie	PNG Employers Federation
Joanne Robinson	UNAIDS
FIJI	
Maciu Nokolevu	Fiji Red Cross
Dr. D. Iniakwala	Secretariat of the Pacific Community
Alison Cupit	General Manager, BAHA Fiji
Maciu Kete	Seafarers Union
Suka Salusalu	Fiji Commerce & Employers Federation
Arieta Moceica	Ministry of Social Welfare, Women and Poverty Alleviation
Anareta Apole	“
Racieli Maura	“
Suresh Chand	Fiji Correctional Services
Penaia Rakotoli	“
IsaiaVucagi	“
Raijeli Naruma	Fiji Trades Union Congress, Women and Youth Wing
BiuWaqaburotu	Warwick Hotel
Sharon Murthi	Outrigger Hotel/Resort
Isimeli Tuivaga	Ministry of Labour, Fiji
MakaretaTabakauco	“
Mary Ensico	“SPC/GMU (SKYPE)
Amy Chutaro	SPG/GMU (SKYPE)

ANNEX 6 MEMORANDUM OF AGREEMENT

MEMORANDUM OF AGREEMENT

This Agreement shall be between, the Employers Federation of Papua New Guinea of the one Part, and the Papua New Guinea Trade Union Congress of the other Part.

Whereas the parties agree;

1. Application of the Agreement

This Agreement shall be a supplementary addendum to the General Employment Award No. 13 of 1975, giving effect to the ILO Recommendation No. 200 (2010), concerning HIV and AIDS in the World of Work.

This Agreement shall be binding upon all affiliates of the Employers Federation of Papua New Guinea and the Papua New Guinea Trade Union Congress.

2. Operation and Duration of Agreement

This Agreement shall come into effect immediately upon registration with the Industrial Registrar and notification in the National Gazette and shall remain in force until varied or superseded by another Agreement.

3. Policy Guidance on HIV and AIDS in the World of Work

Employers and workers, working under all forms or arrangement and covering all types of workplaces, shall take measures to give full effect to the ILO Recommendation concerning HIV and AIDS in the World of Work, 2010 (No. 200).

Real and perceived HIV status shall not be a cause for termination of employment. Persons with HIV shall not be denied the possibility of continuing to carry out work, with reasonable accommodation if necessary, for as long as they are medically fit to do so.

HIV testing or other forms of screening for HIV will not be required of workers, including migrant workers, job seekers or job applicants. Testing must be genuinely confidential and free of coercion and not endanger access to jobs, tenure, job security or opportunities for advancement.

The HIV status of all workers shall be strictly confidential consistent with the ILO code of practice on the protection of workers' personal data, 1997.

Employers and workers shall take steps to ensure that comprehensive HIV prevention programs are carried out in the world of work in the formal and informal economies. Prevention measures will include education programs:

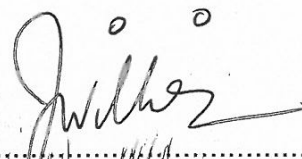
- To reduce risk of all modes of HIV transmission and promote the reduction of risk behaviors;
- Occupational transmission such as health and safety measures, particularly in sectors vulnerable to occupational transmission such as the healthcare sector; and
- Promotion of voluntary HIV counseling and testing and access to condoms.

Workers living with HIV and AIDS and their dependants should benefit from full access to available healthcare whether this is provided under public health schemes, social security systems, private insurance or other schemes. These services should include access to free or affordable voluntary counseling and testing; antiretroviral treatment and adherence education and support; proper nutrition; treatment of opportunistic infections and sexually transmitted infections and other HIV related illnesses.

There shall be no discrimination against workers or their dependents based on real or perceived HIV status for accessing social security systems including protections for disability, unemployment, retirement and death benefits.

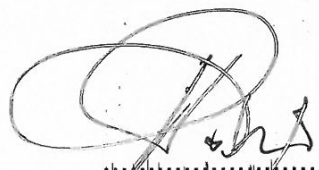
Dated this 18th day of October, 2012

Signed for and on behalf of
Employers Federation of PNG



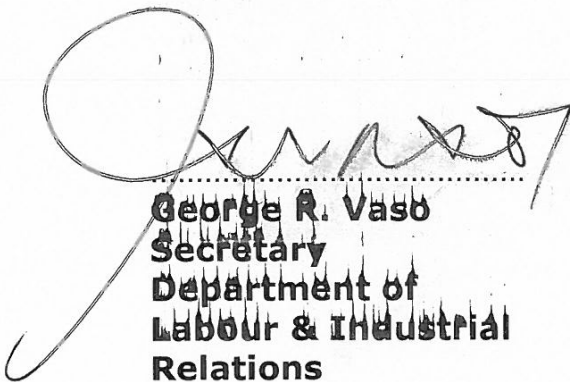
.....
Florence Willie
Executive Director

Signed for and on behalf of
PNG Trade Union Congress



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John Paska
General Secretary

Witnessed by:



.....
George R. Vaso
Secretary
Department of
Labour & Industrial
Relations