



International  
Labour  
Office

# Final Evaluation

## Cambodia



*May 2007, Geneva*

International HIV/AIDS  
Workplace Education  
Programme

ILOAIDS

SHARE: Strategic HIV/AIDS Responses by Enterprises

# International HIV/AIDS Workplace Education Programme

## SHARE - Strategic HIV/AIDS Responses by Enterprises

### Final Evaluation Cambodia

May 2007

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## Preface

This report was prepared by independent consultants with no previous involvement in the programme. Responsibility for the content and presentation of findings and recommendations rests with the evaluation team. As such, the views and opinions expressed in the report do not necessarily correspond to the views of the ILO, its members, or implementing partners.

## Executive Summary

### *The evaluation mission*

The purpose of the final evaluation was to assess the progress made by the Cambodia HIV/AIDS Workplace Education Project. The evaluators addressed issues of both project implementation and project impact. An international and a national consultant carried out the evaluation during five days of intensive fieldwork in Cambodia. The evaluators noted that the duration was extremely short in relation to the comprehensiveness of the project activities to be evaluated. The preliminary synthesized findings were presented in Phnom Penh to the Project Advisory Board (PAB) on Monday 30 April.

### *Project status*

The ILO has been engaged in increasing the understanding of the need for comprehensive workplace interventions on HIV/AIDS by the tripartite partners (the Ministry of Labour and employers' and workers' organizations), industry representatives, non-governmental organizations (NGOs), and international organizations. These partners have become increasingly supportive of workplace programmes and policies, and have begun to identify their individual roles in the capacity-building process. The project has achieved quite a lot in a relatively short period. Two major achievements of the project were its sound tripartite approach and the creation of a legislative environment for HIV/AIDS in the workplace in Cambodia. The project was established within the context of some important external constraints, i.e. the post election period, the main government partner (MoLVT) being a newly created ministry, and the general limited implementation capacity of the project's main stakeholders.

### *Project strategy*

The evaluators observe that the project strategy is a valid one. The strategy was systematically implemented stage by stage and at the time of the final evaluation, most emphasis was being given to the third stage, i.e. developing and implementing HIV/AIDS policies and programmes in workplace situations. The report also shows that there is some reason for project reflection and possible review on the fact that two years after the Mid-Term Internal Assessment, the third stage although much more visible than before, had still not made widespread and lasting impact.

### *Impact at workplace level*

The report notes that the project has had a modestly positive impact on behaviour change as a preventive measure to HIV/AIDS. The evaluation finds the behaviour change communications (BCC) model to be a logical and thorough system of sensitizing and educating people. However, it also observes that the model has not yet been implemented systematically enough. The conclusion is that there is still a lot of scope to make the system more coherent and to intensify activities at the same target workplaces in order to ensure lasting impact.

### *Quality and impact of project activities on the stakeholders*

An overview of stakeholder commitment shows the current understanding and perceived capacity for each. Although they have generally adopted the project activities as much as possible within their own programmes, most stakeholders are not yet ready to be left alone to continue HIV/AIDS workplace education.

### *Project management and tools*

The evaluation has found evidence of a well-functioning project management structure. The outstanding human resources assisted by some intelligent project mechanisms have permitted many achievements with relatively little financial resources. The early “mapping” work done was of good quality and helped the project to make crucial and correct decisions on target sectors and it provided useful elements for its immediate and longer-term project planning. It also presented information used by the project to build up its partnership network.

### *Monitoring and evaluation*

The Performance Monitoring Plan (PMP) is a strong tool as it goes to the heart of the matter, i.e. the hoped for attitudinal and behavioural change among workers. The system is well developed and allows for regular monitoring and it also provides a useful immediate overview of the project situation for internal assessments or external evaluations. The evaluation has looked into the way the project has responded to the findings of the Internal Assessment held in April 2005. It concludes that the project has responded to many but not all issues highlighted at the time and that if instead it had responded to all, some of the weaknesses highlighted in this report would most likely not have occurred.

### *Sustainability*

A workshop on sustainability held in January 2007 with the participation of the PAB members, helped to analyze the project's achievements and provided a useful breakdown of the constraints and opportunities. However, the report shows that project activities have not yet been made fully sustainable and therefore if they are brought to a halt within the ILO/USDOL project structure by the end of June 2007, there will be no guarantee of their continuation within the structures of the project stakeholders.

### *Partnership*

The document explains how the project collaborates with the Cambodian Government, and more particularly with the MoLVT and the Cambodian National AIDS Authority (NAA). It shows that these relations are excellent. The evaluation noted that the ILO/USDOL project has established itself as a remarkable player within the field of HIV/AIDS interventions in Cambodia. The links between the project and the other players in this field are functional, positive and professionally rewarding to other partners, but they also expressed their concern about the end of the project.

The Project Advisory Board has been an essential instrument for the project to have its activities – at least for the greater part – integrated into Cambodian public and civil services, and the private sector. It has also been instrumental in developing national legislation and policy on HIV/AIDS education in the workplace. The evaluators questioned how the continuation of this national platform can be ensured after the project's end.



The project furthermore has good relations with its NGO partners, having introduced the BCC model, and it collaborates well with other ILO projects in Cambodia. The project was able to foster its constituents' involvement and promote social dialogue. The evaluators have also tried to gauge the commitment of the stakeholders towards the project and an overview provided in the report shows that in general the commitment is high.

#### *Other issues*

Very useful materials have been developed by, or made available through the project. It is noted that special attention needs to be paid to having appropriate materials for workers as the availability seems to be somehow limited. The project has been able to scale-up and replicate sectors over time. Finally, it has been noted that gender considerations are taken into account by the project.

#### *Lessons learned and areas for further study*

The evaluation puts forward two main lessons learned: the first about how important it is to integrate "sustainability" concretely from the very beginning of the project to its end, and the second about the apparent need for more intensive "facilitation" and support at the workplace level. Two interesting "good practices" which the project developed are also presented. The report suggests areas for further study should be the needs of illiterate – mostly migrant – workers and how to focus on the problem of alcohol abuse in relation to the prevention of HIV/AIDS.

#### *Conclusions*

The evaluation's conclusions are both of a general and specific nature. The general conclusions concern the place Cambodia took as one of the first countries within the overall ILO/USDOL HIV/AIDS workplace education programme. Given this reality, and the many project achievements the conclusion is made that an impressive job has been done by all those involved, and more particularly by the national programme coordinator (NPC) and his team, with essential support from programme management.

The stakeholders have clearly adopted the ILO/USDOL project as a serious partner and they have all begun to work within the strategic framework laid out by the project. However, in general further assessments will be needed in the future to determine whether project achievements have become sustainable, as there is currently no concrete assurance that the valuable work started will in fact be continued. A potential gap in the post-project situation is noted. It is also concluded that the project delivery at the workplace level, although based on a potentially attractive system, needs to be strengthened requiring some serious reviewing and a more rigorous implementation.

#### *Recommendations*

The report ends with recommendations addressed to the project holder ILO. These recommendations cover the key concerns of this evaluation.

Immediately:

- Find a donor interested in financing an immediate transition period of one year, starting on July 1 2007; and,
- Prepare with the tripartite partners a sustainability plan which shows clearly, "who does what and how and when". This should include delegation of the roles and functions currently carried out by the national project coordination system, backed up by Geneva project management and technical backstopping by the Bangkok Subregional Office (SRO).

During the transition period:

- Formulate a sound five-year programme (starting on July 1 2008) based on the "pilot" experience of the ILO/USDOL project and ensure financial support for the full five years.

The following recommendation is addressed to USDOL:

- Given the findings of this evaluation regarding the insufficient duration of the project to prove achievement of lasting impact on the workplace level and sufficient capacity amongst the key stakeholders to continue the project activities without external assistance, consider a longer project duration with proportional funding for other country projects within the global HIV/AIDS in the workplace programme.

The following recommendations are addressed to the Cambodian stakeholders:

- Review the intervention/target sectors by taking into account the priority needs related to HIV/AIDS-aggravating factors such as poverty, illiteracy and migration;
- Evaluate the effectiveness and the specific problems related to the BCC system in practice on the workplace level and identify necessary improvements; and,
- Conduct a study into the use of alcohol as an aggravating factor in the occurrence of HIV/AIDS.

## Acronyms

AIDS	Acquired Immunodeficiency Syndrome
APPT	Alleviation of Poverty through Peer Training
ANC	Antenatal Care
BCC	Behaviour Change Communication
CAMFEBA	Cambodian Federation of Employers and Business Associations
CBA	Collective Bargaining Agreement
CBCA	Cambodia Business Coalition on AIDS
CCTU	Cambodian Confederation of Trade Unions
CHRHAN	Cambodian Human Rights and HIV/AIDS Network
CIDA	Canadian International Development Agency
CLC	Cambodian Labour Confederation
CPN+	Cambodian People Living with AIDS Network
CCTUF	Cambodian Construction Workers Trade Union Federation
DANIDA	Danish International Development Agency
DoLVT	Department of Labour and Vocational Training (at provincial level)
DoOSH	Department of Occupational Safety and Health
FHI	Family Health International
Focal Point	The person in a target enterprise or within a stakeholder structure who functions as the particular reference person vis-à-vis the ILO project
GMAC	Garments Manufacturers' Association of Cambodia
HACC	HIV/AIDS Coordinating Committee
HIV	Human Immunodeficiency Virus
HR	Human Resources
ILO	International Labour Office
MoLVT	Cambodian Ministry of Labour and Vocational Training
MoU	Memorandum of Understanding
MSA	Ministry of Social Affairs
NAA	Cambodian National AIDS Authority
NGO	Non-Governmental Organization
NPA	National Programme Assistant
NPC	National Project Coordinator
PAB	Project Advisory Board
PAO	Provincial AIDS Office
PEPFAR	(US) President's Emergency Plan for AIDS Relief
PLHA	People Living with HIV/AIDS
PMP	Performance Monitoring Plan
PMTCT	Prevention of Mother to Child Transmission
PRAKAS	Royal decree in Cambodia, which becomes official Government legislation
SRO	ILO Subregional Office in Bangkok
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
ToT	Training of Trainers
TPR	Technical Progress Report
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	US Agency for International Development
USDOL	US Department of Labor
VCCT	Voluntary Confidential Counselling and Testing
YGM	Yangtzekiang Garment Manufacturers Co. Ltd (Cambodia)

## 1. Background and project description

The US Department of Labor awarded a five-year grant to the International Labour Organization to implement a US\$4,644,596 million global HIV/AIDS in the workplace programme. As part of this programme, the ILO began a three-year US\$431,000 (later increased to US\$483,000) HIV/AIDS workplace education project in Cambodia in 2003, which was further continued with a no-cost extension until June 2007 and subsequently to 31 August 2007.

In 2002, the HIV infection rate in Cambodia was the highest in Asia and, despite declines in prevalence among higher risk groups; the infection rate remained higher than that of its neighbouring countries. The worst affected population category was the 15-49 age group, constituting nearly 94% of all reported cases – also the working and economically active segment of society. The estimated costs of the epidemic to the Cambodian economy were expected to reach two billion US dollars by 2006.

The Ministry of Health has been active in the fight against HIV/AIDS since 1991. To help ensure a multi-sectoral approach, the National AIDS Committee was established in 1993, which later become the National AIDS Authority (NAA) in 1999. A number of international non-governmental organizations were involved in workplace interventions. The involvement of the Ministry of Labour and Vocational Training (MoLVT), employers' and workers' organizations was limited in scope. However, there was a general awareness among ILO's tripartite constituents that much more could be done in promoting an enabling environment to develop policies and prevention programmes on HIV/AIDS and the world of work. The national law on "Prevention and control of HIV/AIDS" highlighted the importance of workplace programmes and MoLVT developed a "Strategic Plan for a Comprehensive Response to HIV/AIDS, 2002-2006".

The overall strategy of the ILO/USDOL project has been to increase the capacity of the tripartite constituents to design and implement workplace HIV/AIDS prevention policies and education programmes. The strategy was designed to build upon the ILO's experience in advocacy and policy development particularly drawing on the *ILO Code of Practice on HIV/AIDS and the World of Work*, and Family Health International's (FHI) experience in developing behaviour change communication programmes for different target groups.

In May 2004, ILO Geneva-based staff, consultants from Management Systems International, a USDOL representative, and the National Project Coordinators met to develop the overall strategic framework. A generic strategic framework was also developed which was subsequently adapted for each project country. As evidenced in the framework, the overarching development objectives serve as the long-term goal of the project. The project is intended to contribute to the realization of these objectives. The development objectives are:

- Reduced HIV/AIDS risk behaviour among targeted workers; and
- Reduced level of employment-related discrimination against persons living with HIV/AIDS.

The long-term objectives were to be accomplished by pursuing four immediate objectives:

- Improved knowledge and attitudes related to HIV/AIDS risk behaviours;
- Increased awareness and use of available HIV/AIDS workplace services;
- Reduced stigma against persons living with HIV/AIDS; and
- Increased knowledge of HIV/AIDS workplace policy.

The project implementation and its monitoring system take place on three levels: national (with the capacity building of the tripartite partners and national policy development), enterprise (with structures, policies and peer educators able to deliver HIV/AIDS education), and workers (who of course are the ultimate project targets). The monitoring at national level is done by the NPC, at enterprise level by its focal points<sup>1</sup> on a six-monthly basis and at worker level by surveys (baseline in late 2004 and impact in March 2007).

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<sup>1</sup> Each target enterprise has one focal point

A consulting firm was contracted to conduct the surveys and data collection exercises in Cambodia. The primary methodologies used for data collection were workers' survey questionnaires and onsite interviews. A sample of 395 workers from enterprises that had signed a Memorandum of Cooperation (MoC) with the project was randomly selected. Baseline data are available. Impact data from an impact survey held in March 2007 were available at the time of the final evaluation.

The logic behind this three-level intervention is that the project will be able to target its efforts in such a way that the first two levels ultimately reinforce the desired change at the third level.

The strategic framework and the performance monitoring plan, which set the performance indicators for its development and immediate/sub-immediate objectives, are among the key project documents. A mid-term internal assessment was conducted in April 2005.

## **2. Purpose of evaluation**

The purpose of the Final Evaluation was to assess the progress made by the Cambodia HIV/AIDS Workplace Education Project. The evaluators addressed issues of both project implementation and project impact. In particular, the final evaluation was to:

- Determine if the project had achieved its stated objectives and explain why/why not;
- Assess the impact of the project in terms of sustained improvements achieved during the project time-frame or, where possible, predict impact over the next three to five years, e.g. the effectiveness of new or revised policies and programmes developed, adopted and applied at both national and enterprise levels; their consistency with the key principles of the ILO Code of Practice; and documented behaviour changes with selected beneficiaries; and
- Document good practices that could be used as models for activities in other projects; and make recommendations to the ILO, the donor, and national stakeholders on the next steps to ensure the sustainability and future effectiveness of project interventions.

## **3. Evaluation methodology**

Documentation study was done before and during the mission. The international consultant was briefed by the HIV/AIDS Workplace Programme Management Team at the ILO in Geneva. He met with Mr Behrouz Shahandeh, Programme Manager, Mr Maurizio Bussi, Senior Technical Specialist, and Ms Josée Laporte, Programme and Operations Officer. He was also introduced to and given a demonstration of the programme's "Community Zero" an extranet system.

At the start of the field mission, the international and the national consultant were briefed together by the NPC of the HIV/AIDS Workplace Education Programme in Cambodia and his Project Assistant/Training Coordinator. The fieldwork lasted effectively five days, from Monday 23 April to Friday 27 April (please see Annex V for itinerary). This period proved to be extremely short for a sufficiently thorough evaluation of the project's achievements and impact. The results of the evaluation should be seen as being based on a limited, but well organized assessment undertaken by two seasoned evaluation consultants. The general "tendencies" found by the evaluators at field level are generally confirmed by the March 2007 Impact Survey' results.

Interviews were held in Siem Reap and Phnom Penh with all levels of stakeholders and partners of the project. These included target enterprises (ordinary workers, peer educators, HIV/AIDS committee members, focal points, management), a hotel school (targeted by the project), local level union representatives, employers' organizations, trade union confederations and federations, the Ministry of Labour and Vocational Training, the Department of Occupational Safety and Health's Friendly Education Centre (supported by the project), the National AIDS Authority, UNAIDS, USAID, and four important NGO partners.

The NPC was regularly consulted before or after visits and where possible he participated in evaluation interviews as a resource person.

The team took time before meetings and visits to discuss the line of questioning and the anticipated information. As both consultants were complementary they mostly did the visits and meetings jointly. Some exceptions were made with visits at workplace level where discussions were held with workers by the national consultant, who was able to communicate directly in Khmer, while the international consultant met with management or committee members. Except for the work in Siem Reap, during almost all evaluation activities in Cambodia, a professional interpreter assisted the international evaluator.

On Friday evening, 27 April, the evaluators had a last discussion with the NPC and the ILO Geneva's Programme and Operations Officer, Josée Laporte, to clarify any outstanding issues.

Saturday 28 and Sunday 29 April were used by the evaluators to synthesize their findings and prepare a presentation for the PAB meeting, which was held on 30 April. In that meeting, the preliminary findings were presented and some immediate reactions from the various stakeholders collected. Unfortunately, there was limited time to discuss or clarify issues on the preliminary findings further in that meeting.

This report provides the findings of the above sketched evaluation process.

## **4. Project status**

The ILO has been engaged in increasing understanding of the need for comprehensive workplace interventions on HIV/AIDS by the tripartite partners (Ministry of Labour and employers' and workers' organizations, industry representatives, non-governmental organizations, and international organizations). These partners have become increasingly supportive of workplace programmes and policies, and have begun to identify their individual roles in the capacity-building process.

The project has progressed according to its workplan. The Cambodia task lists on the ILO/USDOL International HIV/AIDS Workplace Education Programme's interactive website "Community Zero" showed the following on 20 June 2007:

- 25 tasks fulfilled the full 100%;
- 28 tasks between 80 and 99%; and
- Three tasks fulfilled between 60 and 75%.

The "drafting of the National Sustainability Plan for review and approval by the PAB" was still given the lowest score of fulfillment (15%) at the beginning of June 2007. It has since moved up to 90%.

The latest Technical Progress Report (TPR)<sup>2</sup> presents an update on project achievements. One major recent achievement has been the launching of the Prakas on the Creation of HIV/AIDS Committees in Enterprises and Establishments and Prevention of HIV/AIDS in the Workplace by the MoLVT (September 2006).

### *Overall project achievements*

The project has certainly achieved quite a lot in a relatively short period (formally three years, five months, effectively less because of a late commencement and some start-up delays). Two major achievements of the project were its sound tripartite approach and the creation of a very relevant legislative environment for HIV/AIDS in the workplace in Cambodia.

In summary, the important project achievements were:

- Cambodian legislation, the Prakas, which provided a degree of accountability on the part of the stakeholders – specifically the enterprise management and local unions – and which imposes the use of a comprehensive set of practices in the workplace;

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<sup>2</sup> Ref. TPR with reporting period: 1 September 2006 – 28 February 2007

- The project strategy, which encourages stakeholders through sensitization and training to implement HIV/AIDS education programmes at the workplace;
- A tripartite working platform (PAB, workshops), which provides social dialogue dynamics and a joint convening capacity;
- Committed involvement of all three tripartite partners individually through their constituents to seriously address HIV/AIDS issues in the workplace;
- An extensive partnership at national level (PAB, NAA, UN, NGOs, media, etc), which allows for a broad social basis, a positive information sharing and a joint learning process;
- A strategic choice of intervention sectors, which ensures that a start is made in those workplace situation, which are representative of large-scale HIV/AIDS risks;
- An HIV/AIDS education system at the workplace level (Memorandum of Cooperation, HIV/AIDS committee, enterprise policy, focal point, peer educators, training, information, education activities, monitoring and evaluation), which has much potential to considerably increase HIV/AIDS prevention and ensure that other principles and services stipulated in the Parkas are adhered to or delivered;
- A capacity to assess impact at the workforce level, which helps to understand the possible change of behaviour of individuals;
- Some good practices (inclusion of HIV/AIDS knowledge in the training curriculum of the Hotel School in Siem Reap, awareness-raising activities at the DoOSH Friendly Education Centre in Phnom Penh with workers who are undergoing a general health examination before they start working). Commitment has been assured by the DoOSH/MoLVT for the continuation of these activities;
- Trade Union policy on HIV/AIDS: The trade union policy on HIV/AIDS endorsed by CCTU,CLC and CCTUF in May 2006, and scheduled to be endorsed by the NACC in June 2007;
- The project's cost-effectiveness. For US\$483,000<sup>3</sup> some 23,000 workers were reached with HIV/AIDS education. Without considering the real quality of the education or its impact here, this means that the project, with an investment of US\$21, per worker has ensured that each one has had exposure to information on HIV/AIDS prevention, and knowledge about and access to HIV/AIDS services in the workplace. For the same money, the project also invested in 15 enterprises to establish policies and BCC systems. Still for that money, the project was also able to contribute considerably to establishing a legislative environment for HIV/AIDS in the workplace at the national level and through training (workshops etc) it also developed the capacity of the three important tripartite partners in Cambodia, the MoLVT (and more particularly the DoOSH), the most important trade unions and the most important employers' organizations.

#### *Project constraints*

While the ILO/USDOL project has been successful in certain areas, and less so in others, it would be worthwhile to present some of the constraints the project has had to face. Some of the more important were:

- The transitional period of the government in 2004 after the elections - this had a braking effect on the implementation process of the programme;
- The Ministry of Labour and Vocational Training (MoLVT) is a new ministry<sup>4</sup>. Even though the project focal point in the ministry and the chair of the PAB have remained the same, it took quite some time for them to settle in the new ministry, sensitize management and gain support from the new top management;
- The limited implementation capacity of the project's main stakeholders needed consistent follow up and training. A lot of effort had to be made to provide such intensive support.

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<sup>3</sup> Initially US\$431,000, later augmented to US\$483,000. Information from ILO budget documents.

<sup>4</sup> It was separated from the old ministry, which was the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MSALVY).

## 5. Findings

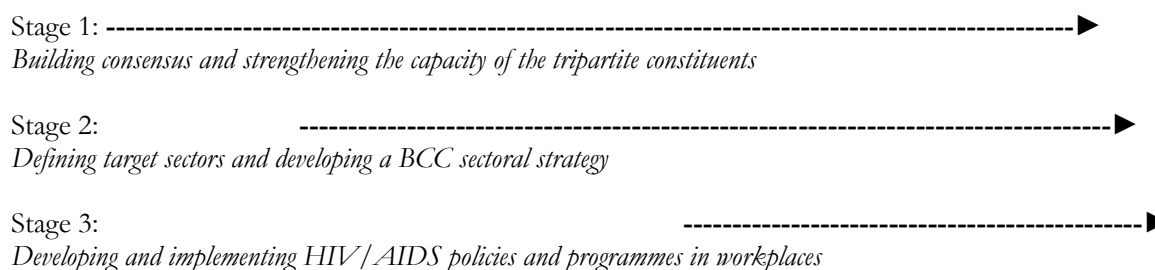
### 5.1 The project strategy

The April 2005 Mid-Term Internal Assessment concluded that the project's overall strategy and methodology "remained valid"<sup>5</sup>.

The final evaluation also concludes that the project's strategy, based on the three-stage approach, was valid. It was systematically implemented stage by stage and by the time of the final evaluation, most emphasis was given to the third stage, i.e. developing and implementing HIV/AIDS policies and programmes in workplace situations.

The logic behind the three-stage approach is well appreciated by the evaluators, but only if each stage after its start remains active.

Schematically it would look like this:



Stage 3 had only just commenced during the mid-term internal assessment and not much could be said at the time about achievements of activities at this stage.

Generally speaking, the project has tried to implement its activities according to its strategic framework. It has often succeeded in this effort, but sometimes less so.

As will be explained further in this report, the project strategy's development objectives<sup>6</sup> have been achieved to a modest degree. As to the project's immediate objectives<sup>7</sup>, this evaluation shows that progress has been made towards achieving the first three. The last immediate objective requires further work.

How the project was able to make progress towards its Sub Immediate Objectives is shown in a table presented in Annex I.

The proposed stages (I, II and III) of project implementation were followed<sup>8</sup> for the first two stages, but despite the clear indication within stage III of "Finalize mechanisms for sustainability", the project failed to get this organized in time. At this stage, it seems very difficult to make up for the time lost. In particular because it concerns the sustainability of activities of a project which is almost at its end and which has not rendered its activities sustainable. An additional problem shown in this report is that real progress at workplace level is limited and further work and attention is needed to make it sustainable.

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<sup>5</sup> "Despite the refocusing of the objectives during the PMP exercise."

<sup>6</sup> 1. Reduced HIV/AIDS risk behaviour among targeted workers, and 2. Reduced level of employment-related discrimination against persons living with HIV/AIDS.

<sup>7</sup> 1. Improved knowledge and attitudes related to HIV/AIDS risk behaviours, 2. Increased awareness and use of available HIV/AIDS workplace services, 3. Reduced stigma against persons living with HIV/AIDS, and 4. Increased knowledge of HIV/AIDS workplace policy.

<sup>8</sup> With some hiccups in timing, especially during the earlier parts of the project implementation period.



## *Findings*

The strategic framework could without much discussion be considered sufficiently concrete: the tool is there! It has helped to bring considerable advancement in the fight against HIV/AIDS and established very useful preventive instruments in the world of work. Further future assessments will be needed to determine whether the project has achieved sustainability mainly because serious initiatives on this issue were taken rather late. There is reason for project reflection and possible review on the fact that exactly two full years after the mid-term internal assessment, the third stage although much more visible than before, has still not made a widespread and lasting impact.

### **5.2 Impact at workplace level**

The March 2007 impact survey has provided a detailed comparison with the earlier baseline survey (September 2004). Both studies took place in enterprises targeted by the project. This evaluation will summarize these findings and try to give some explanations also in the light of the interviews conducted by the evaluation team.

The evaluators were able to notice from their meetings with workers in the various workplaces that the project does have a positive impact on behaviour change as a preventive measure to HIV/AIDS. The March 2007 impact survey of the project confirms this observation as it shows a general moderate positive change (compared to the project's September 2004 Baseline Survey) on the behaviour of the project's target population.

Some examples from the recent survey:

- The percentage of targeted workers who report having sex with a non-regular partner in the last three months decreased from 18.3 to 12.4%;
- Condom use among targeted workers who report having sex with a non-regular partner in the last three months, increased from 96.5 to 98%;
- The percentage of targeted workers who correctly identified three means of protection against HIV infection was 52.6% and is now 65.3%;
- The percentage of targeted workers who report an accepting or supportive attitude towards HIV positive co-workers increased from 70.9 to 83.8%.

Workers have indeed some basic knowledge of HIV/AIDS (the way it can spread or not spread and about condom use). As shown by the Impact Survey, there is also positive behaviour change, such as less frequency of visiting brothels or having multiple partners, etc., but still many do not really know the serious impact of AIDS due to their ignorance<sup>9</sup>. In any case, many workers in the targeted enterprises, especially the hotels, do seem to have the basic knowledge regarding HIV/AIDS needed for attitudinal change, but not much in-depth.

Despite an overall significant increase in the proportion of workers who reported they were confident about using condoms correctly, the percentage of women reporting to be confident in using condoms correctly is still significantly lower than for men (60.6% versus 87.7%). As the survey researcher rightly concludes, this situation underscores the need for more attention to the training of female workers on this topic.

The workers' higher degree of understanding of HIV/AIDS and how to protect themselves is in itself a very important positive development. However, two observations need to be made here. Firstly, not all of this positive change can be apportioned to ILO project intervention as workers are also exposed to other sources of information. Secondly, there are still a lot of workers (between 20 and 36%) who have not yet advanced their attitudes<sup>10</sup>.

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<sup>9</sup> Information obtained from peer educators.

<sup>10</sup> Except for condom use with non-regular partners during the last time they had sex, which was higher than 90%.

Workers seem to have a slightly more supportive attitude towards HIV-infected people than before, whether these are co-workers or from outside the workplace. A more significant positive change is seen in the way workers view the possibility of HIV positive workers being fired, or whether they believe that employers will be willing to keep them employed as long as they can perform their duties. There seems to be a growing confidence in the legal protection of people living with HIV/AIDS and reduced stigma and level of employment-related discrimination. The evaluators' interviews with workers confirm this trend. It would be reasonable to consider the project as the main factor for this positive change, as this issue is clearly one of the pillars of the Prakas.

There was a very significant increase in the proportion of workers who reported that they were aware of HIV/AIDS services available at their workplace, from 5% before the project's intervention to 85% after the intervention. The more detailed breakdown of the workers' current awareness of specific services shows the following tendencies: health education (80.6%), condom availability (49.9%), voluntary counselling and testing information (18.9%), STD treatment information (18.9%) and HIV care and support (13.2%). The highest levels of awareness are about the existence of health education activities in the workplace. The awareness on services other than health education, which is certainly very important to the workers, still needs a lot more attention.

Although there has been an increase from the time of the baseline survey (was 5%), only 18.7% of the workers interviewed recently during the impact survey reported that they knew their employer has an HIV/AIDS policy that protects employees who have HIV/AIDS. This is still very low and shows that workplaces have not yet fully succeeded in the dissemination of information about their policy; this requires attention and follow up action by all target enterprises. It may be useful to provide the researcher's comments on this low score here: "It might be due to: 1) the current policy dissemination system not being user-friendly, 2) endorsement of the policy being slow and late, or 3) (little) staff attention to all notices or announcements made by the enterprise."

There is still a low-level of workers interviewed who reported having received condoms at the workplace in the past 12 months (only 30.5%). It is important to observe that the high level of condom use should not be seen as the result of the project work only, but more as a general trend in Cambodia and probably thanks to the media campaigns.

The evaluators were not surprised to find only a moderate general positive impact on the workers' behaviour, as the project only effectively started two years five months ago and its delivery system at workplace level needs to be strengthened. There is therefore still a lot of scope to render the system more coherent and to intensify activities (training, meetings, education) at the same target workplaces in order to ensure real lasting impact.

At the workplace level, the project has made achievements which show a growing understanding and participation by employers. Some important examples are:

- More than 85% of workplaces deliver HIV/AIDS services;
- 40% of workplaces have a written HIV/AIDS policy, and all of those have incorporated at least the three following principles of the ILO Code of Practice in their written HIV/AIDS policy: non-discrimination, no mandatory testing, and access to education;
- During the project duration, there has been a net increase reported<sup>11</sup> in the level of workplace collaboration and commitment by workers and management.

The evaluation was able to confirm that there is active collaboration between workers and enterprise management and that management shows concrete signs of a growing commitment to the implementation of the Prakas. For example, they contribute (with meeting space and staff time) to HIV/AIDS activities in their enterprises.

As to the validity of the Impact Survey, the researcher explains that he is confident that its findings represent the whole picture of the workers at the workplaces included in the study, and that the similarity of the sample

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<sup>11</sup> Reported orally by the National Project Coordinator.

characteristics in the Baseline Survey and Impact Survey also strengthens the validity of the comparison of the findings.

### *Findings*

The project has had a positive impact on behaviour change as a preventive measure against HIV/AIDS. Not all of this impact can be apportioned to the project as there are also many media campaigns which influence people's behaviour towards the HIV/AIDS problem. It is also early to expect lasting impact at a high level as not all project measures at the workplace level are as yet fully implemented.

### **5.3 The BCC model**

A "cascade" peer education approach is employed in the workplaces. It involves training of trainers (ToT) amongst inspectors from MoLVT and DoLVT, amongst members of trade unions, and amongst key staff of factories/enterprises. These in turn train the peer educators (PEs) in their respective workplaces. The peer educators finally provide information, education and links to services among their peers.

All training of peer educators is conducted for a three-day period followed later by refresher training sessions, using a curriculum based on the findings of the formative assessment for BCC. It includes HIV/AIDS and general STI awareness as well as strategies to assess and reduce risk and promote skills for staying strong in the face of peer pressure (male workers and their culture of masculinity experience a great deal of peer pressure to engage in risky behaviour). The training sessions are highly participatory, which is a new learning method for the workers, and participants are challenged to think about issues related to HIV and AIDS, including why people take risks, the way discrimination and stigma helps the disease to spread and how to help others to change their behaviour. Peer Educators have also been mobilized to promote counselling and testing and STI services (although STI services are not available in the workplace clinics but they have access to public or NGO clinics through the regular referral system).

Besides the guiding document on workplace HIV/AIDS and STI for peer education training, there is also the booklet on *"Know more about HIV/AIDS"* – an education tool for those who work in the informal sector. Both are used as training manuals as they are clear in the way they instruct and easy to understand.

Apart from a number of first-stage training activities which included early sensitization and executive briefings, with the help of the BCC approach the project has so far trained 55 trainers, (ToT, tripartite plus NGOs and PLHA) in Phnom Penh and Siem Reap, 150 medical officers from enterprises, 50 service providers (jointly trained by UNAIDS, ILO, and CARE Cambodia), 47 trainers from the trade unions. Furthermore, 804 peer educators were so far trained by trade unions in Phnom Penh and Siem Reap<sup>12</sup>. Through this system, by March 2007 the project had reached some 22,000 workers. The project planned to train more trainers for its constituents, and peer educators for trade unions and target workplaces, before the end of the programme in late August.

Peer educators can do their education work everyday within their break times or over meals. They use many different approaches: guided discussions, drama and brochures, as well as one-to-one informal chats. At times they also organize education sessions at some of the special events such as staff parties, World AIDS Day, Human Rights Day, International Women's Day, New Year parties, Health and Safety Day, etc. However, the impact or effectiveness of their activities depends on three factors: understanding and participation from all partners, priority and sensitivity.

All of the above-described activities are part of the project's BCC model and they are implemented in the enterprises targeted.

The evaluators noted that in some enterprises HIV/AIDS education was not considered a priority issue, hence participation remained limited. Other problems are that some workers do not know the peer educators, or that

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<sup>12</sup> This number will increase as more training is planned after the evaluation period.

some peer educators never perform their tasks with the result that no information and knowledge is shared. At times some peer educators and HIV/AIDS committee members do not know each other as they have never had a meeting together, which in turn leads to gaps in supporting and assisting each other in the performing of the respective tasks. Such meetings could help not only in following up on work performance, problem solving or addressing urgent needs, but could also work as an effective refresher training session exchanging information and knowledge at all times.

The structure and approach, using HIV/AIDS committees, training of trainers, and peer educators fits within the workplace structure, both for big and small enterprises. Its effectiveness in the short term could be considered modestly successful, but its longer-term sustainable impact has still to be proved.

According to the project delivery system (ref. project documents), the following system should be in place in each enterprise:

- A Memorandum of Cooperation between the enterprise and the ILO HIV/AIDS project (not covered by the Prakas);
- One project focal point per enterprise (not covered by the Prakas);
- One HIV/AIDS committee per enterprise (since May 2006 covered by the Prakas);
- An HIV/AIDS policy for each enterprise (not covered by the Prakas);
- Peer educators (not covered by the Prakas);
- HIV/AIDS-related activities (since May 2006 covered by the Prakas).

Of course those project delivery items which are not covered by the Prakas, would need more specific attention for their sustainability than those which are now covered by it and are ensured – at least formally – a support and surveillance by the MoLVT's labour inspectors.

The evaluation found that in general this system was indeed in place, but still very frail. Based on their own restricted observations of 10 workplace situations<sup>13</sup> of targeted enterprises, the evaluators found as a general trend the following situations which deserve attention in order to promote closer contact between the committees and peer educators:

- Some peer educators do not know the committee members;
- There is no support function from the committee to the peer educators;
- Meetings between peer educators and the committee are limited and irregular;
- There are no regular meetings between peer educators;
- The only times when there are activities is when there is training (which has been sporadic so far) and when there are special events (such as 1 May, staff parties, HIV/AIDS Day etc);
- Despite all of these weaknesses in the planned system, education activities between peer educators and the workers on the work floor are taking place.

Other information obtained by the mission during its interviews at enterprise and worker levels indicate that the peer educators' education activities with their co-workers are not sufficiently organized and frequent:

- Peer educators found that they did not possess the necessary communication skills to perform their tasks of educating their co-workers;
- They find that they lack support to undertake their education tasks;
- Some lack commitment (maybe because they were appointed into this role?);
- They were short of education materials.

Peer educators – and even at times committee members – know little about the HIV/AIDS enterprise policy or the Prakas.

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<sup>13</sup> This includes the Sala Bai Hotel and Restaurant School.

Mostly the peer educators are appointed or “recruited” by their line supervisors in order to ensure that production is not disrupted, and as a result these are not voluntary positions:

- In only one case, the evaluators found that peer educators had volunteered for this role. The practice of appointing peer educators may not be very conducive for the required motivation and enthusiasm for this type of education role. Those who volunteer may have a specifically strong reason to take on this educational task. This was confirmed by the evaluators’ discussions with voluntary peer educators.

These weaknesses of the project delivery system at workplace level may well have influenced the project’s positive impact. In other words, by the time the system is working clearly and coherently, the impact on workers’ behaviour change will most likely be considerably higher than it has been to date.

### *Findings*

The BCC model in itself is a logical and thorough system of sensitizing and educating people. However, the model has not yet been implemented systematically enough and there are still some important weaknesses in the operation of the system. Only with an optimally working BCC model at workplace level, will there be a fair chance for both the education activities and their impact to become sustainable.

## **5.4 Quality and impact of project activities on the stakeholders**

The list of stakeholders below shows for the current understanding and perceived capacity of each of them. The chapter has been organized according to the level of the stakeholders’ own perceived capacity and therefore their expressed need for continuing support.

### *Expressed need for continuing support*

For example, the Cambodian Construction workers Trade Union Federation (CCTUF) in Siem Reap Province (with some 1350 members) received training and financial support from the project to train 230 peer educators<sup>14</sup> (it planned to train more educators in the next few months). With these peer educators some 5040 workers<sup>15</sup> are reached (or a proportion of 1:22 or 4.5%). The CCTUF also receives support from the Reproductive Health Association of Cambodia (RHAC). Although CCTUF representatives are very motivated and active in HIV/AIDS education activities, as they pointed out, their capacity to take on this work fully by themselves has not yet been reached.

The Cambodian Confederation of Trade Unions (CCTU), which represents some 270,000 workers<sup>16</sup>, feels strongly that there is a big gap between what the ILO/USDOL project has been able to start and the extent of the real needs. It has received a relatively limited amount of financial and technical support so far (220 union members trained), but there are plans for more trainers to be trained in the next few months. For the unions HIV/AIDS is a priority issue as “many members are dying from this disease”. Training has been carried out only in the two cities (Phnom Penh and Siem Reap) and none in the provinces. They also note that the dissemination of knowledge is still small and that trained workers seem to be using their acquired knowledge more in informing their families than in educating their fellow workers.

The CCTU explains that it still needs technical assistance and financial support from the project, both mainly for training.

The Cambodia Business Coalition on AIDS (CBCA) feels it needs funds, technical support and examples of good practices from elsewhere within and outside Cambodia (“we should not reinvent the wheel”). Given some continuing technical support from ILO, CBCA thinks that it has the capacity to take over the existing peer education activities. Finally, CBCA explained that it used to be very difficult to convince business people to do something about HIV/AIDS, but that now, with the Prakas, it has become much easier.

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<sup>14</sup> 127 women and 103 men.

<sup>15</sup> working both in the restoration of temples and in modern construction.

<sup>16</sup> in different sectors: garment (70%), transport, construction.

The Cambodian Labour Confederation<sup>17</sup> (CLC) combines all independent trade union federations in various sectors (garment, tourism, informal, civil servants, brewery, and petroleum) and has some 43,500 members (most in the garment and tourism sectors). The organization is rights-based oriented. They have some doubts about the way the HIV/AIDS committees are constituted, i.e. with the chair as the employer's choice, the vice-chair the union choice, five members representing the employer and five representing the union. They also believe that the employers are not at all keen to have these committees in their enterprises<sup>18</sup>. Also the CLC believes that they are still in need of continuing support from the project.

For the Department of Labour and Vocational Training (DoLVT) in Siem Reap, ILO is a provider of training. The department feels that it is not yet capable of fully taking on the role which is theirs, i.e. making sure that the peer educators and the HIV/AIDS policies are effectively operating in the workplace (in Siem Reap mainly the hotels – the construction sector is not yet “under control”<sup>19</sup>). So far this follow-up work has been done by ILO. The DoLVT realizes however that this will probably be its work in the future. But the role division in the whole HIV/AIDS workplace education system is not yet quite clear to them and they are therefore asking for a review of this. Some clear guidelines on how the whole system should work would be welcomed by the department.

The responsibility of taking on this work of ensuring that the Prakas are well executed in the workplace is, according to the DoLVT exactly within their mandate. However, the fact that the MoLVT structures at provincial level are only very recently established and that therefore the DoLVT is still fragile in its implementation capacity and also lacking in human resources which is definitely a limitation when taking on an early important role in this field. “We still need more support<sup>20</sup>!” and “The project should please continue!” were the two messages to the evaluators.

The Ministry of Labour and Vocational Training (MoLVT) itself in Phnom Penh, felt that it should have been more involved in the decision-taking process on the future of the project in the early stages. They feel that the responsibility of the implementation of Government policy and legislation (the Prakas) is theirs, but that there is still a need for funding and technical support (especially to the Department of Occupational Safety and Health - DoOSH). It also recognizes that sustainability at workplace level is still very far from sufficient. As to the financial sustainability of project activities after the ILO/USDOL project ends, the MoLVT believes that for the moment the main constraint is with the employers: “They do not want to pay money for this!” However, the paradox is that in fact the employers have the greatest potential capacity for financial support. Finally, the ministry explained that if the DoOSH is to take over the current role of the ILO project management and coordination, the DoOSH staff will need to be specially trained.

The Department of Occupational Safety and Health (DoOSH) stated that it remains committed to continue the work started. It possesses the necessary material, equipment and human resources. The department may have some financial constraints in the future, but felt that even that could possibly be solved by providing allocations to the HIV/AIDS education activities from their own (independent) budget. The ILO, UNICEF and the WHO will be contacted for technical materials. The DoOSH inspectors (14 of a total of 30 to 40 labour inspectors country-wide) have the Prakas integrated in their inspection checklists, so that is automatically sustainable.

The department's conclusion was that even after the ILO project, the DoOSH will try to work on as usual. However, ILO is being asked to continue assisting the DoOSH in training and education materials. More specifically, the DoOSH wished that ILO could hand over all project coordination equipment and materials to them to allow the DoOSH to replace ILO's role.

At the workers level, it is clear that the whole HIV/AIDS BCC approach has not been fully implemented nor yet taken root. This was expressed as such by the committee members and peer educators during the interviews. There is still a good deal of misunderstanding about the exact roles of, and inter-relationships

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<sup>17</sup> Only established in April 2006.

<sup>18</sup> Employers are said to prefer to have “HIV/AIDS policy” within the Collective Bargaining Agreements (CBAs).

<sup>19</sup> It was explained that for the DoLVT it is difficult to “penetrate” the private sector.

<sup>20</sup> Especially training of labour inspectors.

between the various players (management, focal point, committee members, and peer educators), lack of knowledge, and insufficient communication skills to actually play the role of “peer educator” effectively. Workers expressed the need for continuing and improved support.

As to the management of enterprises, it is difficult for the evaluation to give a clear idea of their understanding and capacity to address HIV/AIDS education in their workplaces. The evaluators met with the HR managers and not with the general managers of the various hotels and garment factories. The general impression was however that the understanding of the issues at stake is there, but there is not yet understanding on how exactly to organize the Prakas in practice, i.e. the policy, the committee, the peer educators, the focal point, etc. There is no doubt in the view of the evaluators, that given a better understanding of the system, an acceptance of the need for this type of HIV/AIDS education and a regular inspection “push” by the labour inspectors, the enterprises certainly possess the capacity to put the Prakas into effective practice.

#### *Expressed capacity to continue without support*

The Cambodian Federation of Employers and Business Associations (CAMFEBA) “provides the network” to the project. It states that the best way so far of reducing HIV/AIDS in the workplace is the existence of the Prakas. It claims that the Prakas intervene more effectively in a world of profit making (i.e. the business community) than so-called “corporate social responsibility,” as the Prakas force the employers to address HIV/AIDS in their enterprises. Before, the HR manager could do little if the boss did not believe in it. Now the HR manager says: “Boss, it’s the law, so we better do something!”

The former Cambrew (brewery) general manager, who is a member of CAMFEBA, noted that they do not really need the ILO/USDOL project as they have already been running an HIV/AIDS programme for six years. The garment manufacturers are in general covered more by the CARE International HIV/AIDS programme. They do believe however that the ILO/USDOL project has contributed very positively to the issue of HIV/AIDS in the workplace and has strengthened its tripartite partners with a long-term view for a sustainable response to HIV/AIDS; this had not been done by the NGOs.

The Sala Bai Hotel and Restaurant School in Siem Reap. This very interesting project uses the school to educate future workers in the tourism sector on HIV/AIDS. It is pleased with ILO’s support and reiterated that after the ILO project, it will most likely be able to easily find a new partner to continue providing support in the field of HIV/AIDS education.

#### *Findings*

The list of key stakeholders, their capacities and their views on the future shows that although they have generally adopted the project activities as much as possible within their own programmes, most are not yet ready to be left alone to continue the HIV/AIDS workplace education.

### **5.5 The current management structure of the project**

The project management structure is based on centralized backstopping management by ILO in Geneva and a National Project Coordinator (NPC) based in Phnom Penh. It was explained that the reason for this structure is the fact that ILO does not have a fully-fledged country office in Cambodia. Administratively therefore, the responsibility lies with the Programme Management Team (PMT) in Geneva. The actual implementation in Cambodia is coordinated by the NPC with technical backstopping from the PMT and partially the East and Central Asia sub-regional office based in Bangkok, Thailand. The sub-regional HIV/AIDS specialist visits the national project in Cambodia when expressly requested, such as for the launching of the project, the National Stakeholders Conference and the sustainability workshop.

The PMT together with the donor USDOL, ensures that project activities are integrated in and harmonized within the overall international programme of 23 national projects. The three main support instruments used by the PMT are the *ILO Code of Practice on HIV/AIDS and the World of Work*, the Performance Monitoring Plan (PMP) and the Behaviour Change Communication (BCC) toolkit.

It is interesting to see that the PMT's experience is that national projects with a centralized management generally do better than those with a decentralized management. The explanation is threefold: i) in this system there is more quality control of technical and protocol issues; ii) at times there is a very useful and needed "push for momentum;" and, iii) there is a second reading on all important issues.

What also has helped the project is that, despite its administrative management being in Geneva, a local imprest account was established in Phnom Penh which facilitated the transfer of funds to the project. Another important and positive element was the quality of the NPC. He was well selected on the basis of his previous experience with HIV/AIDS activities in Cambodia and he proved to be instrumental in bringing stakeholders together on the project's theme, i.e. HIV/AIDS education in the workplace.

As to the staff of project coordination and management, the evaluators can only conclude that these are professionally competent and highly motivated. As will be shown below, there may have been a need for an additional staff member at country level to be the animator/facilitator of the workplace-level activities. The Project Assistant/Training Coordinator who has had to take on part of this role does not really have the time, in addition to her (assistant) coordinating and training work, to effect a proper "community-level" facilitating job.

The ILO/USDOL International HIV/AIDS Workplace Education Programme works with an excellent international management information system. The interactive internet site of Community Zero has helped to create "one large international family<sup>21</sup>" of those working at management and country coordination level within this programme. Useful information on project progress, practices and news is shared and made available to all, it encourages – or better, "persuades" – NPCs to follow the task lists in implementing their projects as progress is transparent to all, and it gives the feeling of professional – end even to a certain extent personal – "belonging" to a larger group of people fighting the same battle: reduce the spread of HIV/AIDS in the world. The Cambodia project, although it took some time to integrate actively and substantially into Community Zero, has been a good player and has definitely benefited from this powerful information support system!

### *Findings*

The evaluation has found evidence of a well-functioning project management structure. Notwithstanding some particular problems in the impact and sustainability of the project, the outstanding human resources assisted by some intelligent project mechanisms have permitted many achievements with relatively little financial resources.

## **5.6 Mapping**

The needs assessment – or "mapping exercise" – has laid an effective information base for project intervention. The results have been presented in the document "Assessment on responses, gaps and opportunities regarding HIV/AIDS at the workplace in Cambodia" (ILO, June 2004). It described the contextual situation of HIV/AIDS in Cambodia, the Cambodian workforce and the existing legislation at the time, policies and research/survey work. It provided a very useful analysis of the situation in seven sectors of economic activity (sex workers, uniformed servicemen, garment factory workers, entertainment industry workers, casino workers, transport workers, and fishermen). It described some of the existing activities already undertaken in this field and looked at gaps and opportunities.

It is important to mention that the National Stakeholders Conference on HIV/AIDS in the workplace, held in December 2003, was an important event that helped to lay the very early basis for the project. Especially useful was the identification of obstacles to HIV/AIDS education in the workplace and the suggestion of possible solutions.

### *Findings*

The "mapping" work done was of good quality and helped the project to make crucial decisions about target sectors, and it provided useful elements for immediate and longer-term project planning. It also presented

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<sup>21</sup> There are 103 members with formal access to the Community Zero site.



information used by the project to build up its partnership network. The project has definitely made good use of the needs assessment.

## **5.7 Sectors targeted for assistance**

The sectors targeted by the project were recommended by the mapping/assessment exercise<sup>22</sup>. The reasons given were that these sectors are growing and the response to the HIV/AIDS problem was noticed to be very limited. Some NGOs<sup>23</sup> were already working within the garment industry, but they were not using the tripartite partnership approach, so the role of employers' and workers' organizations was not included. The workers in the garment and construction sectors have very low levels of education and are usually unskilled. They are furthermore away from their home villages and family and most of them do not know how to access health services. The situation with peer pressure may make them vulnerable to sexually risky behaviour with the possibility of contracting HIV and STIs. Agriculture was excluded as the majority of people with a rural background are now working in the garment sector.

### *Findings*

The number of sectors and the specific sectors chosen were appropriate in the sense that if there had been more sectors targeted, the project would have been spread too thin. On the other hand, if the project had worked with less sectors it would probably have had less credibility on a national level because its focus would have been too narrow, while the HIV/AIDS issue is very much present in the chosen sectors of garments, tourism and construction (with a careful part in the petroleum industry).

## **5.8 Monitoring system**

The Performance Monitoring Plan (PMP) comprises three levels. To assess impact at the individual (worker) level a workers' survey is conducted. A Baseline Survey assessed the situation "before project intervention situation" (September 2004). It was followed by an Impact Survey to assess the "after project intervention situation" (March 2007). It is a strong monitoring tool because it goes to the heart of the matter, i.e. the hoped for attitudinal and behavioural change at the workers' level. The problem of the surveys is that there have only been two: one before the effective start of the project activities and one towards the end of the project's extension. If there had been another impact survey held somewhere in between these two, maybe its findings might have given some serious thought at an earlier – and more convenient – stage for an adjustment of the project intervention approach.

To monitor progress at the enterprise-level, focal-points in target enterprises have to provide information every six months. Some enterprises are good at it, others are slow. A particular problem is that focal points can change and new ones need to be trained again about the system. The first objective of the PMP is that it helps the enterprise for its own monitoring purposes (with the help of the Workplace Monitoring Form).

The last level is the monitoring amongst the project's partners. This is done directly by the NPC with the use of the Partner Monitoring Forms.

All three levels feed into the Project Tracking System on Community Zero which is available to all partners within Cambodia, to project management in Geneva as well as to all 24 ILO/USDOL HIV/AIDS education in the workplace projects worldwide.

### *Findings*

Besides the mentioned shortcomings, the system is well developed and allows for regular monitoring. It also provides a useful immediate overview of the project situation for any internal assessment or external evaluation (see Project Status). Although most of the data gathered and made available is clearly of a quantitative nature, some information produced by the impact survey could be considered partly as "qualitative".

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<sup>22</sup> *Assessment on responses, gaps and opportunities regarding HIV/AIDS at the workplace in Cambodia*, ILO, June 2004.

<sup>23</sup> Especially CARE International.

## 5.9 Mid-term internal assessment

The internal assessment of April 2005 (also called “mid-term assessment”) concluded that the project had “succeeded in nurturing consensus and commitment among the stakeholders regarding the objectives of the project. A considerable amount of capacity building has been undertaken through the project, and training activities have been particularly appreciated by the participants. These activities have successfully built on and strengthened local training capacity, and have been integrated into the appropriate programmes of the stakeholders and collaborating partners.”

The issues highlighted by the assessment which needed attention and an explanation from this evaluation are presented in a table as Annex II.

### *Findings*

From comparing the internal assessment’s recommendations and what the project has done since, it can only be concluded that the project has not fully responded to all issues highlighted by the 2005 Internal Assessment. Had it done so, some of the weaknesses highlighted in this report would most likely not have occurred.

## 5.10 The project’s sustainability plan

The evaluation’s observations and findings in this chapter are based on the understanding that “sustainability” in the context of the ILO/USDOL project means that after the end of the project, its activities at all three implementation levels are able to be sustained and further developed by the project’s main partners (government, employers and trade unions).

Although the project’s development and immediate objectives were changed in 2004 when the ILO and USDOL formulated a new strategic framework together, the initial project document presented the following immediate objectives: “a sustainable national plan on prevention of HIV/AIDS in the world of work will have been developed to replicate programmes for workers fully integrated into the regular programmes of the Government, and employers’ and workers’ organizations, individual enterprises in both the public and the private sector as well as activities in the informal economy.” This immediate objective was omitted in the new strategic framework, but the April 2005 Internal Assessment reiterated the same point by stressing that a: “comprehensive sustainability plan should be prepared in the near future, and steps taken to ensure funding is secured beyond September 2006.”<sup>24</sup>

As this chapter tries to show, the project’s sustainability was not given sufficient early attention. That was only done at a much later stage. Today this could be considered: too little, very late!

The sustainability workshop held on 29-30 January 2007 with the participation of the PAB members, has certainly helped to analyze the project’s achievements and provided a useful breakdown of the constraints and opportunities it faces. The question of sustainability, however, should not have been addressed at such a late stage in the project cycle, but should rather have been built in from the very start of the project and integrated at every stage and within every structure and activity of the project throughout its lifespan. The sustainability workshop has now come as a sort of afterthought – or at least a belated thought – just before the project is coming to its planned end.

The Sustainability Action Plan developed in the workshop for example, showed that most actions are recommended for later this year (2007) and for 2008, whereas the project’s official end is 30 June 2007.

Currently, as the evaluation is able to observe, there are three main issues preventing project activities becoming sustainable:

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<sup>24</sup> The project was later extended to June 2007.

- Specific capacity needs to be built within a stakeholder – the most likely candidate would be the MoLVT’s Department of Occupational Safety and Health (DoOSH) – to continue the coordination and support function which currently rests with the NPC and his team;
- Although there is a good level of technical know-how on HIV/AIDS in the workplace within the project partners at national level (partly thanks to ILO’s interventionist approach), there is however regrettably little implementation capacity as yet at the enterprise level. This shows that the key project activity of HIV/AIDS education in the workplace has not yet proved itself entirely successful and could therefore hardly be considered “sustainable”; and
- Another major constraint for sustainability of project activities is that there is no certainty about any funding after the project’s termination at the end of June 2007. Next to the need for continuing technical support, this has been the other main concern aired by the stakeholders as a determining factor for their continuing role in the field of HIV/AIDS education in the workplace.

It would certainly have been more opportune if the final evaluation had been planned earlier in the project cycle and not at the very end during the six-month extension. It could then have helped by recommending a smoother transition from the ILO project to a post-ILO project situation.

Simply taking the above sketched reality, it means that there will be a gap between July 2007 and the moment when the work of the project is assured new funding and continuous project management in the future.

Three key questions arise from the above analysis:

- How should the longer-term continuation of the work the ILO project started be ensured?
- The workshop’s sustainability plan gives positive indications of the potential (existing and new) capacity for the longer-term intervention of HIV/AIDS education in the workplace. It identifies the encouraging, but still somehow limited, capacities within the tripartite partners and the potential within the other technical partners in the field of HIV/AIDS;
- Which agency should be responsible for continuing HIV/AIDS workplace education in Cambodia?
- The sustainability plan suggests that the leading agency to implement HIV/AIDS workplace education in Cambodia should be the DoOSH of the MoLVT.

How could an unfortunate gap be avoided?

- No indication is provided on how to avoid the gap!

It should also be noted that some of the ILO’s important partners felt that they were missing the necessary information about if and how the project is ending.. The sustainability workshop, although it did an excellent job in analyzing past achievements, current constraints and future potentials, unfortunately failed to provide clear guidelines on how to fill the gap or make a smooth transition.

The workshop recommended that the PAB be enlarged to an “expanded Tripartite Coordination Committee”. Based on what PAB members noted in interviews on this issue, the evaluators are afraid that following this recommendation such an enlarged committee may become a less effective group than the current PAB.

Another issue which needs to be mentioned here is that on various occasions the evaluators have been made to understand that the ILO project on HIV/AIDS workplace education was developed as a “pilot” project. No explanations however were available on how this project would move from being “pilot” to scaling up, as pilot projects usually do – especially when they are successful. It remained therefore a question to the evaluators if, when and by whom an attempt should be made to prepare a plan for a full(er)-scale project targeting new enterprises in the same sectors or targeting completely new sectors.

Based on interviews with stakeholders and other partners, the evaluation met with a general wish that an extended intervention of the ILO project work should move away from project-based financing to more consolidated and longer-term programme financing. The evaluators feel that such an approach would indeed

be needed to help build a sound nationwide response to the enormous challenge of HIV/AIDS education in the workplace.

Finally, the following information was provided by the NAA to the evaluators: The current CIDA-funded HIV/AIDS project with cross-border migrant workers may be interested in the project's target group of construction workers<sup>25</sup>.

### *Findings*

The evaluation observed that project activities have not been made fully sustainable and therefore if they are brought to a halt within the ILO project structure by the end of June 2007, there will be no guarantee of their continuation within the structures of the project stakeholders (government, employers, unions, or target enterprises).

#### **5.11 The choice of partners**

The project partners, as discussed in other chapters, seem to be well chosen. They all represent very relevant actors in this field, whether they are from government technical services (MoLVT, DoOSH, NAA, Ministry of Health), trade unions (CCTU, CLC), employers (CAMFEBA, GMAC, CBCA), NGOs (CPN+, CHRHAN, HACC, Care International), and international agencies (UNAIDS, USAID, WHO).

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

The Project Advisory Board (PAB) represents a multi-partnership platform and is proof of the project's extensive outreach into Cambodian public and civil society. It provides policy guidance to the project's activities and it has a consultancy function for the ILO's tripartite constituents, i.e. workers, employers and government. The fact that other concerned parties (UNAIDS, the National AIDS Authority, some NGOs and civil society, including PLHA) are also represented, makes the PAB, as a policy platform, even more relevant.

It should be kept in mind that, because of its volatile recent history, Cambodia is a country with a still limited governmental service delivery capacity. The creation of the PAB – with ILO as a facilitator – at least ensures the highest degree of policy support possible in the country for the implementation of the project's activities.

Before the start of the ILO project, the Ministry of Labour and Vocational Training<sup>26</sup> (MoLVT) and the Ministry of Social Affairs<sup>27</sup> (MSA) were supported by The Global Fund to fight AIDS, Tuberculosis and Malaria. A working group was constituted which tried to work as well as possible within the general scope of the Labour Law. In 2003, at the end of the second mandate of the Cambodian Government the MSA and the ILO established an MoU on the continuation of the work started. When the MoU was signed the PAB started up straight away.

The two main accomplishments of the PAB are the generation and dissemination of knowledge on HIV/AIDS-related issues and the obligations for parties at the workplace to develop their policies. The project had a direct impact on the formulation of regulations to guide the implementation of the National AIDS Law (2002). Employers' and workers' organizations were consulted in this process of developing the ministerial guidelines (Prakas). Trade unions (CLC, CCTU) have their own policies clearly established. The employers (through the employers' organizations) do not yet have their own policy but support those adopted.

The Secretary General of the NAA is also a member of the PAB. The main reasons for the NAA to be a member are to share experience and to help develop a clear policy for HIV/AIDS education in the workplace. A criticism of the NAA is that it would like to see the PAB be more effective in choosing and preparing subjects for discussion and on following up. The NAA has established HIV/AIDS Committees at ministerial and provincial levels in all 26 government ministries in Cambodia and 24 provinces. It is of the opinion that

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<sup>25</sup> Many workers in the construction sector have migrated to town from further inland or from neighbouring countries.

<sup>26</sup> Used to be Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation (MSALVY).

<sup>27</sup> Used to be the same ministry as above.

the ILO has helped considerably to streamline the ministerial HIV/AIDS committee within the MoLVT. It also believes that the HIV/AIDS education policy in the workplace, (especially its innovative activities), as developed by the project with the policy guidance of the PAB, is sound and should be used all over Cambodia in the public as well as in the private sector.

An important reason for UNAIDS to participate as a member of the PAB is to avoid duplication of work and provide support from the UN system to the ILO/USDOL project.

The Department of Occupational Health of the MoLVT feels strongly that after the end of the project it should continue to play a stakeholder coordination role, “as did the PAB”.

### *Findings*

The PAB has been an essential instrument for the project to have its activities – at least for the greater part – integrated into Cambodian public and civil services, and the private sector. It has also been instrumental in developing national legislation and policy on HIV/AIDS education in the workplace. The questions at this stage of the project’s formal ending are: How can it be ensured that this national platform will continue? How can it assist the country in developing a much broader implementation mechanism, able to reach out wider within existing sectors and beyond to other not-yet covered, but also important, workplace sectors?

### **5.13 Linkages between the project and the Cambodian Government**

As explained earlier, the project has been able to create an active partnership with the main stakeholders in Cambodia. The Ministry of Labour and Vocational Training (former Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation) is the natural partner for ILO and the project has created a privileged relationship with it. It is one of three key partners in the tripartite partnership (the others being the workers unions and employers’ organizations). The MoLVT also has the chairmanship of the PAB and through its chairperson, HE Dr Huy Han Song (Under Secretary of State), the idea of the Prakas<sup>28</sup> came about and was materialized into law. The DoOSH’s deputy director is the project’s focal point. Generally, the MoLVT has a supervising function in the implementation of the Prakas through its labour inspectors.

The MoLVT had wished to be involved more actively in the past development of the project’s workplan (this was mainly done by the ILO project management and coordination). For the future the MoLVT would like to be trained more specifically to enable it to take on the management/coordination role of whatever project or programme structure replaces ILO’s role.

As mentioned earlier, the National AIDS Authority is a member of the PAB (by means of its Secretary General, HE Dr Teng Kunthy. The NAA works with national strategic plans and currently it implements plan N° 2 (2006-2010) which focuses on new target groups, and more particularly on the so-called “mobile populations”. There are also new migrants being attracted by the growing work opportunities in sectors such as construction, textile, tourism, petroleum, etc. It is particularly these populations which are on the move and not yet so settled which are targeted by the NAA. The NAA sees education in the workplace and the communication and organizational instruments the ILO project applies as a very interesting way of reaching these people. It has therefore opted for a very close relationship to the project (PAB) and it also benefits from direct technical advice by the NPC to its National Working Group on the Private Sector and in the development of national strategic plans.

The NAA is sorry to see the ILO project come to an end and it has expressed the wish that another – workplace-related – organization could take over ILO’s management and coordination role. Although it felt strongly that the ILO and USDOL should continue their technical and financial support, it declared that it will do its best to find ways to support the post-project work in the workplace sectors. It has a preference for the garment factories, the hotel industry and the migrant workers in the construction sector.

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<sup>28</sup> The Prakas was not foreseen in the project’s workplan.

## *Findings*

The project maintains excellent relations with both the MoLVT (as one of the tripartite partners) and the NAA (as the government's HIV/AIDS coordination body). Both partners feel that the planned project's end comes too early.

### **5.14 Relation to other HIV/AIDS activities in Cambodia**

The project has been able to integrate well with governmental efforts to combat HIV/AIDS at national level. It has done this mainly through its strong relations with the MoLVT and the NAA, explained in earlier chapters.

The views of UNAIDS on the project's value are certainly also worthwhile presenting here.

First of all it is important to note that UNAIDS attends the PAB meeting in an effort to avoid duplication and thus enhance coordination among partners. According to UNAIDS, the specific value of the ILO project is its focus on the workplace. The project's success so far is attributed in large part to the NPC's experience in the field of HIV/AIDS, his coordination and programming skills and his capacity to advocate for the project and influence policy.

UNAIDS sees the project's strengths as:

- Development of legislation;
- The tripartite approach with three different but all three important constituencies;
- The fact that all three parties know what their roles are and that they have the political commitment to carry out these roles; and
- The right sectoral choices.

Some major concerns were also expressed:

- With the upcoming project's end, its work is seen to be incomplete;
- With the recently formed MoLVT there is still a considerable amount of capacity building needed (which has so far not been a coherent focus of the project);
- If trade unions are to do without this type of project, their commitment and involvement will soon dwindle;
- So far the target industries have been limited. The larger business community in Cambodia has not been touched yet; and
- Without the ILO ensuring the enabling context ("pressing the right buttons" and "providing independence") there will be a major set back in the workplace sector.

The view of UNAIDS on the future of the project is clear. It has been able to achieve a lot in a very short time with little money ("small money, big achievements"). Now it is time to look at the coverage. With the political will of the ILO/USDOL, there should now be a second phase. If the Cambodia experience stops here, it will mean that the good practices will be lost and Cambodia's position as a good example for the region will die down.

The question UNAIDS also poses is how the project could go from "pilot project" to a mature programme. It predicts a soon changing economy for Cambodia with newly explored oil and gas as the major economic boom factors.<sup>29</sup> That situation will represent a major change with the risk factor for HIV/AIDS going up steeply (more hotels and allied services, port development, etc). In the view of UNAIDS there will only be more need in the future for urgent attention to HIV/AIDS education in the workplace. ILO's strength would be the upstream work at national and international levels so that the workplace policies are more fundamentally

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<sup>29</sup> Expectations are that within the next six to 10 years Cambodian revenues will go up from a yearly US\$1 billion to US\$6 billion.

implemented. A lot boils down to the simple need to ensure the correct implementation of the Prakas' and continuing the active support, facilitation ("ILO is a very good convener") and coordination role of the three partners (workers unions, employers' organizations and the government).

UNAIDS works with "service providers" for different sectors. It is clear that it considers that the ILO is the particular provider for the workplace sector. If one or more other service providers take over ILO's role, this would mean the need for a transitional period.

It is time now (after the pilot phase) to bring in the big businesses. ILO is the only UN agency which has easy linkages to all stakeholders.

The UNAIDS feels an anxiety about the ending of the project and it lacks the necessary information on "how" the project will end. It believes that the decision should have been made six months earlier and been discussed with all partners. It put the question forward: "If a "pilot" means scaling up afterwards, what were the (earlier set) plans to move from pilot to a regular programme?"

The links between the project and non-governmental efforts are also well developed. Some of the more important NGO players in this field are members of the PAB. These are the Cambodian People Living with HIV/AIDS Network (CPN+), the Cambodian Human Rights and HIV/AIDS Network (CHRHAN), the HIV/AIDS Coordinating Committee (HACC) and CARE International.

The specific links between the project and these four NGOs are shown in a table presented in Annex IV.

All four partners of the ILO project believe that peer educators should be selected on a voluntary basis and that the project should be extended.

### *Findings*

The ILO/USDOL project has established itself as a remarkable player within the context of other efforts in the field of HIV/AIDS in Cambodia. There do not seem to be any significant overlaps or duplication other than where the sharing of knowledge and experience (meetings, training, communication materials, the ILO Code of Conduct etc) is purposely organized. The links between the project and the other players in this field are functional, positive and professionally rewarding to other partners. Partners expressed their concern about the end of the project.

### **5.15 Relation between the project and NGOs providing training for BCC**

During the early stages of the project, the NPC worked closely with the BCC strategy development consultant and NGO partners. This collaboration worked well for the training and materials' development (booklets, posters). Since it is not as easy for local NGOs as it is for the ILO to access enterprise management, it was decided to continue having follow up activities, training of peer educators and policy development carried out by the project coordination team. Thus, a Project Assistant/Training Coordinator was recruited. The results were that a closer and better relationship was built between the project and the enterprises' focal points and management.

### **5.16 Link with other ILO projects**

The HIV/AIDS component is integrated (and being discussed for integration) into the various ILO projects. The ILO project for the alleviation of poverty through peer training (APPT), works with the ILO/USDOL HIV/AIDS project to provide technical support to its partners to mainstream HIV/AIDS into their training programme.

The ILO Workers' Education Project<sup>30</sup>, which works only with the trade unions (contrary to the ILO HIV/AIDS project), has benefited from HIV/AIDS training of its Project Advisory Committee members.

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<sup>30</sup> Has been active since 1998, first supported by DANIDA and later by the Norwegian Ministry of Foreign Affairs.

There are no functional links between the two projects, but the relation is more one of dual technical and sensitization support. For example, the NPCs hold talks in each others project planning meetings: one talks about HIV/AIDS education in the workplace, the other on how the unions could be activated and strengthened to fight HIV/AIDS. The Workers' Education Project's NPC has learned through the trade unions that today there is much less HIV/AIDS-related discrimination in the workplace than before the ILO/USDOL project started. Also before, union leaders never talked about this issue, now they do openly!<sup>31</sup>

The project also provides training and education on HIV/AIDS to ILO staff and their family member and in March 2005 collaborated with the ILO staff union to provide HIV/AIDS education to ILO staff during a meeting held on January 8, 2007.

### *Findings*

The project collaborates well, within the scope possible, with other ILO projects in Cambodia.

## **5.17 Stakeholder commitment**

Although the level of commitment of certain stakeholders (especially the key ones) can be understood from other chapters in this evaluation report, a simple overview is provided on the commitment level of all stakeholders in the table presented in Annex III.

### *Findings*

Except for the management of the target enterprises the commitment of the stakeholders to the project is from reasonably high to very high.

## **5.18 Fostering constituents' involvement and promoting social dialogue**

There is no doubt that the project has succeeded in ensuring that the stakeholders, and more specifically the tripartite partners, have become committed and actively involved in the HIV/AIDS workplace education activities. Indirectly – and this was confirmed in interviews on several occasions – the degree of social dialogue has increased. The PAB was certainly the main platform for this, but even at other levels social dialogue was a *sine qua non* for correct project implementation. For example, workshops, special events, and training were occasions where the three parties found themselves discussing an important joint issue. Then of course at the workplace level itself, social dialogue takes place between employers (management members in the committees), trade unions (as committee members and peer educators) and the government (labour inspectors visiting the workplace).

## **5.19 Scaling-up and/or replication**

The project has scaled-up its sectors over time with two new ones, i.e. the informal sector (or more particularly the construction sector<sup>32</sup>) and the petroleum industry. Within these sectors, the project has started to intervene with the full scale of activities. Replication has taken place both in the hotel and the textile sectors.

## **5.20 Materials developed by the project and partner NGOs**

Developing new approaches and keeping the material fresh and relevant to current practices has been a constant challenge for the HIV/AIDS workplace education project. Besides the IEC materials that target general workers, the project has also produced guidelines to implementers on how to perform their roles. For example, a video drama as a support to launch discussions on HIV/AIDS at the workplace addressing the role of peer educators and trade unions in supporting HIV-positive workers was developed. The video also

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<sup>31</sup> One trainer of the Workers' Education Project is herself HIV+ and she now talks freely to all union leaders about her experience and HIV/AIDS prevention.

<sup>32</sup> This concerns the restoration of temples in Siem Reap.



promotes the use of community services and non-discriminatory attitudes toward colleagues living with HIV. The evaluators noted that the video is very helpful as it is easy to understand and relevant to use in formal as well as informal gatherings.

The project has developed two booklets (one for the garment sector and the other for hotel workers) and three posters (two for the garment sector and one for hotel workers).

To assist and enable peer educators to work more effectively as well as to assist general workers to clearly understand the response to HIV/AIDS in the workplace, a supporting document in the form of a leaflet called *"Guiding principles for HIV/AIDS workplace response"* has been developed and distributed. Apart from the materials that the project produced or adopted from others, various education materials from NGO partners are also accessible. However, the availability of materials to target workers is somehow limited at the workplace level. This was probably due to a weak distributing and follow-up system (e.g. information posted on the information board without follow-up).

### *Findings*

A lot of very useful materials have been developed by, or made available through the project. Special attention needs to be paid to the need for appropriate materials at worker level as the availability seems to be somehow limited.

#### **5.21 Gender dimensions**

Women and children are now increasingly affected and require HIV prevention programmes that specifically address their needs and factors that make them vulnerable. Women are vulnerable to STI and HIV infection from their husbands and therefore require access to the full range of family planning and contraception, including access to safe abortion, HIV voluntary, confidential counselling and testing (VCCT) and PMTCT. There is a lack of understanding of prevention of mother to child transmission and HIV prevention besides "using condoms".

What is causing this vulnerability?

- The practice and culture of high risk behaviour among migrant workers;
- An absence of programmes promoting prevention among families;
- Limited access to health services; and
- False practices of STI treatment delivery at home with no ANC.

The project does touch the issue of gender sensitivity and equality. The impact survey provides segregated information on interview results for male and female workers. The chosen sectors cover both male and female workers. The construction industry has predominantly male workers, hotels have a mixture of male and female workers, and the garment industry has predominantly female workers.

Despite an overall significant increase in the proportion of workers reported confident in using condoms correctly, the percentage of women reporting to be confident in using condoms correctly is still significantly lower than men (60.6% versus 87.7%). More emphasis should therefore be given to the training of female workers on this topic. Although no exact proportions were provided, the evaluators noticed that there are both female and male peer educators and committee members. This will of course facilitate more easily an open and in-depth discussion among women workers on some specific issues that are specifically related to them. The training curriculum for peer educators has included the knowledge of reproductive health and provides information about services at public hospitals and NGO clinics.

## 6. Lessons to be learned

Two important lessons which could be learned:

- Start integrating the sustainability question from the very beginning of the project cycle (as was suggested in earlier documents) and make sure that by the end of the project all major activities have been made fully sustainable. Sustainability should cover all essential HIV/AIDS workplace education activities, coordination, technical capacities as well as any financial support still needed; and
- Pay much more attention to the actual implementation of the project activities at the workplace level. For example employ a professional community-development type person to work full time on the “animation” of the workplace-level project implementation. This should be done until such time as the tripartite partners have developed the required capacity to carry on this work – i.e. appropriate implementation of the Prakas – by themselves.

Interesting “good practices” which could be replicated elsewhere:

- Educating workers on HIV/AIDS while they are waiting for a medical check-up for their new jobs at the DoOSH Friendly Education Centre; and
- HIV/AIDS education as an extra-curricular activity of the Sala Bai Hotel and Restaurant School. (Two conferences/tests during the 11-month school year. Maybe a third conference/test one year after finishing school and having been in the job?).

## 7. Potential areas for further investigation

Two issues come to mind for future investigation.

First there is a need to define if the project – or post-project activities – should focus on literate workers in the tourist sector or maybe more on unskilled, illiterate workers (who are mostly poor, economic migrants). The project’s choice of starting to work with the informal sector – here the construction industry – has been an implicit choice to work with illiterate workers, but the choice may even need to be more focused and increased within the sector.

Second is the fact that at various times it was stressed to the evaluators that an often underestimated factor for increased HIV/AIDS occurrence was “alcohol”: “If you’re tipsy, you forget everything...!” The link between use and abuse of alcohol (and other substances) and risk behaviour has apparently so far not been sufficiently studied nor stressed in HIV/AIDS education work. The workplace would seem to be an important place to address this aggravating factor.

## 8. Conclusions

### *General*

Cambodia was the first country project taken on within the overall ILO/USDOL HIV/AIDS workplace education programme. At the time, there were very few tools available to project management and project coordination to start to get the project off the ground. In fact there has been a period where trial and error was the best – the only? – way to go about project implementation.<sup>33</sup> Given this reality, and the many project achievements, one can only conclude that an impressive job has been done by all those involved, and more particularly by the NPC and his team, with essential support from programme management.

An important observation regarding these achievements is that in Cambodia the stakeholders have clearly adopted the ILO/USDOL project as a serious partner and that they have all began to work within the strategic

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<sup>33</sup> Ref. mid-term Internal Assessment (April 2005) and Mr Behrouz Shahandeh, Programme Manager, ILO/USDOL International HIV/AIDS workplace education programme, Geneva

framework laid out by the project. Although, this strategy in itself seems to be quite sound, the evaluation also noted that it had not yet been implemented in a sufficiently intensive and coherent manner at the workplace level.

Furthermore, the very concrete project achievements, such as contribution to legislation, stakeholder coordination, capacity building and its systematic (BCC) intervention approach in the field of HIV/AIDS workplace education in Cambodia, have not yet been made fully sustainable. There is therefore currently no assurance that the valuable work started will in fact be continued. As explained in this report, the project's sustainability was not ensured from the outset, but only addressed at a late stage in the project cycle. This has caused anxiety to the stakeholders and partners and it has also created a potential gap in the post-project situation. The current project holder and donor should address this problem urgently.

The project delivery at the workplace level, although based on a potentially attractive system, is still rather limited and therefore needs some serious reviewing and more rigorous implementation. The evaluators are convinced that, if the project could have been delivered more intensively and coherently – and maybe during a longer period – at the workplace level in the targeted enterprises, the impact survey would have certainly been able to pick up a higher impact of workers' awareness and behaviour change as a result of the project.

### *Specific conclusions*

- The project strategy is, in the opinion of the evaluators, a valid one. However, as this report explains, there is some reason for project reflection and possible review of the fact that exactly two full years after the Mid-Term Internal Assessment, the third stage although much more visible than before, had still not made a widespread and lasting impact;
- The strategic framework is in itself a good project implementation tool. It has helped to bring considerable advancement in the combat against HIV/AIDS and has established very useful preventive instruments in the world of work. The project has however not yet achieved the sustainability of its actions mainly because serious initiatives on this issue were taken rather late and rather little;
- The project has made good use of the needs assessment or early “mapping” exercise;
- The PAB has been an essential instrument for the project to have its activities integrated into public and civil services, and the private sector, as well in developing national legislation and policy on HIV/AIDS education in the workplace. There remain essential questions about its future;
- The project has had a positive impact on behaviour change as a preventive measure against HIV/AIDS. It is too early to expect lasting high impact as not all project measures at the workplace level are as yet effectively implemented. The system should be made more coherent and activities (training, meetings, and education) at the same target workplaces be intensified in order to ensure real lasting impact;
- The BCC model in itself is a logical and thorough system. The model has not yet been implemented systematically enough and there are still some important weaknesses in how the system is operated. Only with an optimally working BCC model at workplace level, will there be a fair chance for both the education activities and their impact to become sustainable; and
- Key stakeholders have generally adopted the project activities as much as possible within their own programme, but most are not yet ready to be left alone to continue the HIV/AIDS workplace education;
- A lot of very useful materials have been developed by, or made available through the project. Special attention needs to be paid to the need for appropriate materials at worker level as the availability seems to be somehow limited;
- The evaluation has found evidence of a well-functioning project management structure. Notwithstanding some particular problems in the impact and sustainability of the project, the outstanding human resources assisted by some intelligent project mechanisms have permitted many achievements with relatively little financial resources;
- Project activities have not yet been made fully sustainable and therefore if they are brought to a halt within the ILO project structure by the end of June 2007, there will be no guarantee for their continuation within the structures of the project stakeholders;
- The project maintains excellent relations with both the MoLVT and the NAA. Both partners feel that the planned project's end comes too early;

- The ILO/USDOL project has established itself as a remarkable player within the other efforts within the field of HIV/AIDS in Cambodia. There do not seem to be any significant overlaps or duplication. The links between the project and the other players in this field are functional, positive and professionally rewarding to other partners. Partners expressed their concern about the end of the project;
- Besides some minor shortcomings, the project's monitoring system is well developed and allows for regular monitoring;
- The project has not fully responded to all issues highlighted by the 2005 Internal Assessment. Had it done so, some of the weaknesses highlighted by this report would most likely not have occurred;
- Except for the management of the target enterprises, the commitment of the stakeholders to the project is from reasonably high to very high;
- The number of sectors and the sectors themselves chosen were appropriate; and
- The project collaborates well, within the scope possible, with other ILO projects in Cambodia.

## 9. Recommendations

The following recommendations are addressed to the ILO:

- Find a donor interested in financing an immediate transition period of one year, starting on July 1 2007;
- Prepare with the tripartite partners a sustainability plan which shows clearly "Who-does-What-and-How-and-When". This should include the role and functions of the current national project coordination, backed up by Geneva project management and the technical backstopping by the Bangkok SRO; and
- Formulate a five-year programme (starting on July 1 2008) based on the "pilot" experience of the ILO/USDOL project and ensure financial support for the full five years.

The following recommendation is addressed to USDOL:

Given the findings of this evaluation regarding the insufficient duration of the project to prove achievement of lasting impact at workplace level, and sufficient capacity among the key stakeholders to continue the project activities without external assistance, consider a longer project duration with proportional funding for other country projects within the global HIV/AIDS in the workplace programme.

The following recommendations are addressed to the Cambodian stakeholders:

- Review the intervention/target sectors by taking into account the priority needs related to HIV/AIDS-aggravating factors such as poverty, illiteracy and migration;
- Evaluate the effectiveness and the specific problems related to the BCC system in practice at workplace level and identify necessary improvements;
- Conduct a study into alcohol use as an aggravating factor in the occurrence of HIV/AIDS.

**Note:** It was explained<sup>34</sup> to the evaluation team leader that the ILO sees evaluations very much as a learning process. The evaluators express the hope therefore that this evaluation was indeed helpful to the project as a learning process and that it will also help to address with urgency some of the issues raised in this report.

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<sup>34</sup> Mr Behrouz Shahandeh



## Annexes



## Annex I

### Project progress towards its Sub Immediate Objectives

1. Increased availability of quality HIV/AIDS workplace services.	<u>Considerable progress</u> The services are there and available. Workers are starting to make use of them.
2. Improved HIV/AIDS workplace policies.	<u>Considerable progress</u> The workplace policies are there and are comprehensive.
3. Increased levels of workplace collaboration and commitment by labour and management.	<u>Progress</u> There is a degree of collaboration, but there is still confusion about roles.
4. Increased capacity of workplace to offer comprehensive HIV/AIDS policy and programmes on a sustained basis.	<u>Little progress</u> The policies are there but still very little known within the enterprises. The sustainability of the system has not been ensured yet.
5. Improved coordination and cooperation between tripartite constituents and other partners at the national level.	<u>Considerable progress</u> There is a high degree of coordination of, and cooperation between all relevant stakeholders at national level.
6. Improved national level policy framework related to HIV/AIDS in the workplace.	<u>Considerable progress</u> The Prakas is widely recognized as a sound basis for national legislation and policy.
7. Increased capacity of tripartite constituents to support development of workplace policy and programmes.	<u>Progress</u> There is a reasonable degree of capacity within the tripartite constituents to support this but they are not yet ready to go for it alone (without the type of support that has been provided by the ILO/USDOL project).



## Annex II

### Issues highlighted by the 2005 Internal Assessment which needed attention, and if and how these were addressed

Issues highlighted by the April 2005 Internal Assessment	If and how these issues were addressed since
Follow-up training will be needed to ensure those trained as trainers have sufficient confidence and capacity to carry out training independently, thus ensuring a multiplier effect.	The evaluation did not acquire much information on this. However, in general, there was a clear wish by most stakeholders for more training and refresher training.
Training materials need to be made more readily available to those wanting to undertake training or awareness-raising activities.	Materials (booklets and posters) were developed and distributed to all workplaces.
A critical mass of peer educators needs to be trained and supported.	<p>Since the beginning the project has trained a total of 567 peer educators in its target enterprises<sup>35</sup>. Most of these were trained after the Internal Assessment. By the time of this evaluation the project worked with 15 target enterprises, which means an average of 38 peer educators per enterprise. This could well be considered a “critical mass” given the size of the enterprises (7% of on average 548 workers). The point that these peer educators have not been sufficiently supported, is explained elsewhere in this evaluation report.</p> <p>One indicator of the still low degree of effectiveness of the peer educators is the data tracking on the number/% of targeted workers who report being aware that an HIV/AIDS policy exists in their workplace: the 03/07 impact study shows that this number is 75 on a total of 403 respondents (or 18.6%).</p>
Adequate management sensitization programmes should be undertaken.	<p>Some indicators of a relatively low degree of success on issues which should receive the full and convinced backing of enterprise management are:</p> <ul style="list-style-type: none"> <li>• number of workplaces that have a written HIV/AIDS policy: 3 out of a total of 11 enterprises (on 08/05) 7 out of a total of 15 enterprises (on 02/07)</li> <li>• number of workplaces with active joint committees addressing HIV/AIDS issues: 7/11 (on 08/05) and 13/15 (on 02/07)</li> <li>• number of workplaces that have incorporated at least the three following principles of the ILO HIV/AIDS code in their written HIV/AIDS policy: non-discrimination, no mandatory testing, access to education: 3/11 (on 08/05) and 6/15 (on 02/07)</li> <li>• number of workplaces delivering quality services in the workplace: 10/11 (on 08/05) and 14/15 (on 02/07)</li> <li>• number of workplaces that have a specific budget for implementation of HIV/AIDS programmes: 0/11 (on 08/05) and 2/15 (on 02/07).</li> </ul> <p>It should be noted that the time period used for measuring these indicators was a year and a half. Given the limited number of enterprises involved, the degree of management</p>

<sup>35</sup> Ref Technical Progress Report March 2007, Annex I.

Issues highlighted by the April 2005 Internal Assessment	If and how these issues were addressed since
	sensitization was most likely not very high. It should also be noted that four additional enterprises from the same sectors joined the project at the time of the extension (during the last six months) to benefit from the materials produced and lessons learned.
Some of the individual enterprises participating in the project will need more intensive follow-up, as many are still at an early stage in terms of sensitization, and policy and programme development.	See previous point.
At least initially, the project should not expand to other sectors; it should aim to reach more enterprises within the target sector, should resources allow.	The project adhered to this recommendation.
The NPC and the Programme Manager should agree an arrangement that ensures that Community Zero is appropriately used, without being burdensome.	This was apparently well achieved.
The SRO HIV/AIDS specialist, once taking up the post in July 2005, should make supporting the project a priority.	The understanding by the evaluators from what was explained, was that the SRO officer from the Bangkok Subregional office came to Cambodia when there was a demand from the project side and that the provided support was mainly technical back-up and advocacy for training. He also came for big national events which needed a higher level of representative from ILO.
An HIV/AIDS component should be integrated into the work of the Garment Sector Project and the Labour Dispute Resolution Project.	An HIV/AIDS component is integrated into the ILO Workers Education Project, the ILO Informal Economy Programme, the ILO project of Alleviation of Poverty Through Peer Training (APPT), the Better Factory Cambodia, and the Occupational Safety and Health Training module. The possible future integration of an HIV/AIDS component into the arbitration council training (which is part of the Labour Dispute Resolution Project) has been discussed and agreed by the Arbitration Council Foundation. It now needs to be put onto the agenda of an Arbitration Council member meeting and to get their agreement. This is to be followed up by the project, MoLVT and the NAA beyond the imminent project end.
A further staff member should be hired. Whether this person should be a training assistant/coordinator or have other qualifications should be discussed further between the NPC and the Programme Manager.	This was done and the person was given the title of Project Assistant/Training Coordinator.
The momentum (of the workplace policies) will need to be sustained to ensure that the committees function well and the policies are adopted and implemented.	This evaluation finds that the momentum may not quite have been sustained. What the evaluators noticed in general (besides some positive exceptions) was that the committees did not function well, that the policies were not well – or at times not at all – known, and therefore not consciously implemented.
Due to various delays and to ensure sustainability, the project should be extended	The project was extended from September 2006 to June 2007. This extension was however not sufficiently used to address

Issues highlighted by the April 2005 Internal Assessment	If and how these issues were addressed since
beyond the original scheduled period to ensure the workplace policies and committees are in place and functioning, and that the training is deepened.	the needs for a better functioning of the workplace-level HIV/AIDS education activities.
A comprehensive sustainability plan should be prepared in the near future, and steps taken to ensure funding is secured beyond September 2006.	Such a plan was not prepared in the – then – “near future” and no funding was secured beyond September 2006. As explained elsewhere in this report, the sustainability plan finally developed in the midst of the extension period (28 February 2007), did not provide sufficiently concrete guidance on how the project activities should be made sustainable.

## Annex III

### Level of stakeholder commitment

Stakeholder	Level of commitment
<u>NGOs</u>	The project's NGO partners value the project for its technical and policy development capacity and its training opportunities. Their commitment was estimated at a reasonably high level.
<u>The Cambodia Government</u> (MoLVT, NAA)	The MoLVT is highly motivated to bring the intervention of HIV/AIDS education to the workplace. It values the approach and the implementation of the project highly and would like to see it continue and help build more capacity among its own staff. The commitment level is very high. The NAA sees the project as a very useful services provider in the workplace sector. Its commitment to the project is high.
<u>Trade Unions</u> (CCTU, CLC, CCTUF)	The union leadership seems to be quite committed to the work the project has generated. However there is a general feeling that the support provided so far has been provided over a time period that is too short and has covered too little compared to the overall needs.
<u>Workers</u>	<p>The best insight into workers' opinions and attitudes related to the project – and more specifically the project's impact – is the Impact Survey by Dr Saphonn Vonthanak. Because of its very nature – assessing <i>impact</i> – this survey does of course not provide any useful ideas on the level of commitment of the workers to the project itself. It looks specifically at attitudes, knowledge, and beliefs within the following contexts:</p> <ul style="list-style-type: none"> <li>• Knowledge and attitudes before and after project intervention;</li> <li>• Attitudes towards HIV/AIDS infected people before and after intervention;</li> <li>• Beliefs in HIV/AIDS infected workers' rights at the workplace before and after intervention;</li> <li>• HIV/AIDS services in the workplace before <i>versus</i> after intervention;</li> <li>• HIV/AIDS policy in the workplace;</li> </ul> <p>The researcher makes however an interesting and important note on the findings of the Impact Survey: “Even though the awareness about HIV/AIDS policy in the workplace in the impact survey is statistically higher than the one in the baseline, there is still a very large proportion (80%) of the workers not aware of the policy. This might be due to 1) the current policy dissemination system not being user-friendly; 2) endorsement of the policy is slow and late; or, 3) staff attention to all notices or announcements made by the enterprise.”</p> <p>This remark points to the same – albeit limited – observations made by the evaluators based directly on their own discussions with workers, i.e. that they still had very little knowledge about how the whole HIV/AIDS-education-in-the-workplace system was supposed to work (committees, focal points, peer educators, enterprise policy, referral networks through information on service providers at community level etc), let alone that they would know something substantial about the “project” or feel a certain commitment to it.</p>
<u>Employers Organizations</u> (CAMFEBA, GMAC, CBCA)	<p>The organized employers' relationship with the ILO project is seen as beneficiary from the “technical” point of view (e.g. the ILO Code of Practice), the project provides a useful tripartite platform, it gives a model of how to go about HIV/AIDS education in the workplace (the intervention approach) and it has been instrumental in getting the Prakas developed and made into law.</p> <p>The degree of commitment is that of a receiver of useful support (including some funding for peer education), who has the intention of taking over an important part of ILO's present role, in the future such as developing peer education further, providing relevant</p>

Stakeholder	Level of commitment
	information and being involved in necessary advocacy. The employers' message to the ILO project (passed on to the evaluators) was: "Don't just drop it there!"
<u>Enterprises</u>	The commitment level of enterprises – especially at management level – is apparently still not very high.
<u>ILO</u> (Project Management, Project Coordination)	ILO's commitment to the project is very high. One important reason being that it acts as an example of an intervention approach and good practices to other national projects within the overall international HIV/AIDS education in the workplace programme within 24 countries.
<u>US Embassy</u> USAID	The communication with the US embassy, but more specifically USAID, is good. USAID is an observer at the PAB. It funds HIV/AIDS activities through 11 implementing partners in Cambodia. It is convinced that the ILO/USDOL project uses effective communication/education methods in Cambodia and is impressed by its accompanying policy and advocacy work. All in all, USAID seems to be quite committed to the project but would like to see it now developing from "pilot" (focus on quality, clusters, only three sectors, a few enterprises) to a more substantial programme of HIV/AIDS education in the workplace.
<u>UNAIDS</u>	The NPC participated in a number of UN Thematic Group meetings and in a Joint UN Team on HIV/AIDS meeting. The NPC is working in close collaboration with the UN country team to support the implementation of UN learning strategy as learning facilitators. He also provided training of peer educators to all UN agencies, support to the National AIDS Authority and he is furthermore involved in the national legal and policy working group, the IEC working group, the mobility and workplace working group, in the monitoring and evaluation working group, and the Leadership Development Programme. UNAIDS considers this project as a very important player in the field of the workplace, and it would like to see that the work started is not jeopardized by the formal end of the project.

## Annex IV

### The specific relation between NGO partners and the project

<b>CPN+</b>
CPN+ participates in workshops and training organized by the project and it is a member of the PAB. It is of the opinion that the ILO project should not cease to exist as “there is still so much to be done and we need their support!”
<b>CHRHAN</b>
The project’s NPC has facilitated CHRHAN’s training workshops on “HIV/AIDS in the workplace” topics and is a member of the PAB. The network believes that the project – or if not the project, possibly the government – should now (after the introduction of the Prakas) focus on the reinforcement of the law, especially the section prohibiting mandatory HIV testing.
<b>HACC</b>
HACC invites the project’s NPC to special meetings as an advisor and it uses the ILO Code of Practice on HIV/AIDS. The NPC also briefs all its members on HIV/AIDS as a workplace issue. It is a member of the PAB.
<b>CARE International</b>
CARE has been working with HIV/AIDS education in the workplace since 1998 and it has been very helpful during the starting phase of the ILO project with training materials and advice. Reversed, the ILO project has helped CARE’s work with the new Prakas, i.e. policy development for its target enterprises, including the introduction of HIV/AIDS committees in the workplace. It says that a very strong point of the project’s work is the consistent “tripartite” approach, and it believes that the much needed enforcement of the law requires the backing of an international inter-governmental agency such as the ILO. CARE remarked that if indeed the funding to the ILO project was to stop <sup>36</sup> the project should prepare its stakeholders to continue the work. CARE is a member of the PAB.

<sup>36</sup> “the target groups do not know about the fact that funding will stop now.”

## Annex V Evaluation itinerary

### ILO/USDOL HIV/AIDS Workplace Education Project, Cambodia FINAL EVALUATION Phnom Penh and Siem Reap, 23-30 April 2006

Date and Time	Description of activities
Sun 22 Apr 07	
19:25 pm	Arrival of Mr Hermen J Ketel, independent and lead consultant NPC Meeting with Hermen Ketel at hotel lobby at 20:45
20:15 pm	NPC meets the lead consultant at the hotel/drops material to the consultant
Mon 23 Apr 07	
8:00	Meeting with Chun Bora, NPC and the project team
10:45	Departure to Siem Reap
12:00–1:30	Check in at hotel and lunch
14:00	Meeting with HIV/AIDS focal point, committee and peer educators at Angkor Palace Resort and Spa
15:30	Meeting with HIV/AIDS focal point, committee and peer educators at Preah Khan Hotel
17:00	Meeting with CCTUF's management and trainers
Tue 24 Apr 07	
8:00	Meeting with Provincial AIDS Office (PAO), Provincial Health Department, Siem Reap
09:30	Meeting with Department of Labour and Vocational Training (DoLVT), Siem Reap
11:00–2:30	Visiting peer educators at Bapoun Temple renovation site
12:30–13:30	Lunch Break
14:00	Meeting with social workers at Sala Bai Hotel and Restaurant School
15:00 (HK)	Meeting with management (HR managers) and committee at Victoria Angkor Hotel and <a href="#">Sofitel Royal Angkor Hotel</a>
15:15 (SP)	Meeting with management (HR managers) and committee at City Angkor Hotel
19:45	Departure from Siem Reap (Leave for SRP airport at 18:30 PM)
Wed 25 Apr 07	
08:00	Meeting with HE Dr Huy Han Song, Under Secretary of State, MoLVT, Chair of PAB and accompanied by Dr Leng Tong, Director and Dr Yi Kannitha, Deputy Director of Department of Occupational Safety and Health (DoOSH), MoLVT and the project focal point..
9:45	Meeting with Tony Lisle, UNAIDS Country Coordination and his team
11:00	Meeting with Mr Teh Sing, Vice President, Cambodian Federation of Employers and Business Association (CAMFEBA) and Mr Ly Tek Heng, Manager, Garment Manufacturers Association in Cambodia (GMAC)
12:30–13:30	Lunch Break
14:00	Visiting YGM (garment factory): Meeting with management, the HIV/AIDS focal point and the committee members Meeting with peer educators Visiting the enterprise clinic
16:30	Meeting with Mr Vong Sovann, President, Mr Chuon Mom Thol, Advisor/former President; and Trainers at Cambodian Confederation of Trade Unions (CCTU)
Thu 26 Apr 07	Josée Laporte arrived at 9:05
8:00	Meeting with Ath Thorn and Trainers at Cambodian Labour Confederation (CLC)
9:30 (HK)	Meeting with focal point, committee members, nurse and peer educators at Cambodiana Hotel
9:30 (SP)	Meeting with focal point, committee members, nurse and peer educators at Himawari Hotel
12:30–1:30	Lunch Break
14:00–15:00	Meeting with Dr Sok Bunna, Team Leader on HIV/AIDS and Pamela Teichman, HIV/AIDS Senior Technical Advisor, USAID
15:30	Meeting with H.E. Dr Teng Kunthy, Secretary General of National AIDS Authority (NAA)
Fri 27 Apr 07	
8:00	Meeting with Dr Saphonn Vonthanak, Impact Survey administrator

Date and Time	Description of activities
10:00–11:30	Meeting with Cambodian People Living with AIDS Network (CPN+), Cambodian Human Rights and HIV/AIDS Network (CHRHAN), HIV/AIDS Coordinating Committee (HACC) and CARE International
12:30–1:30	Lunch Break
13:30	Visit friendly education center Meeting with Dr Leng Tong, Director and Dr Yi Kannitha Deputy Director of Department of Occupational Safety and Health (DoOSH), MoLVT and the project's focal point.
15:30	Meeting Mr Noun Rithy, National Project Manager, ILO Workers Education Project (ILO/WEB)
16:30	Meeting with Mr Bora NPC and Josée Laporte Project Management
Sat 28 Apr 07	
	Evaluation team work on their own
Sun 29 Apr 07	
	Evaluators prepare the preliminary findings for PAB debriefing meeting on 30 April 2007
Mon 30 Apr 07	
8:30–2:00	Debriefing meeting with PAB members
20:25	Departure of Mr Hermen J. Ketel, independent and lead consultant



## Annex VI List of interviewees

Name	Sex	Current position, organization <sup>37</sup>	Involvement in project
		<b>ILO/USDOL</b>	
Behrouz Shahandeh	M	Programme Manager, ILO/USDOL, Geneva	Project management
Maurizio Bussi	M	Programme Officer, ILO/USDOL, Geneva	Project management
Josée Laporte	F	Programme Officer, ILO/USDOL, Geneva	Project management
Jackie Whittaker	F	Administration Officer, ILO/USDOL, Geneva	Project management
		<b>USDOL</b>	
Evrett Murtagh	M	Asia backstopping, USDOL, Washington DC, USA	Donor/ partner
Rebecca Macina	F	Evaluation Officer, USDOL, Washington DC, USA	Donor/partner
		<b>ILO/USDOL HIV/AIDS Workplace Education Project, Cambodia</b>	
Chun Bora	M	National Programme Coordinator,	NPC
Por Chuong	F	Project Assistant/Training Coordinator	Project Assistant/ Training Coordinator
		<b>Angkor Palace Resort and Spa Hotel – Siem Reap</b>	
Uch Phou Rith	M	HR Manager	Focal point (FP)
Ly Moeng	M	Purchasing Assistant Manager	Trainer (Former FP)
Tout Bun Lin	F	General Cashier	Committee member
Ving San	M	Executive Chef	Committee member
Soun Kim Leng	M	A/C payable supervisor	Peer educators
Lat Sovureak Det	M	Waiter	-s-
Chho Try	M	Senior Room Valet	-s-
Heng Sokha	M	Concierge	-s-
Pang Bunnaroth	F	Housekeeping clerk	-s-
Chan Sochea	M	Housekeeping	-s-
Meas Sarith	M	Housekeeping	-s-
Som Sinat	M	Housekeeping	-s-
Prak Kimly	M	Demi Chef (Butcher)	-s-
Sim Kimsin	M	Demi Chef (Butcher)	-s-
Lon Chhun Ly	M	Cook	-s-
Roth Sovannarith	M	Cook	-s-
Hang Sok Heng	M	Cook	-s-
Chan Bun Rong	M	Steward	-s-
Khit Chiva	M	Air Con.	-s-
Chhoeurn Vorn	F	Shop Assistant	-s-
		<b>Preah Khan Hotel – Siem Reap</b>	
Tan Srey Peuv	F	HR Officer	Focal point
Ang Mean	M	Chief of Security	Committee member
		<b>Cambodian Construction Workers Trade Union</b>	

<sup>37</sup> If not noted otherwise, the informants' organizations are in Phnom Penh.

Name	Sex	Current position, organization <sup>37</sup>	Involvement in project
		<b>Federation – Siem Reap</b>	
Ken Chheng Lang	F	Vice President	Trainer, Focal point
Vann Thol	M	President	Partner
Soun Rang	F	Member	Trainer
Phat Phort	M	Member	Trainer
Prak Samnang	M	Vice President	Trainer
		<b>Provincial Health Department – Siem Reap</b>	
Dr Kros Sarath	M	Deputy Director of Health Department and PAO Manager	Partner/Resource Person
		<b>Provincial Department of Labour and Vocational Training – Siem Reap</b>	
Heng Koy	M	Director	Partner
Im Cham Roeun	M	Deputy Director	Partner
		<b>Construction workers at Bapoun temple renovation site – Siem Reap</b>	
Din Veasna	M	EFEO	Peer Educator
Sok Sarath	M	-s-	-s-
Ngam Ngoeun	M	-s-	-s-
Mon Leap	M	-s-	-s-
Doun Penh	M	-s-	-s-
Iy Onn	M	-s-	-s-
Chib Vichet	M	-s-	-s-
Amm Kong	M	-s-	-s-
Vann Sophal	M	-s-	-s-
Say Rith	M	-s-	-s-
Chou Chey	M	-s-	-s-
Nouth Ny	M	-s-	-s-
An Iem	M	-s-	-s-
Sok Thon	M	-s-	-s-
Reay Sok Not	M	-s-	-s-
Norn Voeurn	M	-s-	-s-
Che Preah	M	-s-	-s-
Lim Mith	M	-s-	-s-
Mao Vanna	M	-s-	-s-
Soun Pros	M	-s-	-s-
Men Saveth	M	-s-	-s-
		<b>Sala Bai Hotel and Restaurant School – Siem Reap</b>	
Seng Makara	M	Social Worker	Trainer
Pot Sophal	M	English teacher	Trainer
		<b>City Angkor Hotel – Siem Reap</b>	
Sashi Ranaweera	M	General Manager	Partner
Phon Sokha	M	HR Officer	Focal point
Kai Borin	M	Chief of Room Service	Vice Chair of the committee
Leng Ly Heng	M	Accountant	Committee member
Mok Bora	M	Security Assistant	Committee member
		<b>Ministry of Labour and Vocational Training</b>	
HE Dr Huy Han Song	M	Under Secretary of State	Chair of PAB
Dr Leng Tong	M	Director of DoOSH	Partner, PAB member

Name	Sex	Current position, organization <sup>37</sup>	Involvement in project
Dr Yi Kanitha	M	Deputy Director of DoOSH	Focal point
Dr Chim Yuth Samphy	M	Deputy Director of DoOSH	Partner
Han Nophalkun	M	Statistics Bureau	Partner
		<b>UNAIDS</b>	
Tony Lisle	M	Country Coordinator	PAB member
Jane Batte	F	Social Mobilization Advisor	Partner
Pasi Rajander	M	Social Mobilization & Partnership Specialist	Partner
		<b>CAMFEBA</b>	
Teh Sing	M	Vice President, CAMFEBA	PAB Member
Kaing Monika	M	Executive Secretary, CAMFEBA	Partner
Chea Sophak	M	Administrator, CAMFEBA	Partner
Ly Tek Heng	M	Manager, GMAC / Chairman CBCA	PAB Member
		<b>YGM Garment factory</b>	
Kong Sarith	M	Packing	Peer educator
Pen Srey Tum	F	Sewing	Peer educator
Thary	F	Administrative staff	Peer educator
Sim Tha	F	Sewing	Committee member
Srey Bun Thy	M	Security	Peer educator
Chhin Sedha	F	Administrative staff	Committee member
Khann Bor	M	Human Resources Manager	Focal point/chair committee
Va Chan Kosal	M	Trade union member	Committee member
Dr Seng Rheysiiton	F	Company doctor	Vice-chair committee
		<b>Cambodian Confederation of Trade Unions (CCTU)</b>	
Vong Sovann	M	President of CCTU	PAB member
Choun Momthol	M	Board member of CCTU	Partner/Former PAB member
Kim Chan Samnang	M	Member of CCTU	Partner
Tep Kim Vannary	F	Member of CCTU	Partner
Heng Bunwath	M	Member of CCTU	Partner
Sok Ravuth	M	Member of CCTU	Partner
Say Sam On	M	Member of CCTU	Trainer
Phoung Muntrei	M	Member of CCTU	Partner
Chong Men	M	Member of CCTU	Partner
Hul Mom	F	Member of CCTU	Trainer
		<b>Cambodian Labour Confederation (CLC)</b>	
Ath Thon	M	President of CLC	PAB member, Partner
Heng Chenda	F	Administrative Assistant	Trainer
		<b>Cambodiana Hotel</b>	
Chea Bunla	M	Human Resources Manager	Chair committee, Focal point
Yim Engly	M	F/O Doorman	Peer educator
Tem Tong	M	A/c income auditor	-s-
Mom Bunthy	F	Nurse of hotel clinic	-s-
Heng Mach	M	Kitchen	-s-
Sokha Raksmei	F	Kitchen	-s-

Name	Sex	Current position, organization <sup>37</sup>	Involvement in project
Chhoun Virak	M	Laundry	-s-
So Ratha	M	Receptionist	-s-
Richard Chin	M	Manager	Partner
		<b>Himawari Hotel</b>	
Un Sopha	F	HR Manager	Focal point
Tith Sokhoeurn	M	Food and beverage manager	Committee member
Chan Sokuntheary	F	Room attendant	Committee member
		<b>NGOs at HACC office</b>	
Khun Sophea	F	Technical Officer, CARE International	PAB member
Saman Dimara	M	Programme Officer-monitoring and documentation, HACC	Partner
Dr Kang Serei	M	Coordinator, CHRHAN	PAB member
Heng Sok Rithy	M	Country Coordinator, CPN+	PAB member
		<b>OTHERS</b>	
Pamela Teichman	F	HIV/AIDS Senior Technical Advisor, Office of Public Health USAID Cambodia	Partner
Dr. Sok Bunna	M	HIV/AIDS Team leader, Office of public health, USAID Cambodia	Partner
HE Dr Teng Kunthy	M	Secretary General, NAA	PAB member
Dr Sophon Vonthanak	M	Deputy Director, NIPH, MoH	Survey Administrator
Noun Rithy	M	National Project Coordinator, Workers Education Project, ILO Cambodia	Partner
		<b>Victoria Ankor Hotel – Siem Reap</b>	
Mehran Chinniah	M	Human Resource Development Manager , Victoria Angkor Hotel	Focal point
Marady Teung	F	Nurse, Victoria Angkor Hotel	President of committee
Veesna Im	M	Head of laundry	Committee member
Chauthoun Prak	M	HR department	-s-
Sokheng Ty	F	HR coordinator	-s-
		<b>Sofitel – Siem Reap</b>	
Esther Khin Aye Mu	F	Director of Human Resources & Training, Sofitel	Focal point

## **Annex VII**

### **Documentation list**

*Assessment on responses, gaps and opportunities regarding HIV/AIDS at the workplace in Cambodia*, (ILO, June 2004)

*Internal Assessment, Final Report*, (ILO, April 2005)

*National Stakeholders Conference on HIV/AIDS in the Workplace, Report*, (ILO, December 2003)

*Data Tracking Table on Cambodia ILO/USDOL project*

*Impact Survey* (Dr. Saphonn Vonthanak, Consultant, March 2007)

*Technical Progress Reports*, ILO/USDOL project

*Evaluation reports* (Benin, Belize, Ghana and Togo), ILO/USDOL programme

*Report, Sustainability Planning Workshop on the Response to HIV/AIDS at the Workplace* (ILO/USDOL project, January 2007)

*An ILO Code of Practice on HIV/AIDS and the World of Work* (ILO 2001)

And various other project and project-related documents and booklets

## Annex VIII Terms of reference

### TERMS OF REFERENCE (*ABBREVIATED*)

#### FINAL EVALUATION OF THE INTERNATIONAL LABOUR ORGANIZATION'S HIV/AIDS WORKPLACE EDUCATION PROJECT IN CAMBODIA

#### II. PURPOSE OF THE FINAL EVALUATION

The purpose of this Final Evaluation is to assess the progress made by the Cambodia HIV/AIDS Education in the Workplace Project. The evaluator shall address issues of both project implementation and project impact. In particular, the final evaluation is to:

- a) determine if the project has achieved its stated objectives and explain why/why not;
- b) assess the impact of the project in terms of sustained improvements achieved during the project time-frame or where possible predict impact over the next three to five years, e.g. the effectiveness of new or revised policies and programmes developed, adopted and applied at both national and enterprise levels; their consistency with the key principles of the ILO Code of Practice; and documented behaviour changes with selected beneficiaries.
- c) document good practices that could be used as models for activities in other projects; and
- d) recommend ILO, donor, and national stakeholders next steps to ensure the sustainability and future effectiveness of project interventions.

#### IV. FINAL EVALUATION SCOPE

The final evaluation will:

1. Evaluate the validity of the project strategy.
2. Evaluate the quality and impact of project activities on the target groups, including:
  - a. Needs assessments process and reports and their use by the project and its stakeholders
  - b. Accomplishments and effectiveness of Project Advisory Board (PAB) with respect to promotion of HIV/AIDS policies.
  - c. Employers' and workers' understanding of HIV/AIDS at the targeted enterprises.
  - d. Effectiveness of the BCC model, ease of use by enterprise trainers, impact of the peer educator trainings.
  - e. Stakeholder understanding and capacity to address HIV/AIDS at the workplace through workshops and other mediums.
  - f. Quality and use of the materials developed by the project and partner NGOs (who trained the peer educators).
  - g. Scope, content and effectiveness of outreach campaigns conducted to promote HIV/AIDS workplace education and BCC policies.
3. Evaluate the current management structure of the project, including the adequacy of ILO's supporting services both in Geneva and in the region, its staff and the services it has provided.
4. Evaluate the project's sustainability plan. Are project activities/ improvements likely to be sustained after project completion, and by whom?

Evaluate the linkages between the project and the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation and the National AIDS Authority

5. Evaluate the value of the project in the context of other HIV/AIDS activities in Cambodia. Has the project been able to link with other activities? Are there overlaps or duplication of effort?
6. Assess whether the monitoring system for collecting performance data is appropriate for systematically measuring impact of project performance. Is there sufficient staff to collect the data and is the data reliable? Are there sufficient resources allocated for consultants.
7. Assess whether the project addressed issues highlighted by the mid-term assessment.
8. Assess level of stakeholder commitment to project (NGOs, the Cambodian Government, trade unions, workers, enterprises, ILO, US Embassy).
9. Assess the relationship between the ILO National Project Coordinators in Cambodia and NGOs providing training for the BCC.
10. Determine how effective implementation of activities has been as a result of the strategic framework.

11. Assess the sectors targeted for assistance. Why were they chosen? Was the number of sectors appropriate? Was the project able to meet the needs of the different sectors effectively?
12. How has the project been able to link with other projects implemented in the country by the ILO?
13. Assess the effectiveness of the project in fostering constituents' involvement and in promoting social dialogue.
14. Assess whether and how the project approach and its results have been up-scaled or replicated.
15. Assess how/whether the choice of partners has been strategic in implementing the strategy.
16. Evaluate how/to what extent the project has addressed gender dimensions.
17. Analyze problem areas emerging from the comparison of the baseline survey and the impact assessment

## V. FINAL EVALUATION TEAM

The Final Evaluation team will be comprised of one independent evaluator and one national consultant. The Team Leader will be the independent evaluator and will be responsible for conducting the Final Evaluation according to the terms of reference (TOR). The team shall:

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

The USDOL Project Manager is responsible for:

- Drafting the final evaluation TOR.
- Finalizing the TOR with input from the ILO.
- Providing project background materials.
- Participating in preparatory meeting prior to the final evaluation mission.
- Reviewing the final evaluation methodology, as appropriate.
- Reviewing and providing comments of the final evaluation report.
- Approving the final draft of the final evaluation report.

The ILO HIV/AIDS Programme Representative is responsible for:

- Reviewing the TOR and providing input, as necessary.
- Providing project background materials.
- Reviewing the scope of the final evaluation and working to refine the questions as necessary.
- Participating in preparatory meeting prior to the final evaluation mission.
- Scheduling all meetings.
- Assisting in the implementation of the final evaluation methodology, as appropriate (i.e., participate in interviews, review documents, observe committee meetings) and in such a way as to minimize bias in internal assessment findings.
- Reviewing and providing comments on the final evaluation report.
- Approving the final draft of the final evaluation report.
- Participating in debriefing on findings, conclusions, and recommendations of the Final Evaluation report.

## VI. FINAL EVALUATION METHODOLOGY

**Document Review.** The Evaluator and appropriate members of the Final Evaluation team will review the following documents before conducting any interviews or trips to the region.

- The Project Document
- Strategic Framework and PMP
- Project Work plan
- Project Plan of Action
- Baseline data
- Mapping exercise report
- Mid-term Evaluation report
- Impact Survey
- TORs for Final evaluation
- Quarterly reports
- Reports from events
- Training Materials from the events
- Trip Reports
- BCC strategies and programmes
- National Tripartite Policy

**Pre-Trip Consultations:** The final evaluation team will have pre-trip consultations with the USDOL project manager, Evaluation Coordinator, and ILO project staff. The objective of the pre-trip consultation is to reach a common understanding among the final evaluation team and project implementers regarding the status of the project, the priority final evaluation questions, the available data sources and data collection instruments, and an outline of the final evaluation report. The following topics will be covered: status of evaluation logistics, project background, key evaluation questions and priorities, data sources and data collection methods, roles and responsibilities of final evaluation team, outline of the final report.

- **Observation:** If scheduling permits, the final evaluation team will attend and assess a training activity of the project.

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

- a. Project Staff in Geneva, Cambodia and other relevant ILO staff
- b. USDOL Project Staff and other relevant USDOL staff
- c. Selected individuals from the following groups:
  - Project Advisory Board (PAB) Members
  - Employers' and workers' organizations as well as NGOs that have received training or otherwise worked with the project.
  - Labor Ministry staff who have worked with the project
  - People Living With HIV/AIDS Network
  - National AIDS Committee
  - UNAIDS
  - UNDP
  - US Embassy

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

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

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



Nine out of every ten people with HIV will get up today and go to work. For many living with HIV, a day at work will be hard to endure. They will face stigma and discrimination and will be struggling with ill health often with limited information, support or treatment. But for others, the workplace is beginning to change, to become a place where employers and workers unite to overcome the epidemic with national support.

The ILO has recognized the devastating effect of HIV/AIDS on its constitu-

ents, and in collaboration with governments, employers and workers, has taken action to mobilize the workplace as a gateway for combating the epidemic.

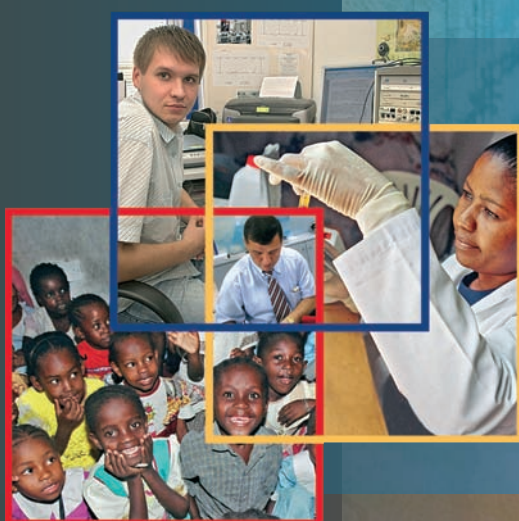
Since the year 2000 the ILO has mainstreamed HIV/AIDS throughout its regular Decent Work activities. It has also rolled out a dedicated programme providing technical advisory services and support on HIV/AIDS at national, enterprise and individual level.

The US Department of Labor joined forces with the ILO early on to back this initiative, supporting workplace education programmes through a project called the Strategic HIV/AIDS Responses by Enterprises (SHARE).

Today this programme supports work in 23 countries reaching about 500,000 workers in some 450 enterprises. This final evaluation report presents key achievements and lessons emerging from work undertaken with ILO's constituents and other national stakeholders in Cambodia.

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A Technical Co-operation Programme executed in partnership with the United States Department of Labor (USDOL)

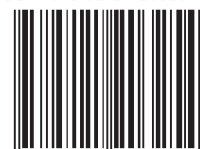


**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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