Internal Assessment Report

ILO/USDOL
HIV/AIDS Workplace Education Project
Ghana

Project No. E-9-K-2-0072
GHA/03/50/USA

International Labor Organization
United States Department of Labor

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List of Acronyms and Abbreviations

AIDS – Acquired Immunodeficiency Syndrome
BCC – Behaviour Change Communication
BSS – Behaviour Surveillance Survey
CIBA – Council of Indigenous Business Associations
CMS – Commercial Market Strategies
DOL – (US) Department of Labor
FHI – Family Health international
GAC – Ghana AIDS Commission
GAPVOD – Ghana Association of Private Voluntary Organisations in Development
GEA – Ghana Employers' Association
GHANET – Ghana HIV/AIDS Network
GFL – Ghana Federation of Labour
GSMF – Ghana Social Marketing Foundation
HIV – Human Immunodeficiency Virus
HSS – HIV Surveillance Survey
IEC – Information, Education and Communication
ICG – International Cooperation Group
ILO – International Labour Organization
IPEC – International Program on the Elimination of Child Labor
MMDE – Ministry of Manpower Development and Employment
MOC Memorandum of Cooperation
MOU Memorandum of Understanding
NGOs – Non-Governmental Organizations
NPC – National Project Coordinator
PAB – Project Advisory Board
PEF – Private Enterprise Foundation
PLWHA – People Living With HIV/AIDS
PMT Programme Management Team
POA – Plan of Action
TUC – Trade Union Congress
STIs – Sexually Transmitted Infections
UNAIDS – Joint United Nations Programme on HIV/AIDS
UNFPA – United Nations Population Fund
UNDP – United Nations Development Programme
USAID – U.S. Agency for International Development
USDOL – US Department of Labor
VCT – Voluntary Counselling and Testing

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EXECUTIVE SUMMARY

The U.S. Department of Labor (USDOL) awarded a four year grant to the International Labour Organization in FY 2002 to implement a US$4,644,596 global HIV/AIDS education in the workplace program in partnership with Family Health International (FHI). As part of this program, the ILO began a three-year HIV/AIDS workplace education project in Ghana (hereafter referred to as "the project") with an initial budget of US$461,172, which was later increased to US$500,104.

By agreement with the U.S. Department of Labor (USDOL) and per ILO policy on technical cooperation, a mid term assessment of the project was undertaken. The assessment report points out some of the strong points as well as some of the weaknesses and limited success in achievement of some of the objectives of the project; with replication and continuation of the positive elements and corrective measures in place, the project should be able to achieve the objectives set out at the inception.

The joint U.S. Department of Labor / International Labor Organization assessment team (AT) consisted, respectively of Mr. Patrick White, and Mr. Iqbal Ahmed.
The assessment was based on a desk review, a field visit to Accra form May 15, 2005 to May 20, 2005 and telephone interviews of selected key informants and collaborators.

The assessment team's key recommendations follow below:

1. The project could consider assisting in the printing of Ghana's National Workplace policy. There is precedence in Ghana of Agencies' assisting in the publication and dissemination of national documents and the contribution is acknowledged in the publication itself. The costs would not be enormous compared to the mileage that may be obtained in doing so.

2. The National Project Coordinator should make additional efforts to take on board all the stakeholders, especially the Ghana Employers Association (GEA). The project should establish a memorandum of cooperation and finalize a joint plan of action. With the GTUC, the plan of action needs to be updated to cover the period until the end of the project.

3. Participation at meetings of the PAB, especially for GEA and GTUC should be, or continue to be at a senior level.

4. The NPC should follow-up with the Chief Director of the MMDE and the Chief Director of the Civil Service Commission to ensure that focal point responsibilities become a core job function.

5. The Program Management Team (PMT) should offer the NPC additional training on the functioning of the ILO's administrative and financial management systems to ensure that there are no delays in obtaining

clearance for project work requiring sub-contracting and use of external collaborators.

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6. The PMT should clarify the NPC's reporting requirements and indicate how the Ghana project fits into the overall strategy of the Global program. The PMT and the NPC should review the data tacking table to ensure that USDOL and other stakeholders are receiving accurate information concerning the PMP baseline.

7. The NPC should add new sections to the monitoring form, in addition to the yes/no questions, which provide her and the PAB with useful information on the implementation of project activities. These sections could include outputs such as, the number of peer-education training events held, the amount of information materials requested, and the results of pre and post training assessments.

8. The PMT as well as managers of other ongoing ILO projects should exchange of workplans, develop synergies, and look for opportunities to work together and share resources and experiences.

9. Activities with the informal sector should begin only after reviewing and taking into account the lessons learned in implementing previous programs in the sector.

10. The Global Program should assist the NPC with consolidating the project's sustainability activities into her own plan of action.

11. USDOL should provide the PMT with the experiences other USDOL-funded HIV/AIDS projects have had with sustaining peer-education programs in the formal and informal sector.

I. Introduction

The U.S. Department of Labor (USDOL) awarded a four year grant to the International Labour Organization in FY 2002 to implement a US$4,644,596 global HIV/AIDS education in the workplace program in partnership with Family Health International (FHI). As part of this program, the ILO began a three-year HIV/AIDS workplace education project in Ghana (hereafter referred to as "the project") with an initial budget of US$461,172, which was later increased to US$500,104. The project duration is between October 1, 2003 to September 30, 2006.

As per ILO policy on technical cooperation, and by agreement with the U.S. Department of Labor (USDOL), an internal assessment of the project was undertaken. The assessment report points out some of the strong points as well as some of the weaknesses and limited success in achievement of some of the objectives of the project; with replication and continuation of the positive elements and corrective measures in place, the project should be able to achieve the objectives set out at the inception.

II. The Project

A. Country Background

Africa has been losing its prime labor force to HIV/AIDS. The costs in terms of loss of productivity, increased costs of health and social security and falling GDP have been enormous. HIV/AIDS has also been changing the age and sex distribution of the labor force as widowers and children are forced to work for the survival of their families.

HIV/AIDS has turned out as a major social and labor problem in the world of work, especially in developing countries and particularly in Sub-Saharan Africa, where the impact of the virus is more pronounced and widespread.

The epidemic continues to be a major challenge to the health and economic development of Ghana. The HIV infection rate in Ghana is approximately 3 percent and the worst affected population category – the 15 - 49 age group, constituting nearly 90 percent of all reported cases– is also the working and economically active segment of society.[1]

The Ministry of Health has been active in the fight against HIV/AIDS since 1987 with the National AIDS/STD Control Programme (NACP). In September 2000, the Ghana AIDS Commission was formed which helped to ensure a multi-sectoral approach. The Commission is currently pursuing a five-year National Strategic Framework on

[1] *Project Document: HIV/AIDS Workplace Education Programme—Ghana*, International Labor Organization, Geneva, June 2003. See also *Ghana; Epidemiological Fact Sheet on HIV/AIDS and Sexually Transmitted Infection; June 2004 Update*. UNAIDS/WHO Working Group on Global HIV/AIDS and STI Surveillance, Geneva.

HIV/AIDS, which aims to reduce transmission of the infection and to mitigate its affect. There is growing awareness among the Ministry of Manpower Development and Employment and employers' and workers' organizations that much more can be done to develop policies and prevention programs on HIV/AIDS in the workplace. In December 2004, the National Tripartite Committee, consisting of organized labor, the Ghana Employers' Association, and the Government, in collaboration with the Ghana AIDS Commission finalized a national workplace HIV/AIDS policy.

B. Project Description

1. Objectives

The Development Objective established in the original project document was to contribute to the prevention of HIV/AIDS in the world of work, the enhancement of workplace protection and the reduction of its adverse consequences on social, labour, and economic development.

The Development Objective was to be accomplished by pursuing three immediate objectives:

1. The tripartite constituents will have been sensitized and mobilized to develop policies and programmes for the prevention of HIV/AIDS in the world of work;

2. A national policy framework on HIV/AIDS and the world of work will be in place and prevention programmes in specific sectors will have been implemented, evaluated and good practices identified; and

3. A sustainable national plan on the prevention of HIV/AIDS in the world of work will have been developed to replicate programmes for workers fully integrated into relevant programmes of the government, and employers' and workers' organizations, individual enterprises in both the public and private sector as well as activities of partners focussing on the informal economy.

In May 2004, the PMT , consultants from Management Systems International, a USDOL Representative, and the NPCs met in Geneva to develop the overall strategic framework. Together with USDOL, they developed a generic strategic framework, which was then tailored for each project country. The Strategic Framework, as established for Ghana, resulted in the revision of the original objectives.

As result of this exercise, the development objectives are now as follows:

1. Reduced HIV/AIDS behaviors among targeted workers
2. Reduced level of employment-related discrimination against persons living with HIV/AIDS or affected by HIV/AIDS

These development objectives are to be pursued through the accomplishment of 4 immediate objectives:

1. Improved knowledge and attitudes related to HIV/AIDS risk behaviors;

2. Increased awareness/use of available HIV/AIDS workplace;
3. Reduced stigma against persons living with HIV/AIDS; and
4. Increased knowledge of HIV/AIDS workplace policies/guidelines.

(The Strategic Framework is attached as Annex 1. The Performance Monitoring Plan was subsequently adapted to the country context during a workshop in August 2004. It sets forth the performance indicators for each of the development, immediate, and sub-immediate objectives, and is attached as Annex 2)

2. Project Strategy

The overall aim of the project is to increase the capacity of the tripartite constituents to design and implement workplace HIV/AIDS prevention policies and education programs. The project strategy is to collaborate with (1) the Government to ensure that the national and legal policy framework is conducive to workplace prevention and protection of workers' rights; and (2) with employers' and workers organizations' to launch effective and sustainable prevention education and behavior change programs within the workplace and surrounding communities.

Project implementation was to be in three phases:

Stage I (6 months) – Establish the project's implementation base and operational arrangements, organize the project advisory board (PAB), carry out orientation and training workshops for the tripartite constituents, compile, adapt and, if necessary, develop educational material for project implementation and formulate a plan of action for stage II of the project. Every effort will be made to utilize existing material with appropriate adaptation.

Stage II (approximately 24 months) –Implement the POA which will include mainstreaming HIV/AIDS within the MMDE, providing support to the social partners in order to reach workers in selected enterprises in specific sectors such as garment manufacturing, hotel and tourism, developing targeted communications packages aimed at workers in the informal economy and conducting other research studies as necessary. Target groups will also include the public sectors, e.g. employees of the Ministry of Manpower and Employment and teachers.

Stage III (approximately 6 months) – Finalize mechanisms for sustainability by ensuring that HIV/AIDS programs are integrated into the ongoing programs of the tripartite partners. From the outset, every effort will be made to focus on capacity building of the institutions in order to plan and implement their own programs.

3. Current status of the project

The ILO signed a memorandum of understanding with the Government of Ghana in October 2003 and hired the National Project Coordinator in November 2003. During the month of December, the project launched its initial activities, and convened its first meeting with the project advisory board (PAB) which approved the project implementation plan as well as a work-plan. During this same month, the project was officially launched and the National Project Coordinator established the project

office. The launching of project activities coincided with Secretary Chao's visit to Accra.

The following are some of the major activities and achievements of the project that could be observed at the time of the internal assessment:

- *Performance Monitoring Plan [PMP] and Strategic Framework Development:* Development of the Ghana Performance Monitoring Plan and Strategic Framework were completed in August 2004.

- *Recruitment of Enterprises:* The project signed memoranda of cooperation (MOCs) with 14 enterprises: four mining companies, six agricultural firms, three government ministries, and one association of informal mechanics. The enterprises were selected by the PAB following the recommendation of the NPC and recruited by the project in September 2004.

- *National Workplace HIV/AIDS Policy:* The project assisted the Ghana AIDS Commission and the National Tripartite Committee with finalizing a national HIV/AIDS workplace policy in December 2004.

- *Baseline Survey:* A consultancy firm contracted by the project completed a baseline survey in six (6) enterprises during October 2004. The ILO provided baseline data to USDOL in March 2005 through the quarterly report and various emails.

- *Finalisation of the Behaviour Change Communication (BCC) tools and Strategies for Public Sector:* With the assistance of FHI and in consultation with the PAB, the project developed a full-fledged BCC program in September 2004 for secretaries and administrative assistants in the public sector. During this time, two NGOs, Ghana Social Marketing Fund and CTFCD were also trained in the use of the tool kit and directed to develop a similar program for the Agro and Mining sectors and garages in the informal economy.

- *Plan of Action for The Ministry of Manpower Development and Employment (MMDE) Finalized within the Context of the Project:* A final review of the Plan of Action of the Ministry of Manpower Development and Employment within the context of the project was completed in February 2004.

- *Focal Point Training:* The project held a three-day intensive training course in February 2005 for 25 focal points and HIV/AIDS committee members drawn from the 13 enterprises participating in the project.

III. Internal Assessment

A. Purpose of the Internal Assessment

The main objective of the internal mid-term assessment was to determine if the project was moving towards the achievement of its stated objectives; assess the impact of the project in terms of sustained improvements; and to provide

recommendations on how to improve project performance, and, where necessary, identify the possible need to refine strategy.

The internal assessment was to provide the project management, ILO field and headquarters staff, project partners and beneficiaries, and USDOL with feedback and information needed to assess, and possibly revise, policies strategies, data collection methods, objectives, and workplans (the assessment Terms of Reference is attached as Annex 3).

B. Assessment Methodology

The joint U.S. Department of Labor / International Labor Organization assessment team (AT) consisted, respectively of Mr. Patrick White, and Mr. Iqbal Ahmed.
The assessment was based on a desk review (See Annex 4 for a complete list of documents reviewed), field visit to Accra and telephone interviews selected key informants and collaborators.

Prior to the field mission, Mr. White had spoken with FHI and received a briefing from members of the ILO Program on HIV/AIDS regarding the current status of the project. Mr. Ahmed received a briefing from the US Department of Labour as well as from members of the PMT .

The field mission was undertaken from May 15 to May 20, 2005 in Accra, Ghana's capital city. A total of 26 individuals were interviewed (See Annex 5 for a complete list of individuals and organizations interviewed, and Annex 6 for an overview of an interview protocol developed for the assessment). Before departure from Accra, the AT briefed the Project Advisory Board (PAB), the National Project Coordinator, the USAID Senior HIV/AIDS Advisor, and a Political Officer with the US Embassy on the team's preliminary findings and recommendations. Following completion of the mission, the AT held a conference call with the PMT to discuss its findings and obtaining clarifications and elaborations that were felt necessary.

IV. Findings, Conclusions, and Recommendations

A. Validity of Project Strategy

Findings

Project Partners

The Assessment Team found that key partners were supportive of the project's overall strategy to reduce the prevalence of HIV/AIDS among agricultural workers, miners, mechanics, and government workers. The UNAIDS Country Director explained that the "project is a tool in the arsenal" against HIV/AIDS and will serve as a means to gather practical research on the impact of peer educators. A senior member of the Ghana AIDS Commission indicated that the project's approach assists with filling a gap in Ghana's national HIV/AIDS strategy. A member of the Project Advisory Board who is also a representative of the Ghana Association of Private Voluntary Organisations in Development (GAPVOD) remarked that the "sectors we [the PAB] are operating in are good enough."

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Commitment of Target Companies

Through advocacy and negotiations, the project signed memoranda of cooperation with 13 enterprises (a sample MOC is included in Annex 7). Each memorandum highlights on a single page all of the activities the project and the selected enterprises agreed to undertake to implement and develop an HIV/AIDS workplace program.

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The Assessment Team conducted telephonic interviews with the HIV/AIDS focal points in Newmont Mines, Tarkwa Goldfields, and Volta River Estates and visited the Accra office of the focal point with Resigha Ghana Ltd. Most of these focal points were experienced human resource managers. Except for Resigha Ghana, all of these companies had taken steps to designate peer-educators and draft an HIV/AIDS workplace policy. Following the start of project activities, Newmont Mines established voluntary counseling and testing services and announced plans to a hire full-time staff member whose official duties would include managing HIV/AIDS programs.

Technical Assistance for the Ghana Employers Association (GEA)

As a member of the Project Advisory Board, the GEA had reviewed the project document and participated in the August 2004 PMP workshop. However, it had reservations with the project's approach in providing technical assistance to it. The view was held that the GEA already had peer-educators and an HIV/AIDS policy in place. It was argued that GEA peer-educators should have been used in place of project beneficiaries and direct funding to GEA to establish workplace policies in the different enterprises could have been a more effective use of project resources.[2] Furthermore, the view was held in the GEA that the Association could have selected the pilot enterprises, as they were knowledgeable about their members. One GEA representative noted, "We do not have a stake in the project…We are not part of the project so we cannot guarantee its sustainability."

The NPC noted that the GEA submitted a plan of action in February 2005**,** but as of May 2005 the project had not finalized any of their proposals.

According to interviews with the NPC, the project has gone about its work professionally. It had invited the GEA to all its stakeholders meetings and the PAB, where GEA did participate, but not at the highest level. The choice of enterprises with which the project has memoranda was made by the PAB, in the presence of GEA.

[2] According to the project's mapping report on existing programs related to HIV/AIDS and the world of work in Ghana (April 2004), the Ghana Employers Association (GEA) has a workplace HIV/AIDS program in place that provides information, education, and communication programs on HIV/AIDS targeted at workers. The project document also notes that the GEA received assistance from UNFPA and UNAIDS that included drafting an HIV/AIDS workplace policy, creating a peer-education training manual, and developing HIV/AIDS information materials. The Assessment Team did not explore in depth with the NPC, the GEA, or the PMT how the Ghana HIV/AIDS project complements the GEA's ongoing programs. Furthermore, the Team did not have an opportunity to review the GEA's HIV/AIDS in the workplace policy or interview any of the GEA's peer-educators.

It was pointed out by the PMT that peer educators, by the very nature their work, should be selected and trained from the ranks of the employees of the target enterprises and that it would not be practical to have peer educators from elsewhere.

Conclusions

As would have been seen from the write-up above, a large number of stakeholders supported the project's strategy and were committed to its objectives. The only exception has been the Ghana Employers Association (GEA), which argued that it already had the will and institutional capacity to provide HIV/AIDS services to its members. It is important to improve relations with GEA in order to enhance the prospects for the sustainability of the project.

Recommendations

The project should make a greater effort to finalize the GEA's plan of action and convince the GEA's senior representatives that the project will enhance the GEA's existing approach to HIV/AIDS prevention. The project should also ensure that GEA's senior management regularly participates in Project Advisory Board Meetings.

B. Project Implementation

Findings

The project was implemented mainly through a locally recruited National Project Coordinator and national and international consultants. ILO/AIDS had established the PMT in order to manage the project from the Headquarters and was responsible for monitoring and, along with the ILO Office in Lagos, financial administration of the project.

The ILO contracted Family Health International (FHI) to design a toolkit for developing and implementing Behavior Change Communications (BCC) in the workplace. FHI organized a workshop in Accra for the National Project Coordinators from 02 countries and project beneficiaries from Ghana in April 2004 to refine and test the toolkit's approach. Based on the training she received in the April workshop, the NPC, in collaboration with FHI, organized a series of meetings in September 2004 to assist project beneficiaries in the public sector with developing a BCC strategy for secretaries and administrative assistants. The NPC also trained two local NGOs, Pro-Link and CTFCD, on using the toolkit to develop BCC materials for the agricultural and mining sectors. The Ghana AIDS Commission established a National Task Force for BCC and in recognition of services rendered, the project was invited to become a member.

During the field mission, the AT reviewed the status of each component of the National Project Coordinator's plan of action (POA).[3] The NPC found that the POA was useful to keep track of all the tasks she had to accomplish. The POA indicated what activities she was accountable for by combing the project implementation plan,

[3] A copy of the NPC's plan of action is not available to include in this report as an Annex.

the strategic framework, the project workplan, and the Ghana task list from Community Zero.[4] The NPC created the POA on her own initiative.

The project workplan for December 2004 and the NPC's own plan of action list a number of activities prior to the assessment to meet the requirements of the first and second implementation phases. These requirements include:

- developing a performance monitoring plan,
- recruiting and signing MOCs with enterprises
- conducting a baseline workers' survey,
- facilitating a National HIV/AIDS policy for the World of Work, and
- drafting plans of action for workers' and employers' organizations, and the Ministry of Manpower Development and Employment (MMDE).

The AT noted that the project accomplished all of it main tasks, with the exception of the employers' plan of action, by May 2005. According to the chairman of the Project Advisory Board explained, "everything is moving on schedule."

As noted earlier, the Ghana AIDS Commission adopted a national HIV/AIDS in the workplace policy in December 2004. Over a number of years a lot of work, mostly through the ILO had gone into the preparation of this policy, but the documents had remained on the shelves. The NPC assisted in getting the all the stakeholders together which through deliberations with the National Tripartite Committee, reached agreement on a National Policy which was subsequently approved as a National instrument. The policy document however remains to be printed and disseminated widely.

Relationship with Ghana Trades Union Congress

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The project was required to develop a plan of action with the Ghana Trades Union Congress, sensitize trade union leaders on HIV/AIDS prevention, train focal points, and mainstream HIV/AIDS education in trade union college curricula. The TUC benefited from the project's role as facilitator in a couple of their workshops and in receiving technical expertise – one can cite, for instance, the project's working with the Chamber of Mines in developing and drafting the Mines Sector workplace policy on HIV/AIDS. The project developed a plan of action with Ghana Trades Union Congress (TUC) in February 2004 that covered activities through the end of 2004. As of May 2005, the project did not have a plan of action in place with the TUC that would cover the period until the end of the project. In addition, despite earlier agreements with the project, the TUC had not provided names of HIV/AIDS focal points for each of its 21 affiliates.[5]

[4] Community Zero is an Internet program that allows all of the National Project Coordinators in the Global HIV/AIDS program to share best practices, seek advice, and report the status project activities with one another and ILO Geneva. Each country in the HIV/AIDS Global Program has a set of tasks to report on through community zero that are common to all HIV/AIDS in the workplace projects.

[5] According to the project's Mapping Report (April 2004), the Ghana Trade Unions Congress (TUC) already has an HIV/AIDS training program in place for its members. This program prepares focal persons within the TUC's affiliates to train local union executives and members who together with management form HIV/AIDS committees at the enterprise level. These committees are responsible for formulating an HIV/AIDS policy and organizing the training of peer educators. The assessment team did not ask the NPC, Geneva-based representatives of the Global Program, or a GUC representative

Peer-Education Training for the Informal Sector (Ghana National Garages Association)

The informal sector component of the project focused on Ghana National Garages Association. Following the signing of a letter of agreement in 2004 and the training of a focal point in February 2005, the NPC planned a four-day peer-education training program for the Association. It is useful to note that master mechanics and apprentices that form the membership of this association usually do not have regular salaries and are paid on the basis of actual work performed. Given this arrangement, each training event they attend on HIV/AIDS awareness and prevention would mean loss of income for that particular period. It would therefore be advisable to design a shorter education program outside working hours.

Public Sector Focal Points

Focal Points in the MMDE, the Ministry of Agriculture, and the Civil Service Commission emphasized that office directors pulled them in different directions and did not leave them enough time to focus on project activities. According to these focal points and the National Project Coordinator, most of the ministries are understaffed and managers do not believe that focal point duties are a core job function. The chairman of the PAB, who is also the Chief Director of the MMDE, informed the AT that he is working with the Chief Director of the Civil Service Commission to issue a circular that would require Managing Directors in the government to appoint a full-time HIV/AIDS focal person. The NPC recognized that peer-educators had difficulty scheduling time in their work schedule to engage in project activities.

Conclusions

The project has established a basic foundation for completing the second and third stages of implementation; however it has not solidified its relationship with the Ghana Employers Association and the Ghana Trade Unions Congress. Consequently, the GEA in particular, does not feel that it has ownership of the project. Without buy-in from the GEA or the GTUC, the project will have difficulty including them in the trainer the trainer programs or other activities of phase III that support the long-term sustainability of project.

The project is structured to develop HIV/AIDS programs for government and formal sector workplaces in accordance with multiple timelines and the strategic framework. However, the NPC is required to develop a separate approach for the informal sector. Since they are mostly self-employed without a salary, each member of the Ghana National Garages Association may lower their income when they attend a project event. It is advisable to design a shorter education program for the Association that will take place outside working hours.

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how the Ghana HIV/AIDS project complements the TUC's existing HIV/AIDS program. The AT did not explore with the NPC or the Ghana Trade Union Congress why the GTUC Plan of Action did not extend to the end of the project.

Focal points in the public sector believe that they do not have the institutional support to implement their responsibilities during and after the life of the project. Without institutional support, it is unclear if the public sector focal points will have the proper resources to sustain project activities.

Recommendations

The project could consider assisting in the printing of the National Workplace policy. There is precedence in Ghana in Agencies' assisting in the publication and dissemination of national documents and the contribution is acknowledged in the publication itself. The costs would not be enormous compared to the mileage that may be obtained in doing so. It would help in dissemination of the policy, and in the context of the project, the added visibility that it would give to the project will help implementing the remaining phases of the project.

To clarify its relationship with the GEA and the GTUC, the project should sign memorandums of understanding or updated plans of actions of with senior management from each of these organizations. The proposed MOUs or POAs should include all of the activities that the project needs to implement for the remainder of its duration and the role of the GEA and GTUC in implementing these activities.

Participation at meetings of the PAB, especially for GEA and GTUC should be, or continue to be at a senior level.

The NPC should encourage the Chief Director of the MMDE and the Chief Director of the Civil Service Commission to make focal point responsibilities a core job function. To encourage active support the focal points, the NPC should describe how HIV/AIDS could weaken the MMDE's capacity to accomplish its mandate.

C. Project Management Performance

Findings[6]

Relationship with Local Stakeholders and other USDOL-funded Projects

The NPC's commitment and communication skills were unanimously praised by the stakeholders. One member of the Project Advisory Board observed that she "keeps us a bit too well informed." Another member of the PAB noted that the NPC distributes project reports on schedule and calls board members several times before a meeting is scheduled to ensure that everyone attends.

The NPC assists the Ghana AIDS Commission and a local office of UNAIDS with coordinating HIV/AIDS programs in Ghana. She regularly attends the meetings of a theme group in the Ghana AIDS Commission that is preparing a new national HIV/AIDS action plan and a working group that is addressing HIV/AIDS in the workplace. She also participates in a technical group within UNAIDS that meets each month to share information on HIV/AIDS activities. According to the NPC, the

[6] The AT did not explore the relationship between USDOL and ILO Geneva.

Ghana AIDS Commission, and UNAIDS, the NPC participates in all of these activities as a representative of the ILO.

The International Child Labor Program at the U.S. Department of Labor sponsors a program in Ghana to eliminate the worst forms of child labor. This project is implemented by ILO IPEC and is located in the same building where the HIV project has an office. According to the NPC, the DOL-funded HIV project and the DOL-funded child labor project have made little effort share staff or exchange workplans

Relationship between PMT and the NPC

The NPC indicated that she had difficulty reporting the project's status in the Global Program's virtual community, referred to as Community Zero. She explained that due to frequent breaks in her internet connection, she faces long periods where she can not send or receive email. Furthermore, Community Zero contains a list of tasks for Ghana that are common to every project in the Global HIV/AIDS program. All of the Global Program's NPCs are required to indicate the status of each of these tasks. When the AT reviewed the project's workplans and plans of actions, the NPC could not clarify how the Community Zero task list was related to the overall design of the project. Due to time constraints, the AT did not review the Community Zero website.

During project implementation, there have been occasions when obtaining of financial clearance and issuing of contracts to collaborators had been slow, at the cost of losing some good-will and slowing down of project activities. There had been some communication and understanding gaps between the parties concerned; the partner NGOs[7] as well as some of the stakeholders working with the project did not always understand the need for providing detailed proposals and ILO Headquarters insisted on obtaining the disaggregated pieces of information necessary for financial clearance, resulting in delays.

The NPC noted that the process to approve contracts and POAs would improve because the PMT has recently established a standard format for submitting an external contract agreement. At the same time, she suggested that the PMT should provide guidelines on the rates that NPCs should use to negotiate contracts and send an expert to Ghana at the start of each of year to assist with budgeting

Conclusions

The NPC has maintained good communication with the Project Advisory Board and national HIV/AIDS programs. Since the Ghana AIDS Commission and UNAIDS Country Director believe that the NPC represents the ILO in general, there is a danger that the NPC will be pressed to participate in activities that do not support the project.

The communications between the NPC and the PMT regarding strategic planning and financial management needs improvement. The NPC does not have a clear understanding on how all the project's planning tools (implementation plan, work

[7] The projects NGO partners are the Ghana Social Marketing fund (GSMF) and CTFCD . The GSMF is responsible for training agricultural workers and informal mechanics as peer-educators. The CTFCD is tasked with training peer-educators in the mining sector.

plan, task list, and strategic framework) work together to support the project's objectives. She is also having difficulty with meeting the PMT's budgeting requirements. Project implementation may slow if the NPC and the PMT do not have a shared understanding of financial management.

The project has not had the opportunity to explore possible administrative linkages with other ILO projects such as the ILO-IPEC project in Ghana.

Recommendations

The PMT should clarify reporting requirements for the NPC and indicate how the project fits into the Global Program's overall strategy. In addition, the PMT and the NPC should work together to find alternative ways (like use of telephones which do not seem to have problems) to operate during travel and breakdown in communications to ensure that information flows are maintained. At some stage, the PMT might wish to make an assessment of the extent to which Community Zero has served all the projects in its portfolio.

The Global Program should offer the NPC additional training on the functioning of the ILO's administrative and financial management systems to ensure that there are no delays in obtaining clearance for project work requiring sub-contracting and use of external collaborators.

The PMT as well as managers of other ongoing ILO projects should arrange for the exchange of workplans to develop opportunities for working together and sharing resources and experiences.

D. Project Monitoring and Evaluation

Performance Monitoring Plan

The Performance Monitoring Plan (PMP) establishes the performance indicators for the development objectives, immediate objectives, and sub-immediate objectives. The ILO reports on these indicators on a semi-annual basis in September and March. The strategic framework and generic PMP were developed in May 2004 in Geneva. The project developed a country-level PMP for Ghana with the Project Advisory Board and the assistance of Management Systems International (MSI) in August 2005.

The project uses a worker survey, the Worker Survey on Knowledge, Attitude and Practice, and workplace monitoring forms to establish a baseline and monitor changes in the PMP indicators. An outside consultancy, Pro-Link, conducted the survey in 6 of the 13 targeted enterprises from September to November 2004 and published its results in February 2005. During September 2005, focal persons from each of the 13 enterprises completed a workplace monitoring form and forwarded it to the NPC. Prolink finished its report on the workers survey in February 2005 and the NPC presented all the of its baseline information to the project advisory board and the target enterprises from March 2005 to May 2005.

The project submitted a data-tracking table to USDOL in March 2005 that summarized the results the project's baseline data. MSI conducted a desk review of

the baseline data and the data tracking table and presented its findings to USDOL and the ILO Global HIV/AIDS Program in April 2005. MSI found that the information in the tracking table and the findings from the survey report did not correspond and recommended that project revise and review the entire table. At the time of the assessment, May 2005, the NPC had not received a copy of the review. The AT gave her a copy, but due to time constraints, did not investigate her response to MSI's comments.

Value of the PMP Data

According to the NPC, baseline data confirmed the need to improve knowledge and awareness of HIV/AIDS within each of the target enterprises (a summary of the baseline data is included in Annex 8).

The focal point at the Volta River Estates, a target enterprise in the agricultural sector, commented that the baseline information "gives an outline of what is happening." The chairman of the Project Advisory Board commented that the project's monitoring system will assist the project with developing activities.

The senior manager of the ILO HIV/AIDS Global Program commented that over the next year his office will consistently remind the NPC that the performance monitoring plan is the primary means to demonstrate the impact of the project.

Conclusions

The PMT and the NPC recognize that the PMP is a tool for performance management. Some project beneficiaries find the baseline data helpful in understanding the level of HIV/AIDS knowledge and awareness among their workers.

Recommendations

The PMT and the NPC should review the data tacking table to ensure that USDOL and other stakeholders are receiving accurate information concerning the PMP baseline.

The NPC should add new sections to the monitoring form, in addition to the yes/no questions, which provide her and the PAB with useful information on the implementation of project activities. These sections could include outputs such as, the number of peer-education training events held, the amount of information materials requested, and the results of pre and post training assessments.

E. Sustainability

Findings

Long-Term Commitment of Enterprises

The Ghana AIDS Commission, USAID, UNAIDS, as well as the NPC, indicated that many businesses are not convinced that HIV/AIDS is a threat to the workforce. As the

HIV/AIDS Advisor with USAID remarked "There is no scare with the prevalence rate hovering at 3-4 percent."

Impact of Project Activities

The Project spent the first year and half of its three year schedule establishing a policy framework and the foundation for training programs and other awareness and prevention activities including the BCC strategy that are scheduled to occur in the second half of the project within the target enterprises. As little training had actually occurred within the target enterprises (except for the training of focal points) at the time of the assessment, the AT found that it was difficult to assess the impact of the project activities to date.

Future Sources of Funding

According to USAID, the Ghana AIDS Commission (GAC) has access to approximately US$57 million from the U.S. Government and other international donors that it can use to fund local HIV/AIDS prevention and treatment programs. By the end of 2005, USAID will provide funding for the creation of a special business coalition against HIV/AIDS in Ghana. USAID and the GAC indicated that this coalition will become a central point for enterprises and associations to apply for GAC grants to implement workplace-based HIV/AIDS programs.

In addition to the Ghana AIDS Commission, the President's Emergency Plan for AIDS Relief (PEPFAR) may provide new funding for workplace-based HIV/AIDS activities. The U.S. State Department did not designate Ghana as a focus country for the first tranche of PEPFAR funding. According to the USAID HIV/AIDS Senior Advisor, the Office of the Global AIDS Coordinator may include Ghana in a new group of non-focus countries which are eligible for PEPFAR funds in the future. The HIV/AIDS advisor estimated that he would need to draft a strategic plan for PEPFAR funding by December 2005.

The NPC indicated that the project plan of action (POA) was her primary tool for scheduling project activities and determining what the project is accountable for achieving. The NPC's plan of action, however, does not contain specific activities that focus on disseminating lessons learned, creating a resource center, and preparing project partners to draft proposals for additional funding from local or international donors.

Peer Education Training

Most HIV/AIDS peer-education programs, in the formal or informal sector, have difficulty motivating peer-educators to conduct training over the long-term. As peer-educators are volunteers, they do not receive any compensation for their services in the workplace or the community. The peer-education booklet in the project's HIV/AIDS Behavior Change Communication (BCC) toolkit poses questions for gauging the sustainability of a peer-education program, but does not suggest any solutions or provide any case-studies for maintaining the interest and motivation of peer-educators over the long-term.

The Ghana Social Marketing Fund (GSMF) may provide some local examples for sustaining the training and motivation of peer-educators. The project is planning to sub-contract with the Ghana Social Marketing Fund (GSMF) to conduct peer-education training for mechanics and government secretaries. GSMF has organized HIV/AIDS peer-education training for other sectors in Ghana and is piloting a program where peer-educators contribute to a special bank account they can drawn on to purchase support materials or novelty items.

Project Sustainability Plan

The Ghana Task list from the Community Zero, the project document, the latest version of the workplan, and the NPC's plan of action include activities that focus on preparing project partners to replicate and expand the project. The task list requires the project to: identify and disseminate lessons learned and case studies, develop an information exchange mechanism among the project partners, compile a list of national resource persons, and create a national sustainability plan. The NPC's plan of action and the most recent version of the project workplan mention the preparation of case studies. The Operations Officer within the PMT explained that a second training scheduled to be held in South Africa in October 2005 for all of the NPCs would, among other things, address the question of how to compile case studies and developing national sustainability plans.

Conclusions

Due to the stage of project implementation, the Assessment Team did not have the possibility to review the impact of project activities.

As all of its activities to ensure sustainability are dispersed among different planning tools, the project lacks a cohesive strategy for sustaining project activities.

The project can use GSMF's experience with peer-education programs in the informal sector to develop and sustain peer-education programs.

Ghana's low prevalence rate may inhibit enterprises from financing HIV/AIDS programs for the workplace.

Recommendations

The PMT should assist the NPC with consolidating the project's sustainability activities into her own plan of action.

Project staff should train project partners on preparing funding proposals for the Ghana AIDS Commission and other local sources of funding.

Project Staff should consult with the GSMF to solicit lessons learned for training and sustaining peer-education programs in Ghana.

The PMT should assist the NPC with consolidating the project's sustainability activities into her own plan of action.

USDOL should coordinate with the Office of the Global AIDS Coordinator and the USAID Mission in Ghana to ensure that project activities are included in the strategic planning process for PEPFAR funds.

V. Concluding Observations

At the outset the AT would like to remind the readers that this has been a mid-term assessment and that the project continues for over another year. The initial period of any project involves planning and programming, setting up of the infrastructure and becoming operational. Most of the expected outputs and outcomes of the project are actually observed towards the completion stages of the project. In what follows, an attempt has been made to observe whether one is going on the right path and whether changes on course are called for.

Validity of Project Strategy

At present there are a large number of projects aiming at similar ends. Resource-wise, the USDOL/ILO project is not very big in comparison with some of the others but this is an area where there is a need for collaboration amongst many, with each contributing in their respective areas of competence – for the ILO, among other areas, it is workplace policy. The project, which can be seen as a tool in the arsenal against HIV/AIDS, in addition to putting in place an operational workplace policy, should serve as a means to gather practical research on the impact of peer educators.

The project has succeeded in precipitating the acceptance and adoption of a National Workplace Policy in the country. The policy document, however remains to be printed and disseminated widely. Although there is a National AIDS Commission and one would have thought that it would pick up this task, there is the belief among many that the ILO is the "custodian" of workplace policy, and since it contributed in its finalization and adoption in Ghana, it should also assist in its publication. The project strategy has been described earlier.

The Assessment Team joins the key partners' position in supporting the project's overall strategy to reduce the prevalence of HIV/AIDS, especially among the focus target groups: agricultural workers, miners, mechanics, and government workers. Concrete results in terms of development objectives will not come tomorrow but that is the nature of the problem that is being addressed. One is reminded that "peer-education for primary healthcare has been in existence in Ghana for 30 years."[8]

Using the National policy as the overall framework, there would be a need to develop and adopt workplace policies at the sectoral level; the project has started assisting on that count and could contribute further during the remaining years. Behavioural Change Communications remains crucial in the country. It is in the Strategic Framework and recently the Ghana Aids Commission has set up a task force to which the project has been invited to participate. A lot of work has gone into this area, undertaken by a large number of institutions and bodies; the ILO/USDOL project has

[8] HIV/AIDS Advisor at USAID Office in Ghana

already undertaken some work in this area and should be in a position to contribute at the national level. At the operational level, the project has selected some 13 enterprises. One is aware of the fact that in Ghana the average national infection rate is about 3 percent and that there are the so called "hot spots" where the rates are higher that 6 percent. The selection of enterprises was done by the Project Advisory Board and the AT assumes that the selection done by the PAB reflects their priorities, even though this coverage might not include the hot spots.

Project Implementation and Project Management

Management of the project has been satisfactory. The National Project Coordinator is knowledgeable, dedicated and a motivated professional. She has been very generous with knowledge sharing, and in keeping all the stakeholders informed. The fact that the project, as well as the NPC have made some impact already is borne by the fact that the NPC is called upon to contribute as a resource person by wide ranging institutions; although she heads one of the ILO projects in the country, she is invited to attend a large number of meetings as a representative of the ILO. Time management and being selective on serving as resource person would be called for as the project enters into its training and concluding phases. The technical backstopping provided by ILO/AIDS is of high quality. There had been a few initial delays due to lapses in clear understanding of administrative and financial procedures – that having been sorted out, the delivery rate should be as envisaged.

The programming and monitoring of the project have gone through a process. The initial project document went through a PMP exercise with re-establishment of focus, priorities and workplans. Various methods were used to monitor and record project status; it might be worth revisiting the issue and re-confirming whether the most efficient method is in place. Project activities have by and large followed the established work plan.

Sustainability

The issue calls for a sense of ownership of the project as well as its outcomes. With the exception of the Employers Federation, all the other stakeholders of the project are committed and feel part of the project.

Sense of ownership needs to be backed up with allocation of necessary financial and human resources. The project activities, including the training activities are to be carried out and sustained through peer educators, mostly focal points at different ministries and enterprises. It was observed that among the beneficiaries and entities participating in the project, only one had a full time focal point working on HIV/AIDS issues. The AT was informed that that the Office of the Civil Service was going to issue a circular addressed to the Ministries, Departments and Agencies, requiring each of them to assign a dedicated full time focal point in their respective outfits. Should this materialize and adequate resources are allocated for the tasks to be done, the work of the project will be sustained. One is a bit concerned in observing that the Ministry of Manpower Youth and Development, where this project is based, and has actually inspired the Office of the Civil Service to issue the circular, itself does not have a full time focal point.

Most HIV/AIDS peer-education programs, in the formal or informal sector, have difficulty motivating peer-educators to conduct training over the long-term. As peer-educators are volunteers, they do not receive any compensation for their services in the workplace or the community. The peer-education booklet in the project's HIV/AIDS Behavior Change Communication (BCC) toolkit poses questions for gauging the sustainability of a peer-education program, but does not suggest any solutions or provide any case-studies for maintaining the interest and motivation of peer-educators over the long-term.

The project should take into account lessons learned. The informal sector is a vulnerable sector and should receive preferential treatment and selection. The project envisages working with the Ghana National Garages Association and possibly through GSMF. The main focus would be on peer educators and on workshop training. One would need to ensure that this would be a viable approach. The ILO had implemented similar projects aimed at garages sector. Before embarking on activities on this sector again, it would be worthwhile for the project to make an assessment on what remains on the ground through the earlier project (which was also undertaken in association with GSMF). In other words, to assess how sustainable the previous project was and on the basis of that assessment establish whether more of the same would make sense or whether substantive changes in approach would be required for future interventions in the sector.

VI. Summary of Key Recommendations

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1. The project could consider assisting in the printing of the National Workplace policy. There is precedence in Ghana in Agencies' assisting in the publication and dissemination of national documents and the contribution is acknowledged in the publication itself. The costs would not be enormous compared to the mileage that may be obtained in doing so. It would help in dissemination of the policy, and in the context of the project, the added visibility that it would give to the project will help implementing the remaining phases of the project

2. The National Project Coordinator should make additional efforts to take on board all the stakeholders, especially the Ghana Employers Association

(GEA). It should establish a memorandum of cooperation and finalize a joint plan of action. With the GTUC, the plan of action needs to be updated to cover the period until the end of the project.

3. Participation at meetings of the PAB, especially for GEA and GTUC should be, or continue to be at a senior level.

4. The NPC should follow-up with the Chief Director of the MMDE and the Chief Director of the Civil Service Commission on the process of making focal point responsibilities a core job function.

5. The PMT should offer the NPC additional training on the functioning of the ILO's administrative and financial management systems to ensure there are no delays in obtaining clearance for project work requiring sub-contracting and user of external collaborators.

6. It should be clear in the mind of the NPC the reporting requirements and formats to be used and also, how the project in Ghana fits in the Global program. The Global Program and the NPC should review the data tacking table to ensure that USDOL and other stakeholders are receiving accurate information concerning the PMP baseline.

7. The NPC should add new sections to the monitoring form, in addition to the yes/no questions, which provide her and the PAB with useful information on the implementation of project activities. These sections could include outputs such as, the number of peer-education training events held, the amount of information materials requested, and the results of pre and post training assessments.

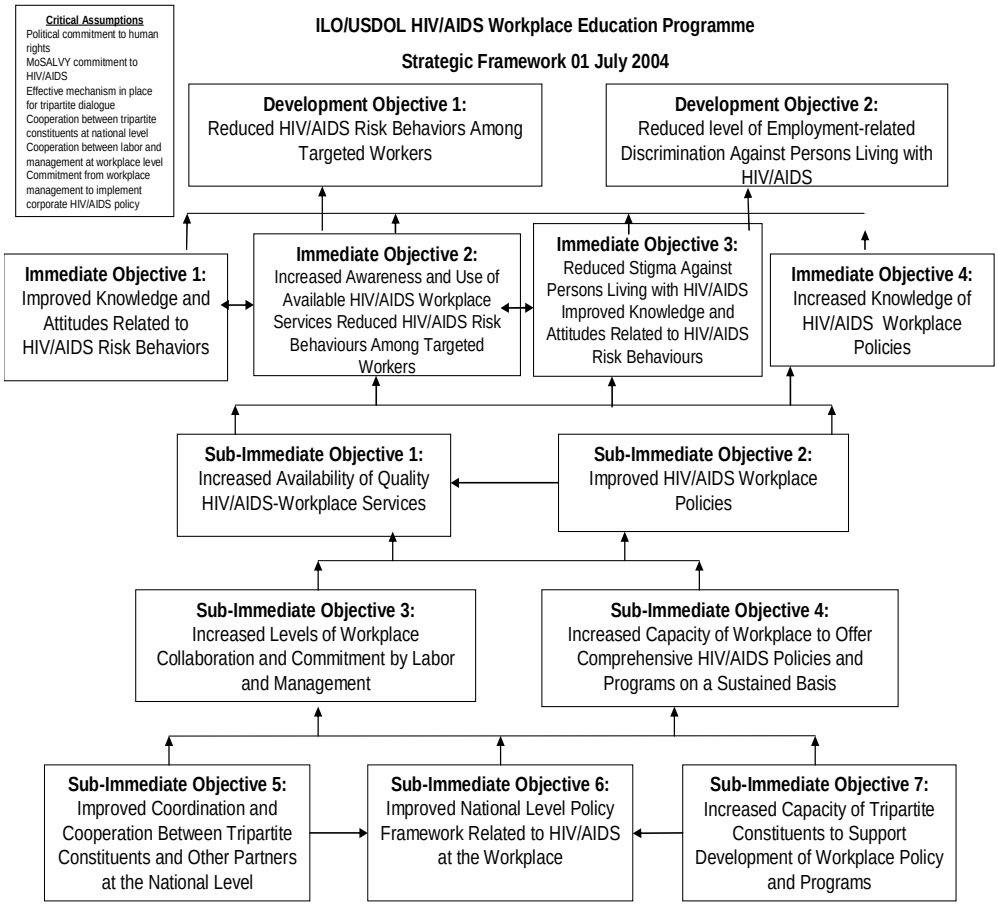
8. The PMT as well as managers of other ongoing ILO projects should arrange for an exchange of workplans, develop synergies, and look for opportunities to work together, sharing resources and experiences.

9. Activities with the informal sector should begin only after reviewing and taking into account the lessons learned in implementing previous programs in the sector.

10. The PMT should assist the NPC with consolidating the project's sustainability activities into her own plan of action.

11. USDOL should provide the PMT with the experiences other USDOL-funded HIV/AIDS projects have had with sustaining peer-education programs in the formal and informal sector.

Annex 1: Strategic Framework



Annex 2: Performance Monitoring Plan

USDOL/ILO HIV/AIDS WORKPLACE EDUCATION PROJECT
Ghana Performance Monitoring Plan (PMP) 6 August 2004

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
Development Objective 1 : Reduced HIV/AIDS Risk Behaviors Among Targeted Workers					
1. # and % of targeted workers who report having sex in the past 3 months with a person other than their spouse (s)	Definitions: Targeted worker: **Formal sector: a salaried employee of a registered enterprise that has signed a memorandum of cooperation with the project** Informal sector: Apprentices working for master artisans who are members of GNAG. Person other than spouse(s): any sexual partner who is not a registered or traditional husband or wife or live-in partner Sex: vaginal, anal or oral sexual activities involving genital contact Unit: Individual targeted workers, disaggregated by gender and age group	Worker Survey Q 503	**Questionnaire administered to a representative sample of at least 300 individual workers in a purposive sample of 6 enterprises receiving assistance from the project (approximately 50 workers from each enterprise but no fewer than 30). Selection of the enterprises and workers to be surveyed will ensure a diversity of age groups, gender and sectors of economic activity.** **Target for sampling would include 1 civil service (administrative personnel), 2 agro, 2 mines, 1 informal sector (GNAG).** Anonymous Administered by consultant(s). Data collected from workers from the same enterprise for each survey (baseline and final) Descriptive statistics will compare findings.	Two surveys Baseline: Sept/October 2004 Final: April 2006	Cc wi ta ar ur su NI
2. Among targeted workers who report having sex in the last 3 months with a person other than their spouse(s), # and % who report using a condom the last two times this occurred	Definitions: Condom usage: Use of a male or female condom during oral, vaginal and/or anal sexual intercourse Unit: individual targeted workers	Worker Survey Q 504	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SE IN

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
3. # and % of targeted workers who report having intentionally limited the number of partners other than their spouse(s) within the last six months in order to reduce the risk of HIV/AIDS	Definitions: Partners other than spouse(s)- see definition above Intentionally reduced: having made the conscious decision to limit the number of non-spousal partners in order to reduce HIV/AIDS risk Unit: targeted worker	Worker Survey Q505	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN
Development Objective 2: Reduced level of Employment-related Discrimination Against Persons Living with H					
1.# and % of targeted workers who report that they believe their employer would terminate the services of a physically fit HIV + worker	Definitions: Belief that employers would terminate services: Worker believes (based upon facts, informal information and/or one's perception) that the services of a physically fit HIV+ worker would be terminated if his/her employer suspected or knew that the worker was HIV+. Suspicion of HIV status could be due to requests for VCT information, extended sick leave, rumors, etc Unit: individual targeted workers	Worker Survey Q 233	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN
2.# and % of targeted workers who report that they believe that physically fit HIV+ workers would be denied opportunities in the workplace	Definitions: Denied opportunities in the workplace: workers are refused opportunities such as promotion, salary raise, transfer, recreation and training, etc.) Unit: targeted workers	Worker Survey Q 234	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN
Immediate Objective 1 : Improved Knowledge and Attitudes Related to HIV/AIDS Risk Behaviors					
1. # and % of targeted workers who correctly identify three or more modes of HIV transmission	**Definitions:** **Modes of transmission:** **Unprotected sex (vaginal, anal or oral), mother to child, sharing needles, transfusion of blood or blood products** **To be counted, workers should answer "yes" to 3 of the 4 questions** **Unit: targeted worker**	Worker Survey Q204-207	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN
2. # and % of targeted workers who correctly identify three means of protection against HIV infection	**Definitions:** **Three means of protection:** Non-penetrative sex: Sexual activity other than vaginal, anal or oral, such as kissing, petting or mutual masturbation	Worker Survey Q 208-210	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
	Using condoms: Use of male or female condoms when engaging in vaginal, anal or oral sex Faithful uninfected partner(s): an individual who is HIV-negative and has one or more faithful sexual partner(s) who is/are also HIV-negative To be counted, workers should answer "yes" to all 3 questions. Unit: Targeted workers				
3. # and % of targeted workers who report that a person may get HIV by having unprotected sex with a person who looks healthy	Definitions: Person who looks healthy: an individual who does not exhibit any of the main symptoms of HIV (e.g. weight loss, chronic cough, skin rashes or diarrhea) Unit: targeted workers	Worker Survey Q 211	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SE IN
4. # and % of targeted workers who correctly identify intoxication as a contributing risk factor to HIV/AIDS infection	Definitions: Intoxication as a contributing risk factor: excessive use of alcohol or drugs resulting in diminished ability to reason and exercise control Unit: targeted workers	Worker Survey Q 212	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SE IN
5. #/ and % of targeted workers who report a positive attitude towards condom use	Definitions: Positive attitude towards condom use: a person believes that he/she should use a condom during sex with a partner other than their spouse(s), that he/she knows how to use a condom and that it is acceptable for married men, single men, married women and single women to use condoms. A positive attitude requires a "YES" answer to 5 out of 6 questions related to attitudes toward use. Unit: targeted workers	Worker Survey Q 213-218	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SE IN
Immediate Objective 2 : Increased Awareness and Use of Available HIV/AIDS Workplace Services					
1. # and % of targeted workers who report being aware that HIV/AIDS services	Definitions: Available in their workplace: For formal sector firms, services are directly available at the worker's place of employment	Worker Survey Q 301	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SE IN

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
are available in their workplace	**For the <u>informal sector</u>, services are available through GNAG** HIV/AIDS services include at leat the five following: <u>1. HIV/AIDS education:</u> a learning experience delivered by an expert or a peer educator regarding transmission, prevention and/or treatment of HIV/AIDS, usually in a group setting 2. <u>Condom availability</u>: condoms are made readily and consistently available at an affordable cost to workers at the workplace Affordable cost: comparable to Ministry of Health rates for condoms <u>3. STI treatment information services:</u> information available on resources in the community that provide confidential diagnosis and treatment of sexually transmitted infections <u>4. VCT information services:</u> information available on resources in the community that provide voluntary and confidential HIV counseling and testing 5. <u>Care and support information services:</u> information available on resources in the community that provide health care, nutrition, home-based palliative care and treatment for HIV/AIDS, including ART Unit: targeted workers				
2. Of those aware, # and % of targeted workers who report using HIV/AIDS services in the past 6 months	Definitions: Services: *SEE DEFINITIONS ABOVE OF 5 HIV/AIDS WORKPLACE SERVICES*, including: HIV/AIDS Education Condom availability STI treatment information services VCT information services Care and support information services Unit: targeted workers	Worker Survey Q 303-308	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
Immediate Objective 3 : Reduced Stigma Against Persons Living with HIV/AIDS					
1. # and % of targeted workers who report an accepting or supportive attitude towards HIV+ co-workers	Definitions: Accepting or supportive attitudes towards HIV+ co-workers: Worker is willing to work with HIV+ co-workers. Attitudes will be measured by a positive response to each of the following questions: • "Would you be willing to work alongside a person who is HIV+?" • "Would you be willing to use the same toilets as a co-worker who is HIV+?" • "Would you be willing to eat food at a company canteen prepared by a co-worker who is HIV+" • "Would you be willing to share utensils with a co-worker who is HIV+?" Unit: Targeted workers	Worker Survey Q 219-222	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN
2. # and % of targeted workers who report an accepting or supportive attitude towards HIV+ persons outside the workplace	Definitions: Accepting or supportive attitudes towards HIV+ persons outside the workplace: Worker is willing to interact with HIV+ individuals outside the workplace. Attitudes will be measured by a positive response to each of the following questions • "Would you be willing to buy food prepared by a vendor who is HIV+?" • "Would you be willing to hold hands with someone who is HIV+? " • "Would you be willing to share a room with someone who is living with HIV/AIDS?" • "Would be willing to receive medical treatment from a health care worker who is HIV+?" • "Would you be willing to utilize the services of a barber or hairdresser who is HIV+?" • "Do you fee that a teacher who is HIV+ should be allowed to continue teaching?" • "Do you feel that children who are HIV+ should be allowed	Worker Survey Q 223-229	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
	to stay in school with uninfected children?" Unit: targeted workers				
3. # and % of targeted workers who report a personal experience of exclusion of an HIV+ worker by coworkers	**Definition:** **<u>Exclusion</u>: Exclusion will be measured by a "yes" answer to any of the following questions:** • "Have you known of someone in your workplace gossiping about a coworker suspected of being HIV+ during the last 3 months?" • "Have you known of someone in your workplace refusing to work with a coworker suspected of being HIV+ during the last 3 months?" • "Have you known of someone in your workplace refusing to eat with a coworker suspected of being HIV+ during the last 3 months?" Unit: targeted workers	Worker survey Q 230-232	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN
Immediate Objective 4 : Increased knowledge of HIV/AIDS Workplace Policies or Guidelines					
1. # and % of targeted workers who report being aware that a written HIV/AIDS policy (or guidelines) exists in their workplace	Definitions: <u>Written HIV/AIDS policy or guidelines:</u> For <u>formal sector firms:</u> A written set of principles and practices for addressing HIV/AIDS within the workplace, such as the principle of non-discrimination for persons living with HIV/AIDS. Note: A policy is NOT a program of activities. **For <u>the informal sector:</u> Guidelines for informal sector workplaces on practices for addressing HIV/AIDS issues. Theses guidelines will be developed by GNAG in consultation with their member garages with information provided to apprentices on the intent of the guidelines as regards HIV/AIDS issues in the workplace.** Unit: targeted workers	Worker Survey Q 401	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN
2. Of those aware of the policy, # and % of targeted workers who correctly	Definitions: HIV/AIDS policy; HIV/AIDS guidelines- see definitions above	Worker Survey Q 402	SEE METHOD UNDER DO 1, INDICATOR 1 REGARDING SURVEY DESIGN AND IMPLEMENTATION	SEE DO 1, INDICATOR 1	SI IN

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
identify at least three key principles of the HIV/AIDS policy or guidelines in their workplace	Survey includes checklist of following possible policy components based on ILO code of practice: Dialogue between management and workers on HIV/AIDS policy Management and workers will engage in regular dialogue to ensure the successful implementation of HIV/AIDS policy and programs. Non-discrimination statement- there will be no differential treatment of job applicants or employees on the basis of real or perceived HIV status No mandatory HIV testing- HIV testing or screening will not be required of job applicants or persons in employment No denial of employment- there will be no denial of employment for qualified job applicants or employees on the basis of real or perceived HIV status Healthy work environment- the work environment should be healthy and safe, and utilize universal precautions on infection control, to prevent the transmission of HIV and facilitate optimal physical and mental health among the workforce. The employer will also make reasonable accommodations in the work responsibilities and schedules of employees with HIV/AIDS, using the same procedures applied to workers with other serious illnesses. Medical confidentiality- All employees shall have the right to privacy, including maintaining confidentiality of medical records (medical records will only be available to medical/human resource or executive personnel within the limitations of the company's own regulations) No job termination if fit to work- Persons with HIV-related illnesses should be allowed to work for as long as medically fit in available, appropriate work Same opportunities/benefits as other employees- Persons with				

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
	HIV/AIDS shall have access to and receipt of the same opportunities for training, advancement and other benefits as other employees. **Gender equality: Gender dimensions of HIV/AIDS are recognized and appropriate measures are effectively adopted and introduced into the HIV/AIDS program** HIV/AIDS prevention program: Employers shall provide the opportunity for worker education on means of transmission, prevention and treatment of HIV/AIDS Unit: targeted workers				
Sub-Immediate Objective 1 : Increased Availability of Quality HIV/AIDS Workplace Services					
1. # and % of workplaces with HIV/AIDS services available in the workplace, disaggregated by type of service	Definition: Workplace: Formal sector firms: worker's place of employment **For the informal sector, GNAG will be considered the "workplace" as concerns its member garages** Available in their workplace: For formal sector firms, services are directly available at the worker's place of employment **For the informal sector, services are available through GNAG** Services: (as from list in IO 2) HIV/AIDS education Condom availability STI information services VCT information services Care and support information services Other services may also be listed Unit: workplaces	Workplace monitoring form Q101	Focal point to fill out form every six months- to be validated by at least one annual site visit by NPC Disaggregated by type of service	Every six months	NI
2. # and % of workplaces in which quality HIV/AIDS services are delivered to workers	**Definition:** Workplace- See Definition in Sub IO1- #1 above Quality measured by checklist of attributes for each service	Workplace Monitoring Form Q102	Focal point to fill out form every six months- to be validated by at least one annual site visit from NPC Focal point will use project	Every six months **NOTE:** Enterprises should be	NI

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
	delivered in workplace – education, condom availability and 3 information services Note: reference checklist of quality attributes to be developed Unit: workplaces		checklist of quality attributes for each of 5 services Disaggregated by type of service	encouraged to continue this monitoring after the project ends	
Sub-Immediate Objective 2 : Improved Workplace HIV/AIDS Policies or Guidelines					
1. # and % of workplaces with a written HIV/AIDS policy or guidelines	**Definition:** Workplace- See Defnition in Sub IO1- #1 above Written HIV/AIDS policy: For formal sector firms: A written set of principles and practices for addressing HIV/AIDS within the workplace, such as the principle of non-discrimination for persons living with HIV/AIDS. A policy is NOT a program of activities. **For the informal sector:** **Written HIV/AIDS guidelines concerning workplace practices for addressing HIV/AIDS issues. These guidelines will be developed by GNAG in consultation with its member garages with an agreement signed between GNAG and its member garages to respect such guidelines at their place of work.** Unit: workplaces	Workplace monitoring form Q 201	Focal point to fill out form every six months- to be validated by at least one annual site visit by NPC	Every six months	NI
2. #/% of workplaces with a written HIV/AIDS policy or guidelines that clearly communicate this policy to workers	**Definition:** Workplace- See Definition in Sub IO1- #1 above Clearly communicate: Formal sector firms: workplaces must display the written policy clearly in a public place AND hold sessions with workers to explain the nature of the policy. **Informal sector: GNAG organizes briefings on the GNAG HIV/AIDS guidelines for master artisans and their apprentices** Unit: workplaces	Workplace monitoring form Q 202	Focal point to fill out form every six months- to be validated by at least one annual site visit by NPC	Every six months	NI

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
3. # and % of workplaces that have incorporated the principles of the ILO Code of Practice on HIV/AIDS in their written HIV/AIDS policy or guidelines, disaggregated by policy component	**Definition:** Workplace- See Definition in Sub IO1- #1 above Principles of the ILO Code of Practice: **1. Dialogue between management and workers on HIV/AIDS policy** 2. Non-discrimination statement 3. No mandatory HIV testing 4. No denial of employment 5. Healthy work environment 6. Medical confidentiality 7. No job termination if fit to work 8. Same opportunities/benefits as other employees **9. Gender equality** 10. HIV/AIDS Prevention Program Incorporated the principles: For formal sector firms: **written workplace policy has been adopted by workplace management and labor leadership and includes the principles of the ILO Code of Practice on HIV/AIDS** **For the informal sector: number of principles that are included in the GNAG HIV/AIDS guidelines for member garages** Unit: workplaces	Workplace monitoring form Q 203	Focal point to fill out form every six months- to be validated by at least one annual site visit by NPC	Every six months	NI
Sub-Immediate Objective 3 : Increased Levels of Workplace Collaboration and Commitment by Labor and Mana					
1. # and % of workplaces where worker representatives have been involved in the design of HIV/AIDS policy or guidelines in the workplace	Definitions: Workplace- See Definition in Sub IO1- #1 above Workers involved For formal sector firms: workers have been asked by management to provide input in the development of the workplace HIV/AIDS policy **For the informal sector: garages where master artisans are consulted by GNAG to develop HIV/AIDS guidelines before they are adopted** Unit: workplace	Workplace monitoring form Q 301	Focal point to fill out form every six months- to be validated by periodic site visits.	Every six months	NI
2. # and % of	Definition:	Workplace	Focal point to fill out form	Every six	NI

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
workplaces with active joint committees addressing HIV/AIDS issues	Workplace- See Definition in Sub IO1- #1 above Active Joint Committees: Formal sector firms: committees that include representation from both management and workers, meeting at least quarterly, reporting regularly and directly to management. This committee can be an existing OSH or HR committee whose mandate is expanded to include HIV/AIDS **Informal sector: A joint HIV/AIDS committee of master artisans and apprentices is established within the GNAG to discuss HIV/AIDS issues** Unit: workplace	monitoring form Q 302	every six months- to be validated by periodic site visits.	months	
3. # and % of workplaces that allocate official working hours to HIV/AIDS educational program implementation	Definition: Workplace- See Definition in Sub IO1- #1 above Official working hours are part of the 40-hour work week. To be counted, workers must be given time off from official working hours to attend educational programs **For the informal sector: GNAG organizes training sessions for member garages during official work hours** Unit: workplaces	Workplace monitoring form Q 303	Focal point to fill out form every six months- to be validated by periodic site visits.	Every six months	NI
Sub-Immediate Objective 4 : Increased Capacity of Workplace to Offer Comprehensive HIV/AIDS Policy/Progra					
1. # and % of workplaces with a HIV/AIDS focal point	Definition: Workplace- See definition in Sub IO1- #1 above HIV/AIDS focal point: trained individual knowledgeable of HIV/AIDS issues and responsible for coordinating service delivery Training of focal points will be provided by the project. **Formal sector: one focal point per target workplace;**	Workplace monitoring form Q 401	Focal point to fill out form every six months- to be validated by periodic site visits.	Every six months	NI

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
	Informal sector: one focal point for the GNAG Unit: workplace				
2. # and % of workplaces that have a collaborative arrangement with an external HIV/AIDS resource person/organization or have hired a full-time HIV/AIDS coordinator	Definition: Workplace- See Definition in Sub IO1- #1 above Formal sector: each targeted workplace should have an agreement **Informal sector: GNAG agreement with external resource person or organization** Collaborative arrangement: agreement between the workplace and an external resource person or organization and/or a full-time internal HIV/AIDS coordinator to provide HIV/AIDS services to the workplace. External resource person or organization: a qualified individual or group including NGOs, CBOs, universities, local/regional/national gov't agencies, networks of people living with HIV/AIDS Unit: workplace	Workplace monitoring form Q 402	Focal point to fill out form every six months- to be validated by periodic site visits.	Every six months	NI
3. # and % of workplaces that have a specific budget for implementation of HIV/AIDS programs	Definition: Workplace- See Definition in Sub IO1- #1 above Specific budget : a discrete budget line item for HIV/AIDS programs has been established for education, training and information services **Informal sector: GNAG should have a specific budget** Unit: workplace	Workplace monitoring form Q 403	Focal point to fill out form every six months- to be validated by periodic site visits.	Every six months	NI
4.. # and % of workplaces in which an HIV/AIDS component is integrated into existing OSH or HR training programs	Definition: Workplace- See Definition in Sub IO1- #1 above Integrated into OSH or HRD programs means that a HIV/AIDS module is included in the	Workplace monitoring form Q 404	Focal point to fill out form every six months- to be validated by periodic site visits..	Every six months	NI

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
	workplace OSH or HR training programs **Informal sector: GNAG should have an HIV/AIDS program incorporated into its OSH or HR programs** Unit: workplace				
Sub-Immediate Objective 5: Improved Coordination/Cooperation Between Tripartite Constituents and Other Pa					
1. # of organizations with which the Project regularly shares information on HIV/AIDS	Definition: Organizations- Government agencies, employers and workers organizations, NGOs, PLWHA networks, etc. Modes of sharing information would include meetings, documents, correspondence, emails, telephone contacts, related to HIV/AIDS as a workplace issue Unit: organization	NPC Tripartite Monitoring Form	Project monitoring form Note: maintaining the current number of network members is an acceptable result	Every six months	NI
Sub-Immediate Objective 6 : Improved National Level Policy Framework Related to HIV/AIDS in the Workplace					
1. # of milestones reached in the development and submission of a national tripartite HIV/AIDS policy on the world of work	Definition: Milestones: steps towards the adoption of the national tripartite HIV/AIDS policy in the world or work Milestones are: 1. Locate draft National HIV/AIDS Workplace Policy 2. Advocate with Tripartite Committee to include review of this draft policy on their agenda 3. Facilitate the review of the draft policy by the tripartite committee, including as possible certain members of the PAB and the Ghana AIDS commission 4. Public endorsement of a tripartite HIV/AIDS workplace policy by Tripartite constituents Unit: milestones	NPC Tripartite Monitoring Form	Project monitoring form	Every six months	NI
Sub-Immediate Objective 7: Increased Capacity of Tripartite Constituents to Support Development of Workplac					
1 # of members of tripartite constituents who have at least one	Definition: Tripartite constituents: Ministry of Manpower Development, Employer and Worker	NPC Tripartite Monitoring Form	Project monitoring form	Every six months	NI

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
dedicated, qualified HIV/AIDS focal point	organizations Dedicated, qualified HIV/AIDS focal point: an individual employed by a tripartite constituent member organization who is appropriately trained and knowledgeable of HIV/AIDS issues and services Appropriately trained individuals focal points having completed training sessions organized by the project on HIV/AIDS prevention, transmission and treatment Unit: constituents				
2. # of members of tripartite constituents who have developed an HIV/AIDS plan of action	Definition: HIV/AIDS plan of action: a written statement of planned activities for the implementation of the constituent's HIV/AIDS program within a specified timeframe. Unit: constituents	NPC Tripartite Monitoring Form	Project monitoring form	Every six months	NI
3. # of training institutes of tripartite constituents that have integrated an HIV/AIDS component into their training curriculum	Definition: Institutes include the Labor College, Civil Service Training School, Ghana Employers Association Training Program. HIV/AIDS component: training module that covers modes of transmission and prevention, gender dimensions of HIV/AIDS, VCT, psycho-social care and support. Unit: Tripartite constituent training institute	NPC Tripartite Monitoring Form	Project monitoring form	Every six months	NI
4. # of key personnel of tripartite constituents who demonstrate increased knowledge of effective workplace policy and programs, disaggregated by MMD, labor and employers organizations	Definition: Demonstration of increased knowledge: satisfactory score on post-test by key personnel from MMD, unions and employer association/GNAG representatives Key personnel: MMD officers may include labor inspectors, factory inspectors, social welfare officers and inspectors of cooperatives. Union and employer association representatives may include	Training Monitoring form	Trainer shall administer a pre and post-test to all MMDE trainees and will report scores to the project.	Every six months	NI

PERFORMANCE INDICATOR	INDICATOR DEFINITION AND UNIT OF MEASUREMENT	DATA SOURCE	METHOD/ APROACH OF DATA COLLECTION OR CALCULATION	SCHED/ FREQ	RI
	senior staff, training officers, HR officers, OSH specialists Unit: key personnel				

Annex 3: Assessment Terms of Reference

TERMS O F REFERENCE

INTERNAL ASSESSMENT OF THE INTERNATIONAL LABOR ORGANIZATION'S HIV/AIDS WORKPLACE EDUCATION PROJECTS IN GHANA

I. PROJECT DESCRIPTION

The Ghana HIV/AIDS Workplace Education Projects is part of a US$4,644,596 grant awarded by the Department of Labor to the International Labor Organization in FY 2002 to develop a program for HIV/AIDS prevention education and workplace policy in partnership with Family Health International (FHI). The intended beneficiaries of the project will be workers and their families both in the formal and informal sector. Indirectly, enterprises will also benefit from the impact of prevention programs as the reduction of the spread of HIV/AIDS will reduce absenteeism and its associated costs as well as costs of recruitment and training. As part of this program, the ILO began in 2003 a *three-year* project in Ghana, with an initial budget of US$461,172 which was later increased to US$500,104.

In 2003, the prevalence rate in Ghana was approximately 3.1%. However, evidence indicates that HIV prevalence continues to rise. The UN estimates that figure could be as high as 5.0%. More than 90 percent of AIDS cases in Ghana are found among adults between the ages of 15 and 49. Since this is the most economically productive segment of the population, illnesses and deaths in this age group constitute an important economic burden. Many productive years and much investment in education and training will be lost, however the extent of the economic impact is not yet known. Five years ago, the ILO estimated that deaths attributable to AIDS as a proportion of the total labour force in Ghana was 1.5%. In 2005 that figure is expected to increase to 2.0%.

The ILO's strategy is to work with business, labor, and government leaders to develop their awareness of the existing and growing danger of HIV/AIDS and to act to address it in the workplace. This was to be accomplished through an information and awareness raising campaign of presentations, workshops, and technical assistance to business, labor, governmental and NGO groups. These are to be complemented by an effort to increase understanding of the existing situation, and the development of support materials designed to increase capacity among stakeholders to support workplace-based HIV/AIDS policies and programs, and to induce change in behavior.

In May 2004, the ILO Staff in Geneva, consultants from Management Systems International, a USDOL Representative, and the individual Project Country Coordinators met to develop the overall strategic framework. Together with USDOL, they developed a generic strategic framework which would then be specifically tailored for each project country. As evidenced in the Strategic Framework, there are two overarching development objectives that serve as the long-term goals of the project. The project is intended to contribute to the realization of those objectives. The developments objectives are:

1. Reduced HIV/AIDS Risk Behaviors Among Targeted Workers
2. Reduced level of Employment-related Discrimination Against Workers Living with HIV/AIDS or Affected by HIV/AIDS

The development objectives are to be accomplished by pursuing four immediate objectives:

1. Improved Knowledge And Attitudes Related To HIV/AIDS Risk Behaviors
2. Increased Awareness And Use Of Available HIV/AIDS Workplace Services
3. Reduced Stigma Against Persons Living With HIV/AIDS
4. Increased Knowledge Of HIV/AIDS Workplace Policy /Guidelines

These immediate objectives are supported by the following sub-immediate objectives:

1. Increased Availability Of Quality HIV/AIDS-Workplace Services
2. Improved Workplace Guidelines
3. Increased Levels Of Workplace Collaboration And Commitment By Labor And Management
4. Increased Capacity Of Workplace To Offer Comprehensive HIV/AIDS Policy And Programs On A Sustained Basis
5. Improved Coordination And Cooperation Between Tripartite Constituents And Other Partners At The National Level
6. Improved National Level Policy Framework Related To HIV/AIDS At The Workplace
7. Increased Capacity Of Tripartite Constituents To Support Development Of Workplace Policy And Programs

A Consultancy firm Has been retained to conduct the baseline survey and data collection exercises in Ghana. The primary methodologies to be used for the data collection will be a Workers Survey questionnaire and onsite interviews. Selected enterprises in urban centers and rural areas will be targeted. The process in Ghana has been completed and baseline data are available.

(The Strategic Framework is attached as appendix A. The performance monitoring plan, which sets forth the performance indicators fro each development, immediate and sub-immediate objectives, is attached as appendix B.)

II. Purpose of the Internal Assessment

The purpose of the internal assessment is to:

a) determine if the project is moving towards the achievement of its stated objectives and explain why/why not;
b) assess the impact of the project in terms of sustained improvements achieved;
c) provide recommendations on how to improve project performance, and, where necessary, identify the possible need to refine strategy.

III. PROJECTS' PROGRESS TO DATE

The following activities have been undertaken to advance the work of the project according to the work plan:

- **Performance Monitoring Plan [PMP] and Strategic Framework Development:** *Development of the Ghana Performance Monitoring Plan and Strategic Framework were completed in August 2004.*

- **Recruitment of Enterprises:** *Four (4) enterprises in the mining industry, six (6) in the Agro Industry, 3 ministries and 1 in the informal sector have been selected by the PAB following the recommendation of the NPC that they be part of the project.*

Baseline Survey: *A consultancy firm has been recruited to take on the baseline survey in six (6) enterprises. Baseline data will be communicated to USDOL by 12/31/04*

- **Finalisation of the Behaviour Change Communication (BCC) tools and Strategies for Public Sector:** *Public sector employees have been chosen amongst the four target groups in consultation with the PAB for the development of a full-fledged BCC program in collaboration with Family Health International (FHI). Two NGOs have been selected to be trained in the use of the tool kit and develop a similar program for the Agro and Mining sectors and in the informal economy.*

- **Plan of Action for The Ministry of Manpower Development and Employment (MMDE) Finalized within the Context of the Project:** *A final review of the Plan of Action of the Ministry of Manpower Development and Employment within the context of the project was completed and includes the following activities.*

- **Training Of Trainers for Labor/Factories Inspectors:** *The Deputy Inspector of factories is expected to organize at the country level, in April 2005, a down-stream training for all the other inspectors in the factories and labor inspectorate division of the Ministry of Manpower.*

IV. INTERNAL ASSESSMENT TEAM

The internal assessment team will be comprised of: (i) USDOL Project Manager, (ii) one ILO Evaluation Representative, and (iii) one In-Country Representative (where necessary and available).

The Team Leaders (the USDOL Evaluation Representative and the ILO Evaluation Representative) are responsible for conducting the internal assessment according to the terms of reference (TOR). They shall:

- Review the TOR and provide input, as necessary.
- Review project background materials (e.g., project document, progress reports).

- Review the internal assessment questions and work with the donor to refine the questions, as necessary.
- Develop and implement an internal assessment methodology (i.e., conduct interviews, review documents) to answer the internal assessment questions.
- Conduct preparatory meeting with USDOL and ILO prior to the internal assessment mission.
- Prepare an initial draft of the internal assessment report with input from other team members, circulate it to USDOL and ILO, and prepare final report.
- Conduct briefing with USDOL on findings, conclusion, and recommendation of the internal assessment.

The USDOL Project Manager is responsible for:

- Drafting the internal assessment TOR;
- Finalizing the TOR with input from the ILO;
- Providing project background materials;
- Participating in preparatory meeting prior to the internal assessment mission;
- Assisting in the implementation of the internal assessment 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 of the internal assessment report; and
- Approving the final draft of the internal assessment report.
- Participating in debriefing on findings, conclusions, and recommendations of the internal assessment.

The ILO HIV/AIDS Program Representative is responsible for:

- Reviewing the TOR and providing input, as necessary;
- Providing project background materials;
- Reviewing the internal assessment questions and working to refine the questions, as necessary;
- Participating in preparatory meeting prior to the internal assessment mission;
- Scheduling all meetings;
- Assisting in the implementation of the internal assessment 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; and
- Reviewing and providing comments on the internal assessment report.
- Approving the final draft of the internal assessment report
- Participating in debriefing on findings, conclusions, and recommendations of the internal assessment.

V. INTERNAL ASSESSMENT SCOPE

The internal assessment 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. Employer and worker understanding of HIV/AIDS at the targeted enterprises.
    d. Stakeholder understanding and capacity to address HIV/AIDS at the workplace through workshops and other mediums.
    e. Quality and use of the materials developed by the project. (Best practice manuals, information/awareness raising brochures, posters, radio etc.)
    f. Scope, content and effectiveness of outreach campaigns conducted to promote HIVAIDS workplace education and BCC policies.
3. Evaluate the current management structure of the project, its staff and the services it has provided.
4. Evaluate the project's sustainability plan, if any. Are project activities/ improvements likely to be sustained after project completion, and by whom?
5. 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.
6. Assess level of stakeholder commitment to project (Ministry of Manpower Development and Employment (MMDE) Employers, workers)
7. Assess the relationship between the ILO National Project Coordinator in Ghana and Family Health International, the other stakeholders as well as with the ILO Geneva and Ghana Project Staff
8. Determine how effective implementation of activities has been as a result of strategic framework.
9. Assess the sectors targeted for assistance. Why were they chosen?

VI. Internal Assessment METHODOLOGY

Document Review: The internal assessment team will review the following documents before conducting any interviews or trips to the region.

- The Project Document
- Plan of Action
- Baseline survey instrument and assessment
- Mapping exercise guidelines and results
- TORs
- Quarterly reports
- Reports from events
- Training Materials from the events
- Trip Reports
- Strategic Framework and PMP
- Work plans

- Country Brief
- Company Profiles
- BCC Documents
- National Tripartite Policy

Pre-Trip Consultations: The internal assessment team will have a pre-trip consultation with the Director of ICG, ICG Evaluation Coordinator The objective of the pre-tripconsultation is to reach a common understanding among the internal assessment team, and project implementers regarding the status of the project, the priority internal assessment questions, the available data sources and data collection instruments and an outline of the final internal assessment 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 internal assessment team, outline of the final report.

Observation: If scheduling permits, the internal assessment 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, Ghana, and other relevant ILO staff
b. FHI Project Staff
c. USDOL Project Staff and other relevant USDOL staff
d. Randomly selected individuals from the following groups:
    - Workers and employers who have received the training
    - Project Advisory Board (PAB)
    - National Tripartite Committee Members
    - Employer groups, unions, NGO's that have received training or otherwise worked with the project.
    - Labor Ministry staff who have worked with the project
    - People Living With HIV/AIDS
    - UNAIDS
    - ILO
    - UNDP
    - USAID
    - US Embassy

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

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

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

VII: DURATION AND MILESTONES OF INTERNAL ASSESSMENT

The following is a tentative schedule of tasks and anticipated duration of each:

Tasks	**Work Days**	
Preparatory Research	3	Before trip
Field Research	5	May 16-20, 2005
Travel days	3	
Draft Report	10	June 27, 2005
Finalization of Document	3	July 8, 2005
	24	

VIII: DELIVERABLES

A. Pre-Evaluation Trip with project manager and ILO staff to discuss roles, responsibilities, and TOR by May 1, 2005.

B. Interviews with USDOL Washington staff prior to field visit.

C. A Draft Report by June 27 2005.

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

E. Post-Trip Debriefing to ILAB upon completion of report

IX. REPORT

The internal assessment team will complete a draft of the entire report following the outlines below, and share electronically with the USDOL Project Manager and ICG Evaluation Officer and the ILO member of the evaluation team by ----- 2005. The USDOL and the ILO will have 5 days to provide comments on the draft report. The evaluator will produce a re-draft incorporating USDOL and ILO comments where appropriate, and provide a final version within three days of having received final comments from USDOL and ILO.
The final version of the report will follow the below format (page lengths by section illustrative only), and be no more than 20 pages in length, excluding the annex:

1. Title page (1)
2. Table of Contents (1)
3. Executive Summary (2)
4. Acronyms (1)
5. Background and Project Description (1-2)
6. Purpose of Evaluation (1)
7. Evaluation Methodology (1)
8. Project Status (1-2)
9. Findings, Conclusions, and Recommendations (no more than 10 pages)
   This section's content should be organized around the TOR questions, and include the findings, conclusions and recommendations for each of the subject areas to be evaluated.

Annex 4: List of Documents Reviewed

1. Project document
2. Baseline Survey Final Report – January 2005
3. Sample MOCs with enterprises
4. Sample Workplace Monitoring Form – Volta River Estates – September 2004
5. Technical progress reports – March 2004, June 2004, September 2004, December 2004, and March 2005
6. Workplan – May 2005
7. Plan of Action USDOL/ILO Ghana HIVAIDS Project– May 2005
8. Plan of Action – Ghana Employers Association – February 2004
9. Plan of Action – Ministry of Manpower, Development, and Employment – February 2004
10. Plan of Action – Labor Inspectorate – May 2005
11. Plan of Action – Ghana Trades Union Congress of Ghana – February 2004
12. PMP – August 2004
13. Workers' Survey Report – January 2005
14. PMB meeting minutes – 2004 and 2005
15. Mapping exercise report – April 2004
16. Ghana AIDS Commission 2004 HIV Sentinel Survey Report
17. Ghana National Workplace HIV/AIDS Policy—December 2004
18. ILO/FHI: HIV/AIDS Behaviour Change Communication Toolkit 2004
19. Management Systems International USDOL/ILO Performance Monitoring Data Analysis—April 2005

Annex 5: Internal Assessment Schedule

Date	Name	Designation & Organisation	Approximate Meeting Duration	Sector
Monday 16th May 2005	Akua Ofori – Asumadu Gladys Wononuah	National Project Coordinator Administrative Assistant Workplace HIV/AIDS Education Project - Ghana [WHEP-GH]	9:00 – 11: 00 am	ILO
	Prof. Sakyi Amoah and Mr. Frimpong Addo	Director General and Representative of Ghana AIDS Commission on PAB	11:00 – 11:30am	Supra Ministerial [Government]
	Mr Addae Kyeremeh	Chief Director MMYE[9] Chairman, Project Advisory Board	12:00 – 12:30	Tripartite [Government]
	Mr Kojo Brimpong	Official, Trades Union Congress of Ghana [TUCG] Representative on PAB	2:00 – 2:30	Tripartite [Workers]
	Mr. Kofi Adu	Chief Executive Officer Ghana Association of Private and Voluntary Organisations in Development - GAPVOD [PABM[10]]	3:00 – 3:30	Multi Sectoral [PAB]

[9] Ministry of Manpower Youth and Employment
[10] Project Advisory Board Member

Date	Name	Designation & Organisation	Approximate Meeting Duration	Sector
Tuesday 17th May	Mrs. Rose KariKari Annang and Mr	Ghana Employers Association	9:00 – 10:30	Tripartite [Employers}
	Ms. Patricia Adjepong Ms. Alice Attipoe Mr. Kenya Blay	Focal Point, Ministry of Manpower Focal Point, Ministry of Agric Focal Point, Office Of the Head of Civil Service	11:00 — 12:30	Public Sector [Government]
	Mr. Isaac Hood	Human Resource Manager and Focal Point Resigha Ghana Ltd [Cocoa Processing Company, Agro Sector]	2:00 – 3:00	Agro

Wednesday 18th May	Mr. Dave Lovely	Human Resources Manager and HIV Committee chairman, Newmont Mines Ltd	10:00 – 10:45	Mining
	Mr. Kofi Amekudzi Mrs Joyce Kusi Mrs Alice Addae Yeboah Mrs Bernice Heloo Mr. Kwesi Obeng	Meetings with Partner NGO's: Programme Officer, GSMF Training Director & Counsellor, CTFCD BCC Specialist & Researcher, CTFCD Development Consultant PROLINK Publisher, Compugraphix	11:00 — 12:30	Implementing Partners
	Mr. Warren Naamara	UNAIDS Country Coordinator	3:00 – 3:30	UN Agency
Thursday 19th May	Mr Alex Afari Yeboah and Juliet Armah	Focal Point and workers of Volta River Estate [Banana Plantation]	9:00 – 12:00	Agro
	Patrick White Iqbal Ahmed	Preparation towards Debriefing sessions	1: 30 – 4:00	USDOL ILO
Friday 20th May	Peter Wondergem Brad Strickwell	Head, Health Unit [HU] USAID Programme Officer, [HU] USAID Political Officer, US Embassy	9:00 –11:00	USID US Embassy
	All PAB Members	Debrief with PAB	1:30 – 3:30	Multi Sectoral

Annex 6: Interview Protocols

Interview Protocols - Ghana

HIV/AIDS EDUCATION IN THE WORKPLACE MID-TERM EVALUATION

Interview Protocol for Key Persons

1. Project Strategy and Methodology

1.1 What do you think the project is trying to do? What is its purpose?

1.2 The project strategy aims to achieve the objectives of the reduction of HIV/AIDS risk behavior of employees in targeted enterprises and to reduce the level of workplace discrimination against persons living with HIV/AIDS. In order to achieve these objectives, the project is organized into three implementation stages:

Stage I (6 months) – Engage a National Project Coordinator. Conclude a memorandum of understanding with MOL on the implementation of the project activities. Convene the Project Advisory Board (PAB), hold trigger seminars for the selected sectors, compile, adapt and, if necessary, develop additional educational materials for use by the partners. Formulate Implementation Plan for Stage II of the project.

Stage II (24 months) –Implement the plan of action which will include developing and testing behaviour change communication components, launching prevention programmes in selected enterprises and undertaking pilot initiatives on care and support. Take action leading to the adoption and implementation of a national policy on HIV/AIDS and the world of work.

Stage III (6 months) – Finalize mechanisms for sustainability by ensuring that the resource centre is fully equipped and functional, arrangements with national partners are made to continue training courses and good practices/success stories are actively promoted.

Is this approach appropriate for achieving the project objective? Why or why not?

1.3 The project aims to help specific target groups such as commercial agriculture workers, mechanics, miners, and civil servants. Are these the right groups to help? Why or why not? Are there other groups that should have been included in the project?

1.4 Are there any factors that either constrain or enhance achievement of the project's objectives (at district, provincial, or national levels)?

1.5 Do you think that project activities have or will cause any changes? (Ask the question in relation to ALL immediate and sub-immediate objectives). What is the progress made in addressing each of the project objectives (it may be a good if the evaluators could show the strategic framework to the person they are interviewing)

1.6 How would you assess the likelihood that the project will achieve its objectives? Why?

1.7 So far, what project activity has been the most successful? What project activity has been the less successful? (Reference specific activities: development of the country level PMP; finalization of the BCC materials with FHI; Plan of Action development; focal point

training; and presentation to the Chamber of Mines) if you reference specific activities you might end up leading the interviewee. I would try to leave it open ended.

2. Project Implementation

2.1 Has the project changed since implementation began?

2.2 Is the project on schedule according to its revised work plan/plan of action? Why or why not?

2.3 Has project implementation encountered any problems? If yes, what were the problems? Were they addressed in a timely and satisfactory manner?

2.4 How are BCC materials applied at the enterprise level?

Training/Activities

2.5 Have you taken part in a project training activity? (which one?) *Have your staff or members been taking part in a project training activity? (which one?)

2.6 What were the strengths and weaknesses of the training activity?

2.7 Have there been any problems with training (e.g., timing, venue, availability of materials, performance of trainers, attendance, etc.)?

2.8 Did the resource –person(s) have the necessary skills and knowledge to provide the training?

2.9 Did she/he/they reflect an understanding of the materials presented?

2.10 Have you used the materials presented?

2.11 How could the training provided by the project be improved?

2.12 Was there adequate follow-up to the trainings?

2.13 Are the participants applying what they have learned?

For stakeholders that have a project overview (PAB members):

2.14 What project activities have been the most successful?

2.15 What activities have been the least successful?

Participation of Partners/Stakeholders (the level and nature of the partnership needs to be specified: project-enterprise, project-organization, project-NGO, project-PAB, project- tripartite constituents, and project-national AIDS committee? One key informant may be able to comment on many different types of project partnerships)

2.16 How would you assess the level of partner/stakeholders satisfaction with and commitment to the project? Why?

2.17 What have been the biggest challenges of working in partnership?

2.18 What are the benefits of the partnership?

2.19 Have the partnerships experienced any problems? Please explain.

2.20 How could the project's partnerships be improved?

Target Groups Participation

2.21 How would you assess the level of target groups satisfaction and commitment to the project? Why? (target groups are: i) selected members of workers' and employers' organizations as well as officials of MOL and target enterprises focal-points to be trained on the

development of effective workplace policies and programme; ii) workers in selected enterprises in the construction sector, hospitality and manufacturing industries for the development of behavior change communication strategy and programme).

2.22 What have been the biggest challenges of working with the target groups?

2.23 Have there been any problems with target group participation? Please explain.

2.24 Could target group participation be improved?

3. Project Management Performance

3.1 Please comment on project management performance to date. How well is it working? Have any adjustments been made or need to be made? Why?

3.2 How do you know if the project is performing well (what do you look at)?

3.3 Are there any management problems or issues that you are currently facing?

3.4 How would you characterize the quality of the communications between project staff and partners/stakeholders? (for the NPC ask also about communications with project management team in Geneva, for project management team ask also about communications with USDOL)

3.5 Is management efficient, that is, does management maximize the use of resources/inputs such as funds, expertise, time, etc., to achieve the expected results? Why or why not?

3.6 Is management effective, that is, is management achieving the project objectives? Why or why not?

4. Project Monitoring and Evaluation

4.1 Does project management use the performance monitoring system for decision-making?

4.3 Is the performance monitoring system easy to use and simple to understand?

4.4 Is the performance monitoring system adequate to meet the performance monitoring requirements? Why or why not?

4.5 How would you assess the overall project monitoring to date? Why?

5. Sustainability, Project Benefits, and Long-term Impact

5.1 How would you assess the likelihood that the project's activities/benefits will continue beyond the date that the project ends? Why?

5.2 Is there a plan to carry on the project's activities (or maintain its benefits) when the project ends?

5.3 What do you see as the role of the project partners in carrying on project activities when the project ends? Are the project partners motivated to carry on? Why or why not?

5.4 To date, how has the project benefited the target groups and the project partners?

5.5 Do you think the potential benefits to the target groups will be maintained after the project ends?

5.6 Do you think the potential benefits to the project partners will be maintained after the project ends?

5.7 Do you think it will be possible to see the impact of the project a few years from now? Why or why not?

5.8 Do you think the project could be replicated in other regions? Why or why not?

5.9 What key institutions, organizations, or programs, if any, are being created or strengthened to sustain the work of the project?

5.10 What are the indications that these institutions will continue to train their members in the subject matter being taught by the project?

5.11 How many employers and or employer associations have implemented a policy to prohibit discrimination against workers living with HIV/AIDS since coming into contact with the project?

5.12 How has the project coordinated with other HIV/AIDS projects?

5.13 How is this project linked to any national government effort to combat the spread of HIV/AIDS?

5.15 What are the main factors which enabled/facilitated establishment of workplace-based HIV/AIDS programs?

6. Lessons Learned

6.1 What are the most significant positive lessons learned to date from the project?

6.2 What are the most significant negative lessons learned to date from the project?

7. Recommendations

7.1 What are your recommendations to improve the project?

Annex 7: Sample Memorandum of Cooperation

MOU

Partnership for HIV/AIDS Workplace Education
Memorandum of Cooperation Between

[Name of Ministry, enterprise or informal sector association]

and the

ILO/USDOL HIV/AIDS Workplace Education Project in GHANA

I. Introduction

The ILO/USDOL HIV/AIDS Workplace Education Project in Ghana is assisting workplaces to develop and implement HIV/AIDS workplace policy and programs. The aim of this partnership is to help prevent the transmission of HIV among workers and to mitigate the impact of the epidemic on workplace productivity.

II. Proposed Areas of Collaboration

[Name of Ministry, enterprise or informal sector association] and the ILO/USDOL HIV/AIDS Workplace Education Project agree to cooperate in the development and implementation of an HIV/AIDS workplace program that includes four components:

Component	Goal	Main Activities	ILO Contribution	Counterpart Contribution	Timeframe (est.)
1. HIV/AIDS Workplace Coordination	To ensure company ownership and sustainability of the HIV/AIDS workplace program	- Nomination of focal point - Creation of joint HIV/AIDS committee - Training of focal point and committee members	- Training of HIV/AIDS Focal Point and committee members - Technical assistance to focal point and committee	- Nomination of HIV/AIDS Focal Point with TOR - Designation of HIV/AIDS committee members and TOR - Staff time allocated to focal point to oversee HIV/AIDS activities	September 2004: Focal point named, committee established October 2004: Focal point and committee members training
2. HIV/AIDS Policy	To establish procedures and practices for dealing with HIV/AIDS issues in the workplace	- Drafting of policy in consultation with worker representatives - Adoption and publication of policy - Briefing to explain policy to all workers - Annual review	Technical assistance to workplace to support the progressive integration of the ILO key principles for HIV/AIDS (see attachment)	- Drafting of policy in consultation with HIV/AIDS Committee - Dissemination of HIV/AIDS policy - Briefings to explain HIV/AIDS policy to workers	As of November 2004
3. HIV/AIDS Education and Information Services	To support HIV/AIDS prevention, non-discrimination, care and support	- Management briefing - Training of trainers and peer educators - Workers' education - Training of OSH personnel - Incorporation of HIV/AIDS module into regular training programs - Condom availability - Creation and regular update of information on STI, VCT and care and support services outside the workplace	- Briefing of management - Training curriculum - Information, Education and Communication materials - Training of trainers	- Allocation of time and space for activities - Incorporation of HIV/AIDS module into regular OSH or HR training programs - Partnership established to ensure provision of condoms to workers - Establishment of referral system with community STI, VCT and care and support services; provision of information on such services to workers	Calendar for training and information services to be determined
4.Monitoring and Evaluation	To manage the project and measure results	Baseline and follow-up workers' surveys Regular focal point monitoring	- Conduct and analyze baseline and follow-up surveys - Provide monitoring forms to focal point; annual verification	- Allow ILO consultants to conduct short interviews with approx. 50 workers - Periodic (every six months) monitoring by focal point	Baseline survey – Sept-Oct 2004 Follow-up survey April 2006 Focal point monitoring every six months

Accra (other), [Date]_____

_____
Ministry/Enterprise/Informal Sector Assn Official
[Name of Ministry, Enterprise, Association]

Accra (other) [Date]_____

_____
National Project Coordinator
ILO/USDOL HIV/AIDS Workplace Education Project

Annex 8: Summary of Baseline Data

USDOL/ILO HIV/AIDS WORKPLACE EDUCATION PROGRAMME- GHANA

DATA TRACKING TABLE[11] NOVEMBER - DECEMBER, 2004

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
DEVELOPMENT OBJECTIVE 1: Reduced HIV/AIDS Risk Behaviors Among Targeted Workers								
#/% of targeted workers who report having sex with a non-regular partner in the last 3 months	Male	36 - 16.90%						
	Female	3 - 3.9%						
	Total	39 - 13.5%						
Among targeted workers who report having sex with non-regular partner in the last 3 months, # and % who report using a condom the last time this occurred	Male	23 - 68.9						
	Female	0 - 0%						
	Total	26 - 58.98%						

[11] For further detail on indicator definition, data collection methods and analysis, please see the USDOL/ILO HIV/AIDS Workplace Education Programme Performance Monitoring Plan.

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
Narrative analysis of data: A high percentage of targeted workers are sexually active. The % of Sex with non-regular partner was calculated among sexually active population and % who report using a condom the last sex with their non-regular partner in the last 3 months was calculated using number of those who had sex with non-regular partner as denominator. It is significant to note the females are not empowered to use condoms. There was Zero percent use among this group of females.								
DEVELOPMENT OBJECTIVE 2: Reduced Level of Employment-Related Discrimination Against Persons Living with HIV/AIDS								
#/% of targeted workers who report that they believe their employer would dismiss medically fit HIV+ workers (Q226)	Male	43 -20.0%						
	Female	8 - 10.2%						
	Total	51 -17%						
#/% of targeted workers who report that they believe medically fit HIV+ workers would be denied opportunities in the workplace (Q227)	Male	58 - 26.6%						
	Female	11 - 14.3%						
	Total	69 - 23.39%						
Narrative analysis of data: there is a high level of perceived discrimination [close to 77%] of management by workers.								
IMMEDIATE OBJECTIVE 1: Improved Knowledge and Attitudes Related to HIV/AIDS Risk Behaviors								
#/% Of targeted workers who correctly	Male	172 – 79.4%)						

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
identify 3 means of protection against HIV infection (Q204, 205, 206)	Female	61 – 77.9%						
	Total							
#/% of targeted workers who report that a person may get HIV by having unprotected sex with a person who looks healthy	Male	184 - 85%						
	Female	61 – 78.2%						
	Total							
% of targeted workers who report that a person may get HIV by having unprotected sex with a person who looks healthy	Male	85%						
	Female	78.2%						
	Total							
#/% of targeted workers who report a positive attitude toward condom use (Q208-11—13)	Male	89 - 41.4%						
	Female	47 - 60.5%						
	Total							
%of targeted	Male	128 - 59.2%						

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
workers who correctly identify intoxication as a contributing risk factor to HIV/AIDS infection	Female	33.5 - 43.0%						
	Total							
Narrative analysis of data: Those who responded "don't know" or "no answer" was not included in the analysis of "correctly identify 3 means of protection against HIV infection". Positive attitude toward condom use was defined as providing positive attitude toward condom use to all questions 208, 211, 212 and 213. Stratified analysis was applied on gender. Interestingly more males than females were of the opinion that women should not carry condoms								
IMMEDIATE OBJECTIVE 2: Increased Awareness and Use of Available HIV/AIDS Workplace Services								
#/% of targeted workers who report being aware that HIV/AIDS services are available in their workplace	Male	59 - 27.2%						
	Female	32 - 40.5%						
	Total							
#/% of targeted workers who report (receiving information) using specific services in the past 12 months	HIV/AIDS Education	57 -25.5%						
	Condom availability	20 – 9.1%						
	STI Treatment	14 – 6.4%						
	VCT	4 – 1.8%						

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
	Care and Support Services	9 – 4.1%						
Narrative analysis of data: the percentage of target workers who report receiving information about specific services in the past 12 months was calculated using the total number of respondents who reported being aware that HIV/AIDS service are available in their workplace as denominator. There is very low or absolute lack of knowledge of HIV services among target group.								
IMMEDIATE OBJECTIVE 3: Reduced Stigma Against Workers Living with HIV/AIDS								
#/% of targeted workers who report an accepting or supportive attitude towards HIV+ co-workers (Q214-16)	Male	6 - 2.8%						
	Female	3 - 3.85%						
	Total							
# and % of targeted workers who report an accepting or supportive attitude towards HIV+ persons outside the workplace (Q217-221)	Male	62 - 28.4%						
	Female	16 - 20.8%						
	Total							
# and % of targeted workers who report an incident of exclusion of an HIV+ worker by co-workers (Q223)	Male	0%						
	Female	0%						
	Total	0%						

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
Narrative analysis of data: % of targeted workers who report an accepting or supportive attitude towards HIV+ co-workers was defined as supportive response to questions 214, 215 and 216. And % of targeted workers who report an accepting or supportive attitude towards HIV+ persons outside the workplace was defined as supportive response to question Q217 to 221. Stratified analysis was applied on gender. Stigma and discrimination seems to be high among workers.								
IMMEDIATE OBJECTIVE 4: Increased Knowledge of Workplace HIV/AIDS Policies								
#/% of targeted workers who report being aware that an HIV/AIDS policy exists in their workplace	Male	3.4%						
	Female	0.0%						
	Total							
#/% of targeted workers who correctly identify three of the key principles of the HIV/AIDS policy in their workplace	Non-discrimination statement	14 - 6.4%						
	No mandatory HIV testing	2.7%						
	Access to education (q409)	4.1%						
	No denial of employment	0						
	Reasonable accommodation	0						

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
	Safe work environment/universal precautions	2.7%						
	Medical confidentiality	4.1%						
	No job termination if fit to work							
	Same opportunities/benefits as other employees	0						
	Gender equality	0						
	Total							
Narrative analysis of data: a negligible number of the targeted workers report being aware that an HIV/AIDS policy exists in their workplace.								
Sub immediate Objective 1: Increased Availability of Quality HIV/AIDS Workplace Services								
# and % of workplaces with HIV/AIDS services available in the workplace, disaggregated by type of service	HIV/AIDS Education	85 - 28.5%						
	Condom availability	24 – 8.0%						
	STI Treatment Information Service	15 – 5.0%						

Indicator		BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
	VCT Information Service	8 – 12.7%						
	Care and support information service	3 – 1.0%						
# and % of workplaces delivering quality services in the workplace	HIV/AIDS Education	1/13						
	Condom availability	0/13						
	STI Treatment Information Service	0/13						
	VCT Information Service	0/13						
	Care and support information service	0/13						
Narrative analysis of data: There is a negligible percentage of workplaces providing quality HIV/AIDS services								
Subimmediate Objective 2: Improved workplace HIV/AIDS policies								
# and % of workplaces that have a written HIV/AIDS policy		0/13						

Indicator	BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
# and % 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.	0/13						
Narrative analysis of data: The response to this section shows no evidence of workplace policies. The HIV education reported by respondents therefore seems to be more of 'Ad hoc' in nature.							
Subimmediate Objective 3: Increased Levels of Workplace Collaboration and Commitment by Labor and Management							
# and % of workplaces that have allocated official working hours to HIV/AIDS program implementation during the last six months	1/13						
#/% of workplaces with active joint committees addressing HIV/AIDS issues	0/13						
# and % of workplaces where worker representatives have been consulted in the design and/or implementation of HIV/AIDS policy in the workplace	0/13						

Indicator	BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
Narrative analysis of data: It should be noted that although official time was given for the HIV education in the enterprise that reported so, it did not appear on their official time table as it was a one time event.							
Subimmediate Objective 4: Increased Capacity of Workplace to Offer Comprehensive HIV/AIDS Policies/Programs on a Sustained Basis							
# and % of workplaces with a HIV/AIDS focal point	5/13						
# and % of workplaces that have a specific budget for implementation of HIV/AIDS programs	2/13						
# and % of workplaces in which an HIV/AIDS component is integrated into existing OSH/HR training programs	0/13						
Narrative analysis of data: The Ghana AIDS commission mandated all government agencies to have workplace activities, thus the high number of Focal persons [3] from government. However they have more or less been dormant. The mines [2] selected focal persons as a first line of course but welcomed very much the ILO USDOL project as they need Technical assistance to proceed.							
Subimmediate Objective 5: Improved Coordination/Cooperation Between Tripartite Constituents and Other Partners at the National Level							
# of policy or programmatic recommendations made by the Project Advisory Board that are subsequently referred to the National Tripartite Committee and/or the National Aids Commission	1 National Workplace Policy						

Indicator	BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
# of organizations with which the Programme regularly shares information on HIV/AIDS	28						
Representation of employer and worker organizations in the Country Coordination Mechanism of GFATM (Y/N)	No						
Narrative analysis of data: The project reports project progress at the UNAIDS technical working group. This a forum organized by the UNAIDS on a monthly basis that gives the opportunity for various players [from government through CSO to Multi and bilateral partners] to report their activities. This enables the project at any given time to report and share best practices with close to 30 groups at a time.							
Subimmediate Objective 6: Improved National Level Policy Framework Related to HIV/AIDS at the workplace							
# of milestones reached in the adoption of implementing guidelines for the workplace related issues of the national HIV/AIDS law, and the labor law	No						
Incorporation of the World of Work component into the NSP on HIV/AIDS (Y/N)	No						

Indicator	BASELINE 9-11/04	3 /05	9/05	3/06	9/06		TOTAL
Narrative analysis of data: Although the project at its inception had revived the interest of the tripartite constituents and other stakeholders in the need for the agenda on the Draft National Policy document to be pushed forward, no important milestone at the time of the baseline had been reached.							
Subimmediate Objective 7: Increased Capacity of Tripartite Constituents to Support Development of Workplace Policy and Programs							
# of tripartite constituents who have at least one dedicated, qualified HIV/AIDS focal point	3 constituents GEA, TUC, MMDE						
# of HIV/AIDS peer educators (PE) trained by certified HIV/AIDS trainers	20						
# of certified union HIV/AIDS trainers	2						
#/% of union, employer association and MMDE OSH inspectors who demonstrate increased knowledge of effective workplace policy and programmes	1Trade Union 1GEA 1Manpower [Trained by ARLAC]						
Narrative analysis of data: all above mentioned persons were trained by the Project							