

International HIV/AIDS Workplace Education Programme
SHARE - Strategic HIV/AIDS Responses by Enterprises

Final Evaluation Jamaica

February 2008

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List of Acronyms

AIDS	– Acquired Immune Deficiency Syndrome
BCC	– Behaviour Change Communication
CARICOM	– Caribbean Community and Common Market
CCL	– Caribbean Congress of Labour
CRN+	– Caribbean Network of People Living with HIV/AIDS
COK	– City of Kingston
DFID	– (UK) Department for International Development
FHI	– Family Health international
FP	– Focal Point
HARP	– HIV/AIDS Response Programme
HIV	– Human Immunodeficiency Virus
HR	– Human Resources
ILO	– International Labour Organization
JCTU	– Jamaica Confederation of Trade Unions
JEF	– Jamaica Employers’ Federation
JN+	– Jamaica Network of Seropositives
LTI	– Life Threatening Illness
MLSS	– Ministry of Labour and Social Security
MOH	– Ministry of Health
MSM	– Men having sex with men
NAC	– National AIDS Committee
NAHC	– National Association of Hairdressers and Cosmetologists
NAP	– National AIDS Programme
NGO	– Non-Governmental Organization
NPC	– National Project Coordinator
OECS	– Organization of Eastern Caribbean States
OSH	– Occupational Safety and Health
PAB	– Project Advisory Board
PAHO	– Pan American Health Organization
PANCAP	– Pan Caribbean Partnership
PCEB	– Pay and Conditions of Employment Bureau
PE	– Peer Educator
PEPFAR	– (US) President’s Emergency Plan for AIDS Relief
PLWHA	– People Living with HIV/AIDS
PMP	– Performance Monitoring Plan
PMT	– Programme Management Team
RBTT	– Royal Bank of Trinidad and Tobago
SBA	– Small Business Association
SHARE	– Strategic HIV/AIDS Responses in Enterprises
SRO	– Sub-Regional Office (of ILO)
STI	– Sexually Transmitted Infection
UNAIDS	– Joint United Nations Programme on HIV/AIDS
UNDAF	– UN Development Assistance Framework
UNDP	– United Nations Development Programme
UNFPA	– United Nations Population Fund
UNTG	– UN Theme Group (on HIV/AIDS)
USAID	– U.S. Agency for International Development
USDOL	– U.S. Department of Labor
UWI	– University of the West Indies
VCP	– Voluntary Compliance Programme
VCT	– Voluntary Counseling and Testing
WHO	– World Health Organization

ILO Code of Practice on HIV/AIDS and The World of Work

“10 Key Principles”

1. Recognition of HIV/AIDS as a workplace issue.
2. Non-discrimination.
3. Gender equality.
4. Healthy work environment.
5. Social dialogue.
6. No screening for purposes of exclusion from employment or work processes.
7. Confidentiality.
8. Continuation of employment relationship.
9. Prevention.
10. Care and support.

UNAIDS: The “Three Ones” - Key Principles

One agreed AIDS action framework that provides the basis for coordinating the work of all partners.

One national AIDS coordinating authority with broad-based multi-sectoral mandate.

One agreed country level monitoring and evaluation system

Executive Summary

Final evaluation

An independent, external final evaluation of the ILO/USDOL HIV/AIDS Workplace Education Project in Jamaica took place 14-22 February 2008, as the project was scheduled to end on 30 June 2008. The evaluation team consisted of Mr. Bob Ransom, an international external evaluator as Team Leader, and Ms. Carol Rose Brown, a national consultant. The National Project Coordinator (NPC) Ms. Nasolo Thompson ably assisted the mission. The evaluation schedule and list of persons interviewed are given in Annex 2 and 3.

Evaluation purpose, scope and methodology

The purpose of the final evaluation as described in the evaluation Terms of Reference (Annex 1) was to: “assess the progress made by the HIV/AIDS Workplace Education Project in Jamaica. Specifically, the goal would be to assess the impact and achievements of the project as well as to develop recommendations for activities leading to sustainability and future funding allocation.” The scope of the final evaluation included an assessment of the following areas: project planning and overall progress, project objectives, and project monitoring and evaluation. The evaluation methodology included a document review, individual interviews with key informants (PAB members) as well as site visits and interviews with HIV/AIDS Focal Points, Peer Educators and focus groups of workers at selected participating enterprises. The selection of the enterprises at which to conduct interviews was made on the basis of geographical accessibility, availability of key informants and their active participation in the project. Time did not permit contact with any “drop-out” enterprises. The Protocol questions used for the interviews are found in Annex 4.

Project strategy

The ILO project strategy was to work with business, labour, and government leaders to develop their awareness of the existing and growing danger of HIV/AIDS, and to assist them to address it in the workplace through the development of national and enterprise-level workplace policies and through the design of a BCC strategy and materials to support workplace-based efforts to induce behaviour change among workers. The strategy was designed to reduce HIV/AIDS risk behaviours among targeted workers and to reduce the level of employment-related discrimination against workers living with HIV/AIDS.

Main evaluation findings and conclusions

1. Project planning and implementation

Validity of the project strategy and strategic framework: PAB members confirmed the relevance of the project strategy to the situation in Jamaica. The generic ILO/USDOL HIV/AIDS Program Strategic Framework was used to guide project activities. Some members stated that, although appropriate, implementation of the strategy was too directive and rigid, not allowing for local modification. Some also felt that the strategy was ineffective for reaching workers in the informal sector, where a large number of workers are engaged, but are not organized and difficult to reach.

Appropriateness of project partners: The choice of the Ministry of Labour and Social Security (MLSS), the Jamaica Employers' Federation (JEF), the Jamaica Confederation of

Trade Unions (JCTU), the National AIDS Committee (NAC) and National AIDS Programme (NAP), the UN Theme Group on HIV/AIDS, the Jamaican Network of Seropositives (JN+) and the US Embassy and USAID as project partners and members of the Project Advisory Board (PAB) was found to be logical and appropriate in providing guidance for project implementation. The targeted sectors were deemed appropriate given the nature of the Jamaican economy and the 15 participating enterprises and organizations in the agriculture (4), financial (5), manufacturing (3) and utilities (3) sectors, as well as the one participating informal sector association understood the need for and engaged in policy development as well as targeted BCC interventions.

Gender dimensions: Project training activities tried to include equal numbers of women and men, but the Evaluation Team was unable to judge the extent to which activities effectively addressed major gender issues. Specific efforts were made by the project to have participating enterprises and organizations involve both men and women workers, for example as Peer Educators.

Recommendations of the Interim Assessment: The recommendations of the Interim Assessment, although some were not agreed by the PAB, were addressed by the NPC.

Project sustainability plan: The Sustainability Plan, providing for the MLSS to take over project activities at the conclusion of the project, appears to be appropriate and potentially viable. The Plan is being implemented. The MLSS is already providing BCC training support to enterprises enrolled under its Voluntary Compliance Programme (VCP), and confirmed its interest and ability to continue other initiatives begun under the project.

Project linkages with other HIV/AIDS initiatives: The National AIDS Programme (NAP) confirmed that the project had maintained good linkage with NAP staff. There was also good linkage to the UN System through NPC participation in the UN Theme Group on HIV/AIDS. However, there was inadequate involvement by the ILO in joint UN planning processes that led to the formulation and adoption of the 5-year UN Development Assistance Framework (UNDAF) for Jamaica, which makes no reference to HIV/AIDS workplace education efforts.

Project management and implementation: Project activities were implemented more or less according to plan, despite delays. However, the withdrawal of some enterprises from the project required revisions in the implementation of some activities. PAB members and participating enterprises and organizations interviewed all praised the energy and support provided by project management. The NPC was perceived as active and effective in carrying out the activities of the Project. Project management support by the Project Management Team at ILO Geneva was judged to be effective and timely.

Stakeholder commitment: the project enjoyed only partial stakeholder commitment, as JEF and JCTU failed to fully engage in the project and to participate actively on the PAB. Although the PAB met regularly, it experienced continual changes in representation from some member organizations.

2. Project Objectives

Achievement of project objectives: The implementation of activities of the ILO/USDOL project enabled project partners and participating enterprises, organizations and informal sector associations to contribute towards achievement of the objectives of the project.

However, due to the incomplete Final Impact Assessment Report, the Evaluation Team could not adequately judge the extent to which the project achieved its development, immediate and sub-immediate objectives.

Employers' understanding of HIV/AIDS at participating enterprises: The project enabled the participating enterprises, organizations and informal sector associations to recognize the importance of HIV/AIDS as a workplace issue and the need to undertake action against HIV/AIDS in their own workplaces. They did this by establishing or expanding a specific HIV/AIDS workplace education programme, targeting all personnel from management to the casual worker, recruiting HIV/AIDS Focal Persons and Peer Educators who were trained by the project and developing workplace HIV/AIDS policies and action programmes within their own enterprises.

Workers' understanding of HIV/AIDS at participating enterprise: The project enabled workers in participating enterprises to organize their own HIV/AIDS committees, often led by or involving union members, and to undergo Peer Educator training. Enterprise-sponsored activities, such as World AIDS Day events, included HIV/AIDS awareness-raising activities, such as VCT, organized by the committees and were actively attended by workers. Initial Impact Assessment data shows a general increase in worker understanding about HIV/AIDS in participating enterprises, organizations and the informal sector association.

Effectiveness of the Behaviour Change Communication (BCC): Some innovative and creative BCC materials and efforts were used by the project including its Peer Educator Toolkit, posters, and the use of radio and TV. It was not possible for the Evaluation Team to judge the effectiveness of any one product or activity.

Quality and use of training materials developed by the project: The training curriculum and materials used by the project were based upon generic training manuals and materials provided by the PMT and modified by the local BCC consultant. The curricula and materials were of a high quality. The Peer Educator Toolkit produced by the Project to support BCC was well done and used.

Scope, content and effectiveness of outreach campaigns to promote HIV/AIDS workplace education and BCC policies: An impressive example of outreach efforts undertaken with the assistance of the project involved the City of Kingston Cooperative Credit Union. COK CCU created an HIV/AIDS fund to assist and support community-based projects and promote awareness raising about HIV/AIDS. Funding is provided to up to three groups per year, including groups of PLWHA. In addition, COK CCU staff members have been disseminating HIV/AIDS information obtained through project-organized training by making presentations to church groups, service clubs, and schools in their communities. There is evidence that workers of other participating enterprises also carried information learned through project training activities to the wider community.

Examples of good practice: There were 5 examples of good practices identified in the project 'Best Practices Report', being implemented by Cari-Med Ltd., the National Association of Hairdressers and Cosmetologists, the City of Kingston Cooperative Credit Union, the Jamaica Sugar Company and the Ministry of Labour and Social Security. However, the Report failed to explain what made the practices identified "best practices."

3. Monitoring and evaluation

Problem areas emerging from comparison of baseline survey and impact assessment: The project final Impact Assessment Report was not finalized at the time of the Final Evaluation and the Evaluation Team was unable to examine fully all problems areas emerging from the survey data. However, the use of different samples of enterprises and workers in the Baseline and Impact surveys raises questions as to the validity of the assessment exercise.

Monitoring system for collecting performance data: The Performance Monitoring Plan (PMP) was used to assist in the overall monitoring and evaluation of project impact within the Strategic Framework of the Project, its objectives and associated indicators. Most of the enterprises interviewed confirmed having provided data for the Workplace Monitoring Report form to the NPC.

Needs assessment process and reports: The project began with a detailed mapping exercise and needs assessment, conducted by a consultant who prepared an exceptionally detailed report. Unfortunately other reports produced under the project varied greatly in terms of quality and usefulness. The project used the Workplace Monitoring Reports, based on PMP indicators, and Report data for ongoing needs identification and action. The six-monthly Technical Progress Reports prepared by the NPC and uploaded to the ILO SHARE Community Zero website were well done and provided a good update and overview of project activities and accomplishments, as well as data from the Workplace Monitoring Reports.

Evaluation recommendations

- Project activities and assets should be merged with the MLSS OSH Department HIV/AIDS activities, as foreseen in the Sustainability Plan and already underway.
- MLSS should establish a high-level National Coordinating Committee on HIV/AIDS in the World of Work, to succeed the PAB and provide overall guidance and coordination for all HIV/AIDS workplace policy and education initiatives in the country.
- MLSS should work actively for the formal approval of the National HIV/AIDS Workplace Policy by Cabinet and Parliament.
- MLSS should undertake efforts using the public media and other means, to better inform the general public that HIV/AIDS is also a labour and world of work issue, not just a health issue.
- MLSS data collected under its OSH Department HIV/AIDS workplace BCC programme, as well as its HIV/AIDS Voluntary Compliance Programme, should be compatible with NAP national indicators and be provided to the national monitoring and evaluation system.
- MLSS should develop a strategy for the increased participation of informal sector operators and workers, as well as small business enterprises, in its HIV/AIDS programme.
- MLSS should establish a certified panel of workplace and world of work BCC experts and trainers as well as a certified workplace BCC core training curriculum.
- ILO through its Caribbean Sub-regional Office (SRO) should mainstream support for the MLSS and its HIV/AIDS Programme into the ILO Decent Work Country Programme for Jamaica.

- ILO/USDOL should consider designing a follow-up programme and strategy on HIV/AIDS in the World of Work in the Caribbean region, focusing specifically on the informal sector.

Lessons learned

- Plans for the sustainability of the project activities should be part of any initial project design and strategy
- Greater responsibility should be given to, and greater use should be made of, the social partners in the implementation of project activities

1. Background and Project Description

1.1 HIV/AIDS in Jamaica

With its population of 2.6 million, and its size of 11,424 square km, Jamaica is the third largest Caribbean island. About 1.5% of the adult population is estimated to be HIV infected, with almost two-thirds unaware of their status. There are at least six countries in the Caribbean region with HIV prevalence rates higher than Jamaica's.

Between January 1982 and the end of June 2007 there were 12,063 AIDS cases in Jamaica, with 324 persons with AIDS (190 males and 134 females) reported between January and June 2007 compared to 451 persons between January and June 2006. That is, on average, 2 new cases of AIDS diagnosed each day between January and June 2007. The total number of reported AIDS deaths in Jamaica between January 1982 and June 2007 is 6,848. Approximately 65% of all reported AIDS cases in Jamaica are in the 20-44 year old age group and 85% of all reported AIDS cases are between 20 and 60 years old.

AIDS and sexually transmitted infections (STI) together have hit hardest the young and productive age groups and are the second leading cause of death for both males and females 15 to 24 years old. AIDS case rates indicate men leading but indicate a narrowing of the gap between male and female.

All 14 parishes are affected with the most urbanized parishes (Kingston and St. Andrew, St. James and St. Catherine) continuing to have the highest HIV and AIDS case rates.

Although heterosexual transmission is reported by 90% of persons with HIV, the sexual practice of 40% of reported male AIDS cases in Jamaica is classified as unknown. Among reported AIDS cases for which risk data are available (74% of cases), the main risk factors fueling the HIV/AIDS epidemic are multiple sex partners, history of STIs, crack/cocaine use, and sex with prostitutes.

Among reported male AIDS cases for whom data about sexual practices are available (62% of cases), homosexual or bisexual activity is reported by 14% of men. The sexual practice of 38% of reported male AIDS cases is unknown. Many of these persons may be men who have sex with men.

The high "unknown" rate is due primarily to two reasons: late reporting and stringent criteria whereby men are not classified as heterosexual unless 'same sex' activity has been explicitly excluded. Other populations most at risk of HIV infection are commercial sex workers and their clients, men who have sex with men, those with a history of a sexually transmitted infection (STI), and adolescents, particularly girls.

By early 2007, just over 5,000 children under the age of 15 years were orphaned by HIV/AIDS. During 2006, there were 73 new AIDS cases reported for children less than 10 years of age, compared to 78 in 2005. In the same year, the number of female youth between 15 and 24 years newly reported with AIDS was three times higher than their male counterparts. Such findings may be linked to the high rate of forced sex, sexual intercourse with HIV-infected older men and transactional sex.

Myths continue to affect risk assessment and result in risky behaviour. While Jamaicans are able to identify HIV prevention options, they fail to reject major myths, according to a 2005

survey. Meanwhile, intolerance of male same sex relations impedes prevention interventions and contributes to denial of risk among men who have sex with men (MSM).

1.2 National HIV/AIDS Strategic Framework

Within the context of multisectoral partnership, the Government of Jamaica continued to confront the HIV epidemic with a new multisectoral plan for 2007-2012. This new National Strategic Plan is Jamaica's next five-year framework to achieve three main goals:

- To reduce the transmission of new HIV infections
- To mitigate the impact of HIV/AIDS on the people of Jamaica, and
- To achieve a sustained, effective multi-sectoral infrastructure and commitment to support the national response to HIV and AIDS

“Universal access to prevention, treatment and care is essential for the achievement of these goals. The successful implementation of the plan requires a sustained effort to build on the existing comprehensive, multisectoral priorities, leverage resources and confront the underlying behavioural, social and political factors that drive the epidemic. The plan identifies programme priorities, objectives and strategies to achieve them and takes into account global, regional, national and local trends and best practices.”

The Government of Jamaica recognizes the National HIV/STI Programme (NHP) with its multisectoral partner the National AIDS Committee (NAC) as the national authority on HIV/AIDS. The National Strategic Plan is based on the “Three Ones” principle advocated by UNAIDS. The “Three Ones” principle includes one national authority, one national strategic plan and one national monitoring and evaluation system. “Successful execution of the 2007-2012 National Strategic Plan requires full participation in implementation, monitoring and evaluation from all sectors of society including civil society, the private sector, high level leaders, young people, children, women, men, marginalized groups and persons living with and affected by HIV and AIDS.”

A specific National Workplace Policy on HIV/AIDS was drafted in 2004 and incorporates the 10 Key Principles of ILO Code of Practice. The National Workplace Policy provides “a framework for action by government, employers and workers to deal effectively with HIV/AIDS at the workplace. The Policy takes into consideration the effects of HIV/AIDS on the most productive segment of the workforce and as such, views the problems associated with HIV/AIDS in terms of the significant negative implications they hold for production and national development. It accepts that proper management of the situation will benefit all stakeholders in the society by safeguarding production and national development. It is expected that the policy will:

- Assist in the development of a caring, supportive and responsible working environment that will protect all workers
- Reduce HIV/AIDS related stigma and discrimination and
- Assist in the reduction of HIV/AIDS transmission.

The Policy presents the case for dealing with HIV/AIDS as a workplace phenomenon. Highlighted is the fact that the most productive segment of the workforce (the 15-49 age group) is the most seriously affected. HIV/AIDS takes its toll on the rights of workers infected with and affected by HIV/AIDS primarily through stigma and discrimination. It further impacts on workers through ignorance and prevailing myths that hinder corrective prevention action and access to treatment care and support. The workplace can play a critical

role in preventing and controlling the spread of HIV/AIDS and in reducing significantly stigma and discrimination. Education and training are support tools for attitude and behaviour modification.”

The purpose of the National Workplace Policy is “to facilitate the development of a working environment that protects the rights of workers regardless of their HIV status. This encompasses all workers irrespective of where they work.”

The Policy has yet to receive Cabinet and Parliamentary approval.

1.3 ILO/USDOL Response

In May 2004, the ILO began a three-year project in Jamaica, with a budget of US\$ 750,000. The Jamaica HIV/AIDS Workplace Education Project is part of a grant awarded by the U.S. Department of Labor (USDOL) to the International Labour Organization (ILO) in FY 2003 to develop policy and prevention programmes in the workplace. It is one of 24 countries participating in the ILO/USDOL International HIV/AIDS Workplace Education programme, which has become known as the Strategic HIV/AIDS Responses in Enterprises (SHARE). The intended beneficiaries of the Programme are workers and their families both in the formal and informal sector in over 20 countries. Indirectly, participating enterprises also benefit from the impact of prevention programs as the reduction of the spread of HIV/AIDS reduces absenteeism and loss of workers as well as costs of recruitment and training.

The ILO Programme strategy is to work with business, labour, and government leaders to develop their awareness of the existing and growing danger of HIV/AIDS, and to assist them to address it in the workplace. The strategy includes information and awareness raising campaigns as well as technical assistance to business, labor, governmental and NGO groups. This assistance includes the design of a Behaviour Change Communications (BCC) strategy and materials to increase the capacity of participating enterprises to implement workplace-based HIV/AIDS policies and programmes, and to induce behaviour change among workers.

In May 2004, the ILO Program Management Team in Geneva, consultants from Management Systems International, a USDOL Representative, and the individual Project Country Coordinators met to develop an overall strategic framework for the Programme. Together with USDOL, they developed a generic Strategic Framework to be specifically tailored for each project country. The Strategic Framework includes two overarching Development Objectives that serve as the long-term goals for country-level projects. The project in Jamaica contributed to the realization of these goals.

The Development Objectives of the project are:

- Reduced HIV/AIDS Risk Behaviours among Targeted Workers
- Reduced level of Employment-related Discrimination Against Workers Living with HIV/AIDS or Affected by HIV/AIDS

Four Immediate Objectives contribute towards the achievement of the Development Objectives:

- Improved Knowledge and Attitudes Related to HIV/AIDS Risk Behaviours
- Increased Awareness and Use of Available HIV/AIDS Workplace Services
- Reduced Stigma against Persons Living With HIV/AIDS

- Increased Knowledge of HIV/AIDS Workplace Policy/Guidelines

These Immediate Objectives are supported by the following seven sub-immediate objectives:

- Increased Availability of Quality HIV/AIDS-Workplace Services
- Improved Workplace Guidelines
- Increased Levels of Workplace Collaboration and Commitment by Labour And Management
- Increased Capacity of Workplaces to offer Comprehensive HIV/AIDS Policy and Programs on a Sustained Basis
- Improved Coordination and Cooperation Between Tripartite Constituents and Other Partners at the National Level
- Improved National Level Policy Framework Related to HIV/AIDS at the Workplace
- Increased Capacity of Tripartite Constituents to Support Development of Workplace Policy and Programmes

A total of 21 enterprises and organizations in the agriculture, finance, manufacturing, mining and utilities sectors and one informal sector association were initially chosen for participation in the ILO/USDOL HIV/AIDS Workplace Education Project in Jamaica. A total of 20,657 workers were reached through project activities.

At the beginning of the project in Jamaica a local consultancy firm was retained to conduct a Baseline Survey and data collection exercise. The primary methodology used for the data collection was a Workers Survey questionnaire and onsite interviews in 6 selected public sector institutions and private enterprises. An Interim Assessment of the project was conducted in April 2006. At the conclusion of the project an Impact Assessment Survey was conducted among workers at some of the same sites and a draft Impact Assessment Report prepared.

2. The Evaluation Purpose and Methodology

2.1 Evaluation Terms of Reference

The Evaluation Terms of Reference are given in Annex 1. Specifically, the purpose of the final evaluation is “to assess the strengths and weaknesses of the project as implemented and conclude whether the project fully met the immediate and sub-immediate objectives. It is also critical to document lessons learned, success stories, and best practices in order to maximize the experiences gained through project implementation. The evaluation findings should also take into consideration the project duration, existing resources, and political and environmental constraints.

It is intended that the final evaluation will be used by all USDOL-funded HIV/AIDS projects to enhance project performance through increased understanding of project components and any interim successes and/or failures; generate greater appreciation for opportunities and challenges encountered during design and implementation, and give further clarification of stakeholder roles and contributions. Specifically, the evaluation is to report on the extent to which the project achieved development objectives, the underlying objectives, and identify ways to improve future project designs and implementation.

The final evaluation should also examine whether or not changes suggested by the internal assessment were implemented; increased impact/effectiveness of project.”

2.2 Evaluation Team

The evaluation team consisted of Mr. Bob Ransom, an international external evaluator as Team Leader, and Ms. Carol Rose Brown, a national consultant. The evaluation schedule and list of persons contacted is given in Annex 2 and 3.

2.3 Evaluation Methodology

The Evaluation Team reviewed the following documents prior to and during the evaluation exercise:

- National Workplace Policy on HIV/AIDS 2004
- HIV and AIDS in Jamaica National Strategic Framework, 2007-2012
- Project Document
- Project Plan of Action
- Baseline Survey Report
- Sectoral Formative Assessment Report
- Technical Progress Reports
- Workshop reports
- PAB meeting minutes
- Focal Person and Peer Educator training course materials and reports
- Field trip reports
- Workplace Monitoring Forms
- Strategic Framework and PMP
- Work plans
- Company profiles
- Jamaica Enterprise Audit Report
- BCC materials
- Interim Assessment Report
- Sustainability Plan
- Best Practices Report
- Draft Final Impact Assessment Report
- NAC HIV/AIDS Workplace Policy Toolkit

The Evaluation Team leader had a pre-trip briefing by the ILO PMT on 12 February 2008 in Geneva, and a consultation by conference call on 13 Feb. with the USDOL Project Manager and Evaluation Coordinator.

The Evaluation Team conducted individual interviews with the members of the PAB, the National Project Coordinator and with representatives of selected participating enterprises, organizations and informal sector association (see Annex 3) and other collaborating organizations. The selection of enterprises and organizations to visit and interview was made based upon their geographical accessibility, availability of key informants and effective participation in the project. These selection criteria, rather than a random selection, could have introduced bias in the findings and conclusions, as only the most active enterprises were interviewed. Understandably they gave positive impressions of the project. Time did not

permit contacting enterprises that “dropped out” of the project, whose impressions might have been more negative.

On the final day of the evaluation mission, the Evaluation Team held a debriefing session with the members of the PAB to present its preliminary findings and recommendations and to obtain feedback.

3. Project Status

3.1 Project Partners

The project involved as Partner Organizations and PAB members the following:

- Ministry of Labour and Social Security (MLSS)
- Occupational Safety and Health Department of the MLSS
- Jamaica Employers’ Federation (JEF)
- Jamaica Confederation of Trade Unions (JCTU)
- National AIDS Committee (NAC)
- UN Theme Group on HIV/AIDS
- UNAIDS
- Jamaica AIDS Support for Life
- Jamaica Network of Seropositives (JN+)
- US Embassy
- USAID
- UWI/HARP
- NPC

The project directly involved, at one time or another, the following enterprises, organizations and informal sector association:

(* indicates participation in Baseline Survey and/or Final Impact Assessment):

Agricultural Sector

- * St. Mary Banana Estates Ltd.
- * Eastern Banana Estates Ltd.
- * Sugar Company of Jamaica
- Appleton Estates
- Worthy Park Estates (left project before completion)

Financial Sector

- COK Cooperative Credit Union
- Jamaica National Building Society
- National Commercial Bank
- American Home Assurance Company
- Royal Bank of Trinidad and Tobago (RBTT)

Manufacturing Sector

- Caribbean Cement Company Ltd.
- Cari-Med Ltd.

- Red Stripe
- The Gleaner Company Ltd. (left project before completion)
- Jamaica Producers Group (left project before completion)

Mining Sector

- * St. Ann Bauxite (left project before completion)
- Alpart (left project before completion)
- Windalco (left project before completion)

Utilities Sector

- Jamaica Public Service Company Ltd.
- Cable & Wireless Jamaica Ltd.
- Manpower & Maintenance Services Ltd.

Informal Sector

- * National Association of Hairdressers and Cosmetologists

3.2 Project Achievements

The ILO/USDOL HIV/AIDS Workplace Education Project in Jamaica was scheduled to end on 30 June 2008. During almost 4 years of activities, the project achieved the following:

At National Level

- Supported the development of the National Tripartite Policy on HIV/AIDS
- Supported the development of the National Workplace Policy on HIV/AIDS, spearheaded by the National AIDS Programme
- Supported the launch of the Voluntary Compliance Programme for OSH and HIV/AIDS by the Ministry of Labour and Social Security

At Enterprise Level

- Involved 21 enterprises from 5 sectors (agriculture, financial services, manufacturing, utilities) and 1 informal sector association
- Supported the development of workplace policies in 5 enterprises and draft policies in 10 others – all enterprises consulted with worker representatives on the design of the policies
- Helped integrate an HIV/AIDS component into already existing OSH or HR training programmes in half of the participating enterprises
- Supported the development of BCC programmes in 16 workplaces and trained 16 Focal Points
- Trained 52 Peer Educators (37 in participating enterprises and 15 in NGOs)

At Worker Level (from initial findings of the draft Final Impact Assessment Report)

- Reached over 20,650 workers in the participating enterprises
- Influenced 61% of surveyed workers to intentionally reduce the number of sexual partners in the past 6 months
- Influenced 99% of surveyed workers to state that when having sexual intercourse with someone other than one's spouse one should use a condom

- Increased the number of workers willing to work along side an HIV+ person (88% to 94%), the number of workers willing to share tools and office space with an HIV+ person (87% to 93%), and the number of workers willing to eat with an HIV+ person at a company canteen (85% to 92%).

3.3 Project Interim Assessment

An Interim Assessment of the project was conducted in April 2006. The Assessment concluded that the project in Jamaica had been a very timely one. However, it also noted that two hurricanes and several strikes had delayed some project activities. The Assessment Team found that the necessary groundwork had been done by the project, that capacity of stakeholders had improved and that BCC training was ready to begin. The recommendations of the Interim Assessment were the following:

3.3.1 The project needs to accelerate the pace of implementation and cover all the activities in the work plan.

3.3.2 The project needs to increase its visibility. Its contribution towards the National Strategic Plan needs to be shown and recognized; failing that, the project will remain as a side-event at the national level.

3.3.3 Greater efforts need to be made to inspire a sense of ownership among the stakeholders. Survey results have shown that there is a definite need for workplace policies and behavioral change and this message needs to be put across as a national problem and not a problem of the project.

3.3.4 The PAB should assist in the coordination between agencies and partners dealing with workplace policies.

3.3.5 According to the project document, the PAB is expected to provide advice on the annual workplan of activities, review quarterly progress reports, and advise on policy and implementation issues. The support provided to the project by the PAB was not adequate and ways and means have to be found to make it more effective.

3.3.6 The project needs to be anchored at a level higher than at present. In the interest of the project, to ensure higher visibility, and for sustainability of its outcomes purposes, higher level officials in the Ministry of Labour (the lead body in the PAB) need to participate periodically and invite counterparts from other Ministries and organisations/units to future meetings of the PAB. The presence of a higher level official from the US Embassy in Kingston in such meetings would also help.

3.3.7 Everyday management of the project at the local level is carried out through an NPC and an assistant funded by the project. Some mechanism needs to be put in place to give the NPC more support and backing at a high level to reinforce work at the policy level, and to have greater impact at the operational level. The PAB should take this up as a matter of urgency and, if necessary, consider setting up a Management Committee with senior level members.

3.3.8 Since some of the enterprises, like those in the agriculture sector appear not to be ready, for reasons beyond the control of the project, to embark on activities

envisaged, the project, in consultation with the PAB should either choose an alternative sector or develop a more elaborate and in-depth programme the already participating enterprises.

3.3.9 The project should expand activities and include more informal economy workers.

3.3.10 Lessons learnt from experience gained by the project in implementing enterprise-level activities should be taken into account. Success stories and achievements of enterprises that have done well with the project need to be publicized; this could be seen as a reward and make it more attractive for other enterprises to get involved in the programme. The genuine difficulties of enterprises that have not coped well with the programme need to be identified. The exemplary performance of a bank has been noted. The bank was large enough to have a human resources development department which could absorb the new modules and tasks called for and suggested by the project. It needs to be recognized that not all enterprises are similarly endowed and thus ways and means need to be identified to enable them to develop workplace policy and programmes.

3.3.11 As the project enters its final stages of implementation, strategies need to be formulated to build on the progress made and to ensure successful outcomes. There would be the need for some institution, preferably the Ministry of Labour and Social Security to take on this task. The Ministry and the project need to give due consideration to this and also, have a sustainability strategy in place.

3.3.12 Since start-up delays, natural calamities and strikes have had adverse effects, the project which presently is scheduled to end in June 2007 should be extended until the end of 2007 in order to allow it to complete its tasks.

3.3.13 The NPC, taking into account the recommendations in this report, in consultation with the PAB, and with the approval of the PMT in Geneva, should establish a work plan with clear indications of the division of responsibilities to enable the project achieve its objectives.

4. Evaluation Findings and Conclusions

4.1 Project Planning and Implementation:

4.1.1 Project Strategy. The project partners interviewed by the Evaluation Team felt that the strategy employed by the project, namely enterprise-level policy development and worker behaviour change through BCC, was valid and appropriate for Jamaica, both for public as well as private enterprises. Others found that, although appropriate, implementation of the strategy was too directive and rigid, not allowing for local modification. Some also felt that the strategy was ineffective for reaching workers in the informal sector, where a large number of workers are engaged, but are not organized and difficult to reach. The Evaluation Team also was of the opinion that the project strategy was appropriate and effectively used for reaching larger scale enterprises and their workers in Jamaica, but less so for reaching informal sector workers.

4.1.2 Project Partners and Enterprises. The choice of the traditional ILO tripartite partners - Ministry of Labour and Social Security, the Jamaican Employers' Federation (JEF), the Jamaican Confederation of Trade Unions (JCTU) - to be project partners and members of the Project Advisory Board (PAB) was logical, although participation by JEF and JCTU was impeded by internal organizational challenges such as staff turnover. The choice of HIV/AIDS national coordinating bodies - the National AIDS Programme (NAP) and the UN Theme Group on HIV/AIDS – was also logical and provided a good basis for coordination of project activities with other HIV/AIDS initiatives in the country. The involvement of JN+ and the US Embassy as project partners and members of the PAB was also judged to be appropriate and effective in providing guidance for project implementation.

The number and sectors chosen by the PAB – agriculture, financial services, manufacturing, mining, utilities and an informal sector association – for workplace HIV/AIDS education and prevention efforts is judged to have been appropriate, given the nature of the Jamaican economy and the capacity of the project. The choice of the original 21 participating enterprises also seems appropriate, but over the course of the project several enterprises in the agriculture and mining sectors dropped out of the project, citing the heavy demands of the project methodology, specifically implementation of the workplace BCC strategy and work plan. As a result, only 15 of the 21 formal sector enterprises actually remained with the project, raising questions about the usefulness and applicability of the project strategy and activities for some enterprises, especially agriculture and mining sector enterprises. The Evaluation Team was unable to visit any drop-out enterprises to better determine the reasons for their quitting the project, but learned that several went ahead and implemented their own workplace programs based upon information obtained from the project.

One informal sector association participated in the project and implemented all aspects of the Project successfully. Although the sample was small their participation demonstrates the applicability of the project strategy for informal sector operators.

4.1.3 Gender Dimensions. Although some efforts were made by the project to encourage the equal participation of women and men in training activities, the Evaluation Team did not determine whether the project addressed broader gender issues in HIV/AIDS in the world of work in its training and other activities. The Sector Specific BCC Strategy document makes little reference to gender issues.

One informal sector association participated in the project and implemented all aspects of the Project successfully. Although the sample was small their participation demonstrates the applicability of the project strategy for informal sector operators.

4.1.4 Recommendations of the Interim Assessment. An Interim Assessment of the Project was conducted in April 2006. The Evaluation Team found that the NPC made efforts to implement some of the recommendations, for example by increasing media coverage through documentaries, and participation in talk shows, and by commissioning the Best Practices Report. The PAB did not agree with several of the Assessment recommendations, specifically those dealing with revising the composition of the PAB and the suggestion to set up a management committee. The Evaluation Team found several of the Assessment recommendations to be vague and difficult to implement, such as the recommendation for the PAB to “assist in the

coordination between agencies and partners dealing with workplace policies”, and the suggestion to “expand activities to include more informal economy workers.” In terms of project methodology it was not possible at project midpoint to add more informal sector associations.

4.1.5 Project Sustainability Plan. A draft Sustainability Plan was prepared in 2006 by the NPC in consultation with personnel of the MLSS, and discussed by the PAB in May 2007 which endorsed the Plan. The Plan calls for the OSH Department (formerly the Industrial Safety Department) of MLSS to take over the activities of the ILO/USDOL Workplace Education project upon its conclusion in June 2008. The Plan presents an implementation plan covering the Short Term (0-6 months), Medium Term (6-30 months) and Medium-Long Term (24 months and after).

According to the Plan, during the Short Term the OSH Department will take over the ongoing ILO/USDOL Workplace Education project, increase participation of informal and small workplaces, and improve the delivery of HIV/AIDS awareness raising to its publics. In addition, the OSH Department will sensitize other departments within the MLSS concerning workplace responses and the roles they are expected to play. During the Medium Term, the OSH Department will work to revise the public perception of the MLSS to include both industrial arbitrator and guardian of workplace safety and health, and take steps to ensure passage of the proposed OSH Act. Finally, during the Medium-Long Term, the OSH Department will roll out programmes to assist enterprises to comply with the OSH Act.

The Sustainability Plan gives detailed action steps to achieve each proposed activity, indicating who is responsible and who potential partners are. Much depends, however, on the ability of the MLSS to ensure adequate human and financial resources are available to carry out its proposed responsibilities and activities. Although the Plan appears feasible, it depends heavily upon government with little described role for the social (JEF, JCTU) and other partners of the ILO/USDOL project. The Plan is vague about a successor to the PAB, stating only that it is to be a “combination of the PAB and the Ministry’s own Policy Research and Monitoring Unit (PRMU).” This arrangement may not be adequate to ensure proper guidance by partners and coordination with the National AIDS Programme as well as with other HIV/AIDS workplace initiatives in the country.

The Evaluation Team found the Sustainability Plan to be in conformity with the project objective to increase the capacity of the MLSS to provide technical support for enterprise level workplace policy development and BCC program implementation. MLSS confirmed its desire and commitment to merge the project into its ongoing HIV/AIDS workplace activities, including its Voluntary Compliance Program. The Sustainability Plan is already being implemented with the move by the NPC to the MLSS in Feb. 2008.

4.1.6 Project linkages with other HIV/AIDS initiatives. The project partners reported that the project had good linkage with the National AIDS Programme and the National HIV/AIDS Committee, which are members of the PAB. There was also good linkage to the UN System through the UN Theme Group on HIV/AIDS. However, the ILO failed to engage adequately in UN processes leading to the adoption of the 5-year UN Development Assistance Framework (UNDAF) for Jamaica, which makes no reference to HIV/AIDS workplace education efforts.

There were good linkages with activities of the Business Council on HIV/AIDS, housed in JEF, as well as with the DFID-funded Tourism Sector HIV/AIDS project.

4.1.7 Project management and implementation. Project activities were implemented more or less according to plan, but with delays caused by natural (hurricanes) and human (worker strikes) events beyond the control of the project. The need to find replacement enterprises for those in agriculture and mining that withdrew from the project required revisions in the implementation of some activities. These were reported in the 6-monthly Technical Progress Reports that were regularly uploaded to the ILO/USDOL Programme Community Zero website. The energy and dedication of the National Project Coordinator (NPC) were widely appreciated by project partners and contributed to the successes enjoyed by the project. Participating enterprises, organizations and association found the overall project management to be professional and effective with the NPC responsive and supportive. Project management support by the Project Management Team at ILO Geneva was judged to be effective and timely. Greater linkage between the project and the ILO HIV/AIDS Specialist based in the ILO SRO could have led to greater synergies between various ILO HIV/AIDS efforts in the Region.

4.1.8 Stakeholder commitment. The project enjoyed some stakeholder commitment, with strong support from the ILO Social Partners JEF and JCTU. It is however to be noted that the depth of involvement of JEF and JCTU – varied significantly through the course of the Project due largely to frequent changes in representation on the PAB. The PAB met regularly, but with continually changing members. Some PAB members said that they did not feel ownership of the project due to the advisory only nature of the PAB. The Evaluation Team did not find that the PAB fostered greater social dialogue or actively promoted HIV/AIDS policies. The Team found that the project made effective use of the 10 Key Principles of ILO in guiding enterprise development of workplace HIV/AIDS policies.

During the life of the project there were several changes in the enterprises and organizations participating in the project, with 6 enterprises completely withdrawing from the project, due to its perceived heavy requirements in implementing an enterprise level BCC programme. However, the mining enterprises went on to adopt their own workplace HIV/AIDS policies and to implement BCC programmes based on project inputs.

4.2 Project Objectives

4.2.1 Achievement of Project Objectives. The implementation of activities of the ILO/USDOL project enabled project partners and participating enterprises, organizations and informal sector association to contribute towards achievement of the two development objectives of the project, namely reduced HIV/AIDS risk behaviors among targeted workers and reduced level of employment-related discrimination against workers living with HIV/AIDS or affected by HIV/AIDS. However, due to the incomplete Final Impact Assessment Report, the Evaluation Team could not adequately judge the extent to which the project achieved its development, immediate and sub-immediate objectives. However, whatever the extent of the project impact on the participating enterprises and workers, the Evaluation Team found that the project had made an important impact on MLSS, in terms of increasing its commitment to combating workplace discrimination and

promoting change in worker behavior in all enterprises. This may be the lasting legacy of the project – not just impacting on 16 enterprises, organizations and association that participated directly in the project, but ensuring that efforts initiated will be extended to reach all enterprises in the country.

4.2.2 Employers' understanding of HIV/AIDS at participating enterprises.

The Evaluation Team found that the project enabled the participating enterprises, organizations and informal sector association to recognize the importance of HIV/AIDS as a workplace issue and the need to undertake action against HIV/AIDS in their own workplaces. They did this by establishing or expanding a specific HIV/AIDS workplace education program, targeting personnel from management to the casual worker, recruiting HIV/AIDS Focal Persons and Peer Educators who were trained by the project and developing workplace HIV/AIDS policies and action programs within their own enterprises.

4.2.3 Workers' understanding of HIV/AIDS at participating enterprises.

The Evaluation Team found that the project enabled workers in participating enterprises to organize or join workplace HIV/AIDS committees, often led by or involving union members, and to undergo Peer Educator training. Enterprise-sponsored activities, such as World AIDS Day events, organized by the committees included HIV/AIDS awareness-raising activities, such as VCT and condom distribution, and were actively attended by workers. Initial Impact Assessment data shows a general increase in worker understanding about HIV/AIDS in participating enterprises, organizations and the informal sector association. (see Annex 8 Final Data Tracking Table). “The analysis of the data shows that persons are aware of the ways in which someone can safeguard themselves against infection as strategies such as using a condom (97%, same as it was in 2005), not having unprotected sex even if the person looks healthy (91% versus 88% in 2005), abstaining from penetrative sex (89% versus 79% in 2005), non-contaminated blood transfusions (85% versus 89% in 2005) received significantly high ratings as ways in which persons can protect themselves against becoming infected with HIV.” (Final Impact Assessment, page 36).

4.2.4 Effectiveness of the Behaviour Change Communication (BCC).

Some innovative and creative BCC materials and efforts were used by the project including its Peer Educator Toolkit, posters, and the use of newspapers, radio and TV. It was not possible for the Evaluation Team to judge the effectiveness of any one product or training activity.

4.2.5 Quality and use of training materials developed by the project.

The training curriculum and materials used by the project were based upon generic training manuals and materials provided by the PMT and modified by the local BCC consultant. The curricula and materials were of a high quality. The Peer Educator Toolkit produced by the Project to support BCC was well done and used.

4.2.6 Scope, content and effectiveness of outreach campaigns to promote HIV/AIDS workplace education and BCC policies.

The Evaluation Team found an impressive example of outreach efforts undertaken with the assistance of the project to be that of the City of Kingston Cooperative Credit Union (COK CCU). In 2005 the COK CCU created an HIV/AIDS fund to assist and support community-based projects and promote awareness-raising about HIV/AIDS. Funding is provided to up to three groups per year, including groups of PLWHA. In

addition, COK CCU staff members disseminate HIV/AIDS information obtained through project-organized training by making presentations to church groups, service clubs, and schools in their communities. This demonstrates a positive impact of the project, not only upon COK CCU and its HIV/AIDS workplace Committee but on organization personnel – an indicator of the effectiveness of project workplace education and BCC efforts. Similar outreach efforts were reported by workers in other participating enterprises, organizations and the informal sector association.

4.2.7 Examples of good practice. An integral part of the ILO/USDOL HIV/AIDS Workplace Education Programme is the documentation and dissemination of good practice. There are a number of good practices identified in five of the participating enterprises in Jamaica, as described in the project “Best Practices Report”. They include the following:

- Effective action by a HIV/AIDS Workplace Committee – Cari-Med Ltd.
- Organization of HIV/AIDS awareness training for members – National Association of Hairdressers and Cosmetologists
- Establishment of an HIV/AIDS Fund to assist and support community projects – City of Kingston Cooperative Credit Union
- Calculating the cost of inaction on HIV/AIDS to stimulate enterprise action – Jamaica Sugar Company
- Effective government leadership on HIV/AIDS in the workplace – Ministry of Labour and Social Security

However, although the Evaluation Team agreed that these were good practices and deserved to be made more widely known, the Report itself failed to explain why the cited examples were “best practice”.

4.3 Monitoring and Evaluation

4.3.1 Problem areas emerging from comparison of baseline survey and impact assessment. The project Final Impact Assessment Report was not finalized at the time of the Final Evaluation and the Evaluation Team was unable to fully examine all problem areas emerging from the survey data. However, it is already apparent that there are problems due to the different samples used for the initial Baseline and Final Impact Assessment surveys. Several of the originally surveyed enterprises were no longer participating in the project, and of those that where, several were not willing to provide the survey team access to workers when the survey was being undertaken.

In addition, ensuring that a minimum number of 30 persons were surveyed at each enterprise was challenging due to the unavailability of personnel and the length of time required for the survey at each enterprise. Finally, the survey instrument did not allow sufficient room for qualitative assessment required to enrich the report. A recommendation was made to revisit some enterprises to increase the total number of persons surveyed and also to undertake focus group discussions to enrich the comparative analysis of the report.

4.3.2 Monitoring system for collecting performance data. The Performance Monitoring Plan (PMP) was used to assist in the overall monitoring and evaluation of Project impact within the Strategic Framework of the Project, its objectives and associated indicators. Most of the enterprises interviewed confirmed having provided data for the Workplace Monitoring Report form to the NPC, often by

telephone. The NPC used the enterprise Workplace Monitoring Report data to guide her in identifying areas requiring further work.

The PMP establishes performance indicators for the primary objectives of the project, namely:

- Reduce the level of employment related discrimination against PLWHA
- Reduce HIV/AIDS risk behaviour among targeted workers
- Increase knowledge of HIV/AIDS workplace policies or guidelines

The following performance indicators for the objectives aim to capture the impact of the project on participating companies and sectors during and at the end of the project:

- The number and percentage of targeted workers who report that they believe their employer would terminate the services of a physically fit HIV+ worker
- The number and percentage of targeted workers who report that they believe that physically fit HIV+ workers would be denied opportunities in the workplace.
- The number and percentage of targeted workers who report having sex in the past 3 months with a person other than their regular partner.
- Among targeted workers who report having sex in the last 3 months with a person other than their regular partner, the number and percentage of who report using a condom the last two times this occurred.
- The number and percentage of targeted workers who report intentionally reducing the number of partners other than their regular partner within the last 6 months in order to reduce the risk of HIV/AIDS.
- The number and percentage of targeted workers who report being aware that a written HIV/AIDS policy (or guidelines) exists in the workplace
- Of those aware of the policy (or guidelines) the number and percentage of targeted workers who correctly identify at least three key principles of the HIV/AIDS policy or guidelines in their workplace.

The Evaluation Team found that the PMP indicators were used to guide the BCC and research consultants in designing training curricula and data collection instruments for the worker surveys to measure project impact on attitudinal and behavioral changes. The PMP indicators were also used in the initial Baseline Survey and the final Impact Assessment Survey. However, the Team also found that the PMP indicators were incompatible with NAP national monitoring indicators, and could not be used for national reporting to UNAIDS. In addition, the Team found that the project had no influence in the formulation of the UN Development Assistance Framework (UNDAF) for Jamaica. It should be noted that this responsibility is with ILO SRO and UNAIDS.

4.3.3 Needs assessment process and reports. One of the first activities of the project was a detailed situational assessment mapping exercise and needs assessment, conducted by a consultant who prepared an exceptionally detailed report. The purpose of the mapping exercise was to identify the current impact of HIV/AIDS on the world of work in the country, to collect information on existing policy and legislation which might have implications for interventions on HIV/AIDS in the

world of work, and to assemble all communication, training and resource material in relation to HIV/AIDS and the world of work in the country. Unfortunately other reports produced under the project varied greatly in terms of quality and usefulness. It was not possible for the Evaluation Team to determine the extent to which project reports were actually used by stakeholders.

The project used the participating enterprise Workplace Monitoring Reports, based on the PMP indicators, and Report data for ongoing needs identification and action. The six-monthly Technical Progress Reports prepared by the NPC and uploaded to the ILO SHARE Community Zero website were well done and provided a good update and overview of project activities and accomplishments.

4.4 General Conclusion

The Evaluation Team came to the general conclusion that the ILO/USDOL project in Jamaica was implemented according to plan, although with delays, produced planned outputs, and made significant impact on the 16 enterprises, organizations and informal sector association that stayed with the project. The project aptly demonstrated that the ILO/USDOL-developed twin-track strategy of HIV/AIDS workplace policy formulation to combat discrimination, and BCC programme implementation to reduce worker risk behaviour, can make positive impact on workers, as indicated from the preliminary data of the Final Impact Assessment Report. However, the project was costly to implement and alternative methodologies need to be explored to reach greater numbers of enterprises and organizations, and greater numbers of workers, especially in the informal economy.

5. Evaluation Recommendations

5.1 Project activities and assets should be merged with the MLSS OSH Department and its HIV/AIDS activities, as foreseen in the Sustainability Plan and already underway. The NPC should continue to play a facilitating role in the transition. ILO/AIDS and ILO SRO ongoing technical support should be provided to the MLSS to ensure sustainability of initiatives begun under the project. MLSS should seek funds from the Global Fund to enable it to implement its programme of support to enterprises under its HIV/AIDS Voluntary Compliance Programme and project-initiated BCC training programme.

5.2 MLSS should establish a high-level National Coordinating Committee on HIV/AIDS in the World of Work, to become eventually a sub-committee of the National Advisory Committee to be established under the proposed OSH Act, to succeed the PAB and provide overall guidance and coordination for all HIV/AIDS workplace policy and education initiatives in the country. The Committee should have the same membership as the PAB, be chaired by the MLSS, but should be an independent body with new Terms of Reference. The Business Council on HIV/AIDS should become a member of the Committee. The MLSS Policy Research and Monitoring Unit (PRMU) might also become a member of the Committee.

5.3 MLSS should work actively for the formal approval of the National Workplace Policy on HIV/AIDS by Cabinet and Parliament. It has been several years since the Policy was first formulated and although being used in practice, it is desirable to have the Policy officially adopted.

5.4 MLSS should undertake efforts using the public media and other means, to better inform the general public that HIV/AIDS is also a labour and world of work issue, not just a health issue. Such efforts might also highlight some of the good practices realized by some of the enterprises, organizations and the informal sector association participating in the ILO/USDOL project.

5.5 MLSS data collected under its OSH Department HIV/AIDS workplace BCC programme, as well as its HIV/AIDS Voluntary Compliance Programme, should be compatible with NAP national indicators and be provided to the national monitoring and evaluation system.

5.6 MLSS should develop a strategy for the increased participation of informal sector operators and workers, as well as small business enterprises, in its HIV/AIDS programme. A great number of individuals are working in the unorganized informal sector. The formal enterprise workplace methodology implemented by the project may not be effective for reaching workers who have no formal workplace and are not organized in associations. MLSS should develop its strategy in collaboration with agencies working with informal sector and small businesses, such as the Small Business Association of Jamaica.

5.7 MLSS should establish a certified panel of workplace and world of work BCC experts and trainers as well as a certified workplace BCC core training curriculum. With the advent of the MLSS HIV/AIDS Voluntary Compliance Programme, and future enactment of the proposed OSH Act, there will be a growing demand for BCC experts knowledgeable about workplace and world of work issues. At present, BCC experts are being provided by the MOH and the NAP, and are not necessarily knowledgeable about enterprise workplace and labour issues. PLWHA, members of JN+ and other organizations of PLWHA, should be encouraged to become BCC expert trainers.

5.8 ILO through its Caribbean Sub-regional Office (SRO) should mainstream support for the MLSS and its HIV/AIDS Programme into the ILO Decent Work Country Programme for Jamaica. The ILO SRO HIV/AIDS Regional Specialist should provide close technical support and backstopping to the MLSS to ensure the institutionalization of the ILO/USDOL project and BCC strategies. Other SRO Regional Specialists (especially the Employers' and Workers' Activities Specialists), should encourage and enable greater involvement of JEF and JCTU in the proposed National Coordinating Committee on HIV/AIDS in the World of Work as well as participation in and support for the MLSS HIV/AIDS Programme.

5.9 ILO/USDOL should consider designing a follow-up programme and strategy on HIV/AIDS in the World of Work in the Caribbean region, focusing specifically on the informal sector. Many project partners highlighted the need to more effectively reach informal sector operators and workers. This need does not appear to be adequately addressed by any government or organization in any country of the Caribbean region.

6. Lessons Learned

The ILO/USDOL HIV/AIDS Workplace Education Project in Jamaica again successfully demonstrated the effective methodology designed jointly by ILO and USDOL for assisting government, private sector and NGO partners to embrace HIV/AIDS as a workplace issue through the development of workplace policies and BCC programmes. Less evident from the project is an effective strategy for ensuring the sustainability of project-initiated activities. It should, nevertheless, be pointed out that the work of the project has been taken over by the Ministry of Labour through the Voluntary Compliance Programme that is being rolled out nationally with 16 dedicated staff. The project ultimately involved only 16 out of thousands of private and public enterprises, organizations and associations in the country. Although small in numbers, these were some of the biggest and most influential companies in Jamaica. The extension of project-initiated activities to hundreds of additional companies and organizations is now necessary if there is to be any real impact on worker risk behaviour and discrimination against workers and others living with HIV/AIDS in Jamaica.

The MLSS has agreed to “take over” the ILO/USDOL project and through its Voluntary Compliance Programme and the eventual OSH Act, to extend it to additional workplaces. While this appears appropriate and commendable, it would have been good for the project to have prepared the MLSS to assume this role from its start. It remains to be seen if the MLSS has sufficient institutional commitment, resources (both human and financial) and technical capability to manage such a programme. The project could have earlier oriented some of its resources toward building the capacity of the MLSS to play the role now expected of it. Thus a lesson learned from the project is the need in future projects to identify in the project design how project-initiated activities are to be sustained over a longer period of time following the conclusion of the project, and then to direct project resources and effort towards ensuring that the institutional framework, resources and technical capacity are in place to ensure sustainability. The adoption of a sustainability plan towards the end of the project may not give enough time to provide resources and support to ensure a successful transition and continuation.

Another lesson learned is regarding donor collaboration and synergies in the field. Both JEF and JCTU were already engaged in implementing their own HIV/AIDS workplace projects with member enterprises and trade unions respectively funded through international aid agencies and bilateral donors. The Project enlisted their support and involvement in implementing specific project activities the project but due to their commitments elsewhere, the desired level of synergy was not achieved. However the social partners were actively engaged in the selection of enterprises, the development of sector and enterprise specific BCC programmes, monitoring and evaluating the work of the Project as well as in advocating for the work and role of the ILO nationally. Another lesson learned from the project is that greater responsibility should be given to, and greater use should be made of, the social partners in the design and implementation of project activities to ensure greater support and long term sustainability. Given the special role of the social partners in the ILO, ILO/USDOL project implementation modalities should have focussed more attention on strengthening the capacity of the social partners and their HIV/AIDS workplace programmes.

7. Implications for Global Strategies

The ILO/USDOL Workplace Education Programme “Strategic HIV/AIDS Responses in Enterprises” (SHARE), now implemented in some 24 countries, has made an important contribution in placing HIV/AIDS on the agenda of many major public and private enterprises as a workplace issue deserving of action for the best interests of the company and its employees. The ILO/USDOL project in Jamaica contributed to this objective. However, given the large number of public and private enterprises in the country (over 25,000), strategies for future HIV/AIDS workplace education programmes should be designed to involve as many enterprises as possible to reach as many workers as possible. There is no longer a need to demonstrate the appropriateness and effectiveness of the ILO/USDOL Programme-designed strategy, but to modify the strategy and methodology so as to involve greater numbers of enterprises in a faster, more cost-effective manner.

In addition, in terms of sheer numbers, the informal sector in most developing countries engages a far greater number of workers than formal sector enterprises, yet remains relatively un-reached in terms of HIV/AIDS awareness-raising and behaviour change risk reduction efforts.

In many ways, the informal sector presents greater challenges for HIV/AIDS education programmes than formal sector enterprises. Informal sector operators and workers are usually not organized in associations or by unions, they often work in temporary or mobile workplaces or at home, they are often illiterate or semi-literate, they have limited access to public media, they are in majority women, and are usually poor. They include high risk occupations such as bus, taxi and truck drivers, vehicle mechanics, food and craft vendors, street vendors, barbers and hairdressers, very small hotel, bar and restaurant workers, commercial sex workers, and in the Caribbean fishermen and fish mongers, beach boys and beach vendors, and individuals engaged in inter-island transport.

Greater effort is required in designing creative ways to reach operators and workers in the informal sector. Global HIV/AIDS world of work strategies in future should be designed to specifically address the challenges of reaching owners and workers engaged in informal sector economic activities. Such strategies might include use of government regulatory systems, radio, popular theatre and musicians, informal worker groups and networks as well as organizations providing services – financial, training, equipment and supplies – to informal sector operators and workers.

Such strategies should make use of the experience of the ILO/USDOL project in Jamaica with the National Hairdressers and Cosmetologists Association (NHCA). Although only a minor component in the overall project in Jamaica, the involvement of the NHCA proved instructive in terms of the unique challenges presented by self-employed barbers and hairdressers and their suppliers and related manufacturers. It was difficult for NHCA members to participate in the training offered by the project, but when they did so, the benefits were great in terms of sharing HIV/AIDS information with other hairdressers and with clients.

Whatever strategies are devised, to be successful they need to be informed and guided by participatory research and planning involving informal sector operators and workers themselves.

Annexes

Terms Of Reference

Final evaluation of HIV/AIDS Workplace Education Project in Jamaica

I. PROJECT DESCRIPTION

The U.S. Department of Labor (USDOL) awarded a five-year grant to the International Labor Organization (ILO) to implement a FY2003 US \$9,176,185 global HIV/AIDS in the workplace program. Part of this funding has been assigned to activities in the Caribbean sub-region. As part of this initiative and with a budget of US\$1,548,570, the ILO began a four-year HIV/AIDS workplace education project in Barbados and Jamaica.

The ILO Staff in Geneva, consultants from Management Systems International, a USDOL representative, and the Country Coordinators met to develop the overall strategic framework. Together with USDOL, they developed a generic strategic framework which was then tailored for each project country. As evidenced in the Framework, the development objectives of the project are:

- Reduced HIV/AIDS risk behaviors among targeted workers
- 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:

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

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

- Increased availability of quality HIV/AIDS-workplace services
- Improved HIV/AIDS workplace policies.
- Increased levels of workplace collaboration and commitment by Labor and Management.
- Increased capacity of workplace to offer comprehensive HIV/AIDS policy and programs on a sustained basis
- Improved coordination and cooperation between tripartite constituents and other partners at the national level
- Improved national level policy framework related to HIV/AIDS at the workplace
- Increased capacity of tripartite constituents to support development of workplace policy

The HIV/AIDS epidemic in Jamaica is mainly transmitted through sexual intercourse and the current HIV prevalence rate is estimated at 1.5% [0.8-2.4%] among adults aged 15-49 with a total of 25,000 [14,000-39,000] people living with HIV/AIDS (UNAIDS 2006). As in

most other Caribbean countries, cultural and behavioural patterns, gender inequalities, lack of confidentiality, stigmatization and economic need are some of the factors influencing vulnerability to HIV/AIDS. It is against this background that the ILO, with support from the USDOL, started the *Strategic HIV/AIDS Responses by Enterprises* program in Jamaica.

Fifteen enterprise target groups (4 agriculture, 5 financial, 3 manufacturing, 2 utilities, 1 informal) have been chosen for the pilot implementation of HIV/AIDS prevention intervention for Jamaican workers. A total of 20,657 workers have been reached through these efforts. The workplace strategy builds upon the ILO's comparative advantage in advocacy and policy development particularly drawing on the *Code of Practice on HIV/AIDS and the World of Work* and uses a peer driven and target specific behavioral change and communication approach in promoting HIV/AIDS awareness and prevention.

II. PURPOSE OF THE FINAL EVALUATION

The purpose of this independent Final Evaluation is to assess the progress made by the HIV/AIDS Workplace Education Project in Jamaica. Specifically, the goal would be to assess the impact and achievements of the project as well as to develop recommendations for activities leading to sustainability and future funding allocation. UN Evaluation norms and standards and OECD/DAC Evaluation Quality Standards¹ will be followed.

III. PROJECT FRAMEWORK AND CURRENT STATUS

The ILO has been engaged in working to increase the understanding of the need for comprehensive workplace approaches to HIV/AIDS on the part of key tripartite partners (employer, labor, and government entities), industry representatives, non-governmental organizations (NGOs), and international organizations. The ILO reports that these partners have become increasingly supportive of workplace programs and policies, and have begun to identify their individual roles in the capacity-building process. A mid-term internal assessment of the project was conducted in April 2006 providing a number of recommendations, which have subsequently been acted upon (please refer to the quarterly technical and status progress reports for a comprehensive status on the implementation and completion of activities).

IV. FINAL EVALUATION SCOPE

The scope of the final evaluation includes the assessment of the following areas:

Project planning and overall progress

- Evaluate the validity of the project strategy and its effectiveness in facilitating project implementation.
- Determine if the project has achieved its stated objectives and explain why or why not
- Assess the appropriateness of the choices of sectors and enterprises. Why were they chosen? Was the number of sectors appropriate? Was the project able to meet the needs of the different sectors effectively?

¹ <http://www.ilo.org/eval/policy>

- Assess how and whether the choice of partners other than the enterprises themselves has been strategically appropriate in implementing the project.
- Evaluate how and to what extent the project has addressed gender dimensions.
- Assess whether the project addressed issues highlighted by the midterm assessment.
- Evaluate the project's sustainability plan. Are project activities/ improvements likely to be sustained after project completion, and by whom?
- Evaluate the value of the project in the context of other HIV/AIDS activities in Jamaica. Has the project been able to incorporate itself with other activities for a comprehensive and non-duplicative approach?
- Evaluate the current management structure of the project, including the adequacy of ILO's supporting services both in Geneva and in the region.
- Assess level of stakeholder commitment to project (NGOs, the Government of Jamaica, trade unions, workers, enterprises, ILO, US Embassy, UNDAF country team).

Project objectives

At the enterprise level

- Employers' and workers' understanding of HIV/AIDS at the targeted enterprises.
- Effectiveness of the Behaviour Change Communication (BCC) model, ease of use by enterprise trainers, impact of the peer educator trainings.
- Quality and use of the materials developed by the project and partner NGOs (who trained the peer educators).
- Scope, content and effectiveness of outreach campaigns conducted to promote HIV/AIDS workplace education and BCC policies.
- Among the sites visited, identify the key components of activities that have led to success or have served as obstacles. May identify cases that can serve as models of good practices.

At the national level

- Assess the effectiveness of the project in fostering constituent involvement and in promoting social dialogue.
- Accomplishments and effectiveness of Project Advisory Board (PAB) with respect to promotion of HIV/AIDS policies.
- Stakeholder understanding and capacity to address HIV/AIDS at the workplace through workshops and other media.
- Assess the impact of the project in terms of sustained improvements achieved during the project time-frame or where possible, predict impact over the next 3 to 5 years, e.g. the effectiveness of new or revised policies and programs developed, adopted and applied at both national and enterprise levels
- Assess the appropriate and consistent application of the key principles of the ILO code of practice on HIV/AIDS.

Monitoring and evaluation

- Analyze problem areas emerging from the comparison of the baseline survey and the impact assessment (consider moving this above with the evaluation of project impact)
- Assess whether the monitoring system for collecting performance data was appropriate for monitoring the project implementation and measuring impact of project performance (and its linkages to the DWCP and UNDAF. Was it used to make or inform project decisions? Is there sufficient staff to collect the data and is the data reliable? Are there sufficient resources allocated for consultants)
- Needs assessments process and reports and their use by the project and its stakeholders

V. FINAL EVALUATION TEAM

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

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

The USDOL Project Manager is responsible for:

- Reviewing the TOR and providing input, as necessary.
- Reviewing the final evaluation methodology, as appropriate.
- Reviewing and providing comments of the final evaluation report.
- Approving the final draft of the final evaluation report.

The ILO HIV/AIDS Program Representative is responsible for:

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

VI. METHODOLOGICAL GUIDELINES

Document Review

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

- Project Document
- Strategic Framework and PMP
- Project Work plan
- Project Plan of Action
- Baseline survey report
- Mapping exercise report
- Midterm Evaluation report
- Impact Survey report
- TOR for Final evaluation
- Progress Reports
- Reports from events
- Training Materials
- BCC strategies and programmes
- ILO DWCP
- UNDAF

Individual Interviews

Individual interviews will be conducted with the following persons:

- a. Project Staff in Geneva, Jamaica, and other relevant ILO staff.
- b. Selected individuals from the following groups
 - Project Advisory Board (PAB) Members
 - Employers' and workers' organizations as well as NGOs that have received training or otherwise worked with the project.
 - Management and HIV/AIDS focal points from partner enterprises.
 - Individual workers engaged in activities.
 - Labor Ministry staff who have worked with the project
 - UNAIDS
 - UNDP
 - US Embassy Labour Attaché
 - UNCT

Field Visit

Meetings will be scheduled by the ILO project staff in advance of the field work in accordance with the final evaluation team's requests and consistent with these terms of reference. Visits to partner enterprises will be included in this itinerary.

Debrief in the Field

The final day of the field visit, the final evaluation team will present preliminary findings, conclusions, and recommendations to the PAB and relevant stakeholders. A one-day debriefing mission is also organized for presentation of findings to SRO-POS.

VII. EVALUATION REPORT

The evaluation team will complete a draft of the entire report following the outlines below, and share electronically with the USDOL Project Manager and the ILO by 31 March 2008. USDOL and the ILO will have until 11 April 2008 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 6 working days of having received final comments from USDOL and ILO.

An evaluation report checklist (Annex I) is provided at the end of this TOR and can guide the evaluator in preparing the evaluation document. The 2007 UNAIDS Terminology Guidelines² provides the list of preferred HIV/AIDS terminology to be used when writing the final report. The final version of the report should follow the below format (page lengths by section illustrative only), and be no more than 40 pages in length, excluding the annex

- Title page (1)
- Table of Contents (1)
- Executive Summary (2)
- Acronyms (1)
- Background and Project Description (1-2)
- Purpose of Evaluation (1)
- Evaluation Methodology (1)
- Project Status (1-2)
- Findings, Conclusions, and Recommendations (no more than 20 pages)
This section's content should be organized around the areas stated in the scope of evaluation, and include the findings, conclusions and recommendations for each of the subject areas to be evaluated.
- Lessons Learned
- Summary of potential areas for further investigations and implications on the global strategies

² http://data.unaids.org/pub/Manual/2007/20070328_unaids_terminology_guide_en.pdf

Annex 2

Evaluation report checklist

Executive summary

- Report contains summary
- Summary mentions type and timing of evaluation
- Summary mentions purpose, scope and clients evaluation
- Summary gives a brief description of methodology
- Summary gives a brief description of the development intervention: purpose, logic, structure, context
- Summary gives the main findings and conclusions
- Summary gives the main recommendations and lessons learned

Background on evaluation

- Brief description of purpose, objectives and clients of evaluating, justification of why it is undertaken at this time
- Scope and focus of evaluation are described and are realistic

Methodology

- The main evaluation questions are listed and any revisions to the original questions
- Transparent description of evaluation methods and data collection instruments used, and recognition of limitations and potential sources of bias
- If sampling is being used, explanation of any sample, including limitations regarding representativeness of evaluation sample
- Description of sources of information and data used, including recognition of limitations and potential sources of bias
- Description and rationale for stakeholders participation in evaluation process is given
- Evaluation report indicates that ethical safeguards have been followed in the evaluation process

Project background and review implementation

- Brief description of the objectives and rationale of the development intervention, including problem context and demand for ILO's support
- Brief description of the original intervention logic and strategy of the development intervention and later revisions
- Brief description of the organizational arrangements for implementation of development intervention and review of implementation
- Contributions and role of ILO, the project partners and other stakeholders to the development intervention are briefly described

Findings

- The standard evaluation criteria are being applied. Explanation is included for criteria not used or not considered applicable as for additional criteria used
- Findings are relevant to the scope and purpose of the evaluation
- Findings are supported by analysis of data. Any discrepancies between the planned and actual implementation of the development intervention are explained

- All evaluation questions are addressed or an explanation is included for questions that could not be answered
- The report presents and distinguishes findings at the different levels of the intervention logic: outputs, outcomes – and where possible – impacts
- Analysis of results included appropriate discussion of the factors of success and constraints and the role of the partners
- Reasons for accomplishments and failures, especially continuing constraints are identified as much as possible
- To the extent feasible, the report includes analysis of cost effectiveness
- Report contains findings on the incorporation of *tripartitism* and promotion of social dialogue of the development interventions
- Report contains findings on the performance of the development intervention on promoting *standards*
- Report contains findings on the effectiveness of the development interventions to reduce *poverty*
- Report contains findings on the *gender* performance of the development intervention

Conclusions

- Conclusions follow from findings and are consistent with data and methods
- Judgments about the merit and worth of the development intervention are included

Recommendations and lessons learned

- Recommendations are included; they are firmly based on evidence and findings of report
- Recommendations and lessons learned are relevant, realistic, and targeted to the intended user
- Recommendations are worded constructively and are presented in a clear, concise, and actionable manner, specifying who is called upon to act
- Lessons learned, when presented, are generalized beyond intermediate intervention being evaluated
- If applicable, good practices are highlighted; it is argued what makes them good practice for what

Actual Appointment Schedule

Final Evaluation of the ILO/USDOL HIV/AIDS Workplace Education Programme – 14-22
February 2008, Jamaica

ORGANIZATION	REPRESENTATIVE	DAY/TIME	LOCATION of Meeting
1. <i>ILO</i>	Meeting with Bob Ransom (<i>External Consultant</i>), Carol Rose Brown (<i>National Consultant</i>) & Nasolo Thompson (<i>NPC</i>)	Thurs., 14 Feb. 9:00 a.m.	ILO Office
2. <i>UNAIDS</i>	Miriam Maluwa, <i>Director</i>	Thurs., 14 Feb. 11:00 a.m.	UNAIDS
3. <i>UNESCO</i>	Jenelle Babb, <i>Prog. Asst. - HIV/AIDS Education</i>	Friday, 15 Feb. 10:00a.m.	Ministry of Labour & Social Security
4. <i>Ministry of Labour & Social Security</i>	Robert Chung, Director, <i>OSH Dept. & Labour Ministry Staff members</i> who have worked with the project	Friday, 15 Feb. 11:30a.m.	Ministry of Labour & Social Security
5. <i>National Association of Hairdressers and Cosmetologists (NAHC)</i>	Imogene Todd-Watson, <i>President & HIV/AIDS Focal Points</i>	Monday, 18 Feb. 9:00a.m.	ILO Office
6. <i>Caribsearch</i>	Louise Marshall-Peart, <i>Director</i>	Monday, 18 Feb. 11:00a.m.	11 Breamar Ave. Kingston 5
7. <i>UNDP</i>	Minh Pham, <i>Resident Coordinator</i>	Monday, 18 Feb. 2:00 p.m.	UNDP
8. <i>Royal Bank Of Trinidad & Tobago - RBTT</i>	Althea Nelson, <i>HR Manager & HIV/AIDS Focal Points</i>	Tuesday, 19 Feb. 9:00a.m.	RBTT
9. <i>Jamaica Employers Federation (JEF)</i>	Lydia Ali, <i>Project Officer</i> , Paul McGregor <i>HIV/AIDS Focal Point</i>	Tuesday, 19 Feb. 10:30a.m.	JEF
10. <i>COK Cooperative Credit Union</i>	Steve Wallder, <i>HR Manager</i> Dawn Rose, <i>Assistant HR Manager</i>	Tuesday, 19 Feb. 2:00 p.m.	C.O.K – Slipe Road
11. <i>US Embassy</i>	Brian Peterson, <i>Political Officer</i>	Wed., 20 Feb. 9:00 a.m.	US Embassy
12. <i>Jamaica Confederation of Trade Union (JCTU)</i>	Keith Comrie, <i>HIV/AIDS Focal Point</i>	Wed., 20 Feb. 2:00 p.m.	ILO Office
13. <i>National AIDS Programme</i>	Faith Hamer, <i>Director – Policy and Advocacy</i>	Wed. 20 Feb. 2:00 p.m.	2-4 Kings Street 4 th Floor, MOH
14. <i>NGO - Network of Seropositives (JN+)</i>	Tony Hron, <i>Advocacy Officer</i>	Thurs., 21 Feb. 10:00a.m.	ILO Office
15. <i>CariMed</i>	Daphne Jaggon, <i>HIV Focal Point</i>	Thurs., 21 Feb. 12:30 p.m.	CariMed
16. <i>Project Advisory Board (PAB) - Debriefing</i>	PAB Members	Thurs., 21 Feb. 2:00 p.m.	Ministry of Labour & Social Security
17. <i>Sugar Company of Jamaica</i>	Verona Dawkins, <i>HR Manager</i>	Friday, 22 Feb. 9:00a.m.	Sugar Company Bernard Lodge

Annex 3.

Persons Interviewed by the Evaluation Team

1. **Ministry of Labour and Social Security (MLSS)**
Mr. Robert Chung, Director, OSH Department (PAB Chair)
Ms. Princess Fletcher-Watson, Deputy Director, OSH Dept. (HIV/AIDS Focal Point)
Ms. Julia Bonner-Douett, Programme Officer
2. **Jamaica Employers' Federation (JEF)**
Ms. Lydia Ali, Project Officer
Mr. Paul McGregor, OSH Officer (seconded by JEF to NAP)
3. **Jamaica Confederation of Trade Unions (JCTU)**
Mr. Keith Comrie, Executive Director (HIV/AIDS Focal Point)
4. **National AIDS Programme (NAP)**
Ms. Faith Hamer, Director, Policy and Advocacy Component (MOH)
5. **UNDP**
Mr. Minh Phan, Resident Coordinator
Ms. Diane McIntosh, Governance Officer
6. **UNAIDS**
Ms. Mariam Maluwa, Country Coordinator
Ms. Stephanie Watson-Grant, Monitoring and Evaluation Officer
7. **UNESCO**
Ms. Jenelle Babb, Program Assistant, HIV/AIDS Education (Co-Chair, UN Theme Group on HIV/AIDS)
8. **US Embassy**
Mr. Brian Peterson, Political Officer
9. **Jamaican Network of Seropositives (JN+)**
Mr. Tony Hron, Advocacy Officer
10. **Cari-Med**
Ms. Daphne Jaggon, Administrative Coordinator
Ms. Paulette Stewart, member, HIV/AIDS Committee
11. **City of Kingston Cooperative Credit Union**
Mr. Steve Wallder, HR Manager
Ms. Karen, Facilitator
Ms. Nicole, Learning Administrator
12. **Royal Bank of Trinidad and Tobago (RBTT)**
Ms. Althea Nelson, HR Department

Ms. Leoni McDonald, Employee Relations
Mr. Oliver Salmon, General Staff Rep. on HIV/AIDS Committee
Ms. Anne Marie Whyte, Union Rep. on HIV/AIDS Committee

13. Sugar Company of Jamaica

Ms. Verona Dawkins, HR Manager

14. National Association of Hairdressers and Cosmetologists (NAHC)

Ms. Imogene Todd-Watson, President
Ms. Winsome Donegal, member

15. Others Collaborating with the Project:

Caribsearch

Ms. Louise Marcelle-Peart, Managing Director
Ms. Audrey Brown, BCC Consultant

16. ILO National Project Coordinator (NPC)

Ms. Nasolo Thompson

Annex 4.

Interview Questions

ILO/USDOL HIV/AIDS Workplace Education Project
Jamaica

Final Evaluation

1. Please describe your involvement in the project and your overall impressions of the project. What was the project trying to do? What were the principal results?
2. The project strategy aimed to achieve the objectives of reduced HIV/AIDS risk behaviors among targeted workers and reduced levels of employment related discrimination against people living with HIV/AIDS. To achieve these goals, the project had the following strategy:

INTERVIEW PROTOCOL QUESTIONS FOR KEY INFORMANTS

- develop enterprise-level Behavior Change Communication (BCC) strategies and materials,
 - work with focal points within the tripartite partners and participating enterprises to increase knowledge about the development of HIV/AIDS policies and programs,
 - train trainers in employer and worker organizations, enterprises and government to disseminate information about HIV/AIDS in the workplace.
3. What was the impact of the project on:
 - Government policy and activities to address HIV/AIDS in the world of work?
 - Employer organization policy and activities to address HIV/AIDS and the workplace?
 - Trade Union policy and activities to address HIV/AIDS and the workplace?
 - Policies and activities of the participating enterprises to address HIV/AIDS and the workplace? Why did they become involved in the project?
 - Informal association policies and activities to address HIV/AIDS and the workplace?
 4. Was there effective coordination by the project with other actors working on HIV/AIDS in the world of work? How well did the ILO/USDOL project link to the national HIV/AIDS strategy, national coordination mechanisms and to other HIV/AIDS and ILO projects in the country? Were project activities complementary to the activities of other stakeholders or was there duplication of effort?
 5. Did the project achieve its objectives? If not, why not? What constraints hindered the achievement of its objectives?

6. How important was the project in relation to other HIV/AIDS projects in the country?
7. Was the selection of project partners appropriate for the project? Did they involve themselves fully in project activities?
8. Will activities initiated by the project be continued and expanded by the partners after the completion of the project? Why or why not? Is the sustainability plan for the project realistic? Why or why not?
9. Are you familiar with the BCC model used by the project? If yes, how effective do you think it is?
10. Did you participate in any training workshops organized by the project? If so, how useful was the training? How effective was the Focal Point and Peer Educator training of the project?
11. How effective was the National Project Coordinator? How effective was the support provided by the Project Management Team in ILO Geneva?
12. How active and effective was the Project Advisory Board (PAB) in guiding the project?
13. How effective was the monitoring system used by the project?
14. How effectively did the project consider and address gender issues?
15. To what extent were persons living with HIV/AIDS involved as resource persons in the project? Persons with disabilities?
16. How could the project have been improved? What are the most significant positive lessons learned from the project? What are the most significant negative lessons learned to date from the project?

Annex 5.

List of PAB Members

Jamaica Updated PAB List – November 2007

Name	Title	Organisation
Keith Comrie	Executive Director	Jamaica Confederation of Trade Unions
Paul McGregor	Occupational Safety & Health Executive	Jamaica Employers Federation
Jennifer Knight-Johnson	HIV/AIDS Focal Point	USAID
Faith Hamer	Policy and Advocacy Component Director	MOH-National AIDS Programme
Kwame Boafa	Resident Coordinator- Chair UNTG on HIV/AIDS	UNESCO
Jenelle Babb	HIV/AIDS Focal Point	UNESCO
Brendan Bain	Director	UWI/HARP
Maxine Ruddock-Small	Coordinator	UWI/HARP
Tony Hron	Advocacy Officer	JN+
Novelette Reid	Executive Director	Jamaica AIDS Support for Life
Harold Robinson	Resident Coordinator	UNFPA
Melissa McNeil-Barrette	HIV/AIDS Focal Point	UNFPA
Vivian Grey	Executive Director	National AIDS Committee
Brian Peterson	Political Officer	US Embassy
Faith Innerarity	Chief technical Director	Ministry Labour and Social Security
Robert Chung	Director –OSH Department	Ministry of Labour and Social Security
Julia Douett	HIV/AIDS Focal Point	Ministry of Labour and Social Security
Miriam Maluwa	Coordinator	UNAIDS
Stephanie Watson-Grant	M&E Focal Point	UNAIDS

Annex 6.

List of Participating Enterprises

Agricultural Sector

1. * St. Mary Banana Estates Ltd.
2. * Eastern Banana Estates Ltd.
3. * Sugar Company of Jamaica
4. Appleton Estates
5. Worthy Park Estates (left project before completion)

Financial Sector

1. * COK Cooperative Credit Union
2. * Jamaica National Building Society
3. National Commercial Bank
4. American Home Assurance Company
5. Royal Bank of Trinidad and Tobago (RBTT)

Manufacturing Sector

1. Caribbean Cement Company Ltd.
2. * CariMed Ltd.
3. * Red Stripe
4. The Gleaner Company Ltd. (left project before completion)
5. Jamaica Producer's Group (left project before completion)

Mining Sector

1. * St. Ann Bauxite (left project before completion)
2. Alpart (left project before completion)
3. Windalco (left project before completion)

Utilities Sector

1. Jamaica Public Service Company Ltd.
2. Cable & Wireless Jamaica Ltd.
3. Manpower & Maintenance Services Ltd.

Informal Sector

1. * National Association of Hairdressers and Cosmetologists

Annex 7.

Evaluation Interview Notes

1. Ministry of Labour and Social Security (MLSS)

Mr. Robert Chung, Director, OSH Department (PAB Chair)

Ms. Princess Fletcher-Watson, Deputy Director, OSH Dept. (HIV/AIDS Focal Point)

Ms. Julia Douett, Programme Officer (PAB member)

“The ILO concept of Decent Work forced us to address certain issues concerning life-threatening illnesses and disability so that workers are not discarded like machines. The ILO/USDOL project brought to light the need for a sustained workplace programme at MLSS.” - Robert Chung, Director, OSH Department

The MLSS Occupational Safety and Health (OSH) Department is leading efforts to enact a comprehensive OSH legislation for the Jamaican workforce. The proposed legislation will provide regulations for some 15 different inspectorates and entities. The proposed legislation may take some time to enact and given the need to urgently address immediate workplace safety and health concerns, including HIV/AIDS, the MLSS OSH Department has launched a Voluntary Compliance Programme (VCP) for enterprises. The VCP will also prepare enterprises to meet the key requirements of the draft Act.

The new Act and Regulations will require enterprises to accommodate persons with disabilities and persons with life threatening illnesses. HIV/AIDS is to be covered by the regulations under the OSH Act and is to be included in the category of life threatening illnesses. The draft Act reflects the tenets of the National Workplace Policy on HIV/AIDS, which is based upon the 10 Key Principles of the ILO.

The Industrial Disputes Tribunal (IDT), established to hear complaints about workplace related disputes, will, as proposed under the Act, also hear accounts of discrimination on the basis of HIV status. The inspectors from the Pay and Conditions of Employment Bureau (PCEB) who now check on these issues in workplaces will add workplace related HIV issues to their list of concerns. The purpose of this is to “...mainstream HIV/AIDS into the structure and standard procedures of MLSS, so that implementation is sustainable.” The MLSS plans to train 60 PCEB inspectors in 4 jurisdictions, the IDT personnel and needs additional staff in the OSH Department as there is only one person presently assigned to these tasks.

The ILO/USDOL HIV/AIDS project falls under the MLSS OSH Department. The Technical Director in the MLSS was previously the Chair of the PAB, but left MLSS for a new post. The OSH Department Director is now acting as Chair of the PAB. He has been one of three Directors from the MLSS serving on the PAB.

Was the project strategy appropriate? The strategy, focusing on workplace policy development and BCC, was effective and appropriate for Jamaica. However, MLSS would have liked to see more private sector enterprises participate, given that there are over 25,000 large companies registered in Jamaica. But MLSS was satisfied with the behaviour changes by workers observed in the participating companies. “Indeed, the ILO/USDOL project and the need to reach more enterprises gave rise to the MLSS Voluntary Compliance Programme (VCP).”

Under the VCP, companies are told what to expect from the OSH legislation, and how the MLSS can help. MLSS is training trainers to support HIV/AIDS workplace policy development and BCC in workplaces. MLSS will also help companies refine their responses and help them deal with problems that arise. Initially the VCP will target enterprises already participating in the ILO/USDOL project. MLSS expects to work with 60 additional companies each year for the next 5 years. In addition, MLSS plans to run special programmes for small and medium sized enterprises to deliver training through groups or umbrella organizations. Enterprises enrolled in the VCP and which fulfill the requirements in terms of workplace policy and practices will be issued an OSH Compliant Certificate and/or an HIV/AIDS Workplace Compliant Certificate. Under the VCP there are Platinum, Gold, Silver and Bronze categories, depending on the number of activities completed. The first batch of certificates is to be handed out to enterprises in April 2008.

Did the PAB function well? There were always problems with tripartite partner participation, but generally good participation by the UN and the NGOs. The representatives from JEF and JCTU were always changing - only recently did JCTU identify Mr. Comrie as their representative on the PAB. The role of the PAB was clear to the members of the Board. As the project comes to an end, it is proposed that the PAB become a sub-committee of the National Advisory Committee to be established under the OSH Act. Its current members will be asked to continue and the membership broadened to include wider representation from enterprises.

2. Jamaica Employers' Federation (JEF)

Ms. Lydia Ali, Project Officer

Mr. Paul McGregor, OSH Officer (seconded by JEF to NAP) (PAB member)

“The NPC has really tried to foster tripartite collaboration, to get tripartite buy-in for the future of the project at MLSS.” – Lydia Ali, Project Officer, JEF

Ms. Coke-Lloyd, the JEF Executive Director, was unavailable and asked JEF HIV/AIDS staff to meet with the Evaluation Team. Over the years JEF has had a number of staff with HIV/AIDS responsibilities - both of the current JEF representatives have been at JEF for less than 6 months. This turnover has affected JEF participation on the PAB.

JEF is presently engaged in several HIV/AIDS projects in addition to the ILO/USDOL project. The private sector still thinks that firing an employee with HIV/AIDS is easier. JEF is not convinced that legislation will change this attitude as “we live in a culture where legislation does not affect behaviour.” JEF is currently assisting 40 companies to develop workplace policies and will be adding 20 more. Some 20 have draft policies while 5 have adopted a policy and are developing work plans. This JEF project is funded by the Global Fund. JEF is also working with the HIV Alliance to implement HIV/AIDS workplace policies among companies in the tourism sector, funded by DFID.

JEF is home to the Business Council on HIV/AIDS, which was set up to assist companies develop and implement HIV/AIDS workplace policies and BCC plans. They are funded by Council members and by USAID. Although the HIV/AIDS problem has “not hit home” yet for many enterprises, those that have a problem seek guidance from JEF. JEF distributes HIV/AIDS information to its members through a monthly newsletter with a page dedicated to HIV/AIDS.

Was the ILO/USDOL project useful to JEF? “Not really, as JEF was already fully committed and engaged in other projects.” JEF staff participated in some project workshops and other events, and found the exchange of information about enterprise practices, particularly in other countries, useful. JEF found the project Peer Educator Toolkit useful. JEF staff members were in regular contact with the NPC.

JEF policy supports mandatory testing, not for discrimination but for “planning purposes.” This position is contrary to the ILO Code of Practice. However, when JEF staff work with companies on developing a workplace HIV/AIDS policy, they support the ILO 10 Key Principles. It is believed that with time, and enactment of the proposed OSH Act, JEF will abandon its official support for mandatory testing.

3. Jamaica Confederation of Trade Unions (JCTU)

Mr. Keith Comrie, Executive Director (PAB member)

“Our goal: a country that is free from discrimination against PLWHA and where less and less people are infected with HIV.” - Keith Comrie, Executive Director, JCTU

JCTU is actively involved in several other HIV/AIDS workplace initiatives, including the Business Council on HIV/AIDS, where it functions as a watchdog to ensure ILO and JCTU HIV/AIDS principles are respected. JCTU also provides input to the Tourism Sector project.

JCTU staff participated in training workshops organized by the ILO/USDOL project, and is doing its own Peer Educator training of trainers in unions, particularly union delegates at shop floor level. JCTU would like to see the project organize a refresher course for its trainers to review the implications of the link between OSH and HIV/AIDS.

Was the ILO/USDOL project useful? “Yes it was helpful to the unions and workers. Before, many workers used to discriminate against PLWHA, now workers are more likely to work with, even help HIV+ persons.” JCTU encouraged companies to participate in the project, and feedback from union representatives in participating enterprises has been good. The project increased awareness about HIV/AIDS of the entire JCTU leadership across the island, as did the ILO SRO project with CCL.

Project sustainability? JCTU is confident that project initiatives will continue under MLSS. The Director of the MLSS OSH Department is a JCTU official.

4. National AIDS Programme (NAP)

Ms. Faith Hamer, Director, Policy and Advocacy Component, NAP (PAB member)

“Under the ILO/USDOL project ILO and other UN agency collaboration has improved greatly.” - Ms. Faith Hamer, Director, Policy and Advocacy Component, NAP

The National AIDS Programme is located in the Ministry of Health. Under the recently approved Global Fund proposal, Jamaica has a target of having 90 large companies adopt HIV/AIDS workplace policies and action plans by 2009. The ILO/USDOL project is contributing to the achievement of the target by working with 15 enterprises. JEF has been working with 40 enterprises and will add 20 more. The NAC has been working directly with

8 companies and has added an additional 23. The Jamaica Manufacturing Association will work with 20.

NAP reports that 5 ministries (MLSS, Tourism, National Security, Education, and Local Government) have now included an HIV/AIDS officer in their line budgets.

The NAP supported the project by training its BCC trainers. A Master's Degree in BCC is now offered by the Caribbean Media Institute at the UWI Mona campus. NAP notes that there is a need to establish a pool of accredited HIV/AIDS and BCC trainers in the country.

Was the project strategy appropriate? “Yes, the ILO/USDOL project introduced another approach to HIV/AIDS in the workplace: policy development to combat stigma and discrimination and BCC for worker risk reduction. A strong point of the project was the emphasis on the tripartite and worker representation on enterprise HIV/AIDS committees.”

Project results? The project met its indicators in the 15 participating enterprises, in terms of workplace policy development and worker behaviour change. However, there is a need to reach more informal sector enterprises. “We could probably benefit - all of us - from some training on how to reach the informal sector. No one has a strategy – not MLSS, not JEF, not NAP.”

Project sustainability? “Having MLSS taking over the project is a plus.”

5. UNDP

Mr. Minh Phan, Resident Coordinator

Ms. Diane McIntosh, Governance Officer

The Resident Coordinator is new to the country and not so familiar with the project. He felt, however, that the project was not linking sufficiently with HIV/AIDS activities of other UN agencies, despite the participation of the NPC on the UN Theme Group.

Concerning the proposed OSH Act, he questioned the benefits to those enterprises which comply. Given Jamaica's relatively low labour productivity and relatively high labour costs he questioned the ability of Jamaican enterprises to compete in the region if forced to comply with heavy OSH and HIV/AIDS regulations. “The challenge: how to avoid overtaxing the private sector.”

6. UNAIDS

Ms. Mariam Maluwa, Director (PAB member)

Ms. Stephanie Watson-Grant, Monitoring and Evaluation Officer (PAB member)

“There was a robust, thorough dialogue and convergence among all partners in the country concerning sustainability of the project..... (leading to) a very clear transition and sustainability plan – unique for Jamaica.” – Mariam Maluwa, Director, UNAIDS
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Was the project strategy appropriate? The strategy was effective in mobilizing the private sector and creating awareness of HIV/AIDS as a workplace issue relevant to enterprises. The project provided useful tools and training, and made a definite impact on the national response in Jamaica. However, in light of the low prevalence of HIV/AIDS in the country, and thus a consequent lower risk assessment by individuals and lower urgency, the project strategy was perhaps too onerous, too demanding on participating enterprises. The project

design focused on large enterprises with HR departments, which placed a heavy burden on smaller companies in terms of time and allocation of human resources, and which forced some companies to withdraw from the project. “The project seemed unable or unwilling to amend its methodology and tools, being restricted by the PMT in Geneva.”

Did the PAB function well? UNAIDS took its membership on the PAB seriously, participating in and providing technical input at all meetings. However, the participation of some other members declined over time, in terms of numbers and level and consistency/continuity of representation. This was due, in part, to the inherent nature of the PAB mandate, namely only advisory, with no real decision-making power. “The PAB had no teeth. High level recommendations could not be translated into action. Project information that was shared with the PAB remained with the PAB. No financial information about the project – budget, expenditures – was shared with the PAB. The ability to influence strategic design was limited as the project methodology was too restrictive“. UNAIDS believes that the PAB should have been designed as a management board, with more national responsibility and visibility. This would have permitted the project to integrate better with national processes.

Monitoring and evaluation. “This was the big weakness of the project.” The project made no effort to link to national indicators and the national level monitoring and evaluation framework. National NAP personnel were unaware of the data being collected by the project in its baseline survey, and in its report to the Global HIV/AIDS Report Jamaica was unable to provide workplace data and could not use the ILO/USDOL project data as it was incompatible with national indicators. UNAIDS had to commission a special survey to collect required workplace data. “Project design and strategic thinking in future should ensure that project monitoring and evaluation is part of the national M&E framework.

Project results? Mobilization of the private sector, creation of the Business Council, development of workplace policies, awareness-raising among workers, among other results. Lost opportunities – failure to make inputs to national monitoring and evaluation, failure to influence the UNDAF (2007-2011) – workplace initiatives are not included and there is no mention of ILO or the ILO/USDOL project.

7. UNESCO

Ms. Jenelle Babb, Program Assistant, HIV/AIDS Education (Co-Chair, UN Theme Group on HIV/AIDS) (PAB member)

UNESCO has been a Co-Chair of the UN Theme Group on HIV/AIDS since January 2006. As former HIV/AIDS officer at the Ministry of Education Ms. Babb was a former facilitator for various ILO/USDOL project training workshops.

Was the project strategy appropriate? The strategy made no impact on the UN system in Jamaica – the UNDAF omits the workplace as there was no ILO input into the process.

Did the PAB function well? Participation varied over time and some meetings were cancelled. There was good collaboration with the NAP through the PAB.

8. US Embassy

Mr. Brian Peterson, Political Officer (PAB member)

“I wish ILO had a permanent presence in Jamaica – there are other issues besides HIV/AIDS that require action: child labour, domestic trafficking.”

- Brian Peterson, Political Officer, US Embassy

Did the PAB function well? The US Embassy representative participated in PAB meetings as his schedule allowed. There was good participation of members and support by MLSS in the meetings attended. The USAID representative also participated in some meetings, and there was some effort to coordinate the USDOL and USAID HIV/AIDS projects. The NPC was dynamic and supportive.

Project results? Some impact – inroads are being made, for example, workplace policies at enterprise level.

Project sustainability? The sustainability plan is good – good idea to support the MLSS.

9. Jamaican Network of Seropositives (JN+)

Mr. Tony Hron, Advocacy Officer (PAB member)

“The project was an important catalyst in getting companies to pay attention to HIV/AIDS. It will be a component for running any company in the future.” - Tony Hron, Advocacy Officer, JN+

JN+ is 10 years old and operates a speaker’s bureau that provides its members, who have been specially trained, to speak and offer personal testimonies at training and other workshops and HIV/AIDS-related events. The Global Fund pays stipends directly to individuals recruited by the JN+ speaker’s bureau but JN+ receives no support itself from the Fund. Global Fund procedures often preclude the use of some JN+ members who have low educational levels and low income. JN+ is not happy with the way its members are being used – often being portrayed as victims rather than as resource persons and facilitators. The members of JN+ need further training, especially on the basics of HIV/AIDS as well as on workplace issues (and the ILO Code of Practice) in order to respond better to demand due to expanding HIV/AIDS workplace initiatives, especially under the MLSS VCP and the eventual OSH Act. JN+ is trying to implement a Speaker’s Agreement that focuses on confidentiality and privacy for the persons who participate in workshops. Psycho-social support is also needed for JN+ members but is not presently available.

Was the project strategy appropriate? “Uncertain whether another strategy would have been more effective – the workshops did not have a huge impact. Success of the project depended upon individual motivation at enterprises.”

Did the PAB function well? JN+ is a member of the PAB and Mr. Hron has been active on the PAB for one year. No initial orientation was provided to him when he became the JN+ member on the PAB and no briefing materials were provided. Nevertheless he believes that the PAB provided substantial input to guiding the project.

Project results? In Jamaica there is the issue of homosexuality and HIV/AIDS which is extremely controversial at the moment. Some 25-30% of gay men are HIV+ and many have relations not only with other men but also with women. There is an urgent need to target the gay community for HIV/AIDS awareness – “the ultimate BCC challenge.” The NAP has de-linked HIV/AIDS from the issue of sexual orientation and only Jamaica AIDS Support (JAS) organization has been working with MSM and has prepared materials for MSM. “It is also the case with HIV/AIDS workplace programmes which are divorced from any discussion of homosexuality.”

Monitoring and evaluation. There is very little data available concerning the participation of PLWHA in project BCC programmes.

10. Cari-Med

Ms. Daphne Jaggon, Administrative Coordinator
Ms. Paulette Stewart, member, HIV/AIDS Committee

“The NPC did an excellent job – (she and) the project were responsive to our requests.”
– Ms. Daphne Jaggon, Administrative Coordinator, Cari-Med

Cari-Med is a distributing company for pharmaceutical products in the Caribbean region, with some 288 non-unionized, employees, and has established a new company in Jamaica employing 70 persons. Cari-Med has drafted an HIV/AIDS workplace policy which is not yet approved, although management is supportive. Cari-Med has a 9-member HIV/AIDS Committee comprising one person from each department. At least one person from the Committee participated in all project activities. Cari-Med employees were initially hesitant to participate, but the ILO project and Committee members made it easier for staff to discuss HIV/AIDS issues. The Committee organized participation in Company Health Fairs and World AIDS Day events, including condom demonstrations, free VCT, questions and answers on HIV/AIDS. Condoms are also available at cost price in the company commissary.

Cari-Med has not yet signed onto the MLSS VCP, but is planning a “Healthy Lifestyle Corner” on company premises, where HIV/AIDS info and condoms will be available. Cari-Med has asked for and received help from the NAP, including trainers. Some 90-95% of employees have been reached through the project.

11. City of Kingston Cooperative Credit Union

Mr. Steve Wallder, HR Manager
Ms. Karen, Facilitator
Ms. Nicole, Learning Administrator

“The (ILO/USDOL) project was very well thought through – it gave enough guidance but left us free enough to design our own activities.” – Steve Wallder, HR Manager, COK Cooperative Credit Union

The City of Kingston (COK) Cooperative Credit Union (CCU) was involved in the project right from its start. It has some 250 employees at headquarters and 5 branch locations, and was one of the first companies in Jamaica to provide training on HIV/AIDS to all staff. The project trained an initial 5 trainers and COK CCU carried on the training of staff in “HIV/AIDS Workplace Workshops”, a half-day training programme including HIV/AIDS facts, the situation in Jamaica, and behaviour change issues. The NAP also provides resource persons for the training. All new employees are also expected to attend a workshop. There is evidence that COK CCU staff have taken what they learned into the community – families, schools, churches, and service clubs. The training workshops provided a good development opportunity for the training staff involved – building management and presentation skills and “broadening” people’s minds.

The COK CCU has a workplace HIV/AIDS policy which is included in its Employee Handbook. COK CCU is a member of the Jamaica Cooperative Credit Union League and shares HIV/AIDS information with other members.

“Project participation was demanding in terms of time, but did not impact negatively on business functions – one gets back what one invests.”

Focus Group Discussion with 5 COK CCU staff (2 male, 3 female). They underwent the training in April 2006 and found it interesting and informative, learning that HIV/AIDS is “like any other disease.” Information about HIV/AIDS is a good thing that COK CCU can offer staff and customers. “Trainers shared their own reality - we found that HIV/AIDS is not a homosexual disease.” The COK CCU workplace policy is a good thing, but will not alone prevent discrimination by some staff – more work is required on sensitization. “One thing that needs to be stressed in training is that HIV/AIDS is not an easily communicable disease, except via sex.”

12. Royal Bank of Trinidad and Tobago (RBTT)

Ms. Althea Nelson, HR Department

Ms. Leonie McDonald, Employee Relations

Mr. Oliver Salmon, General Staff Rep. on HIV/AIDS Committee

Ms. Annemarie Whyte, Union Rep. on HIV/AIDS Committee

“If you wanted to do this (BCC) as a job, the project showed how.” – Leoni

“My eyes have been opened, enlightened.” – Oliver

“The project training helped me to shed preconceived notions.” – Annemarie

RBTT in Jamaica has an HIV/AIDS workplace policy that was approved by management after a very long process, including consultations with the unions and the RBTT Board in Trinidad where its head office is located. The policy has been so well received that it is likely to become the policy of all company branches in the Caribbean region. RBTT Jamaica is trying to mainstream HIV/AIDS in its employee programmes, allocating a budget for an employee wellness programme. RBTT has joined both the MLSS OSH and HIV/AIDS Voluntary Compliance Programmes.

Focus Group Discussion with 3 RBTT HIV/AIDS Committee members (1 male, 2 female). RBTT staff (70% female) is young and initially not interested in the issue but were “captured by HIV/AIDS information” as the ILO/USDOL project really “opened their eyes.” Extensive PE training was offered to staff across RBTT branches (20) in Jamaica, and other persons are requesting the training. The RBTT HIV/AIDS Committee is trying to incorporate first aid and emergency wardens into the programme to ensure sustainability. Committee members are peers, not “experts” – training is provided by MOH (NAP) trainers and by PLWHA who really know and live the situation. The Committee has disseminated information through small “cluster” meetings with staff, pay packet inserts, a quarterly newsletter, pamphlets, pens, pencils, and has set up “health corners” in some departments with HIV/AIDS flyers and condoms. The Committee made big efforts to helping people understand how to use condoms, to the extent that Committee members are called the “condom people”. Committee members are given time off to do Committee work such as training, and are allocated time to make presentations in monthly “Quality Management” meetings. On World AIDS Day, the Committee set up a table in each branch to offer HIV/AIDS information to customers. At RBTT HQ an HIV/AIDS booth was set up on the street in front of the Bank.

Problems encountered? Often people do not show interest because “...cultural barriers prevent people from sharing sexual information.” They still have the idea that HIV affects only “certain” people, which of course do not include them.

Project supportive? The project office showed a level of professionalism, with ready feedback and encouragement. The preparatory work of the project – workshops, baseline survey - was very helpful, and “made us aware of the resources available.” The Committee based its work plan on the ILO 10 Key Principles introduced by the project.

Lessons learned? Support of management is a key factor in the success of the programme. It is also important that HIV/AIDS work plan objectives form part of the job description of the appropriate officer, and that the HIV/AIDS Committee is required to make regular reports to management. Finally, it is important that Committee members are able to work together to solve problems.

13. Sugar Company of Jamaica

Ms. Verona Dawkins, HR Manager

The Company has 6 locations, at which they produce sugar, bio fuels and fertilizer. There are 7,300 employees, who work according to the season. There are 2 seasons per year. When out of season, the workforce is reduced by 20%. The Company provides housing for about 50% of the staff and medical services for all staff. Some 6,000 persons, including families and children, live on Company estates.

The first cases of HIV/AIDS among workers appeared in 2002/3 and the Company became worried. It decided it needed a protocol concerning workers with HIV/AIDS and joined the National AIDS Committee (NAC). It has since developed and adopted a workplace policy on HIV/AIDS, which is part of its Life Threatening Illnesses Policy. The Company HR Manager reports on HIV/AIDS quarterly to the Company Board, using information from workplace HIV/AIDS Committees at estate level. Committees are composed of the nurse, management and supervisory staff as well as union representatives, and representatives from JN+. The Committees also work with the Parish Advisory Committees established by the NAC. The job descriptions of the HR Manager and the Committee Chairs on each estate have been revised to include responsibilities for HIV/AIDS.

Although the Company HIV/AIDS workplace policy was developed over a 7 week period, it took 2 years to get Board approval. It took time for the HR Manager to link the proposed policy to financial implications to the Company of the HIV/AIDS epidemic. The HR Manager came to realize that the potential cost of HIV/AIDS to the Company, especially in light of the unique relationship between the Company and its employees, could be extremely high. She applied the same prevalence rate in the general population to Company workers and calculated cost estimates for testing, care and drugs and found they equaled Company profits over a 7 year period! She presented her findings to the Board and the Board approved the policy and agreed on the proposed BCC Programme immediately. The financing of the Company HIV/AIDS programme comes from the HR Department training budget. HIV/AIDS work is now included as one area for personal assessment of HR managers. The Company has joined the MLSS VCP and has been “pre-certified.”

Company clinics do not offer VCT. All testing is done elsewhere, or organizations are invited to the estates to do testing. But the clinics do distribute condoms to workers. The Company doctor is not required to report the HIV status of any worker. When a person

becomes ill, the Company may make reasonable accommodations. Beyond this there are agreed schedules and payouts which apply. In the final stages a Medical Board may decide on next steps. All this is done in concert with the unions.

ILO/USDOL project useful? The PE training offered by the project was very useful, as it addressed not only issues related to workplace policy development, but STIs, condom use and how women are affected by the disease. The Peer Educators are now confident to interact with workers on HIV/AIDS issues and are using the project Toolkits. Through the project the Company developed strategies for low literacy populations. BCC takes the form of personal interaction, oral presentations, role plays and videos. The Company would like additional training for its personnel.

14. National Association of Hairdressers and Cosmetologists (NAHC)

Ms. Imogene Todd-Watson, President

Ms. Winsome Donegal, member

“When you’re in my chair I’m in control, and can steer the conversation towards certain subjects including HIV/AIDS.” - Imogene Todd-Watson, President, NAHC

The Association brings together hairdressers, cosmetologists and manufacturers, has seven chapters and some 300 active members. Members meet monthly. Membership fees pay for the Association office and secretary. The Association has developed a draft workplace HIV/AIDS policy which will be presented for approval at the next Annual General Assembly meeting. The Association has an HIV/AIDS programme and partners with NAP, the Medium, Small and Micro Enterprises (MSME) organization and the Jamaica Cancer Society in addition to the ILO/USDOL project. The Association sponsors an annual trade show which is attended by over 10,000 persons including students interested in hairdressing as a career. The Association magazine which is sold at the trade show has a page devoted to HIV/AIDS.

Was the ILO/USDOL project useful? The project was very valuable and made an impact on members, families and clients. The training helped to dispel myths about HIV/AIDS and changed the perspective of many members. It also increased awareness among clients as many members exposed their clients as well as people in their communities to the information they had received. HIV/AIDS is a special section in the Association’s monthly newsletter and is on the agenda for all meetings. Member hair salons serve as a distribution point for literature on HIV/AIDS. Four Association members were trained as Peer Educators and are at work in the parishes of Trelawney and Westmoreland. There is a need to expand training to members in the parishes of Portland, Westmoreland, Manchester and St. James. Members attend training on rotation basis and agree to update other members, as a way to reduce the time away from their businesses. “Time is critical to us hairdressers – the project was very time-consuming.” Some 50 hairdressers received training.

15. Others Collaborating with the Project:

Caribsearch

Ms. Louise Marcelle-Peart, Managing Director

Caribsearch was contracted to do the initial baseline and final impact assessment surveys, among other reports (Best Practices Report). The draft Impact Assessment Report requires further work. Concerns were expressed about the small sample size of the impact assessment

survey and the fact that not all the same companies were surveyed as during the baseline survey. The surveys require at least 30-50 workers from 5 enterprises. It was suggested that the researcher increase the number of workers surveyed for the impact assessment by either going back to the Banana Farms or to the Sugar Company.

The researcher indicated that there were problems on the ground, among them the seasonality of the agricultural sector which affected the availability of workers, as well as the lack of interest of management of some companies in the importance of the research methodology. Also there were problems in the survey methodology – the questions were not capturing what an individual believes only what they had learned. Therefore it was difficult to measure the extent to which information received had been internalized.

It was suggested that the researcher include an explanation of the methodology used and its variance from the original methodology. It was also suggested that the tables be revised to reflect sectors, and that the baseline and follow-up surveys be reviewed in respect of condom use which seems to be falling and of gender issues.

In respect to the qualitative research it was suggested to call focus groups to clarify certain issues such as why it appears that in Jamaica sector specific messages do not do as well as generic messages, and to highlight issues related to gender.

The researcher noted that the BCC strategy of the project using Peer Educator training was flawed in that PEs trained by the project (using MOH BCC trainers) were not doing training themselves but were rather calling in MLSS and MOH trainers. She also noted that studies show that PEs seldom influence more than a few individuals, unless part of an institutional structure and job description. She finally noted that a different strategy was required for the informal sector, especially service providers such as hairdressers, taxi drivers, food service and other informal sector workers who are not organized.

At the time of completion of the Final Evaluation exercise the final Impact Assessment Report was still under revision.

Ms. Audrey Brown, BCC Consultant
(telephone interview)

“The goal should be to create an enterprise environment where HIV+ workers are comfortable, have access to services.” - Audrey Brown, consultant

Ms. Brown, under contract to the project, conducted BCC workshops and BCC training for members of enterprise HIV/AIDS Committees, designed sector strategies and helped companies develop their own BCC strategies, and did formative assessments with various company focus groups of employees. She noted that the BCC process of the project was “very directive, onerous, and complicated, dictated by the project design.” She had tried to modify the process without success. Required enterprise level BCC work plans were “too strategic, too technical, too detailed”, especially for small companies. For example the 5-day BCC workshop training curriculum was impossible for most companies time-wise and was reduced to 3 days. Also, the enterprise level formative assessment leading to the development of output and process indicators for BCC programmes was much too detailed for bankers and manufacturers.

In Ms. Brown's opinion, a workplace HIV/AIDS policy is not necessary for successful BCC, nor is it necessary to have a BCC specialist in each enterprise.

16. ILO National Project Coordinator (NPC)

Ms. Nasolo Thompson

Did the PAB function effectively? The PAB suffered from a turnover of members with some member organizations (JEF, JCTU) never having good continuity of participation. Other members participated faithfully, including NAP and UN representatives. The MLSS provided good leadership on the PAB. The Jamaica AIDS Support organization was restructured and was never engaged in the project. The PAB suffered from a lack of things to do, being only advisory in nature. PAB members were not involved in project activities and didn't feel much ownership of the project. Early efforts by the PAB to influence the PMP were not agreed by the PMT in Geneva.

Was PMT support helpful? PMT support from Geneva was good. The NPC participated in a 10-day orientation at ILO Geneva at the start of the project and attended regular meetings with members of the PMT – in Guyana, Lima, and South Africa. In addition there were regular visits by PMT members to Jamaica. The project was very structured – the PMT provided a clear roadmap with clear expectations. Some intervention by the PMT with JEF and JCTU might have been useful to increase their commitment to the project.

Was ILO SRO support helpful? There was no relationship between the project and the ILO Caribbean SRO office in Port of Spain. The NPC had little knowledge of SRO HIV/AIDS activities in the region. The SRO HIV/AIDS Regional Specialist visited the project only once, and that was because she was in Jamaica for another workshop. No other SRO specialists or other staff ever visited the project. The project could have benefited from closer contact with the SRO – a planned visit by the NPC to the SRO never took place. Although the NPC attended meetings of the UN Country Team, she did so as a project person, not as an ILO representative. As the ILO SRO Director or another official from the SRO did not participate in meetings of the UNCT, ILO issues such as HIV/AIDS workplace education were not included in the UNDAF. However, the NPC has been asked by the SRO to prepare a plan for merging HIV/AIDS project activities into the Jamaica ILO Decent Work Country Programme.

Annex 8.

**FINAL DATA TRACKING TABLE
ILO/USDOL HIV/AIDS WORKPLACE EDUCATION PROJECT IN JAMAICA**

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
DEVELOPMENT OBJECTIVE 1: Reduced Level of Employment-Related Discrimination Against Persons Living with HIV/AIDS							
1- # and % of targeted workers who report that they believe their employer would dismiss a physically fit HIV+ worker	Male	28/167 (17%)				13/134 (10%)	
	Female	22/143 (16%)				9/170 (5%)	
	Total	50/310 (16%)				22/304(7%)	
2- # and % of targeted workers who report that they believe physically fit HIV+ workers would be denied opportunities in the workplace	Male	33/167 (20%)				16/134 (12%)	
	Female	23/143 (16%)				14/170 (8%)	
	Total	56/310 (18%)				30/304 (10%)	

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL	
Narrative analysis of data: A total of 304 persons were surveyed, however the questions related to this DO had very low response rates								
DEVELOPMENT OBJECTIVE 2: Reduced HIV/AIDS Risk Behaviors Among Targeted Workers								
7- # and % of targeted workers who report having sex in the last 3 months with a person other than their regular partner(s)	Male	39/167 (23%)				40/134 (30%)		
	Female	9/143 (7%)				1/170 (1%)		
	Total	48/310 (15%)				41/304 (13%)		
2- Among targeted workers who report having sex in the last 3 months with a person other than their regular partners), # and % who report using a condom the last two times this occurred	Male	34/167 (20%)				35/134 (30%)		
	Female	7/143 (5%)				1/170 (1%)		
	Total	41/310 (13%)				36/304 (12%)		
3- # and % of targeted workers who report having	Male	48/167 (29%)				30/134 (22%)		
	Female	10/143 (7%)				3/170 (2%)		

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
intentionally limited the number of partners other than their spouse(s) within the last 6 months in order to reduce the risk of HIV	Total	58/310 (19%)				33/304 (11%)	
Narrative analysis of data: A total of 304 persons were surveyed, however the questions related to this DO had very low response rates							
IMMEDIATE OBJECTIVE 1: Increased Knowledge of HIV/AIDS Workplace Policies or Guidelines							
1- #/% of targeted workers who report being aware that a written HIV/AIDS policy or guidelines exists in their workplace	Male	14/167 (9%)				54/134 (40%)	
	Female	19/143 (14%)				67/170 (39%)	
	Total	33/310 (11%)				121/304 (40%)	
2- Of those aware, #/0%% of targeted workers who correctly identify at least three of the key principles of the	Dialogue between management and workers on HIV/AIDS policy	10/33 30%				41/121 (34%)	

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
HIV/AIDS policy or guidelines in their workplace	Non-discrimination statement	27/33 82%				77/121 (64%)	
	No mandatory HIV testing	11/33 30%				41/121 (34%)	
	No denial of employment	14/33 42%				44/121 (36%)	
	Healthy work environment	13/33 39%				40/121 (33%)	
	Medical confidentiality	16/33 48%				21/121 (17%)	
	No job termination if fit to work	10/33 30%				9/121 (7%)	
	Same opportunities/benefits as other workers	3/33 9%				7/121 (6%)	
	Gender equality	2/33 6%				9/121 (7%)	
	HIV/AIDS prevention program	4/33 12%				20/121 (17%)	

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
<p>Narrative analysis of data: A total of 304 persons were surveyed, however the questions related to this IO had very low response rates</p>							
<p>IMMEDIATE OBJECTIVE 2: Reduced Stigma Against Workers Living with HIV/AIDS</p>							
1- #/% of targeted workers who report an accepting or supportive attitude towards HIV+ co-workers	Male	148/167 (89%)				128/134 (96%)	
	Female	125/143 (87%)				157/170 (92%)	
	Total	273/310 (88%)				285/304 (94%)	
2- # and % of targeted workers who report an accepting or supportive attitude towards HIV+ persons outside the workplace	Male	117/167 (70%)				105/134 (78%)	
	Female	103/143 (72%)				131/170 (77%)	
	Total	220/310 (71%)				236/304 (77%)	
3- # and % of targeted workers who report a personal experience of exclusion of an HIV+ worker	Male	2/167 (1%)				1/134 (1%)	
	Female	5/143 (4%)				4/170 (2%)	
	Total	7/310 (2%)				5/304 (2%)	

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
Narrative analysis of data:							
IMMEDIATE OBJECTIVE 3: Improved Knowledge and Attitudes Related to HIV/AIDS Risk Behaviors							
1- #/% of targeted workers who correctly identify three or more modes of HIV transmission	Male	165/167 (99%)				131/134 (98%)	
	Female	140/143 (98%)				168/170 (99%)	
	Total	305/310 (98%)				299/304 (98%)	
1- #/% of targeted workers who correctly identify five misconceptions regarding HIV transmission	Male	134/167 (80%)				116/134 (87%)	
	Female	124/143 (86%)				158/170 (93%)	
	Total	258/310 (83%)				274/304 (90%)	
3- #/% of targeted workers who correctly identify at least 3 means of protection against HIV infection	Male	138/167 (83%)				119/134 (89%)	
	Female	127/143 (89%)				160/170 (94%)	
	Total	265/310 (85%)				279/304 (92%)	
4- #/% of targeted workers who report that a person may get HIV by having	Male	149/167 (89%)				114/134 (85%)	
	Female	125/143 (87%)				161/170 (95%)	

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
unprotected sex with a person who looks healthy	Total	274/310 (88%)				275/304 (90%)	
5- #/% of targeted workers who correctly identify intoxication as a contributing risk factor to HIV/AIDS infection	Male	74/167 (44%)				81/134 (60%)	
	Female	75/143 (52%)				115/170 (68%)	
	Total	149/310 (48%)				196/304 (64%)	
6- #/% of targeted workers who correctly STI as a contributing risk factor to HIV/AIDS infection	Male	103/167 (62%)				109/134 (81%)	
	Female	97/143 (68%)				131/170 (77%)	
	Total	200/310 (65%)				240/304 (79%)	
7- #/% of targeted workers who report a positive attitude toward condom use	Male	166/167 (99%)				134/134 (100%)	
	Female	143/143 (100%)				167/170 (98%)	
	Total	309/310 (99%)				301/304 (99%)	
Narrative analysis of data:							
IMMEDIATE OBJECTIVE 4: Increased Awareness and Use of Available HIV/AIDS Workplace Services							

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
1-#/% of targeted workers who report being aware that HIV/AIDS services are available in their workplace	Male	18/167 (11%)				60/134 (45%)	
	Female	19/143 (13%)				91/170 (55%)	
	Total	37/310 (12%)				151/304 (50%)	
2- #/% of targeted workers who report using HIV/AIDS services in the past 6 months	HIV/AIDS Education	24/310(8%)				72/304 (24%)	
	Condom availability	9/310(3%)				13/304 (4%)	
	STI Information Services	6/310(2%)				16/304 (5%)	
	VCT Information Services	4/310(1%)				16/304 (5%)	
	Care and Support Information Services	4/310(1%)				17/304 (6%)	
	Other (list)	-				-	
Narrative analysis of data: A total of 310 persons were surveyed, however the questions related to this DO had very low response rates							
Sub-immediate Objective 1: Improved Workplace HIV/AIDS Policies or Guidelines							

Indicator		BASELINE 9/05	2/06	8/06	2/07	11/07	TOTAL
1- # and % of workplaces that have a written HIV/AIDS policy or guidelines		8/21 38%	8/21 38%	11/16 69%	14/15 93%		
2- # and % of workplaces with a HIV/AIDS policy or guidelines that clearly communicate the policy or guidelines to workers		3/21 14%	3/21 14%	5/16 31%	5/15 33%		
3- # and % of workplaces that have incorporated the principles of the ILO and Social Partners HIV/AIDS code in their written HIV/AIDS policy or guidelines, disaggregated by principle	Dialogue between management and labor	3/21 14%	3/21 14%	11/16 69%	14/15 93%		
	Non discrimination	7/21 33%	7/21 33%	11/16 69%	14/15 93%		
	No mandatory testing	3/21 14%	3/21 14%	10/16 62%	13/15 86%		
	No denial of employment	4/21 19%	4/21 19%	11/16 69%	14/15 93%		
	Healthy work environment	4/21 19%	4/21 19%	10/16 62%	13/15 86%		
	Medical confidentiality	4/21 19%	4/21 19%	11/16 69%	14/15 93%		
	No job termination if fit to work	4/21 19%	4/21 19%	11/16 69%	14/15 93%		

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
	Same opportunities/benefits as other workers	3/21 14%	3/21 14%	11/16 69%	14/15 93%		
	Gender equality	2/21 9%	2/21 9%	8/16 50%	14/15 93%		
	HIV/AIDS Prevention program	3/21 14%	3/21 14%	10/16 62%	13/15 86%		

Narrative analysis of data: The figures presented are from the workplace monitoring form.

Sub-immediate Objective 2: 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	HIV/AIDS Education	15/21 71%	15/21 71%	15/16 94%	14/15 93%		
	Condom availability	12/21 57%	12/21 57%	12/16 75%	11/15 73%		
	STI Treatment Information Service	8/21 38%	8/21 38%	12/16 75%	12/15 80%		
	VCT Information Service	9/21 43%	9/21 43%	14/16 87%	13/15 86%		
	Care and support information service	5/21 24%	5/21 24%	12/16 75%	13/15 86%		

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL	
	Other (list)			1/16 6% First Aid Treatment	1/15 6% First Aid Treatment			
2- # and % of workplaces delivering <u>quality</u> HIV/AIDS services in the workplace	HIV/AIDS Education	0/21 0%	0/21 0%	6/16 37%	5/15 33%			
	Condom availability	8/21 67%	8/21 67%	5/16 31%	5/15 33%			
	STI Information Service	0/21 0%	0/21 0%	6/16 37%	6/15 40%			
	VCT Information Service	0/21 0%	0/21 0%	6/16 37%	5/15 33%			
	Care and support information service	0/21 0%	0/21 0%	3/16 19%	5/15 33%			
	Other (list)							
Narrative analysis of data: The figures presented are from the workplace monitoring form.								
Sub-immediate Objective 3: Increased Capacity of Workplace to Offer Comprehensive HIV/AIDS Policy/Programs on a Sustained Basis								
1- # and % of workplaces with a HIV/AIDS focal point		20/21 95%	20/21 95%	16/16 100%	15/15 100%			

Indicator	BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL	
2- #/% of workplace that have a collaborative agreement with an external HIV/AIDS resource person or organization or have hired a full time HIV/AIDS coordinator	5/21 24%	5/21 24%	8/16 50%	8/15 53%			
3- # and % of workplaces that have a specific budget for implementation of HIV/AIDS programs	3/21 15%	3/21 15%	3/16 19%	4/15 26%			
4- # and % of workplaces in which an HIV/AIDS component is integrated into existing OSH/HR training programs	5/21 24%	5/21 24%	9/16 56%	8/15 53%			
Narrative analysis of data: The workers survey did not address this SIO thus the baseline date is not available. The figures presented are from the workplace monitoring form.							
Sub-immediate Objective 4: Increased Levels of Workplace Collaboration and Commitment by Labor and Management							
1- # and % of workplaces where worker representatives have been consulted in the design and/or implementation of HIV/AIDS policy in the workplace	12/21 57%	12/21 57%	16/16 100%	15/15 100%			
2- #/% of workplaces with active joint committees addressing HIV/AIDS issues	10/21 48%	10/21 48%	9/16 56%	11/15 73%			

Indicator	BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL	
3- # and % of workplaces that have allocated official working hours to HIV/AIDS education program implementation during the last six months	12/21 100%	21/21 100%	12/16 75%	9/15 60%			
Narrative analysis of data: The workers survey did not address this SIO thus the base line date is not available. The figures presented are from the workplace monitoring form.							
Sub-immediate Objective 5: Increased Capacity of Tripartite Constituents to Support Development of Workplace Policy and Programs							
1- # of tripartite constituents who have at least one dedicated, qualified HIV/AIDS focal point	3	3	3	3			
2- # of tripartite constituents who have developed a HIV/AIDS strategic plan	3	3	3	3			
3- #/% of key personnel of tripartite constituents who demonstrate increased knowledge of effective workplace policy and programs	MOL officers	4/4	0	0	0		4
	Worker organizations	22/22	0	16/16	0		38
	Employer organizations	20/20	0	0	0		20
4- #/% of key personnel of	MOL officers	4/4	0	0	0		4

Indicator		BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
tripartite constituents who demonstrate improved attitudes related to HIV/AIDS	Worker organizations	32/32	0	20/20	19/19		71
	Employer organizations	28/28	0	0	0		28
<p>Narrative analysis of data: The workers survey did not address this SIO thus the baseline date is not available. The figures presented are from the tripartite monitoring form.</p>							
<p>Sub-immediate Objective 6: Improved National Level Policy Framework Related to HIV/AIDS in the Workplace</p>							

Indicator	BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL
<p>1- # of milestones reached in the development and submission of the national tripartite HIV/AIDS policy on the World of Work</p> <p>Conduct mapping exercise including an analysis of the policy framework in relation to the key principles of the ILO Code of Practice</p> <p>Conduct sensitization workshop for each of the tripartite constituents</p> <p>Provide technical advice for the development of a draft tripartite national policy statement</p> <p>Support the organization of a tripartite national conference to review, revise and adopt the tripartite policy</p> <p>Support the dissemination of the tripartite policy to employers, workers and enterprise focal-points</p> <p>Solicit written recommendations from tripartite partners on laws and regulations that maybe in contradiction with the ILO Code of Practice, for submission to National HIV/AIDS Commission</p> <p>Hold a national tripartite consultation meeting to present and discuss the findings of law review and make recommendations for follow-up</p>	6/7 90%	6/7 90%	6/7 90%	6/7 90%		

Indicator	BASELINE 9/05	2 /06	8/06	2/07	11/07	TOTAL	
2- # of milestones reached to adopt national operating guidelines on HIV/AIDS in the workplace	6/7 90%	6/7 90%	6/7 90%	6/7 90%			
Narrative analysis of data: The National Workplace Policy was submitted to Cabinet for approval, however it t back to MOL for review as the clauses that speak to no testing were deemed not be have legal basis.							
Sub-immediate Objective 7: Improved Coordination/Cooperation Between Tripartite Constituents and Other Partners							
1- # of organizations with which the Project regularly shares information on HIV/AIDS	10	14	14	14			