International Labour Organization

iTrack Evaluation Unit (EVAL)

ILO EVALUATION

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- **Evaluation Manager:** Rasha Tabbara
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This evaluation has been conducted according to ILO's evaluation policies and procedures. It has not been professionally edited, but has undergone quality control by the ILO Evaluation Office.

Executive Summary

Background and Context

This document reports on the findings of a final external evaluation of ILOAIDS's programme "Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work" funded by the Office for International Development (OFID). The project is a multi-country project funded between 2013-2015 as the third phase of a partnership between ILOAIDS and OFID. ILO received $1,500,000 for OFID and committed to contributing $3,500,000.

The project was implemented in seven target countries: Ethiopia, Kenya, Senegal, Bolivia, Haiti, Honduras and Paraguay. Although this is the third phase of the project, not all of the countries of intervention have been involved in all three phases. Kenya, Senegal, and Paraguay have been involved in three phases, Ethiopia, Bolivia and Honduras in two phases, and Haiti in one.

A global project proposal was developed at the start of the project and each country developed its own proposal based around the global proposal. There was considerable flexibility given to the countries to develop projects in-line with their tripartite constituents' needs and country priorities rather than sticking rigidly to a global template.

The management of the projects was de-centralized to the ILO's offices in Lima, Santiago, San Jose, Dakar, Dar-es-Salaam, and Addis Ababa. Each project, except for Paraguay, employed a National Project Coordinator (NPC) (or equivalent) to oversee the day- to- day running of the project. Technical support was provided directly by ILOAIDS in Geneva to the African countries, and to Haiti and Honduras by the Sub-Regional Specialist for Haiti and Honduras based in San Jose and to Paraguay and Bolivia by the HIV/AIDS Technical Specialist based in Santiago.

Purpose, Scope, and Methodology of the Evaluation

The intended users/clients of this evaluation are OPEC as the donor, ILO as the executor of the project, and ILO's project management and staff, including those in Geneva and the Country Offices involved in the project. The evaluation has both accountability and lesson learning functions to it. The evaluation provides the opportunity for accountability to OPEC and also ILO's tripartite constituents, as well as internal, mutual accountability between Country, Regional and Global offices.

The TOR also required a strong lessons learning element to the evaluation. The TOR states that the evaluation will "seek to ascertain what has worked, what has not worked, and the underlying reasons (internal and external). The evaluation will also identify contributions made to the ILO's internal learning processes."

The evaluation used a mixed-methods methodology that focused mainly on qualitative data collection techniques. The evaluator visited two countries, Honduras and Senegal, spending five days in each. Stakeholders in other countries were contacted via telephone or Skype. The data collection techniques included:

- Desk review of relevant project documents
- Desk-based interviews with ILO staff based in Geneva, regional offices and national project coordinators.
- Desk-based interviews with project partners in Ethiopia, Kenya, Bolivia, Haiti and Paraguay.
- Distribution of questionnaires to stakeholders in Bolivia, Ethiopia, Haiti, Kenya and Paraguay, and to NPCs or other responsible ILO officers in these four countries.

- Focus Group Discussions (FGDs) with stakeholders including labour inspectors and health workers in Senegal and trainers, trained by trade unions and the manufacturing sector trainers, and manufacture company representatives responsible for implementing SOLVE. A limited number of stories of change were collected at the FGDs.
- Semi-structured interviews with various constituent representatives, representatives of organizations representing PLHIV, and beneficiaries who had received training in Honduras and Senegal.
- Tripartite Committee feedback meetings, including Strengths, Weaknesses, Opportunities, Threats (SWOT) analyses of the project, feedback on evaluation findings and discussion of lessons learned and recommendations.

The project employed an appreciative inquiry approach that sought to identify the transferable lessons learned from project successes and identify future approaches to project implementation.

Findings

Relevance

The evaluation found that the project was relevant to the needs of the tripartite constituents and other key stakeholders in the countries of intervention. ILO heavily involved the tripartite committees in designing the projects and this supported a strong sense of ownership in the project. Although the project did not have the scope to include every suggestion or request made by the constituents, there was general satisfaction with the level of consultation before the project and how ILO had responded to particular suggestions or concerns. Examples given included adapting the Bolivia project to address concerns of trade unions over alcohol abuse and its impact on the fight against HIV, and focusing on a traditionally excluded group; truck and inner-city bus drivers, in Paraguay.

The project targeted groups who traditionally have been excluded from HIV services including female miners in Senegal, the construction and horticulture sector in Ethiopia, the informal sector in Kenya, and truck and bus drivers in Paraguay. The project did not have the resources to cover large swathes of the population or all marginalized groups, but by focusing on specific groups who had been excluded, it did reach some of the more vulnerable sections of society. The choice of sectors was based on those sectors that are at higher risk of HIV infection due to their living/working conditions. For example, in the case of Paraguay, truck drivers have been designated as a key group in the National AIDs Strategy.

ILO's tripartite access helped strengthen the relevance of the project. One of the ILO's strongest added values is that it has access to all three strands of the tripartite system of the world of work, and is able to bring government, workers and employers together to implement a project. Evaluation participants particularly highlighted the importance of ILO providing access to businesses and managers.

The evaluation also found that the project was relevant to national HIVAIDs priorities and strategies, UNAIDs' "Getting to Zero", and ILO's Recommendation 200 and Code of Practice. Evaluation participants regularly referred to ILO Recommendation 200 and the Code of Practice as being important to developing policies and practices in the target countries. Government stakeholders in particular were keen to stress that the project fitted into their national strategies.

The relevance of the project is lost to a certain extent by its short-term nature. This is addressed more completely in the impact and sustainability criterion. However, it is a cross-cutting concern. A number of outputs could not be turned into sustainable outcomes because the project did not have the time

or resources to support further work with constituents. As a result, the relevance of the project is reduced to an extent.

Coherence

The project's coherence was strongest at the country level. The project followed a general overall framework that focused on three goals of UNAIDS's "Getting to Zero". However, ILO allowed a considerable degree of flexibility to the individual countries to design a project relevant to their needs. Although, this may have reduced the global level of coherence, it should be seen as a strong success of the project because it allowed national tripartite constituents to identify key needs for the project to address. As a result, there is a high level of compatibility between the project and national level policies and the project's activities.

There was a good synergy between the previous phases of the project at the country level and the activities in the current phase. In many cases, the projects worked in this phase to implement policies that were developed in the last phase of the project, or took the findings of studies that had been conducted to develop activities to implement. For example, the Honduras project worked to raise awareness of the policy on HIV in the world of work that was developed and adopted, as a result of a previous phase of the project and on-going work between phases, in 2013. The Paraguay project based its interventions around the study that highlighted the vulnerability of male truck drivers conducted during the previous phase of the project. However, not all of the recommendations of the evaluation of the previous phase were implemented. Some, such as developing an exit strategy are important for ILO to consider.

A weakness of the project was the limited collaboration between this project and ILO's other projects in the countries of intervention. The project was more effective in utilizing programs developed by other units within ILO. The effective use of ILO tools such as HealthWise and SOLVE demonstrate the potential for mainstreaming HIV into other work. However, only Kenya and Haiti established partnerships between the ILOAIDS projects and other projects within the country programs. ILO's interventions, particularly those focusing on gender issues or the informal sector, give a great opportunity for addressing HIV in sectors and with greater reach. However, during this project, these opportunities were not taken in most of the intervention countries.

Effectiveness

The ILO projects achieved most of the outputs projected in the original country level project proposals. The project addressed issues of prevention of sexual transmission in particular, as well as non-discrimination, mother to child transmission, and access to anti-retroviral medicine.

The project management structure has been generally effective. The NPCs reported being satisfied with the technical support they received from Geneva. The tripartite constituents also reported satisfaction, both with the consultation visits by ILOAIDS during the designing of the projects, and with the communication with the NPCs during the project.

Concerns about the manner in which the Paraguay project was run were raised by both ILO staff and project partners, although this view was not unanimous. The decision to not have a NPC in the country appears to have led to a number of delays which were resolved by missions from ILO staff and with cooperation on the ground amongst partners to address the problems. It must be considered that operating without an NPC did result in a decrease in staff costs and so the project's value for money must be considered by weighing the loss in project management efficiency against the reduced staff costs and the fact the Paraguay project received less OFID funding than any other country. The delay

in disbursements by a local NGO that ILO partnered with to help run the project was a particular concern that was raised by evaluation participants.

The reporting and monitoring systems were effective in reporting progress towards outputs and identifying particular challenges that existed. A standard quarterly reporting format was used that adequately covered these areas. The monitoring system is less well equipped to report on outcomes and impact. Although KAP surveys have been completed in limited sectors in certain countries, there has neither been the time nor the resources to follow up on these surveys to identify change and impact. In areas where there have been KAP surveys, it is recommended that ILOAIDS identify resources to conduct follow-up surveys in 2-3 years' time.

Efficiency

The projects at the country level have been efficiently run with good value for money being extracted from the resources made available by OFID. The $1.5 million was divided between the 7 countries, meaning that each country received between $138,000 and $220,000.

In the global proposal, ILO committed to covering $3.5 million of the total project need. ILO's contribution consisted of a mix of costs for designed and preparing for the project, contributions from tripartite constituents, project monitoring missions from HQ and staff support from field and HQ staff.

The budget management system for tracking this contribution is weak and full details on how the contribution has been calculated have not been provided. The largest portion of ILO's contribution, $2.4 million is for staff support at field and HQ. ILO calculate that 119 staff months have been contributed by ILO, of which 88 are field and 31 are HQ. However, although an overall list of the staff considered in this contribution is available, ILO did not provide a breakdown of how many months of which staff were charged to the project and what percentage of their time was calculated. It is therefore not possible to verify the breakdown. It is also not possible to calculate what the split between administrative and programs costs is.

Based on ILO's information, the average monthly cost per staff charged to the project for staff within ILO's contribution was $20,289. This is considerably higher than the monthly costs for staff within the country budgets. It is clear that support from HQ and the sub-regional specialists was important to ensure the technical quality of the project, but without more detailed information it is not possible to say whether considering the high monthly salary costs, ILO's contribution provided an efficient use of resources or not.

The overall efficiency of the project was probably reduced by the number of countries involved. Each country only received between $138,000 and $220,000 of the OFID contribution, and very limited in-kind contributions from tripartite partners. In many cases it meant the project had to be implemented over a limited period of time. The number of countries the project tried to reach was too many with the resources involved. Although each country achieved some notable results it is likely that providing more in-depth and lengthy support to a smaller number of countries would have generated more sustainable outcomes and been a more efficient use of resources in the long-run.

The baselines that exist focus mainly on outputs rather than outcomes. This allows ILO to calculate progress towards achieving planning activities, but not the impact of the project. Sustainability strategies and exit plans have not been developed, and sustainability was a concern of many evaluation participants. Risks have been managed effectively and ILO responded to challenges that arose in a manner that ensured most outputs could be achieved.

Impact

The evaluation was able to identify a number of impacts, particularly those related to policy change, and capacity building. It is not possible to measure longer term impacts such as reduced sexual transmission of HIV, eliminating PMTCT or reduced discrimination because the scope of the evaluation does not allow for a large scale survey to identify changes in infection rates and it would be too early to identify long-term impact anyway for many of the activities. However, it is possible to infer that behavioural change and increased knowledge of ultimate beneficiaries described by evaluation participants has begun to contribute to these goals. In particular, trainers working within the world of work related stories that suggest increased condom use and demonstrate a reduction in discrimination and stigma towards persons with HIV. These changes contribute towards the development objective of reducing infections of HIV which is included in the majority of countries' proposals.

Other notable impacts include the improved relationships between trade unions and businesses. ILO has been able to present the fight against HIV in the world of work as a 'win-win' for businesses and workers that leads to healthier and happier workers and greater profitability for businesses.

The long-term impact of the project has been reduced by issues relating to the length of the project and sustainability. A number of activities, particularly those in sectors where there was not strong leadership to take forward the project gains, will not be sustainable without future support from the ILO, and this threatens the loss of the gains that were made.

Sustainability

Sustainability is a concern for the project. The short-term nature of the projects led to sustainability being raised as a concern by tripartite constituents in a majority of countries. Evaluation participants were concerned that the gains made during the project would not be sustained without further support from ILO. More training and activities were need to solidify capacity gains and expand them to more sectors or companies, and they indicated the resources at a national level were not available. This was not the case in all countries, Honduras and Kenya in particular showed stronger levels of sustainability, and certain sectors or outputs demonstrated more sustainability in other countries.

The evaluation mission demonstrated considerable differences between the sustainability of work in Honduras and Senegal. In Honduras, at least a partial level of sustainability could be seen in most of the activities. This was particularly the case in the manufacturing sector and in the implementation of the 2013 HIV policy into certain medical professions. In Senegal, sustainability could be seen in the work on developing a mutual social fund for female miners in the south of the country, in the application of HealthWise, and to a lesser extent in the capacity building of labour inspectors. However other gains, such as the adopting of HIV policies in the tourism and transport sector were at risk of being lost because of a lack of capacity to implement the policies unless ILO was able to guide them in a future project. A number of evaluation participants expressed disappointment that the project had stopped operating just at the point when they have developed policies and action plans that they felt unable to implement without the support of ILO.

Overall sustainability was strongest in countries where there was a strong national partner to take forward an action plan or where ILO had persuaded organizations or industries to use holistic occupational safety and health (OSH) tools that include HIV as part of a broader approach, to strengthen their health and safety at work policies. The sustainability of the actions was probably also stronger where the country project had not been over-ambitious in trying to reach too many sectors and conduct too many activities, but instead had targeted a specific sector or vulnerable group.

Additionally, it appeared that countries where ILOAIDS was able to maintain some continuing presence offered greater potential for sustainability than other countries.

Gender Concerns

The evaluation found that the project was generally effective in responding to gender concerns. Although none of the countries conducted a specific gender needs assessment during the design, the project did respond to gender specificities by targeting sectors where the majority of the working population is female, expanding social protection to vulnerable female groups, such as the informal sector in Kenya and female miners in Senegal, and ensuring that topics specific to women's health were included in training and awareness materials. In Latin America, particularly in Paraguay, the project addressed the gendered construct of masculinity which makes discussing topics such as HIV very difficult. By addressing issues such as society's expectation of males, respect for women and violence, the project addressed key gendered needs in innovative ways.

Recommendations

Recommendations	Addressed To	Priority and Timeframe	Resource Implications
Design			
1. Continue to involve the tripartite constituents in designing project interventions. This should include sharing feedback from ILO on the successes and challenges of the previous projects and sharing evaluation reports, findings and recommendations with the tripartite constituents	ILOAIDS and Country programs	High Ongoing	Limited, although potential missions from Geneva and sub-regional offices
2. Make use of holistic OSH methodologies such as SOLVE and HealthWise. These provide a strong entry point because they offer institutions a tool that provides an integrated OSH approach which covers more than just HIV/AIDs	ILOAIDS, Responsible Units	High Ongoing	Limited as methodologies already exist. Potential translation and training costs
3. The length of the projects should be sufficient to allow capacity gains to become sustainable and ensure that gains made in a project are not lost. ILO should consider reducing the number of countries involved if funding is limited and should also consider not accepting funding if it is not sufficient for a project long enough to achieve sustainability.	ILOAIDS	High As proposals are developed	Dependent upon funding availability
Implementation			
4. Continue peer education system that uses persons living with HIV and other workers to Ensure workers can lead the process- by identifying what materials they want, the types of activities, and the mode of delivery that are relevant to their peers.	ILOAIDS and Country programs	Medium	Limited. Training would be incorporated into a new project anyway. Time of NPCs
5. Improve collaboration and identify synergies among ILO's projects. As an example, working to	Country Offices	Medium	Limited. This should improve

mainstream HIV into projects focused on the informal sector, gender, or disability projects would ensure wider reach of ILOAIDs work. The provision of technical support on HIV to other projects would further this goal.			funding opportunities/cost sharing. Time of NPCs
Monitoring and Evaluation			
6. Support programs that will require tripartite constituents to provide only limited resources to continue after the project to implement work-based HIV policies. This will help improve sustainability if ILO can demonstrate to companies and industry groups that developing and implementing an HIV policy does not require a large financial outlay.	ILOAIDS and Country programs	Medium	Limited. Time of NPCs
7. Identify areas where impact can be measured on a long-term basis. Examples of this include the KAP survey conducted in the manufacturing and sugar sector in Honduras. Revisiting these surveys in 2-3 years would give a clearer idea of impact. ILO cannot do this for all activities but picking a sample, ensuring a usable baseline and committing to returning for a post-intervention survey is advised.	ILOAIDS	Medium	Potentially significant as guaranteeing donor funding for follow-up survey may not be possible.
Funding			
8. Ensure clear budgets for ILO's contribution are developed and a financial management system implemented that tracks ILO's contribution. The development of the budget should consider how to ensure a cost-effective split of salaries between national, and regional/HQ levels.	ILOAIDS	High	High
9. Try to mobilize public-private partnerships. Potential exists for identifying funding opportunities with private enterprises, particularly large international corporations.	ILOAIDS and Country programs	High	Time of staff. Should achieve good return on time.
Sustainability			
10. Develop a sustainability plan and clear exit strategy.	Country programs	High	Low. Time of staff
11. Prioritise projects in countries where ILO can continue to offer at least some technical support after the project.	ILOAIDS	High	Time of sub-regional or country level staff

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Acknowledgements

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List of Acronyms

AHM:	Asociación Hondureña de Maquiladores
ASONAPVIHSIDA:	Organización de personas viviendo con VIH
CGH:	Confederación General de Trabajadores
COHEP:	Consejo Hondureño de la Empresa Privada
CPO:	Country Programme Outcomes
CTH:	Confederación de Trabajadores de Honduras
CUTH:	Conferedación Unitaria de Trabajadores de Honduras
DWCP:	Decent Work Country Plans
FGD:	Focus Group Discussions
IHSS:	Instituto Hondureños de Seguridad Social
ILO:	International Labour Organization
MoLSA	Ministry of Labour and Social Affairs
M&E:	Monitoring and Evaluation
NGO:	Non-governmental Organization
NPC:	National Project Coordinator
OFID:	Office for International Development
OSH:	Occupational Safety and Health
P & B:	Programme and Budget
SWOT:	Strengths, Weakness, Opportunities, Threats
TOR:	Terms of Reference
TOT:	Training of Trainers
VCT:	Voluntary Counselling and Testing

Background and Project Description

Background

HIV prevention and treatment is one of the world's most pressing global public health and development priorities. HIV is preventable but 35 million people worldwide were living with HIV by the end of 2013[1]. HIV prevalence is highest in the 15-49 age group. Traditionally this group is relied on most for economic activity and household wealth. A failure to prevent or effectively treat HIV, and reduce social stigmas around the disease therefore has serious repercussions on family, social and community cohesion through reducing an individual's potential to live a full and productive life. HIV has affected the continent of Africa the worst, with an estimated 70% of the global HIV burden and where 1 one in 20 adults live with HIV[2].

Women are more likely to be infected with HIV than men. Societal norms that limit women's opportunities to take control of their reproductive health combined with biological factors mean than the global infection rate for women is higher than men. It is estimated that for every 10 men living with HIV, there are 13 women[3]. This pattern is exacerbated in certain areas. For example, in sub-Saharan Africa, 60% of people living with HIV are women[4]. In two of the countries of intervention, Paraguay and Bolivia, men are more affected by HIV/AIDs than women, and this was reflected in the project approach. Geographical, societal and financial reasons also mean that certain professions are at greater risk of HIV than others. Mining, construction, and transportation workers often have limited access to health care, information, and prevention efforts, exacerbating the risk to workers.

The HIV pandemic poses a serious barrier to decent work and sustainable livelihoods. ILO has implemented policies and recommendations aimed at recognizing the world of work as playing a crucial role in the addressing HIV and AIDS. The workplace can provide an important gateway for health practitioners, governments and civil society to improve access to information, testing, treatment and social support. However, in too many cases discrimination, stigma and a lack of understanding close off this gateway. ILO adopted a code of practice on HIV/AIDS and the world of work in 2001 and ILO member states developed Recommendation No. 2000 through a double discussion process leading to the adoption of the Recommendation at the 2010 International Labour Conference. This provided an international labour standard dedicated to HIV/AIDS and the workplace.

Project Description

This was the third phase of the OFID/ILO partnership. Building on previous interventions, ILO developed country level proposals to respond to the challenges of the HIV response in 7 countries. The seven countries; Ethiopia, Kenya, Senegal, Haiti, Honduras. Bolivia, and Paraguay, were nominated by the donor to be the target countries. The program was designed to address gaps in HIV service provision in each country, and compliment the programs of the national governments and NGOs.

The project was designed to be aligned with the UNAIDS Strategy (2011-15), "Getting to Zero". It specifically targeted contributions to three particular goals: 'reducing the sexual transmission of HIV by 50%; eliminating mother-to-child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV and in need of treatment'.

[1] UNAIDS. 2014. The Gap Report
[2] UNAIDS. 2014. The Gap Report
[3] UNAIDS. 2010. Getting to Zero
[4] UNAIDS. 2010. Getting to Zero

The global proposal for the program, listed the following as the objectives and strategy of the project:

> "The strategy of the project is to provide quality HIV-related services in and through the workplace, reaching individuals, couples, their families and the communities adjacent to remote worksites (such as mining and construction operations and transport corridors currently not covered by national HIV programs). Partnerships will be established with existing services. Innovative solutions will be used to reach mobile workers in remote areas, including mobile wellness centres/clinics. The program will apply a rights-based approach to remove barriers posed by HIV-related stigma and discrimination that impede increased uptake of services."

The global proposal also includes two main outputs and lists a number of activities which will contribute to the outputs. The outputs are:

> "Output 1: vulnerable workers will have access to HIV prevention, treatment, care and support services."

Within this output, the program aimed to ensure that 35,000 workers have access to HIV services, including providing voluntary counselling and testing (VCT) to 20,000 workers, all reproductive-age women targeted by the project would have access to PMTCT counselling, 2 mobile services would be in operation and 50,000 family and community members would have increased access to HIV services.

It was proposed these targets would be met through the following activities:

- VCT services
- PMTCT services
- STI diagnosis and treatment services
- Mobile HIV services
- Extension of HIV services

> "Output 2: Improved access to care, support and treatment services for people living with HIV."

Within this output, the project aimed to ensure that 10,000 people living with HIV would have access to ART services, 15 occupational health services would be available to the targeted workers, 1,000 health workers would have access to equipment, all participating workplaces will have HIV anti-discrimination policies.

These targets were to be met through the following activities:

- HIV treatment services
- Occupational health services
- Health workers' occupational safety
- Zero-HIV discrimination at work policies

The global proposal gives an overview of the project. The seven individual countries were asked to develop country-level proposals detailing specific interventions they would undertake. The projects developed were specific to the context of the country. There are very different infection rates, prevalence hotspots, national policies etc. in each country. The individual proposals were designed to

respond to the context of the country and the needs of the tripartite constituents. The tables below detail the development objectives and immediate objectives of each country's project.

Each of the countries involved has different challenges. Prevalence rates in the African countries are higher. Ethiopia had an estimated prevalence rate in 2011 of 1.5%[5], Kenya's is 5.6%[6] and Senegal's is 0.5%[7]. HIV affects more women than men in sub-Saharan Africa, and rates of mother-to-child infection are high. Poverty, income disparity, malnutrition, and the prevalence of other diseases all contribute to exacerbate the effects of HIV.

The prevalence rates in the targeted Latin American countries are generally lower; Bolivia's rate is 0.2%[8], Honduras is 0.67%[9], and Paraguay is 0.4%[10]. These countries also have higher infection rates among men than women. Haiti has a higher prevalence rate, 2.2%[11] and also more women than men are infected.

The different political, economic and social contexts in each of the target countries required different approaches to the project. Each country developed their own project in coordination with their tripartite constituents.

[5] The Government of Ethiopia. 2011. Demographic and Health Survey
[6] Kimanga DO et al. 2014. Prevalence and incidence of HIV infection, trends, and risk factors among persons aged 15-64 years in Kenya: results from a nationally representative study. J Acquir Immune Defic Syndr
[7] UNAIDs. 2014. Senegal HIV and AIDs estimate. Retrieved from http://www.unaids.org/en/regionscountries/countries/senegal, December 12, 2016
[8] Bolivia: national report of progress in the response to HIV/AIDS. Follow-up to the political declaration on HIV/AIDS 2011, 31st March 2012. Plurinational State of Bolivia. Ministry of health and sports. HIV/AIDS national programme
[9] Global report of progress in the fight against AIDS, Honduras, 2012
[10] UNAIDs. 2014. Paraguay HIV and AIDs estimate. Retrieved from http://www.unaids.org/en/regionscountries/countries/paraguay/, December 12, 2016
[11] UNAIDS. 2012. National control programme against AIDS: report National Haiti

Development Objectives

Global	Kenya	Ethiopia	Senegal	Haiti	Honduras	Paraguay	Bolivia
The strategy of the project is to provide quality HIV-related services in and through the workplace, reaching individuals, couples, their families and the communities adjacent to remote worksites (such as mining and construction operations and transport corridors currently not covered by national HIV programs).	Reduced stigma and discrimination and increased social protection for informal economy women and men workers and their families	The project will contribute to the reduction of new infections in Ethiopia in line with the goals of the Strategic Plan 2010/11-2014/15, through an increased access of women and men workers to HIV services.	Contribute to the reduction of new infections through an effective response from the world of work and the improvement of services provided to workers	Knowledge about HIV and prevention practices increase in the working age population	To contribute to the reduction of new infections among the working population in the agricultural sector and the sector of the textile maquila through access to prevention programs and access to treatment and support related to HIV.	Vulnerabilities related to HIV in long-distance truck drivers and inter-city bus drivers in Paraguay are observed, analyzed and reduced significantly	Contribute to the reduction of new infections among the working population of Bolivia to improve their knowledge and ability concerning the prevention and care of HIV/AIDS

Immediate Objectives per Country

	Kenya	**Ethiopia**	**Senegal**	**Haiti**	**Honduras**	**Paraguay**	**Bolivia**
Project Date:	Jan 14-Dec 14	Jan 14-Mar 15	Jan 14-Dec 14	Jul 14-Dec 15	Jan 14-Dec14	Jan 14-Nov 15	Jan 14-Dec 15
1	Increased social protection coverage especially for informal economy women and men workers and their families including PLHIV	MOLSA, CETU and EEF have the tools and knowledge to assess HIV interventions and plan future HIV and AIDS programmes	The legal and institutional framework for the fight against HIV and AIDS in the workplace is strengthened and known by actors and beneficiaries	The world of work adopts strategy on HIV and AIDS in the workplace that incorporates the principles outlined in Recommendation No. 200	Manufacturing and agro industry workers improve their knowledge, preventive practices and self-care regarding HIV.	Mobile health services improve the quality and efficacy of their services having better knowledge of service-delivery points, the risk factors for the target population and reception of their prevention campaigns.	The Bolivian State and the organizations of workers and employers in the country improve their response capacity on the prevention of HIV in the workplace and the application of relevant legislation
2	Improved knowledge of HIV status among women and men workers in both formal and informal economies including construction sector through VCT campaigns with linkage to treatment and support services.	Access to HIV services by women and men workers in horticulture and construction sectors enhanced to scale up prevention, STIs management, VCT and treatment	The response of the sectors of health, transport and tourism is reinforced and the access to screening is increased for the male and female workers	ILO constituents implement a strategy on HIV and AIDS in the textile and construction industries	Working population from the manufacturing sector and the agro industry has access to HIV prevention, care and support services through the workplace	Long-distance truck drivers and inter-urban bus drivers have access to mobile health services that reduce their HIV vulnerabilities as well as their risk of syphilis and other sexually-transmitted diseases and situations to exposure to risk.	
3	Enhanced women and men health workers' occupational safety and health relating to HIV and reduce stigma and discrimination.		Female miners of Kedougou have adequate social welfare services				

Purpose of the Evaluation

This report covers the findings of an external final evaluation of the ILO project "Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work". The project is the third in a series of OFID funded projects addressing HIV in the workplace.

The intended users/clients of this evaluation are OPEC as the donor, ILO as the executor of the project, and ILO's project management and staff, including those in Geneva and the Country Offices involved in the project. The evaluation has both accountability and lesson learning functions to it. The evaluation provides the opportunity for accountability to OPEC and also ILO's tripartite constituents, as well as internal, mutual accountability between Country, Regional and Global offices.

The TOR also required a strong lessons learning element to the evaluation. The TOR states that the evaluation will "seek to ascertain what has worked, what has not worked, and the underlying reasons (internal and external). The evaluation will also identify contributions made to the ILO's internal learning processes."

Evaluation Criteria and Questions

ILO requires that evaluations follow the five standard OECD/DAC criteria of relevance, effectiveness, efficiency, sustainability and impact. In this evaluation, the TOR also included criteria of coherence and gender concerns. The following questions guided the evaluation:

Evaluation Criteria	Key Evaluation Questions
Relevance	1.1 To what extent is the design of the ILO projects relevant to the national AIDS strategies, ILO's 2014-2015 Outcome 8 (The world of work responds effectively to the HIV/AIDS epidemic) and UNAIDS Strategy on Getting To Zero (2011-2015), in particular the following goals: reducing the sexual transmission of HIV by 50%; eliminating mother to child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV in need of treatment?
	1.2 To what extent are the interventions aligned with the HIV and AIDS and the World of Work Recommendation, 2010 (No. 200) and the ILO Code of Practice on HIV/AIDS and the world of work?
	1.3 To what extent is the project design aligned to Decent Work Country Programmes and to the United Nations Development Assistance Frameworks (if/when applicable)?
	1.4 Did the project respond to the needs of the tripartite constituents, persons living with HIV, and other relevant stakeholders?
Coherence	2.1 To what extent are the various activities in the project's strategy coherent and complementary (in its design and implementation) with regard to global and country-level interventions?
	2.2 How do current efforts build on previous experience and/or maximize synergies realized with other ILO interventions and sources of funding?

	2.3 How are issues relating to decent work mainstreamed in the project's implementation?
Effectiveness	3.1 Was the project strategy effective in facilitating project implementation?
	3.2 Did the project deliver the expected results?
	3.3 Were the reporting and monitoring systems adequate to capture progress and identify challenges so that appropriate changes could be made?
Efficiency	4.1 Assess the progress made to established baselines, design a sustainability strategy and manage risks.
	4.2 To what extent are the project's resources (technical and financial) being used efficiently?
	4.3 Assess how the project has leveraged other funds at the country level?
	4.4 What means have been used to create, share/disseminate knowledge?
Impact	5.1 To what extent have the project's actions had a demonstrated impact towards the achievements of the project's objectives? (Assess results and impact against baselines and provide specific examples of results and impact (if/where applicable) in the field. Details about the impact orientation of activities and results to date will allow the donor to determine how its funding has helped produce change.)
Sustainability	6.1 Does the project have a sustainability strategy that involves tripartite constituents and development partners to establish synergies that could enhance impact and sustainability?
Gender Concerns	7.1 Were the project objectives consistent with the target group's needs and priorities, including with national gender policies and strategies?
	7.2 Did the project take gender specificities into consideration in its design and implementation?

Methodology

The evaluation used a mixed methods approach focusing strongly on qualitative techniques but also blending in quantitative data collected by ILO's monitoring system. The nature of the project and the limited baseline data available meant there was a much stronger emphasis on qualitative data. Qualitative data collection techniques included semi-structured interviews with project beneficiaries, partners and stakeholders. In focus group discussion (FGDs) the evaluation also collected stories of change in which participants were asked to identify the biggest change they had witnessed and give an example to demonstrate this. To identify what has worked in the project and make a contribution to ILO's internal learning process, the evaluation used an appreciative inquiry approach an appropriate method to use for engaging ILO staff and tripartite constituents.

Appreciative inquiry is a facilitated learning approach that seeks to identify what worked well. The theory behind the approach is that identifying what worked well in a project helps focus stakeholders

on how to develop future work in a positive manner, whereas if the evaluation focus is on what did not work, it can lead to recrimination that is not productive for future partnership. The tripartite nature of ILO means appreciate inquiry is a positive evaluation method to use, as it can help reduce power imbalances and prevent responses aimed at securing favourable status in future work. Using this approach did not preclude identifying challenges that occurred but ensured the positive experiences of what did work are prioritized to support ILO's future work.

The evaluator visited two countries, Honduras and Senegal, spending five days in each. Stakeholders in other countries were contacted via telephone or Skype. The data collection techniques included:

- Desk review of relevant project documents
- Desk based interviews with ILO staff based in Geneva, regional offices and national project coordinators.
- Desk based interviews with project partners in Ethiopia, Kenya, Bolivia, Haiti and Paraguay.
- FGDs with stakeholders who had been trained by the project. This included trade union members in the nursing, agricultural and anaesthesiology industries in Tegucigalpa, trainers from the manufacturing sector and representatives of enterprises in San Pedro Sula, labour inspectors and health workers in HealthWise clinics in Dakar.
- Observation of a HealthWise clinic in Dakar.
- Semi-structured interviews with various constituent representatives, partner DPO/NGOs, and ultimate beneficiaries in Honduras and Senegal.
- Tripartite constituent committee SWOT analysis and discussion of lessons learned and recommendations at evaluation briefing meetings in Honduras and Senegal.

Data Collection

Desk Work

- Document review

An initial desk review of relevant documents, including project proposals and reports, evaluation reports for previous phases, and ILO's evaluation guidance was conducted at the start of the evaluation. This allowed the evaluator to gain an understanding of the design and implementation of the project, and develop an inception report. The inception report presented the plan for the evaluation including the evaluation criteria and questions, and the proposed methodology.

- Initial Briefings in Geneva

The evaluator visited Geneva after conducting a desk review of initial documents and skype briefings. The purpose of the visit was to meet with a variety of ILO staff connected to the project. A list of briefings is included in annex 2. In total the evaluator met with 9 ILO staff (8 F & 1 M)

- Remote Skype Interviews

Initial skype interviews were held with key ILOAIDS Geneva staff before the briefing in Geneva. This helped supplement the information obtained in the desk review and helped frame initial questions. Following the briefings in Geneva, the evaluation held skype interviews with the National Project Coordinators (NPCs) or Program Officers from the five countries not visited in the evaluation mission.

One of the limitations of the evaluation is that the budget only allowed for a visit to 2 of the 7 countries. To mitigate this weakness, the NPCs were asked to facilitate phone calls with a small sample

of key national stakeholders. Skype calls were held with constituents in all countries, except Ethiopia. It was not possible to arrange calls with Ethiopian stakeholders.

2 skype calls were organized with 2 participants in Kenya (1 F & 1 M), 2 with 2 participants in Paraguay (1 F & 1 M), 3 with 5 participants in Haiti (1 F & 4 M), and 1 with 2 participants in Bolivia (2 F).

- Questionnaires

The time-scale of the evaluation allowed for only a limited number of skype calls. To add to the data, short questionnaires were developed and if necessary translated, and sent to tripartite constituents and partners in Bolivia, Ethiopia, Haiti, Kenya and Paraguay. Two questionnaires were returned from Ethiopia, three from Kenya, one from Bolivia, one from Paraguay and two from Haiti. Questionnaires were also developed as a follow-up to the skype calls with the ILO officers responsible for project in the countries. 5 questionnaires were sent out and 2 were returned. Examples of the questionnaires can be found at annex 1.

Field Visits

The evaluation TOR required a visit to 2 of the project's countries. Honduras and Senegal were selected for the visits. Each visit lasted for one week. Selection criteria included:

- Representations of countries from different regions
- Selected countries represent different project outcomes to ensure broad range of project objectives are reviewed
- At least one country's project should have finished a few months ago to enable assessment of short-term sustainability
- Beneficiaries should be accessible to visit
- A broad range of partners were involved in the project

It was felt important that one selected country be in Africa and the other in North or South America. Honduras and Senegal were selected because they fitted the selection criteria listed above and offered the best opportunities for identifying good practices and lessons learned that could be replicated elsewhere.

The evaluator coordinated with the NPC for Senegal and the Sub-Regional Specialist covering Honduras to plan a schedule for the trip. The evaluation missions relied on the ILO staff to identify potential partners and beneficiaries that could be interviewed. The NPCs were briefed during the planning stage of the requirements for the visit. The evaluator was able to meet with most key national level partners. Sampling of partners and beneficiaries was convenience based dependent on availability and relied on ILO staff to organize.

- Semi-Structured Interviews and Focus Group Discussions

Annex 2 lists the meetings/interviews made during the evaluation visits. In Honduras the evaluator held 11 semi-structured interviews and meetings with 25 people (14 F & 11 M), three FGDs with 20 individuals trained in the project (9 F, 11, M), and one tripartite committee meeting for 3 people (3 F). Interviews included representatives from the Ministry of Labour, the employers' federation, the trade unions, the manufacturing industry and ILOAIDs. The focus groups were with individuals trained either by ILO or by partners to be trainers on HIV in their industry/sector.

In Senegal, the evaluator held 7 in-person meetings/interviews with 10 people (6 F & 4 M), 3 phone calls with 3 people (1 F & 2 M), 2 FGD with labour inspectors and staff from HealthWise clinics with 12 people (3 F & 9 M), and one tripartite committee meeting with 5 people (2 F & 3 M). The evaluation also included an observation visit to a HealthWise facility and a demonstration of changes initiated as part of the work. There was an attempt to try to arrange visits to businesses that the labour inspectors had been working with, but this was not possible to organize.

- Collection of Stories of Change

To add to the data gathered at interviews and FGDs, the evaluator also asked FDG participants to think about what they thought was the biggest change the project had led, and to describe this using an example of something they had witnessed. Participants shared a variety of stories which were used to support the other data collected, particularly in the impact criterion.

- Tripartite constituent committee feedback meetings

In both evaluation missions, the evaluator held feedback sessions for the tripartite constituent committee responsible for overseeing the project. At this meeting, the evaluator facilitated a SWOT analysis. The purpose of this was to spark discussion about the project and gain an understanding as to the issues the committee found relevant for the project. The SWOT analyses are added at annex 5. Recommendations and lessons learned were discussed between the participants. The evaluator presented his initial findings of the visit to the committees. Surprisingly, the participants in both Honduras and Senegal both said it was the first time they had received a briefing from an evaluator during an evaluation mission, and both groups were appreciative of the opportunity. It is strongly recommended that ILO facilitate feedback sessions in future evaluations to strengthen the local ownership of the evaluation.

Limitations and Potential Sources of Bias

The most serious limitation to the evaluation is it covers all seven implementing countries, but because of time and budget constraints, the evaluator was only able to visit Honduras and Senegal. To try to mitigate this problem, the evaluator spoke with the NPCs or Programme Officers for Ethiopia, Kenya, Bolivia, Paraguay and Haiti and asked them to arrange phone interviews with key stakeholders. Time only allowed for a small number of phone conversations (2 in Kenya, 2 in Paraguay, 1 in Bolivia, and 3 in Haiti). It was not possible to organize phone calls with Ethiopia. The contact details of two partners in Ethiopia were shared with the evaluator. A phone call was arranged with one but the line was too bad so a questionnaire was sent instead, which was completed and returned by the constituent representative. The second partner had seen staff turn-over so instead of a phone call, the new Chief of Party facilitated gathering answers to a questionnaire from various sources in the organization.

Questionnaires were sent to NPCs or ILO staff responsible for the program in the countries not visited on the evaluation. The questionnaires were intended to supplement questions the phone calls did not have time to go into detail on. Of the 5 sent out, 2 were completed and returned. Questionnaires were also sent out to tripartite constituents. A total of 8 were returned (2 Bolivia, 2 Ethiopia, 1 Haiti, 3 Kenya, and 1 Paraguay). A sample questionnaire is at annex 1.

It was not possible to speak to the NPC for Ethiopia who has left the ILO. The evaluator spoke to the Program Officer who has a good knowledge of the project but was not as involved in the day to day running as the NPC.

There is a risk the evaluation findings are biased towards Honduras and Senegal, as the bulk of the data was collected there. The report tries to mitigate this by using data from the other countries, such as project reports and the skype calls and the questionnaires.

Even within the countries the evaluator visited, the timeframe was short. The projects have a broad range of partners, and it was only possible to speak to a limited number of stakeholders. By arranging to speak to as broad range of stakeholders as possible, the evaluation limits the problems this causes, but the evaluation probably did not reach saturation point in information collected from the participants.

Findings, Conclusions and Recommendations

Relevance

Evaluation Question
1.1: To what extent is the design of the ILO projects relevant to the national AIDS strategies, ILO's 2014-2015 Outcome 8 (The world of work responds effectively to the HIV/AIDS epidemic) and UNAIDS Strategy on Getting To Zero (2011-2015)?

The evaluation found that the design of the projects was aligned with national AIDS strategies and relevant to ILO's Outcome 8 and the UN Strategy on Getting to Zero.

ILO operates a results based management system that sets standardized indicators within 17 different outcomes. Countries are expected to develop country level outcomes within their decent work country plans (DWCPs). ILO develops a strategy on a biannual basis. This project operated within the 2014-15 biennium which laid out the ILO's HIV/AIDS targets within outcome 8; 'the world of work responds effectively to the HIV/AIDs epidemic'.

ILO asks country offices to report against two different indicators in Outcome 8. The indicators are:

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

To be counted as reportable results must meet the following criterion:

- A national tripartite workplace policy is developed on the basis of the ILO code of practice on HIV/AIDS and the world of work (the HIV and AIDS Recommendation, 2010 (No. 200), will be used to guide the tripartite workplace policies).

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

To be counted as reportable results must meet the following criteria:

- An HIV/AIDS workplace programme is developed and launched during the biennium in at least five workplaces.
- The programme has been developed by a bipartite or tripartite HIV/AIDS workplace committee, integrates the ten key principles of the ILO code of practice on HIV/AIDS and the

world of work, and includes specific measures to address non-discrimination, gender equality, healthy work environment, social dialogue, no screening and confidentiality."[12]

As a result of the project, all 7 countries reported that they had achieved indicator 8.2.

Outcome 8 also states ILO will focus on:

- preventing new HIV infections among workers in high-risk sectors where working conditions and discrimination may increase the risk of HIV infection; and
- extending social protection floors to workers living with or affected by HIV.

The project contributed to these goals in various ways in different countries. By focusing on high-risk sectors and remote locations, the project was able to use its limited resources to reach those most vulnerable to HIV. In each country, sectors or populations that had traditionally been excluded from services and are often more vulnerable to HIV infection were targeted. This included the textile industry in Haiti and Honduras, the tourism sector and mining sector in Senegal and Bolivia, the trucking and inter-city bus industry in Paraguay, the construction industry in Kenya and Ethiopia and the horticulture industry in Ethiopia. Some evaluation participants, such as representatives of truck drivers in Paraguay were keen to stress that the project was the first time the workers had received services in a project such as this. In Paraguay, it was shared that it was not just the first time they had been targeted in an HIV project, but the first time for a project offering services of any kind. Many of these sectors are part of the informal economy where workers traditionally have less access to social protections and services. Limited job-security and social taboos about HIV also reduce the potential for workers to know their status and access treatment if necessary. The approach of the project to work with these sectors, therefore ensured that the design aligned with ILO's outcome 8.

Strengthening social protection was also a design feature of some of the country projects. A particular strength of the Kenya project was the work it did to extend social protections to workers in the informal sector through the National Hospital Insurance Fund. In Senegal, an objective of the project was setting up mutual insurance fund schemes for women working in the mining sector in a remote location of the country.

The project proposal argues it aligns with UNAID's 2011 "Getting to Zero" strategic framework. The project aimed to "move the world closer to reaching the long term UNAIDS goal of zero new infections, zero AIDS-related deaths and zero discrimination" through extending HIV related services to vulnerable populations not covered by existing services due to their remoteness or mobility. The project aimed to do this through three strands; increased HIV services such as VCT, STI infection detection, and PMTCT, by reducing stigma and discrimination towards PLHIV, and the provision of tools and equipment to health workers. The TOR particularly asks the evaluation to assess how the project was relevant to the Getting to Zero goals of reducing the sexual transmission of HIV by 50%; eliminating mother to child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV in need of treatment.

It is beyond the scope and resources of the evaluation to be able to measure infection rates, and the project also did not have the resources to conduct this type of measurement. What is possible is to analyse how well the activities aligned with the three goals and assess whether the quality of the product was of sufficient standard to be able to claim ILO contributed towards these aspiration goals. In terms of design and activities, the goal of reducing sexual transmission of HIV by 50% was the most directly targeted. All country projects had some activities that were aimed in some way at reducing

[12] ILO. 2014." Programme *and Budget for the Biennium".* p.40

the infection rate of sexual transmission of HIV. This included awareness raising, VCT, and STI diagnosis. Access to antiretroviral therapy was often provided through ensuring access to health care and developing a referral system. The project itself did not provide antiretroviral services. The awareness work in many countries also covered PMTCT. As such, the project was designed to contribute to all three areas of Getting to Zero.

Other activities such as non-discrimination work and improving the knowledge of medical workers also aimed to support these goals by creating a positive and enabling environment to discuss infection prevention strategies and treat infected individuals. This work sought to reduce the taboos about HIVAIDs and thus make workers more comfortable in knowing their status. This process supported the three goals of the Getting to Zero targeted by the project.

Evaluation Question
1.2 To what extent are the interventions aligned with the HIV and AIDS and the World of Work Recommendation, 2010 (No. 200) and the ILO Code of Practice on HIV/AIDS and the world of work?

Recommendation No.200 is an international labour standard that establishes the workplace as being a key resource in the fight against HIV/AIDs. It lays out a series of principles and expectations on prevention, non-discrimination, access to healthcare and treatment, OSH, testing and support, which should be enshrined in national policies and programmes. ILO's Code of Practice on HIV/AIDS and the world of work was developed by ILO in 2001. It is intended to provide guidance to tripartite constituents on formulating and implementing workplace policies.

The evaluation found the projects were aligned with ILO Recommendation No. 200 and the Code of Practice. Evaluation participants, particularly national level government and trade union stakeholder, identified that Recommendation No. 200 had been important in developing national policies on HIV. Participants in both Honduras and Senegal referred to ILO Recommendation No. 200 when describing the process for developing national policies. The policies the project developed, either in this phase or the previous phase, were aligned with ILO Recommendation No. 200 and the Code of Practice. Technical support on this was provided by ILO staff in Geneva. The project focused on increasing knowledge of HIV status for male and female workers, reducing stigma and discrimination, prevention activities, confidentiality, and social dialogue all within the world of work. These are key principles in ILO Recommendation No. 200 and the Code of Practice.

Evaluation Question
1.3 To what extent is the project design aligned to Decent Work Country Programmes and to the United Nations Development Assistance Frameworks (if/when applicable)?

The evaluation found that in the country projects were aligned with both the Decent Work Country Programmes (DWCP) and the United Nations Development Assistance Frameworks (UNDAF).

Every country proposal includes a section detailing how the project aligns with the DWCP. DWCPs are agreed between tripartite constituents and usually last 3 to 5 years. ILO country offices are required to develop country program outcomes (CPOs) that align with the DWCPs and also ILO's global program and budget outcomes. In this project each country aligned the project with their various DWCPs. For example, Senegal and Kenya have DWCP priorities linked to social protection. Both projects had objectives aimed at extending social protection to vulnerable groups. All countries aligned the project to their DWCP, in particular, HIV and AIDs are reflected in both Haiti and Paraguay's DWCP. The close collaboration with the tripartite constituents in developing the project probably helped contribute to this.

The projects were also linked to the UNDAF. For example, the project in Haiti the project distributed 15 000 condoms workplaces, signed a policy based on the Recommendation No. 200 with a major textile group, assisted the Ministry of Labour in the reviewing the Labour Code, which will be presented to the Parliament in 2016. All of these activities were ones the ILO was accountable for in the UNDAF.

Evaluation Question
1.4 Did the project respond to the needs of the tripartite constituents, persons living with HIV, and other relevant stakeholders?

There was a fairly unanimous consensus from evaluation participants that the design of the project responded to the needs of the countries of intervention. This belief most probably stems from the strong efforts that the project made to include the tripartite constituents in designing the project. ILO followed a participatory approach in asking the constituents to help design the individual projects. Instead of imposing a pre-designed global strategy, ILO allowed the individual countries to tailor the projects to their specific needs.

Examples of this can be seen in how individual projects were designed. In Bolivia the trade unions argued that an HIV intervention needed to address the problem of alcohol abuse as well as HIV. ILO built this in the project so that it addressed an identified need and worked to reduce unhealthy behaviour that also can lead to risky sexual behaviour. In Paraguay truck drivers were identified as a group that had been traditionally excluded from services and were a high risk group for HIV. ILO and the tripartite constituents involved representatives of the truck driving industry and unions to develop and implement the project. Stakeholders in other countries too also indicated a high level of satisfaction with the way the project had been designed in consultation with them and thus responded in their needs.

The main constraint identified by evaluation participants on the project responding to their needs involved the length and scope of the projects. Many evaluation participants, particularly in Senegal, suggested the short time-frame meant the project could not fully respond to their needs.

Persons living with HIV

A key ultimate beneficiary group was persons living with HIV. Although many of the project activities focused on prevention, the project also had many activities aimed at non-discrimination and access to healthcare. A key outcome of the project has been the reduction in discriminatory attitudes toward persons living with HIV. The pathway to this came through policy changes at a national, sectoral and workplace level, awareness raising with employers and managers, and awareness raising for workers. A particularly successful strategy employed in some countries asking persons living with HIV to act as peer educators.

The involvement of organizations representing people living with HIV is more mixed. In some countries, such as Haiti and Honduras there was particularly strong involvement by such organizations. One representative from an organization for persons living with HIV said:

> "It was the first time in a project that I felt very satisfied. ILO treated us with respect and valued our contribution".

In other countries the involvement was not as strong. For example, Bolivia and Senegal had more limited involvement of such groups, although it should be noted in Bolivia this was corrected to a certain extent after the lack of involvement was commented on during a technical mission from ILO

Geneva. It is recommended that future phases ensure organizations representing persons living with HIV are involved in the implementation of activities.

Marginalized and under-represented groups

One of OFID's targets is to reach groups who have traditionally been excluded from HIVAIDs projects and services. In addition to persons living with HIV, the project aimed to reach groups who live in remote communities or are from groups that have not received HIVAIDs services in the past. As noted in question 1.1, the evaluation found that there was considerable effort to include such groups and as a result some communities received HIVAIDs services for the first time.

Coherence

Evaluation Question
2.1 To what extent are the various activities in the project's strategy coherent and complementary (in its design and implementation) with regard to global and country-level interventions?

As noted in question 1.1 and 1.4, the projects were aligned to national strategies in the fight against AIDs and met the needs of the tripartite constituents and persons living with HIV. The project's activities supported the goals of contributing to the three identified goals in the UNAIDs "Getting to Zero" strategic plan.

The projects worked closely with national aids commissions, the Country Coordinating Mechanisms (CCM) of the Global Fund, and UNAIDs. This helped ensure coherence with national priorities and ensure there was not duplication of interventions with other agencies. Many evaluation participants noted ILO's added value is its access to the tripartite constituents, particularly business leaders, and its approach is fairly unique in addressing HIV through the world of work. The work therefore does not duplicate other work. By working closely with the various coordinating mechanisms, the projects have been able to ensure they are coherent with the overall national strategy.

The activities in the project were complementary in that they often contributed to similar goals. For example, in Honduras the project worked to increase access to HIV services by improving knowledge of the 2013 HIV and AIDS National Workplace Policy. The project achieved this through various activities that were complimentary to the overall goal. For example, the trade unions were trained at a national level to give training to various stakeholders on the HIV policy and how to ensure an enabling environment in the workplace or training institutions. The work with the manufacturing sector also sought to achieve similar goals through training on SOLVE[13]. SOLVE is a holistic program designed by ILO's SafeWork Department that aims to integrate workplace health promotion into OSH policies. The project in Honduras introduced SOLVE to manufacturing and sugar industries as a means of embedding the HIV response within broad health promotion activities. The SOLVE activities and training by the trade unions were fairly independent of each other but focused on a coherent goal.

As noted elsewhere in the report, there was limited interaction with other ILO interventions. There should be considerable opportunity for complementary interventions but ILO are not currently accessing these opportunities. Kenya and Haiti were exceptions to this. Both projects in these two countries linked to other ILO projects. In Kenya, the project collaborated with the women entrepreneurship development (WED) programme and the Law Growth Nexus project, and in Haiti, the project had extensive collaboration with the Better Work programme. The example in these two

[13] More information on SOLVE can be found on ILO"s website at http://www.ilo.org/safework/info/instr/WCMS_178438/lang--en/index.htm

countries should be seen as a good emerging practice that should be replicated in other countries in future projects.

Globally the projects were designed to be coherent with the work of UNAIDs, and as demonstrated in section 1, the projects were relevant to three UNAIDs strategic goals in particular. ILO representatives in the two countries visited on the evaluation mission spoke favourably of the work of the project in supporting their goals. There was very limited coordination between the implementing countries. Although the projects all contributed to the global proposal, the individual elements of the project were very different. The sharing of lessons learned and best practices would strengthen the global coherence of ILOAIDs work in future.

Evaluation Question
2.2 How do current efforts build on previous experience and/or maximize synergies realized with other ILO interventions and sources of funding?

Most of the implementing countries were involved in at least one previous phase and often two. Haiti was the only country that had not been involved in a previous stage, as the 2010 earthquake altered plans for a project. Each of the previous phases had been evaluated and recommendations made. All of the projects conducted a needs analysis with the tripartite constituents to identify needs and opportunities for this phase of the project and assess previous work done. As such there is a logical continuation to the project in the targeted countries. As an example, Paraguay had conducted a knowledge, attitudes and practices (KAP) survey of truck drivers and HIV in the previous phase. Using the insights gained from the survey, the tripartite constituents were able to articulate their needs for this phase of the project which allowed ILO to design a project to fit these needs.

The evaluation of the previous phase contained a number of recommendations. It should be noted that the evaluation was completed before ILO introduced a standard template for listing recommendations in a report. The report included narrative paragraphs under several headings. The recommendations listed below have been extracted from these paragraphs. ILO did not complete a management response to the evaluation. In addition, at the time of the evaluation, it was expected that the next phase of the project would have a similar level of funding to phase two. The final funding package from OFID was considerably less than the last phase. As such, some of the evaluation recommendations are too ambitious for the level of funding each country received for this project.

Sector/Recommendation	**Response/Action in this Phase**
Project Design	
Both global and country level proposals should have common development objectives, outcomes, outcome indicators and outputs that support Outcome 8 and national HIV response frameworks.	Development objectives were closely aligned but flexible enough to allow countries to design a program relevant to their individual needs. Each country reported achievement of indicator 8.2 in outcome 8.
Proposals should state outcomes as effects meeting P&B criteria	The development objectives are stated as effects and are in-line with the P&B criteria.
Outcomes should include indicators that measure effects	Proposals still mainly included indicators that focus on outputs rather than outcomes
Consultation of tripartite constituents in planning projects should continue.	This was a strong point of this project.
Monitoring and Reporting System	
Use the output and outcome indicators to develop an M&E system that empirically collects and reports on a common set of effect indicators	A common reporting structure was developed but it focuses more on outputs than outcomes and there is not a common set of indicators.

Phase three of the project should consolidate the country data and produce a global report on the project's achievements	ILOAIDS submitted a report to OFID. This was just the final reports of the countries that had finished their projects and did not include a summary of common successes.
Evaluation of the performance of the NPCs should in part be based on the implementation of the M&E tools	It's not clear how this would work.
The M&E system should be linked to national frameworks and monitoring systems	The projects reported to their tripartite committees and linked the work to the DWCPs.
Public Private Partnerships and Resource Leveraging	
Place emphasis on establishing strategic alliances and partnerships with host government agencies, companies, UN organizations, donors, and NGOs to increase the scope and impact of the project and leverage additional resources.	This has not been achieved to any great extent. The project has worked with governments, companies and trade unions but only very limited additional resources have been leveraged.
The resource leveraging strategy should include a standardized system and guidelines to value and report on partners and their contributions.	A standardized system for reporting this figure does not exist. It is not clear how the calculations of in-kind support were calculated and whether this is standard across the countries.
NPCs should continue to build alliances and negotiate cash and in-kind contributions from partners.	In-kind contributions such as training room space or printing was leveraged from some partners, particularly industry groups. NPCs have developed good relationships with partners to allow this to happen. The amounts are limited though.
Supply Chains and Integration	
The new project should look for opportunities to form alliances with companies that have extensive supply chains such as the brewery, sugar, tea, and coffee sectors and NGOs that can help implement HIV prevention and mitigation strategies.	The project worked effectively with NGOs in Senegal, Kenya and Ethiopia. There was less collaboration in Latin America. Kenya continued to work with companies with extensive supply chains. There was not a coherent project strategy globally to address this though.
Another good practice is integrating HIV and AIDS services into other ILO projects and programmes.	There has been very limited integration of HIV and AIDs services into ILO's other projects with the exception of the projects in Haiti and Kenya.
Sustainability Planning	
Develop a global sustainability framework and guidelines and require the NPCs, in consultation with key constituents, to develop exit strategies and clear sustainability plans.	Sustainability is still a weakness. The project was too short to consider sustainability effectively. Clear exit strategies have not been developed.
Informal Sector	
The project should promote HIV workplace programmes for the informal sector.	The project has worked with the informal sector in several countries. Collaboration with ILO's informal sector projects would improve this further.
Gather and share global good practices for HIV informal sector programmes in the design of country programmes.	Countries have documented good practices in the reports and are aware of them for future work, but they have not yet been shared either

	internally or externally. ILO reports there are plans to do this in 2016.
Where appropriate, the project could collaborate with other UN Agencies and NGOs working with the informal sector.	There has been only limited collaboration (beyond coordination with UNAIDs) with other UN agencies.
Knowledge Sharing	
Develop and implement mechanisms to share lessons, experiences, good practices, and innovations among the countries.	ILO has not developed a mechanism to share knowledge between countries.
The next project could use a social networking mechanism to continue promote knowledge sharing among project staff and their networks.	This has not been developed, although some of ILO's partners such as the manufacturing sector in Honduras have utilized social media and this could serve as a good practice in future work.
Performance Based Resource Allocation	
Develop a performance-based resource allocation system that acts as an incentive to the ILO country offices and NPCs to effectively manage project funds.	This is not possible in projects lasting 1-2 years.

Overall there has been mixed implementation of recommendations from the last phase of the evaluation. ILO staff stated that the evaluation had been used when designing the new phase of the project. There is evidence of this in the proposals. It would have been useful for ILOAIDs to complete a management response to the recommendations so there was greater clarity as to whether they accepted the recommendation or not. The length of the projects reduced the potential for some of the recommendations to be implemented.

Although some recommendations were considered, some of the concerns highlighted in the previous evaluation still exist currently. In particular, sustainability is still a concern and it is not clear that enough consideration has been given to an exit strategy. There is also only very limited partnership with other ILO projects and UN agencies in some countries, although Kenya and Haiti were more successful in achieving this.

Evaluation Question
2.3 How are issues relating to decent work mainstreamed in the project's implementation?

ILO's decent work agenda lays out four strategic objectives, with gender equality as a cross-cutting objective. The four objectives are:

- Promoting jobs
- Guaranteeing rights at work
- Extending social protection
- Promoting social dialogue[14]

The project's main objective is not to promote jobs. In certain cases, persons living with HIV have found it easier to find or keep jobs as a result of the project reducing discrimination and promoting access to treatment. However, the project does not work on job creation or skill training, with the exception of work in Kenya to promote the building of capacity on business skills and accessing income

[14] ILO. "Decent work agenda", retrieved from: http://www.ilo.org/global/about-the-ilo/decent-work-agenda/lang--en/index.htm on February 8th, 2016

generating activities of women living with HIV. The project does support the three other strategic objectives and as noted in the gender concerns criterion, has been fairly effective at mainstreaming gender issues into the project's activities.

A key success of the project has been the building on the work of the previous phase to support the development and/or implementation of policies guaranteeing equal rights for workers living with HIV. For example, Honduras built on the development of the HIV labour policy in 2013, by supporting the development of a sector specific policy in the manufacturing industry. Senegal addressed rights at work through Ministerial decrees and the training of Labour Inspectors to implement the decrees in the work place.

"The biggest impact of the project and the most important to me is the reduction in discrimination. We have been able to prevent people from getting fired and empowered workers to access their human rights. The use of blood tests to screen people for HIV is forbidden but takes place. The project has helped reduce this practice by raising awareness among workers and employers that it is prohibited" *Trade Union Representative; Honduras*

The project has also worked in some countries to extend social protection. Kenya probably offers the most successful example in the work the project conducted to extent social protection to the informal sector. Evaluation participants from Kenya were keen to stress the success of this element of the project, with many identifying this as the most successful activity (when explicitly asked to identify the most successful). Evaluation participants shared that a key lesson learned from the project was that informal work sectors still had key strong workers' organizations and engaging them in the HIV response had positive results. The project also worked to strengthen the Clustered HIV Enterprise Networks (CHEN) for enterprises in selected counties. The CHEN helped enterprises strengthen work place policies and raise HIV awareness but also worked in bring in the informal sectors through engagement over social protection schemes and VCT days. The project was able to use the formal sector's daily need to consume the goods and services of the informal sector to impress the companies the need to engage in the informal sector. This allowed the project to enrol a large number of workers from the informal sector in the national insurance scheme.

Senegal has also successfully worked with female miners in the remote southern part of the country to develop a mutual health insurance fund. This part of the project partnered with a local NGO to ensure access to a social protection scheme for female miners. With ILO' support, the local NGO has worked with women's groups to develop two cooperatives and importantly ensure its acceptance within governance and social services. However, the preparatory work was only finished in January 2016, and so the evaluation was unable to analyse how effective the implementation of the fund has been nor the effect it has had on the miners' lives.

The project has promoted social dialogue by bringing trade unions and workers, and employers' federations and individual enterprises together to discuss the fight against HIV. For example, in Honduras, the trade unions and the employer federation shared how the project had improved the relationship between the trade unions and the employers. The dialogue had helped both sides realize that addressing HIV in the work place was a 'win-win' for all, and this had helped them to work productively together on the issue. Both parties indicated they believed this had improved the general relationship and would be beneficial when discussing other issues.

Effectiveness

Evaluation Question
3.1 Was the project strategy effective in facilitating project implementation?

Project Management

Overall the project management structure has been effective in facilitating the project. The NPCs coordinated well with constituents and partners, and have received strong technical support from the sub-regional offices and Geneva. The identified main concerns with the management strategy were the lack of a NPC in Paraguay and the lack of synergies with other ILO projects in the country of implementation, with the exception of Haiti and Kenya.

The decentralized project management approach and location of ILO country offices meant there were numerous accountability lines within the project. Of the seven counties involved in the project only two, Ethiopia and Senegal, have a permanent country office. The other country projects were managed remotely from regional offices; Kenya from Tanzania, Haiti and Honduras from Costa Rica, Bolivia from Peru and Paraguay from Chile. Each project with the exception of Paraguay had a NPC based in the country of intervention. The two sub-regional specialists were based in Costa Rica and Peru provided technical and managerial support to the projects in Haiti and Honduras, and Bolivia and Paraguay. The African countries were not supported by sub-regional experts. Instead the project was directed supported from Geneva by ILOAIDs staff. In this project Kenya and Ethiopia reported to the Technical Specialist in Geneva, Senegal to the Technical Officer in Geneva, and the North and South American countries to the Senior Legal Officer, via the Sub-Regional Specialists. The global project was monitored by the Senior Advisor to the Director in Geneva.

The ultimate responsibility for the implementation of the project lay with the Country Director of the implementing country (Senegal and Ethiopia) or supervising country (Bolivia, Haiti, Honduras, Kenya and Paraguay). In reality, supervisory responsibility seems to have laid more with the Sub-Regional Specialists and Geneva staff than the Country Directors. Feedback from ILO staff suggested they believed the Country Offices could have taken more responsibility for supervising the project. Although the Country Offices oversaw the projects, direct support seems to have gone through the ILOAIDs officers in the sub-regional offices or Geneva and may have contributed to the lack of partnership with other ILO projects and programmes.

The projects also reported to tripartite constituent committees. Feedback from evaluation participants was that they were happy with the level of information and technical support they received from the NPCs. This feedback was fairly uniform. The main level of concern related to the support available after the project had ended, and that there were not resources for all the activities available.

> "There has been a strong partnership between ILO and (the partner) during planning, implementation and monitoring of ILO supported activities. ILO's engagement both from international and in-country office through remote support and physical participation and decision making was great." *Partner Responsible for Implementing Activities*

The one country where there were more concerns about the support ILO could give was in Paraguay. Constituents, and some ILO staff identified that the lack of a NPC meant that the project did not operate as smoothly as they would have liked. Stakeholders who participated in evaluation interviews indicated were happy with the support from Geneva and Santiago when it was provided but unhappy

about the support provided from the local NGO which was delegated to disburse payments to project partners. The lack of a NPC also led to the perception of a lack of attention given to the project initially by ILO. This concern was mitigated by two support missions which helped address the project delays. It should be noted that the Paraguay project operated on a smaller budget than the other projects and so not having a NPC freed up budget to be used for program activities. However, the perception of the majority of ILO staff and stakeholders interviewed for the evaluation was that the approach of not having a NPC was not effective. The lesson learned from this is that if they choose to take this approach, then ensuring the local partner/NGO has the capacity to administer the project is very important. If this cannot be guaranteed, then a NPC should be employed.

Implementation Strategies

Evaluation participants shared a number of examples of good practices where they felt the strategy employed for implementation had been particularly successful. Many of these were specific to individual countries, but a number of themes emerged during interviews, skype calls and focus groups that were shared across countries.

- Peer Learning

Although implemented in different ways, the importance of peer learning was stressed by many evaluation participants, particularly in Latin America. In Haiti and Honduras, involving persons living with HIV as peer educators was seen as important. Trainers narrated stories explaining how the level of mis-understanding of HIV/AIDS was so high that workers did not realize people living with HIV were capable of living normal lives. Having trainers who live with HIV conduct the training was seen as a real 'eye-opener' for people at the training, as it supported the messages that it was not possible to tell who did and who did not have HIV, and that people living with HIV could live productive and social lives.

"When we conduct training, attendees don't realise on the first day that some trainers are living with HIV. When we tell them later in the training that I am living with HIV, they are really surprised. For many it is an 'a-ha' moment that helps them to recognize that people living with HIV can continue to work and have social lives. After this we often get calls from a lot of people living with HIV asking for support" *Representative of organization for persons living with HIV, Haiti*

A similar successful approach has been ensuring that peers at the same hierarchical level are involved in the training. This again has helped particularly in Latin America where there are strong taboos about sex education and the machismo culture exists. For example, having truck drivers deliver the training themselves in Paraguay has helped trainees recognize the issue is relevant to people like them, and that it is possible to talk about it in a group setting. One of the peer trainers, who is a union leader for truck drivers described how this approach has led to drivers expressing an interest to visit health clinics. At this point in the conversation, the translator stopped to ensure that as someone not experienced in the Paraguayan culture, the evaluator understood this was very rare for men in Paraguay. Using peers to raise the topic of health visits and checking HIV status was therefore seen as a very successful technique to alter usual attitudes and behaviour patterns towards health visits. This was observed in other countries as well. As one trade union representative put it in Honduras, 'a key to this project is the ability of the facilitator to change minds'. Peers who trainees recognize has the same experiences and background as them, are far more likely to be able to change minds.

- Strengthening cooperation between businesses and trade unions

Another successful project strategy identified by stakeholders in different countries was the focus the project put on strengthening cooperation particularly between businesses and trade unions, but also with the government as well. This was particularly noticeable during the evaluation mission to Honduras. In many ways this is closely linked to the satisfaction of the tripartite constituents in the way that ILO developed the project. Closely involving all parties in developing the project, helped ensure ownership and cooperation during the implementation. In Honduras, the mode of implementation required industry groups, employers and trade unions to work together to design and deliver the program. Evaluation participants from all groups believed that this has not only improved cooperation in the HIV area, but gives openings for cooperation on other issues.

- Embedded HIV work within a broader occupational safety and health (OSH) framework

The evaluation visits to both Honduras and Senegal highlighted the successes the two countries have had when framing HIV within a broader health and safety at work framework. The Honduras project has successfully introduced an OSH program based on SOLVE to the manufacturing sector and the Senegal project used HealthWise to strengthen the occupational health practices of medical workers in hospitals. HealthWise has also been used in Kenya successfully. Stakeholders who'd been involved in these initiatives felt one of the key successes was that it did not just present an HIV program as a stand-alone program but as part of a broader occupation health strategy. As one evaluation participation said "Organizations might choose to ignore HIV on its own, but they are aware of the importance of occupational health. If you can get HIV included in the OSH program then it is much more likely to be successful and sustainable".

The success of this approach can be seen in the way it has been embraced in the industry groups, companies and hospitals involved. One FDG participant in Senegal narrated how the program had embraced by the maintenance department in the hospital because it helped reflection on how they could use the hospital's existing resources to solve problems. An example given was the use of large empty water containers to build containers to safely dispose of hospital sharps. The participant shared how the phase "to Wise something" was now used in the hospital to refer to solving a problem.

The approach addresses multiple topics relating to well-being and at the same time allows more time for HIV to be considered because it is now mainstreamed into the training programs, as this story narrated in a FGD demonstrates:

"The main change is the approach in how the SOLVE topics are implemented. Now there we have a systematic approach. An example is in nutrition. Companies used to have a problem with over-consumption of energy drinks. The enterprises used to just send the person to the hospital. Now they realise they have to be more systematic and address the cause of the problem-such as the supply of the drink in the factory and follow up with the individual. The same is true of fitness activities which are offered on a more systematic manner. The main change for HIV is in discriminatory attitudes. Now workers have less discriminatory attitudes towards colleagues living with HIV. Now doctors are explaining to workers living with HIV how to manage their emotions and their condition inside an enterprise. For example, they explain that they don't need to share with everybody their condition and they don't need to feel like a victim. Before the HIV was only one day a year. Now with SOLVE we keep up with campaign throughout the year." *Trainer in the Manufacturing Sector, San Pedro Sula, Honduras*

Evaluation Question
3.2 Did the project deliver the expected results?

Overall, the evaluation found that the project delivered the majority of the proposed immediate objectives/outputs included in the country level proposals. The longer term development objectives are harder to assess, and will be addressed more thoroughly under the impact criterion.

The global proposal states an overall strategy of the project, which is to:

> "The strategy of the project is to provide quality HIV-related services in and through the workplace, reaching individuals, couples, their families and the communities adjacent to remote worksites (such as mining and construction operations and transport corridors currently not covered by national HIV programs)."

Each country proposal has development objectives and immediate objectives. The development objectives are framed as outcomes, and express the impact the project hopes to achieve. The immediate objectives are more closely linked to outputs, expressing what immediate results the activities will produce. In some cases, the development objectives do contain both outputs and outcomes and repeat partly the goals of the immediate objectives. For example, Honduras's development objective is: "To contribute to the reduction of new infections among the working population in the agricultural sector and the sector of the textile maquila *through access to prevention programs and access to treatment and support related to HIV*." The last half of the sentence, indicated with added italics, is a summary of the outputs described in the two immediate objectives.

The Kenya project is the only proposal to link more directly to the broader and higher goals of the ILO strategic framework. Although all the proposals do include brief statements on which P & B outcome they will link to, and each country has reported achieving the indicators for P & B outcome 8.2, there is not substantive links made between the country-level objectives, and the more global strategic objectives. Kenya's proposal is the exception to this. The proposal does explain in the executive summary how the project links to ILO's Critical Area of Importance related to extending social protection floors.

The project used a reporting system that required the countries to submit quarterly, semi-annual, annual, and final reports using a standard template. The reports focus on describing the progress towards immediate objectives, and so outputs more than outcomes. At the time of the evaluation, 4 final reports had been submitted (Ethiopia, Honduras, Kenya and Senegal) and 3 progress reports were available (Bolivia, Haiti, and Paraguay). All of the final reports identified either a satisfactory rating for output achievement or a highly satisfactory rating. The progress all identified it was probably or highly probably that the project would achieve its outputs. This means that the ILO officers responsible for producing the reports, estimate that the projects have or will achieve between 60% and 100% of their planned outputs.

A review of output achievement overall suggested the self-assessments in the ILO reports are reasonable. Not all planned activities were achieved but the majority were. A common reason for the outputs that were not completely achieved relates to the length of the project. For example, the Kenya project aimed to ensure the adoption of a new workplace HIV policy consistent with ILO Recommendation 200. This output was assessed as 80% complete because although the policy has been drafted and agreed by the tripartite constituents, it was still waiting for final approval from the Cabinet at the end of the project. A longer project would probably have allowed ILO to support this output through to conclusion. There are examples in all of the completed projects of outputs that were not 100% achieved because of the life-span of the project.

Bolivia was the only project to make a substantial change to an immediate objective. The Ministry of Labour requested the elimination of three activities under immediate objective 3; "The Ministry of Labour officials are trained on national legislation, the rights of workers, the role of the Ministry of Labour as well as the transmission prevention and care available". The project shifted some activities to immediate objective 1 which meant Ministry officials received training and implemented their own workshops. Activities related to a study on HIV and AIDs had to be cancelled. This occurred against a backdrop of a strained relationship with the Minister of Labour. This is not linked to this project itself but to tensions over child labour in Bolivia. The problems do not seem to have reduced the willingness of the Ministry of Labour's civil servants to work on the issue of HIV, but has caused on-going program problems for the ILO, which impacted this project.

The Bolivia project did respond well to the problem though. The Bolivia proposal included a general risk statement related to political will and interest in implementing HIV activities, which was ranked as low. The identified risk does not include the risk of the relationship damage to due to advocacy stances, although it would be unfair to put much blame on ILO for this, it was quite a specific issue and as noted ILO responded well to the problems. Work was done to maintain the relationships with the civil servants so when the current minister leaves his post (which is scheduled to happen this year), the work on HIV will continue. The breakdown in the relationship with the Minister was not the result of actions taken by this project, but came as a result of ILO taking a principled, rights based approach to child labour. The difficulties faced since should not prevent ILO from taking these positions in future, and the response of the project to maintain a relationship with the long-term employees (i.e. civil servants) was effective in mitigated the problems and ensuring the continuation of some of the activities within this objective.

It should also be noted the global proposal included certain activities that were not undertaken. For example, the proposal stated 2 mobile vans would be in operation by the end of the project, whereas in fact only one is, and voluntary male circumcision would be one of the services provided in Ethiopia and Kenya, but this was not provided. The reason behind these differences is actually one of the positive aspects of the project. The global proposal was developed many months before the country proposals. The country proposals were developed in collaboration with ILO's tripartite constituents, who expressed strong satisfaction with this process. It is not surprising then that some of the proposed activities in the global project were not considered valid at the country level, and it is a strength of the project that these were dropped rather than being imposed on the countries. In future, reviewing the global proposal and submitting revised activities and outputs once the country level proposals are finalized would be advised.

Evaluation Question
3.3 Were the reporting and monitoring systems adequate to capture progress and identify challenges so that appropriate changes could be made?

Despite the multiple accountabilities and somewhat complicated structure of the project described in question 3.1, the reporting system of the project appears to have been quite good. All projects reported on a quarterly basis in a format that included a clear executive summary, listed progress of project activities, compared intended to actual indicators and outputs, and highlighted challenges that had occurred and the mitigation strategies employed.

The monitoring structure of the project was focused mainly on activities and outputs with less attention paid to outcomes and measuring impact. The resources of the project were fairly limited in each country and the short-term nature of the project makes it difficult to measure what impact has

taken place. The evaluation of the previous phase of the project recommended the project develop a global monitoring and reporting system that reports a set of outcome level indicators that moves beyond output counting. A common set of indicators might be difficult to produce given the de-centralized system of developing the proposals. However, it should be possible to measure outcomes at the country level to try to understand the impact of the project. The reporting system does not achieve this as it focuses mainly on reporting outputs. Individual countries have made attempts to evaluation the immediate awareness changes from training, and some have implemented KAP studies which give the potential for ILO to conduct a follow-up survey in future. However, neither the resources nor the time to study outcome changes more deeply were made available at the country level for this project.

The reporting and monitoring system was found to have been effective at responding to challenges. Although again the length of the projects made it difficult for any large scale changes to the proposals or the project approach, evaluation participants were satisfied with ILO's responses to concerns and feedback. Examples of this included the revision of awareness and training material based on feedback of workers. Language used in some posters and leaflets were simplified and expressions changed to adapt to the local context.

Efficiency

Evaluation Question 4.1 Assess the progress made to established baselines, design a sustainability strategy and manage risks?

The monitoring system of the project mainly focused on measuring activities and outputs with limited work done on assessing outcomes and impact. In general, baselines focused on counting numbers that would be involved in activities, rather than setting baselines by which to measure behavioural change or capacity gains. For example, for the training of labour inspectors on HIV, the Senegal proposal identifies baseline of 30 labour inspectors who have already been trained and sets a target of 50 to be trained by the end of the project. The baseline does not identify the knowledge level of the labour inspectors nor set a target for knowledge gains. The baseline also does not identify current work practices or set an outcome target of what impact the training will have.

The global and country level proposals do contain brief sections on sustainability. The evaluation of the previous phase reported that the original proposals of all the African countries contained the same wording as the global proposal for sustainability. For each phase, each country's proposal has a unique section on sustainability that refers to the local context rather than just a boilerplate section. This does demonstrate a greater consideration of sustainability than in the previous phase. However, the sections in the proposals are quite short, and it is not clear that sustainability strategies have been formalized with the tripartite constituents. Both of the evaluations for phase 1 and phase 2 raised concerns about the sustainability strategy. This evaluation found sustainability is still a problem in the project. There is not a clear exit strategy and as section 6 of this report shows, although there have been successful gains in certain areas that should be retained moving forward, many of the tripartite partners still rely on the funding and technical support of ILO to ensure the gains made are retained.

The global proposal included as one of the sustainability strategies that; "country partners will contribute, in-kind or in-cash, to program activities to facilitate continuation of the program". There has not been a sustained attempt to obtain contributions from partners to continue the project after it finishes. Kenya and Honduras probably demonstrate the best levels of success in this regard, where

partners have committed to moving forward with campaigns or structures put in place. In general though, this particular goal of the proposal's sustainability strategy has not been achieved.

Kenya's and Ethiopia's proposals are the only proposals to include an assumptions and risk analysis. Honduras's proposal includes a narrative section on risks and assumptions. Senegal, Haiti, and Paraguay's proposals include a list of assumptions within their annexed log-frame. Bolivia's proposal and the global proposal do not include risks or assumptions. However, all the countries' progress reports included a risk and assumptions matrix, as well as lessons learned tables and a summary of challenges. As all the countries first progress reports include the risk and assumption matrix, it is clear that risks were considered throughout at the least during the implementation of the projects. The evaluation judged the project had been able to manage the risks well. It would be advisable for future projects to follow the example of Kenya and Ethiopia and include a formal risk and assumptions matrix in their proposals.

Evaluation Question
4.2 To what extent are the project's resources (technical and financial) being used efficiently?

The evaluation found that the countries had efficiently used the financial resources made available to them, however the information available on ILO's contribution is limited. Each country received between $138,000 to $220,000 of OFID's contribution to run the project, and achieved good value for money with limited resources. ILO committed to contributing $3.5 million to the project. ILO has calculated the actual figure to be $2.9 million. Although some information has been provided about how the $2.9 million is calculated, there is limited detail about this figure, particularly the calculation of staff costs at HQ and the field. It is not possible to calculate how much of this amount was spent on program activities and how much on administration. Developing a financial management system for monitoring ILO's contribution is recommended for future projects.

The technical resources of ILO have been used effectively. Good support has been provided from Geneva and the sub-regional offices and the use of ILO's pre-existing methodologies of SOLVE and HeathWise have led to some of the most sustainable gains of the project.

Financial Resources

OFID contributed $1.5 million to the project which was split between the seven countries and the global product. The amounts budgeted for each country were as follows: Ethiopia: $213,231, Kenya $213,231, Senegal $201,705, Haiti $218,994, Honduras $172,980, Bolivia $172,890, and Paraguay $138,312. A small amount of additional funding was made available for Honduras and Bolivia. The remaining $168,567 was allocated to the global element of the project.

The ILO originally pledged to contribute $3,500,000, much of which was contributions through time, and hence salary, of technical experts in Geneva and the sub-regional offices, as well as in-kind contributions from tripartite constituents. In the initial proposal, $2,482,688 was estimated to cover ILO support to the individual countries projects.

The total OFID funds allocated to each project was relatively small. When initially negotiating the project, ILO staff indicated that they had expected the grant allocation from OFID to be higher. The evaluation found that the country projects utilized the funds available from the OFID contribution efficiently. The projects achieved an impressive amount with such small funding. After the deduction of the 13% overhead, the countries spent approximately 15% of the budget on administration and the rest of program. The salaries of the NPCs are considered program costs as they ran the program and implemented numerous trainings and other project events. This is a reasonable percentage. The

countries have, to a large extent, completed most of the proposed activities, and utilized the funds available effectively. The one concern at a country level regarding efficiency, would be that some countries had proposals that were too ambitious for the funds available. For example, the Senegal project was originally designed on the assumption that funds would be available for 2-3 years. When faced with reduced funding, the project did not reduce significantly the planned activities. This meant trying to achieve too much in one year, and the ability to provide the type of in-depth support that would lead to more meaningful impact and sustainability was reduced.

The planned ILO contribution was not made available to the countries as funding but was realized as an 'in-kind' support for technical support by sub-regional specialists, the salary of the NPC in Bolivia and project management support by the responsible countries. In the initial project proposal, ILO estimated that almost 2.5 million of ILO's contribution would be mobilized for the intervention countries, which is 71% of the total contribution. Following completion of the project, ILO estimate that 73% of the contribution was spent in the countries of intervention. It is not possible to verify this as ILO has provided only limited information on this contribution (see annex 5). The ILO did not share a financial management tool detailing how many months were charged for each position, the percentage of time allocated to the project, and a justification for this percentage.

ILO calculates that $77,758 of their contribution was spent on project design and preparation in 2013, $20,203 was spent on project monitoring missions, $392,854 came from in-kind contributions from partners at the country level and ILO's own resources from country offices, $2,414,468 was from staff-support at field and HQ.

Based on the figures provided, a total of 119 months of staff time was contributed as 'staff support, field and HQ". This works out at $20,289 per month for each staff member. The staff salaries included in OFID's contribution are considerably lower; for example, the Honduras project charged $49,700 for the salary of the NPC during 2014, which is an average of $4,141 per month. Although, the lack of detailed financial information about ILO's contribution makes it difficult to assess in-depth the efficiency of this element of the project, it is clear from the information provided that monthly costs under OFID's contribution are considerably lower than under ILO's contribution. As such it is recommended that ILO review whether this approach offers good value for money or not.

Focusing on seven countries meant that the OFID contribution to each country was small. As a result, the projects were fairly short and often limited in scope. The projects were unable to meet all the needs of their constituents and prevented from conducting follow-up to ensure lasting use and sustainability. For example, the development of a monitoring tool in Ethiopia to help improve knowledge of the HIV response and strengthen coordinate between different parties is an important tool that offers strong long-term potential. However, at the time the project finished, the tool was not operational and requires MoLSA to lead the implementation of it to ensure it is utilized effectively. The funds available limited the project to one year which did not give enough time for ILO to help support the implementation.

It is a valid question to ask whether issues such as this could have been avoided. It is certainly the case that if the funds had been split between less countries, each individual project could have been implemented for longer and more time given to ensure the implementation of policies and tools. However, the trade-off would have been that less countries were reached and hence less peoples' lives impacted. ILO staff in Geneva indicated during the evaluation that they felt that seven countries was too large a number given the funds available, and ILO staff and partners in the implementing countries indicated that the amount of funds limited the sustainability of the project. Some of the national staff reported the same concerns. Some of the national staff believed that reducing the

projects to one year had severely impacted the sustainability of the actions. The projects had still tried to achieve a lot in one year, and in many cases had been overloaded with objectives and activities. As such the detailed attention that individual sectors needed to support sustainability was not achieved.

The alternative option to reducing the number of countries would have been to have made more of the ILO's contribution to the individual countries available in the country, rather than as an in-kind contribution of technical support. As noted, it is hard to make a full judgement on how ILO's contribution has been spent because ILO has not shared detailed information. However, based on the calculations of available financial information, there is a considerable difference between the monthly cost of staff in the individual country budgets and the global ILO contribution. Probably a combination of reducing the number of countries involved and redistributing ILO's contribution would have been the most effective approach.

Technical Resources

NPCs all indicated that the technical support from either Geneva or the Sub-Regional Specialists had been very important in helping to ensure the projects were designed and implemented in accordance with ILO's code of practice and Recommendation No. 200, and thus important to the relevance criterion. The ongoing support throughout the project in reviewing awareness materials and draft policies helped ensured that best practices were followed. As noted, though, there is a considerable difference in monthly cost between the global contribution of ILO, and the in-country OFID funded costs, and ILO has not shared detailed information of exactly how many months of which positions contributed to this project. It is therefore difficult to judge whether the distribution of resources was efficient or not.

ILO has also effectively used the pre-existing methodologies of HealthWise and SOLVE. These have been enthusiastically embraced by national level stakeholders. Integrating the HIV response into a more holistic approach to OSH has increased the added value to companies and medical institutions and contributed to the acceptance of the approach in these countries. The use of existing methodologies, rather than producing new methodologies has been an effective use of ILO's resources.

Overall, it can be judged that the individual country projects used the funds that were made available to them effectively. The funds for each country were limited but were utilized in efficiently. There is less clarity about the use of the ILO's contribution to the project. Whilst there is evidence the support of HQ and regional staff was important to delivering the project, the lack of detail about the contribution makes it difficult to assess how the contribution has been allocated. The average monthly staff cost for ILO's contribution is considerably higher than the staffing costs paid for in-country by OPEC's contribution. It is recommended that ILO ensure more detailed budgets and financial reports detailing their own contributions to projects are produced at the proposal stage and throughout the project implementation period. This would help ILO and other stakeholders analyse the efficiency of their projects more easily.

Evaluation Question
4.3 Assess how the project has leveraged other funds at the country level?

Kenya and Bolivia account for 92% of the funds leveraged at the country level. ILO calculates that $409,354 was leveraged in-country for the project. $210,000 came from other project contributing to

the salary and project monitoring and support costs for the Bolivia project. $167,450 was obtained in Kenya, of which $122,000 came from support from national-level partners.

Apart from these two countries, there is not much evidence that the project was able to leverage other funds at the country level, with the exception of small amounts of in-kind support such as the provision of training spaces or the printing of materials. The evaluator was not presented with examples of countries having obtained other funding to support the activities. Cost-sharing with other project also does not seem to have undertaken, with certain exceptions, such as the salary of the Bolivia NPC being paid by another project. The evaluation of the previous phase recommended that ILO "place emphasis on establishing strategic alliances and partnerships with host government agencies, companies, UN organizations, donors, and NGOs to increase the scope and impact of the project and leverage additional resources." This does not appear to have been a priority of the project, and is connected to the finding that the project operated within its own silo in ILO. This also extended to leveraging funds from other organizations or pursuing public-private partnerships.

The evaluation also recommended that "NPCs should continue to build alliances and negotiate cash and in-kind contributions from partners." Tripartite constituents did support the project with in-kind donations. The amount of the in-kind donations varied from country to country dependent upon the resources available. A total of $409,354 for country contributions was shared with the evaluator, although it is not clear which of these come from ILO contributions from other project and which are contributions from partners. Most of the country contributions were obtained in Kenya and Bolivia.

It was possible to observe differences between Honduras and Senegal on the evaluation missions, in particular what support had been received since the end of the projects. The calculations of in-kind support during the project provided by ILO do not suggest a big difference in the level of contributions (Haiti and Honduras figures are calculated jointly and so difficult to accurately compare just Honduras with Senegal). Whether the similar calculations are valid or actually due to there not being a standard system for calculating in-kind contributions is hard to judge. However, it was clear during the evaluation missions that in Honduras, the tripartite constitutions and project partners appeared to be more willing to continue to support on-going activities through the provision of training space, refreshment for training and the printing of materials. In Senegal the level of in-kind support has been much more limited during the project to the provision of training space with ILO needing to fund printing, per diems, and refreshments, and activities with many partners had not continued after the project. This difference does impact the sustainability of the actions. Stakeholders that have the means to support it, such as AHM in Honduras, have continued with training during 2015. In Senegal, in the tourism and transport sectors this has not been the case, and the sustainability, and hence long-term impact of the project is thus affected.

Evaluation Question
4.4 What means have been used to create, share/disseminate knowledge?

The sharing of knowledge has mainly taken place through two means; Geneva-the country level, and within the project countries. There does not appear to have been much sharing of knowledge between the project countries.

The project has been effective in sharing knowledge within countries. Project advisory committees (or the equivalent) of tripartite constituents and other stakeholders were heavily involved in designing the project, and received regular updates throughout the project. There was a general satisfaction with the level of communication between ILO and the tripartite constituents among evaluation participants, although it does seem the communication was better when there was an active NPC in

the country. The country projects have also used knowledge from previous projects and the tools available from Geneva to support the project.

ILOAIDs staff do attend international conferences and there was some sharing of project successes here. For example, a presentation on the CHEP networks was given by the Kenya project at the International AIDS Conference in Melbourne in 2014 and the extension of social protection to informal workers at the ICASA in Harare in 2015.

Project staff in the individual countries and the tripartite constituents identified that they were not particularly well aware of the interventions in other countries. A number of evaluation participants, such as representatives of the manufacturing sector in Honduras and HealthWise trainers in Senegal believed that they could both benefit from learning how other countries implemented their programs and support demonstrating their successes and learning to other countries in the region. There is currently no system for capitalizing on this learning. The importance of trying to ensure the dissemination of knowledge across countries or sectors is demonstrated through the Haiti project. The Haiti project has had the most success in reaching firms in the northern exporting area. Many of these firms are owned by Dominican Republic business people who witnessed the successes of HIV programs in the work place in the Dominican Republic. So far, these firms have been more receptive to ILO's program, as they are aware of similar successes elsewhere. Supporting a system of peer-to-peer sharing would probably help any expansion of the projects to other sectors within the country or regionally.

Impact

Evaluation Question
5.1 To what extent have the project's actions had a demonstrated impact towards the achievements of the project's objectives?

Impact in projects that ran for an average of just over one year is extremely hard to measure. To fully understand the impact, ILO will need to revisit the project locations in 2-3 years' time to analyse the changes that have occurred. The limited funds of the project also mean that baselines are not available that could measure impact and outcomes. For those locations where baselines exist, such as the manufacturing sector in Honduras, there has not been the funds available to conduct a follow up study to the initial KAP survey, and it is probably too soon to do this anyway. However, through building up a body of evidence from qualitative data from various sources, it is possible to gain a good understanding of the immediate impact and outputs of the project.

Each of the country proposals included a development objective and 2-4 immediate objectives. Four of the countries, Ethiopia, Senegal, Bolivia, and Honduras, include contributing to the reduction in infections as a development goal. Haiti's development objective focuses solely on increasing knowledge of HIV. Kenya's development objective is to reduce stigma and discrimination and increase social protection for informal economy workers, and Paraguay's is to reduce the vulnerabilities of inter-city bus and truck drivers. The projects all have a series of immediate objectives which are linked into contributing to the development objectives. The immediate objectives are a mix of outputs and short-term outcomes, which was a concern raised in the evaluation of the last phase of the project as well.

Reducing infections

The majority of development objectives included a goal of reducing infections. This clearly aligns with the UNAIDs strategic goal of reducing the sexual transmission of HIV by 50%, as well as reducing

mother-to-child infections. A number of project activities addressed the goal of reducing sexual transmission. It is not possible within the scope of the evaluation to gather quantitative evidence to demonstrate whether the project has contributed to this goal. However, there was considerable qualitative evidence that the project had been successful in changing knowledge and attitudes towards HIV with the ultimate result that risky behaviour that can lead to infection has been reduced.

In Honduras the evaluator heard several stories from evaluation participants highlighting changes that should reduce the sexual transmission of HIV. Trade union representatives reported that workers who had attended training sessions would discuss with them how they had started using condoms. Doctors and human resource officers in the manufacturing sector narrated how before the awareness campaign the free condoms they left out for workers would not be taken. Since the campaign the supply of condoms is regularly exhausted. Increasing the use of condoms in Honduras is a significant achievement because machismo attitudes within the country make men reluctant to use condoms.

Similar stories of change were shared with the evaluator by evaluation participants in Senegal and through skype calls with stakeholders in other countries. Project participants in Haiti also shared the enthusiastic response they get from workers when condoms are offered to them. This had not been the case in the past.

Evaluation participants believed improved awareness of status has also contributed to a reduction in sexual transmission of HIV. Awareness raising on the need to know one's status was accompanied by training on the means of transmission and measures to prevent infection. Trade union leaders and work-place trainers shared stories of how workers who were tested and found to be HIV negative had pledged to stop risky behaviour such as not using condoms. Workers who discovered they were HIV positive were counselled on risk reduction strategies.

Improved access to ARV, medical services and a reduction in discrimination towards persons living with HIV were also identified by evaluation participants as having the potential to reduce the sexual transmission of HIV.

Whilst it is not possible to prove the project has contributed a to a decreased rate in infections, it is reasonable to infer it has from the evidence demonstrated above. This impact can be traced through the achievement of some of the immediate objectives of the project, particularly those related to improved knowledge and improved access to services. Increased awareness of the risks of HIV, attempts to de-stigmatize HIV and the use of condoms (particularly in Latin America), and improved access to services, can all be inferred to have contributed to a reduction in infection rates. The reporting of a reduction in risky behaviour to trainers and the eagerness to take condoms offered in the work-place provide more anecdotal evidence that the project has had an impact linked both to many of the development goals and UNAIDs strategy.

- Transmission by other means

The UNAIDS strategy targets the project aimed to contribute to focused on transmission by sexual means and mother to child. The project's development objective of reducing infections though doesn't specific the mode of transmission, and the work of the project has addressed transmission by other means as well. The project has also addressed the reduction of transmission through blood in Kenya and Senegal by the use the HealthWise methodology, and in Honduras through training of nurses on HIV awareness. Focusing on OSH within medical facilities has improved practices towards the use, storage and disposal of medical equipment and fluids. During an observation visit to Abass Ndao Hospital, the evaluator was shown how, among other things, the hospital had developed a one-way route for the disposal of fluids and waste so as to decrease the risk of contamination. While it is not

possible to actually identify what impact this work has had infection rates, it is a reasonable assumption that if procedures have been improved to decrease the risk, then the infection rates from mishandling of fluids and equipment will also have reduced.

"The main change was in the way the medical staff manage the patient, especially during the injection procedure and the management of fluids. Before they would be in direct contact with fluids and now they protect themselves." *(Nursing representative, Honduras)*

- Eliminating mother to child transmission

One of the project's global outputs was that all reproductive-age women targeted by the project receive PMTCT counselling. This output also links to the development goal of reducing infection, Stating that 100% of a particular group in project that operates in seven countries, is an extremely ambitious goal. It is also a goal that the project's monitoring system is not capable of capturing. ILO's project implementation system relies on training partners in government, industry and trade unions, who are responsible for delivering training and services to ultimate beneficiaries. While ILO has a good idea of numbers of people who receive training and services, it is not always clear exactly what the content of the training and services are. Additionally, not all partners took the approach of providing PMTCT counselling to all women of reproductive age. For example, the manufacturing sector in Honduras trained doctors and other staff to provide counselling only to women who were actually pregnant or to women living with HIV. As each enterprise has clinics which provide medical services to all their staff, and women who became pregnant would use those clinics, they could be assured that all women who needed PMTCT counselling received it. It is a slightly different approach to that laid out in the global proposal though.

Evaluation participants stressed how activities had included awareness of activities related to women's health and PMTCT counselling. Awareness raising on the need to get tested provided an avenue to raise awareness of PMTCT. Partners in Haiti shared with the evaluation how they focus on various reasons for getting tested, particularly focusing on how an individual may not be aware they are HIV positive. This training included the message of mother to child transmission, and opened an avenue for women who are living with HIV to receive more in depth support and referral.

Measuring the impact of this target of the project is harder than target of reducing sexual transmission of HIV. Stories that the project's trainers and other stakeholders hear from workers strongly suggest that condom use and awareness of status has increased, and this should lead to a decrease in infection rates. There is less evidence concerning PMTCT. Evaluation participants shared how knowledge of this had been shared with women in the project, and that there was greater access to anti-retroviral drugs, but were not able to share information as to whether this work has been effective. Evaluation participants did not share knowledge of pregnant women living with HIV taking ARVs or if caesareans are being given to women living with HIV. More study on this subject is needed to identify the actual impact of the project.

- Ensuring universal access to antiretroviral therapy for people living with HIV in need of treatment.

ILO did not provide ARVs to partners in the project but access to ARVs was provided through referrals for beneficiaries who tested positive for HIV during VCT campaigns. Various outputs in the different countries did work to increase access to medical care for persons living with HIV, including ensuring they could access ARVs. Stakeholders in Honduras explained how persons living with HIV are entitled to free ARVs. Prior to the project persons living with HIV were being told by social workers that they had to pay for drugs and were being charged by some medical centres. The mis-information and

erroneous charges have been reduced as a result of the project. The impact of this work is limited by the scope of the project. In medical centres and sectors that received training, stakeholders reported a noticeable improvement but there are many sectors and institutions where access is still restricted.

Improving the understanding of HIV by health-care workers has probably also improved access to ARVs. One of the barriers to persons living with HIV accessing ARVs is the discriminatory attitudes they face from health-care workers. The project has contributed to a more enabling climate by helping to reduce discriminatory attitudes in Kenya, Senegal and Honduras. This should have increased access to ARVs.

Access to ARVs has also been improved by work with businesses and enterprises. This has happened through two means. ILO has worked with companies to ensure policies are developed and implemented that allow workers the time to access healthcare and ARVs. Additionally, as with the healthcare facilities, the reduction in discrimination by companies and workers towards persons living with HIV has the effect of enabling persons with HIV to feel more confident in access the healthcare they need without fear of exposure or repercussions.

Improved social protection

Kenya's development objective focuses on increasing social protection, especially for informal sector workers and this goal is replicated in other country's immediate objectives and activities. As noted in the coherence sector, Kenya in particular has had success in increasing social protection by linking the business networks at a county-level to informal economy worker's organizations in order to increase awareness of HIV and the national insurance scheme. As a result of the project, 1,123 workers were registered for national insurance. Evaluation participants stressed both in skype calls and in returned questionnaires, the success of the project in reaching workers in this sector.

The project in Senegal also included as an immediate objective the goal of improving social welfare services for female miners in a remote location of the country. The ILO supported a local NGO to implement this work. At the time of the evaluation, the social insurance fund had only just begun to operate and so assessing the impact of the project on the members of the fund was not possible. The work of establishing the scheme and have the government recognize it had been undertaken though and the output offers the strong potential of meaningful impact for the female miners of Kedougou in future.

Reduced Discrimination

Evaluation participants in Honduras referred time and again to the reduction in discrimination towards PLHIV. This improvement was commonly thought to come from a combination of the national policy outlawing discriminatory policies such as pre-employment blood tests, and the effect of training of businesses and workers. It was acknowledged that there is still a lot of work to do to ensure the policy is implemented nationwide. However, in the sectors reached by the project, evaluation participants noted a considerable reduction in discrimination.

The box below shows how the project has supported a reduction in the discrimination of PLHIV by health workers. Health workers often have discriminatory attitudes towards PLHIV, which can stem from a lack of awareness of HIV and particularly the means of transmission. The project has addressed this in various countries. Evaluation participants in Honduras, Kenya and Senegal believed that the training in the health sector had reduced discrimination against persons living with HIV. This included be more willing to come into contact with persons living with HIV and treating them with more respect when they come for treatment.

Changes in discriminatory behaviour

"The biggest change was the difference in the attitudes of the workers and the employees and how they now respect the rights of PLHIV. Before discrimination existed. The staff didn't use to be human to the patients and wouldn't touch them or shake their hands in case they got HIV. They would call them names-in particular a name in Spanish that is used in a derogatory way to people who have AIDs. This has stopped because people who work in hospitals know that PLHIV have human rights. Awareness of rights has been a big issue in changing people's attitudes. They didn't have any knowledge. Now they prioritized in health services and treated faster. Now they are not scared to be near them." *(Representative trained by the unions in Tegucigalpa-Honduras)*

"The biggest change is a change in attitude from her students; both the way they promote HIV prevention and their own approach to OSH. Before nurses were scared of HIV and unsure of approaching the patient with HIV. Now they are much more open to approaching and touching a patient with HIV. Before they were also not safe in the use of needles in the hospital and now they take more care with them. In their personal life, they also use condoms more effectively." *(Representative trained by the unions in Tegucigalpa-Honduras)*

The reduction of discrimination of PLHIV by medical staff has also supported one of the key goals of the UNAIDs strategy; universal access to antiretroviral therapy for people living with HIV in need of treatment. Reducing discrimination in medical clinics helps ensure that PLHIV are more willing to access healthcare and when they do that they receive access to accurate treatment and medicine.

Other Impacts

- Relations between workers and business leaders/managers

Representatives of both workers and trade unions, and employer's federations and business repeatedly emphasised to the evaluator in Honduras how the project had improved relationships between businesses and workers. This opinion was also supported by government officials. Stakeholders reported how there was greater trust between workers and businesses which offers the potential for better coordination in other areas. The greater trust stemmed from certain key decisions the project made or support. The first goes back to the design of the project. In both phases, ILO ensured that the project design was driven by the tripartite constituents. Involving both workers and enterprises in the original design increased ownership of the project. Additionally, working to ensure that the trade unions were represented on the National Aids Commission and the CCM also helped improve the relationship between the Employer's Federation and the Trade Unions.

One impact that was described by a number of participants in Honduras was that many trainers and trade union leaders had heard from the workers that the implementation of SOLVE made them feel for the first time that the company cared about their well-being and health.

"There is a worker who has had 38 years of working in the company. He told him me he now feels appreciated by the company for the first time as a result of the SOLVE program." *SOLVE Trainer, Manufacturing Company, San Pedro Sula*

Additionally, trade unions were able to negotiate the inclusion of HIV in employer-employee agreements. The improvement of knowledge on HIV allowed trade unions to increase their capacities to respond to the challenge of HIV. A notable impact from the project was the inclusion of HIV into approximately 270 collective bargaining agreements in Kenya.

- Policy Changes

The previous phase of the project had a strong focus on supporting the development of national policies on HIV/AIDS. Activities in this phase focused more on supporting constituents to implement the policies, although this phase did see some development of HIV policies.

In Honduras the ILO supported the development of a national policy on HIV related to the world of work in the last phase of the project. This was finalized in 2013 and became law in 2014. The policy prohibits enterprises from discriminating against workers with HIV, including forbidding requiring HIV tests prior to employment. During this phase of the project a sector specific policy for the manufacturing industry was agreed between the enterprises and the trade unions. Other activities concentrated on raising awareness of the national policy. The project also supported smaller scale, but none the less important policy changes, such as the revision of the nurses training curriculum, with the support of WHO and UNFPA to include HIV for the first time in 16 years.

Policy changes were important in other countries as well. Senegal adopted two ministerial decrees that required labour inspectors to ensure companies are implementing the HIV at work policy. This creates an environment in which labour inspectors have a legal tool to support their work. FGD participants in Senegal highlighted that this was an important support that helped them work with companies to facilitate a change in approach to HIV work.

The policy changes in themselves don't necessary guarantee the project will have demonstrable impact. To achieve this, the policies need to be implemented. There is though evidence that the policies are creating the environment for change in Honduras, Senegal and elsewhere.

- Capacity Building

One of the tools mentioned in the proposals for ensuring sustainability is building the capacity of tripartite constituents to continue the project after the end of the funding cycle. There is evidence of capacity gains in a number of countries and sectors, but also that there is still considerable work to do in some fields. The capacity building gains address one of the key development objectives, that of improved knowledge and awareness on HIV and AIDs.

The project has trained a large of trainers in various countries. This includes trade union members, workers, doctors, nurses, other medical staff, persons living with HIV, company representatives, truck drivers etc. Through the training, these individuals have improved their knowledge and awareness of HIV, and their skills and confidence in presenting the information to their colleagues and peers. As a result, the project has built a network of trainers who have the potential to continue to disseminate their knowledge and expand the reach of the project. Capacity has also been conducted with government officials such as labour inspectors to allow them to implement policy changes.

It is hard at this stage of the project to assess the full impact of the capacity changes. Capacity changes in themselves are a route to creating impact rather the impact themselves. I.e. what is important in the long-term is not so much the change in capacity of an individual to conduct training or implement a policy, but how that actually use that capacity. The capacity change should help facilitate changes in prevention, discrimination, and mother-to-child infections but requires the individual or organization to use the capacity change. It seems clear that the capacity changes have had a short-term impact. The evidence of changes such as in risky behaviour, condom use, and discrimination demonstrate that some impact has occurred. These changes have contributed to the immediate objectives within the countries and also to the development objectives. Whether the changes can be maintained in the

long-term, and whether capacities developed are sufficient to run programs independently without the support of ILO is not fully clear yet.

Sustainability

Evaluation Question

6.1 Does the project have a sustainability strategy that involves tripartite constituents and development partners to establish synergies that could enhance impact and sustainability?

The evaluation found the results on sustainability to be very mixed. The projects did not have an articulated sustainability strategy, and it is not clear that exit strategies for the projects have been considered with the tripartite constituents. In certain cases, structural changes had taken place which suggest that the action can be sustainable. Particular examples of this are the embedding of HealthWise and SOLVE in organizations' HIV approaches, the success of clustered HIV Enterprise Programme networks at the county level in Kenya, and the policy changes that have taken place in various governments, enterprises and other organizations. There were also several examples shared with the evaluator, where the participants believed that the work was not yet sustainable and that gains would be lost if the work did not continue. A number of examples were shared during the Senegal mission where considerable work had been done to help companies or industries change policies and develop training programs but had not been continued due to lack of resources. The project had been too short to support a program that demonstrated how to implement the new policies in a cost-effective manner and build the capacity within the industry or organization to implement the program. As such the gains of the project were at risk of being lost.

The limited funding available at the country level for the project meant that both of the countries the evaluator visited formally completed their projects 9-12 months prior to the visit, although ILOAIDs had continued to work with partners on a limited basis. As a result, the evaluation offered an opportunity to analyse how much activity partners have continued since the projects were completed. Although this does not necessarily demonstrate long-term sustainability, it does allow the evaluation to take a longer term approach to sustainability than is usually possible with evaluations.

As the two countries visited, Honduras and Senegal provide an interesting comparison. The two countries gave different results on sustainability. In Honduras there was clear evidence of some sustainability in most key outputs and outcomes, whereas in Senegal sustainability was much more limited.

In Honduras the evaluator was able to see clear evidence of sustainability within the manufacturing sector. Tripartite constituents shared that the 2013 policy was the key building block that allowed the project to develop during this phase. The policy allowed a sector policy to be developed in the manufacturing sector. The manufacturing industry has also taken ILO's SOLVE methodology and embedded it into its OSH operations and medical support for its workers. The industry has implemented three years of HIV campaigns and integrated their HIV work into other medical and social campaigns. A large group of trainers have been trained in ILO's SOLVE methodology, who in turn have trained a variety of enterprise staff including doctors, safety officers, trade union representatives, and human resource managers.

The 2013 policy and activities in this project phase to implement and build awareness of the policy had also supported sustainability in other areas. Examples include the first change of the nurse's training curriculum for the first time in 16. HIV is now mainstreamed into the four main courses. This change will help ensure that new nurses trained in Honduras begin their professional career with

knowledge of HIVAIDs, leading to better treatment and less discrimination. The insertion of HIV into the nurse's curriculum means this change should be much more sustainable than had the activity just been the training of nurse's during the year of ILO's intervention.

There is also evidence that the training is being shared by the workers to their family members and community. This suggests sustainability may also come through the message being disseminated beyond the original target group. The fact that workers consider the information important enough to share with families and communities, suggest that the workers are receptive to the messages in the training.

"When conducting the trainings, there was a worker who would always ask them for the materials that they were presenting that day. After about 3-4 trainings I asked the worker why he always asked for the materials. He replied that he would go home and teach his family about the key messages. He wanted the materials in case he forgot some of the messages. I went to the person's home one day and saw all the materials at home. As an example one of the man's children knew how to use all the protective equipment. All the children had a folder with all the different topics they had received including how to use protective equipment. Through this I saw how we could get impact through using a small amount of information. Before SOLVE, the worker would not have had access to this information." *Representative of the manufacturing industry, San Pedro Sula*

In Senegal the evaluation found sustainability in some of the achievements but at risk in many of the others. Sustainability seemed evident in the hospitals that had implemented Healthwise in particular. HealthWise is a tool that supports sustainability because it encourages facilities to creatively use the resources they have to solve OSH-related problems. Evaluation participants shared several examples of this which have continued since the project ended. Additionally, the hospital administrators have dedicated funds to supporting the implementation of HealthWise on an on-going basis. The work with female miners also offered the potential for sustainability but given the mutual insurance funds only became operational in January 2016, it is too early to make a judgement on this.

Other elements of the project in Senegal suggested the potential for sustainability is dependent upon further funding allowing a stronger establishment of policies and capacity building. The work of the labour inspectors is a good example of this. The adopting of laws and ministerial decrees provides a platform for sustainability. The law is written and established and official government policy is to implement its measures. However, stakeholders shared that funding was not available to train new labour inspector on HIV. The turnover of staff means that more training is needed, and without the resources, the law and decrees may not actually be implemented. The activities of the trained labour inspectors were continuing though, and so short-term sustainability was apparent.

In other sectors, even short-term sustainability was a challenge. Multiple evaluation participants shared that they had been unable to conduct HIV activities during 2015 because they did not have the funds to do so. The stakeholders felt that the project had been too short to achieve sustainability, and some were disappointed that ILO's support had been over such as short time-frame, with one stakeholder sharing that he would not be willing to work with ILO again unless they could demonstrate a clear long-term commitment. In many cases, the first step towards sustainability had been achieved, but more work is needed to embed policies and practices into everyday use. A clear of example of this came from the tourism industry. Using the HIV law as a starting point, ILO had worked with the Ministry of Labour's tourism focal points to persuade hotel management to support training for hotel staff. As a result of the training, the staff had developed HIV policies for the hotel which had been accepted by the management. However, the implementation of the policies had not taken place

because the project had ended and the hotels, who are suffering a severe downturn in business as a result of the Ebola crisis felt they did not have the resources to implement the policies.

The work with the transport sector showed similar concerns. The project supported the development of a policy on HIV within the transport sector and the policy was validated in a workshop at the end of the project. However, the policy has not been implemented because of a lack of funds to hold workshops and training. As a result, the positive work of the project has stalled in the last year, with no further activities being held.

The NPC of the Senegal project shared that he had originally hoped to support the hotels through one to two cycles of training and awareness campaign to help embed the ideas into their everyday practices. He believes that the major stumbling block is demonstrating to the hotel management that it does not cost much to run an HIV awareness campaign and that the company will profit from doing so. Had the project been implemented for 2-3 years it would have been possible to support the hotels in this process. In many ways the project has completed the hardest task in the implementation strategy; that of convincing the organization to adopt a written policy. However, without further support, it seems that this work could be lost in the long run.

One clear difference is the structure of support given by ILOAIDS to the two countries. In Honduras the project has been supported by a sub-regional specialist who was able to continue to provide technical support to project stakeholders during 2015. The project contracted the ex-NPC to conduct small missions as well during the year. As a result, the stakeholders did not consider the project to have ended at the end of 2014. Although evaluation participants raised the fact they felt that communication was a bit harder because of the distance, and that activities had been reduced, they still considered the project to be an on-going concern. Senegal does not have a sub-regional specialist, and the Senegalese office has not had anyone dedicated to HIVAIDs since the project ended in early 2015. The former NPC does still work for ILO and is occasionally called on to represent ILO at joint HIVAIDs meetings, but is mainly occupied with a different project and has not implemented project activities since the official completion of the project. As a result, the evaluation participants in Senegal were clear on the fact that funds had not been available to undertake activities for most of 2015, and the majority of them had not taken the initiative to run their own activities.

Although not visited in the evaluation mission, there was also greater evidence of sustainability in the Kenya project than in other countries. Kenya did not have the support of a sub-regional specialist, but does have active ILOAIDs staff in the country. The NPC for the OFID project still works for ILOAIDs. Evaluation participants from Kenya shared strong satisfaction with the level of support from ILOAIDs and this factored into their planning for on-going activities. Stakeholders in Senegal were appreciative of the support of ILOAIDs during the project, but there was a clear belief that since the project had ended, the work of ILOAIDs had also ended for now, and this was reflected in the level of continued activity. Sectors where the work had become embedded as standard practice, such as the HealthWise clinics or where there was a strong local partner, such as the insurance mutual for the female miners, showed good evidence of sustainability. Other sectors such as the transport sector and the tourism sector needed more support to get to this level, and the absence of ILOAIDs after the project finished the partners did not believe this support was available.

There are other differences between sectors that also contribute to differences in sustainability. The project in Honduras has been enthusiastically embraced by the Association of Manufacturers (AHM). AHM has actively promoted SOLVE among its members and held HIV campaigns for the last three years. AHM and the manufacturing workers trade union also developed a sector-wide policy that mirrored the national HIV policy. The material produced by AHM, with ILO's technical support, is very

impressive and comprehensive and demonstrates a strong commitment to the long-term implementation of SOLVE. The approach was presented to both the industry association and the trade unions as a 'win-win'. ILO effectively sensitized employers to the importance of maintaining a healthy work-force, and trade-unions to the needs of their members related to HIV. The use of the holistic OSH framework helped support this, and has helped embed the practices within the industry group and businesses.

In Senegal this is mirrored to a degree by the mining sector which ILO worked with effectively in previous phases, and in this phase supported the development of social mutual insurance for female miners. However, the level of support demonstrated by the manufacturing industry in Honduras and the mining industry in Senegal was not demonstrated by the tourism or transport sectors in Senegal. These sectors both felt unable to continue the work without the continuing support of ILO. Unlike the mining sector, these sectors did not have the support of a strong local NGO to help continue the work nor the holistic OSH model that HealthWise provided to the medical clinics. These sectors believed that they did not have the resources to implement HIV related activities, and felt they needed more support from ILO to embed the policies within their organizations/members.

Honduras and Kenya were the countries where stakeholders raised the least concerns about sustainability should the support of ILO be reduced. While the evaluation participants in these countries did indicate they still wanted support from ILO, the immediate response to questions about the sustainability was to refer to the successes of the project and the capacity building which had taken place. The belief of the stakeholders was that the capacity building work conducted in the project would allow them to continue to work on HIV in future and would be more likely to support their own activities. In other countries a number of evaluation participants immediately referred to the lack of funding and length of the project as being a concern for sustainability. Many stakeholders suggested that the project had not been long enough to establish long-lasting impact and that further support from ILO would be needed to ensure activities and impact continued in the future. The majority of evaluation participants in these countries indicated that sustainability would be possible in future. The participants believed that with time key stakeholders would be able to continue to implement HIV policies and awareness raising activities but the work in their sector had not yet got to the point where the work was sustainable at this stage. The reasons for this stemmed both from a believe that a lack of funds would prevent them continuing the work and that they needed more technical support. This was not universal among evaluation participants but the majority did respond this way.

An example of the concern shown for sustainability comes from Haiti. Stakeholders who spoke to the evaluation were universally supportive of the goals of the project, and the activities that had been conducted. However, some felt the scope and length of support from ILO had not been enough, and almost all believed that the gains of the project would not sustainable if further technical and financial support was not given. When asked about leveraging funds, evaluation participants shared they believed although firms were supportive of the project and willing to accommodate activities in their enterprises, they were not prepared to provide financial support for training. To achieve this, further ILO support was needed.

A number of evaluation participants believed that ILO was not leveraging opportunities for private funding as well as they could be. When asked to imagine what a future sustainable project could look like, participants suggested that stronger public-private partnerships would strengthen the long-term impact of the project. Identifying large, particularly international firms, who could fund work would help the project expand its reach and potentially provide an example of other firms as to how to run an effective HIV policy. Leveraging funds from the private sector would help ensure ownership of the

project by companies and help to improve the potential for sustainability. This issue had recently been discussed at a multi-agency forum in Senegal. It is recommended that ILO pursue this potential approach further. A possible model for ILOAIDs could be the Global Business and Disability Unit run by the Gender, Equality and Diversity Unit in ILO. This is an initiative funded by global businesses, and replicated at the national level, to develop enabling environments for persons with disabilities in the world of work. The same model could be applied to HIVAIDs work.

As part of an appreciative inquiry approach, evaluation participants were asked to envisage how a potential future project could be more sustainable. Suggestions are related to the above findings. They included ensuring that the projects ran for longer than one year and concentrating on countries where ILO could offer more long-term support, even if the support was not at the same level of a full-term project. A stakeholder in Senegal suggested that it was important for ILO to demonstrate the cost-effectiveness of running HIV programs to companies. This required ensuring that the project went beyond just supporting policy changes, but also allowed time to mentor the company through one to two years of implementation. This would help embedded the policies within the company and also ensure that the relatively low cost of implementing it and the benefits to the company were recognized. Other suggestions included ensuring that resources were available for firms and institutions that have championed new policies and approaches, to peer educate other organizations. This would expand the reach of the project, but currently, not all organizations have the resources to achieve this.

Overall there is more support needed from ILO to achieve longer term sustainability. Although the project has made significant gains, and in some countries and sectors, capacity gains are such that the impact of the project will continue, the project was too short in many areas for the impact to be long-lasting. Strong achievements, such as the development of HIV policies by hotels in Senegal are at risk of being lost if further work is not conducted to strength the capacity of the companies or organizations to implement them. Longer term technical support from the ILO is needed to help achieve this.

Gender Concerns

Evaluation Question
7.1 Were the project objectives consistent with the target group's needs and priorities, including with national gender policies and strategies?

Alignment with national gender policies and strategies came through aligning with particular gender related needs in national HIV strategies. By ensuring the involvement of the national tripartite constituents in the development of the project, ILO worked to ensure that the project aligned with national HIV policies and strategies, and this allowed the projects to address particular gender related concerns, in particular the access of vulnerable women to services and the gendered constructions of masculinity that exist in Latin America.

Although the project objectives were not specifically focused on gender, they did align with the needs and priorities of the target's groups needs on gender. The objectives in different countries allowed the project to response to particular country level needs that existed. The country projects responded to the HIV related needs of women in different ways. This often came through improving the access of women to social protection, such as in Senegal and Kenya, or ensuring greater awareness by service providers of the particular challenges that women face. In other cases, the work has led to women feeling more supported in the work place and able to access services when they need them. An

example of this was provided in a focus group with representatives of the manufacturing sector in Honduras:

"We had a case of two workers who were raped. They had already received the training before. When this happened they went to the enterprise to tell them what had happened. They immediately referred them to the public health services and were given PPE to reduce their risk of catching HIV, and the enterprise provided them with psychological support and sick leave. Before we had used the SOLVE methodology and raised awareness in the firms, the survivors probably wouldn't have reported it. Because the enterprise had openly talked about HIV the women were able to go look for help inside the work." *Representative of the manufacturing industry, San Pedro Sula*

Evaluation Question
7.2 Did the project take gender specificities into consideration in its design and implementation?

Neither the global proposal nor the proposal template used by the countries in 2013 include a specific requirement to explain the project's gender approach. Most but not all countries address gender specificities in their original proposals. Projects did not undertake specific gender needs assessments during the project design. The reporting templates also do not have a particular section for the countries to report on how they have included gender concerns in their implementation.

Despite these limitations in the design and reporting templates, consideration to gender specificities were considered during the design and implementation of the project. The global project included the UNAIDs goal of eliminating mother to child transmission, and many of the countries had outputs that targeted vulnerable women. Senegal for example had a specific output related to female miners and Kenya developed a partnership with the Women Entrepreneurship Development and Economic Empowerment Project. Other countries targeted sectors which have a high proportion of women working in them such as the horticulture sector in Ethiopia or the Export Processing Zones in Kenya.

The projects in Latin America, particularly the Paraguay project, took a different approach to gender by addressing the gendered constructions of masculinity that exist. Discussing sexuality, HIV, condom use etc. is often a taboo subject and attitudes exist in society that expect particular behaviours of men. The project in Paraguay in particular addressed this by working with a male dominated profession and discussing HIV through the lens of respect for women, non-violence and the impact of 'expected' male behaviour on health and their families.

Project reports contain desegregation gender data. ILO have also trained tripartite constituents and partners on the need to give desegregated numbers when reporting on activities. Tools such as the M&E framework in Ethiopia are set up to ensure that desegregated data is produced. Awareness raising materials also addressed gender specific concerns.

Conclusions and Recommendations

Overall the project was designed to be relevant to the needs of the tripartite constituents and persons with HIV in the target countries. The project was aligned with UNAIDS strategy, ILO Recommendation 200 and the Code of Practice, and the DWCPs, as well as national HIV and development strategies. The project was implemented effectively and achieved most of its planned activities and expected outputs. The project utilized a number of effective implementation strategies including using peer educators

living with HIV, strengthening cooperation between business and workers, and embedding HIV work within a more holistic health and safety framework.

The projects have used the money that was made available to them efficiently and implemented an impressive amount of activities with them. However, ILO should ensure stronger financial management and budget tracking of its own contributions. More information is needed to understand ILO's contribution to salaries. Additionally, the cost per month of a staff member within ILO's contribution is considerably higher than staff costs under OFID's contribution, and a stronger financial management system would allow for a better understanding of whether this is the most cost-effective approach or not.

The short length of the project means it is hard to identify long-term impact. However, there were indications that some of the activities had the potential to have a lasting impact. Led by policy changes and training, evaluation participants identified workers had reduced risky behaviour and were more aware of their health status. Discrimination has reduced in the firms targeted by the project. Occupation health systems had improved in enterprises and medical centres which contributed to a reduction in discrimination, improved access to medical services, and probably a reduction in infection rates.

The impacts of the project were at risk of being lost though because the short-term nature of the project had made it difficult to achieve sustainability. This was not the case in all countries; Honduras and Kenya seemed to demonstrate better sustainability than other countries. However, many evaluation participants believed that if ILO did not continue to support the work, the gains made in the project would not continue. Sustainability plans and exit strategies need to be developed more comprehensively at the start of the project, with particular consideration being given to the length of the project

The problem of sustainability makes it very difficult to draw an overall conclusion on the project. There is no doubt that the project scores well on most of the criterion, particularly relevance and effectiveness, but also coherence, gender concerns, and at least short-term impact. The country projects have been run efficiently and effectively utilized the technical and financial resources available to them, although ILO should ensure greater detail on how they allocate their contribution is provided in future projects. However, all these successes are put at risk by the problem of sustainability, which is essentially caused by the short-term nature of the project. There are certainly some outcomes which are more sustainable. This is particularly the case where ILO has a strong partner to take ownership of the work. For the other impacts, a fair reflection of the project is that they will produce meaningful changes to marginalized and isolated groups if ILO is able to find some way to continue to support the work in future. If not, the project will have made some good short-term impacts but these are unlikely to be long lasting.

Recommendations

The project is complex and works in countries with very different contexts. The recommendations were developed based on input from various stakeholders, and the evaluator's observations and data analysis. The utility will vary between the different countries depending on whether they are relevant to the specific context and also whether the country is already more advances in a particular area related to the recommendation.

Recommendations	Addressed To	Priority and Timeframe	Resource Implications
Design			
1. Continue to involve the tripartite constituents in designing project interventions. This should include sharing feedback from ILO on the successes and challenges of the previous projects and sharing evaluation reports, findings and recommendations with the tripartite constituents	ILOAIDS and Country programs	High Ongoing	Limited, although potential missions from Geneva and sub-regional offices
2. Make use of holistic OSH methodologies such as SOLVE and HealthWise. These provide a strong entry point because they offer institutions a tool that provides an integrated OSH approach which covers more than just HIV/AIDs	ILOAIDS, Responsible Units	High Ongoing	Limited as methodologies already exist. Potential translation and training costs
3. The length of the projects should be sufficient to allow capacity gains to become sustainable and ensure that gains made in a project are not lost. ILO should consider reducing the number of countries involved if funding is limited and should also consider not accepting funding if it is not sufficient for a project long enough to achieve sustainability.	ILOAIDS	High As proposals are developed	Dependent upon funding availability
Implementation			
4. Continue peer education system that uses persons living with HIV and other workers to Ensure workers can lead the process- by identifying what materials they want, the types of activities, and the mode of delivery that are relevant to their peers.	ILOAIDS and Country programs	Medium	Limited. Training would be incorporated into a new project anyway. Time of NPCs
5. Improve collaboration and identify synergies among ILO's projects. As an example, working to mainstream HIV into projects focused on the informal sector, gender, or disability projects would ensure wider reach of ILOAIDs work. The provision of technical support on HIV to other projects would further this goal.	Country Offices	Medium	Limited. This should improve funding opportunities/cost sharing. Time of NPCs
Monitoring and Evaluation			
6. Support programs that will require tripartite constituents to provide only limited resources to continue after the project to implement work-based HIV policies This will help improve sustainability if ILO can demonstrate to companies and industry groups that developing and implementing an HIV policy does not require a large financial outlay.	ILOAIDS and Country programs	Medium	Limited. Time of NPCs
7. Identify areas where impact can be measured on a long-term basis. Examples of this include the KAP survey conducted in the manufacturing and sugar sector in Honduras. Revisiting these surveys	ILOAIDS	Medium	Potentially significant as guaranteeing donor funding

in 2-3 years would give a clearer idea of impact. ILO cannot do this for all activities but picking a sample, ensuring a usable baseline and committing to returning for a post-intervention survey is advised.			for follow-up survey may not be possible.
Funding			
8. Ensure that clear budgets for ILO's contribution are developed and a financial management system implemented that tracks ILO's contribution. The development of the budget should consider how to ensure a cost-effective split of salaries between national, and regional/HQ levels.	ILOAIDS	High	High
9. Try to mobilize public-private partnerships. Potential exists for identifying funding opportunities with private enterprises, particularly large international corporations.	ILOAIDS and Country programs	High	Time of staff. Should achieve good return on time.
Sustainability			
10. Develop a sustainability plan and clear exit strategy.	Country programs	High	Low. Time of staff
11. Prioritise projects in countries where ILO can continue to offer at least some technical support after the project.	ILOAIDS	High	Time of sub-regional or country level staff

ILO Lesson Learned Template

Project Title: Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work
Project TC/SYMBOL: *GLO/13/06/OPE*

Name of Evaluator: Chris Morris **Date: February 2016**

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
Brief description of lesson learned (link to specific action or task)	Short projects make it very difficult to build sustainability if there is not ILO resources to support the constituent partners after the project has finished.
Context and any related preconditions	
Targeted users / Beneficiaries	ILOAIDS and ILO Country Offices
Challenges /negative lessons - Causal factors	The examples of Honduras and Senegal provide a contrast in sustainability. In Honduras remote support continued during 2015 and there is evidence that strong sustainability has been developed in certain sectors. In Senegal the project faced more challenges of sustainability, where successful work had been carried out on developing workplace policies but partners needed support in implementing them for 1-2 years to build their capacity to operate the policies independently.
Success / Positive Issues - Causal factors	
ILO Administrative Issues (staff, resources, design, implementation)	Resources are needed to ensure that support can be continued by ILO.

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Project Title: Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work
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Name of Evaluator: Chris Morris **Date: February 2016**

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
Brief description of lesson learned (link to specific action or task)	Involving both manager and worker in HIV projects is important to changing the culture towards HIV in the work place.
Context and any related preconditions	Evaluation participants in Honduras in particular, but elsewhere as well, stressed the importance of collaboration between managers and workers. Of particular importance was ensuring that workers and trade unions were treated as equals in developing the program.
Targeted users / Beneficiaries	Country programs and tripartite constituents
Challenges /negative lessons - Causal factors	
Success / Positive Issues - Causal factors	Strong collaboration leads to greater ownership in the programs
ILO Administrative Issues (staff, resources, design, implementation)	

ILO Lesson Learned Template

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Name of Evaluator: Chris Morris **Date: February 2016**

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
Brief description of lesson learned (link to specific action or task)	Ensure that country programs and their tripartite constituents have the flexibility to design their own programs ensures relevance and ownership of the project.
Context and any related preconditions	The project provided the flexibility for countries to design projects relevant to their needs. The projects were still aligned to ILO's strategic goals on HIV/AIDs but responded to particular national concerns.
Targeted users / Beneficiaries	ILOAIDS, country programs and tripartite constituents
Challenges /negative lessons - Causal factors	Revising the global proposal once the countries have developed their projects is advised to help maintain the documentation trail of the project and help identify synergies between the country projects.
Success / Positive Issues - Causal factors	
ILO Administrative Issues (staff, resources, design, implementation)	Lead time to ensure a participatory approach to project design is needed. Resources for revising the global proposal will be limited to a small amount of staff hours undertake this task.

ILO Lesson Learned Template

Project Title: Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work
Project TC/SYMBOL: *GLO/13/06/OPE*

Name of Evaluator: Chris Morris **Date: February 2016**

The following lesson learned has been identified during the course of the evaluation. Further text explaining the lesson may be included in the full evaluation report.

LL Element	Text
Brief description of lesson learned (link to specific action or task)	Project management requires either a NPC or a strong local partner to administer the project. Financial gains may be made from not having a NPC in country of implementation, but without ILO's support the project can delayed if the local partner is not strong enough to implement required administrative tasks.
Context and any related preconditions	Paraguay did not employ a NPC which increased the funds available for activities. ILO partnered with a local NGO to administer the project and disburse funds. Disbursement of funds was delayed which caused problems with implementation and dissatisfaction of local stakeholders.
Targeted users / Beneficiaries	ILO Geneva and Country Offices
Challenges /negative lessons - Causal factors	See above for delays
Success / Positive Issues - Causal factors	
ILO Administrative Issues (staff, resources, design, implementation)	Cost-benefit analysis comparing the increased in funds for activities against the loss in efficiency needs to be conducted by ILO.

ILO Emerging Good Practice Template

Project Title: Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work

Project TC/SYMBOL: GLO/13/06/OPE

Name of Evaluator: Chris Morris **Date: March 2016**

The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The use of holistic ILO tools such as HealthWise or SOLVE offer good entry points for addressing the topic of HIV. These tools allow organizations to mainstream HIV work into OSH. These makes it easier for ILO to approach organizations or companies and persuade them of the benefits they will receive from the methodology. Once HIV is mainstreamed into OSH it is easier to build sustainability for the approach.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	ILO has trained the manufacturing sector in SOLVE in Honduras and the health provider sector on HealthWise in Senegal and Kenya. Both are methodologies developed by ILO which support the inclusion of HIV/AIDS within a holistic health and safety approach.
Establish a clear cause-effect relationship	The industries/institutions where these tools had been used demonstrated a strong level of sustainability, particularly compared to other areas of project intervention.
Indicate measurable impact and targeted beneficiaries	Targeted beneficiaries are those working within the industries/institutions where the tools are used.
Potential for replication and by whom	There is strong potential for replication with other ILOAIDS country programs.
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	

Other documents or relevant comments	

ILO Emerging Good Practice Template

Project Title: Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work

Project TC/SYMBOL: GLO/13/06/OPE

Name of Evaluator: Chris Morris **Date: March 2016**

The following emerging good practice has been identified during the course of the evaluation. Further text can be found in the full evaluation report.

GP Element	Text
Brief summary of the good practice (link to project goal or specific deliverable, background, purpose, etc.)	The use of peer educators is a particularly effective means of achieving acceptance of the HIV message. This is especially so if the educators are persons living with HIV.
Relevant conditions and Context: limitations or advice in terms of applicability and replicability	ILO has trained the manufacturing sector in SOLVE in Honduras and the health provider sector on HealthWise in Senegal and Kenya. Both are methodologies developed by ILO which support the inclusion of HIV/AIDS within a holistic health and safety approach.
Establish a clear cause-effect relationship	The message on HIV was shown to be particularly effective when delivered by persons living with HIV. It helped demonstrate that persons living with HIV are capable of living full professional and social lives. Using trainers from the same workers group also helped acceptance of the issue, particular in areas where discussing HIV and sex education is taboo.

Indicate measurable impact and targeted beneficiaries	Impact is measured through qualitative examples of changes in attitudes towards persons living with HIV, or subject matter, such as the use of condoms, after training. The identification of the impact comes from stories of change narrated by trainers, trade union leaders, and industry representatives. The targeted beneficiaries are workers in the industries the project works with.
Potential for replication and by whom	There is strong potential for replication with other ILOAIDS country programs.
Upward links to higher ILO Goals (DWCPs, Country Programme Outcomes or ILO's Strategic Programme Framework)	
Other documents or relevant comments	

Annex 1: Draft Questionnaire

Sample Questions for Tripartite Constituents

1. Did the project align to the needs of your organization and members in the fight against HIV/AIDs?

2. How?

3. Were you satisfied with ILO's consultation process in designing the project?

4. Were you satisfied with ILO's consultation and reporting during the project?

5. What challenges do workers living with HIV face in the workplace?

6. Has the project addressed these challenges?

7. What have been the main successes of the project?

8. What change has occurred in the country as a result of the project? (by change I mean what difference has the project made if you compare the situation now to the situation at the start of the project. Changes could include capacity building/behaviour change/awareness etc)

9. Are the successes and changes you identified be sustainable in the long-term?

10. What recommendations would you make for future work with the ILO?

Sample Questionnaire for NPCs and ILO Responsible Officers

This questionnaire was sent to NPCs, Program Officers or Sub-Regional Specialists responsible for the project in the countries not visited by the evaluation. Some of the questions were asked in skype calls and others sent over email. A total of 5 questionnaires were sent out and 2 were returned.

Instructions:

Please fill out the answers to the questions below as best as you can. If the question is not relevant to your project or you don't have the data available any more to answer it please leave blank.

Relevance

1. In your opinion, how does the project align with ILO Recommendation 200?
2. In your opinion does the project align with UNAIDS strategy (2011-2015), 'Getting to Zero', particularly, the goals of the sexual transmission of HIV by 50%; eliminating mother to child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV in need of treatment? If so, how?
3. What synergies are there between the National HIV and AIDs Framework or Strategies and the project?
4. How does the project align with the Decent Work Country Program?
5. How does the project align with the United Nations Development Assistance Frameworks (UNDAFs)?
6. What needs assessments were undertaken before the project?
7. What were the key needs identified?
8. To what extent were the tripartite constituents involved in developing the project?

9. Were Persons Living with HIV (PLHIV) and organizations representing them involved in developing the project?
10. How involved has the Project Advisory Committee (or equivalent) been during the implementation of the project?

Coherence

1. Did you obtain any other sources of funding for the project or to compliment the work of the project?
2. Were there any connections to any other of ILO's projects?
3. Did you use recommendations from previous evaluations to develop this project? If so can you give examples?
4. How do you record best practices and lessons learned?

Effectiveness

1. Can you describe the management structure of the project?
2. What was the most effective project management strategy used?
3. Would you recommend this approach to project management in future projects?
4. Were there any differences between the projected and actual results?
5. What were the reasons for the difference between projected and actual results?
6. What was the most successful element of the project? Why?
7. What system for monitoring and evaluation did you use?
8. Did your project conduct any baseline and follow up surveys/studies etc? If so could you share these with me please?

Efficiency

1. What challenges arose and how did you effectively deal with these?
2. Did any of the identified risks occur (as stated in the PRODOC)? What were the best strategies for addressing these?
3. Did the project use the budget as expected?
4. Has the project benefitted from technical resources from outside of the country?
5. Have other means of sharing costs with other projects/UN agencies/NGOs been utilized?
6. What knowledge sharing platforms did you use?

Impact

1. In your opinion what has been the main impacts of the project?
2. In your opinion what has been the most significant change you have witnessed in the project?
3. What work has been done to measure impact?

Sustainability

1. What element/output/outcome of the project do you think is the most sustainable? Why?
2. Are the tripartite constituents committed to continuing the work of the project moving forward?
3. What examples of sustainability are there?
4. Has this project shown any examples of up-stream policy decisions/changes, successfully being implemented downstream by employers and workers organizations?

5. Are there examples of the project's successes being transferred to other projects/sectors/beneficiaries?

Gender

1. How were gender concerns considered during the development of the project?
2. Did the project align with national gender policies?

Annex 2: List of People Interviewed

Geneva

Date	Name	Gender (M/F)	Position	Organization	Place	Method
14&15/12	Rasha Tabbara	F	Evaluation Manager	ILO WORKQUALITY	Geneva	In-person interview
14/12	Naomi Asukai	F	Senior Evaluation Officer	ILOAIDS	Geneva	In-person interview
14/12	Anna Torriente	F	Senior Legal Officer-ILOAIDs	ILOAIDS	Geneva	In-person interview
14/12	Ingrid Sipi-Johnson	F	Technical Officer (Gender Specialist)	ILOAIDS	Geneva	In-person interview
14/12	Alice Ouedraogo	F	Chief	ILOAIDS	Geneva	In-person interview
15/12	Brigitte Zug-Castillo	F	Senior Advisor to the Director	ILOAIDS	Geneva	In-person interview
15/12	Jennifer Hahn	F	Gender Specialist	PARDEV, ILO	Geneva	In-person interview
15/07	Olumeri Doherty	M	Technical Officer	ILOAIDS	Geneva	In-person interview
15/07	Margherita Licata	F	Technical Specialist	ILOAIDS	Geneva	In-person interview

Skype Interviews

Date	Name	Gender (M/F)	Position	Organization	Place	Method
01/12	Brigitte Zug-Castillo	F	Senior Advisor to the Director	ILOAIDS	Beirut & Geneva	Skype
04/12	Anne Torriente	F	Senior Legal Officer	ILOAIDS	Beirut & Geneva	Skype
18 & 21/12	Ana Catalina Ramirez	F	Sub-regional Specialist on HIV and AIDS and the world of work, Central America, Dom. Republic, Haiti and Panama	ILOAIDS	Beirut & San Jose	Skype
05/01	Christiane Wiskow	F	Health Services Specialist	Sectoral Policies Department ILO	Beirut & Geneva	Skype
08/01	Rodrigo Mogrovejo	M	National Project Coordinator, Bolivia	ILO	Beirut & Spain	Skype
08/01	Carmell-Rose Jann	F	National Project Coordinator, Haiti	ILO	Beirut & Port-au-Prince	Skype
11/01	Eric Carlson	M	Former sub-regional Specialist, Bolivia and Paraguay	ILOAIDS	Beirut & Geneva	Skype
12/01	Kidist Chala	F	Programme Officer, Ethiopia	ILO	Beirut & Addis Ababa	Skype
14/01	Hellen Mugutu Amakobe	F	Focal Point HIV and AIDS (Former National Project Coordinator), Kenya	ILO	Beirut & Nairobi	Skype
28/01	Ines Lopez	F	Consultant, Paraguay Project	ILO	Dakar and Asunción	Skype
01/02	Dr. Bathsheba Osoro	F	Head of Stakeholder Coordinator	National Aids Control Council	North Cave and Nairobi	Skype
01/02	Isaac Kiema	M	Projects Coordinator	Federation of Kenya Employers	North Cave and Nairobi	Skype
01/02	Juan Godoy	M	Leader	Transport Sector Trade Union (LUCHA)	North Cave and Asunción	Skype

04/02	Lucia Sossa Aranibar	F	Executive of Legal Affairs	Confederation de Empresarios Privados de Bolivia	North Cave and La Paz	Skype
08/02	Marie Rose Verneret	F	President	LUFIAVIH	Beirut and Port au Prince	Skype
	Pastor Joel Sainton	M	President	APIA LAVIE		
	Bernard Bertony	M	Trainer			
08/02	Antoine Jean Evens	M	HR Manager	Premium	Beirut and Port au Prince	Skype
088/02	Selindié Abellard	M	Labour Director Nord-Est Department	Ministry of Social Affairs	Beirut and Port au Prince	Skype

Honduras

Date	**Name**	**Gender (M/F)**	**Position**	**Organization**	**Place**	**Method**
17/01	Ana Catalina Ramierez & Liliana Mejia	2 F	Sub-regional specialist & ex-NPC	ILO	Tegucigalpa	In-person logistics meeting
18/01	Rudy Molinero	F	Occupational Physician and HIV Focal Point	Social Protection Department, Ministry of Labour	Tegucigalpa	In-person interview
18/01	Carlos Madero	M	Minister of Labour	Ministry of Labour	Tegucigalpa	In-person interview
18/01	Guillermo Matamoros	M	Manufacturing Sector Representative	COHEP	Tegucigalpa	In-person group interview
	Lina Mejia	F	Legal Adviser and HIV Focal Point			
	Adelaida Fiallos	F	Communication Officer			
18/01	Benita Ramirez	F	Representative	ASONAPVIHSIDA	Tegucigalpa	In-person interview
19/01	Noe Ivan Flores	M	Member	CGT	Tegucigalpa	In-person group interview
	Benjamin Vasquez	M	Deputy General Secretary	CGT/Tripartite Committee Member		
	Marco Nieto Posadas	M	Member	CGT/Tripartite Committee Member		

	Belinda Montejo	F	Member	CUTH		
	Leticia Maribel Zelaya	F	Member	CTH/Tripartite Committee Member		
	Hilario Espinoza	M	General Secretary	CTH		
	Daniel Duron	M	General Secretary	CGT		
19/01	Juan Ramón Ramírez	M	Social Mobilization Advisor	UNAIDS	Tegucigalpa	In-person group interview
	Hector Sucilla	M	M&E Advisor and Acting CD			
20/01	Maria Isabel Aguilar	F	Training Coordinator	Ministry of Health	Tegucigalpa	Focus Group
	Rosa Cacires	F	Training Coordinator of the Technical Assistants Programme	Ministry of Health		
	Naicy Alvarez	F	Coordinator of Youth Programme	General Confederation of Workers		
	Esther Martinez	F	Coordinator of Nursing Assistants Programme	Ministry of Health		
	Marco Nieto Posadas	M	Member	CGT/Tripartite Committee Member		
20/01	Liliana Mejia	F	Ex-National Project Coordinator	ILO	Tegucigalpa	In-person interview
20/01	Rudy Molinero	F	Occupational Physician and HIV Focal Point	Social Protection Department, Ministry of Labour	Tegucigalpa	Tripartite Constituents Project Committee meeting
	Benita Ramirez	F	Representative	ASONAPVIHSIDA		
	Leticia Maribel Zelaya	F	Member	CTH/Tripartite Committee Member		
21/01	Martha Benavides	F	Administrative Technical Director	AHM	San Pedro Sula	In-person group interview
	Mercy Valeriano	F	Trainer			
	Lidia Giron	F	Social Compliance			

			Coordinating Unit			
	Telsa Callejas	F	Communications Director			
	Walquiria Ochoa	F	General Coordinator PROCINCO Program			
	Geovanny Lara	M	OSH Coordinator and Trainer			
21/01	Maria Elena Licona	F	SOLVE Trainer	AHM	San Pedro	Focus group discussion
	Miguel Ferrera	M				
	Fernando Monterroso	M				
	Mauricio Aguilar	M				
	Jorge Bonilla	M				
	Geovanny Lara	M	OSH Coordinator and SOLVE Trainer			
	Mercy Valeriano	F	SOLVE Trainer			
22/01	Mario Sobillon	M	Trained industry representative	Manufacturing industries represented by AHM	San Pedro	Focus group discussion
	Dennis Serrano	M				
	Mario Maldonaldo	M				
	Omar Benitez	M				
	Silivia Piaz	F				
	Yesmin Gomez	F				
	Geovanny Lara	M	OSH Coordinator and SOLVE Trainer	AHM		
	Mercy Valeriano	F	SOLVE Trainer	AHM		
22/01	Dr Orlando Ventura	M	Regional Coordinator, Occupational Health Services	Instituto Hondureños de Seguridad Social	San Pedro Sula	In-person interview
22/01	Evangelina Argueta	F	General Secretary	Trade Unions from the	San Pedro Sula	In-person interview

				Manufacturing sector		
17/01 - 22/01	Ana Catalina Ramirez	F	Sub-Regional Specialist	ILO	Tegus and San Pedro	Various meetings

Senegal

Date	Name	Gender (M/F)	Position	Organization	Place	Method
25/01	Karim Cissé	M	Director General of Labour	Ministry of Labour	Dakar	In-person group interview
	Ndieme Seck Diouf	F	Head of Division, OSH			
	Arame Ndoye Diagne	F	Deputy of Division, OSH			
25/01	Madame Diakhate	F	Director of Social Protection	Ministry of Labour	Dakar	In-person interview
25/01	Ndieme Seck Diouf	F	Head of Division, OSH	Ministry of Labour	Dakar	Focus Group Discussion
	Seydin Diagne	M	Labour Inspector			
	Djibril Kane	M	Labour Inspector			
	Barboucar Basse	M	Labour Inspector			
	Boulkhere Fall	M	Labour Inspector			
	Arame Ndoye Diagne	F	Deputy of Division, OSH			
26/01	Awa Badji	F	Regional HIV Focal Point	Ministry of Tourism	Mbour and Dakar	Phone Interview
27/01	Dr Fatou Nar Mbaye	F	Head of Program Unit	National AIDS Council	Dakar	In-person interview
27/01	Dr. Anne Laure	F	Head of Quality Management Unit	Abass Ndal Hospital	Dakar	Focus Group Discussion
	Younouss Mane	M	Trade Union Rep on HealthWise Committee	Albert Royer Hospital		
	Madiop Diagne	M	Human Resources	Fann Hospital		
	Serigne Ndiaye	M	Maintenance Servic	Fann Hospital		

	Francois Gomis	M	Hygine Unit Cooridnator	Fann Hospital		
	Cheikh Makebe Sylla	M	Consultant	Healthwise		
28/01	Aliou Bakhoum	M	Regional Coordinator	La Lumiere	Kedougou and Dakar	Phone Interview
28/01	Abdou Diagne	M	Director General	TransVie	Dakar	In-person interview
28/01	Demba Kone	M	Country Coordinator	UNAIDS	Dakar	In-person interview
29/01	Issa SAVARE	M	Director	Abass Ndao Hospital	Dakar	In-person group interview
	Dr. Anne Laure	F	Head of Quality Management Unit			
29/01	Dr. Anne Laure	F	Head of Quality Management Unit	Abass Ndao Hospital		Observatory tour of facilities and changes implemente d through HealthWise in hospital.
29/01	Younouss Mane	M	Trade Union Rep on HealthWise Committee	Albert Royer Hospital	Dakar	Phone call
29/01	Fatoumata Diakhate	F	Director of Social Protection	Ministry of Labour	Dakar	Tripartite Constituents Project Committee meeting
	Ndieme Seck Diouf	F	Head of Division, OSH	Ministry of Labour		
	Makhtar Ba	M	Representative	CNP (Employers Union)		
	El Hadji Issa Gueye	M	Representative	UNSAS (Trade Union)		
	Cheikh Ousmane Diop	M	Representative	CNTS (Trade Union)		
25/01 - 29/01	Madi Diagne	M	Former NPC	ILO	Dakar	Various in-person meetings

Annex 3: Evaluation TOR

GLO/13/06/OPE – Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work

Final Independent Evaluation

Terms of Reference

Project Title:	**Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work**
Type of Evaluation:	Final independent evaluation
Countries:	Ethiopia, Kenya, Senegal, Bolivia, Haiti, Honduras, Paraguay, Global
Project End:	31 December 2015
Evaluation Manager:	Rasha TABBARA
Technical Unit:	HIV/AIDS and the World of Work Branch (ILOAIDS)
Collaborating Units:	CO-Addis Ababa; CO-Dar es Salam; DWT/CO-Dakar; DWT/CO-Lima; DWT/CO-San José; DWT/CO-Santiago

1. BACKGROUND AND CONTEXT

HIV is highly preventable. Nevertheless, 35 million people worldwide were living with HIV as of the end of 2013[15]. The age group worst affected everywhere is the 15-49-year-olds, the active population, whose contributions to the family, society and the economy may be lost if HIV is not prevented or if those living with HIV do not have access to treatment. Women and girls, particularly those aged 15 to 24, remain especially vulnerable to HIV. According to UNAIDS, for every 10 HIV-positive men, there are 13 HIV-positive women[16]. Even more alarmingly, up to 64% of those living with HIV in the seven OFID-ILO programme countries[17] are women.

Africa. Africa accounts for 70% of the global HIV burden[18].

Ethiopia has over 96 million people. However, the effects of excess mortality due to AIDS has resulted in lower life expectancy, higher infant mortality, higher death rates, lower population growth rates,

[15] UNAIDS, The GAP Report, 2014
[16] UNAIDS Report on Global AIDS Epidemic, 2012
[17] Ethiopia, Kenya, Senegal, Bolivia, Haiti, Honduras, Paraguay
[18] UNAIDS, The GAP Report, 2014 .

and changes in the distribution of population by age and sex than would otherwise be expected. Its per capita income is among the lowest in the world and 39% of its population is under the poverty line.[19] Gender inequality is reflected in the unemployment rates, with 29.4% unemployed young women compared with 19.5% unemployed young men.[20]. Low literacy and low levels of income, high rates of migration and high levels of gender inequality contribute to the spread of HIV in Ethiopia. However, an increased involvement of workplaces in the national AIDS response will facilitate the interventions to target the most vulnerable segments of the Ethiopian population - central to the national response to reach zero new infections.

Kenya. Up to 43.4% of the population are living below the poverty line.[21] . The HIV prevalence is at 5.3%, the rate is stabilizing and begins to decrease. With improved access to HIV treatment, more people living with HIV (PLHIV) are able to contribute to the productive economy of the country. However, they lack the requisite employable skills. This project aims to fill this gap.

Senegal. About 54% of its population live below the poverty line[22]. HIV prevalence is just below 1%. However, Senegal's social and health infrastructures and health personnel are insufficient to support the demand for service generated by the epidemic. On average, there are six physicians to every 100,000 people. A strengthened Senegalese health and economic sector responses would be necessary to hold-back the tide of service demands and help contain the HIV epidemic.

Latin America & the Caribbean

Bolivia. As of 2014, Bolivia had an HIV prevalence rate of 0.3%. Of the 14,000 people living with HIV in Bolivia, two-thirds are men.[23] The third phase of the project seeks to strengthen the capacity of the tripartite constituents to respond to the epidemic, as well as to strengthen the legal framework in the country. The project also focusses on reaching most at risk economic sectors, particularly long distance truck drivers, with prevention information and access to HIV-related services. The project also seeks to reach other sectors in Bolivia with HIV prevention information and education, including the manufacturing and banking sectors.

Haiti. As of 2014, Haiti had the highest HIV prevalence in the region, at 1.9%. Approximately 60% of those living with HIV in Haiti are women. Haiti accounted for 59% of all AIDS-related deaths in the Caribbean region in 2013. [24] Despite numerous challenges, from 2013 to 2014, Haiti has made significant progress in responding to HIV and AIDS. [25] The project aims to strengthen the capacity of the constituents to respond to HIV and AIDS in and through the workplace.

Honduras*.* Honduras is the second poorest country in Latin America, and suffers from high levels of income inequality as well as high underemployment. More than half of the population lives in poverty and per capita income is one of the lowest in the region[26].As of 2014, the HIV adult prevalence rate was 0.4%. The epidemic affects more

[19] The World Fact book, Ethiopia, February 2013
[20] Report on the National Labour Force Survey. 2006, Addis Ababa Ethiopia, Central Statistical Authority
[21] World FactBook, Kenya, July, 2012
[22] World Fact Book, Senegal, February 2013
23 UNAIDS Epidemiological Fact Sheet. Available at http://www.unaids.org/sites/default/files/epidocuments/BOL.pdf
[24] See http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/factsheet/2014/20140716_FactSheet_en.pdf
25 See Déclaration d'engagement sur le VIH/sida GARPR: Rapport de situation Nationale Haiti, mars 2014. Available at : http://www.unaids.org/sites/default/files/country/documents//HTI_narrative_report_2014.pdf
26 World Fact Book, Honduras, October 2015

men than women, with 60% of the 22,000 adults living with HIV being male.[27] The second phase of the OFID project sought to build on and consolidate the achievements of the previous phase.

Paraguay. As of 2014, Paraguay had a 0.4% adult prevalence rate, with 65% of those affected being male. [28]The third phase of the project seeks to build on the success of the previous phase in reaching long distance truck drivers and inter-city bus drivers with HIV-related services, including prevention information and access to voluntary and confidential testing for HIV and STIs though a mobile testing unit. The mobile unit is intended to reach the target group at identified rest stops where drivers congregate and which are "hot-spots" for transmission of HIV and STIs. These rest stops lack clean water, rest and sanitation facilities, and are also areas where sex workers offer their services. The mobile nature of the drivers' work, long absences from home and family and lack of access to HIV-related services are all factors contributing to the HIV vulnerabilities of long-distance truck and inter-city bus drivers and their local communities[29].

The programme complements existing HIV programmes implemented by the government and NGOs by contributing to filling gaps in HIV service provision for hard-to-reach but highly vulnerable workers in key sectors. Building on the successful implementation of phases One[30] and Two[31] of the OFID-ILO partnership, the programme was to set-up workplace HIV services to implement the national policies developed in the beneficiary countries between 2009 and 2012, in particular for the construction, mining and transport sectors.

The programme was aligned with the UNAIDS Strategy (2011-2015) to contribute specifically to three goals: reducing the sexual transmission of HIV by 50%; eliminating mother-to-child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV and in need of treatment. It also contributed to OFID's focus area of improving health indicators, including on HIV and AIDS and was designed to reach the ILO's target of supporting the world of work respond effectively to the HIV and AIDS epidemic.

Mining, construction and transport workers often work in areas that HIV services do not reach. Low levels of awareness in relation to HIV prevention, coupled with high levels of HIV-related stigma and discrimination further undermine HIV prevention efforts and deter people from seeking voluntary testing to know their status as well as from seeking appropriate care and treatment. This programme will provide access to sustainable workplace HIV prevention, treatment, care and support services for these hard-to-reach but vulnerable working age men and women.

OFID/ILO Partnership. During the implementation of the country-level projects, national HIV workplace policies have been developed in Kenya (Road sector) and Senegal (tourism, mining sectors) in Africa; and Honduras and Haiti (industrial processing zone) and Paraguay (transport sector) in Latin America. As a result of the project, on 11 July 2014, the Bolivian Ministry of Labour and Social

27 UNAIDS Epidemiological Fact Sheet for Honduras, available at: http://www.unaids.org/en/regionscountries/countries/honduras

[28] See UNAIDS Epidemiological Fact sheet. Available at: http://www.unaids.org/en/regionscountries/countries/paraguay

29 Vida de camioneros: Condiciones de trabajo y salud sexual: El VIH y el transporte de larga distancia en Paraguay, ILO/OFID Project, Paraguay, May 2011.

30 OFID-ILO Phase one countries: Guinea Bissau, Guinea Conakry, Senegal, Sierra Leone, Madagascar, Mozambique, Zimbabwe, Kenya, Bolivia, Paraguay, Peru and Suriname

[31] OFID-ILO Phase two countries: Kenya, Liberia, Senegal, Sierra Leone, Dominican Republic, Honduras, Nicaragua and Paraguay.

Welfare issued Administrative Resolution No. 243-14, establishing the "Programme on Prevention and Education regarding HIV and AIDS in workplaces", which calls for the social partners to implement training programmes on HIV prevention. In addition, Ethiopia has elaborated a strategic action plan based on existing national HIV workplace policy. The national policies set the enabling environment for implementing workplace HIV prevention and AIDS impact mitigation programmes for these sectors in these participating countries for the proposed Phase III of the OFID-ILO partnership programme.

The workplace is an ideal venue to reach most people of working age with HIV prevention information and services. Improved social protection for accessing essential health-services contributes to HIV prevention and AIDS treatment; and enhanced employability can increase productive participation of those under-employed or unemployed.

Previously, OFID had supported two multiregional programmes on HIV/AIDS Workplace Policies and Programmes within the framework of the ILO Global Programme on HIV/AIDS and the World of Work, totalling US$4.5 million. These operations were both completed successfully.

2. OUTCOME STRATEGY

The umbrella programme was initially designed to extend HIV-related services to the most vulnerable working populations currently not covered by HIV services due to their mobility (construction and transport sector workers) or remote working locations (miners). The extension of HIV services to these workers will move the world closer to reaching the long-term UNAIDS goal of zero new infections, zero AIDS-related deaths and zero discrimination. It will use a combination of approaches, including: extending HIV services (VCT, STI diagnosis, treatment services and PMTCT) to these groups; reducing stigma and discrimination—including for health providers dealing with PLHIV— and provision of tools and equipment to health workers.

The programme was also designed to significantly increase the access and uptake of HIV services for workers, their families and communities. The services to be provided include: voluntary counselling and testing (VCT), diagnosis and treatment of sexually transmitted infections (STIs), anti-retroviral therapy, prevention of mother-to-child transmission (PMTCT), voluntary male medical circumcision (Ethiopia and Kenya), and male and female condom promotion and distribution. These workplace HIV services will be implemented in Africa (Ethiopia, Kenya and Senegal) and the Americas (Haiti, Honduras, Bolivia and Paraguay) together with ILO's three key partners: government, employers' and workers' organizations, in close collaboration with networks of people living with HIV.

Under the umbrella programme, individual country-specific projects were designed on the basis of country-level consultations with the tripartite constituents, taking into account national objectives, absorption and technical capacities of participating countries, as well as the results of preceding phases of implementation.

The programme also reflects Decent Work Country Programmes (DWCP). Each DWCP has been reviewed to ensure complementarities with other ILO activities. Specifically this programme complements and collaborates with specific ILO-country projects such as Better Work factories in Haiti and on youth employment and Road Projects in Kenya. In some of the countries, the projects aimed at strengthening occupational safety and health to protect health sector workforce as well as improving HIV-sensitivity in social protection schemes in Kenya, Senegal and Honduras.

The strategy of the projects was to provide quality HIV-related services in and through the workplace, reaching individuals, couples, their families and the communities adjacent to remote worksites (such

as mining and construction operations and transport corridors currently not covered by national HIV programs). Partnerships have been established with existing services. Innovative solutions were used to reach mobile workers in remote areas, including mobile wellness centres/clinics. The program will apply a rights-based approach to remove barriers posed by HIV-related stigma and discrimination that impede increased uptake of services.

3. RATIONALE FOR THE EVALUATION

The ILO/OFID partnership agreement programme for 2014-2015 supports ILO work on HIV and AIDS in the workplace at both the global and country levels. The evaluation will be undertaken in accordance with the ILO's Evaluation Policy adopted by the Governing Body in 2005, which provides for systematic evaluations of projects in order to improve quality, accountability, transparency of the ILO's work, strengthen the decision-making process and support to constituents in promoting decent work and social justice. The evaluation will comply with UN norms and standards and ethical safeguards will be followed.

4. PURPOSE AND CLIENTS OF THE EVALUATION

The purpose of this final evaluation is to assess the relevance, effectiveness, efficiency, coherence, impact and sustainability of the ILO's actions taken under this project. It will seek to ascertain what has worked, what has not worked, and the underlying reasons (internal and external). The evaluation will also identify contributions made to the ILO's internal learning processes. The evaluation will be undertaken in accordance with the ILO's Evaluation Policy adopted by the Governing Body in 2005, which provides for systematic evaluations of projects in order to improve quality, accountability, transparency of the ILO's work, strengthen the decision-making process and support constituents in promoting decent work and social justice. The evaluation will comply with UN and OECD/DAC norms and standards, and ethical safeguards will be followed.

The key evaluation clients will be the OPEC Fund for International Development (OFID) as project donor; the ILO as executor of the project; and the project management and staff.

5. SCOPE

The project has a budget amounting to US$ 1,500,000 and is meant to contribute to the prevention and management of HIV through the provision of quality HIV-related services in and through the workplace, reaching individuals, couples, their families and the communities adjacent to remote worksites. The evaluation will look at whether results, as originally foreseen in the project documents, have been achieved and a rights-based approach has been applied to remove barriers posed by HIV-related stigma and discrimination that impede increased uptake of services. The evaluation will also provide lessons and insights on the ILO/OFID partnership.

Following ILO evaluation requirements, the evaluation will be based on the Development Assistance Committee (DAC) criteria of relevance, efficiency, effectiveness and evidence of impact and sustainability through contributions of ILO support. The evaluation will identify how donor funding contributes to the achievement of the project's objectives.

6. EVALUATION QUESTIONS

In analyzing the evaluation data compiled and drawing conclusions about the relevance and strategic fit of the project, as well as the validity of its design, impact orientation and sustainability, the following questions have been identified. The evaluator, upon completing his/her initial desk review phase, may refine or propose further key questions in the inception report. The final key evaluation questions will be agreed between the evaluation manager and the evaluator.

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

Relevance

- To what extent is the design of the ILO projects relevant to the national AIDS strategies, ILO's 2014-2015 Outcome 8 (The world of work responds effectively to the HIV/AIDS epidemic) and UNAIDS Strategy on Getting To Zero (2011-2015), in particular the following goals: reducing the sexual transmission of HIV by 50%; eliminating mother to child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV in need of treatment.
- To what extent are the interventions aligned with the HIV and AIDS and the World of Work Recommendation, 2010 (No. 200) and the ILO Code of Practice on HIV/AIDS and the world of work.
- To what extent is the project design aligned to Decent Work Country Programmes and to the United Nations Development Assistance Frameworks (if/when applicable)?

Coherence

- To what extent are the various activities in the project's strategy coherent and complementary (in its design and implementation) with regard to global and country-level interventions?
- How do current efforts build on previous experience and/or maximize synergies realized with other ILO interventions and sources of funding?
- How are issues relating to decent work mainstreamed in the project's implementation?

Effectiveness

- Was the project strategy effective in facilitating project implementation?
- Did the project deliver the expected results?
- Were the reporting and monitoring systems adequate to capture progress and identify challenges so that appropriate changes could be made?

Efficiency

- Assess the progress made to established baselines, design a sustainability strategy and manage risks.
- To what extent are the project's resources (technical and financial) being used efficiently?
- Assess how the project has leveraged other funds at the country level.
- What means have been used to create, share/disseminate knowledge?

Impact

- To what extent have the project's actions had a demonstrated impact towards the achievements of the project's objectives? (Assess results and impact against baselines and provide specific examples of results and impact (if/where applicable) in the field. Details about the impact orientation of activities and results to date will allow the donor to determine how its funding has helped produce change.)

Sustainability

- Does the project have a sustainability strategy that involves tripartite constituents and development partners to establish synergies that could enhance impact and sustainability?
- Provide recommendations and a clear articulation of lessons learned and good practices to inform future project development and contribute to knowledge development of the ILO and project stakeholders.

Gender concerns

- Were the project objectives consistent with the target group's needs and priorities, including with national gender policies and strategies?
- Did the project take gender specificities into consideration in its design and implementation?

7. EVALUATION METHODOLOGY

The final independent evaluation will combine a desk review of relevant project documentation; briefings at ILO Geneva; field visits to 2 selected countries which will be decided by the evaluator in coordination with the evaluation manager; and compilation of information on progress in other countries through other methods (e.g. phone/skype interviews, questionnaires, online surveys).

Key questions to be posed to all relevant country offices will be prepared by the evaluator and once agreed with the evaluation manager, a questionnaire will be prepared and sent out to relevant field offices. This will be established in the evaluation inception report. The evaluator will then undertake a field visit to the selected countries to conduct the field evaluation mission to gather country-level case studies and undertake consultations with constituents and partner organizations. Where possible, a sample of beneficiaries will be interviewed to determine their views on the impact of interventions. All data should be sex-disaggregated in the report or provide estimates to this effect, and any gender-based needs and concerns of women and men targeted by the programme should be considered throughout the evaluation process and integrated throughout the final evaluation report. The evaluator will submit a draft report which will be circulated for comments to all relevant stakeholders. The comments will be consolidated by the Evaluation Manager. A final evaluation report, incorporating the comments (if/when applicable) will be submitted by mid-February 2016.

8. MAIN OUTPUTS/DELIVERABLES OF THE EVALUATION

The evaluation process will yield the following outputs:

1. An inception report with an agreed evaluation design (methodology, evaluation questions).

2. A draft report.
3. A final report including lessons learned, emerging good practices and recommendations.
4. An Executive Summary according to the ILO guidelines and template.

9. MANAGEMENT ARRANGEMENTS

The evaluation will be managed by an Evaluation Manager, an ILO staff member who has not been involved in the design or implementation of the project. The person selected must meet the independence criteria set forth in the ILO's Policy Guidelines for results-based evaluation. The Administrator/Programme Analyst of the Conditions of Work and Equality Department has been selected for this purpose.

The evaluation team will comprise an international evaluation consultant, who will be the evaluation team leader with responsibility for the timely and submission of deliverables, including the final evaluation report which should comply with ILO evaluation policy guidelines.

10. PROPOSED TIMEFRAME AND WORKPLAN

The total duration of the evaluation process from the desk review to the submission of the final report should be for a three-month period (November 2015 – February 2016). It is proposed that the desk review will take place in mid-November 2015 and the field work will take place in December 2015 – January 2016, with a draft report by end of January 2016 and the final report by February 2016.

The evaluation consultant will be engaged for 35 working days, of which 12 days to conduct visits to ILO Geneva and to two countries covered by the project to be decided by the evaluation team in consultation with the evaluation manager.

Phase	Tasks	Timeframe
I	▪ Draft, circulate, revise and finalize TORs ▪ Recruit external consultant	November 2015
II	▪ Telephone briefing ▪ Desk Review ▪ Consultations with ILO staff ▪ Inception report with Evaluation questionnaire based on desk review and consultations	November-December 2015
II	▪ Circulation of questionnaire to ILO staff and national partners in different countries, to gather feedback. ▪ Field visits to intervention sites in selected countries ▪ Consultations with national partners	December 2015 – January 2016
III	▪ Draft report based on consultations from field visits, desk review and responses to questionnaire survey	End January 2016

IV	▪ Circulate draft report to key stakeholders ▪ Consolidate comments of stakeholders and send to evaluator	End January 2016
V	▪ Finalize the report including explanations on why comments were not included	February 2016

Dates

The contract will start on *16 November 2015* and will end on *29 February 2016*.

Practical arrangements

Within the context of this assignment, the consultant will be expected to undertake a certain number of trips, which will be determined later, in agreement with the Evaluation Manager.

In accordance with the relevant ILO rules, the ILO will provide pre-paid return air tickets in economy class and by the most direct route. Any upgrade or deviation in the journey made by the consultant will be at his own expense.

The ILO will also pay Daily Subsistence Allowance (DSA) at the standard UN rate for the dates of the trips to cover lodging, meals and incidentals while on travel agreed with the ILO. The DSA will always be paid to the consultant by bank transfer after each trip and upon presentation of the relevant proofs of travel (boarding pass and hotel invoice).

Although the ILO covers the subsistence expenses, it accepts no liability in the event of accident or illness and it is the responsibility of the consultant to take out any insurance policy he might consider necessary.

Please also note that it is the full responsibility of the consultant to obtain any visa that might be required and that the ILO does not bear any cost incurred in the processing of visas.

Financial details

The cost of this contract is of US$ 15,750, as per the following details:

Fees – US$ 15,750 for 35 working days.

The travel expenses will be paid separately, as indicated above.

Payment Schedule

- US$ 3,000 upon submission of the inception report to the satisfaction of the ILO.
- US$ 8,000 upon submission of the draft report to the satisfaction of the ILO.

- US$ 4,750 upon submission of the final report, incorporating ILO comments (if/when applicable), to the satisfaction of the ILO. This final submission should include the final report, including recommendations, lessons learned and emerging good practices, and an Executive Summary.

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Independent Evaluation of ILO's project "Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work"

Inception Report

Prepared by:

Chris Morris

December 2015

Table of Contents

Introduction

In November 2015, the International Labour Organization (ILO) commissioned an evaluation of the project "Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work". This document serves as the inception report for the evaluation. The purpose of the inception report is to introduce the plans of the evaluation and serve as a document of understanding between ILO and the evaluator. It introduces the context that the intervention took place in and defines the scope, goals and questions of the evaluation. The report presents an evaluation matrix that identifies sub-questions, lines of enquiry, indicators, data sources and methods that will be used to answer the evaluation questions. It also describes the methodology the evaluator will follow and lays out suggested meetings and timelines for the evaluation.

Understanding of the Context

HIV prevention and treatment is one of the world's most pressing global public health and development priorities. HIV is preventable but 35 million people worldwide were living with HIV by the end of 2013[32]. HIV prevalence is highest in the 15-49 age group. Traditionally this group is relied on most for economic activity and household wealth. A failure to prevent or effectively treat HIV, and reduce social stigmas around the disease therefore has serious repercussions on family, social and community cohesion through reducing an individual's potential to live a full and productive life. HIV has affected the continent of Africa the worst, with an estimated 70% of the global HIV burden and where 1 one in 20 adults live with HIV[33].

Women are more likely to be infected with HIV than men. Societal norms that limit women's opportunities to take control of their reproductive health combined with biological factors mean than the global infection rate for women is higher than men. It is estimated that for every 10 men living with HIV, there are 13 women[34]. This pattern is exacerbated in certain areas. For example, in sub-Saharan Africa, 60% of people living with HIV are women[35]. Geographical, societal and financial reasons also mean that certain professions are at greater risk of HIV than others. Mining, construction, and transportation workers often have limited access to health care, information, and prevention efforts, exacerbating the risk to workers.

The HIV pandemic poses a serious barrier to decent work and sustainable livelihoods. ILO has implemented policies and recommendations aimed at recognizing the world of work as playing a crucial role in the addressing HIV and AIDs. The workplace can provide an important gateway for health practitioners, governments and civil society to improve access to information, testing, treatment and social support. However in too many cases discrimination, stigma and a lack of understanding close off this gateway. ILO adopted a code of practice on HIV/AIDs and the world of work in 2001 and launched recommendation 200 in 2010 to provide an international labour standard dedicated to HIV/AIDs and the workplace.

Understanding of the Intervention

This was the third phase of the OFID/ILO partnership. Building on previous interventions, ILO developed country level proposals to respond to the challenges of the HIV response in 7 countries. The seven countries, Ethiopia, Kenya, Senegal, Haiti, Honduras. Bolivia, and Paraguay, were nominated

[32] UNAIDS. 2014. The Gap Report
[33] UNAIDS. 2014. The Gap Report
[34] UNAIDS. 2010. Getting to Zero
[35] UNAIDS. 2010. Getting to Zero

by the donor to be the target countries. The program was designed to address gaps in HIV service provision in each country, and compliment the programs of the national governments and NGOs.

The project was designed to be aligned with the UNAIDS Strategy (2011-15), "Getting to Zero". It specifically targeted contributions to three particular goals: 'reducing the sexual transmission of HIV by 50%; eliminating mother-to-child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV and in need of treatment'.

The global proposal for the program, listed the following as the objectives and strategy of the project:

"The strategy of the project is to provide quality HIV-related services in and through the workplace, reaching individuals, couples, their families and the communities adjacent to remote worksites (such as mining and construction operations and transport corridors currently not covered by national HIV programs). Partnerships will be established with existing services. Innovative solutions will be used to reach mobile workers in remote areas, including mobile wellness centres/clinics. The program will apply a rights-based approach to remove barriers posed by HIV-related stigma and discrimination that impede increased uptake of services."

The global proposal also includes two main outputs and lists a number of activities which will contribute to the outputs. The outputs are:

"Output 1: vulnerable workers will have access to HIV prevention, treatment, care and support services."

Within this output, the program aimed to ensure that 35,000 workers have access to HIV services, including providing voluntary counselling and testing (VCT) to 20,000 workers, all reproductive-age women targeted by the project would have access to PMTCT counselling, 2 mobile services would be in operation and 50,000 family and community members would have increased access to HIV services.

It was proposed these targets would be met through the following activities:

VCT services

PMTCT services

STI diagnosis and treatment services

Mobile HIV services

Extension of HIV services

"Output 2: Improved access to care, support and treatment services for people living with HIV."

Within this output, the project aimed to ensure that 10,000 people living with HIV would have access to ART services, 15 occupational health services would be available to the targeted workers, 1,000 health workers would have access to equipment, all participating workplaces will have HIV anti-discrimination policies.

These targets were to be met through the following activities:

HIV treatment services

Occupational health services

Health workers occupational safety

Zero-HIV discrimination at work policies

The global pro-doc gives an overview of the project. The seven individual countries were asked to develop country-level proposals detailing specific interventions they would undertake. The projects developed were specific to the context of the country. There are very different infection rates, prevalence hotspots, national policies etc. in each country. The individual proposals were designed to respond to the context of the country and the needs of the tripartite constituents. The tables below detail the development objectives and immediate objectives of each country's project.

Each of the countries involved has different challenges. Prevalence rates in the African countries are higher. Ethiopia had an estimated prevalence rate in 2011 of 1.5%[36], Kenya's is 5.6%[37] and Senegal's is 0.5%[38]. HIV affects more women than men in sub-Saharan Africa, and rates of mother-to-child infection are high. Poverty, income disparity, malnutrition, and the prevalence of other diseases all contribute to exacerbate the effects of HIV.

The prevalence rates in the targeted Latin American countries are generally lower; Bolivia's rate is 0.2%[39], Honduras is 0.67%[40], and Paraguay is 0.4%[41]. These countries also have higher rates among men than women. Haiti has a higher prevalence rate, 2.2%[42] and also more women than men are infected.

The different political, economic and social contexts in each of the target countries required different approaches to the project. Each country developed their own project in coordination with their tripartite constituents.

[36] The Government of Ethiopia. 2011. Demographic and Health Survey
[37] Kimanga DO et al. 2014. Prevalence and incidence of HIV infection, trends, and risk factors among persons aged 15-64 years in Kenya: results from a nationally representative study. J Acquir Immune Defic Syndr
[38] UNAIDs. 2014. Senegal HIV and AIDs estimate. Retrieved from http://www.unaids.org/en/regionscountries/countries/senegal, December 12, 2016
[39] Bolivia: national report of progress in the response to HIV/AIDS. Follow-up to the political declaration on HIV/AIDS 2011, 31st March 2012. Plurinational State of Bolivia. Ministry of health and sports. HIV/AIDS national programme
[40] Global report of progress in the fight against AIDS, Honduras, 2012
[41] UNAIDs. 2014. Paraguay HIV and AIDs estimate. Retrieved from http://www.unaids.org/en/regionscountries/countries/paraguay/, December 12, 2016
[42]UNAIDS. 2012. National control programme against AIDS: report National Haiti

Development Objectives

Global	Kenya	Ethiopia	Senegal	Haiti	Honduras	Paraguay	Bolivia
The strategy of the project is to provide quality HIV-related services in and through the workplace, reaching individuals, couples, their families and the communities adjacent to remote worksites (such as mining and construction operations and transport corridors currently not covered by national HIV programs).	Reduced stigma and discrimination and increased social protection for informal economy women and men workers and their families	The project will contribute to the reduction of new infections in Ethiopia in line with the goals of the Strategic Plan 2010/11-2014/15, through an increased access of women and men workers to HIV services.	Contribute to the reduction of new infections through an effective response from the world of work and the improvement of services provided to workers	Knowledge about HIV and prevention practices increase in the working age population	To contribute to the reduction of new infections among the working population in the agricultural sector and the sector of the textile maquila through access to prevention programs and access to treatment and support related to HIV.	Vulnerabilities related to HIV in long-distance and Intercity buses of Paraguay truck drivers are observed, analyzed and reduced significantly	Contribute to the reduction of new infections among the working population of Bolivia to improve their knowledge and ability concerning the prevention and care of HIV / AIDS

Objectives per Country

	Kenya	**Ethiopia**	**Senegal**	**Haiti**	**Honduras**	**Paraguay**	**Bolivia**
Project Date:	Jan 14-Dec 14	Jan 14-Mar 15	Jan 14-Dec 14	Jul 14-Dec 15	Jan 14-Dec14	Jan 14-Nov 15	Jan 14-Dec 15
1	Increased social protection coverage especially for informal economy women and men workers and their families including PLHIV	MOLSA, CETU and EEF have the tools and knowledge to assess HIV interventions and plan future HIV and AIDS programmes	The legal and institutional framework for the fight against HIV and AIDS in the workplace is strengthened and known by actors and beneficiaries	The world of work adopts strategy on HIV and AIDS in the workplace that incorporates the principles outlined in Recommendation No. 200	Manufacturing and agro industry workers improve their knowledge, preventive practices and self-care regarding HIV.	Mobile health services improve the quality and efficacy of their services having better knowledge of service-delivery points, the risk factors for the target population and reception of their prevention campaigns.	The Bolivian State and the organizations of workers and employers in the country improve their response capacity on the prevention of HIV in the workplace and the application of relevant legislation
2	Improved knowledge of HIV status among women and men workers in both formal and informal economies including construction sector through VCT campaigns with linkage to treatment and support services.	Access to HIV services by women and men workers in horticulture and construction sectors enhanced to scale up prevention, STIs management, VCT and treatment	The response of the sectors of health, transport and tourism is reinforced and the access to screening is increased for the male and female workers	ILO constituents implement a strategy on HIV and AIDS in the textile and construction industries	Working population from the manufacturing sector and the agro industry has access to HIV prevention, care and support services through the workplace	Long-distance truck drivers and inter-urban bus drivers have access to mobile health services that reduce their HIV vulnerabilities as well as their risk of syphilis and other sexually-transmitted diseases and situations to exposure to risk.	
3	Enhanced women and men health workers' occupational safety and health relating to HIV and reduce stigma and discrimination.		Female orphans of Kedougou have adequate social welfare services				

Purpose and Scope of the Evaluation

The intended users/clients of this evaluation are OPEC as the donor, ILO as the executor of the project, and ILO's project management and staff, including those in Geneva and the Country Offices involved in the project. The evaluation has both accountability and lesson learning functions to it. The evaluation provides the opportunity for accountability to OPEC and also ILO's tripartite constituents, as well as internal, mutual accountability between Country, Regional and Global offices.

The TOR also requires a strong lesson learning element to the evaluation. The TOR states that the evaluation will "seek to ascertain what has worked, what has not worked, and the underlying reasons (internal and external). The evaluation will also identify contributions made to the ILO's internal learning processes."

ILO's evaluation policy requires that evaluation should use the standard OECD/DAC criteria of relevance, efficiency effectiveness and evidence of impact and sustainability. If individual criterion are not used, a justification for doing so must be given. The TOR for this evaluation includes the standard criteria and also adds coherence and gender concerns as additional criteria. Coherence is a criterion more usually applied in the evaluation of humanitarian action. In brief it is designed as a criterion to ask questions of whether actions and projects are complimentary of each other and working towards the same goals[43]. In this case it is taken to require the evaluation to address whether the individual projects in each country complimented the broader national and international efforts and policies to address HIV/AIDs. This includes whether the intervention aligned with government policies and objectives, as well as UN and ILO goals at the country and global level.

Gender concerns will be mainstreamed into the evaluation throughout. The suggested questions in the TOR under the gender criterion could fit into the relevance and effectiveness criteria. However, having a separate section of the report to detail the effectiveness of the gender mainstreaming of the project will give greater visibility to this crucial issue. This will not though detract from considering gender in the other criteria. ILO's Guidance Note 4 "Integrating Gender Equality in Monitoring and Evaluation of Projects (March 2014)" details questions to be considered to include gender in each evaluation criterion. The evaluation will follow this guidance.

Evaluation Criteria and Questions

The evaluation criteria for the evaluation are relevance, coherence, effectiveness, efficiency, impact, sustainability and gender concerns. The following questions are proposed:

Relevance

To what extent is the design of the ILO projects relevant to the national AIDS strategies, ILO's 2014-2015 Outcome 8 (The world of work responds effectively to the HIV/AIDS epidemic) and UNAIDS Strategy on Getting To Zero (2011-2015), in particular the following goals: reducing the sexual transmission of HIV by 50%; eliminating mother to child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV in need of treatment.

To what extent are the interventions aligned with the HIV and AIDS and the World of Work Recommendation, 2010 (No. 200) and the ILO Code of Practice on HIV/AIDS and the world of work.

To what extent is the project design aligned to Decent Work Country Programmes and to the United Nations Development Assistance Frameworks (if/when applicable)?

[43] See ALNAP, 2003. "Evaluating Humanitarian Action".

Did the project respond to the needs of the tripartite constituents, persons living with HIV, and other relevant stakeholders? This is an additional question suggested by the evaluator to ensure the evaluation asks questions about relevance to the target community and downward accountability as laid out in the UNAIDs strategy, "Getting to Zero".

Coherence

To what extent are the various activities in the project's strategy coherent and complementary (in its design and implementation) with regard to global and country-level interventions?

How do current efforts build on previous experience and/or maximize synergies realized with other ILO interventions and sources of funding?

How are issues relating to decent work mainstreamed in the project's implementation?

Effectiveness

Was the project strategy effective in facilitating project implementation?

Did the project deliver the expected results?

Were the reporting and monitoring systems adequate to capture progress and identify challenges so that appropriate changes could be made?

Efficiency

Assess the progress made to established baselines, design a sustainability strategy and manage risks.

To what extent are the project's resources (technical and financial) being used efficiently?

Assess how the project has leveraged other funds at the country level.

What means have been used to create, share/disseminate knowledge?

Impact

To what extent have the project's actions had a demonstrated impact towards the achievements of the project's objectives? (Assess results and impact against baselines and provide specific examples of results and impact (if/where applicable) in the field. Details about the impact orientation of activities and results to date will allow the donor to determine how its funding has helped produce change.)

Sustainability

Does the project have a sustainability strategy that involves tripartite constituents and development partners to establish synergies that could enhance impact and sustainability?

Provide recommendations and a clear articulation of lessons learned and good practices to inform future project development and contribute to knowledge development of the ILO and project stakeholders. Recommendations will be developed through the findings and results of the other questions. As such this question is not included in the evaluation matrix.

Gender concerns

Were the project objectives consistent with the target group's needs and priorities, including with national gender policies and strategies?

Did the project take gender specificities into consideration in its design and implementation?

Evaluation Matrix

Relevance				
Q.1.1: To what extent is the design of the ILO projects relevant to the national AIDS strategies, ILO's 2014-2015 Outcome 8 (The world of work responds effectively to the HIV/AIDS epidemic) and UNAIDS Strategy on Getting To Zero (2011-2015)?				
Sub-questions	Lines of Enquiry or Concerns	Indicators	Data Sources	Mode of Inquiry
Has the project been relevant to the goals of reducing the sexual transmission of HIV by 50%; eliminating mother to child transmission; and ensuring universal access to antiretroviral therapy for people living with HIV in need of treatment? Have the countries met the indicators for achieving ILO's outcome 8? How do the projects align to the national HIV policies?	Did the project provide antiretroviral treatment to groups who struggle to access it? Has the project been successful in increasing understanding of HIV transmission and changing behaviours to reduce sexual transmission? Did the project operate with a rights based approach?	Evidence of alignment of project design with relevant policies and strategies. # of beneficiaries who benefitted from various intervention goals	Project documents Policy and strategic documents ILO staff Project partners M&E data Beneficiaries	Review of documents Interviews Questionnaire
Q.1.2: To what extent are the interventions aligned with the HIV and AIDS and the World of Work Recommendation, 2010 (No. 200) and the ILO Code of Practice on HIV/AIDS and the world of work?				
Have the projects been designed in line with 200 and the Code of Practice? Are there priorities in 200 and the code not included in the project?	Are the tripartite constituents aware of 200 and the code?	Evidence of alignment of project design with relevant policies and strategies	Project documents Policy and strategic documents ILO staff Project partners M&E data	Review of documents Interviews Questionnaire
Q.1.3: To what extent is the project design aligned to Decent Work Country Programmes and to the United Nations Development Assistance Frameworks (if/when applicable)?				

Did the project contribute to successfully achieving DWCP outcomes? What synergies are there with applicable UNDA Frameworks?	Are the alignments claimed in the proposals valid?	Evidence of alignment of project design with relevant DWCPs and UNDA Frameworks	Project documents Policy and strategic documents ILO staff Project partners M&E data	Review of documents Interviews Questionnaire
Q.1.4: Did the project respond to the needs of the tripartite constituents, persons living with HIV, and other relevant stakeholders?				
How involved were the tripartite constituents in designing the project? Were all stakeholders views considered equally? Have PLHIV been involved in the design and monitoring of the project?	What examples of successful strategies to engage all relevant stakeholders are there?	Evidence of engagement including needs assessments, consultation in project design and involvement of a variety of stakeholders including more marginalized groups.	Project documents ILO staff Project partners Organizations representing PLHIV	Review of documents Interviews Questionnaire Focus Group Discussions
Coherence				
Q.2.1: To what extent are the various activities in the project's strategy coherent and complementary (in its design and implementation) with regard to global and country-level interventions?				
How integrated is the project into national initiatives? Does it compliment the work of other actors (NGOs, Civil Society etc)?	Link to questions 1.1 and 1.4	Evidence of coordination with other initiatives Evidence of synergies with national priorities	Project documents ILO staff Project partners Organizations representing PLHIV	Review of documents Interviews Questionnaire Focus Group Discussions
Q.2.2: How do current efforts build on previous experience and/or maximize synergies realized with other ILO interventions and sources of funding?				
Were the recommendations of the evaluation of the 2nd phase implemented? What successful examples of synergies with other ILO work are there?	Have lessons learned been recorded? Have best practices been shared?	Evidence that lessons learned/best practices were used in designing and implementing the project Existence of cooperation/partnership with other ILO projects	Project documents ILO staff	Review of documents Interviews Questionnaire
Q.2.3 How are issues relating to decent work mainstreamed in the project's implementation?				

Does the project: Promote jobs? Guarantee rights at work? Extend social protection? Promote social dialogue? Have gender equality as a cross-cutting objective?	What best practices can be identified in this area	Evidence of decent work mainstreamed throughout the project	Project documents Policy and strategic documents ILO staff Project partners	Review of documents Interviews Questionnaire
Effectiveness				
Q.3.1: Was the project strategy effective in facilitating project implementation?				
Did the management system support effective implementation of the project?	What were the most effective strategies? Link to question 3.1	Existence of project management structure Evidence that country-level systems supported responding to challenges	Project reports ILO staff	Review of documents Interviews Questionnaire
Q.3.2: Did the project deliver the expected results?				
Has the global project delivered the objectives, goals and outputs outlined in the PRODOC? Have the individual countries met their objectives, goals and outputs?	What prevented results being delivered?	Difference between initial results and achieved results # of VCTs, testing, awareness, training etc in proposal compared to final results	M&E data Project reports ILO staff Partner organizations	Review of documents Interviews Questionnaire
Q.3.3: Were the reporting and monitoring systems adequate to capture progress and identify challenges so that appropriate changes could be made?				
What challenges did the project face? What worked will in responding to these challenges? What progress has the M&E system captured?	Is there progress that is not being captured? Link to question 3.1	Existence of functioning M&E system Evidence of challenges being responded to	M&E data Project reports ILO staff Partner organizations	Review of documents Interviews Questionnaire
Efficiency				
Q.4.1: Assess the progress made to established baselines, design a sustainability strategy and manage risks?				
What baselines exist? How did the projects respond to challenges and risks?	Has there been follow up to the baselines? What monitoring data has been collected?	Evidence of risks identified and the response employed # of beneficiaries/trainings etc	M&E data Project reports ILO staff Partner organizations	Review of documents Interviews Questionnaire

Q.4.2: To what extent are the project's resources (technical and financial) being used efficiently?				
Have the budgets been used as projected? Were available technical resources deployed appropriately?	Which resources produced the most efficient results? What management structure at the country level produced the best results?	Existence of qualified and experience staff Evidence of use of ILO's manuals Staff retention rates	Budget data Project reports ILO staff Partner organizations	Review of documents Interviews Questionnaire
Q.4.3: Assess how the project has leveraged other funds at the country level?				
What funds have been leveraged at the country level?	Have the projects been successful in securing other funding? Has ILO supported partners to obtain other funding? Has ILO found partners to implement activities using other sources of funding?	Existence of additional funds secured Evidence of partnership with other projects/organizations to leverage funds	Project reports Budget data ILO staff	Review of documents Interviews Questionnaire
Q.4.4: What means have been used to create, share/disseminate knowledge?				
Has knowledge been disseminated to stakeholders within country? Has knowledge been shared with other ILO country offices?	What have been the successful means of disseminating knowledge? Have certain methodologies not worked?	Evidence of knowledge sharing platform being used Examples of successful knowledge dissemination	Project reports ILO staff Project partners Beneficiaries	Interviews Focus group discussions Questionnaire
Impact				
Q.5.1: To what extent have the project's actions had a demonstrated impact towards the achievements of the project's objectives?				
Has there been a change in attitudes/behaviours of constituents/partners/beneficiaries? Has the project made progress in addressing the development objectives in the proposals? What changes against baselines can be seen?	How possible is it quantify the impact the project has made towards the objectives? What activities/outputs have been the most successful in achieving impact? What baselines exist?	Existence of data demonstrating improvement from baselines? Evidence of impact on lives/behaviour/knowledge of beneficiaries	Project reports ILO staff Project partners Beneficiaries	Focus group discussions Beneficiary stories Interviews Questionnaire
Sustainability				

Q.6.1: Does the project have a sustainability strategy that involves tripartite constituents and development partners to establish synergies that could enhance impact and sustainability?				
What sustainability strategy exists? How committed are the tripartite constituents to maintaining the project's gains? What practices demonstrate the strongest level of sustainability	For countries whose project finished months ago; are the effects of the project still supported?	Evidence of continuing activities Evidence of support and commitment from tripartite constituents Policy and legislative changes	Project reports Project partners ILO staff Beneficiaries	Focus group discussions Interviews Review of policy documents Questionnaire
Gender Concerns				
Q.7.1: Were the project objectives consistent with the target group's needs and priorities, including with national gender policies and strategies?				
Do the country proposals align with the gender needs of the country?	Was a gender analysis conducted when designing the project?	Evidence of gender analysis Evidence of alignment with policies and strategies	Project reports ILO staff Project Partners	Interviews Focus group discussions Questionnaire Document review
Q.7.2: Did the project take gender specificities into consideration in its design and implementation?				
What country-level practices were particularly successful in mainstreaming gender into the project?	Is monitoring data disaggregated by gender? Have there been links and synergies with gender focused projects implemented by ILO and other stakeholders?	Monitoring data disaggregated by gender Evidence of links with gender focused project Gender balance in project committees	Project reports Project partners ILO staff	Interviews Focus group discussions Questionnaire Document review

Proposed Methodology

The TOR requires evaluating both the processes used to deliver the project and the outcomes/impact that occurred as a result. The evaluation of the processes will cover the system for designing the project, ensuring its relevance and the efficiency and effectiveness with which it was delivered. The evaluation of the outcomes will look at the impact and long-term sustainability of the project. The evaluation will involve assessing both national and global level work and address the inputs of various stakeholders. As such the evaluation needs an approach that captures the perspective of multiple stakeholders and identifies how the different elements of the project join together to provide the projected outcomes. It is proposed to use a mixed methods approach that blends qualitative data gathered through interviews, a questionnaire, focus group discussions and stories of impact and change collected at the focus groups with quantitative data gathered from project monitoring and budget data.

The Monitoring and Evaluation Reference Group of UNAIDS has published a strategic guidance on the evaluation of HIV prevention programmes[44]. This project includes treatment and testing, as well as prevention, but the guidance provides a useful framework for this evaluation. The evaluation will answer stages 5, 6, and 7 of the public health questions approach to HIV monitoring and evaluating (p.25). These are, what are we doing, are we doing it right, are we implementing the programme as planned, and are the interventions working/making a difference?

Overall the evaluation will be guided by the principles of democratic evaluation (MacDonald & Kushnar, 2005). This is an approach that sees the evaluator in the role of facilitator rather than referee. The evaluator is tasked with ensuring that all stakeholders, particularly those who hold less power, have the opportunity to participate and meaningfully impact the evaluation.

The requirements in the TOR for both lesson learning and accountability, and for assessing process and outcomes, mean that a mixed methods approach is appropriate. The focus in the TOR on identifying what has worked and identifying contributions to ILO's internal learning process makes an appreciative inquiry approach an appropriate method to use for engaging ILO staff and tripartite constituents. Appreciative inquiry is a facilitated learning approach that seeks to identify what worked well. The theory behind the approach is that identifying what worked well in a project helps focus stakeholders on how to develop future work in a positive manner, whereas if the evaluation focus is on what did not work, it can lead to recrimination that is not productive for future partnership. The tripartite nature of ILO means appreciate inquiry is a positive evaluation method to use, as it can help reduce power imbalances and prevent responses aimed at securing favourable status in future work. Using this approach will not preclude identifying challenges that occurred but will ensure the positive experiences of what did work are prioritized to support ILO's future work.

To support this approach, the evaluation will use focus groups with project beneficiaries to collect testimonies of what change or impact the project has made to them. This data collection technique will be modelled on CARE International's adapted use of the most significant change approach for gathering stories from beneficiaries on the impact of the project. This will not use the full most significant change methodology, and should not be seen as an over-arching evaluation approach, but a participatory method

[44] MERG. 2010. "Strategic guidance for evaluating HIV prevention programmes". UNAIDS.

for collecting data. Instead it will be limited to supporting the narration of stories from beneficiaries during focus groups to highlight how the project's activities have made a difference to them. This will support reflection within the focus groups discussions about the impact of the project. This data collection method will complement the appreciative inquiry method by providing more data for the tripartite constituents to identify what has happened in the project and suggest what this means for future work. This will be blended with quantitative data gathered from the project's monitoring system, and a comparison of baselines to the current situation.

To ensure a democratic evaluation, a gender responsive approach is important. ILO's guidance on gender mainstreaming in evaluations identifies that gender mainstreaming throughout the project cycle requires:

"This implies taking into account the following elements: (i) the involvement of both men and women in constituents'/beneficiaries' consultations and analysis; (ii) the inclusion of data disaggregated by sex and gender in the background analysis and justification of project documents; (iii) the formulation of gender-sensitive strategies and objectives and gender-specific indicators; (iv) outputs and activities consistent with these; (v) striving for gender institutional structures set up under projects; and (vi) in the terms of reference for evaluations, requiring the inclusion of impact assessment on gender equality and gender expertise in the evaluation team."

The evaluation will consider how successful the project has been in including these elements of gender mainstreaming throughout the project cycle. The evaluation will analyse the affect the project has had on the power relationships between men and women, and the consideration of gender concerns that was given to the project's design and implementation. The evaluation report will include disaggregated data and highlight gender responsive recommendations.

The proposed methods will be:

Remote Data Review and Collection

Secondary document and data review

Completed at the start of the evaluation will review project documentation such as proposals and donor reports. Documents will include country level proposals, and monitoring data/reports that are available at a country level. This data will be used to help frame interview and focus group questions, and to triangulate data collected during the field visit. The initial deep-read of project data will be supplemented by re-reading during the data analysis phase of the evaluation. This will allow greater understanding of both the data collected by the evaluator and the data within the project documentation.

Pre-trip briefings with key ILO staff

Part of the inception phase will involve briefings with key ILO staff. This will allow understanding of the context and agreement on the key goals of the evaluation. These took place prior to the preparation of the inception report with Brigitte Zug-Castillo and Anna Torriente.

Remote interviews with country offices and other stakeholders

The timeframe and budget of the evaluation only allow for visits to 2 countries. In order to compensate for the limitations this will place on the data collection process, interviews with key country office staff involved in the project will be conducted via skype. An interview guide will be developed during the inception phase of the evaluation and the data gathered in these meetings will be supplemented with a short questionnaire submitted to all country offices. A list of interview participants will be agreed during the briefing visit to ILO HQ

The ILO Country Offices or National Project Coordinators will be asked to facilitate the setting up of skype calls with relevant tripartite constituents. The number of interviews and profile of the interviewees will vary between countries depending on relevance, availability and logistical constraints.

Questionnaire administration

To supplement the interviews with country offices, a questionnaire will be developed by the evaluator and agreed by ILO HQ. This will be submitted to the country offices and potentially other stakeholders if agreed by ILO, who will be asked to complete and return it. The questionnaire will contribute to data collection for answering key evaluation questions.

Geneva Visit

- Briefings with ILO staff in Geneva.

A visit to Geneva will be undertaken once a draft of the inception report has been produced. A series of briefings and meetings with key HQ staff will be undertaken during this visit. This will support the collection of data particularly related to the global PROPEL product. The visit will also allow for a review of the inception report/evaluation plan, and any revisions that may be needed before field visits are conducted.

Country Visits

Two countries will be visited by the evaluator. Trips will be 5 days per country. The countries to be visited will be finalized at the Geneva briefing. The selection criteria for choosing the two countries includes:

Representations of countries from different regions

Selected countries represent different project outcomes to ensure broad range of project objectives are reviewed

At least one country's project should have finished a few months ago to enable assessment of short-term sustainability

Beneficiaries should be accessible to visit

A broad range of partners were involved in the project

More country specific timetables will be agreed with the country offices. However the general data collection techniques will be:

Semi-structured interviews with beneficiaries, tripartite constituents, ILO country office staff and other key stakeholders

A series of semi-structured interviews with a variety of stakeholders will be conducted. A list of interviews will be agreed with the country offices depending on time and availability, but it is proposed that a wide variety of stakeholders be interviewed, including workers, representatives of organizations representing persons living with HIV, employers, employer federations, trade union groups, and governmental officials. Interviews with ILO country office staff will also be conducted. Interview guides will be tailored for the particular stakeholder group being interviewed.

Focus Group Discussions

Focus groups are useful tool for stimulating conservation and ideas beyond what might come from individual interviews. They also allow for including more project beneficiaries in the evaluation than could be accommodation through individual interviews. Focus group discussion guides will be tailored to the profile of the particular groups included. In addition to facilitating discussion about the project, the focus group discussions will also be used to gather stories of change/impact from project beneficiaries. This will follow a data collection method piloted by CARE International that asks focus group participants to work in groups of 2 or 3s to share a story about how the project has had an impact or brought about change. A facilitated discussion is then held and the group identify which story they think represents the most significant change and explain why. This will produce data that can be analysed by the evaluation and the tripartite constituents, and compliment other data collected during the evaluation.

Data analysis briefings

At the end of each trip, a briefing will be held with tripartite members and other relevant stakeholders to present the data has been collected and facilitate discussion about the findings. The purpose of the briefing will be to include stakeholders in the analysis of evaluation findings and support the development of agreed recommendations and lessons learned.

Limitations

The biggest constraint of this evaluation is that only 2 countries will be visited. This could lead to successes, impacts and challenges that are particularly relevant to one or two countries being missed. Only including two countries also means that beneficiary and stakeholder input will be limited. The evaluation will attempt to include as many beneficiaries and stakeholders in interviews and focus groups as possible in the countries which are visited. This will help counter this problem to a certain extent. The evaluation methods also will allow beneficiaries and stakeholders to be involved in analysing at least some of the evaluation data. However, even with these actions the evaluation will have a limited participatory approach which may weaken the ownership and usefulness of it to the countries where visits are not undertaken and particularly beneficiaries and other key stakeholders.

The evaluation could also be affected by language constraints. The evaluator does not speak Spanish and only limited French. This could potentially cause problems particularly in organizing skype calls with stakeholders but also interviews and focus groups in the two countries visited. To mitigate this, support in providing translators will be needed from ILO. The evaluator is experienced in talking and presenting through translators which will help reduce the limitations.

An evaluation should consider power imbalances throughout, including in the composition of the evaluation team. This evaluation is being conducted by an individual evaluator rather than a team, which naturally means there is a gender imbalance. In this case the evaluator is a western male. It needs to be recognized that this creates the risk of marginalized groups, including females, who may have already felt disregarded during the project, not being comfortable in raising their concerns with the evaluator. The evaluation will mainstream gender and other equity concerns throughout and attempt to reduce the identified limitations through sensitive interviewing and focus group administration and the triangulation of data to identify gender specific concerns. Data collected will be disaggregated by gender and gender specific concerns identified in the evaluation report.

There are also limitations on how much impact can be identified through the evaluation. It is beyond the scope of the evaluation to conduct full scale surveys to identify changes in prevalence rates, behaviour, practices etc. The quality of baseline data also varies from country to country. This limitation is further exacerbated in certain countries, such as Paraguay, by the difficultly in reaching the beneficiaries of the project. Groups such as long-distance truck drivers are hard to follow up with because the nature of their job means they are not in the same place for very long. The evaluation will use qualitative data to gain a picture of the impact the project has had and combine this with what qualitative data is available.

Annex 5: SWOT Analyses

Honduras SWOT Analysis

Strengths	**Weaknesses**
Inter-sectoral coordination Generation of knowledge through the KAP-have information of workers Project contributed one sector (powerful sector) to be empowered in the HIV response Development of national HIV policy Social dialogue Human resources who have been trained Highlighting of human rights of persons living with HIV within the national policy Pool of materials that have been developed by the project Support that the project has had from the national authorities (especially different ministers) and the 3 constituents	HIV is currently managed by one sector. So the coverage is still low when considering all the economic sectors in the country Lack of follow up in some of the stages of the project Limited funds Lack of monitoring of the implementation of the policy from all the actors Lack of trained staff from the Ministry of Labour to supervise the compliance related to HIV Lack of coordination between ILO's projects so that HIV can be integrated into all projects Lack of implementation of the HIV law
Opportunities	**Threats**
Pool of materials that have been developed by the project Increase the coverage of the project to reach other economic sectors Share the progress the project has had in the mercilos with other sectors Systematically put together all the information of the project to identify lessons learned for use in other sectors Adapt this project to the needs of the economic sectors Integrating HIV into all of ILO's projects Use the national bodies such as National AIDS Commission and CCM to share the progress of the project Project could create a partnership with social projects of government and public/private partnerships Project is an opportunity to decrease the epidemic and increase the respect for human rights	Sustainability of the project from different factor-change of govt, change in staff that have been trained, lack of funding etc ILO stops support Event that affects the social dialogue between the workers and the employers and government Loss of interest to implement from the private sector If the impact is not measured then it is difficult to know if what was done was useful

Senegal SWOT

Strengths	**Weaknesses**
All activities implemented by the Ministry through the tripartite committee Involvement of all the members of the tripartite committee. Good synergy between the tripartite committee and the National AIDs Council Only country with a law in-line with ILO 200 Filled some gaps in reaching certain sectors-enabled them to do VCT at work Build the awareness employers to cater to certain aspects of HIV law/ Awareness building of employers about cost of HIV to business Ministerial orders HealthWise built the awareness of the importance of OSH committees	Project was proposed to by ILO Did not have any freedom to propose the activities which they thought were important No mid-term review Tripartite committee did not meet regularly-1 or 2 maximum where they had all the tripartite members. Availability of ILO 200 in French Couldn't cover all the sectors
Opportunities	**Threats**
Very few companies have policy related to HIV-a project has the opportunity to develop more policies in the workplace Capacity building for the labour inspectors has started process of working with companies-can deepen this work Establishment of national safety and health at work policy-survey being done to see the status of the OSH committees HealthWise expansion	Companies don't have OSH committee Interest of the committee Disappearance of the HIV project within ILO-no current focal point Global funding for HIV reducing and being redirected elsewhere

Annex 5: Full Financial Information on ILO Contribution Provided by ILO

Summary estimates in-kind contributions to GLO/13/06/OPE,						
umbrella project covering 7 individual country projects						
Project design and preparation **2013**		93,907	2,25 work months + mission costs to 7 countries covered by ILOAIDS resources before GLO/13/06/OPE was operational	HQ staff	Project design costs	
					HQ staff cost: 31,287	4 Regional Facilitators X 1 week each
						Project coordinator X 2 weeks
					Field staff cost: 18,120	2 Subregional specialists x 2 weeks each
						Deputy Director Lima x 1 week
					Total mission costs: 44,500	
					HQ mission costs: 31,000	
					Field mission costs: 13,500	
					Monitoring costs	
					HQ staff cost: 20,303	1 Regional Facilitator X 1 week
						1 Regional Facilitator X 2 weeks
						1 Regional Facilitator X 2 weeks
HQ project monitoring missions **2014-2015**		20,303	Staff costs for a total of 1,5 work months of 3 HQ Regional coordinators (not paid by the project) who went on monitoring missions.			
country level contributions 2014-2015		392,854	in-kind contributions from partners at country level plus ILO's own resources from country offices		8,965 Senegal in-kind contributions from partners at country level	
					17,939 support to activities and monitoring costs Honduras and Haiti	
					5,000 monitoring costs Paraguay	
					167,450 Kenya in-kind contributions from partners at country level plus ILO's own resources from country office	
					193,500 Lima project monitoring and support, salary project staff (OFID funds were used for activities and another project covered the NPC and Assistant's salary for 24 and 15 months respectively).	
staff support Field and HQ		2,414,468	88 work months Field staff, 31 work months HQ staff	Field staff		
Total		2,921,532				
% w/m	work months **Field**	work months **HQ**				
	88 w/m + (50% of 2,25 for project design) = 89,12	31 +(50% of 2,25 for project design)+1,5=33.62				
Total	89.12	33.62				
100%	**=89.12+33.62=122,745**					
% field vs HQ	72.60%	37.40%				

Annex 7: List of documents consulted

Project Proposals:

2013. "Strengthening HIV Prevention, Care, Treatment and Social Protection in the World of Work- Report of OFID Management to the Governing Board"

2013. "Prevention, support and treatment to HIV through the world of work"; Bolivia PRODOC.

2013. "Scaling up HIV prevention and access to services in construction and horticulture in Ethiopia"; Ethiopia PRODOC.

2013. "HIV prevention in the world of work in Haiti"; Haiti PRODOC.

2013. "Prevention, support and treatment to HIV through the world of work"; Honduras PRODOC.

2013. "Strengthening HIV prevention, treatment, care and social protection in the world of work"; Kenya PRODOC.

2012. "Healthy communities, healthy ways: reducing the vulnerability to HIV of truck drivers of long-distance and Intercity buses by means of mobile health services"; Paraguay PRODOC.

2012. "Reduce new HIV infections in the world of work by strengthening the sectoral approach, the social welfare and voluntary testing"; Senegal PRODOC.

Project Reports

Location	Type	Reporting Period
Global	Progress Report to OFID	January 2014-August 2015
Bolivia	Progress Report	June to December 2014
	Progress Report	January to May 2015
	Progress Report	April to July 2015
	Progress Report	July to September 2015
	Annual Report	2014
Ethiopia	Progress Report	January to March 2014
	Six Month Report	January to June 2014
	Progress Report	July to September 2014
	Final Report	January 2014-March 2015
Haiti	Progress Report	January to April 2014
	Progress Report	July to September 2014
	Annual Report	July to December 2014
	Progress Report	April to June 2015
	Copy of Activities	October to December 2015
Honduras	Progress Report	January to April 2014
	Progress Report	July to September 2014
	Six Month Report	January to July 2014
	Final Report	2014
Kenya	Progress Report	January to June 2014
	Progress Report	July to September 2014

	Final Report	2014
Paraguay	Annual Report	2014
	Progress Report	January to June 2015
Senegal	Progress Report	January to March 2014
	Six Month Report	January to June 2014
	Progress Report	July to September 2014
	Annual Report	2014
	Final Report	January 2014-March 2015

Other Country Documents

Ethiopia

Mamusha, K.2015. "Monitoring and Evaluation System for HIV and AIDS Intervention at Workplaces". Jarcoo Consulting

Dejene, M.2014. "Mapping of HIV Counseling and Testing (VCT) Services, Assessing the Needs and Reviewing the VCT Service Provisions in Line with the National HCT Guideline". Michael Dejene Public Health Consultancy Services

Senegal

Association of EPC Groups of Beledougou.2015. "Establishment of mutual health project. Feasibility study report"

ILO Publications

Evaluation Unit.2012. "ILO policy guidelines for results-based evaluation: Principles, rationale, planning and managing for evaluations". ILO

ILO.2001. "An ILO code of practice on HIV/AIDS and the world of work"

ILOAIDs.2010. "Recommendation concerning HIV and AIDS and the World of Work, 2010 (No.200)"

ILO.2014. "Programme and Budget for the Biennium, 2014-15"

Other ILO Documents

Evaluation Unit. 2014. "Integrating gender equality in monitoring and evaluation of projects." Guidance note 4. ILO

Evaluation Unit. 2014. "Preparing the evaluation report". Checklist 5. ILO

ILO. 2012. "ILO action plan for gender equality 2010-2015. Phase II: Aligned with the programme and budget for 2012-13".

Other References and Documents

UNAIDS.2010. "Getting to Zero. UNAIDS 2011-2015. Strategy"