

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

Final Evaluation Barbados

March 2008

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List of Acronyms

AIDS	– Acquired Immune Deficiency Syndrome
AFBI	– AIDS Foundation of Barbados Inc.
ART	– Anti-Retroviral Therapy
BCC	– Behaviour Change Communication
BCCI	– Barbados Chamber of Commerce and Industry
BEC	– Barbados Employers’ Confederation
BHTA	– Barbados Hotel and Tourism Association
BPSA	– Barbados Private Sector Association
BWU	– Barbados Workers’ Union
CARE	– Comfort, Assist, Reach-out, Educate Association
CARICOM	– Caribbean Community and Common Market
CHAT	– Community Health Action and Transformation)
CRN+	– Caribbean Network of People Living with HIV/AIDS
DFID	– (UK) Department for International Development
DOL	– (US) Department of Labor
FHI	– Family Health international
FP	– Focal Point
HIV	– Human Immunodeficiency Virus
HR	– Human Resources
IEC	– Information, Education and Communication
ILO	– International Labour Organization
LRU	– Ladymeade Reference Unit
LTI	– Life Threatening Illness
MLCS	– Ministry of Labour and the Civil Service
MOH	– Ministry of Health
MOU	– Memorandum of Understanding
MSM	– Men having sex with men
NHAC	– National HIV/AIDS Commission
NOW	– National Organization of Women
NPC	– National Project Coordinator
OECS	– Organization of Eastern Caribbean States
PAB	– Project Advisory Board
PAHO	– Pan American Health Organization
PANCAP	– Pan Caribbean Partnership on HIV/AIDS
PE	– Peer Educator
PEPFAR	– (US) President’s Emergency Plan for AIDS Relief
PLWHA	– People Living with HIV/AIDS
PMP	– Performance Monitoring Plan
PMT	– Programme Management Team
PSA	– Public Service Announcement
SBA	– Small Business Association
STD	– Sexually Transmitted Disease
STI	– Sexually Transmitted Infection
UGLAAB	– United Gays and Lesbians Against AIDS in Barbados
UNAIDS	– Joint United Nations Programme on HIV/AIDS
UNFPA	– United Nations Population Fund
UNDP	– United Nations Development Programme
USAID	– U.S. Agency for International Development
USDOL	– U.S. Department of Labor
UWI HARP	– University of the West Indies HIV/AIDS Response Program
VCT	– Voluntary Counseling and Testing

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

10 KEY PRINCIPLES

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

Preface

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

Executive Summary

An independent, external final evaluation of the ILO/USDOL HIV/AIDS Workplace Education Project in Barbados took place from 25 February to 5 March 2008. The evaluation team consisted of Mr. Bob Ransom, an international external evaluator as Team Leader, and Ms. Juliette R. Bynoe-Sutherland, a national consultant. The National Project Coordinator (NPC) Ms. Arlene Husbands ably assisted the mission. The evaluation schedule and list of persons interviewed are given in Annex 2 and 3.

Evaluation purpose, scope and methodology

The purpose of the final evaluation as described in the evaluation Terms of Reference (Annex 1) was to: “assess the progress made by the HIV/AIDS Workplace Education Project in Barbados. Specifically, the goal would be to assess the impact and achievements of the project as well as to develop recommendations for activities leading to sustainability and future funding allocation.” The scope of the final evaluation included an assessment of the following areas: project planning and overall progress, project objectives, and project monitoring and evaluation. . The evaluation methodology included a document review, individual interviews with key informants (Project Advisory Board (PAB) members) as well as with site visits and interviews with HIV/AIDS Focal Points, Peer Educators and focus groups of workers at participating enterprises.

Project strategy

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

Main evaluation findings and conclusions

1. Project planning and implementation

Validity of the project strategy and strategic framework: All key Project stakeholders confirmed the relevance of the project strategy to the situation in Barbados. The four targeted sectors were deemed appropriate given the nature of the Barbadian economy and the 11 participating enterprises understood the need for policy development as well as targeted BCC interventions. The generic ILO/USDOL HIV/AIDS Programme Strategic Framework was used to guide Project design and implementation. The Strategic Framework, which focuses on formal “workplaces”, was found by Project partners to be useful in addressing the needs of participating enterprises in the banking/finance, manufacturing and hotel/tourist sectors, but inadequate in addressing informal sector operators such as taxi drivers, small-scale vendors, crafts producers, and food service providers, who often have no fixed workplace and are not organized in associations.

Appropriateness of project partners: The choice of the Ministry of Labour, the Barbados Employers’ Confederation (BEC), the Barbados Workers’ Union (BWU), the National HIV/AIDS Commission, the UN Theme Group on HIV/AIDS, CARE Association and the US Embassy as Project partners and members of the Project Advisory Board (PAB) was found by the Evaluation Team to be logical, appropriate and effective in providing guidance for project implementation, given that they include the ILO tripartite partners, national and UN HIV/AIDS coordinating bodies as well as a prominent Non Governmental Organization (NGO) engaged in HIV/AIDS prevention.

Gender dimensions: Project training activities tried to include equal numbers of women and men, and appear to have effectively addressed major gender issues. Specific efforts were made by the Project to have participating enterprises include both men and women workers, for example as Peer Educators. However, participation in other Project-organized workshops was heavily female.

Recommendations of the Internal Assessment: All of the recommendations were found by the Evaluation Team to have been addressed or implemented by the National Project Coordinator (NPC).

Project sustainability plan: The Evaluation Team found the Sustainability Plan with its proposed institutional framework, comprising BEC and the AIDS Foundation of Barbados Inc. (AFBI), and detailed proposed activities to be well conceived and appears to be viable. The Plan is receiving active follow-up by the NPC. The AIDS Foundation confirmed its agreement to play a leadership role for expanding private sector participation in developing HIV/AIDS workplace policies and programmes and to mobilize resources to support workplace as well as general “world of work” initiatives. The partnership between BEC and the AFBI was confirmed by many key informants as the best option for ensuring continuity of the private sector activities initiated by the Project.

Project linkages with other HIV/AIDS initiatives: All Project partners reported that the Project had good linkage to the National HIV/AIDS Programme and the National HIV/AIDS Commission, which is a member of the PAB. There was also good linkage to the UN System through the UN Theme Group on HIV/AIDS. There was strong coordination by the NPC with other workplace initiatives such as the DFID Tourism Sector

project, as well as with organizations of women (NOW) and Persons Living With HIV/AIDS (PLWHA) such as (CARE, UGLAAB).

Project management and implementation: All Project partners confirmed and praised the effectiveness and efficiency of project management and implementation. The NPC is perceived as responsive to and supportive of the PAB and active in carrying out the activities of the Project. Key informants identified the dynamism of the NPC as one of the major factors contributing to the success of the project. The NPC had access to high-level officials and management of the participating private enterprises, and was able to obtain their commitment to the Project. This contributed directly to the effective implementation of Project activities within the participating enterprises. Project management support by the Project Management Team at ILO Geneva was judged to be effective and timely. Support by the ILO Subregional Office (SRO) for the Caribbean had been provided throughout the implementation of the project. Contacts and linkage between the Project and the ILO HIV/AIDS Specialist based in the ILO SRO was ongoing and every effort had been made to create close collaboration and greater synergies between the various ILO and other HIV/AIDS efforts in the Region.

Stakeholder commitment: the Project enjoyed good stakeholder commitment, due to the good choice of partners. The PAB met regularly, with good participation by all members who felt ownership of the Project. Tripartite collaboration in other areas, not just HIV/AIDS, was enhanced by the PAB and the Project. The Evaluation Team found that the participating enterprises were actively engaged in the Project but to be rather small in number.

2. Project Objectives

Achievement of Project objectives: The Evaluation Team found that the thorough and effective implementation of Project activities enabled Project partners (MOL, BEC, BWU) and participating enterprises to contribute to the achievement of the two Development Objectives of the project, namely reduced HIV/AIDS risk behaviour among targeted workers and reduced level of employment-related discrimination against workers living with HIV/AIDS or affected by HIV/AIDS. The Project Final Impact Assessment Report also revealed that Project-related activities resulted in:

1. Improved knowledge and attitudes related to HIV/AIDS risk behaviours, although knowledge gaps remained among employees in the hotel/tourism sector,
2. Increased awareness and use of available HIV/AIDS workplace services, although this was not uniform among all enterprises and sectors,
3. Reduced stigma against persons living with HIV/AIDS, with patterns consistent across sectors, gender and age groups,
4. Increased knowledge of HIV/AIDS workplace policy/guidelines where they exist, although dissemination to all personnel was deficient in some enterprises.

Employers' understanding of HIV/AIDS at participating enterprises: The Project enabled the participating private sector enterprises to recognize the importance of HIV/AIDS as a workplace issue and the need to undertake action against HIV/AIDS in their own workplaces. As a result they either established or expanded a specific HIV/AIDS workplace education programme, targeting all personnel from management to the casual worker, recruited HIV/AIDS Focal Persons and Peer Educators who were trained by the Project, and developed workplace HIV/AIDS policies and action programmes within their own enterprises.

Workers' understanding of HIV/AIDS at participating enterprises: The Project enabled workers in participating enterprises to organize their own HIV/AIDS committees, often led by or involving union members, and to suggest co-workers for Peer Educator training. Enterprise-sponsored activities, such as an annual Health Day, included HIV/AIDS awareness-raising activities, such as VCT, organized by the committees and were actively attended by co-workers.

Effectiveness of the Behaviour Change Communication (BCC): Innovative and creative BCC materials and efforts were used by the project including posters, a public pledge campaign, "ambush" theatre, and the use of the radio and TV media. BCC training is being offered by a wide variety of public and private training providers, using an equally wide variety of content, materials and methodologies. It was not possible for the Evaluation Team to judge the effectiveness of any one trainer, training activity or product.

Quality and use of training materials developed by the project: Peer Educators praised the Peer Educator training and Tool Kit produced by the Project to support BCC as being useful and easy to use. Due to turnover among Peer Educators, especially in the hotel/tourism sector, additional Peer Educator training, as well as refresher training was requested and appears desirable.

Scope, content and effectiveness of outreach campaigns to promote HIV/AIDS workplace education and BCC policies: The public Pledge Campaign of Scotiabank, which enrolled a large number of people and reached an even larger audience through radio, is an example of an effective outreach campaign supported by the Project. The Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP) is another example.

Examples of good practice: there are three outstanding examples of good practice from among the participating enterprises. They include the Arawak Cement Company Ltd., Purity Bakeries, and Scotiabank of Barbados.

3. Monitoring and evaluation

Problem areas emerging from comparison of baseline survey and impact assessment: The Project Impact Assessment Report identified several problem areas and suggested the following:

1. Intensify behaviour change interventions in specific sub-groups, especially the 35-44 age group,
2. Increase coverage of workers with regard to dissemination of the content of workplace policies,
3. Increase coverage of workers with regard to workplace services and sensitizing workers to the benefits of using them,
4. Address the HIV/AIDS knowledge gaps that were apparent in 2005 and in 2007,
5. Introduce more tailored BCC stigma reduction approaches that are targeted toward key 'resistant' groups,
6. Consider extending the implementation timeline of the Project for specific enterprises, especially in the hotel/tourism sector.

The Project Final Impact Assessment Report was comprehensive and clear in its presentation and comparison of data from the initial baseline and final impact surveys. However, as the data sets of the two surveys were not identical, due to workers at additional

enterprises being surveyed in the final impact survey, and due to the random selection of workers surveyed, there are inherent limitations for an accurate analysis and explanation of the data.

Monitoring system for collecting performance data: The Performance Monitoring Plan (PMP) indicators were used in the overall monitoring and evaluation of Project activities within the Strategic Framework of the Project, its objectives and associated indicators. These indicators were refined with key stakeholders at the beginning of the Project to be country specific to measure progress on a regular basis. Most participating enterprises confirmed having used the Workplace Monitoring Report form, based on PMP indicators, data from which the NPC included in her six-monthly Technical Progress Reports. The NPC used the enterprise Workplace Monitoring Report data to guide her in identifying areas needing work. Enterprises are anxious to learn the results of the Impact Assessment Survey for their specific enterprises. The National HIV/AIDS Programme is also interested in the findings of the final Impact Assessment.

Needs assessment process and reports: the Project began with a detailed mapping exercise and needs assessment, conducted by a consultant who prepared an exceptionally rich report. The Project used the Workplace Monitoring Reports data for ongoing needs identification and action. The six-monthly Technical Progress Reports prepared by the NPC and uploaded to the SHARE Community Zero website were exceptionally well done and provided a detailed update and overview of Project activities and accomplishments, as well as data from the Workplace Monitoring Reports.

Conclusion

The Evaluation Team found that the ILO/USDOL HIV/AIDS Workplace Education Project in Barbados achieved positive results that remain relatively unknown in the country. The strategy employed by the Project was appropriate to Barbados and the Project effectively involved the main stakeholders. Tripartite collaboration was enhanced by the Project. Project activities were implemented in a highly professional manner by the NPC. The Project broke new ground in using different means to deliver BCC messages, such as “ambush” theatre and media partnerships. Several participating enterprises evolved strong community outreach programmes as a result of their involvement with the Project. Project efforts were limited to a relatively small number of private formal sector enterprises and were insufficient to make a significant impact on participating informal sector operators/workers. The Evaluation Team believes that there is a good possibility that workplace HIV/AIDS education activities initiated by the Project will be continued through the partnership between BEC and the AIDS Foundation of Barbados.

Evaluation recommendations

1. Project activities should be continued as suggested in the Sustainability Plan and extended to additional private sector enterprises, and to public sector institutions in the country.
2. Enterprises participating in the Project should recognize publicly the volunteer service of their Focal Points and Peer Educators.
3. The good practice of participating enterprises (especially Scotiabank, Purity Bakeries, Arawak Cement Company) should be publicized in Barbados as well as internationally.
4. Emerging good practice in the public sector (Barbados Vocational Training Board) should be recognized.

5. The content of Peer Educator and BCC training should be standardized across PE and BCC training providers, so that training certificates are comparable and that BCC trainers and consultants might be certified as such.
6. HIV/AIDS programming should be included in all broader occupational health and safety and wellness policy, programs and committees at enterprise level.
7. Strategies should be formulated for reaching informal sector operators/workers, perhaps using regulatory frameworks for the delivery of information and training.
8. The national coordination of HIV/AIDS initiatives in the world of the work should be strengthened under government leadership, perhaps through the proposed National Advisory Committee on HIV/AIDS in the World of Work, the successor to the PAB.
9. The partnership between the BEC and the AIDS Foundation of Barbados should be formalized through a written agreement to maximize collaboration in their respective HIV/AIDS prevention in the workplace initiatives.
10. The existing strong Project linkage to the UN System should be maintained as suggested in the Sustainability Plan.
11. The impact of the Project should be assessed a year after the Project has formally ended and a revised methodology should be developed in order to measure impact of BCC efforts on individual employees over a longer period of time.
12. Recommendation to ILO: There should be greater contact with, and oversight of ILO/USDOL Projects in the Region by the ILO Caribbean Sub-Regional Office, in order to maximize synergies and avoid duplication of effort.

Lessons learned

- √ Project success very much depends upon the selection of a quality NPC.
- √ The engagement of the tripartite constituents at all levels of the decision-making process is a key to ensuring their maximum commitment and participation in the PAB and all planned Project activities and events.
- √ Project success at enterprise level depends upon a serious commitment by enterprise management to engage, and stay engaged, with the Project.
- √ Effective training is an important element in effective BCC and the training methodology introduced by the Project appeared to be effective.
- √ An essential element of the Focal Point and Peer Educator training was the involvement of PLWHA from CARE and UGLAAB.
- √ A “bottom-up” employee-based approach to creating an HIV/AIDS workplace programme in an enterprise works well, provided that there is strong management support and recognition.
- √ New strategies are required to reach non-formal sector operators, perhaps making use of government regulatory frameworks.

1. Background and Project Description

1.1 HIV/AIDS in Barbados

Barbados had a population in 2007 of 280,946. Within this population, 71% are between 15-64 years old. Life expectancy for males is 71 years and females 75 years. In terms of morbidity and mortality Barbados reflects the patterns of a developed country with the leading causes of death being cardiovascular disease, malignant neoplasms, cerebrovascular disease, diabetes, and other diseases of the circulatory system.

The Caribbean Region is reported as the second most affected area after Sub-Saharan Africa as far as the global HIV/AIDS epidemic is concerned. According to UNAIDS, HIV/AIDS is the leading cause of death among adults 15-44 in the region. In Barbados, official statistics for HIV/AIDS provided by the Ministry of Health (July 2007) show that in 2006, 183 persons were newly diagnosed with HIV, with the number of males (89) equaling the number of females (89). This reflects the trend over the last 10 years towards feminization of the epidemic, particularly in the 15-24 age group. In 1994, males were 2.5 times more likely to be diagnosed with HIV than females; however, by 2006, the gap narrowed with females being almost as likely as males to be diagnosed with HIV.

During the first half of 2007, 86 persons were newly diagnosed with HIV. 49 out of the 86 cases (57%) were male and 37 (43%) were female. Most new HIV cases were in the 20-49 age group; 67 out of 86 (78%) were in this age group. Twelve (12) of the 86 persons diagnosed with HIV (14%) were in the important 15-24 years age group. The mean age of persons newly diagnosed with HIV is 37.2 years (40.8 years is the average age for men and 33.5 years for women). On average, women are diagnosed with HIV at a significantly younger age than their male counterparts. (Most recent data from: *HIV Surveillance Report, January-June 2007, Surveillance Unit, Ministry of Health, March 2008*)

Since the start of the epidemic in Barbados in 1984, 3376 persons have been diagnosed with HIV. Overall far more men were diagnosed with the disease than women. Of the 3376 diagnosed with HIV, 2059 (61%) were diagnosed with AIDS. Since the start of the epidemic the total number of persons who have died due to HIV is 1335. The crude mortality rate over this entire surveillance period is 40%.

At the end of June 2007, 2041 persons, or 60% of all those diagnosed with HIV, were known to be alive. This figure is less than half of the total number of persons estimated to be living with HIV in Barbados using the least conservative estimate of the HIV prevalence in Barbados which is 2%. It can therefore be further deduced that the majority of Barbadians living with HIV are unaware of their HIV status. An accurate estimate of prevalence is difficult to achieve because of low levels of testing, fear of disclosing status due to stigma and discrimination and weaknesses in national surveillance systems.

The year 2006 signaled an 85% decline in the number of deaths due to HIV/AIDS when compared to 2001 when the government introduced anti-retroviral drug therapy free of cost. In 2006, 1032 persons living with HIV/AIDS were receiving treatment.

In Barbados since 1999, HIV/AIDS has been the leading cause of death in the 15-44 age group, more than 6 times greater than the next leading cause of death in this age group, motor-vehicle accidents. The vulnerability of the working population is further demonstrated by the fact that among employees under the age of 25 in the workforce, 90%

are single and sexually active, with 50% of all HIV cases occurring in this age group. Furthermore, with 48% of the workforce being young women, the feminization of the epidemic carries with it significant implications.

The epidemic in Barbados is considered to be generalized and affects mainly the heterosexual population, with some degree of bisexual/homosexual predominance. A complex maze of socio-cultural and systemic factors drives the epidemic. Among the key socio-cultural factors include multiple partnering, low condom use, and insufficient or absent life-skills training and sexual negotiation skills among young adults, and women in particular. Cultural norms and religious taboos which fuel stigma and discrimination also contribute to poor uptake of testing, late stage presentation especially among men, discrimination and stigma towards men having sex with men. Contributory factors include lack of targeted behavior change communication programs, poor health seeking behavior, poor referral for HIV testing for high-risk and vulnerable groups and lack of prevention programmes targeted towards PLWHA.

No reliable data is available on the prevalence rate amongst vulnerable populations such as men who have sex with men, sex workers and bisexuals and other hard to reach groups in the community because of stigma and other social taboos. However, the risk posed to the unborn and to children has been reduced significantly as a result of a comprehensive and aggressively implemented Prevention of Mother to Child Transmission program introduced in 1995. Rates of vertical transmission between mother and child are less than 6%. There are less than 40 HIV positive children in Barbados.

1.2 National HIV/AIDS Strategic Response

Following the regional conference on HIV/AIDS in the Caribbean in September 2000, which was held in Barbados, the Prime Minister demonstrated political commitment to tackling the epidemic as a development issue by moving the National HIV/AIDS Programme into the Office of the Prime Minister. The response to HIV/AIDS thus shifted from a health sector effort to a multi-sectoral approach. Consequently the National HIV/AIDS Commission (NHAC) was formed in May 2001 as a reformulated unit of the original National Advisory Committee on HIV/AIDS (NACA), and the programme became an expanded response to HIV/AIDS treatment, prevention, and control in Barbados.

The NHAC is primarily a coordinating unit staffed by a chairperson, a director, an assistant and deputy director with remits for policy development and overall programme coordination, prevention, training and education, research, and monitoring and evaluation. The NHAC has a representative board of members comprising stakeholders from faith based organisations, media, trade unions, medical expert advisors, NGOs and PLWHA. Specifically, the unit is responsible for:

- Timely recognition of programme gaps.
- Guiding the development roles and responsibilities of key ministries.
- Recommending and initiating projects in the area of prevention.
- Promoting multi-sectoral involvement.
- Mobilizing local, regional, and international resources and technical assistance.
- Coordinating, monitoring, and evaluating research activities.
- Guiding the implementation of interventions in the public sector response.
- Promoting the public-private partnership initiative.

1.3. ILO/USDOL Response

The ILO began the ILO/USDOL HIV/AIDS Workplace Education Project in Barbados in 2004 with the engagement of the National Project Coordinator on 1 July 2004 and the signing of an MOU between the Ministry of Labour and the ILO on 12 October 2004. The Barbados HIV/AIDS Workplace Education Project, which has a budget of US\$740,000, is part of a grant awarded by the U.S. Department of Labor (USDOL) to the International Labour Organization (ILO) in FY 2003 to develop policy and prevention programmes in the workplace. It is one of 24 countries participating in the ILO/USDOL International HIV/AIDS Workplace Education programme, which has become known as the Strategic HIV/AIDS Responses in Enterprises (SHARE). The intended beneficiaries of the programme are workers and their families both in the formal and informal sector. Indirectly, enterprises also benefit from the impact of prevention programmes as the reduction of the spread of HIV/AIDS reduces absenteeism and loss of workers as well as costs of recruitment and training.

The ILO Programme Strategy is to work with business, labour, and government leaders to raise awareness of the existing and growing danger of HIV/AIDS, and to assist them to address it in the workplace. The Strategy includes information and awareness raising campaigns at presentations and workshops, as well as technical assistance to business, labour, governmental and NGO groups. This assistance includes the design of a BCC strategy and materials to increase the capacity of stakeholders to support workplace-based HIV/AIDS policies and programmes, and to induce behaviour change among workers.

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

The Development Objectives of the project are:

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

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

3. Improved Knowledge and Attitudes Related to HIV/AIDS Risk Behaviors
4. Increased Awareness and Use of Available HIV/AIDS Workplace Services
5. Reduced Stigma against Persons Living With HIV/AIDS
6. Increased Knowledge of HIV/AIDS Workplace Policy/Guidelines

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

1. Increased Availability of Quality HIV/AIDS-Workplace Services
2. Improved Workplace Guidelines

3. Increased Levels of Workplace Collaboration and Commitment by Labor And Management
4. Increased Capacity of Workplaces to offer Comprehensive HIV/AIDS Policy and Programs on a Sustained Basis
5. Improved Coordination and Cooperation Between Tripartite Constituents and Other Partners at the National Level
6. Improved National Level Policy Framework Related to HIV/AIDS at the Workplace
7. Increased Capacity of Tripartite Constituents to Support Development of Workplace Policy and Programs

At the beginning of the Project in Barbados a local consultancy firm was retained to conduct a Baseline Survey of workers in participating enterprises using PMP indicators. The primary methodology used for the data collection was a Workers Survey questionnaire and onsite interviews in 9 selected private enterprises and one informal sector association. At the conclusion of the project an Impact Assessment survey was conducted among workers at the same and additional sites and a draft Impact Assessment Report prepared.

2. Purpose of the Final Evaluation and Methodology

2.1 Evaluation Terms of Reference

With the ILO/USDOL HIV/AIDS Workplace Education Project scheduled to end on 30 June 2008, a final evaluation of the project was scheduled for February - March 2008. The Evaluation Terms of Reference are given in Annex 1. Specifically, the purpose of the final evaluation is “to assess the strengths and weaknesses of the project as implemented and conclude whether the project fully met the immediate and sub-immediate objectives. It is also critical to document lessons learned, success stories, and best practices in order to maximize the experiences gained through project implementation. The evaluation findings should also take into consideration the project duration, existing resources, and political and environmental constraints.

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

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

2.2 Evaluation Team

The evaluation team consisted of Mr. Bob Ransom, an international external evaluator as Team Leader, and Ms. Juliette R. Bynoe-Sutherland, a national consultant. The Team conducted interviews in Barbados during the period 25 February – 5 March 2008. The evaluation schedule and list of persons interviewed is given in Annexes 2 and 3. The Team would like to express its gratitude to the Project NPC for the impeccable arrangements,

which enabled the Team to interview an extraordinary number of key informants during the evaluation exercise.

2.3 Evaluation Methodology

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

- Comprehensive Programme for the Management and Control of HIV/AIDS 2001-2006
- Project Document
- Project Plan of Action
- Baseline survey report
- Mapping exercise report
- Sectoral Formative Assessment reports
- Technical Progress reports
- Workshop reports
- PAB meeting reports
- Focal Person and Peer Educator training course materials
- Workplace Monitoring Forms
- Strategic Framework and PMP
- BCC materials
- Social Partners of Barbados Code of Practice on HIV/AIDS and Other Life Threatening Illnesses in the Workplace
- Midterm Internal Assessment Report
- Internal Audit of Enterprise Level Action
- Documentation of Good Practice in HIV/AIDS Workplace Programmes in Three Enterprises in Barbados
- ILO/USDOL Workplace Education Programme Dissemination Workshop Report
- Draft Sustainability Plan
- Draft Final Impact Assessment Report

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

The Evaluation Team conducted individual interviews with the members of the PAB, the National Project Coordinator and with representatives of selected participating enterprises (see Annex 6) and other collaborating organizations. The Team also conducted focus-group interviews with a number of workers in selected enterprises.

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

3. Project Status

3.1 Project Partners

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

- Ministry of Labour (MOL)
- Department of Labour of the MOL
- Barbados Employers' Confederation (BEC)
- Barbados Workers' Union (BWU)
- National HIV/AIDS Commission
- UN Theme Group on HIV/AIDS
- CARE Association
- US Embassy
- NPC as PAB Secretary

The Project directly involved the following 12 private enterprises (* indicates participation in the Baseline Survey):

Tourism Sector

- *Accra Beach Hotels and Resort
- *Amaryllis Beach Resort
- *Gems of Barbados (Head Office)
- *The Plantation

Banking and Finance Sector

- *Scotiabank Barbados
- *Barbados National Bank

Manufacturing Sector

- *Arawak Cement Company Ltd.
- *Pine Hill Dairy (Barbados Dairy Industries Ltd.)
- Hanschell Inniss
- *McBride Caribbean Ltd.
- Purity Bakeries

Informal Sector

- *Bridgetown Port Authority, Accra Beach, Sandy Lane Taxi Associations

3.2 Project Activities

The original three-year ILO/USDOL HIV/AIDS Workplace Education Project in Barbados was extended with budget savings and is now planned to end on 30 June 2008. During almost 4-years of activities, the project implemented the following activities, among others:

- Mapping Exercise - Situational Analysis Report – Sept. 2004
- Partnership with the AIDS Foundation of Barbados Inc. established as means for the sustainability of the Project – Sept. 2004
- Project Launch and signing of an MOU with the Ministry of Labour – Oct. 2004
- Workshop for the Development of the Performance Monitoring Plan (PMP) – Jan. 2005
- Sensitization Workshop for Tripartite Partners and the Private Sector – Feb. 2005
- Target sectors and participating enterprises selected by the PAB – Mar. 2005
- Training Workshop on ILO/FHI BCC Toolkit – Mar. 2005
- Baseline Survey and Formative Assessment – April 2005
- Focal Point Training Workshop – July 2005
- 1st BCC Strategy Development Workshop – Sept. 2005
- Caribbean Ambassador's Fund awarded to AID Inc to further support ILO/USDOL workplace activities in the informal sector – Oct. 2005
- 2nd BCC Strategy Development Workshop – Mar. 2006
- Memorandum of Cooperation signed by all participating enterprises – May 2006
- Workshop Training for ILO Constituents:
 - BWU Health and Safety Officers, Shop Stewards, Labour College Staff – May 2006
 - BEC and member organizations – May 2006
 - Labour Ministry Labour Officers – June 2006
- Development of BCC materials in 3 sectors: Manufacturing, Tourism, Banking and Finance – June to Aug. 2006
- Development of Peer Education Manual and Flipchart – Aug. to Sept. 2006
- Scotiabank's HIV/AIDS Pledge Program launched – Aug. 2006
- Peer Education Training Workshop for ILO constituents and participating enterprises – Nov. 2006
- Sustainability Workshop to develop a draft sustainability plan with tripartite partners, participating enterprises and other key stakeholders – Jan. 2007
- BCC Consultant provides BCC Strategy Development Training for the Education Sector – Feb. 2007
- Peer Education Training for Workers' Organization – Mar. 2007
- Capacity-building Workshop for Workers' Organizations – Mar. 2007

- Official Launch of Peer Educators' Toolkit and Sector Specific BCC Materials – April 2007
- Official Launch of Workplace Programmes and Policies in Manufacturing and Tourism Sectors – April 2007
- AIDS Foundation Business Leaders' Breakfast Summit to sensitize top CEOs in the private sector – May 2007
- Follow-up support to Peer Educators in participating enterprises – July to Aug. 2007
- Internal Audit in participating enterprises – Aug. 2007
- Impact Assessment Survey – Sept. to Oct. 2007
- Documentation of Good Practice in 3 participating enterprises – Sept. to Oct. 2007
- Final revision of Draft Sustainability Plan submitted to PAB for review and feedback – Sept. 2007
- ILO/USDOL Dissemination Workshop – Nov. 2007

- Transition of ILO/USDOL Project to the National HIV/AIDS Workplace Education Program within BEC – Feb. 2008
- Final Evaluation of ILO/USDOL Project – Mar. 2008
- Final Impact Assessment Report – April 2008

4. Evaluation Findings and Conclusions

4.1 Project Planning and Implementation:

4.1.1 Project Strategy. All stakeholders interviewed by the Evaluation Team felt that the strategy employed by the Project, namely enterprise-level policy development and worker behaviour change through BCC, was valid and appropriate for Barbados, both for public as well as private enterprises. However, some felt that the strategy was ineffective for workers in the informal sector, where a growing number of workers are engaged, but are not organized and difficult to reach.

4.1.2 Strategic Framework. The generic ILO/USDOL Programme Strategic Framework was effectively used to guide the design and implementation of the various component activities of the Project. The Evaluation Team found that the Strategic Framework, which focuses on formal “workplaces”, to be effective in addressing the needs of participating formal sector enterprises in the banking/finance, manufacturing and hotel/tourist sectors, but inadequate in addressing informal sector operators such as taxi drivers, small-scale vendors, crafts producers, and food service providers many of whom have no formal “workplace” and are not organized into associations.

4.1.3 Project Partners. The Evaluation Team found that the choice of the traditional ILO tripartite partners - Ministry of Labour, the Barbados Employers’ Confederation (BEC), the Barbados Workers’ Union (BWU) to be Project partners and members of the Project Advisory Board was logical and effective. The choice of HIV/AIDS national coordinating bodies – the National HIV/AIDS Commission and the UN Theme Group on HIV/AIDS – was also logical and provided a good basis for coordination of Project activities with other HIV/AIDS initiatives in the country. The involvement of CARE Association and the US Embassy as Project partners and members of the Project Advisory Board (PAB) was also found to be appropriate and effective in providing guidance for project implementation. With the creation of the AIDS Foundation of Barbados during the course of the Project, it would have been good for it to join the PAB for the creation of synergies between activities of the Project and the Foundation, especially given the proposed role for the Foundation to continue Project-initiated activities following the end of the Project

The sectors chosen by the PAB – hotel/tourism, banking/finance, manufacturing, and an informal sector association – for workplace HIV/AIDS education and prevention efforts were logical, given the nature of the Barbadian economy. But the number of participating enterprises in each sector was limited and thus the Project could not address all needs in each sector.

4.1.4 Gender Dimensions. Specific efforts were made by the Project to encourage the equal participation of women and men in Project activities, for example in Peer Educator training. A total of 45 persons (22 women) were trained as Peer Educators

in 10 of the participating enterprises. A total of 52 additional persons (30 women) from MOH (21 hotline volunteers), MOL, NOW, BWU and UWI/HARP received training as Peer Educators. However, of the 246 persons who participated in the various Project-organized workshops (Focal Point training, policy development, factory inspector, BCC, Sustainability Workshop) the majority were women (166 compared to 80 men). There appears to be a predominance of women assuming leadership roles in HIV/AIDS programme activities in the country, suggesting a need to promote leadership roles among men.

4.1.5 Recommendations of the Internal Assessment. An Internal Assessment of the Project was conducted in April 2006. The Assessment concluded that the Project was implementing its activities well and was progressing towards meeting its objectives. The recommendations of the Internal Assessment were the following:

4.1.5.1 Attempts should be made to ensure that the project has a greater visibility and national profile. This, by enabling the stakeholders to fully understand the issues and context, will not only help the project to perform more efficiently, but also in leaving behind results that would be sustained.

4.1.5.2 The awareness-raising campaign should continue, and be made more effective. Greater efforts need to be made to inspire a sense of ownership among the stakeholders. Good intent on the part of some of the stakeholders needs to be transformed into concrete action.

4.1.5.3 It is important to develop and put in place a Workplace policy dealing with HIV/AIDS and not leave the elements incorporated in a Protocol. The issue needs to be addressed on its own and given the importance warranted in view of the specificities of the problem and the stigma and discrimination with which it is associated. If the project is unable to separate it from the broader policy on life threatening diseases, the project should find ways to encourage the government and the social partners to give the workplace policy component greater visibility.

4.1.5.4 There is a need for a custodian (a small unit or a cell), which would be responsible for policies and also have the oversight function for Workplace policies. The project should press the Government to establish such a unit within the Ministry of Labour and Social Security. The unit should also act as a secretariat to the Project Advisory Committee.

4.1.5.5. Wider inclusion of workers from all levels needs to be ensured at the enterprise-level committees. Their representation, involvement and participation could mean more extensive information sharing about the project initially, and in the achievement of the project objectives.

4.1.5.6. The project has set up the base, training material has been prepared, and the stage is set to go in-depth with behaviour change communication. The project should urgently focus on the actual training at a faster pace. The effectiveness of training should be monitored and assessed and, if called for by the assessment, the training modules should be adapted accordingly.

4.1.5.7 The project will leave behind a number of pilot programmes that should be replicated throughout the country. Additional human and financial resources would have to be sought. The project, through the PAB, should assist in the establishment of an exit strategy and seek the commitment of units/agencies, which would take on this responsibility.

4.1.5.8. The project is currently scheduled to end in June 2007; in order to allow the project to complete its tasks, and to address the recommendations contained in this report, it needs to be extended until the end of 2007. This should not require additional allocation, as the existing funds should be able to absorb the costs.

4.1.5.9. Having considered the recommendations in this report, in consultation with the PAB, and with the approval of the Management team for the Project in Geneva, the NPC should revise and establish a work plan with clear indications of the time frame and the division of responsibilities. All of the recommendations were found by the Evaluation Team to have been addressed or implemented by the NPC

4.1.6. Project Sustainability Plan. A Sustainability Workshop was organized in January 2007 which brought together stakeholders to identify modalities for the continuation of Project activities and required actions to implement the proposed plan that emerged. The Sustainability Plan envisages that Project activities will become part of the HIV/AIDS workplace Programme of the AIDS Foundation of Barbados, which will employ a Programme Officer and eventually an Administrative Assistant. The Programme Officer will assist with the integration of HIV/AIDS in workplace occupational safety, health and wellness programmes in both the public and private sectors as well as in the informal sector. The Foundation has a Board of Directors that includes representatives from BWU, MOH, the Chamber of Commerce as well as from a number of private enterprises. The AIDS Foundation will devise and undertake a local resource mobilization strategy, and has already raised more than US\$250,000 pledged by member enterprises. The BEC will collaborate with the Foundation and provide office space for the Programme. The MOL will provide financial support to the Foundation for its HIV/AIDS workplace activities. The PAB will be transformed into a National Program Advisory Council on HIV/AIDS in the World of Work, and will continue to be chaired by the PS of MOL. The present PMP and its tools for monitoring and evaluation of workplace initiatives will be adapted for use with informal sector operators. The NPC will assist with the transition of Project activities to the BEC and the AIDS Foundation, which should be completed by the end of June 2008.

The Evaluation Team found that the Sustainability Plan, with its proposed institutional framework (BEC, the AIDS Foundation of Barbados and National Program Advisory Council) and proposed short and medium term activities, was well conceived and appeared viable. The Plan is receiving active follow-up by the NPC. The AIDS Foundation confirmed its agreement to provide leadership and generate resources to support workplace as well as general “world of work” initiatives, and was confirmed by many key informants interviewed as the best option for ensuring continuity of the activities initiated by the Project. A written Agreement between the AIDS Foundation and BEC would be useful, in order to spell out the relationship.

4.1.7. Project linkages with other HIV/AIDS initiatives. All Project partners reported that the Project enjoyed good relations with and had good linkage to the National HIV/AIDS Programme and the National HIV/AIDS Commission, which is a member of the PAB. There was also good linkage to the UN System through the UN Theme Group on HIV/AIDS. There was strong coordination by the NPC with other workplace initiatives such as the DFID Tourism Sector project, as well as with organizations of women (NOW) and PLWHA (CARE, UGLAAB).

4.1.8 Project management and implementation. The energy, ability and commitment of the National Project Coordinator (NPC) were widely appreciated by all Project partners and were directly responsible for the success of the Project. Stakeholders found the overall Project management to be professional, effective and efficient and the NPC responsive to and supportive of the PAB and active in carrying out the activities of the Project. The Project would have benefited from a programme assistant at the outset, to free up the NPC to better concentrate on substantive follow-up, rather than routine programmatic activities. The NPC enjoyed access to high-level officials and management of the participating private enterprises, and was able to obtain their commitment to the Project. This contributed directly to the effective implementation of Project activities within the participating enterprises. Project management support by the Project Management Team at ILO Geneva has judged to be effective and timely.

The SRO has an HIV/AIDS Specialist who is responsible for promoting and supporting HIV/AIDS workplace initiatives at Regional level, in cooperation with the ILO tripartite partners, especially via the Caribbean Tripartite Council on HIV/AIDS of which ILO is a member. The Global Fund has provided the Pan Caribbean Partnership on HIV/AIDS (PANCAP) substantial funding for a 5-year project that includes a “World of Work” component, which is being coordinated by the Council. The ILO Project partners in Barbados had participated in PANCAP-sponsored activities.

4.1.9. Stakeholder commitment. The Project enjoyed good stakeholder commitment, due to the good choice of partners. The PAB met regularly, with good participation by all members demonstrating a sense of ownership of the Project. Tripartite collaboration in other areas, not just HIV/AIDS, was enhanced by the PAB and the Project. All stakeholders are supportive and committed to a continuation of the Project activities under the BEC-AIDS Foundation partnership.

4.2 Project Objectives

4.2.1 Achievement of Project Objectives. The Evaluation Team found that the effective implementation of Project activities enabled Project partners (MOL, BEC, BWU) and participating enterprises to contribute to the achievement of the two Development Objectives of the project, namely reduced HIV/AIDS risk behaviors among targeted workers and reduced level of employment related discrimination against workers living with HIV/AIDS or affected by HIV/AIDS. The Project Final Impact Assessment Report also revealed that Project-related activities resulted in:

- Improved knowledge and attitudes related to HIV/AIDS risk behaviors, although knowledge gaps remained among employees in the hotel/tourism sector,

- Increased awareness and use of available HIV/AIDS workplace services although this was not uniform among all enterprises and sectors,
- Reduced stigma against persons living with HIV/AIDS, with pattern consistent across sectors, gender and age groups,
- Increased knowledge of HIV/AIDS workplace policy/guidelines where they exist, although dissemination to all personnel was deficient

The Final Impact Assessment Report of the Project concluded that: “Significant in-roads have been made into developing a sustained HIV/AIDS workplace response. Overall, the Project has made significant in-roads into a positive HIV/AIDS private sector response in Barbados and has effectively led the way in planting seeds and fuelling long term commitment by the private sector in fighting this epidemic.”

“Exemplary outcomes amid start-up challenges, delays and unforeseen events have been observed, specifically with respect to development objective 1: Increases in employee trust of employers and; Development objective 2: Significant declines in high risk behaviour. The nature of the policy development process and awareness raising/sensitization interventions have promoted openness and increased dialogue between senior employers, enterprise-based focal persons of the WEP, and the co-workers themselves. Declines in high risk behaviour have been evidenced by sharp rises in condom use, declines in multiple partnering and declines in reports of sex in exchange for favours or gifts.”

“Improved sources of comprehensive HIV/AIDS Information are being circulated in the workplace. The workplace, as a source of HIV and AIDS related treatment, prevention, policy and services information for workers who work long shifts, etc. has increased significantly, and this may have further impact ...on the wider community as workers are armed with more accurate and comprehensive knowledge bases to take from the workplace and share in their homes and the community at large.”

“Intangible benefits are being derived through information sharing as workers reported sharing their knowledge and experiences, in particular the stigma reduction interventions, outside of the workplace. Workers have been able to air, share and discuss their concerns, view points, misconceptions and inbuilt cultural and traditional beliefs that had fuelled stigma and discrimination, and their reluctance in the past years to dialogue on sensitive issues related to HIV. The focus groups conducted as part of this analysis have revealed that workers are sharing their knowledge and experiences, in particular, the stigma reduction interventions, outside of the workplace. Condom use is being discussed more openly with youth in workers’ households, peers, and other social groups external to the workplace.”

“Effective action planning has been observed, whereby the designated implementation timelines of 2 years have resulted in better outcomes compared with outcomes attained from shorter implementation timelines, as demonstrated within the manufacturing sector. It appears that as a result of the earlier start of implementation within all except for one enterprise within the manufacturing sector, collectively this sector demonstrated better outcomes than all other targeted sectors – sharper rises in condom use, declines in stigma and increased trust of employers. Awareness levels observed have further indicated that it takes more than a few weeks for levels of awareness of HIV/AIDS policies and services to rise in workers and for

knowledge of these services or policies to be sustained over time, even as new staff joins the enterprises.”

However, the Final Impact Assessment Survey and Report, while well done, faced a number of challenges, which may affect its findings and conclusions. The final impact survey used an interviewer-administered questionnaire with workers in selected participating enterprises within the targeted sectors. Trained interviewers were used to conduct the survey over a period of 15 days, but the unavailability of workers in some enterprises (hotels) due to shift work resulted in interview delays. The findings of the data analysis were supported by qualitative assessments to ensure that valid justifications were formulated for variations in outcomes observed between 2005 (baseline) and 2007 (impact assessment). Although the same workplaces were surveyed in the second survey, additional workplaces in the same sectors were also surveyed, as they joined the Project after the baseline survey. In addition, some sub-sets were small in absolute numbers, making analysis difficult (workers having multiple partners over the past 3 months). These difficulties present some limitations on the impact survey conclusions, as data from the same enterprises could not be compared in all cases. Also, the selection of workers to be interviewed was by random; hence the same workers were not necessarily part of the second impact sample.

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

The Project enabled the participating private sector enterprises to recognize the importance of HIV/AIDS as a workplace issue and the need to undertake action against HIV/AIDS in their own workplaces. As a result, they established or expanded a specific HIV/AIDS workplace education program, targeting all personnel from management to the casual worker, recruited HIV/AIDS Focal Persons and Peer Educators who were trained by the Project, and developed workplace HIV/AIDS policies and action programs within their own enterprises. The ILO Code of Practice and the National Tripartite Code of Practice on HIV/AIDS in the Workplace provided a model for individual enterprise policies and were used as guides for the development of policies in the participating enterprises. The Evaluation Team noted an emerging trend of including HIV/AIDS within broader enterprise and institutional policy concerning life threatening illness. At the time of the Final Evaluation a total of 6 participating enterprises had adopted a workplace policy, 3 had produced a draft policy and 2 were in the process of developing a policy.

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

The Project enabled workers in participating enterprises to organize their own HIV/AIDS committees, often led by or involving union members, and to suggest co-workers for Peer Educator training. Enterprise-sponsored activities, such as annual Health and Safety Days, included HIV/AIDS awareness-raising activities, such as VCT, organized by the committees and were actively attended by co-workers. Impact Assessment data shows a general increase in worker understanding about HIV/AIDS and the need to reduce risk behaviour in the surveyed participating enterprises (see Final Data Tracking Table, Annex 8). “Knowledge levels have remained as high as levels observed at the 2005 Baseline Survey. In addition, in 2005 knowledge levels were high with regards to knowledge of misconceptions, myths and modes of HIV transmission, with overall scores of above 90%. However, there were lower scores obtained with regards to knowledge

of HIV prevention methods and risk behavior, with scores falling to between 51% and 85% for each of the 11 prevention and risk questions asked. Positively, in 2007 the knowledge level across these questions rose to between 61% and 90%. Therefore, overall, knowledge levels have been either maintained or improved.” (Impact Assessment Report, page 60).

4.2.4. Effectiveness of the Behaviour Change Communication (BCC).

Innovative and creative BCC materials and efforts were used by the Project including posters, key chains, mugs, a public pledge campaign, “ambush” theatre, and the use of the radio and TV media, especially through the Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP) involvement in support of the Project. However, the Evaluation Team found that BCC training is being offered by a wide variety of public and private training providers, using an equally wide variety of content, materials and methodologies. It was not possible for the Evaluation Team to judge the effectiveness of any one BCC trainer, training activity, methodology or material, or BCC product.

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

The Peer Educator training and Tool Kit produced by the Project to support BCC were praised by Peer Educators as being useful and easy to use. Due to turn-over among Peer Educators, especially in the hotel/tourism sector, additional Peer Educator training, as well as refresher training was requested by several of the participating enterprises.

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

The public Pledge Campaign of Scotiabank, which enrolled a large number of people and reached an even larger audience through radio, is an example of an effective outreach campaign activity supported by the Project. The Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP) is another example. Again, due to time constraints, the Evaluation Team could not evaluate the effectiveness of any one outreach activity.

4.2.7 Examples of good practice.

An integral part of the ILO/USDOL HIV/AIDS Workplace Education Program is the documentation and dissemination of good practice. The Evaluation Team agrees with the three outstanding examples of good practice from among the participating enterprises described in the Project Report entitled: “Documentation of Good Practice in HIV/AIDS Workplace Programmes in Three Enterprises in Barbados.” They include the Arawak Cement Company Ltd., Purity Bakeries, and Scotiabank of Barbados.

Arawak Cement Company Ltd. – bottom-up initiation and delivery of HIV/AIDS workplace education programme. A strong commitment by the Arawak Management Team to employee wellness, confidence in individual employee initiatives, and to community outreach all demonstrated the exemplary Arawak social responsibility towards HIV/AIDS prevention and beyond. Management gave time off to staff and financial support for activities of the Company’s employee HIV/AIDS committee, led by the Company’s Industrial Nurse. Key components of the good practice of the Arawak Cement Company Ltd as identified in the Good Practice Report include:

- Bottom-up decision making and empowerment of employees by management,

- Use of information and empirical studies to guide decision-making,
- Use of culture and popular theatre to market key messages,
- Linking HIV/AIDS to existing Company wellness policy and programme,
- Care and support for persons living with HIV/AIDS,
- Team approach using peer education.

Purity Bakeries – non-hierarchical team-based delivery of HIV/Aids programme using peer educators. Key components of the good practice of Purity Bakeries as identified in the Good Practice Report include:

- Use of the team approach to ‘embed’ the programme among employees,
- Selection and use of Peer Educators,
- Leadership skills and management expertise of the HIV/AIDS Focal Point,
- Partnership with the Barbados Workers’ Union,
- Cost containment when budgetary resources were limited,
- Cross-fertilization of ideas and approaches with other companies.

Scotiabank – Managing Director-led HIV/AIDS programme. Key components of the good practice of Scotiabank as identified in the Good Practice Report include:

- Personal leadership by Scotiabank’s Managing Director,
- Allocation of significant financial and human resources to its HIV/AIDS programme,
- Extension of Scotiabank’s “value chain” to customers and the broader community,
- Inclusion of the HIV/AIDS programme into two Scotiabank divisions – Marketing and Communications, and Human Resources,
- Branding as the leading private sector company engaged at national level in HIV/AIDS prevention,
- Use of corporate marketing and communications strengths for social marketing.

4.3 Monitoring and Evaluation

4.3.1 Problem areas emerging from comparison of baseline survey and impact assessment. The Evaluation Team noted several problems identified in the comparison of results of the Baseline and Final Impact surveys, as identified in the Final Impact Assessment Report:

- Only approximately one-third of workers in participating enterprises with HIV/AIDS policies were aware of the contents of the policy.
- Worker stigma towards PLWHA outside the workplace remained significantly higher than towards co-workers.
- Over 50% of workers in some enterprises were unaware of HIV/AIDS workplace services.
- Knowledge gaps about HIV/AIDS remain among hotel/tourism sector workers.

The Final Impact Assessment Report suggested the following to address the problems identified:

- Intensify behaviour change interventions in specific sub-groups, especially the 35-44 age group,
- Increase coverage of workers with regard to dissemination of the content of workplace policies,
- Increase coverage of workers with regard to workplace services and sensitizing workers to the benefits of using them,
- Address the HIV/AIDS knowledge gaps that were apparent in 2005 and in 2007,
- Introduce more tailored BCC stigma reduction approaches that are targeted toward key 'resistant' groups,
- Consider extending the implementation timeline of the Project for specific enterprises, especially in the hotel/tourism sector.

4.3.2 Monitoring system for collecting performance data. Performance Monitoring Plan (PMP) indicators were used for the overall monitoring and evaluation of Project activities within the Strategic Framework of the Project, its objectives and associated indicators. These indicators were refined with key stakeholders at the beginning of the Project to be country specific to measure progress on a regular basis. Most participating enterprises confirmed having used the Workplace Monitoring Report form, based on the PMP indicators, data from which the NPC included in her six-monthly Technical Progress Reports. The NPC used the enterprise Workplace Monitoring Report data to guide her in identifying areas needing work.

In addition, the PMP indicators were used by the survey research and BCC consultants for data collection for the worker surveys and for further follow-up to measure BCC impact on attitudinal and behavioral changes. The Evaluation Team found that several enterprises are anxious to learn the results of the Impact Survey for their specific enterprises. The National HIV/AIDS Program also expressed interest in the findings of the Final Impact Survey.

4.3.3 Needs assessment process and reports. One of the first activities of the Project was a detailed mapping exercise and needs assessment, conducted by a consultant who prepared an exceptionally rich report which was used by the NPC to identify collaborating partners and resources. During the course of the Project a number of additional reports were produced by the same and other consultants. The Evaluation Team found the reports to be of a high quality and useful. However, the Evaluation Team did not observe the use by the Project and stakeholders of an ongoing formal needs identification process.

5. Recommendations

- Project activities should be continued as suggested in the Sustainability Plan and extended to additional private sector enterprises, and to public sector institution in the country. The Project has demonstrated an effective methodology for formal sector workplace HIV/AIDS policy and BCC development, but which has only benefited a limited number of companies and need to be extended.
- Enterprises participating in the Project should recognize publicly the volunteerservice of their Focal Points and Peer Educators. Enterprise FPs and PEs all work as volunteers without receiving incentives or other financial benefit for their work.

- They need enterprise and public encouragement and recognition –this could be done through company newsletters, employee recognition schemes, as well as public events covered by the media.
- The Good Practice of participating enterprises (Scotiabank, Purity Bakeries, Arawak Cement Company) should be publicized in Barbados as well as internationally. Ironically, due to the Good Practice Report and Dissemination Workshop organized by the Project, the good practice of participating enterprises is better known outside of Barbados than within. Both the Project and the participating enterprises concerned should seek ways to make publicly known in Barbados their practices and achievements.
- Emerging good practice in the public sector should be recognized. The good practice of the Barbados Vocational Training Board should be made known, as an example of good public sector policy and practice.
- The content of Peer Educator and BCC training should be standardized across PE and BCC training providers, so that training certificates are comparable and training providers certified. Effective training is an important element in effective Peer Education and BCC, but is being offered by a wide variety of public and private training providers, using an equally wide variety of content, materials and methodologies. It is time for standard training curricula to be agreed upon and applied, making standard certification of training courses and trainers possible.
- HIV/AIDS programming should be included in all broader occupational health and safety and wellness policy, programmes and committees at enterprise level. The emerging trend of including HIV/AIDS within broader enterprise and institutional policy concerning life threatening illness should also be encouraged and facilitated.
- Strategies should be formulated for reaching informal sector operators, perhaps using regulatory frameworks for the delivery of information and training. Few informal sector operators have formed themselves into associations. Licensing and regulatory bodies are the main point of contact between government and informal sector operators – Ministry of Transport for taxi drivers, Ministry of Agriculture for fishermen, Ministry of Health for food vendors, National Conservation Committee for street vendors, etc. Training on HIV/AIDS could be made mandatory for all certification, licenses, etc.
- The national coordination of HIV/AIDS initiatives, both public and private, in the world of the work should be strengthened. The National HIV/AIDS Commission has overall responsibility for the coordination of HIV/AIDS initiatives in the country. However, for world of work and workplace initiatives, there is no specific coordinating mechanism. The PAB functioned to coordinate the Project and other workplace initiatives, but had no mandate to coordinate all “World of Work” initiatives. As the responsible ministry, the Ministry of Labour should be encouraged to create such a mechanism, perhaps the National Advisory Committee proposed as a successor to the PAB.
- The partnership between the BEC and the AIDS Foundation should be formalized through a written agreement. A partnership between BEC and the AIDS Foundation offers perhaps the best arrangement to maintain the ‘tripartite’ framework and operational modalities established by the ILO/USDOL Project. Such a partnership should be the subject now of a written agreement. Through such an agreement, collaboration between the respective BEC and AIDS Foundation HIV/AIDS workplace prevention initiatives might be strengthened and duplication of effort avoided.

- The existing strong linkage to the UN System should be maintained, as suggested in the Sustainability Plan. A representative of the UN Theme Group might be invited to be a member of the proposed National Programme Advisory Council, and a member of the AIDS Foundation might be invited to join UN Theme Group meetings.
- The impact of the Project should be reviewed a year after the Project has formally ended. Although this has budget implications, it would be useful to re-visit the participating enterprises after one year to assess the enduring impact of the Project on the enterprise and its workers. A revised methodology should be developed in order to measure impact on individual workers at the end of the year. Behaviour change requires a longer period of time than the lifetime of the Project. It was perhaps too ambitious to expect to record behaviour change at individual level in only 1-2 years time. Although the Project is ending, its activities are planned to be continued by the BEC-AIDS Foundation partnership, thus presenting an opportunity to review the Project impact and measure behaviour change by workers of the original participating enterprises a year after the Project has ended
- Recommendation to ILO: There should be greater contact with, and oversight of ILO/USDOL Projects in the Region by the ILO Caribbean Sub-Regional Office. The ILO SRO, located in Port of Spain, Trinidad, is responsible for overseeing all ILO activities in the Caribbean Region. The SRO has an HIV/AIDS Specialist who is responsible for promoting and supporting HIV/AIDS workplace initiatives at Regional level, in cooperation with the ILO tripartite partners, especially via the Caribbean Tripartite Council on HIV/AIDS of which ILO is a member. The Project NPC should increase input to the SRO newsletter and to suggest how HIV/AIDS might be better and more systematically integrated into the SRO “Decent Work” country work plans and activities of all SRO Specialists Greater contact between SRO Specialist and ILO project personnel would permit the creation of greater synergies between regional and national “World of Work” HIV/AIDS projects in the Caribbean.

6. Lessons Learne

- The Project was able to mobilize effective tripartite collaboration to initiate and enhance workplace HIV/AIDS education and prevention efforts in Barbados, as part of the national response. It was able to do so through the exceptional dedication, hard work and professionalism of the NPC. Thus, one lesson to be learned from the Project is that project success very much depends upon the selection of a motivated, professional, and dedicated NPC
- A second lesson learned that emerged from the Dissemination Workshop is that the engagement of the tripartite constituents at all levels of the decision-making process is key to ensuring their maximum commitment and participation in the PAB and all planned Project activities and events.
- The Project was successful due to an exceptional effort made by most of the participating enterprises to seriously address HIV/AIDS in their workplaces through policy development and worker education programs. All made a written commitment at the start of the Project to do so and most went on to effectively implement Project activities with good results. Some even went beyond the parameters of the project to make significant impact on the wider community. Thus, another lesson to be learned from the Project is that success at enterprise level depends upon a serious commitment by enterprise management to engage, and stay engaged, with the Project

- Virtually all individuals trained by the Project and interviewed by the Evaluation Team expressed satisfaction with the training and with their increased knowledge about HIV/AIDS, and felt empowered to share the information with workmates, family members, friends and others. More individuals expressed interest in being trained as Peer Educators. Due to PE turnover, some enterprises have requested additional Peer Educator training and refresher training for already trained PEs. Training of PEs began late in some enterprises. Thus, a fourth lesson learned is that effective training is an important element in effective BCC, that PE training should take place early in a project, and that provision should be made for Peer Educator turnover in enterprises, especially in the hotel/tourism sector
- One essential element of the Focal Point and Peer Educator training was the involvement of PLWHA from CARE and UGLAAB. The Dissemination Workshop identified as another lesson learned that the involvement of HIV+ persons in Peer Educator training and other workshops and seminars was effective and “empowering to them, encouraging them to continue to function as productive and capable members of society”, and should be continued.
- The most motivated enterprise Peer Educators appear to be those who volunteered rather than those who were “volunteered” by management. Ownership of an HIV/AIDS programme by employees in an enterprise appears strongest where it was managed by employees themselves, especially union members, rather than HR departments. But management recognition and support also appear crucial for the success of an enterprise HIV/AIDS workplace program. Thus, a sixth lesson to be learned is that a “bottom-up” employee-based approach to creating an HIV/AIDS workplace program in an enterprise works well, provided that there is strong management support and recognition.
- Finally, many workers in Barbados work in the informal sector and are mostly unreachable by workplace HIV/AIDS education, prevention, and care and support programmes. For “World of Work” HIV/AIDS education and prevention efforts to be effective, more attention should be given to informal sector workers and operators. The Project demonstrated some ways of reaching informal sector operators – taxi drivers, vendors, food service-providers and others who work for themselves. But they were not the primary focus of Project efforts and the impact of the Project was limited. Given emerging trends in HIV transmission in Barbados, the greatest risk for HIV transmission, and stigma and discrimination is not to be found among formal sector workers but among specific groups found in the informal sector such as beach vendors, beach boys, food vendors, fishermen, boat transporters among islands, and others, often related to the hotel/tourism sector. Thus, a final lesson learned from the Project is that greater attention needs to be given to developing and demonstrating an effective strategy for reaching non-formal sector operators, perhaps by making use of government regulatory mechanisms.

7. Implications for global strategies

The ILO/USDOL HIV/AIDS Workplace Education Program, as implemented by the Project in Barbados, has demonstrated an effective methodology for getting private formal sector enterprises to commit to combating HIV/AIDS in the workplace, through a dual strategy of workplace policy development and worker behavioural change promotion using BCC. The challenge now is to extend the methodology to more enterprises, both private and public.

However, as noted in the final lesson learned (above) in most developing countries a majority of the workforce is to be found not in formal sector enterprises, but working in the informal sector. An additional challenge now is to develop effective strategies to reach such workers and informal sector business “operators” with HIV/AIDS education to promote behavioural change. The ILO and USDOL need to develop an equally effective global HIV/AIDS “World of Work” education program, with new strategies devised for reaching, and measuring impact upon, informal sector operators and workers.

Annexes

Annex 1

TERMS OF REFERENCE

FINAL EVALUATION OF THE INTERNATIONAL LABOUR ORGANIZATION'S HIV/AIDS WORKPLACE EDUCATION PROJECTS IN BARBADOS

I. PROJECT DESCRIPTION

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

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

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

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

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

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

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

In Barbados, the current HIV prevalence rate is estimated at 1.5% [0.8-2.5%] among adults aged 15-49 with a total of 2700 [1500-4200] people living with HIV/AIDS (UNAIDS 2006). Although the prevalence rate is still low, the HIV/AIDS epidemic in Barbados is one of the most rapidly growing in the region. As in the other Eastern Caribbean countries, cultural

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

Twelve enterprises from 4 target sectors (4 from tourism industry, 2 from the banking sector, 5 in manufacturing, and 1 from the informal economy) were chosen to participate in the project's HIV/AIDS workplace intervention activities for Barbadian workers. A total of 2652 workers were reached through these efforts. The workplace strategy builds upon the ILO comparative advantage in advocacy and policy development, particularly the ILO *Code of Practice on HIV/AIDS and the World of Work*. The strategy uses a peer driven and target specific behavioral change and communication approach in promoting HIV/AIDS awareness and prevention.

II. PURPOSE OF THE FINAL EVALUATION

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

III. PROJECT FRAMEWORK AND CURRENT STATUS

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

IV. FINAL EVALUATION SCOPE

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

Project planning and overall progress:

1. Evaluate the validity of the project strategy and its effectiveness in facilitating project implementation.
2. Determine if the project has achieved its stated objectives and explain why or why not.

¹ <http://www.ilo.org/eval/policy>

3. Assess the appropriateness of the choices of sectors and enterprises. Why were they chosen? Was the number of sectors appropriate? Was the project able to meet the needs of the different sectors effectively?
4. Assess how and whether the choice of partners other than the enterprises themselves has been strategically appropriate in implementing the project.
5. Evaluate how and to what extent the project has addressed gender dimensions.
6. Assess whether the project addressed issues highlighted by the midterm assessment.
7. Evaluate the project's sustainability plan. Are project activities/ improvements likely to be sustained after project completion, and by whom?
8. Evaluate the value of the project in the context of other HIV/AIDS activities in Barbados. Has the project been able to incorporate itself with other activities for a comprehensive and non-duplicative approach?
9. Evaluate the current management structure of the project, including the adequacy of ILO's supporting services both in Geneva and in the region.
10. Assess level of stakeholder commitment to project (NGOs, the Government of Barbados, trade unions, workers, enterprises, ILO, US Embassy, UNDAF country team).

Project objectives:

At the enterprise level

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

At the national level

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

Monitoring and evaluation

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

V. FINAL EVALUATION TEAM

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

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

The USDOL Project Manager is responsible for:

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

The ILO HIV/AIDS Program Representative is responsible for:

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

VI. FINAL EVALUATION METHODOLOGY

Document Review

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

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

Individual Interviews

Individual interviews will be conducted with the following persons:

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

Field Visit

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

Debrief in the Field

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

VII. EVALUATION REPORT

The evaluation team will complete a draft of the entire report following the outlines below, and share electronically with the USDOL Project Manager and the ILO by 31 March 2008. USDOL and the ILO will have until 11 April 2008 to provide comments on the draft report. The evaluator will produce a re-draft incorporating USDOL and ILO comments where appropriate, and provide a final version within 6 working days of having received final comments from USDOL and ILO.

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

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

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

TOR ANNEX I

EVALUATION REPORT CHECKLIST

Executive summary

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

Background on evaluation

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

Methodology

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

Project background and review implementation

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

Findings

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

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

Conclusions

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

Recommendations and lessons learned

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

Annex 2

ACTUAL EVALUATION SCHEDULE

FEBRUARY 25 – MARCH 5, 2008

TIME	MON. Feb. 25	TUES. Feb. 26	WED. Feb. 27	THUR. Feb. 28	FRI. Feb. 29
9:00 am		The Plantation Ms. Beverly Layne, Gen. Man.	U.S. Embassy Mr. Jake Aller, Labor Attaché (PAB member)	Purity Bakeries Ms. Judy Branch, Distribution Manager (FP) (Focus Group of workers)	The Plantation (Focus Group of workers)
10:00 am		Barbados Workers' Union Mr. Orlando Scott, Sr. Asst. Gen. Sec. (PAB member)	AIDS Foundation Mr. Colin Brewer, Pres.	Purity Bakeries (Second Focus Group of workers)	UNDP Ms. Rosina Wiltshire, Res. Rep.
11:00 am		National Organization of Women Ms. Yvonne Walkes, Pres.	AID Inc. Ms. Sarah Adomakoh, Ms. Maisha Emtage (national consultants)	Pine Hill Dairy Ms. Gloreta Howard, Occupational Health Nurse (FP) (Focus Group of workers)	Travel to Arawak Cement Company
12:00 pm	L	U	N	C	H
1:30 pm		Ministry of Labour Mr. Carston Simmons, PS Mr. Victor Felix, Assist. Chief Labour Officer (PAB members)	UWI HARP Prof. Christine Barrow, Chair Ms. Alexis Nurse, Project Officer Ms. Angela Blades, Proj. Sec.	Time Out at the Gap Hotel Ms. Michelle Ward Britton, Accountant (FP) (Focus Group of workers)	Arawak Cement Company Mr. Earl Barrett, Gen. Man. Ms. Janice Springer, Industrial Nurse (FP)
2:30 pm	MOH Dr. Anton Best, Ms. Jacqueline Wiltshire	Barbados National Bank Ms. Beverly Best, Assist.	Gems of Barbados Ms. June Agard, HR Manager	Amaryllis Beach Hotel Ms. Angela Springer, Convenience	Arawak Cement Company (Focus Group of workers)

		Manager, HR (FP)	Ms. Madge Dalrymple, Tourism Dev. Officer, MOT	Store Attendant	
3:30 pm		Barbados Scotiabank - Worthing Branch Mr. Michael Stuart, Manager	Ladymeade Reference Unit Ms. Ira Waterman Community Health Sister	Accra Beach Hotel and Resort Ms. Treisha Joseph, Housekeeping Manager	Travel back to office

TIME	MON. Mar. 3	TUES. Mar. 4	WED. Mar. 5
9:00 am	CARE Association Mr. Chrono Atkins, Pres. (PAB member)	National HIV/AIDS Commission Dr. Carol Jacobs, Chairperson Ms. Lynn Armstrong, Dep. Dir. (PAB member)	PAB Debriefing Meeting
10:00 am	Barbados Scotiabank Ms. Jacqueline Belgrave, Manager, Employee Relations (FP) Mr. Tony Phillips, Marketing Manager	Caribbean Broadcast Media Partnership on HIV/AIDS Dr. Allyson Leacock, Exec. Dir.	PAB Meeting
11:00 am	Sandy Lane Informal Taxi Association Mr. Ivor Young	NPC Ms. Arlene Husbands	PAB Meeting
12:00 pm		LUNCH	
1:30 pm	UGLAAB Mr. Silvester Shepherd, VP Ms. Patsy Grannum, Office Coord.	Barbados Employers' Confederation Mr. Harry Husbands, Exec. Dir.	
2:30 pm	UNFPA (UN Theme Group) Ms. Carmeta Douglin, Chair (PAB member)	Goddard Enterprises Ms. Sue Lynch, HR Manager	
3:30 pm	Barbados Vocational Training Board Ms. Jennifer Walker, Clerical Officer	Prepare Debriefing presentation to PAB	

Annex 3

PERSONS INTERVIEWED BY THE EVALUATION TEAM

1. **Ministry of Labour and for the Civil Service (MOL)**
Mr. Carston Simmons, Permanent Secretary
Mr. Victor Felix, Assistant Chief Labour Officer
2. **Barbados Employers' Confederation (BEC)**
Mr. Harry Husbands, Executive Director
3. **Barbados Workers' Union (BWU)**
Mr. Orlando "Gabby" Scott, Senior Assistant General Secretary
4. **National HIV/AIDS Commission (NHAC)**
Dr. Carol Jacobs, Chairperson of the Commission
Ms. Alies Jordan, Director
Ms. Lynn Armstrong, Deputy Director
Ms. Nicole Drakes, Assistant Director
Ms. Marilyn Sealy, BCC Specialist
5. **UNDP**
Ms. Rosina Wiltshire, UN Resident Coordinator, Barbados and the Eastern Caribbean
Ms. Leisa Perch, UNDP Program Coordinator for Poverty and HIV/AIDS, Barbados and the Eastern Caribbean
6. **UN Theme Group on HIV/AIDS**
Ms. Carmeta Douglin, UNFPA Regional HIV/AIDS Focal Point
7. **US Embassy**
Mr. Jake Aller, Labour, Science/Technology and Commercial Officer
8. **Comfort, Assist, Reach-out, Educate Association (CARE)**
Mr. Chone Atkins, President
Mr. Shirlan Lovell, Treasurer
9. **AIDS Foundation of Barbados Inc. (AFBI)**
Mr. Colin Brewer, President
10. **Accra Beach Hotel**
Ms. Treisha Joseph, Housekeeping Manager
Ms. Isola Giddings, Assistant Manager
11. **Amaryllis Beach Hotel**
Ms. Angella Springer, Convenience Store Attendant
12. **Time Out at the Gap Hotel**
Ms. Michelle Ward Britton, Accounts Department
Focus Group:

- Ms. Ziana aka 'Sugardee' Stewart, Assistant Cook
 Ms. Aletha Jemmott, Waitress
 Mr. Damian aka Alfred Harding Green, Porter
 Mr. Terrence Rosewood, Maintenance
- 13. Gems of Barbados Hotels**
 Ms. June Agard, Human Resources Manager
 Ms. Vickie Bentham, HR Officer
Ministry of Tourism
 Ms. Madge Dalrymple, Tourism Development Officer
- 14. The Plantation**
 Ms. Beverly Layne, General Manager
 Ms. Yvonne Jackson, Waitress
 Ms. Matilda Eversley, Kitchen Assistant
- 15. Scotiabank Barbados**
 Mr. Tony Phillips, Senior Manager, Marketing
 Ms. Jacqueline Belgrave, Manager, Employee Relations
 Ms. Marcelle Greenidge, Assistant Manager
 Mr. Michael Stuart, Manager, Worthing Branch
- 16. Barbados National Bank**
 Ms. Beverley Best, Assistant Manager, Human Relations
- 17. Arawak Cement Company**
 Mr. Earl Barrett, General Manager
 Ms. Dawn Jemmott-Lowe, Human Resources Manager
 Mr. Olvin Collymore, HR Department (Training and Staff Development)
 Ms. Janice Springer, Industrial Nurse
 Ms. Nicole Thomas, Environment/Safety Specialist
 Mr. Pedro Cumberbatch, St. Lucie Parish Committee
 Mr. Glenville Edwards, Electrician
 Mr. Alvin McCollin, Mechanic
- 18. Goddard Enterprises Ltd. (Hanschell Inniss, McBride, Purity Bakeries)**
 Ms. Sue Lynch, Group Human Resources Manager
 Ms. Toni Manning, Quality Controller, McBride Caribbean Ltd.
- 19. Barbados Dairy Industries (Pine Hill Dairy)**
 Ms. Gloreta Coward, Occupational Health Nurse
 Focus Group:
 Mr. James Squires, Raw Materials Warehouse
 Mr. Adrian Jones, UHT Milk Production area
 Mr. Curtis Gittens, Dispatch
 Mr. Trevor Bryan, HTST area
- 20. Purity Bakeries**
 Ms. Judy Branch, Distribution Manager
 Focus Group #1:
 Ms. Juliette Bartlette, Cashier

Mr. Emery Mc Donald, Production
Mr. Carlton Hunt, Distribution
Ms. Antoinette Husbands, Distribution Cashier
Focus Group #2:
Ms. Shelly Marshall, Accounts Department
Mr. Otis Ifill, Production
Ms. Janice Stuart, Distribution
Mr. Andrew Goddard, Distribution
Mr. Alan Smith, Sales

21. Informal Sector Taxi Association

Mr. Ivor Young, member, Sandy Lane Taxi Association

22. United Gays and Lesbians Against AIDS in Barbados (UGALAB)

Mr. Sylvester Shepherd, Vice President
Ms. Patsy Grannum, Office Coordinator

23. Others Collaborating with the Project:

Barbados Vocational Training Board (Ministry of Labour)

Ms. Jennifer Walker, Clerical Officer

National Organization of Women (NOW)

Ms. Yvonne Walkes, President

Ladymeade Reference Unit (LRU)

Ms. Ira Waterman, Community Health Sister

University of the West Indies (UWI) HIV/AIDS Response Program (HARP)

Prof. Christine Barrow, Program Chair
Ms. Alexis Nurse, Project Officer
Ms. Angela Blades, Project Secretary

Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP)

Dr. Allyson Leacock, Executive Director

Associates for International Development (AIDS Inc.)

Ms. Sarah Adomakoh, Consultant
Ms. Maisha (Emtage) Hutton, Consultant

24. ILO National Project Coordinator (NPC)

Ms. Arlene Husbands

Annex 4

INTERVIEW PROTOCOL QUESTIONS

4.1 INTERVIEW QUESTIONS FOR PARTNER ORGANIZATIONS (PAB members, others)

1. Please describe your personal involvement in the project and your overall impressions of the project. What was the project trying to do? What were the principal results?
2. The project strategy aimed to achieve the objectives of reduced HIV/AIDS risk behaviour among targeted workers and reduced levels of employment related discrimination against people living with HIV/AIDS. To achieve these goals, the project had the following strategy:
 - assist participating enterprises to adopt a workplace policy on HIV/AIDS,
 - develop enterprise-level Behavior Change Communication (BCC) strategies and materials,
 - work with focal points within the tripartite partners and participating enterprises to increase knowledge about the development of HIV/AIDS policies and programs,
 - train trainers in employer and worker organizations, enterprises and government to disseminate information about HIV/AIDS in the workplace.

Were the project strategy and its components appropriate for the situation in Barbados?

3. What was the impact of the project on:
 - Government policy and activities to address HIV/AIDS in the world of work?
 - Employer organization policy and activities to address HIV/AIDS and the workplace?
 - Trade Union policy and activities to address HIV/AIDS and the workplace?
4. Was there effective coordination by the project with other actors working on HIV/AIDS in the world of work? How well did the ILO/USDOL project link to the national HIV/AIDS strategy, national coordination mechanisms and to other HIV/AIDS workplace projects in the country? Were project activities complementary to the activities of other partners or was there duplication of effort?
5. Was the selection of project partners appropriate for the project? Did they involve themselves fully in project activities?
6. Will activities initiated by the project be continued and expanded by the partners after the completion of the project? Is the sustainability plan for the project realistic?
7. Are you familiar with the BCC model used by the project? If yes, how effective do you think it is?
8. Did you participate in any training workshops organized by the project? If so, how useful was the training? How effective was the Focal Point and Peer Educator training of the project?

9. How effective was the National Project Coordinator? How effective was the support provided by the Project Management Team in ILO Geneva?
10. How active and effective was the Project Advisory Board (PAB) in guiding the project?
11. How effective was the monitoring system used by the project?
12. How effectively did the project consider and address gender issues?
13. To what extent were persons living with HIV/AIDS involved as resource persons in the project?
14. Did the project achieve its objectives? If not, why not? What constraints hindered achievement of its objectives?
15. How could the project have been improved? What are the most significant positive lessons learned from the project? What are the most significant negative lessons learned to date from the project?

4.2 INTERVIEW QUESTIONS FOR ENTERPRISES (including the informal sector)

1. Please describe your personal involvement in the project and your overall impressions of the project. What was the project trying to do? Why did your enterprise become involved? What were the principal results for your enterprise?
2. The project strategy aimed to achieve the objectives of reduced HIV/AIDS risk behaviour among targeted workers and reduced levels of employment related discrimination against people living with HIV/AIDS. To achieve these goals, the project had the following strategy:
 - assist participating enterprises to adopt a workplace policy on HIV/AIDS,
 - help participating enterprises develop enterprise-level Behavior Change Communication (BCC) strategies and materials,
 - work with focal points and HIV/AIDS Committees within participating enterprises to increase knowledge about the development of HIV/AIDS policies and programs,
 - train trainers in enterprises and other organizations to disseminate information about HIV/AIDS in the workplace.

Were the project strategy and its components appropriate for the situation in Barbados?

3. What was the impact of the project on the policies and activities of your enterprise to address HIV/AIDS and the workplace?
4. Will activities initiated by the project be continued and expanded after the completion of the project? Are you familiar with the sustainability plan for the project? Is it realistic?

5. How effective was the BCC model used by the project?
6. Did you participate in any training workshops organized by the project? If so, how useful was the training? How effective was the Focal Point and Peer Educator training of the project?
7. How effective was the National Project Coordinator?
8. How effective and useful was the monitoring system used by the project?
9. How effectively did the project consider and address gender issues?
10. To what extent were persons living with HIV/AIDS involved as resource persons in the project?
11. Did the project achieve its objectives? If not, why not? What constraints hindered achievement of its objectives?
12. How could the project have been improved? What are the most significant positive lessons learned from the project? What are the most significant negative lessons learned to date from the project?

Annex 5

LIST OF PAB MEMBERS (9)

(as of March 2008)

1. Mr. Carston Simmons, Ministry of Labour, Chair
2. Mr. Victor Felix, Labour Department
3. Mr. Harry Husbands, Barbados Employers' Confederation (BEC)
4. Mr. Orlando Scott, Barbados Workers' Union (BWU)
5. Ms. Lynn Armstrong, National HIV/AIDS Commission
6. Ms. Carmeta Douglin, UNFPA, representing the UN Theme Group
7. Mr. Jake Aller, US Embassy
8. Mr. Chorne Atkins, CARE
9. Ms. Arlene Husbands, NPC

Annex 6

LIST OF PARTICIPATING ENTERPRISES (12)

(as of March 2008)

Banking and Finance Sector

1. Barbados National Bank
2. Scotiabank Barbados

Manufacturing Sector

1. Arawak Cement Company Ltd
2. McBride Caribbean Ltd
3. Barbados Dairy Industries Ltd
4. Purity Bakeries
5. Hanschell Inniss

Tourism Sector

1. Accra Beach Hotel and Resort
2. Amaryllis Beach Resort
3. Gems of Barbados Hotels
4. The Plantation

Informal Sector

1. Bridgetown Port Authority Taxi Association

Annex 7

EVALUATION INTERVIEWS

1. Ministry of Labour (MOL)

Mr. Carston Simmons, Permanent Secretary (Chair, PAB)

Mr. Victor Felix, Assistant Chief Labour Officer (Focal Point)

“As Chair of the PAB I made sure that Project activities were complementary to the BCC activities of the other PAB members.” Mr. Carston Simmons, PS

The role of the Ministry in workplace HIV/AIDS prevention and education is to promote health and safety, discourage risky behavior, ensure sufficient institutional arrangements and mechanisms are in place to control the epidemic, and ensure that limited resources (manpower and financial) are utilized effectively. There is an HIV/AIDS Core Group within the Ministry. It has suggested that a Code of Practice on HIV/AIDS be developed for the public sector.

Was the Project strategy right for Barbados? “Many Barbadians engage in risky behaviour – it was good for the Project to address this using BCC.” Other PAB member organizations are engaged in BCC actions, so the Project was complementary in this regard. The Government has an overarching HIV/AIDS Policy being implemented by the National AIDS Commission. The Workplace Policy is waiting for Parliamentary approval. Within the Ministry the Assistant Chief Labour Officer was trained as a Focal Point and acted as a resource person in other Project-organized workshops. Labour Department Health and Safety Officers also received training in Peer Education, which was very effective.

The PAB was correctly composed of the tripartite partners and interest groups and functioned effectively, with good participation by all members. The PAB recommended the creation of a Register of Trainers who were trained by the Project and by others. The PAB examined the draft Sustainability Plan and made input. ILO continued technical support is expected to ensure a smooth transition of the Project to the AIDS Foundation as proposed in the Sustainability Plan. The Ministry will assist the AIDS Foundation financially for 3-years. The PAB will retain its members and be transformed into a national Program Advisory Council (PAC) to help guide the HIV/AIDS workplace program of the Foundation. The PS has agreed to continue to chair the Council.

The major challenge facing Barbados? “Mobile populations” – increasing numbers of workers coming to Barbados from neighboring countries. In this way Barbados is a country vulnerable to HIV/AIDS.

2. Barbados Employers' Confederation (BEC)

Mr. Harry Husbands, Executive Director

“The fact that the social partners were still active at the end of the project is evidence that the PAB was important and useful.” Mr. Harry Husbands, Executive Director

BEC had its own HIV/AIDS activity before the Project, an initiative of the BEC Secretariat. BEC personnel participated as resource persons in Project-organized workshops and the BEC Executive Director personally attended meetings of the PAB.

Was the Project strategy right for Barbados? “Yes, it was appropriate for the country. The programme targeted the workplace and identified weaknesses. It fit well into the national response.” Targeting the workplace was a key because the two social partners, BWU and BEC, were fully engaged supporting the strategy. Overall the Project was useful to the participating enterprises, which were relatively few in number but influential in terms of their position in the country. “The BCC component was less successful – behaviour change is complex and requires more time.”

Was the PAB useful? “By and large it functioned well and was appropriate for managing Project matters.” Nationally the Project created a specialized group of people and organizations dealing with the workplace. “At one stage there were too many projects and too many people, and coordination of all of these was too much. There was perhaps a weakness in overall coordination of the different actors and agencies which could have been better.”

“PAB views coincided with the views of Project management - the PAB played a role in the selection of the target sectors and participating enterprises.” There was good tripartite collaboration – “If there is one issue we get along well on it’s HIV/AIDS – we don’t quarrel on HIV/AIDS.”

The BEC is supportive of the proposed transition of the Project into a programme supported by the AIDS Foundation and is fully committed to building relations with the Foundation. The proposed joint BEC-AFBI program offers an opportunity for a better coordination of all workplace activities in public and private sector enterprises, including member firms and affiliates of AFBI. For long term sustainability HIV/AIDS must be incorporated into an expanded concept of safety and health at work.

“I fought for BEC involvement with HIV/AIDS for years now. So I initially was concerned about the AIDS Foundation. But over time I recognized that in order to extend the reach of the organization you need to have allies. The Foundation is much better at mobilizing private sector support than the BEC. We need to work closely with them. I said to myself: ‘is it about territory or is it about getting the work done?’ This arrangement allows us to get the work done.”

The main challenge? The tourist industry – “they understand it is necessary to address HIV/AIDS but hotel owners do not want to be seen and identified as having a problem.”

3. Barbados Workers’ Union (BWU)

Mr. Orlando “Gabby” Scott, Senior Assistant General Secretary (PAB member)

“Trade unions have limited funds, limited expertise – the project brought information useful to trade unions. (It) also started an important dynamic – getting the employers involved.” Mr. Orlando Scott, Senior Assistant General Secretary, BWU

BWU is the largest private sector union in Barbados and has a long history of involvement with HIV/AIDS. A first training for BWU and union personnel took place in 1985 organized by PAHO. In 1996 BWU participated in the development of the first National “Social Partners Code of Practice on HIV/AIDS and other LTIs”. HIV/AIDS was always a part of occupational health and safety in BWU. BWU member union shop stewards (21) were trained in Peer Education by the Project.

“The Project strategy was good for Barbados, as the formal sector has the machinery to implement workplace policies and programs. However, the informal sector is less structured and needs more attention and support. I was hoping we could have done more for the informal sector which is growing very, very quickly.” Involvement of the taxi association was good, but not enough. Beach vendors, beach boys, seamen, seaport workers all need to be reached. They are not organized in associations – the main route is via government.

“The PAB was a good structure, bringing together all key actors. The Project NPC brought a lot of expertise and enthusiasm to the Project, and was able to bring the private sector and the tripartite partners to work together. Working together on the PAB broke down barriers between employers and workers.”

“The Project was successful. It was the first project to focus on the workplace. It was able to train many people on enterprise policy formulation and BCC strategy development. However, the ILO brings bureaucracy with its projects – permission was always needed from ILO Geneva for any changes in the Project.” Only major regret – “the Project was too small and too short. It needed more staff and a longer timeframe to do the job.”

4. National HIV/AIDS Commission (NHAC)

Dr. Carol Jacobs, Chairperson of the Commission

Ms. Alies Jordan, Director

Ms. Lynn Armstrong, Deputy Director (PAB member)

Ms. Nicole Drakes, Assistant Director

Ms. Marilyn Sealy, BCC Specialist

“The project was an exciting initiative by the ILO and came very early in the life of the Commission – it was a perfect fit. So it wasn’t necessary for the Commission to undertake private sector work.” Ms. Alies Jordan, Director, NHAC

There is a national tripartite Code of Practice on HIV/AIDS and other Life Threatening Illnesses in the Workplace which was adopted in 1998. A comprehensive National HIV/AIDS Policy is still with the Prime Minister. The 2008-2013 National HIV/AIDS Strategic Plan is still waiting approval by the new Government. The Plan, however, contains no separate section on HIV/AIDS in the world of work, but does designate the Ministry of Labour as the lead agency for HIV/AIDS workplace programs. There is no general anti-discrimination legislation in Barbados, although the introduction of anti-discrimination legislation in support of national strategic objectives is under consideration. Getting national policies approved is a very slow political process in Barbados. Under the new Government the National HIV/AIDS Commission has been moved from the Prime Minister’s Office to the newly created Ministry of Family, Youth, Sports and Environment. The implications of the move on national coordination are not yet known, but the role of the Commission remains unchanged. The Commission itself is not an implementing agency.

The new Strategic Plan focuses on key population groups which are at great risk - sex workers, MSM, youth, prisoners, and single unemployed dependent women. The Plan includes research on the workforce. A first Workforce Impact Survey (WIS) was conducted in 2003. The Survey will be conducted again and has been placed in the budget of the Commission for 2008. Previous empirical data has been “challenging”, as information by economic sector was not available. The new research effort will help build a picture of what is happening by sector.

Every Ministry is required to have an HIV/AIDS Core Group and has a line item budget for HIV/AIDS work. The Ministry of Labour Core Group brings together representatives from labour agencies, including unions, TVET, others, and organizes a monthly Partnership Forum bringing together over 60 world of work stakeholders, public and private, including NHAC, BEC, BWU, UGALAB, CARE, others (but no UN organizations or donor agencies) for a sharing of information.

“If you had more resources and more ‘Arlenes’ the Project could have had greater impact.” The Project impact should be evaluated after one or two years to determine its long-term effect. “The Sustainability Plan is good - the ILO involved the AIDS Foundation, which served to build capacity in the Foundation and to enhance the view of the Foundation in the eyes of the Government. It catalyzed the AIDS Foundation to action. I am pleased that BEC and the AIDS Foundation have found a way for the Project to continue. The proposed structure and relationship with the NHAC should allow for effective coordination.”

5. UNDP

Ms. Rosina Wiltshire, UN Resident Coordinator for Barbados and the Eastern Caribbean

Ms. Leisa Perch, UNDP Program Coordinator for Poverty and HIV/AIDS, Barbados and the Eastern Caribbean

“Arlene was brilliant at getting the private sector on board. She had broad base support and knew how to create synergies. A lot of ground has been covered by this project – sorry it is ending – still a lot of work required. I would have given the project another 3 years to solidify its results”. Ms. Rosina Wiltshire, UN Resident Coordinator for Barbados and the OECS

The NPC had been invited to participate in meetings of the UN Country Team, but this had been rejected by the ILO PMT in Geneva given project demands on the time of the NPC. However, the NPC was an active member of the UN Theme Group on HIV/AIDS. There is one UN Development Assistance Framework (UNDAF) for the countries of the Eastern Caribbean, and HIV/AIDS is one of the five priorities of the UNDAF. A UN Team was set-up to organize training for UN staff members and families in Barbados – the Team is led by PAHO and the NPC is a member. “The Peer Educator training was very effective, a learning opportunity for all.”

“The ILO Project strategy was appropriate for Barbados as it was necessary to have both policy reform and BCC components. The Project fit squarely into the National Strategic Framework and was a good example of multi-stakeholder collaboration. The research component of the Project was also very important, focusing BCC on the different sectors as well as individual workers. The PAB functioned well with good attendance. There was strong MOL participation, with the PAB chaired regularly by the PS.”

“The ILO Project was effective, especially by fostering strong private sector collaboration. There have been clear advances in workplace policy development by participating enterprises.” However, “we haven’t turned the curve on HIV/AIDS – statistics show advances by HIV in the female heterosexual population. There is still stigma and discrimination because of homophobia – still a lot needs to be done.”

There needs to be a mechanism, with the continuation of project activities by the AIDS Foundation, to ensure a “bridging” between UN agencies and the private sector, to avoid a “disconnect” between the UN and the local situation. “We can incorporate the ongoing Project activities into the UN monitoring and evaluation framework.”

6. UN Theme Group on HIV/AIDS

Ms. Carmeta Douglin, UNFPA Regional HIV/AIDS Focal Point, Chair of the Theme Group (PAB member)

“I attended a workshop which focused on the research that was to be done in the enterprises. This is a good practice which has to be reinforced – allowing research and information to guide the process.” Ms. Carmeta Douglin, UN Theme Group Chair

The NPC attended all meetings and gave regular updates on the Project. “The Project did such an excellent job - it’s a pity it couldn’t be extended and broadened.”

“I was impressed with the level of detail engaged in by the NPC. Arlene made sure that each document was tailor made to the enterprise or sector. She seemed to understand the reality and challenge of each institution.”

How can the relationship between the UN system and the successor arrangement (BEC/AIDS Foundation) for the Project be maintained? “We are planning to invite the NPC on a quarterly basis to participate in the Theme Group. The UN System still wants to be part of the new committee being structured and will continue to provide technical support.”

7. US Embassy

Mr. Jake Aller, Labour, Science/Technology and Commercial Officer (PAB member)

“The Project has been successful but needs to expand and include more companies.” Mr. Jake Aller, US Embassy

“The Project had an impact – I was impressed with the tripartite and “hands on” nature of the Project and how the private sector was involved. But it needed to reach more enterprises.” The PAB was a useful mechanism and permitted the Embassy to send periodic communications to Washington about the progress of the Project. “The Project Dissemination workshop was useful. I learned a lot about the Project and projects in other countries represented in the workshop.”

“The Sustainability Plan is good – the AIDS Foundation is a mechanism already in place, and an effective way to move forward, especially with the involvement of the BWU and BEC.” The new American Chamber of Commerce presently being established in Barbados also offers an opportunity for more American-owned enterprises to become involved in HIV/AIDS workplace initiatives.

8. Comfort, Assist, Reach-out, Educate Association (CARE)

Mr. Chone Atkins, President (PAB member)

Mr. Shirlan Lovell, Treasurer

“The ILO project has made a difference, a positive contribution – but a lot remains to be done.” Mr. Chone Atkins, President, CARE (PAB member)

Established in 1993, CARE currently has 20 members, both infected and affected individuals, and provides care and support services. CARE provided resource persons for Project-organized workshops and other events, provides volunteers for the MOH HIV/AIDS Hotline, and participates in annual World AIDS Day events. The President of CARE participated regularly in PAB meetings and credits the Project with making a positive contribution to increasing HIV/AIDS awareness.

However, CARE observes that “knowledge is not sufficient to create behavior change, and that stigma and discrimination continue, with disclosure only to close persons and only “limited disclosure” within a company context.” CARE also noted that with Barbados being classified as a middle income country, it was difficult to get donor funding for HIV/AIDS activities.

9. AIDS Foundation of Barbados Inc. (AFBI)

Mr. Colin Brewer, President

“The ‘constituency’ (of the AIDS Foundation) are the funding enterprises looking for a return on their investment – a business, practical approach to solving problems such as absenteeism, health care costs.” Mr. Colin Brewer, President, AIDS Foundation

The AIDS Foundation of Barbados Inc., a not-for-profit organization, is the Barbados business coalition responsible for coordinating the private sector response to HIV/AIDS. It was established to galvanize private sector involvement initially by the National Advisory Committee on HIV/AIDS (precursor to the NAC). It now has an expanded Board of Directors composed mainly of large private sector companies. It is planned to expand Board membership to include MOL, BEC, Small Business Association and CARE representatives. It has adopted and is attempting to “broaden and deepen” the ILO Project model for its HIV/AIDS workplace initiatives, and has agreed to create a successor HIV/AIDS workplace program to replace the ILO Project upon its completion.

The Foundation organized in March 2007 a summit of business leaders and raised a total of US\$ 150,000 in cash and kind to support three years of Foundation activities. The Foundation plans to soon join the Barbados Private Sector Association (BPSA), which brings together all employer organizations, including BEC, BCCI, and various other business sector associations.

The AIDS Foundation is willing to provide financial support to continue Project activities and to participate as a member of the proposed national “Program Advisory Council” as a successor to the PAB, as proposed in the Project Sustainability Plan. The Foundation would act on behalf of the Council. The Foundation recognizes the need to formalize relationships through written agreements with various partners, including the BEC.

10. Accra Beach Hotel and Resort

Ms. Treisha Joseph, Housekeeping Manager (Focal Point)

Ms. Isola Giddings, Assistant Manager

The Accra Beach Hotel has over 200 employees, mostly female. Three Focal Points were trained under the Project, but no PEs due to the heavy workload of staff. The Focal Points participated in the BCC workshop of the Project and contributed to the development of a workplace policy. The new HR manager is presently working on a Health and Safety policy

to include HIV/AIDS – there was no HR manager at the hotel previously. Two sessions on HIV/AIDS were held with staff and information distributed. The hotel would have liked to have PEs trained – such training would need to take place at the hotel due to the working hours of the staff. A Health Fair is planned for November 2008 which will include HIV/AIDS. Accra Beach Hotel is unionized (BWU) and a member of the AIDS Foundation.

11. Amaryllis Beach Hotel

Ms. Angella Springer, Convenience Store Attendant (Peer Educator)

The Amaryllis Beach Hotel (120 employees) was bought by another company in 2007 and has been undergoing restructuring. The Manager, HR Manager and Focal Point are all new. There is only one of the two trained PEs remaining – the other PE left the hotel. However, there are ten employees who have expressed an interest in being trained as PEs. “The main challenge is getting time to access the different shifts to train persons and form a group – the only person who could get it done would be the HR Manager.” The hotel has a new workplace policy that the Project helped draft, but uncertain if it has been distributed to staff.

12. Time Out at the Gap Hotel

Ms. Michelle Ward Britton, Accounts Department (Focal Point, Peer Educator)

Focus Group:

Ms. Ziana aka ‘Sugardee’ Stewart, Assistant Cook

Ms. Aletha Jemmott, Waitress (Peer Educator)

Mr. Damian aka Alfred Harding Green, Kitchen Porter (Peer Educator)

Mr. Terrence Rosmond, Maintenance (Peer Educator)

“The challenge – people feel they already know – people lose interest, hard to plan activities for all staff due to shifts, different jobs.” Focus Group, Time Out at the Gap Hotel

Three PEs were trained at the Hotel. The Gems HIV/AIDS policy was distributed to all employees in 2007 attached to pay slips. Some of the Focus Group participants recalled the policy, others not. A notice board in the lunch room is the main means of communication of HIV/AIDS information to staff due to the difficulty of meeting as a result of the shift system. The names of the PEs are posted on the board as are health tips. A yearly staff event is organized that includes HIV/AIDS resource persons from the AIDS Commission, VCT, information about family planning, condom distribution, etc.

The PEs do not meet as a group and complain that they get no recognition for their volunteer work. However the Operations Manager is supportive.

Would you work alongside a person who is HIV+? “It would not be a problem – might be a problem if the person had “full-blown” AIDS. As long as you don’t look sick people would not discriminate against you.”

13. Gems of Barbados Hotels (Head Office)

Ms. June Agard, Human Resources Manager

Ms. Vickie Bentham, HR Officer

Ministry of Tourism

Ms. Madge Dalrymple, Tourism Development Officer

“Some workers are still uncomfortable with the issue (HIV/AIDS), but they are willing to participate in Health Fair activities – as long as you make it fun, it will work.” Ms. Vickie Bentham, HR Officer

Gems of Barbados was the first hotel group to have a workplace policy on HIV/AIDS, entitled “Policy on HIV/AIDS and other Life Threatening Illnesses in the Workplace.” The ILO NPC helped revise the policy to bring it into conformity with ILO HIV/AIDS principles. The revised policy was approved by the Board of Directors, printed with financial support from the Ministry of Tourism and launched on 1 December 2006 – World AIDS Day. The policy was subsequently discussed with all staff at the 3 hotels belonging to Gems.

Peer Educators (3-4) were trained at each hotel and there has been no turnover. PEs have regular daily jobs and have found it difficult to fit in PE work, especially due to the shift system. The Ministry of Tourism has a project that targets both hotel workers and clients, using billboards, “infomercials”, book markers, cultural presentations and a Cabaret show. The Ministry also introduced “intimacy kits” with condoms for hotel guest rooms, but they were viewed negatively by some (older) hotel guests. Gems has organized “Health Days” at which VCT and condoms are available – they were well attended by staff and the public.

Gems staff who were interviewed noted that confusion has sometimes arisen between the multiple HIV/AIDS workplace projects – ILO, DFID, Ministry of Tourism, others – that Gems is participating in, especially as the same consultants (AID Inc.) are involved in all of them.

14. The Plantation

Ms. Beverly Layne, General Manager

Focus Group:

Ms. Yvonne Jackson, Waitress (Peer Educator)

Ms. Matilda Eversley, Kitchen Assistant (Peer Educator)

“I am involved in Karaoke – I had the experience of a younger guy hitting on me and I asked him do you have a condom? My training gave me the confidence to talk to him.” Ms. Yvonne Jackson, Waitress

The Plantation presents a cultural show of music, dance and drama twice each week. Approximately 85 persons are involved in the show, food preparation/service and administration. Four PEs (2 male, 2 female) and a Focal Point were trained by the Project, of which one PE and the Focal Point have left. The Plantation has an Occupational Safety and Health Committee and has developed a draft workplace HIV/AIDS policy which is presently awaiting employee input. The Plantation is a participant in the DFID Tourism Sector project, and one of the Directors of the Plantation is President of the AIDS Foundation.

Plantation staff found the Project-organized workshops interesting and helped to dispel myths about HIV/AIDS. “We got to meet other persons from other work places and make new friends...I discovered my neighbor was a Peer Educator.” (Yvonne). THE PEs expressed interest in participating in a refresher training course. The General Manager was satisfied with support received from the NPC, who she said was “very instrumental” to the success of the Project.

Focus Group feedback:

“Because we were both involved in the Safety and Health Committee we were co-opted into the HIV/AIDS program.” (Matilda). “I think that the condom dispensing machine is very important on Boogie Nights (a party). On some Boogie Nights we have 1800-1900 persons.” (Yvonne). “The evening staff and part-timers in the show can be a challenge because you do not have a chance to interact with them – they come in and they are ready to go on stage.” (Matilda). Concerning stigma and discrimination: “If one of our workers had HIV who we were accustomed to I believe people could try to cope with it – even if they were not genuine about it. But someone from outside I do not think they would be so receptive.” (Yvonne).

15. Scotiabank Barbados

Mr. Tony Phillips, Marketing Manager

Ms. Jacqueline Belgrave, Manager, Employee Relations (Focal Point)

Ms. Marcelle Greenidge, Assistant Marketing Manager (Focal Point)

Mr. Michael Stuart, Manager, Worthing Branch

“We are bankers, not HIV/AIDS experts, and would not know how to put such a program (HIV/AIDS workplace program) together. Our program was developed thanks to the assistance of the ILO project.” Tony Phillips, Senior Manager, Marketing, Scotiabank Barbados

Scotiabank Barbados, a subsidiary of Scotiabank Canada, is one of the largest international banks in Barbados and the Caribbean. It has 8 branches and over 300 employees in Barbados, the majority being female. Scotiabank Barbados has been involved previously in HIV/AIDS activities and its Managing Director is Vice President of the AIDS Foundation.

Scotiabank launched a major national Pledge Campaign in June 2006 to raise awareness about HIV/AIDS, not just among its own employees and customers, but the whole population of Barbados. It did so in recognition of the potential severe impact of HIV/AIDS on the island and out of a sense of ‘corporate social responsibility’. The Campaign was designed following a challenge to the bank by the Project NPC to ‘involve the community’. It consisted of a motorcade between bank branches, with radio and TV media coverage, VCT and displays at each branch, and a prime time TV feature ‘advertorial’. The objective of the Campaign was to encourage customers and employees to make a personal pledge to take steps in their personal behaviour to prevent the spread of HIV/AIDS and to not discriminate and stigmatize persons with HIV/AIDS. Companies were asked to develop workplace policies and programs. Over 600 individuals and 11 companies filled a pledge card. Another objective was to get all bank employees involved and feel proud that Scotiabank ‘cares’. Scotiabank met all the costs of the Campaign. The Project NPC participated in ‘kick-off’ meetings at each bank branch, using resource persons, a Power Point presentation and information dissemination via brochures, quizzes and plays.

As a follow-up to its Pledge Campaign, Scotiabank launched an “Info for Life” project in September 2007, in partnership with the Ministry of Education. The objective of this initiative is to sensitize the future workforce - students in secondary schools and tertiary institutions - about HIV/AIDS transmission and prevention, as well as about stigma and discrimination, in order to encourage attitudinal and behaviour change. This initiative goes well beyond the parameters of the ILO Project, but is a result of the influence of the Project, with the NPC providing guidance on research methods to use in the schools. Over 5,000

students have been reached so far. “It will hopefully make the current ILO Project irrelevant if successful.” (Marcelle).

Two Scotiabank employees were trained as PEs by the ILO Project – the training of more PEs in bank branches was not possible due to the unavailability of staff at the time of the Project training. The bank desires more staff to be trained as PEs.

One Focal Point (Marcella) participated in all the workshops organized by the Project and shared the information with the other FP. “The workshops were professionally organized and very useful. Role plays brought the point home effectively. The (BCC) workshop brought people to tears because persons had to confront their feelings, statements and views prior to the exposure to the workshop.” (Marcella).

The Scotiabank policy on HIV/AIDS and Life Threatening Illness was ‘reengineered’ to conform to ILO principles, circulated to staff and submitted to Scotiabank headquarters for approval. It is presently being circulated to all countries.

16. Barbados National Bank (BNB)

Ms. Beverley Best, Assistant Manager, Human Relations (Focal Point)

“We had something to aspire to when we saw what other banks are doing.” Ms. Beverley Best, Assistant Manager, Human Relations, BNB

Barbados National Bank has 535 employees in 8 branches and is a subsidiary of Republic Bank Ltd of Trinidad, which prepared a draft HIV/AIDS workplace policy. BNB has submitted the draft policy to BEC for review. BNB has a 7-person HIV/AIDS Committee which has not met. Two PEs were trained but both resigned from the bank. The bank doctor has conducted information sessions on HIV/AIDS for branch staff. A Health Fair is planned in 2008 to involve the community, not just bank staff. There is strong central management support for HIV/AIDS activities but branch level managers are less supportive. The Focal Point found the workshops organized by the Project very informative.

17. Arawak Cement Company (TCL Group)

Mr. Earl Barrett, General Manager

Ms. Dawn Jemmott-Lowe, Human Resources Manager

Mr. Olvin Collymore, HR Department (Training and Staff Development)

Ms. Janice Springer, Industrial Nurse (Focal Point)

Ms. Nicole Thomas, Environment/Safety Specialist

Mr. Pedro Cumberbatch, St. Lucy Parish Independence Committee

Mr. Glenville Edwards, Electrician (Peer Educator)

Mr. Alvin McCollin, Mechanic (Peer Educator)

“I believe the programme has impact because it has been seen as an employee based initiative rather than HR. We wanted employees to own an initiative such as this. It was a bottom up initiative that captured the support of management.” Ms. Dawn Jemmott-Lowe, Human Resources Manager, Arawak Cement Company

Arawak Cement Company has some 300 employees and had already done some work on HIV/AIDS. The Project trained 7 PEs (2 female) at the company, who together with the Focal Point compose the HIV/AIDS Committee which meets twice monthly. PE work is voluntary and PEs receive no incentives. “I try to match the strength of the PEs to the task

being undertaken. I used the baseline assessment to structure the program.” (Janice). The 7 PEs have become very knowledgeable and have shared knowledge with the community, and have been able to impact employees one-on-one and in small group sessions. Their credibility is also enhanced because all PEs are union members. “I believe the training brought out leadership skills.” (Dawn).

The company policy on “HIV/AIDS and other Life Threatening Diseases”, received from company headquarters in Trinidad, was modified in line with ILO principles and sent back to headquarters for approval. The revised policy was distributed to all workers in meetings with management. “The emphasis on wellness is incorporated into the corporate structure and mission...by linking HIV to safety we made it an integral part of the company.” (Earl Barrett, GM). Regular company management meetings devote 10 minutes for HIV/AIDS updates. Proposals are presently being considered to extend the company HIV/AIDS program to other TCL Group subsidiaries.

How useful was the PE training? “We thought that we knew a lot about HIV/AIDS until we went. We learnt the correct way of condom use. STIs tend to be forgotten and we were made more aware that they are still here. We did a lot of work handing out leaflets and we had a lot of lunch time sessions. We had open forums with workers at lunch and offered lunch as a motivator. Sometimes there was standing room only, especially when we talked about oral and anal sex – there still are a lot of misconceptions” (Alvin).

“When I was first recommended for the training, I said to myself, ‘yes I’ll go - a week away from work was a week away from dust.’ But by the second and third day I had learnt so much I had no psychological fear of PLWHA. Within six months I brought a PLWHA who participated in the workshop into my church group and into my home. The Pastor and Congregation welcomed him – he is at ease because he is welcome. I kept his status to myself” (Glenville).

The Arawak involvement with the local community is an example of good practice. “We were working on community parish projects and got support from Arawak for HIV/AIDS to be incorporated into 12 projects all round the parish. With the assistance we did condom distribution and distributed information obtained through the Project. Peer Educators went to community health fairs mounted by the Parish Independence Committee. Support to the local community was initiated by the company and we were receptive because we needed the help and the expertise.” (Pedro).

“Arawak is the only company that used an employee-led, bottom-up approach for its HIV/AIDS program without using a lot of money. Sometimes there are a lot of companies who use money as an excuse not to start. If you look at the dollar expenditure per person we consider it tremendously profitable. The bottom-up approach works well because when a Peer Educator speaks to a person – it is not management that sent them.” (Olvin).

The company awarded its annual Employee of the Year 2007 award to Joyce Springer, HIV/AIDS Focal Point, for her HIV/AIDS work at Arawak.

18. Goddard Enterprises Ltd. (Hanschell Inniss, McBride, Purity Bakeries)

Ms. Sue Lynch, Group Human Resources Manager

Ms. Toni Manning, Quality Controller, McBride Caribbean Ltd.

“The project galvanized and motivated us as a company to really press forward with training and sensitization of staff. Goddard is a member of the AIDS Foundation. It makes more sense to have all of the private sector organizations together. There is still a lot of work to be done in terms of educating staff.” Ms. Toni Manning, Quality Controller, McBride Caribbean Ltd.

Goddard Enterprises Ltd has 4,200 employees and operates across the Caribbean Region. It was one of the first major Groups operating in the Caribbean to make a corporate commitment on HIV/AIDS by adopting a policy on life-threatening illnesses. The Group HR Manager has been involved in HIV/AIDS issues for over 20 years. PAHO provided training for all Group HR Managers. Each company of the Group is required to have a Health and Safety Committee and an HIV/AIDS Sub-committee.

Three companies of the Group are participating in the Project: McBride (manufacturer of aerosols, insecticides), Hanschell Inniss (distributor of food products, wine and liquor) and Purity Bakeries (bread). The Project originally started with only McBride’s involvement until a major fire closed the plant. Upon receipt of the formative assessment of this company Goddard Enterprises Ltd. then requested the involvement of Hanschell Inniss and Purity Bakeries and paid for BCC formative assessment baseline surveys at the two companies. Two PEs were trained at McBride before the fire, and six PEs were trained at Hanschell Inniss, but have not done much, mainly one-on-one and lunchtime discussions.

The Group HR Manager was trained by the Project and the Project NPC assisted in a review and updating of the Goddard policy, confirming it conformed to ILO principles, and then met the costs of printing the policy which was subsequently distributed to all Goddard employees via pay packets. The HR Manager held a meeting with staff at each company to explain the policy. The NPC also conducted HIV/AIDS sensitization seminars for head office staff at each company.

19. Barbados Dairy Industries (Pine Hill Dairy)

Ms. Gloreta Coward, Occupational Health Nurse (Focal Point)

Focus Group:

Mr. James Squires, Raw Materials Warehouse (Peer Educator)

Mr. Adrian Jones, UHT Milk Production area

Mr. Curtis Gittens, Dispatch

Mr. Trevor Bryan, HTST area (Peer Educator)

“HIV/AIDS is not seen as very important by people generally, not just management.” Mr. Trevor Bryan, Peer Educator

“I’m hoping that as a Peer Group we can improve next year. It is difficult with the shift system and lack of management support.” Mr. James Squires, Peer Educator, Pine Hill Dairy

Pine Hill is one of the dairies belonging to Barbados Dairy Industries. Pine Hill produces milk, juices, juice drink, evaporated milk and yogurt. There are 182 workers (only 19 female). A PE from each department (6) at the Dairy was trained by the Project, although the group has been dormant recently. The company has an Occupational and Safety Committee and the HIV/AIDS group is part of it. The company also has a draft workplace policy but it has yet to be approved by management. There is little support from top management for HIV/AIDS activities at the Dairy.

Feedback from the Focus Group:

“During a sports day we had a booth set up displaying literature and condoms. Assistance was provided by the NPC. We mostly had informal talks with workers. The challenge at Pine Hill is because people fear that information will not be kept confidential.” (James). “I found that although the knowledge is high behavior has not changed.” (Gloreta). “Probably the Project needed to identify a manager to be the leader – so that it would have a greater impact.” (James).

20. Purity Bakeries (member of the Goddard Group)

Ms. Judy Branch, Distribution Manager (Focal Point)

Focus Group #1:

Ms. Juliette Bartlett, Distribution Cashier

Mr. Emery McDonald, Production

Mr. Carlton Hunt, Distribution

Ms. Antoinette Husbands, Distribution Cashier

Focus Group #2:

Ms. Shelly Marshall, Accounts Department

Mr. Otis Ifill, Production

Ms. Janice Stuart, Distribution (Peer Educator)

Mr. Andrew Goddard, Distribution

Mr. Alan Smith, Sales

“We bring different views as Peer Educators – I preach abstinence, Janice preaches fidelity within marriage – so it’s all within the ABC. The things you are comfortable with are the things you talk about. Everyone represents the ABC model. We give you the information to use according to your life style choice.” Ms. Judy Branch, Focal Point, Purity Bakeries

Purity Bakeries is the largest producer of bakery products in Barbados. It has some 200 employees and six PEs (3 male, 3 female) recruited from each department of the company. Information is transmitted to employees via sessions with staff and a dedicated notice board on the way to the lunch room. The PE Team meets once a week to plan sessions, which are adjusted based on worker questions. The Goddard Group Policy on HIV/AIDS and other Life Threatening Illnesses was distributed to all employees attached to a pay package. Purity organizes an annual public Health and Safety Fair to coincide with World AIDS Day, in which family members, local schools and the local community participates, and includes a PE HIV/AIDS booth, VCT, and condom demonstrations. Condoms are available from the company nurse and the company retail store on the premises.

Feedback from the first Focus Group revealed that all participants had attended sessions organized by the PEs and had taken what they learned home and shared with family members and others. “AIDS is a real thing, affecting people – having information helps.” (Emery). “I had some myths which were cleared up. But some people just do not want to know because the worry will kill them faster than the disease.” (Juliette). “I’m really worried about my daughter (9) – at the rate at which HIV is being transmitted I’m really scared. I took the condom from the Fair home and talked to my daughter about them. Children nowadays are not stupid - they can go on the Internet and access information so you need to teach them.” (Antoinette).

What is the impact of the Project on you? “It is an indication that the company cares about you.” (Juliette). “We stress heavily on confidentiality among Peer Educators so that people can feel the company’s concern.” (Judy)

Feedback from the second Focus Group revealed that all had attended at least one PE session, but only one person shared what they learned with others. All found the session on STIs informative. “STI was educational – I did not know the cause or the cure for gonorrhea, syphilis and herpes. The photos were important.” (Otis). “What was the key was recognizing the signs of STI.” (Alan).

Focus Group participants did not have knowledge of the Goddard Group HIV/AIDS policy. However, “the Project has brought the company to a higher level by educating workers because workers were unaware about HIV/AIDS.” (Shelly). The effectiveness of the PE Team is largely responsible for this and is an example of good practice.

21. Informal Sector Taxi Association

Mr. Ivor Young, member, Sandy Lane Taxi Association

“The workshops I attended benefited me on an individual basis – I gained an appreciation for what is happening in Barbados and other countries. I was accepted in the workshops, I felt truly supported and involved. I was amazed at the reception to me as a taxi driver. I was impressed with the fact that Scotiabank had a program...impressed that the company cared about its staff.” Mr. Ivor Young, Taxi Driver

Sandy Lane Taxi Association is an association formed by individual taxi operators working at Sandy Lane Hotel. They are contracted to Sandy Lane but provide services to the broader public when available. They are mainly owner-operated taxis – Mercedes or BMW only. Presently 22 individuals are members of the Sandy Lane Taxi Association. It is an informal association – unregistered. It has no HIV/AIDS policy in place as it is an informal association, and no trained PEs. Mr. Young attended workshops organized by the Project, but found it hard to impart what he learned to other drivers. The Association organizes monthly non-HIV/AIDS specific meetings. “Even if it is for their own benefit, drivers are not interested. Nobody in Barbados is providing information and training to taxi drivers, yet they are on the front line regarding the sex trade, drugs, etc.”

The challenge? How to get taxi drivers involved – “they are too busy working, moving around. One way might be to try to tie this into the Ministry of Transport licensing. To incorporate it into a comprehensive training and educating of taxi drivers on dealing with drugs and sex. The Ministry of Transport is the only place that all taxi drivers interact with in term of renewal of their license. Perhaps at the time of renewal they can be given a pamphlet or required to attend a seminar. We have suggested a comprehensive set of standards for taxi drivers. We should have mandatory training in certain areas including HIV/AIDS.”

22. United Gays and Lesbians Against AIDS in Barbados (UGLAAB)

Mr. Sylvester Shepherd, Vice President

Ms. Patsy Grannum, Office Coordinator

Does discrimination still exist? “It is difficult to prove but persons do discriminate. Persons are afraid to bring matters to court because of stigma and fear of exposure in the court system.” Mr. Sylvester Shepherd, Vice President, UGLAAB

UGLAAB was formed in 2001 by a bar owner, Darcy Dear, who saw youngsters rejected by families because of their sexuality and HIV/AIDS - some were sleeping outdoors. He formed the organization to support gay individuals living with HIV/AIDS. On World AIDS Day 2001 UGLAAB was launched with the support of the National HIV/AIDS

Commission. UGLAAB receives support from the HIV/AIDS Alliance in UK and the US Government. Over 20 members attend meetings regularly. UGLAAB is involved in care for persons who are terminally ill and rejected by their families, although there are fewer persons dying now due to the availability of ART. It is also engaged in prevention work in the homosexual community. UGLAAB is the only organization fully involved in condom distribution. UGLAAB is a sub-grantee of the DFID Tourism Sector project and a member of its Community Advisory Board. UGLAAB provided resource persons for Project-organized workshops.

23. Others Collaborating with the Project:

Barbados Vocational Training Board (Ministry of Labour)

Ms. Jennifer Walker, Clerical Officer and HIV/AIDS Coordinator (Focal Point)

“I use it (BCC strategies) for more than HIV/AIDS. I use it in everything I do when I want to influence somebody. I love BCC, I really do!” Ms. Jennifer Walker, Barbados Vocational Training Board

The Barbados Vocational Training Board is the Government agency that supervises all vocational skills training in the country. It has 120 staff and offers 40-45 classes per year. It requires every student to follow a mandatory training module on HIV/AIDS – approximately 600 students take the module annually. It organizes an annual Health Fair and offers VCT to all students via polyclinics. The Training Board practice is a good practice example in the public sector.

Ms. Walker is an actress with her own theatre company and is a resource person for the ILO Project. She has organized “Ambush Theatre” or street theatre events for the Project targeting taxi drivers and others, whereby actors initiate an unannounced public drama near a taxi stand on some HIV/AIDS topic. It has been a very effective vehicle to raise awareness in a dramatic way. Other theatre work by Ms. Walker on HIV/AIDS is sponsored by the National HIV/AIDS Commission. She also makes HIV/AIDS awareness presentations in churches, sponsored by the Bureau of Gender Affairs.

The future challenge? Need to sensitize persons in the farm labour program to initiate pre-departure training/sensitization on HIV/AIDS. And to capture informal sector operators like barbers and hairdressers “on the cutting edge.” The most viable approach to reaching informal sector operators like taxi drivers, vendors and food handling workers may be via the regulatory agencies, making HIV/AIDS awareness training required for certification or renewal of a license.

“I must commend Arlene for the vision she had to link it all together – what we were doing here with vocational training and protecting the future workforce.”

National Organization of Women (NOW)

Ms. Yvonne Walkes, President

“How can women put over the message to men, once they have the information? – it requires confidence, how to share with partners without threatening men.” Ms. Yvonne Walkes, President, NOW

The National Organization of Women (NOW) is an umbrella organization of 15 member women's associations which must either be an organization that is women based or an organization with a women's wing. Members include the Business and Professional Women's Club, Barbados Women Entrepreneurs Association, the Nurses Association, YWCA, Women's Clubs, among others. The NOW President is also an Assistant Secretary General of the BWU and a lecturer at the BWU Labour College.

The NOW President participated in a 3-day Peer Educator workshop organized by the Project and found it useful. NOW has not developed a policy on HIV/AIDS, nor has any NOW member association. The President wants support from the Project to organize a workshop for member associations to help them develop HIV/AIDS policies and programs. The forthcoming NOW General Meeting will give an opportunity to share information about the Project and HIV/AIDS with members.

Ladymeade Reference Unit (LRU)

Ms. Ira Waterman, Community Health Sister

"Workshop participants were very eager to get out and get involved. I thought after twenty years I knew everything but I still refer back to the Tool Kit received during the Peer Educator training." Ms. Ira Waterman, Community Health Sister, LRU

The Ladymeade Reference Unit looks after HIV+ persons in Barbados, who are assessed, counseled, re-tested, treated and referred for welfare and other supports. All pregnant women who test positive receive ART free. Non-nationals of Barbados pay according to their means. With the availability of low cost ART, deaths from AIDS have reduced significantly. The Community Health Sister participated in the PE training and BCC workshops organized by the Project. The challenge is that HIV positive persons still are reluctant to reveal their status for fear of rejection by partners and families. LRU personnel go to churches and PTA meetings to disseminate information. The best way to combat stigma and discrimination is to sensitize teachers and get to children at an early age.

University of the West Indies (UWI) HIV/AIDS Response Program (HARP)

Prof. Christine Barrow, Program Chairperson

Ms. Alexis Nurse, Project Officer

Ms. Angela Blades, Project Secretary

The ILO NPC provided technical guidance to the UWI HARP Program, which was shifting its focus from students to non-academic staff and workers, via the UWI Union (a member of BWU). HARP has already established a vibrant peer education program with university students, with student peer educators having worked as interns with the ILO Project and having participated in the ILO Project Impact Survey. HARP has proposed changes in the UWI workplace policy, which presently does not address HIV/AIDS stigma and discrimination – a revised policy is being circulated among Vice-Chancellors. The HARP Steering Committee reports to the University Board. The Program Chairperson expressed appreciation for the expertise of the NPC and collaboration with the ILO Project.

Caribbean Broadcast Media Partnership on HIV/AIDS (CBMP)

Dr. Allyson Leacock, Executive Director

The Partnership is a Caribbean-wide media-led initiative, bringing together broadcast professionals (currently 53 in 23 countries) to support efforts to combat HIV/AIDS in the

Region. It has a Board of Trustees and a Steering Committee composed of members geographically selected from the Region. It is presently negotiating a headquarters agreement with the Government of Barbados. CBMP receives funding from the Kaiser Foundation, Ford Foundation and Clinton Foundation.

CBMP activities include the compilation of radio and TV Public Service Announcements (PSAs) on various HIV/AIDS-related subjects which are distributed free to members. CBMP also produces a half-hour TV news magazine program every six weeks on a common theme proposed and filmed locally, and produced by the Caribbean Media Center (CMC) in Barbados. CBMP organizes training workshops for reporters and producers of HIV/AIDS-related materials, and has also organized a “Live Up” Campaign targeting young people and using celebrities and every day local heroes from the Region.

The original link between the Project and CBMP was through the CBMP Executive Director, formerly General Manager of the Caribbean Broadcasting Corporation (CBC). At that time, CBC pledged to make HIV/AIDS a part of its regular programming, devoting 30 seconds on HIV/AIDS in each broadcast hour. CBC also covered the Scotiabank Pledge Campaign, broadcasting live from Pledge Campaign sites. The Project helped CBC develop a workplace policy on HIV/AIDS.

CBMP has surveyed all its members and identified a desire for more radio programming on HIV/AIDS topics. However, generic PSAs were found to be difficult to use due to local culture and the pace of radio in some countries. Future possible topics for CBMP programming include workplace issues, tourism, and beach boys.

A Pan Caribbean HIV/AIDS Forum is planned for May 2009 in Barbados to focus on the unique challenges of HIV/AIDS in the Caribbean. Participants will come from organizations throughout the world. UNAIDS is facilitating the event, with CBMP serving on the organizing committee.

Associates for International Development (AID Inc.)

Ms. Sarah Adomakoh, Consultant

Ms. Maisha (Emtage) Hutton, Consultant

AID Inc. consultants were engaged by the Project to conduct various surveys and prepare reports including the original Mapping Exercise and Situational Analysis Report and the Final Impact Assessment Report. They also undertook the Workers Baseline Survey and Formative Assessment, adapted the PE Manual, prepared BCC materials, and acted as resource persons for various workshops organized by the Project. During a meeting with the consultants concerning the draft Impact Assessment Report, they reported that as knowledge about HIV/AIDS was already high, and stigma low among baseline surveyed workers, the challenge was to determine the impact of the Project on behaviour.

For the participating enterprises the Peer Educators were the heart of the workplace program, as they are the primary vehicle for information transfer to other workers. In some enterprises the PEs were identified and trained late in the Project (end of 2006) and materials were only developed in mid-2007. This did not leave enough time to make an impact on workers before the Impact Assessment. Ideally, continued support to the PEs for another year, followed by an assessment would achieve better results. Also, the impact of an enterprise workplace program on workers depends upon the extent to which the program

becomes an internal activity of the enterprise, not dependant upon continuing outside intervention.

AID Inc. is also a contractor for the DFID HIV/AIDS Tourism Sector project and has instigated identification and training of PEs in participating hotels and other enterprises at the very beginning of the project – a lesson learned from the ILO Project. Another lesson learned from the ILO Project is that provision needs to be made for PE turnover – without PEs there can be no program impact. The DFID project is therefore training 10-15 PEs per hotel, has developed a guide for PE and is providing PE refresher training after 6 months. AID Inc. is using the ILO Project BCC strategy for its work under the DFID project. The ILO NPC is a member of the DFID project Community Advisory Board.

AID Inc. is also implementing a Ministry of Labour sex-worker project funded by DFID, targeting beach boys, lifeguards, and others. Sub-grantees of the project are CARE, UGALAB, and the AIDS Foundation – all partners in the ILO Project. Also the Barbados Hotel and Tourism Association (BHTA) and Community Health Action and Transformation (CHAT). Support is being provided by AID Inc. to UGALAB to reach gay and lesbian workers in night clubs and gays and lesbians as private employers.

Finally, AID Inc. has received a grant from the US Ambassador's Fund for prevention activities targeting fishermen and taxi drivers.

24. ILO National Project Coordinator (NPC)

Ms. Arlene Husbands

The ILO Project was a centralized project, with primary responsibility for the project resting with the Project Management Team (PMT) at ILO Headquarters in Geneva. The NPC found members of the PMT easily accessible, and that the project management guidelines provided by the PMT were easy to follow. Administrative support for the Project by the ILO Sub-regional Office (SRO) in Port of Spain was adequate. There was no formal link between the Project and the SRO so little backstopping of the Project was required of the SRO Caribbean Region HIV/AIDS Specialist and the Specialist was not required to participate in PAB meetings. The SRO Specialist did, however, participate in the Project Dissemination Workshop. The SRO Specialist helped design the Project in Barbados, and an ongoing relationship with the Project would have been beneficial for both the Project and the SRO."

Project implementation would have benefited from another Project program person. The Project budget only was adequate for an NPC and either an administrative person or a program person – not both. Yet the intensive implementation plan for the Project required the NPC to follow-up on all activities personally – another program person would have permitted simultaneous follow-up. The consultants engaged by the Project did a good job, except for the production of the final Impact Survey and Assessment Report, which was not complete at the time of the final evaluation and delayed finalization of the Final Evaluation Report.

ANNEX 8. FINAL DATA TRACKING TABLE

ILO/USDOL HIV/AIDS WORKPLACE EDUCATION PROJECT IN BARBADOS

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
DEVELOPMENT OBJECTIVE 1: Reduced Level of Employment-Related Discrimination against Persons Living with HIV/AIDS								
1- # and % of targeted workers who report that they believe their employer would dismiss a physically fit HIV+ worker	Male	17.7% (35 /199)					12.7% (27/216)	
	Female	11.8% (17/144)					7.3% (15/206)	
	Total	15.2% (52/343)					42/420 (10%)	
2- # and % of targeted workers who report that they believe physically fit HIV+ workers would be denied opportunities in the workplace	Male	24.7% (49/198)					14.8% (32/216)	
	Female	16.7% (24/144)					7.2% (15/206)	
	Total	21.3% (73/343)					11.1% (47 /423)	

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
<p>Narrative analysis of data: Perceived levels of S&D fell significantly in the manufacturing sector and overall. The declines in stigma and discrimination observed above were consistently observed at the employment levels. Findings indicated that workers were more trusting of their employers than in 2005. For instance, a 5.2 percentage point drop was observed in the proportion of workers that believed an HIV worker would be fired. While a 10.2 percentage point drop was observed in the proportion of workers believing that a physically fit HIV+ worker would be denied opportunities.</p> <p>Overall, more males than females believed that a physically fit HIV+ worker would be denied opportunities (14.7% vs. 7.2%). As more reports of exclusion came from males in 2005 and in 2007, this is an expected observation. Focus groups confirmed those who held this viewpoint did do as a result of previous experiences observed (or reports of experiences) in their current or previous workplace setting.</p>							
DEVELOPMENT OBJECTIVE 2: Reduced HIV/AIDS Risk Behaviors among Targeted Workers							
1- # and % of targeted workers who report having sex in the last 3 months with a person other than their regular partner	Male	25 (16.7% of those sexually active with reg. or spouse: n=150)					(16.6%) 25/151
	Female	6 (5.4% of those sexually active with reg. or spouse: n=111)					4.8% (7/146)
	Total	31 (11.9% of those sexually active with reg. or spouse: n=261) Valid percent 16.4%					10.8% (32/297) Valid percent 13.7%
2- Among targeted workers who report having sex in the last	Male	60% (15/25)					71% (17/24)
	Female	50% (3/6)					100% (7/7)

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
3 months with a person other than their regular partner, # and % who report using a condom the last two times this occurred	Total	58.1% (1831)					77.4% (24/31) 1 non responses	
	Male	63 % (85/135)					53.6% (60/112)	
	Female	37.1% (26/70)					41.2% (28/68)	
3- # and % of targeted workers who report having intentionally limited the number of partners other than their regular partner within the last 6 months in order to reduce the risk of HIV	Total	111 (54.1% of n=205)#					48.9% (88/180)#	

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
<p>#denominator is those who answered the question: if you have had multiple partners in the last 12 months have you intentionally limited the number of partners other than their regular partner within the last 6 months in order to reduce the risk of HIV</p> <p>Narrative analysis of data: Proportion of the sexually active workers that had regular partners remained consistent over the 2 periods. In 2005 87.6% (261/298) reported having a regular partner or spouse, compared with 87.4% (297/340) in 2007.</p> <p>1. Apart from the 35-44 age-group the proportion of workers with multiple partners declined by 2 to 3 percentage points, resulting in a very slight decline overall between 2005 and 2007. Although the proportion of those with multiple partners that used condoms rose overall by 20 percentage points between 2005 and 2007, there was a marked rise of 40 and 71.4 percentage points in the 15-24 and 45-54 age groups respectively. The rise in condom use in the youth is consistent with the national programmes M&E indicator measures. <i>It was worrisome to find that, in the 35 to 44 age group - the most productive group, condom use fell and at the same time the proportion of those with multiple partners rose between 2005 and 2007.</i></p> <p>2. In 2005, 44-55yr old males and under 24 females with multiple partners were least likely to use condoms, according to their reported condom use in the last 3 months. Condom use increased significantly in this group, with 100% using condoms in 2007 in both age and gender groups.. A possible rationale for lower condom use in males than females could be linked to the facts recorded in focus groups in the banking sector - that interactions are more likely to be unplanned, while the majority of females reporting sex for favours indicated that their interactions are planned and condoms are always in their purse.</p>							
IMMEDIATE OBJECTIVE 1: Increased Knowledge of HIV/AIDS Workplace Policies or Guidelines							
1- #/% of targeted workers who report being aware that a written HIV/AIDS policy (or guidelines) exists in their workplace	Male	4 (2.1% of 193)					22.8% (49/215)
	Female	4.8% (7/145)					22.3% (46/206)
	Total	3.2% (11/338)					22.5% (95/422)

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
2- Of those aware, #/% of targeted workers who correctly identify at least three of the key principles of the HIV/AIDS policy (or guidelines) in their workplace	Dialogue between management and workers on HIV/AIDS policy	27.3% (3/11)					16.8% (16/95)	
	Non-discrimination statement	72.7% (8/11)					70.5% (67/95)	
	No mandatory HIV testing	36.4% (4/11)					51.6% (49/95)	
	No denial of employment	54.5% (6/11)					51.6% (49/95)	
	Healthy work environment	45.5% (5/ 11)					44.2% (44/95)	
	Medical confidentiality	63.6% (7/11)					63.2% (60/95)	

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
	No job termination if fit to work	63.6% (7/11)					58.9% (56/95)	
	Same opportunities/benefits as other workers	54.5% (6/11)					53.68%(51/95)	
	Gender equality	45.5% (5/11)					45.3% (43/95)	
	HIV/AIDS prevention program	27.3% (3/11)					37.9% (36/95)	
	Total	63.6% (7/11)					64.2% (61/95)	

Narrative analysis of data:

Overall, of all firms targeted, 22.5% of workers reported that their company had an HIV policy that protects workers with HIV. When the firms in which no policies had been disseminated due to start up challenges (as reported in the audit) were excluded from the analysis, 34.1% of workers reported that their employer had a policy that protects employees who have HIV.

Despite these challenges, this figure recorded represented more than a 100% increase in levels of policy awareness in the targeted sectors between. 2005 and 2007.

Proportions of those aware of policies that were knowledgeable about the principals of the policies remained the same as baseline.

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
IMMEDIATE OBJECTIVE 2: Reduced Stigma against Workers Living with HIV/AIDS								
1- #/% of targeted workers who report an accepting or supportive attitude towards HIV+ co-workers	Male	76.4% (152/199)					79.2% (171/216)	
	Female	77.9% (113/145)					84% (173 /206)	
	Total	77% (265/344)					81.6% (345/422)	
2- # and % of targeted workers who report an accepting or supportive attitudes towards HIV+ persons outside the workplace	Male	22.1% (44/199)					31.5% (68/216)	
	Female	20% (29/145)					34.5% (71/206)	
	Total	21.2% (73/344)					32.93% (139/422)	
3- # and % of targeted workers who report a personal experience of exclusion of an HIV+ worker by co-workers	Male	25% (50/199)					11.6% (25.6/216)	
	Female	6% (9/145)					8.3% (17/206)	
	Total	17.2% (59/344)					9.95% (42/422)	

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
Narrative analysis of data:							
<p>1. Positive attitudes towards co-workers with HIV/AIDS were generally high in 2005 and this trend continued in 2007, with a rise by 4.6 percentage points observed. Patterns were consistent across sectors, gender and age groups. In 2007, approximately 18.4% of workers are not willing to accept and work with an HIV positive co-worker compared with 23% in 2005. This rise in positive attitudes observed is a good start. BCC workshops and peer education sessions conducted at the outset of the project revealed that several workers, in particular in the Hotel and tourism and Manufacturing sectors held negative views about HIV workers and also vulnerable groups such as MSM. Although breakthrough into reducing this aspect of stigma is being made, perhaps more tailored approaches are required in order to change the attitudes of a 20% minority that think that 'their minds are made up' with regard to their opinions of HIV co-workers.</p>							
<p>2. In terms of attitudes towards persons outside of the work environment, stigma was still significantly higher than stigma towards co-workers. Concerns that were expressed were related fear of transmission through casual or blood to blood contact with HIV+ people. Most significant increases in positive attitudes towards HIV persons outside the workplace were observed where casual (holding hands, sharing space, etc) contact was the issue, thus indicating that fears had been allayed in these individuals. With regards to fears about transmission via blood, stigma was reduced by at least 10 percentage points, however less than 60% of respondents were willing to receive treatment from a HIV+ health worker or use a HIV+ Barber.</p>							
<p>3. Between 2005 and 2007, Reports of exclusion in the workplace fell between 2005 and 2007 by approximately 4.2 percentage points from 14.4% to 9.9%. In 2005, disaggregating by workplaces demonstrated distinct differences and patterns: Pine Hill dairy (manufacturing) was the only enterprise that demonstrated over 50% (58%) respondent reports of exclusion while other reports were mainly from tourism (Accra beach 25% and timeout (gems) 12.5%) In 2007, reports of exclusion within manufacturing fell significantly from 21.1% to 9.9%, while reports in tourism rose from 12.3% to 14.6%. Reports in banking remained constant at 2%. Despite reports of exclusion dropping significantly in most firms (ranging between 4 and 14%), Sandy beach hotel – 30.4% and time out - 34.6%, Savannah – 26.1%, demonstrated significantly high levels of reports of exclusion. Discussions revealed that mainly one incident was being cited by most staff. Exclusion in these firms was mainly in the form of gossiping.</p>							
IMMEDIATE OBJECTIVE 3: Improved Knowledge and Attitudes Related to HIV/AIDS Risk Behaviors							
1- #/% of targeted workers who correctly identify three or more modes of HIV transmission	Male	99.5% (198/199)					99.4% (214/216)
	Female	100% (145/145)					98.1% (202/206)
	Total	99.8% (343/344)					98.6 % (417/422)

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
1- #/% of targeted workers who correctly identify five misconceptions regarding HIV transmission	Male	60.8% (121/199)					63.9% (138/216)	
	Female	57.9% (84/145)					55.3% (114/206)	
	Total	59.6% (206/ 344)					59.7% (252)	
3- #/% of targeted workers who correctly identify 3 means of protection against HIV infection	Male	97.9% (191/199)					99.1% (214/216)	
	Female	97.2% (141/145)					97.1% (200/206)	
	Total	96.5% (362/344)					98.1% (414/422)	
4- #/% of targeted workers who report that a person may get HIV by having unprotected sex with a person who looks healthy	Male	87.9% (174/198)					89.4% (193/216)	
	Female	83.4% (121/145)					91.3% (188/206)	
	Total	(86% (295/343)					90.2% (381/422)	
5- #/% of targeted workers who correctly identify intoxication as a contributing risk factor to HIV/AIDS infection	Male	79.4% of (159/198)					83.8% (181/216)	
	Female	74.5% (108/145)					81.5% (168/206)	
	Total	77% (266/ 343)					82.7% (349/422)	
6- #/% of targeted workers who correctly identify STI as a contributing risk to HIV/AIDS infection	Male	76.8% (152/198)					75.5 (163/216)	
	Female	78.6% (114/145)					72.8% (150/206)	
	Total	77.6% (266/ 343)					74.2% (313/422)	

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
7- #/% of targeted workers who report a positive attitude toward condom use	Male	83.9% (167/199)					90.7% (196/216)	
	Female	93.8% (136/145)					94.2% (194/206)	
	Total	88.1% (303/344)					92.4% (390/422)	

Narrative analysis of data:

Knowledge levels: Despite the slight drop knowledge about risk of transmission, no significant changes in level of knowledge about transmission and prevention of HIV were observed and knowledge remained high. Despite the high knowledge levels, Specific areas of knowledge deficits were identified: The most common incorrect responses (falling below 80 percent correct response rates related to prevention of mother to child risk (52%) ; The promotion of HIV risk by STI existence (77.3), alcohol and drugs as a contributor to risk of HIV (77.3) ; and the importance of sterilization of HIV materials in decreasing HIV risk (78.5) .

Overall, when all 9 questions in the section on both knowledge of mode of HIV transmission and of misconceptions/myths about HIV transmission were explored, 82% cited 8 or more correct response in 2005 compared with 83.4% in 2007. When explored by age, the diversions from the general trend of greater than 85% scoring at least 8 questions correctly were found in the 55- 64 year olds and the 35 to 44 year olds whereby 69% and 79 %, respectively scored at least 8 out of 9 questions correctly. For all other age groups, more than 85% scored correctly on at least 8 out of the 9 transmission questions and misconceptions.

As in 2005, the most common misconception was the belief that mosquitoes transmitted HIV - with 12.3% in 2007 compared with 14.8% of respondents believing this myth in 2005.

Findings were consistent across gender and sectors except for the mosquito bite misconception, whereby as in 2005, the majority of those believing that HIV can be transmitted via mosquito were from the tourism sector. This slight drop is positive however, further efforts must be made to identify subgroups with low knowledge levels in specific HIV related issues and perhaps counteract the dissemination of incorrect beliefs within the communities and social environments that workers live by disseminating clear facts on transmission modes through the workplace.

Condom Acceptability: Generally, condom acceptability was high and overall figures were consistent with 2005 trends. Positively, there was a reduction in condom stigma with regards to married men and women using condoms - observed as increases of 10 percentage points from 70 to 80 percent. The acceptability was still less than for other categories of condom acceptability. In 2007, only Banking and finance showed a significant increase in condom acceptability expressed by males while all other sectors demonstrated significantly lower condom acceptability by males than females despite the rise in acceptability overall.

IMMEDIATE OBJECTIVE 4: Increased Awareness and Use of Available HIV/AIDS Workplace Services

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
1-#/% of targeted workers who report being aware that HIV/AIDS services are available in their workplace	Male	4.7% (9/193)					42.8% (92/215)	
	Female	4.1% (6/145)					33.3% (68/204)	
	Total	4.4% (15/338)					38.1% (160/420)	
2- #/% of targeted workers who report using HIV/AIDS services in the past 6 months	HIV/AIDS Education	26.7% (4/15)					30.6% (46/160)	
	Condom availability	0					3.1% (5/160)	
	STI Information Services	2 (females) 13% of 15					7.1% (11/155)	
	VCT Information Services	1 (male)					3.6% (10/158)	
	Care and Support Information Services	2 (females)					3.6% (10/158)	
	Other (list)							

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
<p>Narrative analysis of data:</p> <p>The manufacturing sector displayed the highest proportion of workers aware of their workplace programmes 67% (table 14). This finding is perhaps reflective of the fact that Banking and Tourism sectors experienced delays in getting their programmes implemented.</p> <p>As expected, due to the challenges in implementing the WEP, the lowest proportion of workers aware of programmes were within the tourism sector. The institutional audit conducted at the same time as this assessment, confirmed that one of the larger hotels e.g. Accra beach had not engaged in any peer education services or other bcc programmes due to structural /operational issues such as site renovations, staff changes, etc. Given that this group formed a large subset of the tourism assessment sample it was important to assess awareness as a proportions of those workplaces where services where implemented, the awareness levels increased significantly. Likewise, BNB engaged in the WEP late in the process and as a result many services were not implanted by the time the audit was undertaking in September 2007.</p> <p>Under this separation, 48.5% were aware of services compared with 38.1 % when these enterprises were included. However a 10 percentage point increase was observed in the tourism sectors when Accra was removed while only a 4% point rise was observed in the banking sector when BNB were excluded. Hence, levels of awareness in Scotia bank were low compared with other sectors. Sandy beach hotel also demonstrated lower awareness levels , perhaps due to the fact that this hotel joined the with Amaryllis as palm beach group in 2007, only a few months before this assessment. Hence only staff exposed through the sessions at the amaryllis site and later relocate to Sandy Beach would have been exposed. It was suggested by one worker during a focus group discussion, that and added factor affecting the use of services by workers was the fact that the that a reported 33% of workers said that they did not trust the confidentiality of services - A common problem in a small island setting such as Barbados.. However when those that did not use services despite being aware of them were surveyed, an overwhelming 63.9% <i>did</i> trust the confidentiality of the services hence it was deduce that they did not think they needed the service. This pattern was consistent across sectors.</p>							
Sub-immediate Objective 1: Improved Workplace HIV/AIDS Policies (or Guidelines)							

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
<p>Narrative analysis of data: 4 out of the 15 workers that were aware of HIV/AIDS services in their workplace had received HIV /AIDS education such as training led by an expert or peer counsellor. When all reports from all respondents were explored, 14 in total had sought HIV/AIDS Education, while 4 of these had cited that they were aware that HIV/AIDS Services were available (indicator 1). Of these 14, 10 respondents who had not reported being aware of HIV services had requested information within the last six months.</p>							
<p>Sub-immediate Objective 1: Improved Workplace HIV/AIDS Policies (or Guidelines)</p>							
1- # and % of workplaces that have a written HIV/AIDS policy (or guidelines)	0	3/9	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	10/11 (91%)	
2- # and % of workplaces with a HIV/AIDS policy (or guidelines) that clearly communicate the policy or guidelines to workers	0	0/9	6/9 (66.7%)	7/11 (64%)	8/11 (73%)	9/11 (82%)	
3- # and % of workplaces that have incorporated the principles of the ILO HIV/AIDS code in their written HIV/AIDS policy (or guidelines), disaggregated by principle	Dialogue between management and labor	0	3/9	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	
	Non discrimination	0	3/9	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	
	No mandatory testing	0	3/9	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	
	No denial of employment	0	3/9 (33.3%)	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	
	Healthy work environment	0	3/9 (33.3%)	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
	Medical confidentiality	0	3/9 (33.3%)	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	10/11 (91%)	
	No job termination if fit to work	0	3/9 (33.3%)	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	10/11 (91%)	
	Same opportunities/benefits as other workers	0	3/9 (33.3%)	7/9 (77.8%)	9/11 (82%)	10/11 (91%)	10/11 (91%)	
	Gender equality	0	3/9 (33.3%)	6/9 (66.7%)	9/11 (100%)	10/11 (91%)	10/11 (91%)	
	HIV/AIDS Prevention program	0	3/9 (33.3%)	5/9 (55.6%)	9/11 (100%)	10/11 (91%)	10/11 (91%)	
<p>Narrative analysis of data: 10 of the 11 enterprises have a written HIV/AIDS policy that incorporates all 10 key principles of the ILO Code of Practice. 8 of these policies have been adopted. The remaining 3 are draft policies to be adopted.</p>								
<p>Sub-immediate Objective 2: Increased Availability of Quality HIV/AIDS Workplace Services</p>								
1- # and % of workplaces with HIV/AIDS services available in the workplace, disaggregated by type of service	HIV/AIDS Education	0	3/9 (33.3%)	3/9 (33.3%)	5/11 (45.5%)	10/11 (91%)	10/11 (91%)	
	Condom availability	0	2/9 (22.2%)	2/9 (22.2%)	4/11 (36.4%)	5/11 (45.4%)	5/11 (45.4%)	
	STI Treatment Information Service	0	3/9 (33.3%)	3/9 (33.3%)	4/11 (36.4%)	8/11 (73%)	8/11 (73%)	

Indicator		BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
	VCT Information Service	0	3/9 (33.3%)	3/9 (33.3%)	5/11 (45.5%)	8/11 (73%)	8/11 (73%)	
	Care and support information service	0	3/9 (33.3%)	3/9 (33.3%)	5/11 (45.5%)	8/11 (73%)	8/11 (73%)	
	Other (list)							
2- # and % of workplaces delivering quality HIV/AIDS services in the workplace	HIV/AIDS Education	0	2/9 (22.2%)	2/9 (22.2%)	5/11 (45.5%)	9/11 (82%)	9/11 (82%)	
	Condom availability	0	2/9 (22.2%)	2/9 (22.2%)	4/11 (36.4%)	5/11 (45.4%)	5/11 (45.5%)	
	STI Information Service	0	2/9 (22.2%)	2/9 (22.2%)	4/11 (36.4%)	4/11 (36.4%)	4/11 (36.4%)	
	VCT Information Service	0	3/9 (33.3%)	3/9 (33.3%)	5/11 (45.5%)	8/11 (73%)	8/11 (36.4%)	
	Care and support information service	0	2/9 (22.2%)	2/9 (22.2%)	4/11 (36.4%)	8/11 (73%)	8/11 (36.4%)	
	Other (list)							

Narrative analysis of data: Since the last report, there has not been a marked increase in the number of workplaces delivering quality HIV/AIDS Services.

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
Sub-immediate Objective 3: Increased Capacity of Workplace to Offer Comprehensive HIV/AIDS Policy/Programs on a Sustained Basis							
1- # and % of workplaces with a HIV/AIDS focal point	0	7/9 (77.8%)	9/9 (100%)	11/11 (100%)	11/11 (100%)	11/11 (100%)	
2- #/% of workplace that have a collaborative agreement with an external HIV/AIDS resource person or organization or have hired a full time HIV/AIDS coordinator	0	4/9 (44.4%)	6/9 (66.7%)	8/11 (73%)	9/11 (82%)	9/11 (82%)	
3- # and % of workplaces that have a specific budget for implementation of HIV/AIDS programs	0	0/9 (0%)	0/9 (0%)	3/11 (27.2%)	4/11 (36%)	5/11 (45.5%)	
4- # and % of workplaces in which an HIV/AIDS component is integrated into existing OSH/HR training programs	0	3/9 (33.3%)	3/9 (33.3%)	5/11 (45.5%)	7/11 (64%)	7/11 (64%)	
Narrative analysis of data: In the past 6 months there has not been any significant increase within the participating enterprises to offer HIV/AIDS services on a sustained basis. In addition, there has also been an increase in the number of workplaces who have been integrating HIV/AIDS into their existing OSH/HR training program.							
Sub-immediate Objective 4: Increased Levels of Workplace Collaboration and Commitment by Labor and Management							
1- # and % of workplaces where worker representatives have been consulted in the design of HIV/AIDS policy in the workplace	0	3/9 (33.3%)	6/9 (66.7%)	8/11 (73%)	11/11 (100%)	11/11 (100%)	

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL	
2- #/% of workplaces with active joint committees addressing HIV/AIDS issues	0	2/9 (22.2%)	4/9 (44.4%)	6/11 (55%)	6/11 (55%)	7/11 (64%)		
3- # and % of workplaces that have allocated official working hours to HIV/AIDS education program implementation during the last six months	0	0/9 (0%)	0/9 (0%)	5/11 (73%)	7/11 (64%)	8/11 (73%)		
Narrative analysis of data: Concerning level of commitment and collaboration between workers and management, all workplaces have involved workers' representative in developing the enterprise HIV/AIDS Policy. There has only been a slight increase in the number of workplaces that have allocated official working hours to HIV/AIDS education has been going HIV/AIDS education program implementation.								
Sub-immediate Objective 5: Increased Capacity of Tripartite Constituents to Support Development of Workplace Policy and Programs								
1- # of tripartite constituents who have at least one dedicated, qualified HIV/AIDS focal point	0	3	3	3/3 (100%)	3/3 (100%)	3/3 (100%)		
2- # of tripartite constituents who have developed a HIV/AIDS strategic plan	0	1	1	1/3 (33.3%)	1/3 (33.3%)	2/3 (67%)		
3- #/% of key personnel of tripartite constituents who demonstrate increased knowledge of effective workplace policy and programs	MOL officers	0	4/4	0	21/23 (91.3%)	7/8 (88%)	-----	32/35 (91.4%)
	Worker organizations	0	3/3	0	20/25 (80%)	3/3 (100%)	9/12	35/43 (81.4%)
	Employer organizations	0	3	0	21/25 (84%)	---	-----	24/28 (85.7%)

Indicator	BASELINE 3/05	9 /05	3/06	9/06	3/07	9/07	TOTAL
<p>Narrative analysis of data: The capacity of the tripartite constituents to support the ongoing work of the project has been strengthened. The number of tripartite constituents who have developed a HIV/AIDS Strategic Plan has risen from 1 to 2. Over 80% of key personnel of the tripartite who received training have demonstrated increased knowledge of effective workplace policy and programme.</p>							
<p>Sub-immediate Objective 6: Improved National Level Policy Framework Related to HIV/AIDS in the Workplace</p>							
1- # of milestones reached in the development and submission of the national tripartite HIV/AIDS policy on the World of Work	n/a	n/a	n/a	n/a	n/a	n/a	
2- # of milestones reached to adopt national operating guidelines on HIV/AIDS in the workplace	n/a/	n/a	n/a	n/a	n/a	n/a	
<p>Narrative analysis of data: There already exists the Barbados Policy of HIV/AIDS in the Workplace which has been developed in consultation with the key social partners and is addressed in <i>Protocol IV</i>, an agreement of the social partners in labour relations. The protocol on HIV/AIDS has been extracted and compiled into a booklet entitled “<i>The Social Partners of Barbados’ Code of Practice of HIV/AIDS and other Life Threatening Illnesses in the Workplace</i>”. This protocol is based on the principles of the ILO Code of Practice and is promoted as Barbados’ official workplace policy document.</p>							
<p>Sub-immediate Objective 7: Improved Coordination/Cooperation between Tripartite Constituents and Other Partners at the National Level</p>							
1- # of organizations with which the Project regularly shares information on HIV/AIDS	0	12	15	19	21	25	
<p>Narrative analysis of data: There continues to be an increase in the number of organizations with which the project shares information on a regular basis.</p>							