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Final Evaluation

Nepal

April 2008

International HIV/AIDS Workplace Education Programme

SHARE: Strategic HIV/AIDS Responses in Enterprises

ILOAIDS

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

Final Evaluation Nepal
October 2007

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List of Acronyms

AIDS	– Acquired Immunodeficiency Syndrome
ART	– Antiretroviral Therapy
BCC	– Behaviour Change Communication
CSR	– Corporate Social Responsibility
DECONT	– Democratic Confederation of Nepalese Trade Unions
FHI	– Family Health International
FNCCI –	_ Federation of Nepalese Chamber of Commerce and Industry
FPAN	– Family Planning Association of Nepal
GEFONT	– General Federation of Nepalese Trade Unions
GFATM	– Global Fund for AIDS, TB and Malaria
HIV	– Human Immunodeficiency Virus
HR	– Human Resources
HSWO	– Himalayan Social Welfare Organisation
IDU	– Injecting Drug Users
IEC	– Information, Education and Communication
ILO	– International Labour Organization
IPC	– Interpersonal Communication
MOLTM	– Ministry of Labour and Transport Management
MSM	– Men who have Sex with Men
MTCT	– Mother-to-child transmission
NACC	– National AIDS Coordination Committee
NCASC	– National Centre for AIDS and STI Control
NGO	– Nongovernmental Organization
NPC	– National Project Coordinator
NTUC	– Nepal Trade Union Congress
OSH	– Occupational Safety and Health
PAF	– UNAIDS Programme Acceleration Funds
PE	– Peer educator
PLHIV	– People Living With HIV
PMP	– Performance Monitoring Plan
PMT	– Project Management Team
PMTCT	– Prevention of Mother-to-child transmission
PSC	– Project Steering Committee
SAARC	– South Asian Association for Regional Cooperation
RTI	– Reproductive Tract Infection
SME	– Small and medium-sized enterprise
STI	– Sexually Transmitted Infection
STD	– Sexually Transmitted Diseases
TOT	– Training of Trainers
UNAIDS	– Joint United Nations Programme on HIV/AIDS
USAID	– US Agency for International Development
USDOL	– US Department of Labor
VCT	– Voluntary Counselling and Testing
WHO	– World Health Organization

Preface

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

Executive Summary

Nepal is considered a low prevalence country. Prevention efforts have focused on sub-populations who are more vulnerable than the general population, including migrant workers. Nepal has faced continuous political strife, including armed conflict in the recent past. The economy has slowed down as a result.

Nepal was one of the countries chosen to be part of the International HIV/AIDS Workplace Education Programme supported by the US Department of Labor (USDOL) and implemented by the International Labour Organization (ILO). The project was planned to run from May 2004 to December 2007 with a budget of US$ 418,594. The programme aimed to contribute to the prevention of HIV in the world of work; the enhancement of workplace protection and the reduction of the adverse consequences of HIV on social, labour, and economic development.

This final evaluation was undertaken to assess the activities of the project and the extent to which the objectives of the project have been achieved. Based on this, the evaluation makes recommendations to the ILO, the donor, and the national stakeholders on the sustainability and future effectiveness of project interventions. The methodology of the evaluation included document reviews, visits to target enterprises and interaction with key stakeholders.

Conclusions from the evaluation

1. Achievements of the project:
The project has secured formal commitment from all constituents to protect the workforce and their families from HIV. A National Policy on HIV/AIDS in the Workplace is expected to be approved shortly. The National HIV/AIDS Strategy has accepted workplace interventions as one of its focus areas. The programme has added capacity to the tripartite constituents and played a catalytic role in bringing together private sector, trade unions and Ministry of Labour and Transport Management, along with other players in the HIV sector. The final impact assessment survey shows that there has been marked improvement in all key knowledge, attitude and behaviour indicators related to HIV.

Government departments appear to have internalized the objectives of the programme and the *ILO Code of Practice*. The programme has added capacity in trade unions, institutionalized HIV prevention in their programmes and reinforced their commitment to sustain activities. The Federation of Nepalese Chamber of Commerce and Industry (FNCCI) also expressed its commitment to continue with the programme interventions, in association with active district chambers, if ILO continues to provide technical and financial support. The workers and human resources representatives in the target enterprises have received the programme enthusiastically. The programme has been a success in the target enterprises and has demonstrated that the project strategy does increase knowledge and generate commitment to the programme.

2. The project design followed the generic strategy of interventions in the workplace, implemented through the tripartite constituents based on the *ILO Code of Practice*. However in Nepal this was complicated by political and economic factors. The programme staff responded by modifying the

strategy of working through the constituents, by undertaking direct implementation of pilot projects in ten enterprises, while continuing to build the capacity of the constituents.

3. The selection of sectors has been in accordance with their importance to the economy and the vulnerability of workers. They include the jute, garment, carpet, beer and tourism industries in addition to a representative enterprise from the fast-growing service and metals sector. The project also covers transport workers as representative of the informal sector.

4. The Project Steering Committee (PSC) which has representation from all major stakeholders has played a pivotal role in developing the National Policy on HIV/AIDS in the workplace. The PSC provides the platform for tripartite collaboration and joint planning and endorsed all the major decisions of the project. The committee provided key leadership to the project, guiding it through the development and implementation of policy.

5. The Behaviour Change Communication (BCC) strategy has managed to address knowledge, and to some extent attitudinal issues. The posters and flipcharts contained adequate pictorial content to address the needs of illiterate populations. Results are seen in the marked improvement in knowledge and changes in attitude among the target populations.

6. The programme introduced components and skills that were unknown in Nepal. These had to be built up in individuals who had no previous training. Adult learning methodologies were used successfully. High levels of motivation seen at the enterprise level among the focal points and the peer educators could be attributed in part to the effective training conducted by the project team.

7. The monitoring and evaluation systems are based on the performance monitoring plan (PMP). Most of the indicators at outcome and output levels are clearly defined and easy to measure. Data is made available by baseline assessment and end of project survey together with workplace monitoring reports which are carried out every six months.

8. The programme has not addressed vulnerabilities specific to women. Issues that need to be introduced include the ability of women to protect themselves given the power differentials in marriage; links between reproductive health and HIV; managing ART treatment among women, and prevention of mother-to-child transmission (MTCT).

9. The management infrastructure is inadequate to deal with the scope and tasks of the project. However, the project staff did deliver on most of the programme components. While the National Project Coordinator (NPC) has undergone three training and orientation sessions, the project could have benefited from more technical support from the PMT in Geneva and/or the sub-regional office in New Delhi.

10. All stakeholders have expressed their commitment to the programme and some have indicated their decision to continue the project with their own or external resources. However, there is a rationale for the ILO to remain engaged with the tripartite partners to support the operationalization of the sustainability plan.

Recommendations to be implemented by the tripartite constituents with support from the ILO:

1. The National Policy on HIV/AIDS in the Workplace should be developed into a workplan with activities, timelines and budgets. The ILO should continue to provide support in this process.
2. The PSC should oversee the process of developing and implementing the national workplan. This can be linked to the mechanisms proposed to manage the Nepalese labour market reform (see later in report for explanation).

3. The labour sector should establish links with the new multisectoral entity being established to manage the national strategy on HIV. The sector could stress the link between national and migrant labour and ensure that some of the benefits of the work with migrant labour spills over to the national workplace too.
4. Interventions with the informal sector should be scaled up to cover all major transit areas and address other informal sectors such as construction and agro-processing.

Recommendations for the Nepalese HIV/AIDS Workplace Education Programme:

Some of the weaknesses of the project should be rectified during its lifetime while others may need support from the ILO beyond this time.

1. Since the testing and medical service needs of workers are to be met by the national programme, the project should develop formal links with the national AIDS programme.
2. The programme has raised workers' awareness of HIV but has not been as successful in persuading them to change risky behaviours in favour of more safe practices. Current strategies are not geared to achieve this and the project needs to develop a BCC approach that will move workers on to this stage. There is concern that some messages and approaches currently in use are actually hindering behaviour change and need to be modified. Specifically the message that multi-partner sex is shameful and to be looked down on, stigmatizes those who are engaged in such high risk behaviour and does not facilitate changes in their behaviour.
3. Improved referral mechanisms for STIs, VCT and prevention of MTCT are needed.
4. The programme must make collective efforts to address gender differentials in the workplace and in society, to address the vulnerabilities specific to women.
5. The ILO should provide support to the tripartite constituents to scale-up interventions in the workplace based on the national workplan. Capacity building and technical support should cover the entire gamut of operations from planning to evaluation. If there are savings a no-cost extension could be granted to the project. This period could be used to work on an exit strategy.

Lessons Learned:

The situation in Nepal had a few distinctive characteristics that provide valuable learning for future planning. Some of these are:

1. In a low prevalence setting where constituents are preoccupied with other concerns, pilot sites are helpful to demonstrate the effectiveness of the programme's strategies. This also creates a resource pool and training sites for when interventions are scaled-up.
2. But even if the grounding of interventions takes longer, it may be helpful to involve representatives of the constituents at the planning stage itself. It improves ownership and may contribute towards skills' development and speed implementation.
3. The constituents and implementation partners who had people interested in the project, performed better than others. Promoting such people helps improve the profile of the project and creates ambassadors for the programme.
4. In a pilot project if adequate and technically competent human resources are not provided, it could adversely affect the quality of interventions.

I. Background

1. The national context

Nepal is considered a low prevalence country where the HIV epidemic is concentrated in a vulnerable populations such as seasonal labour migrants and their spouses, the clients of sex workers and injecting drug users (IDUs), (Table 1).

Table 1: Share of sub-populations in total number of PLHIV

Population at higher risk	**Total**	**% of total cases**
Injecting Drug Users	6,493	9.2
Men who have Sex with Men	2,517	3.6
Sex workers	1,118	1.6
Clients of sex workers	13,595	19.4
Seasonal labour migrants	32,341	46.0
Sub total	56,064	79.8
Population at lower risk		
Urban female low risk populations	1,886	2.7
Rural female low risk populations	12,306	17.5
Sub total	14,192	20.2
Total estimated number of people living with HIV (PLHIV)	**70, 256**	

Source: *"National Estimates of adult HIV infections, 2005",* NCASC/UNAIDS/WHO/FHI 2006

In view of the size of the population at higher risk, the focus of national HIV interventions has been on groups such as female sex workers, injecting drug users, men who have sex with men (MSM) and migrant workers (particularly those migrating to India for seasonal labour). During the last two years there has been increasing support from donors and the national programme for treatment, care and support. While multisectoral engagement is the key element of the national HIV policy, engagement of sectors other than health has been minimal.

Nepal has experienced a disturbed political situation in recent years. This has affected the decision-making process in government, the maintenance of order and has resulted in internal displacement of the population. Even after armed conflicts were brought to an end, general and local shut downs (*bandas*) have often affected normal life. Together with other factors, this situation has created a decelerating influence on economic activity during the project period.

> The economy faltered in the year to mid-July 2005, reflecting a weather-related decline in paddy production and the adverse impact of the conflict on tourism and industry. Inflation picked up in response to higher world oil prices, upward adjustment in value-added tax, and the fall in paddy output. … The fiscal deficit was lower than planned, reflecting significant under spending of the Government's development budget. Looking forward, the outlook does not significantly differ from the recent past. An early settlement of the insurgency and regeneration of reform momentum are required for the economy to get back onto the higher growth path from which it has strayed in the last few years.
>
> Asian Development Bank, Fact sheet on Nepal 2006

Thus the HIV/AIDS workplace education programme was launched in a strife-torn political situation during the period of an economic slowdown for a target group that was not seen as a priority in the national campaign.

2. Brief history of the project

The US Department of Labor awarded a US$ 9,176,185 grant, in 2003, to the International Labour Organization to expand the International HIV/AIDS Workplace Education Programme. As part of this initiative, the ILO began a four-year HIV/AIDS workplace education programme in Nepal in 2004.

The Nepal project was due to commence activities in May 2004 with a total budget of US$ 418,594. Formal approval by the Government of Nepal was delayed and so the programme started late. The project office was established in June 2004 but programme activities gathered momentum only in 2005. A no-cost extension was recommended by the mid term assessment and subsequently approved by USDOL to accomplish all the original objectives and activities.

The developments objectives of the project are:

1. Reduced HIV/AIDS risk behaviours 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 behaviours
2. Increased awareness and use of available HIV/AIDS workplace services
3. Reduced stigma against people 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 labour and management
4. Increased capacity of workplace to offer comprehensive HIV/AIDS policy and programmes 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

The project strategies are captured in the project document; activities, timelines and implementation responsibilities in the project plan of action and monitoring and evaluation framework in the Performance Monitoring Plan. Six-monthly Technical Progress Reports document project implementation. Baseline and end of project data have been collected through special surveys. A mid-term assessment of the project has been conducted.

3. Final evaluation

Objectives of the evaluation:

The evaluation was undertaken to determine if the project has achieved its stated objectives; to assess the impact of the project in terms of sustained improvements achieved during the project timeframe; to document good practices that could be used as models for activities in other projects and recommend the next steps to the ILO, the donor, and national stakeholders to ensure the sustainability and future effectiveness of project interventions.

Methodology:

The evaluation team consisted of Mr Rajeev Sadanandan (Team Leader) and Mr Mahesh Sharma (National Consultant). The team was supported by Dr Fatemeh Entekhabi, representing the Programme Management Team (PMT) in Geneva. The team reviewed programme documents, visited target enterprises, held discussions with constituents and key stakeholders. The team was in Nepal from 1 to 9 October. On 9 October, the team briefed the Project Steering Committee and received feedback on the findings and recommendations.

II: Project Performance

Impact assessment

A final impact survey was conducted in 2007 to measure the level of change in the key knowledge, behaviour and attitude indicators included in the Performance Monitoring Plan of the project. Current values were compared with those obtained in the baseline survey conducted in 2004.

There has been a noticeable positive change in HIV knowledge levels. The majority of respondents now believe that consistent use of condoms, safe blood supplies and sterilized syringes will prevent HIV transmission. (Table 2).

Table 2: Indicators of programme impact: Protective Measures

Belief in protective measures - results from baseline and impact surveys	Final 2007	Baseline 2004
Having sex only with one faithful person	56	59.9
Using a condom	96.3	81.8
Without having sex	54.4	49
Using a sterilized syringe	81.9	67.6
Through ART (mother-to-child)	45.3	39.9
Using reliable blood	91.9	80.7
Excessive use of alcohol/ drugs increases risk of HIV	87.5	75.3

More significant has been the reduction in misconceptions about the transmission of HIV (Table 2.1) especially in areas which could contribute to increased stigma and discrimination. These misconceptions were directly targeted in the BCC messages and in training programmes.

Regarding stigma and discrimination, 81.9 per cent of respondents in 2007, (compared with 61.5 per cent in the 2004 baseline survey), believed that their employer would not dismiss a physically fit HIV-positive worker from the workplace. (Table 2.2). Almost 95 per cent of respondents (compared with 80.7 per cent baseline), revealed their willingness to shake or hold hands with an HIV-positive person. Nearly 92 per cent (compared with 72 per cent baseline) of respondents expressed their willingness to share a room with an HIV-positive co-worker.

Table 2.1: Misconceptions about the spread of HIV – Change from 2004 to 2007

Misconceptions about the spread of HIV	Final 2007	Baseline 2004
Using the same toilet	5.9	21.1
Via a mosquito bite	19.6	49.7
By touching an HIV+ person	3.3	10.1
By talking with an HIV+ person	2.4	12.4

The percentage of respondents who are willing to send their children to school with HIV-positive children is 88.8 per cent compared with 71.1 per cent in the baseline survey. More respondents (93.0 per cent in 2007 and 78.8 per cent in 2004) were willing to live together with HIV-positive family members.

Table 2.2: Reduction in stigma and discrimination – 2004 to 2007

Reduction in stigma and discrimination –	Final 2007	Baseline 2004
Willing to work together	94.2	73
To use the same toilet	90	68.1
To eat food together	3.3	74.4
To share tools	91.1	72.3

The programme has been responsible for an impressive improvement in HIV knowledge about the modes of transmission and methods of prevention. Many misconceptions have also been reduced, replacing a dread of HIV-positive people with a more supportive attitude. These results were supported by testimonials in meetings conducted by the team. The acceptance of HIV-positive people in the workplace is a significant achievement and shows a clear impact by the project.

III: Findings of the evaluation team

The evaluation team spent nine days in Nepal visiting enterprises and holding discussions with stakeholders including the tripartite constituents. Observations made during this period formed the basis of the conclusions to be discussed in the next section. Two days of *banda* (local shutdown), which marred the field visits outside Kathmandu, made it possible for the evaluation team to experience the difficult situation in which the project team has functioned for the last three years.

Ministry of Labour and Transport Management and government departments:

The evaluation team met with Mr Bishnu Sanyal, Joint Secretary and Ms Ajita Sharma, Section Officer and Focal Point in the Ministry of Labour and Transport Management (MOLTM), which is the national implementing agency for the project. The ministry believes that HIV is a serious problem requiring large-scale interventions to prevent further spread. The secretary of the MOLTM chairs the PSC. There is a tripartite working committee on HIV/AIDS. The ministry spends part of its own budget to develop and print information, education and communication (IEC) materials. These are sent to the labour officers for distribution to enterprises. The labour officers conduct training for labour union officials. HIV has been included in the training curriculum on occupational safety and health (OSH). The ministry believes that labour union leaders are the most convincing communicators for HIV prevention and reduction of stigma and discrimination.

The ministry has taken the lead in developing the National Policy on HIV/AIDS in the Workplace in consultation with the tripartite partners. Final approval from the Council of Ministers is expected shortly. The MOLTM is preparing an action plan based on the policy. The ministry would appreciate technical support from the ILO to prepare the action plan, including the organization of workshops for consultation, dialogue and dissemination.

The focus of the ministry is on employment generation and labour market reform. Employment generation efforts are focused on certain regions and specific sub-populations. The labour market reform initiative will focus on both labour flexibility and social security, so as to encourage investments while ensuring a safety net for labour.

The director general and deputy director general of the Department of Labour and Employment Promotion (part of the MOLTM) reiterated that the government attaches great importance to HIV workplace initiatives. HIV prevention has now been integrated into the mandatory pre-departure training for workers going abroad (but does not include those going to India). The government's three-year HIV development plan includes financial allocations to address the issue among workers. The department tries to promote counselling and testing through 10 labour officers. It has accumulated one billion rupees which is available for the welfare of workers and this could be used to support HIV education.

Dr PB Chand, the Director of the National Centre for AIDS and STD Control (NCASC) informed the team that protecting migrant workers from HIV infection is an important strategy for HIV prevention in Nepal. Many workers move back and forth between India and Nepal which makes HIV prevention education very important. NCASC would welcome referral links between ILO enterprises and service providers funded by NCASC.

Observations: The government has internalized the message of the *ILO Code of Practice*, even though officials are reluctant to directly attribute this to project activities. The adoption of national policy on HIV provides a framework for the development of interventions by the tripartite constituents. It also lends legitimacy to demands for support from other ministries such as industries and health. It will help resource mobilization from national and external sources. Government officials realize that technical support will be needed to implement the policy. This provides an opportunity for the ILO to respond as the demand for technical support has been generated in part by the project. As a positive spin-off, HIV prevention has been integrated into the training programme conducted by government departments.

Trade unions:

Representatives of the Nepal Trade Union Congress (NTUC), the General Federation of Nepalese Trade Unions, (GEFONT) and the Democratic Confederation of Nepalese Trade Unions (DECONT), met with the evaluation team. These three central trade unions had recognized the vulnerability of workers to HIV more than five years ago. Some unions had already started working on HIV-related issues but others were not able to move forward quickly. For instance the central leadership of the NTUC wanted to address the issue but its rank and file membership was not ready and resisted this direction. Inspired by the ILO project, the central trade unions have developed their own policies on HIV in the workplace. They have also played an important role in drafting the National policy on HIV/AIDS in the Workplace.

While the trade unions have collaborated with the programme, they did not have a sense of real ownership as the ILO programme was not implemented through them. The unions maintain that the ILO selected the enterprises and they were informed afterwards. The presence of a functioning trade union in the enterprise was not a criterion for selection. When target enterprises were allocated to the trade unions for support, they said that they ended up working with enterprises that did not include representation from any of the recognized trade unions.

The project has helped the trade unions strengthen the capacity of their HIV resource people who assist the leadership with integrating HIV into training programmes. The project has raised the profile of HIV within the trade unions and has changed the attitudes of leaders towards HIV. Free discussion about sex and sexuality is now common and the environment is conducive to HIV prevention and stigma reduction activities in the workplace. The ILO has supported all three unions to set up information centres for informal workers.

The unions have also set up central HIV cells with trained people. They are planning to set up regional centres and to train district officials. The project has created opportunities for trade unions to work together and to collaborate with managements. They are willing to work together to develop a workplan to implement the forthcoming national policy on HIV/AIDS in the workplace. If funding is not available from the ILO they will continue their work with support from other donors.

Observations: In view of the fact that HIV affects workers worldwide and action had already been taken by workers' organizations in other countries, the Nepalese trade unions knew about the issue and were already involved before the ILO/USDOL project was launched. Therefore, their experience could have been used to help in planning the project. Although they were not involved at this early stage, they did collaborate with the project staff in training and supervisory visits to enterprises. Trade union officials had been chosen either as trainers or peer educators in many of the workplaces visited by the evaluation team. The project has built their capacity, provided them with good models and brought the unions together to work on HIV-related issues.

Employers' organization: Federation of Nepal Chambers of Commerce and Industry (FNCCI)

The evaluation team visited the FNCCI office and held discussions with the Director General and the focal point for HIV. FNCCI has been working in the field of HIV since 2002. Initially the district chambers were unwilling to collaborate. Even now some are not willing to become involved. The FNCCI has a policy on corporate social responsibility (CSR), which includes recommended practices for managing HIV in the workplace. When the government policy on HIV/AIDS in the workplace is finally approved, it will be easier to work in this field as nationally approved and mandated standards will be available. The chambers are willing to collaborate in preparing and implementing the national action plan. They are also prepared to integrate HIV/AIDS into other training conducted by FNCCI.

The project has had a salutary impact on the enterprises. But ten enterprises is not a big enough sample to make an impact on the industrial scene. If the ILO can provide technical and financial support to develop skills and to document best practices, a few district chambers, especially near the large industrial enterprises, will be able to carry out HIV advocacy work.

The FNCCI objected to the ILO programme staff working directly with enterprises. They felt the programme should have been implemented through the chambers but the FNCCI involvement was minimal. Hence enterprises do not recognize that the FNCCI has any role in the programme, even though the FNCCI is willing to take responsibility for programme implementation. They do not feel that tripartism is needed at enterprise level.

Observations: The FNCCI has expressed its commitment to education on HIV prevention in the workplace and has employed an HIV focal person using its own resources. But beyond this, the FNCCI's involvement in the current project has not been significant. Since this is a pilot project, the federation could use the experience to structure its contribution and the ILO has an opportunity to provide technical support so that employers' organizations can demonstrate their expressed commitment. The tripartite nature of the national policy and continuous engagement with unions and the ILO, may persuade the FNCCI to accept this way of working at least for HIV.

Visits to enterprises

The evaluation team visited a few of the target enterprises. These were Raghupati Jute Mills and Ami Apparels at Biratnagar, the Bank of Kathmandu and Hotel Radisson at Kathmandu, Himal Iron and Steel and Hulas Steel at Birganj and Padmashree Carpets at Bhaktapur. The team met focal points, trainers and peer educators.

<u>Raghupati Jute Mills:</u>

The mill has more than 4,000 workers, 70 per cent of them from Nepal and the rest from India. They are supported by 20 peer educators who include one woman, 10 supervisors and 10 workers. The mill has a medical room staffed by paramedics who provide first aid to accident victims inside the factory. Additional health support is provided by the Family Planning Association of Nepal which conducts clinics every Friday and distributes condoms. Since most of the workers are illiterate, the BCC strategy depends on posters, educating clinic attendees and supplying condoms (provided by FPAN).

There are five trade unions in the enterprise. Even though they have been conducting training on occupational health and safety, the unions have not carried out any training on HIV. The company has adopted an HIV policy and the key points are displayed around the mill compound. All peer educators know they cannot be dismissed if they contract HIV.

The major benefit of the programme has been an increase in the knowledge among workers, in spite of the fact that most of them are illiterate. Many of the misconceptions they had about HIV have been removed. Anecdotal evidence from peer educators indicates that most of the people who engage in sex outside marriage use condoms. The focal points and peer educators are proud of being part of the programme. Similar programmes have not been implemented in any neighbouring industry. They feel that if the FNCCI could give appropriate direction, similar programmes could be implemented in all factories with very little additional effort and costs. The focal points and peer educators reported that while the level of effort will be less when the project ends, they will continue their work in some form.

According to the female peer educator, women complain that their husbands have sex outside marriage and refuse to use condoms saying this reduces their pleasure. They are not aware of treatment for STIs or of the link between STIs and HIV infection. Peer educators feel that many workers share their knowledge with others in their community. A major barrier to prevention is the unwillingness to test. Peer educators felt that facilities for testing should be provided in a confidential and convenient manner.

Ami Apparels:

This garment making factory has 1,260 workers of whom 50 per cent are women. There are four trainers and 40 peer educators. Since most of the workers are illiterate, peer educators depend on pictorial posters and IEC materials. Initially management was apprehensive about the content of the programme but now it is supportive. However, they have not invested any of their own money nor are they likely to do so in the future.

The leading peer educator is a trade union representative. He is aware that his union has some activities on HIV prevention at the national level. But this has not reached the enterprise level. The HIV workplace policy adopted by the firm was prominently displayed around the workplace.. Ami Apparels is dependent on FPAN for major health inputs as they operate a family planning clinic, conduct medical check ups, manage the referrals and supply condoms.

The training courses have been conducted in clusters. The Biratnagar cluster, like others, has two enterprises. Most of the training has been done by the NPC supported by a trainer. The NPC has maintained constant contact with the focal points to review progress. The peer educators found the training very useful but asked for additional inputs especially to build communication skills for establishing rapport with people who engage in risky behaviours. Performance monitoring is informal, mostly by word of mouth.

Knowledge levels regarding transmission of HIV are now over 90 per cent. The peer educators feel that some form of support, including refresher training and leadership support for World AIDS Day activities should continue. They are not confident that activities will be sustained if the project withdraws.

There are no HIV-positive workers in either of the two factories. But two people who had worked there and migrated to India have come back infected. The focal point at Ami Apparels had taken the initiative to get ART for one of them. The cost of treatment was met by management and by contributions from co-workers. If his health improves and he wants to come back they will take him, provided he is well enough to perform his tasks.

The Bank of Kathmandu:

Employees of the Bank of Kathmandu have a higher education level than those in other industries supported by the project. The human resources department manages the bank's HIV prevention work which it started in 2005. A committee on HIV in the workplace is headed by the managing director and coordinates the programme. Training is funded by the bank and handled by NGOs who work in the field of HIV, such as Family Health International (FHI). Four people work as master trainers and every branch of the bank has a peer educator. At first the employees were not interested in HIV training feeling they had all the information they needed. But after the HIV training session they realized that they had many misconceptions about HIV. The particular needs of women were emphasized during the training, especially the relationship between reproductive health and HIV. The bank has invested its own money to print IEC materials.

Improvement in HIV awareness among the staff is the biggest gain from the project. The training has made the staff comfortable to discuss the issues of sexuality. The management gained the image of a socially responsible employer among employees and customers, which cares for the welfare of its workforce. The bank has an HIV policy based on the *ILO Code of Practice*. The ILO has helped them network with other organizations that work in the HIV field. The enthusiasm generated by the project has led to the creation of a fund to support HIV activities outside the bank. Even when the project is over the bank expects to remain engaged with HIV-related activities supported by the bank's CSR funds.

Hotel Radisson:

The project has removed misconceptions about HIV by generating awareness of how workers can protect themselves. There has been a reduction in risk behaviours and a willingness to discuss issues related to HIV. All new information is displayed on a notice board and the subject of HIV is included in staff induction training.

The management has adopted a policy on HIV and workers are encouraged to participate in training sessions arranged by the ILO. Further training will be funded either by the management or by the staff welfare fund. Workers are eager to receive new information and to receive further technical training. They see themselves as capable of being technical support providers to other institutions especially other hotels. While they know that serving an HIV-positive guest is perfectly safe, they were candid enough to admit that they were not sure how they would respond if they were actually confronted by such a situation.

Himal Iron and Steel:

The human resources department's initial intention was to conduct mandatory HIV screening among all employees to weed out PLHIV. Around the same time Himal Iron and Steel was chosen as a partner enterprise by the ILO project. Participating in the training changed their opinion about mandatory testing as they realized that coercive testing would be discriminatory. They felt that workers would find ways to avoid the testing process and that resistance to testing would obstruct prevention efforts.

The training of 20 peer educators selected by the company was conducted together with staff from Hulas Steel. Refresher training was conducted six months later when the NPC, a representative of the central unit of GEFONT and a PLHIV participated. The enterprise monitors the performance of peer educators by making one of them 'shift in-charge' for each shift. The work of the other peer educators is monitored by this person using direct observation and by asking colleagues for feedback

on performance. The 'shift in charge' shares this information with the enterprise focal point who provides a six monthly written report to the project office.

HIV has been integrated into the different functions of the enterprise including the safety committee (which will include the committee on HIV), the training department, community events organized by the library and services provided by the clinic. They will all work to ensure that prevention and stigma reduction messages on HIV are provided regularly. The clinic will continue to provide condoms free of cost. Himal Iron and Steel will not test when hiring staff and will keep HIV-positive staff in service as long as they can perform their job.

Hulas Steel:

Both the unions in the factory, GEFONT and the Maoist Trade Union are enthusiastic supporters of the project. They chose their trainers from among the more qualified people in the workshop: they are the focal point, a mechanical overseer and a health care assistant. The team has a strategy of contacting people they believe are at high risk to communicate with them about reducing their risk behaviour. The enterprise is now planning an orientation programme for new workers.

There is no mechanism to monitor the work of peer educators who are trusted to communicate to their target group if and when the opportunity arises. But the focal point is convinced that high risk behaviour has come down since the enterprise started its campaign. The committee on HIV in the workplace reviews project progress once every four months including the work of the peer educators.

Management is interested in the project as it has no desire to lose trained and competent workers. Workers who have been enthused by the training have reported that they communicate the protection messages to their family and community members. The company will continue with the project even after ILO support is over as they anticipate support from management.

Padmashree Carpets:

The unit has 48 workers, most of them illiterate, and a team of enthusiastic peer educators. They have conducted meetings for workers and have also taught other community members about HIV. However they want to improve their knowledge so that they will feel more confident. One of the peer educators reported that he was stumped by a question from a friend who said: "If a mad dog bit an HIV-positive person and then an HIV-negative person, would the negative person be infected?" He felt that with more technical training he would have been able to handle the interaction better. Another peer educator wanted training to use street drama to educate his community when he went back home. The training has made them want to use their knowledge and skills for the good of their co-workers and community.

Himalayan Social Welfare Organization (HSWO):

The team visited a drop-in centre managed by the Himalayan Social Welfare Organisation (HSWO) at the Gongobu bus stop, which provides HIV-related services to transport workers. There are four other centres for transport workers but the others are managed by trade unions. The HSWO is an NGO which has been active in the field of HIV since 1999. Nearly 700 buses stop here every day. Two paid peer educators contact transport workers and invite them to visit the drop-in centres which offer films and games about HIV. Approximately 13-14 referrals are made to VCT every month and free condoms are provided at the centres. The HSWO is committed to continue the project for as long as it has savings. It has two peer educators who work voluntarily with neighbouring vehicle repair shops.

Observations on enterprise visits: The workers and human resources representatives have received the ILO programme enthusiastically. They appreciate the knowledge they have gained from the training and the added importance the programme has given them by their involvement. They are supportive of PLHIV, as demonstrated by the willingness of many workers to donate money for their welfare. The programme's coverage has reached beyond the target population as many peer educators have shared their newfound knowledge with family and community members. They are eager to get more information and willing to work with their peers in other institutions. The programme has been a success in the target enterprises and has demonstrated that the project strategy increases HIV knowledge and generates commitment to the programme. More than 75 per cent of the enterprises visited were confident that the programme would be sustained with internal resources.

Education and awareness building has led to a demand for services, for instance Raghupati Jute Mills wants access to VCT. The programme did plan to facilitate access to community-based services but there are no formal links to other HIV programmes in the region. Such links are needed to ensure access to HIV-related services as VCT and ART, and this should have been prioritized at the beginning of the project.

Misdirected enthusiasm about the prevention of high risk behaviour appears to have led, at least in one instance, to the targeting of people suspected of having multiple partners. If this lead to discrimination the impact would be counter productive for the programme. The ILO training needs to stress the importance of respecting the rights of others while conducting BCC.

US Embassy:

The team met Ms Carla Bachechi, the political and economic advisor at the US Embassy. She was not closely involved with the project and during discussions expressed the view that most people were waiting for the current political situation to return to normal, before taking any further collaborative initiatives.

UNAIDS:

According to Mrs Renu Chahil-Graf, acting UNAIDS Country Coordinator for Nepal, the programme should have two objectives: to protect workers from HIV and to enable HIV-positive people to find work. Entrepreneurs do not give priority to the protection of workers because the impact of HIV is not visible. This was the situation in other countries where industry only started getting involved when their factories were affected by HIV morbidity and mortality. Since the ILO has the mandate and the technical strength to work in this area, the ILO should remain engaged. Families of workers should also be covered in the prevention, care and support programmes.

Employment generation for PLHIV calls either for direct employment provision or outsourcing work to them. The ILO would be able to take this task forward using UNAIDS' Programme Acceleration Funds (PAF). Other donors such as USAID would also be willing to support the development of entrepreneurial skills among PLHIV.

The ILO Nepal Country Office:

In addition to the project coordinator and project assistant the team met Mr Shengjie Li, Director and Ms Nita Neupane, Programme Officer. Ms Neupane who had the longest association with the project, assessed that it had accomplished most its objectives:

- HIV has been accepted as a workplace issue by most of the people working in the field of HIV including government and UN agencies;
- Both the employers and trade unions have recognized the importance of this issue and have expressed their commitment to addressing HIV;
- The Government of Nepal has shown interest, but their involvement has not been as much as was hoped because of their preoccupation with other national issues. Despite this, the government has drafted a National Policy on HIV/AIDS in the Workplace which has been submitted to cabinet where it is awaiting approval.
- The project has built capacity in the tripartite constituents.

The Director of the ILO country office is also the co-chair of the UN theme group on HIV/AIDS and is fully committed to the issue of HIV. The ILO plan for this biennium focuses on employment and social protection. The ILO is developing an integrated programme for migration which includes HIV. The ILO will also work through the South Asian Association for Regional Cooperation (SAARC) to ensure the safety of migrant workers in receiving countries. The project will be scaled up through the social partners with ILO support.

According to Mr Shengjie Li the project, which hinges on the protection of the labour force through tripartism, can only be successful against the backdrop of a strong labour market and good systems for labour market governance. The process of labour market reform has been hit by the political situation and may improve only after a successful election. However, there is support for such reform across the political spectrum and among the tripartite constituents. The process provides an opportunity for weaving in social protection measures for workers, including HIV prevention. All the constituents have expressed commitment to preventing HIV in the workplace, however more needs to be done on the ground.

The ILO's current priority in Nepal is a livelihood programme. The ILO will try to mainstream HIV into this programme. The number of PLHIV who have been assisted under the programme will be one of the indicators to evaluate its success. Expertise developed by the project will contribute to the design and management of this component of the livelihood programme.

IV. Conclusions from the evaluation

1. Major achievements of the project

Increased commitment from all stakeholders: Nepal has moved from a stage when HIV in the workplace was not on the agenda of the AIDS control or labour authorities. Formal commitment is available from all constituents to support initiatives to protect the workforce and families. A National Policy on HIV/AIDS in the Workplace is about to be approved by the cabinet. HIV workplace policies have been adopted in all target enterprises. The three constituents (the Ministry of Labour, employers' and workers' organizations) have designated focal points who will continue in their roles when the project period ends. Some stakeholders, who are convinced of the value of programme interventions, are prepared to invest their own resources to continue the programme. HIV has been mainstreamed into most of the training organized by the constituents.

Promotion of the role of the workplace in the national HIV programme: The National HIV/AIDS Strategy (2006-2011), which is the basis for HIV planning in the country, includes workplace interventions as a key area of focus. The UN theme group has allotted Programme Acceleration Funds (PAF), for the first time to the ILO project team, to support employment generation activities

for PLHIV. The National Centre for STI and AIDS Control, the nodal government agency for HIV programmes in Nepal, is prepared to support interventions in the world of work in future plans.

Increased capacity of constituents to address HIV in the workplace: Capacity has been developed in all three constituents through participation in the programme using training and workshops. This has given them the confidence to continue the programme with their own funds, to offer support to other enterprises in their sector to replicate the programme, and to apply for funding from other sources.

Collaboration between government, management and trade unions: Organization of interventions in the workplace necessitates that government initiates policy dialogue; that employers accept the necessity of such programmes and mobilize resources, and trade unions promote safe behaviour among workers. Collaboration between the three constituents is essential for successful interventions. The programme played a catalytic role in bringing the private sector, trade unions and the Ministry of Labour and Transport Management together with other players in the HIV field. The Project Steering Committee has been formed with representatives from government, employers' organizations, trade unions and civil society organizations, including PLHIV.

Benefits to target enterprises and host communities: The programme worked directly with ten enterprises to implement workplace interventions. All participants consider these to be successful interventions. These pilot enterprise programmes provide demonstration models and are potential training sites. The programme has demonstrated that the strategies advocated are feasible and will lead to the desired impact.

2. Quality of project interventions:

The project design followed the generic strategy of intervention in the workplace, which is implemented through the tripartite constituents and based on the *ILO Code of Practice*. It is dependent on the commitment of the partners achieved through advocacy, training and participation in the programme. The interventions will be sustained beyond the programme period when constituents will mainstream them in their regular work.

However, in Nepal implementation of the strategy was made difficult by a complicated political and (to a lesser degree), economic situation. The project responded by modifying its strategy whereby the team undertook direct implementation of pilot projects in ten enterprises, while at the same time continuing to build the capacity of the constituents. The revised strategy had two fronts: advocacy with, and capacity building of the constituents, and direct implementation of project activities in the target enterprises, with each approach contributing to the success of the other.

Thus the project provided an opportunity for the constituents to internalize the principles of workplace interventions, and to build their capacity by participating in the implementation of the pilot project activities. The focal points of the three constituents collaborated in all the training. In most of the target enterprises union leaders were chosen as trainers and peer educators, as they had better communication skills and rapport with workers than their peers. All the constituents have mainstreamed HIV into their training programmes and the support and training from the project has helped them to do this.

However since the constituents have not been part of the planning and direct programme implementation they may not have acquired the strategic capacity to sustain the programme beyond the project period. The project may have to support the constituents for at least another year to add planning and implementation capacity.

3. Rationale for selecting sectors

Sectors and enterprises may be prioritized by their influence on the national economy and their vulnerability to the epidemic. By this criteria the sectors which provide the greatest employment in the country; industries located in the most industrialized areas and sectors most vital to the economy, ought to be chosen. The agriculture and transport sectors employ the greatest number of people, and the major manufacturing industries produce jute, garments, carpets, sugar, cigarettes, beer, matches, shoes, chemicals, cement and bricks. Tourism is an important foreign exchange earner. Industrial estates are located in Patan, the Birganj and Biratnagar belt, Pokhara, Dharan, Butawal, and Nepalganj[1]. Vulnerability to the epidemic is determined by proximity to areas with high risk behaviour, economic hardship and workplaces using hard labour leading to substance abuse. Trade union representatives rate the industries that border India and the transport sector as particularly vulnerable.

The industrial and transport sectors selected by the project have top priority as they employ the greatest number of people. These include industries producing jute, garments, carpets, beer and tourism in addition to the fast growing service and metals sector. The project also covers workers from the transport sector. Most of the enterprises outside Kathmandu are located near the Indian border. Therefore the selection of sectors is appropriate as they are important to the economy and to the epidemic in Nepal.

4. Contribution and effectiveness of the Project Steering Committees:

The Project Steering Committee has representation from all the major stakeholders including the tripartite constituents. The PSC has met 10 times and endorsed all the major decisions it was asked to consider. The PSC played a pivotal role in developing the National Policy on HIV/AIDS in the Workplace and in getting it approved by various departments of government. The findings of the mid-term and final evaluations were shared with the PSC and the committee actively participated in the discussion that followed both presentations.

The PSC provides the platform for tripartite collaboration and joint planning. It has brought together major stakeholders including the planning commission, NCASC, the Ministry for Industry, Commerce and Supplies and PLHIV. However, coordination and joint planning appears to have been managed by task forces and working groups set up by the PSC. The PSC would have benefited from more senior representation from the MOLTM as the focal person from the ministry is rather junior in rank (even though the current incumbent has been active in pushing the interests of the project). The turnover of secretaries on the committee has been high. The mechanism of the PSC can provide leadership to develop and implement action plans to operationalize project policy. The final evaluation team endorses the recommendation of the mid-term assessment team to re-engineer the PSC to become a national steering committee.

5. Effectiveness of BCC strategies and materials:

The project conducted a baseline study to identify structural, knowledge and attitudinal barriers to behaviour change. The BCC strategy has managed to address knowledge and - to some extent - attitudinal issues. The posters and flipchart contain adequate pictorial content to address the needs of illiterate populations, and have constituted the mainstay of IEC among the workers. The messages on the radio have concentrated on getting the audience interested in the IEC messages and getting them to contact the peer educators. Innovations in IEC such as street drama, key chain and pocket calendars distributed to workers were appreciated by the target audience.

[1] http://www.mongabay.com/reference/country_studies/nepal/ECONOMY.html

Marked improvement in knowledge about HIV and a change in attitude towards PLHIV show the effectiveness of the IEC work. But interpersonal communication may have reinforced the belief evident in the initial study that have multiple partners is something to be ashamed of. In at least one organisation efforts were made to identify people with high risk behaviours and to target them individually to change their behaviour. While such changes do not happen with peer education alone, the attitude of peer educators, reinforced by prevalent social norms, may lead workers to conceal their sexual practices and create an unwillingness to use services such as condoms and STI treatment.

6. Effectiveness of the training programme

The project called for components and skills that were unknown in Nepal and had to be built up from scratch at all levels. The programme engaged professional trainers with skills in comparable areas and supplemented them with knowledge about the technical aspects of HIV.

The training technique used a cascading model which started with master trainers who taught trainers, who in turn ran sessions for peer educators. Techniques of adult learning methodologies such as group discussion, learning by doing (e.g. practice of training) and case studies were used. Quality was maintained by one of the master trainers who acted as mentor for the trainers and tests were carried out to evaluate the process. Refresher training was provided to the trainers and peer educators on a six-monthly basis in an attempt to fill any gaps in earlier training.

All the people who attended the range of training sessions have reported high levels of satisfaction with content and methodology. Respondents asked for periodic refresher training and additional knowledge inputs to be continued. The high level of motivation seen at enterprise level among the focal points and peer educators can be attributed in part to the effective training conducted by the project team.

7. The monitoring and evaluation systems

The monitoring and evaluation systems are based on the performance monitoring plan (PMP). Most of the indicators are at outcome and output levels, and are clearly defined and easy to measure. The data is made available through baseline and end of project surveys together with workplace monitoring reports carried out every six months. The PMP is weak on process indicators. There are no standard methodologies to assess the quality of peer education. Focal points have developed their own systems for monitoring the work of peer educators including an assessment of the quality of their activities. Reports from the focal points are compiled and updated in the Technical Progress Report indicators produced every six months. No formal feedback is provided to the focal points but the NPC responds to any problems reported in the monitoring form.

The NPC maintained contact with the enterprises through annual visits and frequent telephone conversations. The impact evaluations have been prepared using special surveys conducted at the start and end of the programme. A qualitative assessment of impact was carried out through the documentation of case studies by an external consultant.

A lack of manpower and the fact that the peer educators offer their time voluntarily may have limited the scope of process and quality monitoring. But systems are available to monitor performance without making too many demands on resources. This component should be redesigned and adequate human resources budgeted for programme monitor.

8. Addressing gender dimensions:

Men and women workers differ in their vulnerability to HIV and in how it affects their lives. Female peer educators were confronted by this fact when they had to field questions and deal with doubts from their female co-workers. Most of these concerned the power differences in marriage that lead men to endanger their spouses through unsafe behaviours, and mean that married women are unable to protect themselves. There are also issues of risk posed by asymptomatic STIs; links between reproductive health and HIV; the management of opportunistic infections (OI) and ART treatment among women, and the prevention of mother-to-child transmission. None of these have been addressed in training programmes or the IEC materials. These issues must assume increasing importance as the epidemic progresses.

Table 3: Action taken on major recommendations of the mid-term assessment

No.	Recommendations	***Action taken***
A	Scheduling project activities without disruption to the activities of business enterprises	*Since training is planned in consultation with the enterprises this has not been an issue. Institutions such as the Bank of Kathmandu appreciated the flexibility shown in training to suit their business hours.*
B	Increased focus on informal sector	*The programme does not distinguish between informal and formal workers who are employed in the formal sector. But within the informal sectors transport and construction workers are highly vulnerable. The programme has commenced outreach in five transport centres with the support of three trade unions and one NGO.*
C	Proportion of visual content in IEC materials needs to be increased to address the absorption capacities of illiterate workers.	*The project has depended on radio messages to generate interest and interpersonal communication to educate workers. The flipcharts contain pictures that are graphic enough. The posters have high visibility and programme officers have field-tested the pictorial content.*
D	Gender and age sensitive differentiation in activities	*The project has not been able to modulate the training and communication package to suit the differing needs of women or younger people.*
E	Infusing BCC inputs to the current communication process	*The project continues to concentrate on improving knowledge and attitudes and has not developed a strategy to move towards changing behaviours and sustaining them.*
F	*Transfer ownership of the project to national stakeholders and institutionalize it in the MOLTM*	*When the constituents develop and implement a national workplan under the leadership of a national Steering Committee, the ownership of the project will have been transferred to national stakeholders. The ILO is trying to facilitate the process.*

9. Role of the project in the national HIV programme

Developing and implementing workplace policy and programmes is one of the key strategies of the National HIV and AIDS Strategy 2006 – 2011. The project has helped achieve one of the key results

of the National Strategy: "Formulated and operationalized national workplace policy on HIV and AIDS". While prevention among migrant labour has risen in importance, none of the external development partners, except USDOL, has funded interventions among domestic workers. But the director of the NCASC has stated that the success of the pilot programme implemented with ILO support, may persuade them to take a fresh look at this sector. The project has not been able to work out successful links with other components of the national programme.

10. Current management structure of the project and the support provided by the ILO, HQ, Regional Office.

The technical content of the project is managed by the National Project Coordinator who is supported by an administrative assistant. Even with the back up of the ILO country office, the management infrastructure is inadequate for the project's scope and range of tasks. While the project staff did manage to implement most of the planned activities, interaction with enterprises in the field showed that the quality of interpersonal communication (IPC) and monitoring had suffered due to inadequate support. Effective mentoring of trainers and peer educators could not be carried out. The programme would have benefited from the support of at least one more technical person.

The NPC changed half way through the life of the project and the new incumbent missed out on the initial training. However she had access to three orientation sessions and picked up the guidelines and other project related information from the community zero web space. The ILO PMT in Geneva and the regional ILO office responded to requests for support by email. The PMT also fielded a BCC consultant for Nepal. However given the fact that the NPC had joined mid-course and was severely shorthanded, the support of the PMT and the regional office was inadequate. The focal point in Geneva did not visit Nepal even once. The technical strength of the ILO in this area does not appear to have informed project interventions in Nepal.

11. Sustainability of the project.

The project had conducted a workshop to generate ideas for sustainability. The recommendations hinge on approval of the government's pending workplace policy and collaboration between the tripartite constituents. The MOLTM has taken a major step forwards by drafting and obtaining approval for the National policy on HIV/AIDS in Workplace. It has also created a line item in its budget for HIV-related activities. The availability of the policy and workplan could facilitate the flow of funds into the programme from internal and external funding sources. The project has demonstrated the feasibility of project strategies and built the capacity of its constituents. The steering committee provides a mechanism for the constituents to come together. Unions and government have realized the need and potential of the project strategies. They have also taken initiatives to go ahead with their own or alternative external resources. The FNCCI has also expressed its commitment to the process. Individual entrepreneurs have stated their intention to continue project interventions, if necessary with own resources. New initiatives in the labour sector such as employment generation and labour market reform also provide opportunities to negotiate for HIV-related services as part of social protection measures.

Three years in a low prevalence setting where workplace interventions are being introduced for the first time, may be considered too short a period to ensure sustainability. The project has barely had time to orient the key stakeholders, develop and validate guidelines and materials and build capacity among the constituents. Support is needed to develop a workplan, to increase the capacity of constituents to reach a critical mass of resource people and to give periodic reinforcement of advocacy and capacity building efforts. If technical support by the ILO is sustained and the profile of HIV remains high in Nepal, stakeholder commitment is likely to be sustained at levels necessary for continuation of project intervention.

V. Recommendations

1. To be implemented by the tripartite constituents with support from the ILO:

a. Develop the national workplan: The National Policy on HIV/AIDS in the Workplace has to be translated into a plan of action with activities, timelines and budgets. Developing a coordinated national plan and disaggregating it to constituent components (or developing constituent plans and aggregating it to a national plan), will need additional competencies and technical support. The MOLTM, FNCCI and the trade unions have requested that the ILO provide such support. The ILO should explore the modalities of meeting this demand for technical support.
b. Institutionalize the national steering committee: If the terms of reference and constitution of the project steering committee are suitably modified it can steward the process of developing and implementing the national plan. New institutional mechanisms are being developed to manage labour market reform. If the national steering committee is attached to this mechanism – for instance as a sub committee – the mainstreaming would be strengthened.
c. Establish links with the National Strategic Plan: The government has approved the constitution of a semi-autonomous multisectoral entity to implement the National Strategic Plan on HIV/AIDS. Labour is not represented in this entity. Addressing the vulnerabilities of migrant labour is high on the agenda of the national programme. The labour sector could stress the link between national and migrant labour and ensure that some of the benefits of the work with migrant labour spills over to the national workplace too.
d. Increased focus on the informal sector: The project has made an effort to address the largest grouping in the informal sector: transport workers. These initiatives will have to be scaled up to cover all major transit points especially the ones that are linked to India. Other sectors such as construction and agro-processing also need to be covered.

2. To be implemented by the ILO HIV/AIDS Education Programme

Since the project is setting standards and guidelines for workplace intervention programmes in Nepal, some of the weaknesses of the project have to be rectified within the life of the project itself. The mid-term assessment had recommended a no-cost extension if savings are available that can be used for this purpose. This period could be used to implement some of the recommendations that follow:

a. Formalize links with the national HIV/AIDS response: The testing, treatment, prevention of mother-to-child transmission and care needs of workers, has to be met by the national programme. Therefore the project has to develop formal, especially referral, links with the national HIV Programme.
b. Address structural constraints and develop an effective BCC strategy: The BCC campaign of the project had addressed the necessary condition for behaviour change: knowledge. The mid-term assessment had indicated the need to develop a more sophisticated BCC strategy. This has to be done as current strategies and materials will not lead to changes of behaviour. Some of the attitudes that inform the current campaign, such as looking down upon risk behaviours as reprehensible, may also need to be modified. Monitoring systems have to be fine-tuned so that the processes and outcomes of the BCC programme are tracked.
c. Develop strategies to manage vulnerabilities specific to women: Improved referral facilities for managing STIs, confidential testing facilities, chemoprophylaxis to prevent perinatal infections and collective efforts to address power differentials in the workplace and in the society, have to be integrated into the project to manage the vulnerabilities of women. The project may need to partner with civil society organizations and the women's wing of the network of positive people to implement this component.

d. Support constituents to scale-up based on the national workplan: If prevention interventions in the workplace have to be scaled up, constituents will have to take the lead and manage the entire gamut of operations from planning to evaluation. The project has not built their capacity to do this. Constituents will need technical support and capacity building to do this.

VI. Lessons Learned

The situation in Nepal had a few distinctive characteristics that provide valuable learning for future planning. Some of them are:

a. Demonstration of effectiveness is helpful for advocacy: In a low prevalence setting, with constituents preoccupied with other concerns, pilot sites are helpful to demonstrate the effectiveness of strategies. This strategy also creates a resource pool and training sites when interventions are scaled up.
b. Constituents have to be involved at the planning and implementation stage: At the initial stage they are not likely to be interested in participating. But even if the grounding of interventions is delayed it may be helpful to involve representatives of the constituents at the planning stage itself. This improves ownership and may contribute towards skills' development and implementation.
c. The project needs champions: The constituents and implementation partners who had people interested in the project performed better than others. This could be the leaders, owners of enterprises or a member of staff. Promoting such people helps improve the profile of the project and creates ambassadors for the programme.
d. Projects need technical resource people for effective implementation: In a pilot project adequate and technically competent human resources must be provided. Failure to do so could affect the quality of interventions.

Conclusion:

The project introduced the concept of intervention in the workplace in Nepal. In spite of political strife and an unorganized labour market situation, the project was able to raise the profile of the issue, win the commitment of the constituents, set up a functioning institutional mechanism for tripartite collaboration, act as a catalyst to develop and receive support for a national policy and demonstrate the feasibility of project strategies. However, in order to scale-up and sustain its achievements, the project will need to continue with some and initiate a few more interventions. These include rectification of some of the project strategies, support for the development of the national workplan and assistance to constituents when they plan and implement programmes independently. Available evidence indicates that so far HIV has not impacted negatively on the industrial sector. Nepal needs to take measures to ensure that this is maintained.

ANNEXES

Annex 1

Terms of Reference for the Final Evaluation of the ILO HIV/AIDS Workplace Education Project in Nepal

I. PROJECT DESCRIPTION

The US Department of Labor awarded a four-year grant to the International Labour Organization to implement a FY2002 $4,644,596 million global HIV/AIDS in the workplace programme. As part of this programme, the ILO began a four-year HIV/AIDS workplace education project in Nepal in 2002.

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 overarching development objective serves as the long-term goal of the project. The project was intended to contribute to the realization of those objectives.

The developments objectives of the project are:

1. Reduced HIV/AIDS Risk Behaviors among Targeted Workers
2. Reduced level of Employment-realted Discrimination against Workers Living with HIV/AIDS or affected by HIV/AIDS

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

7. Increased Availability of Quality HIV/AIDS Workplace Services
8. Increased HIV/AIDS Workplace Polcies
9. Increased Levels of Workplace Collaboration and Commitment by Labour and Management
10. Increased Capacity of Workplace to Offer Comprehensive HIV/AIDS Policy and Programmes on A Sustained Basis
11. Improved Coordination and Cooperation Between Tripartite Constituents and other Partners at the National Level
12. Improved National Level Policy Framework related to HIV/AIDS at the Workplace
13. Increased capacity of Tripartite Constituents to Support Development of Workplace Policy

Background

The HIV/AIDS pandemic affects, to a greater or lesser degree, virtually every country in the world. The number of those who have died as a result of Acquired Immunodeficiency Syndrome (AIDS) in the 25 years since it was scientifically recognized is estimated at around 25 million. In recent years, improved anti-retroviral treatments and therapies have greatly improved the prospects for survival and the patterns of illness. Nevertheless, the annual death toll still runs at a rate of perhaps three million (2004), of whom up to one fifth may be children. This, then, provides the urgent and continuing motivation for a global effort to combat the infection and illness.

While the hardest-hit region of the world remains Sub-Saharan Africa, the incidence of HIV/AIDS in South Asia has grown to an extent, which prompts serious concern. That is most evident, naturally, in India, by reason of its vast population, and thus represented an early target for the ILO/USDOL workplace programme. Nepal, by contrast, remains a low prevalence country, and yet one subject to exceptional risk factors. Some of these are internal in nature (see following section), but others relate to its proximity to, and open border with, India. The large and uncontrolled flow of people in both directions across the border, together with the known problems of trafficking of women and children, and the accelerating flow of young adults migrating from Nepal in search of work in other countries combine to present a set of circumstances in which, without countervailing efforts, a veritable explosion of the HIV/AIDS epidemic would be all too possible.

While Nepal still remains one of the poorest countries in the South Asian Region, it has graduated to being classified as a country of medium human development. Externally, Nepal has been faced increasingly by a challenging, highly competitive environment, resulting largely from the expiry in 2004 of the Agreement on Textile and Clothing (ATC) under the World Trade Organization, followed by the closure of many textile and related industries and adding to the scale of unemployment or under-employment.

II. PURPOSE OF THE FINAL EVALUATION

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

a) determine if the project has achieved its stated objectives and explain why/why not.
b) assess the impact of the project in terms of sustained improvements achieved during the project time-frame or where possible predict impact over the next 3 to5 years, e.g. the effectiveness of new or revised policies and programmes developed, adopted and applied at both national and enterprise levels; their consistency with the key principles of the ILO Code; and documented behaviour changes with selected beneficiaries.
c) document good practices that could be used as models for activities in other projects; and
d) recommend to the ILO, donor, and national stakeholders the next steps to ensure the sustainability and future effectiveness of project interventions.

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, labour, and government entities), industry representatives, non-governmental organizations (NGOs), and international organizations. The ILO reports that these partners have become increasingly supportive

of workplace programmes and policies, and have begun to identify their individual roles in the capacity-building process.

* 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 final evaluation will:

1. Evaluate the validity of the project strategy.
2. Evaluate the quality and impact of project activities on the target groups, including:
    a. Needs assessments process and reports and their use by the project and its stakeholders.
    b. Accomplishments and effectiveness of the Project Advisory Board (PAB) with respect to the promotion of HIV/AIDS policies.
    c. Employers' and workers' understanding of HIV/AIDS at the targeted enterprises.
    d. Effectiveness of the BCC model, ease of use by enterprise trainers, impact of the peer educator trainings.
    e. Stakeholder understanding and capacity to address HIV/AIDS at the workplace through workshops and other mediums.
    f. Quality and use of the materials developed by the project and partner NGOs (who trained the peer educators).
    g. Scope, content and effectiveness of outreach campaigns conducted to promote HIVAIDS workplace education and BCC policies.
3. Evaluate the current management structure of the project, including the adequacy of ILO's supporting services both in Geneva and in the region, its staff and the services it has provided.
4. Evaluate the project's sustainability plan. Are project activities/ improvements likely to be sustained after project completion, and by whom?
5. Evaluate the value of the project in the context of other HIV/AIDS activities in Nepal. Has the project been able to link with other activities? Are there overlaps or duplication of effort?
6. Assess whether the monitoring system for collecting performance data is appropriate for systematically measuring impact of project performance. Is there sufficient staff to collect the data and is the data reliable? Are there sufficient resources allocated for consultants.
7. Assess whether the project addressed issues highlighted by the midterm assessment.
8. Assess level of stakeholder commitment to project (NGOs, the Government of Nepal, trade unions, workers, enterprises, the ILO, the US Embassy).
9. Assess the relationship between the ILO National Project Coordinators in Nepal and NGOs providing training for the BCC.
10. Determine how effective implementation of activities has been as a result of the strategic framework.
11. Assess the sectors targeted for assistance. Why were they chosen? Was the number of sectors appropriate? Was the project able to meet the needs of the different sectors effectively?
12. How has the project been able to link with other projects implemented in the country by the ILO?
13. Assess the effectiveness of the project in fostering the involvement of the constituents and in promoting social dialogue.
14. Assess whether and how the project approach and its results have been scaled-up or replicated.
15. Assess how/whether the choice of partners has been strategic in implementing the strategy.

16. Evaluate how/to what extent the project has addressed gender dimensions.
17. Analyze problem areas emerging from the comparison of the baseline survey and the impact assessment.

V. FINAL EVALUATION TEAM

The Final Evaluation team will be comprised of one independent evaluator, one national consultant, an ILO representative, and one representative from USDOL. 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 a final report.

The USDOL Project Manager is responsible for:

- Drafting the final evaluation TOR.
- Finalizing the TOR with input from the ILO
- Reviewing the final evaluation methodology, as appropriate.
- Reviewing and providing comments on the final evaluation report.
- Approving the final draft of the final evaluation report.

The ILO HIV/AIDS Programme Representative is responsible for:

- Reviewing the TOR and providing input, as necessary.
- Providing project background materials.
- Reviewing the scope of the final evaluation and working to refine the questions as necessary.
- 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.

- The Project Document
- Strategic Framework and PMP
- Project Work plan
- Project Plan of Action
- Baseline data

- Mapping exercise report
- Midterm Evaluation report
- Impact Survey
- TORs for Final evaluation
- Quarterly reports
- Reports from events
- Training Materials from the events
- Trip Reports
- BCC strategies and programmes

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

a. Project Staff in Geneva, Nepal, 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.
    - Labor Ministry staff who have worked with the project
    - UNAIDS
    - UNDP
    - US Embassy

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.

Debrief in the Field:
The final day of the field visit, the final evaluation team will present preliminary findings, conclusions, and recommendations to the ILO project staff and relevant stakeholders.

VII: EVALUATION TIMEFRAME

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

Tasks	**Work Days**	**Due date**
Preparatory	2	Before trip
Field Research in country	9	October 1-9, 2007
PAB debriefing in Nepal		October 9, 2007
Draft report	5	October 15, 2007
Finalization of Document	3	October 26, 2007

VIII: DELIVERABLES

A. A pre-departure briefing with ILO/AIDS staff, to discuss roles, responsibilities and TOR **(September 25th).**

B. Evaluation methodology including questions to be administered during interviews (based on models provided and ILO guidance notes on evaluation) by September 28, 2007.

C. A Draft Report by October 15, 2007.

D. A Final Report, after receiving final comments from USDOL, ILO and national stakeholders to be submitted by October 26, 2007.

IX: 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 October 15, 2007. USDOL and the ILO will have six days to provide comments on the draft report. The evaluator will produce a re-draft incorporating USDOL and ILO comments where appropriate, and provide a final version within six working days of having received final comments from USDOL and ILO.

The final version of the report will follow the format below (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

Annexes
Project Document
Project Strategic Framework
Project PMP
Project Workplan
Midterm Evaluation Report
Impact Survey
TORs for Final evaluation
List of Meetings and Interviews
Any other relevant documents

Annex 2

List of Enterprises participating in the ILO HIV/AIDS Workplace Education Project in Nepal

SN	Enterprise	Location	No. of Workers	Policy Adopted	Peer Educator
1	Hulas Steel	Simara, Bara	650	Yes	19
2	Hotel Radisson Pvt. Kathmandu	Kathmandu	233	Yes	23
3	Gorkha Brewery	Mukundapur, Nawalparasi	139	Yes	26
4	Bank of Kathmandu	Kathmandu	167	Yes	0
5	Trishakti Textile	Gaidakot, Nawalparasi	478	Yes	29
6	Himal Iron and Steel	Parwanipur, Parsa	325	Yes	24
7	Ami Apparels	Khanar, Sunsari	1273	Yes	30
8	Raghupati Jute Mills	Rani, Biratnagar, Morang	2800	Yes	23
9	Padmashree Carpets	Bhaktapur	360	Yes	22
10	Kumari Bank Ltd.	Kathmandu	209	No	-
	Total		**6634**		**196**

Annex 3

May 2004- December 2007 WORKPLAN FOR THE ILO HIV/aids Workplace Education Project in Nepal

Project Activities	**Corresponding Objectives**	**2004**				**2005**				**2006**				**2007**				**Status as of October, 2007**
Operational Arrangements:		*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	
Staff recruitment and office set up	**SIO-7**		*X*															Completed
Preparatory work and visit of introduction	**SIO-7**		*X*	*X*														Completed
Mapping partners' HIV/AIDS activities & IEC materials	**SIO-5**		*X*	*X*														Completed
Draft project workplan	**SIO-5**		*X*															Completed
Review existing policies	**SIO-6**			*X*														Completed
Employers' survey completed	**SIO-5**			*X*														Completed
Sensitization workshop with tripartite partners completed	**SIO-5**			*X*														Completed
Finalize the strategic FW and PMP	**SIO-5**			*X*														Completed
Baseline survey with target group(s) completed	**SIO-5**				*X*											*X*	*X*	Completed
Draft National Tripartite Workplace Policy on HIV/AIDS	**SIO-6**			*X*	*X*					*X*	*X*	*X*	*X*	*X*	*X*			Completed Tripartite Declaration signed

Project Activities	**Corresponding Objectives**	**2004**				**2005**				**2006**				**2007**				**Status as of October, 2007**
Operational Arrangements:		*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	
																		during project launch. National Policy on HIV/AIDS in the workplace endorsed by the cabinet in October 2007.
Develop advocacy package on HIV/AIDS programme	**SIO-7**			*X*														Completed
Project launching and Joint Workplace Policy Declaration	**SIO-6**			X														Completed
Plan of Action (POA) with/for each constituent drafted	**SIO-3**				*X*						*X*							Completed on May 23, 2006
Develop, pre-test, publish IEC, BCC materials and training/user guide	**SIO-2**			*X*	X	*X*			*X*	*X*	*X*	*X*	*X*	*X*	*X*			Ongoing. flip chart, playing cards developed and printed, poster and radio spot is being pre-tested
With MOLTM: Advocacy and support for preparation of National Operational Guidelines on Workplace HIV/AIDS programmes	**SIO-6**			*X*	*X*	X	X	X	X	X	X	X	X	X				National operational guideline is already in place therefore task force decided not to develop a new one.
Support for endorsement and implementation of the joint tripartite HIV/AIDS workplace policy (Tripartite Declaration)	**SIO-6**			*X*		*X*						*X*	*X*					Endorsement completed (Tripartite Declaration signed during the launch of the project), implementation needs follow-up

Project Activities	**Corresponding Objectives**	**2004**				**2005**				**2006**				**2007**				**Status as of October, 2007**
Operational Arrangements:		*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	
Support for project implementation and monitoring	**SIO-5**				*X*	X	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	Ongoing
With employers conduct employers' survey and identify interested enterprises	**SIO-5**			*X*														Completed & identified 10.
Draw up agreement on commitment for programme implementation	**SIO-1+3**				*X*													Completed
Establish an HIV/AIDS committee in each enterprise with representatives from workers and employers	**SIO-3**				*X*													Completed
Develop enterprise level HIV/AIDS workplace policy	**SIO-1**				*X*													Developed and endorsed by 9 enterprises
Develop programme activities on HIV/AIDS in workplace and implementation plan	**SIO-4+3**				*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	X	X	Ongoing
Training of supervisors and the peer educators	**SIO-2**					*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*			TOT Completed. Peer educators' training completed in 9 enterprises and 300 peer educators trained. Refresher trainings were also provided.
With trade unions: Draft MOU for implementation of project activities and monitoring	**SIO-4**				*X*					*X*	*X*							Drafted
Provide linkages with other ILO projects	**SIO-7**				*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*						Collaboration with IPEC.-Child Labour programme. HIV/AIDS will also be

Project Activities	Corresponding Objectives	2004				2005				2006				2007				Status as of October, 2007
Operational Arrangements:		*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	
																		included in ILO Nepal's ACTRACV project for trade unions and EmPLED programme.
Conduct training for union and non-union workers on BCC, support and facilitate linkage with other services for **VCT and treatment of STI and OIs**	**SIO-2+3**					*X*	*X*	*X*	*X*	*X*	*X*	*X*						Completed
Informal economy Baseline assessment of knowledge, skills and attitudes among the selected workers in informal sector.	**SIO-6**																	Since the activities were short term, this activity was not conducted
Work with TUs on awareness raising and workers education initiatives	**SIO-6**													*X*	*X*	*X*	*X*	Completed
Empower TUs for linkages with appropriate service providers' centres for VCT and STI treatment.	**SIO-6**								*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	*X*	Information provided, Linkages have not occurred
Monitoring and Reporting:																		-
Mid-term project review, adjustment made	**All**										*X*							Mid term evaluation Completed in May 2006.
Case studies written, good practice identified and documented	**All**						X	*X*	*X*	*X*	*X*	X	*X*	*X*	X	*X*	X	Study Completed, report to be finalized

Project Activities	**Corresponding Objectives**	**2004**				**2005**				**2006**				**2007**				**Status as of October, 2007**
Operational Arrangements:		*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	*Q 1*	*Q 2*	*Q 3*	*Q 4*	
Quarterly reports	**All**		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Regularly submitted
Finalize arrangement to maintain website	**SIO-7**																	Mid term report concluded that website is not so useful for communication in Nepal's case. Therefore information has been included in ILO Nepal website and no separate website has been planned.
Develop an on-going annual training course on HIV in the workplace	**SIO-2**																	HIV trainings provided as part of project activity but on-going annual training course has not been developed
Strengthen networking among national partners	**SIO-7**		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
Formalize ongoing activities between enterprises and workers	**SIO-4**												X	X	X	X	X	Ongoing
Conduct impact survey	**All**															X		Completed
Final evaluation	**DO-1+2, IO-1-4**																X	Completed

Annex 4

Schedule of meetings and discussions conducted for Final Evaluation of the ILO HIV/AIDS Workplace Education Project in Nepal October 1st-9th 2007

Day I : Monday, 1 October 2007

Time	Itinerary	Venue
9:30	Meeting with HIV-WEP Team	*Meeting room, ILO*
10:30	Meeting with Nita Neupane, Programme Officer, ILO Office in Nepal	*Meeting room, ILO*
11:00	Project progress presentation – Archana Singh, NPC	*Meeting room, ILO*
15:00	Meeting with Gerard McCarthy – Chief Technical Advisor (CTA), EmpLED, ILO	*CTA's office, ILO*
16:30	*Presentation by National Labour Academy – impact survey*	*Meeting room, ILO*

Day II : Tuesday, 2 October 2007

Time	Itinerary	Venue
11:30	Meeting with Ram Shrestha, Prabhat Shrestha, Khadnanda Kafle - trainers at Raghupati Jute Mills	*Raghupathy Jute Mills, Biratnagar*
12:30	Discussion with Bijanath Yadav, Sanjaya Bahadur KC, Pradeep Jha, Ram Khilawan Paswan, Tara Nath Ghimire, Khagendra Kumari Dahal - Peer Educators	*Raghupathy Jute Mills, Biratnagar*
15:00	Meeting with Surendra Bastola, Focal Point, Ami Apparels	*Ami Apparels, Khanar Sunsari*
16:00	*Discussion with Kopila Ban and Prakash Bhudhathoki - Peer Educators*	*Ami Apparels, Khanar Sunsari*

Day III : Wednesday, 3 October 2007

Time	Itinerary	Venue
11:30	Meeting with Shengjie Li, ILO Nepal Director	*Director's office, ILO*
14:30	Meeting with Carla Bachechi, Political/Economic Officer at US Embassy, Kathmandu	*US Embassy*
15:30	*Discussion with training consultants, Deepak Bajracharya, Chandra Bahadur Thapa, Agni Ojha and Ujjwal Baral*	*Meeting room, ILO*

Day IV : Thursday, 4 October 2007

Time	Itinerary	Venue
9:30	Meeting with Ashish Bhattarai, Head of HR/Focal Point, Srijana KC and Anju Nakarmi – Peer Educators at the Bank of Kathmandu	*Board room, the Bank of Kathmandu*
10:30	Discussions with Sumitra Bajracharya, Engineer, and peer educators of Hotel Radisson	*Staff room, Hotel Radisson*

12:00	Meeting with Megh Nath Neupane, acting DG, Hansa Ram Pandey, Deputy Director and Ishwar Shrestha, HIV Point,FNCCI	*Meeting room, FNCCI*
13:00	Meeting with PB Chand, Project Director, NASC	*Office of the Director NCASC*
15:30	*Meeting with Renu Chahil-Graf, Country Coordinator, UNAIDS*	*UNAIDS Office, UN House, Pulchowk*

Day V : Friday, 5 October 2007

Time	Itinerary	Venue
10:00	Meeting with Bishnu Prasad Lamsal, Joint Secretary and Ajita Sharma, Focal point, MoLTM	*Office of the Joint Secretary, MoLTM*
12:30	*Preliminary debriefing with Shengjie Li, Director and Nita Neupane, Programme Officer, ILO*	*Director's Office ILO*

Day VI : Saturday, 6 October 2007

Time	Itinerary	Venue
9:00	Travel to Himal Iron	
10:00	Meeting with Chandra Mohan Adhikari, Head HR/ Focal Point and Punya Dev Yadav, Peer Educator, Himal Iron	*Hotel Vishuwa, Birganj*
11:30	*Meeting with Krishna Kumar Limbu, Focal point, Hulas Steel*	*Hotel Vishuwa, Birganj*

Day VII : Sunday, 7 October 2007

Time	Itinerary	Venue
13:00	*Meeting with peer educators and workers of Padmashree Carpets, Bhaktapur*	*Factory floor, Padmashree Carpets, Bhaktapur*

Day VIII : Monday, 8 October 2007

Time	Itinerary	Venue
10:30	Meeting with Keshar Bahadur Baniya, DG, and Dilli Ram Sharma , Deputy DG, Department of Labour and Employment Management	*DG's Office, DoLEP, Baneshwor*
12:00	Meeting Shrawan Ranjit, Programme Director, Anupama Shrestha, Programme Officer, and Deepak Maharjan, Coordinator, Drop in Centre, HSWO	*HSWO Drop in Centre Gongobu Bus Park*
14:00	*Meeting with Arun Timilsina, Dharmaraj Bhandari, Milan Ranjit, Jitendra Lal Karna and Bidur Karki - Trade Union representatives*	*Meeting room, ILO*

Day IX : Tuesday,9 October 2007

Time	Itinerary	Venue
13:00	Project Steering Committee Meeting – debriefing discussion	*Conference hall, MoLTM*
16:00	*Debriefing and discussion with project team*	*Office of the NPC, ILO*

Annex 5

List of people met by the Final Evaluation team during the Final Evaluation of the ILO HIV/AIDS Workplace Education Project in Nepal October 1st-9th 2007

Name	**: Designation**
ILO	
Shengjie Li	: Director
Gerard McCarthy	: Chief Technical Advisor
Nita Neupane	: Programme Officer
Archana Singh	: National Project Coordinator
Milan Shrestha	: Administrative Assistant
Government of Nepal	
Bishnu Prasad Lamsal	: Joint Secretary, MOLTM
Ajita Sharma	: Section Officer/ HIV focal point, MOLTM
PB Chand	: Director NCASC
Keshar Bahadur Baniya	: Director General, Dept. of Labour and Employment Promotion
Dilli Ram Sharma	: Deputy DG, Dept of Labour and Employment
	:
FNCCI	
Megh Nath Neupane	: Acting Director General
Hansa Ram Pandey	: Deputy Director
Ishwar Shrestha	: Officer, HIV focal point, FNCCI
Trade Unions	
Arun Timilsina	: NTUC
Dharmaraj Bhandari	: NTUC
Milan Ranjit	: DECONT
Jitendra Lal Karna	: DECONT
Bidur Karki	: GEFONT
US Embassy	
Carla Bachechi	: Political/Economic Officer
UNAIDS	
Renu Chahil-Graf	: Acting UNAIDS Country Coordinator
Raghupati Jute Mills	
Ram Shrestha	: Medical Technician
Prabhat Shrestha	: Medical Technician

Khadnanda Kafle	: Administrative Officer
Bijanath Yadav	: Peer Educator
Sanjaya Bahadur KC	: Peer Educator
Pradeep Jha	: Peer Educator
Ram Khilawan Paswan	: Peer Educator
Tara Nath Ghimire	: Trainer
Khagendra Kumari Dahal	: Trainer

Ami Apparels

Surendra Bastola	: HIV Focal Point
Kopila Ban	: Peer Educator
Prakash Bhudhathoki	: Peer Educator

Bank of Kathmandu

Ashish Bhattarai	: Head of Human Resources
Srijana KC	: Peer Educator/Committee member
Anju Nakarmi	: Peer Educator

Hotel Radisson

Sumitra Bajracharya	: Engineer
Dharma Raj	: Production officer
Sangeeta Bista	: Peer Educator
Geeta Adhikari	: Peer Educator
Yuvraj Koirala	: Peer Educator
Kalpana Shrestha	: Peer Educator
Urmila Shrestha	: Peer Educator
Anju Chapagain	: Peer Educator

Himal Steel Industries

Chandra Mohan Adhikari	: Human Resources Manager/Focal point
Punya Dev Yadav	: Peer Educator

Hulash Steel Industries

Krishna Kumar Limbu	: Focal Point

Padmashree Carpets

Sagar Lama	: Peer Educator
Sanjaya Lama	: Peer Educator
Chhatra Shrestha	: Peer Educator
Laxmi Lama	: Peer Educator
Kumari Pulami	: Peer Educator
Krishna Pulami	: Peer Educator
Padam Tamang	: Peer Educator
Madhav Paudel	: Peer Educator
Prakash Nepali	: Peer Educator

Himalayan Social Welfare Organization (HSWO)

Shrawan Ranjit	: Programme Director
Deepak Maharjan	: Coordinator, Drop in Centre
Anupama Shrestha	: Programme Officer

Training Consultants

Deepak Bajracharya	: Executive Director, Mitra Samaj
Chandra Bahadur Thapa	: Director, Mitra Samaj
Agni Ojha	: Trainer, Sparsh Nepal
Ujjwal Barah	:

Project Steering Committee

Shyam Prasad Mainali	: Secretary, Ministry of Labour & Transport Management
Bishnu Prasad Lamsal	: Joint Secretary, Ministry of Labour & Transport Management
Arun Timilsina	: NTUC
Jitendra Lal Karna	: DECONT
Bidur Karki	: GEFONT
Pradip Jung Pandey	: FNCCI
Hansa Ram Pandey	: FNCCI
Sudin Sherchan	: Network of People Living with HIV/AIDS
Hari Prasad Awasti	: President, NANGAN
Jacquiline McPherson	: Country Director, Family Health International
Sudha Bhandari	: Sneha Samaj
Dr. Bishwa Raj Khanal	: NCASC
Bekendra Poudyal	: Under Secretary, Ministry of Industry, Commerce and Supply
Archana Singh	: ILO

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

The ILO has recognized the devastating effect of ILO/AIDS on its constituents, and in collaboration with governments, employers, and workers, has taken action to mobilize the workplace as a gateway for combating the epidemic.

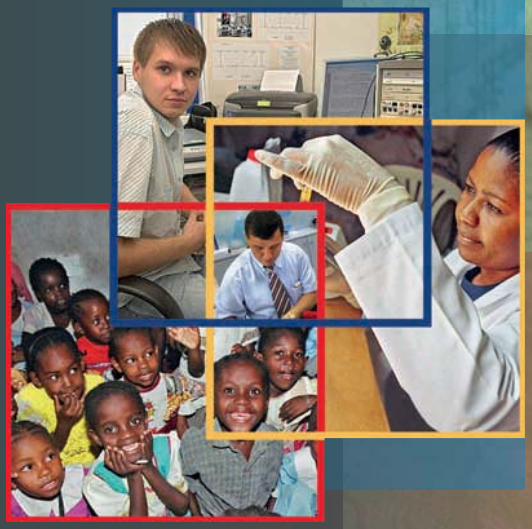
Since the year 2000, the ILO has mainstreamed HIV/AIDS throughout its regular Decent Work activities. It has also rolled out a dedicated programme providing technical advisory services and support on HIV/AIDS at national, enterprise and individual level.

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

Today, this programme supports work in 24 countries reaching about 938,936 workers in some 650 enterprises. This final evaluation report presents key achievements and lessons emerging from work undertaken with ILO's constituents and other national stakeholders in Nepal.

ILOAIDS

www.ilo.org/aids



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

UNAIDS JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS — UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO, WORLD BANK

ILO is a cosponsor of UNAIDS

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