

# Final Evaluation of the HIV/AIDS Smartwork Project in Haiti

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## **ACRONYMS**

|             |  |
|-------------|--|
| AED         | Academy for Educational Development                |
| BCC         | Behavior Change Communication                      |
| CDC         | Centers for Disease Control and Prevention         |
| COP         | Country Operation Plan                             |
| DASH        | Développement des Activités de Santé en Haiti      |
| DTT         | Data Tracking Tables                               |
| KAP         | Knowledge, Attitudes, and Practices                |
| M&LL        | Management and Labor Leaders                       |
| NGOs        | Non-governmental organizations                     |
| PEPFAR      | President's Emergency Plan for AIDS Relief         |
| PHE         | Public Health Evaluation (PEPFAR)                  |
| PLWHIV/AIDS | Person Living with HIV/AIDS                        |
| SMARTWORK   | Strategically Managing AIDS Responses Together     |
| USAID       | United States Agency for International Development |
| USDOL       | United States Department of Labor                  |
| VCT         | Voluntary Counseling and Testing                   |



## **EXECUTIVE SUMMARY**

The Smartwork (Strategically Managing AIDS Responses Together) Project began in Haiti in 2001, following a grant from the U.S. Department of Labor (DOL) to the Academy for Educational Development (AED). The overall goal of the project was to bring workers, labor leaders, and government together to develop an integrated and sustainable program for HIV prevention and management in the workplace.

In FY2005, the project received its first round of PEPFAR funding, which enabled it to continue developing its outreach, training, and educational activities in factories and to work with three confederations of trade unions to reach the informal sector. In 2006, the project received additional PEPFAR funding to continue the abovementioned activities but also to work with local partners to instigate onsite voluntary counseling and testing (VCT). The new initiative saw two well-established health centers—Centre Bernard Mevs and CityMed—work with Smartwork to provide VCT in factory settings together with follow-up and support for those who tested positive.

The evaluation took the form of a literature review, telephone interviews, and a one-week field visit to Port-au-Prince. During the review of project documentation, particular attention was given to an employees' survey on knowledge, attitudes, and practices (KAP) that took place in 2006 and which built upon some earlier data collected in 2004. Unfortunately, the survey was methodologically flawed. The lack of a statistically robust evaluation, combined with an absence of viable baseline data, means that it is impossible to say whether the program has had any direct impact on attitudes or on behavior change. Thus, there is a need for a new KAP-type survey to measure the impact of the project. This is particularly important given that anecdotal evidence appears to show knowledge acquisition via Smartwork's activities to be quite considerable.

In the last PEPFAR funding period, the number of people participating in the peer education sessions was 11,836, which substantially surpassed the target of 10,000. The main constraints on the educators' activities were the availability of the workers. During the recent insecurity, factory production was compromised; employers are now having difficulties reaching production deadlines and are unwilling to release workers from the factory floor for sensitization sessions. In addition, many workers are paid piecemeal and are reluctant to leave the production lines to participate as they will lose money. The recent violence has resulted in longer shifts for workers, plus an understandable lack of willingness to stay after hours. However, it was noticeable that even those factories that had dropped out of the Smartwork program for the moment due to production constraints spoke very positively about the project and hoped to return when production permitted.

Regarding the trade unions' activities, Smartwork collaborates with three federations of Haitian unions. Unions have difficulty in working in factories. Instead, they mobilize populations in the informal sectors, such as drivers, artisans, and agricultural workers, often in the regions outside Port-au Prince. The federations were keen to continue their educational activities with Smartwork. They underscored the importance of the development of legislation with regard to protecting HIV-positive workers within Haiti's "Code du Travail."

Discussions with the Ministry of Social Affairs and Labor revealed their weak integration into the Smartwork program despite their being a key stakeholder with regard to sustainability. The project had done little to maintain the Ministry as partners after initially involving them in a training workshop that they found very useful. The Ministry lacked the means to carry through their strategic plan developed with Smartwork, nor were they able to develop a workplace strategy for their own 800 employees in collaboration with the Ministry of Health. However, like the unions, they emphasized the importance of drawing up appropriate legislation under the Code du Travail. Facilitating this important activity may be an opportunity for Smartwork to initiate the real tripartite collaboration (between employers, unions, and government) that was intended from the beginning of the project but has not happened to date.

Despite the data tracking tables submitted every quarter during the period of DOL funding, which indicated a universal (N=32) uptake of workplace policies, none of the five enterprises visited during the evaluation said that they had one. Some had general health and safety committees which addressed issues relating to HIV/AIDS issues, but the two that were interviewed did not include health staff, higher-level employees, management, or factory floor workers in those committees. In general, the lack of workplace policies and unclear mandate for the committees—which should be able to lobby for the rights of HIV-positive workers and for an openness with regard to discussion about HIV in the workplace—mean that such stigmatization is likely to persist.

In many of the workplace settings where Smartwork operates, an insurance company called DASH also provides VCT and post-test counseling and care. Smartwork's partners for VCT are the Centre Bernard Mevs and CityMed, which provide mobile teams for onsite testing (mainly in the factories, though CityMed also has an innovative program in the market areas which may enable Smartwork to expand further into the informal sector). Unfortunately, there is little collaboration with DASH and yet substantial overlap of activities with them, which appears to make the continuity of patient care difficult to ensure. Nevertheless, the direct collaboration between Smartwork and Bernard Mevs and CityMed health centers for mobile testing appears to be very satisfactory. A possible exception is Smartwork's ticket system, in which tickets are given out and should be presented by those seeking testing at the two partner clinics in the industrial zone. Neither of the clinics records whether a ticket is presented, so it is impossible to say how many people who received tickets from Smartwork educators subsequently independently referred themselves for testing outside the factory setting. However, numbers of tickets given out at Smartwork education sessions were noted; in general, the monitoring systems are very comprehensive and permit accurate and relevant reporting to funders, allowing them to see if, how, and when targets have been met.

Despite the apparent success of the current VCT program, PEPFAR will stop funding Smartwork's work with its two VCT partners in the 07 COP. Funding is supposedly being given to Centre Bernard Mevs and to CityMed to carry out the mobile workplace testing. In general, Smartwork's current funding is extremely insecure; at the moment, it comes only from one donor—PEPFAR. If the project is to continue with the same scope and momentum, then either:

- An intensive fundraising strategy approaching a diverse selection of donors has to be put in place in the very near future.

Or

- Smartwork can develop an appropriate exit strategy that would allow the capacity developed within the education program to continue and perhaps eventually be shared with, or handed over to, local partners. Within this framework, it may be best that the educators work within the Bernard Mevs or CityMed health center structures doing outreach to workplace settings. In this way, they would serve to develop capacity and sustainability via locally owned, integrated education, testing, and follow-up programs in the workplace and perhaps later in the informal sector, where CityMed already intervenes.

Overall, the Smartwork project in Haiti has made considerable achievements in providing information and facilitating testing in the workplace. The program has shown ingenuity and flexibility working in very difficult political situations. Smartwork now has to decide whether to continue its flagship work by systematically seeking multiple sources of new funding or begin building an exit strategy that will leave a lasting impact on a very vulnerable population.





## **1.0 BACKGROUND AND PROJECT DESCRIPTION**

The Smartwork (Strategically Managing AIDS Responses Together) Project began in Haiti in 2001, following the award of a grant of \$651,980 over five years by the U.S. Department of Labor (DOL) to the Academy for Educational Development (AED). The overall goal of the project was to bring workers, labor leaders, and government together to develop an integrated and sustainable program for HIV prevention and management in the workplace. The overarching development objectives for the program were to:

- Reduce the rate of HIV infection through workplace and educational programs.
- Reduce the level of workplace discrimination against workers living with HIV/AIDS.

These objectives were to be accomplished by pursuing three intermediate objectives:

- Improve status of psycho-social factors underlying risk behaviors (knowledge, attitudes, and norms).
- Increase use of available HIV/AIDS workplace programs.
- Increase knowledge and understanding of policies and rights.

These immediate objectives were supported by sub-immediate objectives:

- Increase availability of HIV/AIDS workplace programs (best available quality).
- Reduce stigma against persons living with HIV/AIDS in the workplace.
- Improve workplace policies.
- Increase level of partnership and commitment by workplace stakeholders.
- Increase workplaces' capacity to offer comprehensive HIV/AIDS policies and programs on a sustained basis.
- Improve national-level policy and program framework related to HIV/AIDS in the workplace.
- Improved coordination and cooperation between tripartite actors at the national level.

The activities that occurred to support and accomplish these goals are described in the quarterly reports and associated data tracking tables (DTTs). To summarize, they comprised:

- Contact and outreach with enterprise managers.
- Training of managers and labor leaders (from three Haitian federations of labor leaders).
- Training of educators in onsite education for HIV prevention and reduction of stigma, and to encourage referrals to offsite voluntary counseling and testing (VCT) centers.
- Implementation of workplace educational sessions (including male and female condom distribution) in Port-au-Prince.
- Implementation of educational activities by trade unions within and outside Port-au-Prince.
- Establishing of workplace HIV-prevention committees.
- Development and adoption of workplace HIV policies.

In FY2005, the project received its first round of PEPFAR funding, totaling \$200,000 and administered through the person responsible for VCT at the CDC in Haiti. The grant was managed by DOL. This enabled the project to continue the development of its outreach, training, and educational activities.

In 2006, the project received additional PEPFAR funding of \$500,000 to continue the abovementioned activities but also to work with local partners to instigate onsite VCT. Two VCT providers currently collaborate with Smartwork so that mobile testing can be carried out within factory settings. This was because, within the Smartwork program, provision for testing to date had relied upon people going to established centers that were far from their place of work. This made it difficult, even for motivated people, to get tested because of the time taken to attend and the potential violence to which they could be subjected en route. The new initiative saw two well-established health centers—Centre Bernard Mevs and CityMed—work with Smartwork to provide VCT, together with follow-up and support for those who tested positive. However, as is described below, some of the other workplace testing initiatives in place seem to duplicate and/or compromise the activities of the Smartwork team. The 2007 COP for PEPFAR funding has now seen the money for VCT testing withdrawn from Smartwork; in future it will be given directly to Bernard Mevs and CityMed. This has created some consternation with regard to the program’s development, scope, and sustainability.

The following table shows the evolution of PEPFAR funding, highlighting the major logistical problem the project confronted in 2007 (i.e., the period of just two months between funding approval and the start of activities).

**Table 1: Evolution of PEPFAR funding 2005-2008**

|        | <b>Date submitted</b> | <b>Date approved</b> | <b>Funds obligated</b> | <b>Amount granted</b> | <b>Activities begin</b> |
|--------|-----------------------|----------------------|------------------------|-----------------------|-------------------------|
| COP 05 | July 04               | Jan 05               | Aug 05                 | \$200,000             | Oct 05                  |
| COP 06 | July 05               | Feb 06               | July 06                | \$500,000             | Oct 06                  |
| COP 07 | July 06               | July 07              | Sept 07                | \$350,000*            | Oct 07                  |
| COP 08 | July 07               | Est. Dec 07          | —                      | —                     | —                       |

\* \$900,000 requested, \$600,000 originally authorized.

In general, the Smartwork team is to be congratulated for all that they have achieved in the face of extremely severe barriers to program implementation and participation. By the end of 2006, Smartwork was working in 32 commercial settings (surpassing the initial goal of eight). Political turmoil has reduced this number to 12 at present. Nevertheless, the numbers of people reached for sensitization in the last year was 11,836—substantially more than the initial goal of 10,000. It is also likely that the number of people receiving VCT will reach the target figure of 1,500 and even surpass it.

**Current project status.** PEPFAR funding for 2007–2008 will, in principle, see a continuation of the HIV prevention activities in the workplace and of those carried out by labor unions. The funding of onsite VCT activities by Smartwork via PEPFAR will not continue as, according to PEPFAR administrators, the partners will probably receive funding through different contracts covering VCT (GHESKIO for Centre Bernard Mevs, Management Services for Health for CityMed). However, neither testing facility was aware of this and their future relationship with Smartwork remains unclear. Other related challenges for the 2007–2008 grant (COP 07) include

the fact that the application for \$900,000 resulted in \$600,000 of authorized funding, later cut to \$350,000. Program planning has therefore been made very difficult by the sudden reduction of the grant amount just two months before activities were due to start. (This is discussed in more detail in the body of the report below.)

There are other issues relating to the future direction of the project: whether Smartwork should continue to seek additional funding (and, if so, how) or instead put an exit strategy in place and thus hand over its activities to local partners. If Smartwork is to continue as a unique entity, funding needs to be drawn from a number of diverse sources. Notably, when PEPFAR drastically reduced its 2007–2008 funding, its representative did not realize that this is currently the *only* source of funding for Smartwork in Haiti. Additional applications to, for example, The Global Fund need to be swiftly drawn up to ensure future sustainability. Currently the program is very “top heavy,” with apparently almost three times as much being spent on project salaries, office costs, and administration as on actual field activities. Exact figures were not available to the consultant; it is suggested that further discussions between AED, Smartwork-Haiti, and DOL clarify these cost distributions.

## **2.0 PURPOSE OF EVALUATION**

The purpose of the evaluation was:

1. To study results from the Smartwork program in Haiti to gather lessons for DOL’s workplace programs in 23 other countries; to look at what the project was able to accomplish; to look at what worked, what did not work, and the reasons why.
2. To study how the program has been functioning since the PEPFAR program began; whether it is effectively building on previous work; whether DOL should continue to implement the program; how activities are being managed and implemented; provide recommendations for future activities.

Below, this report examines:

- The nature and quality of evaluation activities to assess impact on knowledge and behavior change and to see whether the development objectives and sub-development objectives have been met.
- Current systems of monitoring educators’ and unions’ activities.
- Relations with local partners, particularly those associated with onsite educational activities and VCT testing.
- The consequences for the program of Smartwork personnel changes due to the escalating violence in Haiti.
- Future directions for growth and/or creation of sustainable legacy.

## **3.0 EVALUATION METHODOLOGY**

The consultant was sent a comprehensive selection of documents pertaining to the project and asked to review them, particularly those relating to two surveys of employees, carried out in 2004 and 2006, that purported to show the impact of the project on employees’ knowledge,

attitudes, and behavior change. She was then asked to prepare a short report that addressed issues of data collection and methodology, future survey needs, causes of conflicting data, the project's strengths and weaknesses, and the nature of potential additional interviews. However, the employees' surveys had severe methodological problems as well as issues in relation to data management and interpretation. The fact that only 90 employees were interviewed in just one enterprise (the clothing manufacturing company SOCAHOSA, later visited during the recent field trip), together with the very low response rate (nearly 20% of those selected were unavailable for interview), the mixing of self-reported and interview data in the analysis, and the miniscule numbers of managers participating unfortunately result in the evaluation being unable to show any objective impact in terms of knowledge, attitudes, and behavior change. As these are the only quantitative data available, this means that the project effectively has no baseline data even if a more methodologically robust evaluation were to be conducted in the future. However, ways around this, together with other issues relating to the existing surveys, are discussed below.

The field trip was preceded by a conference call with ERG staff, Paula Church (the DOL HIV/AIDS Coordinator), Chad Rathner (the Senior Program Officer at the AED Center for Community Health and HIV/AIDS), and the consultant. This clarified issues emerging from the initial report and document review and the agenda for the trip to Haiti. Before the trip, the consultant conducted three telephone interviews with key U.S.-based individuals associated with the project. Two additional telephone interviews took place after the fieldwork, including one with Mrs. Gessy Aubrey (who essentially set up and ran the Smartwork Haiti activities until October 2006) and one with Ms. Susan Rodgers, responsible for research at AED. See Annex 2 for a list of all telephone interviews, as well as interviews carried out in the field.

The consultant visited Haiti from August 6 through 12, 2007, together with Chad Rathner and Paula Church. There, she carried out the following activities:

- Interviews with all Smartwork program staff and educators.
- Interviews with three trade union federation leaders.
- Interviews with enterprise managers, human resource managers, and nurses in five companies (two where Smartwork had worked well, two where it had not been so successful, and one where the employees' survey was carried out).
- Interviews with five employees in two clothing manufacturing companies.
- Interviews with two people living with HIV/AIDS—one employee and one involved in Smartwork's training activities.
- Observation of one factory-based educational session.
- Interviews with teams from Smartwork's partners with regard to onsite VCT testing.
- Visit to the Centre Bernard Mevs (VCT testing center).
- Interview with USAID/CDC representative responsible for PEPFAR-funded activities related to VCT.
- Interviews with representatives from Haiti's Department of Labour and Social Affairs.

The consultant took notes during all interviews, which were tape-recorded with the permission of the participants. Most were conducted in French; the employee interviews were conducted in Creole.

## 4.0 FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Please note that this section is structured to correspond with priorities outlined on pages 4 and 5 of the Terms of Reference.

### 4.1 Evaluation of First Five Years of Program with DOL Funding

#### 4.1.1 Quality and impact of project activities on target groups

**Findings.** Worldwide, behavioral research on HIV shows a large dissonance between acquiring and applying knowledge regarding protection from the virus. Haiti is no exception: the 2005–2006 survey of “Mortality, Morbidity and Service Use” by Macro International showed that, although 84% of women had heard of the male condom as a method of protection, only 18.8% had ever used one (Cayemittes et al. 2007). It is more than likely that Smartwork’s educational interventions are taking place in a context where this phenomenon—a considerable gap between knowledge and behavior—is prevalent. We cannot therefore assume that exposure to information will automatically result in behavior change. It is discussed below that, while we can surmise through routine monitoring activities that participants’ knowledge is indeed likely to be quite high as a result of the Smartwork program, the poor quality of the one evaluation survey carried out—“The Employee Survey Study” (Clerisme, Rogers, and Aubrey 2006)—does not enable us to say if or how the knowledge acquired precipitated an increase in protective behavior, such as condom use, among participants. Particularly for women, factors such as economic need, low self-esteem, and poor assertiveness skills in an essentially patriarchal setting may make it difficult to apply information that would protect them from HIV even if they possess such knowledge.

The initial four-page report (Castle 2007) found that the employees’ survey carried out in 2006 was methodologically weak, notably because of the small sample size (N=90) and low response rate (~50%), and cannot be used as a tool for evaluating the project’s impact on participants’ knowledge, attitudes, and behavior. Discussions in Haiti with the local consultant who carried out the work and a later telephone conversation with AED’s Senior Research and Evaluation Officer, Susan Rogers (who was a co-author of the report), led to the same conclusion. The latter recounted that, at a Washington meeting with DOL partners, the small sample size was decided as the best method of evaluation given time, money, and security constraints. In retrospect, she concluded that it might have been better not to do any kind of survey at that stage, instead of doing one that cannot give a true indication of impact—and, indeed, the evidence suggests that this might have been a better option.

Nevertheless, there are substantial qualitative and anecdotal data to indicate that Smartwork may have increased knowledge acquisition and subsequently changed attitudes and behavior. These data comes from the two qualitative reports that preceded the evaluation; one of those, titled “A Qualitative Study of Enterprise Programs, Policy and Tripartite Involvement” (Antoine, Rogers, and Aubrey 2005) quotes a focus group respondent as saying, “*Thanks to Smartwork we are convinced of the existence of AIDS and we are lucky to learn how to use a condom and motivated to make the decision to take the test.*” In addition, interviews with female factory employees during the recent evaluation indicated that the Smartwork program had helped them to recognize

that fidelity only worked as a prevention strategy if one's partner practiced it too: *"I might be faithful but if my husband is unfaithful then I could get it."* They also learned about the difference between HIV and AIDS and that, with anti-retrovirals, one could maintain good health and be economically productive (a fact which may reduce the stigmatization of those who are known to be HIV-positive): *"We learned that if you had the virus, you didn't necessarily get AIDS. In the past, we believed that if someone had AIDS, they couldn't work and we had to remove them from our lives, but now we learn that (with medication) they can work."*

In addition, the probable program impact was recognized anecdotally by the educators themselves, one of whom said that *"People like hearing about condoms—before we came along, they didn't know how to use them."* Similarly, discussion of the management and labor leader (M&LL) seminars produced significant amounts of qualitative information indicating (but still, of course, not proving) the program's impact on trainers and industry representatives as well as employees. One health and safety committee member from Haiti Metal said, during the evaluation, *"We gained new information—I didn't know it [HIV/AIDS] caused discrimination and exclusion. After the seminar I had more tools to fight discrimination."* The probable major impact of the M&LL seminars on participants was due in part to the fact that the workshops included testimonies from PLWHIV/AIDS—people living with HIV/AIDS. For many, who would go on to train or inform others, it was the first time they had knowingly met someone who had openly declared themselves to be HIV-positive. For example, a nurse at Island Apparel who had undergone one of the M&LL trainings noted *"A man said he weighed 104lbs and then, after treatment, he went up to 204lbs. He said there were a lot of side effects but he persisted. He had children and they were HIV-negative. He stood before us and said all this. It was very important to me."* Other factors which seemed to catalyze sustained interest and motivation after the training included the fact that Mrs. Aubrey was a gifted trainer who inspired people to go and continue the program in their workplace. Many participants went on to train or inform others, leading to a significant number of companies developing their own programs, with substantial long-term impact.

However, the cascade effect of the M&LL trainings (in particular, of the experience of encountering a PLWHIV/AIDS, which seems very powerful) has not been incorporated into other aspects of Smartwork program, such as the factory education sessions. Provided that PLWHIV/AIDS are happy about disclosing and educating their colleagues, it may be useful to include them in the committees, as they are likely to have a considerable effect in dispelling skepticism and decreasing stigma.

**Conclusions.** As it stands, the program is unable to say whether the two overarching objectives and many of the intermediate and sub-intermediate objectives developed by DOL and AED during the first period of funding have been met. Nevertheless, some modification of routine monitoring, together with a new knowledge, attitudes, and practices (KAP) survey suggested here, may allow us to see whether any impact is occurring during this second phase, which has broadly the same objectives as phase one with regard to behavior and attitudinal change as well as institutional capacity.

Table 2 summarizes if/how existing data sources can evaluate program impact and what new data may be needed. The attainment of overall development objective number one cannot be

known without carrying out an entirely separate study of HIV incidence (number of new cases of infection) which would be extremely costly, have ethical implications, and be out of the scope of the project. However, modification of existing systems of routine monitoring may also give some notion (albeit not altogether epidemiologically robust) of changes in rates of infection among those presenting for testing (which is an extremely biased population). For example, the system whereby recipients of Smartwork counseling receive tickets for VCT testing at the two partner centers (Bernard Mevs and CityMed) could be modified so that if an individual turned up with a Smartwork ticket this would be documented in clinic records. This does not happen at the moment and would be relatively simple to instigate. However—because data would be collected only from those showing up for counseling and testing—it would not indicate Smartwork’s impact on overall incidence as noted in overarching development objective number one.

**Recommendations.** A new, better-designed, wider-reaching KAP survey is recommended here: it could evaluate whether overarching objective number two (reduction in workplace discrimination) had been met, as well as addressing intermediate objectives numbers 1, 2, and 3 (knowledge, attitudes, and norms; use of program; and understanding of policies and rights). Table 2 also shows that existing routine monitoring may enable an evaluation of some of the more structural and capacity-building aspects of the project, for example those pertaining to the increase in number of programs and level of partnership. In terms of numbers of industry partners, Smartwork surpassed its initial indicators drawn up under the DOL funding agreement. These are evidenced in the DTTs that accompanied every quarterly report. For example, it was said that the program would work in eight enterprises and by the end of the DOL funding period it was working in 32. According to the DTTs, most of the sub-immediate objectives have been attained, except the objective regarding the tripartite actors (the tripartite committee has only met once since Smartwork’s inception). However, as described below, following a changeover in country coordinators, Smartwork Haiti seems to have no institutional memory as to how data was collected and collated for the DTTs. There is neither a paper nor an electronic trail in the Port-au-Prince office to enable us to know how the figures appearing in the DTTs were arrived at. This results in conflicting evidence and inconsistent data supporting the achievement of aims relating to capacity-building among stakeholders. For example, in the DTT ending 31<sup>st</sup> August 06, all 32 participating industries were said to have HIV/AIDS workplace policies. However, five were visited during the evaluation and, when asked, none said they had such a policy in place.



**Table 2: Existing and potential data sources for monitoring of AED/DOL objectives**

|  | Data Source                               |         |                             |                        |                           |
|--|---|---------|-----------------------------|------------------------|---------------------------|
|  | Existing survey data (employees' survey)* | New KAP | Existing routine monitoring | New routine monitoring | Objective currently met ? |
| <b>Overarching development objectives</b>  |   |         |                             |                        |                           |
| 1. Reduce the rate of HIV infection through workplace and educational programs                               | No  | No      | No                          | Yes                    | DK                        |
| 2. Reduce the level of workplace discrimination against workers living with HIV/AIDS                         | No  | Yes     | No                          | No                     | DK                        |
| <b>Intermediate objectives</b>   |   |         |                             |                        |                           |
| 1. Improved status of psycho-social factors underlying risk behaviors (knowledge, attitudes, and norms)      | No  | Yes     | No                          | No                     | DK                        |
| 2. Increased use of available HIV/AIDS workplace programs  | No  | Yes     | Yes                         | —                      | Yes                       |
| 3. Increased knowledge and understanding of policies and rights  | No  | Yes     | No                          | No                     | DK                        |
| <b>Sub-immediate objectives</b>  |   |         |                             |                        |                           |
| 1. Increase availability of HIV/AIDS workplace programs (best available quality)                             | No  | No      | Yes                         | —                      | Yes                       |
| 2. Reduce stigma against persons living with HIV/AIDS in the workplace                                       | No  | Yes     | No                          | No                     | DK                        |
| 3. Increase level of partnership and commitment by workplace stakeholders                                    | No  | No      | Yes                         | —                      | Yes                       |
| 4. Increase capacity of workplace to offer comprehensive HIV/AIDS policies and programs on a sustained basis | No  | No      | Yes                         | No                     | Yes**                     |
| 5. Improve national level policy and program framework related to HIV/AIDS in the workplace                  | No  | No      | Yes                         | —                      | No                        |
| 6. Improved coordination and co-operation between Tripartite actors at national level.                       | No  | No      | Yes                         | No                     | No                        |

DK = “Don’t know”—i.e., impossible to say with existing information

\* The employees’ survey addressed issues of knowledge, attitudes (including discrimination), and behavior through a number of pertinent questions. However, the sampling and methodology were so flawed that the data cannot serve to say whether any of the objectives have been met.

\*\* It is discussed below how data tracking tables indicate universal adoption of workplace policies but how, during the evaluation, none of the five factories visited had one in place.

For the long-term sustainability of the project and its replicability elsewhere, it is vital that a new KAP study be done to furnish objective measures of Smartwork's impact to program partners and recipients (e.g., Ministry stakeholders, factory managers) and funders. Indeed, during the consultant's visit to USAID in Haiti, the PEPFAR coordinator for VCT commented that he had some sense of the "context" and "process" of Smartwork activities but no evidence of program impact as he had not seen relevant data. He suggested the project should look to the PHE committee for evaluation costs, which apparently they are doing. It is worth noting that the PEPFAR workplace working group is developing all monitoring and evaluation tools for their workplace programs except for one big multinational company program. Notably, to date, no donor-funded projects have any workplace impact monitoring.

Due to Smartwork's limited technical capacity to do the survey, it is recommended that they work with other expert research partners in the field, maybe even "piggyback" onto some of their existing survey research if it is workplace-based or use it as control data if it is not. Such partners may include the Institut Haïtien de l'Enfance (which did the last demographic and health survey in Haiti) or the CDC's routine Integrated Behavioral Surveillance Studies. This would provide much-needed technical guidance for rigorous sampling, study execution, and analysis; furnish better-quality data; be more cost-effective; and, most importantly, provide objective information as to whether changes in KAP have occurred as a result of the Smartwork intervention.

#### **4.1.2 Stakeholder understanding and capacity to address HIV/AIDS at the workplace and VCT centers**

**Findings.** During the evaluation in Port-au Prince, five factories were visited. These included three where Smartwork was working comparatively well (Palm Apparel, Island Apparel, and SOCAHOSA) and two where the program had not been successful (national bottling company and GMC). An opportunity was also available to talk to workers from Haiti Metal. On the whole, employers had a high understanding of the need for workplace prevention programs. Their motivation to participate was driven by a humanitarian need to look after their workers ("*Here at Palm Apparel we are interested in the human being—human resources are very important*"). Some were also driven by the benefits of having a healthier and more productive workforce. Palm Apparel claimed to have seen an 8% to 10% reduction in sick leave after the Smartwork program was started in a workforce of 1,350 people, 70% of whom were women. The main constraint to participation was workers' time. The principal reason for many factories, such as GMC, not continuing with Smartwork education sessions (despite acknowledging their success) was that they interfered too much with production. During recent times, when violence and insecurity characterized Haiti and jeopardized the country's economy, any extra activities not directly related to production were not seen as a priority. Many factories remarked that they were under particular stress to meet overdue orders and deadlines and could not afford to have workers participate in the sessions for long. For this reason, many sessions were done in workers' lunch breaks or on Saturday afternoons.

Regarding the trade union leaders, there appeared to be a substantial capacity to address HIV/AIDS, but not in factories (where there are presently no organized unions). For this reason, the representatives of trade union federations interviewed said they carried out most of their activities in informal settings or with associations drawn from the transport industry, craftsmen,

women's cooperatives, and agricultural workers. They were also keen for the rights of HIV-positive workers to be incorporated into the national "Code de Travail" and underlined the importance of legislative protection, which at the moment does not exist. If it did, it would likely increase the percentage of those willing to be tested and of those able to disclose whether they tested positive. Our visit to the bottling factory revealed the need for Smartwork to push for appropriate legislative reform. The human resources manager told us that, at the request of the insurance company they used, potential employees had to take an HIV test. If they were found to test positive, they were not employed by the company. Such individuals are not protected given the current lack of anti-discriminatory legislation; it is recommended that Smartwork lobby for this in partnership with the unions and the Ministry of Social Affairs and Labor, which also raised it as an issue.

Regarding their current work, the unions felt that it was better to pass their message on at meetings about HIV/AIDS than to attach an HIV/AIDS message to other professional meetings or seminars. The union federation leaders requested more funding for their activities, saying that if current funding were discontinued their activities would continue but not at the same pace. The leaders interviewed noted that Smartwork was the only initiative to support the trade unions in Haiti. In a telephone interview, Matthew Roberts (former Smartwork project manager based at AED in Washington) noted that Smartwork's innovative relations with unions in Haiti had repercussions for the project both in-country and elsewhere. He concluded that Smartwork had not tried to directly affect civil society, but an effect had happened as a result of the project and because of the direct involvement of the unions, business leaders and workers were able to trust each other a little more. It is recommended that, where possible, the unions' activities be better integrated into the overall program. To date—and perhaps because many union activities occur in the regions, or perhaps because they are subcontractors—they are quite separate and do not appear to have the hands-on follow-up by Smartwork office staff from which the factory activities in Port-au-Prince benefit.

Five representatives from the Ministry of Social Affairs and Labor were interviewed. A number had participated in an initial two-day training delivered by Smartwork's first Country Coordinator, Mrs. Gessy Aubrey. An action plan was developed during this training, but it was never implemented by the Ministry due to a lack of means and time. Capacity was also undermined by the fact that, for bureaucratic reasons, the Ministry needs another ministry (the Ministry of Health) to help them draw up a sectoral plan incorporating an HIV/AIDS strategy for their more than 800 employees, but this has not yet happened. Their ability even to photocopy the training document which they wanted to distribute to other Ministry employees was undermined by a lack of resources. Like the unions, the Ministry emphasized incorporating protection for HIV-positive workers into the Code de Travail—a task its Direction de Travail was apparently working upon. It is recommended that Smartwork provide technical assistance for this and to facilitate meetings with the Ministry, unions, and employers (as was supposed to happen under the tripartite strategy but never really did, partly due to the extreme political instability at the time Smartwork was operating).

### 4.1.3 Quality and use of materials developed by the project

**Findings.** The materials consist of a series of A3-size laminated posters that fit into a wooden frame, and which each educator uses with the groups of workers gathered in front of him/her. At the workplace educational session we observed, this involved around 20 to 30 people in an open area. However, it was found that the posters are difficult to see at sessions attended by larger numbers of people (e.g., 50 to 100—attendance is often that high at GMC, for example). The posters also lend themselves to a rather didactic form of delivery, and the sessions rely on the ingenuity of the educators to inform and entertain participants. In addition, they were quite factual and presented Creole text and images that pertained to modes of transmission and methods of avoiding HIV. When interviewed, educators spoke of the need to formally incorporate additional material that would enhance psychosocial skills, such as negotiation, in order to ensure that the information they transmitted was actually applied by participants. Women at Palm Apparel had practiced their negotiating with Smartwork’s training manager. During our interview, one of the employees gave a very firm example of what she says to her partner to encourage condom use. It is concluded that building such skills seems to be important and pertinent for applying the information acquired.

A major problem that was repeated on several occasions was that the materials are very difficult to transport in a tap-tap (local public transport). They were cumbersome and tap-taps often tended to be very full. Indeed, a lot of peer educators’ logistical problems related to their having to use public transportation to get to the factories. For example, they often had to start out two hours before their session began. The peer educators also said that they would like additional materials. These included demonstration penises made of rubber rather than wood (to be more realistic) and demonstration rubber vaginas which could help them explain how to use the female condom.

The leaflets they distributed were clear and informative. They not only served to remind participants in the education sessions of the information they had hopefully acquired but were also taken home by participants or distributed elsewhere in the factory. It was quite common for someone to come to the Smartwork office having received a leaflet (from an educator or session participant) to enquire about what the project actually did. In addition, educators noted that when factory workers went on holiday, often to their home villages in the rural areas, they asked the educators for leaflets to take with them to inform relatives about HIV and its consequences.

**Conclusions.** There is much, as yet untapped, scope for pooling ideas and resources from activities taking place in workplaces either with Smartwork’s assistance or spontaneously.

**Recommendations.** It is recommended that the project play a greater role in facilitating collaboration between industry partners. For example, twice a year Haiti Metal organizes a day for HIV awareness-raising, with information stands, plays, etc. It would build capacity and reinforce mutual assistance if other Smartwork participating factories could be invited to these open days and if there were an exchange of experiences, information, and materials among Smartwork’s partner enterprises. In this way, Smartwork could act as a clearinghouse or resource centre to document, evaluate, and lend out materials that partners may need for education.

#### 4.1.4 Impact of trainings on beneficiaries

See section 4.1.1.

#### 4.1.5 Scope, content, and effectiveness of outreach campaigns conducted to promote HIV/AIDS workplace education and BCC policies

**Findings.** The scope of Smartwork’s reach has been severely affected by the violent political upheaval in Haiti. From reaching 32 enterprises at its height, Smartwork now operates in just 12 because of the insecurity. In many cases in late 2006 and early 2007, workers, and indeed educators, were afraid to come into factory settings or to stay after hours for education sessions. The other main issues affecting scope relate to—as discussed above—time and productivity. Employers were often unwilling to let employees leave the production line to participate in sessions. The representative of the bottling company described how the insecurity had led to the abandoning of a three-shift day and the establishing of two shifts from 6 a.m. to 6 p.m. and from 6 p.m. 6 a.m. This meant that the workers were working longer hours and were therefore tired, and also that they left their shifts at times that were not amenable to education. Workers who were paid piecemeal were also reluctant to leave their productive activities. In addition, at GMC clothing, the workers became so involved in Smartwork’s activities that the sessions lasted over an hour and managers subsequently asked the coordinator to reduce the length and numbers. Now the sessions have been stopped completely until production becomes less intensive and enables further workers’ participation.

At its height, Smartwork had engaged with 38 companies, including non-factory settings such as banks, hotels, and American Airlines. Although M&LL sessions had taken place, according to the training coordinator, there had been no follow-up activities in non-factory settings due to time constraints on the workers, who were unable to leave their jobs to participate for even a short period.

**Conclusions.** The evaluation concluded that the content of the education sessions is relevant and timely. Regarding BCC, the main emphasis is on the fact that, even if one is faithful oneself, one can be at risk if one’s partner is not, and on reducing the stigmatization of those who are HIV positive. The former message seemed to have been well understood by the limited number of employees interviewed during the evaluation. However, regarding the second theme, at Palm Apparel, the two interviewees agreed that stigmatization was a bad thing in principle but said they would not work next to someone who was HIV positive because they worked with needles: “*some people are mean and a person who was HIV positive might prick himself with a (sewing machine) needle and then prick you with a needle.*” Several workers interviewed said that, on the whole, they had already heard these messages before from other educators and on the radio, proving again how difficult it is to evaluate the impact of Smartwork alone. One worker stated that the only Smartwork message that was new to her was the fact that only one condom is necessary—some men insist on using two or three condoms at once to prevent infection, she said.

**Recommendations.** As described, the need for a comprehensive and methodologically rigorous KAP survey to assess workers’ sources of information (both old and new) is key to evaluating the effectiveness of the project. In the mean time, **it is recommended that message**

**reinforcement by multi-media be used as a useful tool to increase the likelihood of knowledge acquisition and application.** As described, this could occur by encouraging exchange, collaboration, and cooperation between different factories with a variety of HIV prevention strategies, including role play, sketches, and where possible the testimonies of those who are HIV positive and able to disclose.

#### **4.1.6 The sustainability of activities begun in the first phase**

*Findings.* If funding continues to be available, BCC activities begun in the first phase are sustainable on the whole, as they are extremely cost effective. However, apparently other staff salary, office rental, and administrative costs are very high in comparison to the amount spent on actual program activities; given the financial constraints, some streamlining may be necessary. The budget for the AED New Partners Initiative person, who will work in the Smartwork-Haiti office, may be able to cover some of the management costs. Alternatively (as described below), Smartwork may want to draw up an exit strategy and transfer capacity to local partners to build a sustainable legacy.

*Recommendations.* **It is recommended that a lot be done to build capacity within the factory settings.** For example, have active committees which represent all levels of employees; have relevant HIV policies in place and to train the workers themselves to be peer educators. As successful as the Smartwork educators are, there is no sustainable legacy in place if activities rely solely on their paid work in these settings—as is currently the case.

#### **4.1.7 Strengths and weaknesses of workplace strategy used**

*Conclusions.* The strengths of the strategy include the following:

- Good rapport between Smartwork and partner institutions (at all levels: owners, managers, human resources, workers) and consistent specific praise from all of them for Training Coordinator, Mr. Justin Lybéal.
- Excellent relationship with trade union federations despite their inability to work in factory settings. Their work in non-workplace settings and with the informal sectors is already a model for DOL interventions in other countries.
- Evidence of high levels of commitment and skills on the part of the Smartwork peer educators.
- High praise for quality of M&LL trainings, especially the way in which the testimony of PLWHIV/AIDS was used to increase awareness of stigmatization and of the effectiveness of anti-retrovirals.
- Some qualitative/anecdotal evidence of behavior change—e.g., increase in condom use and reduction in partners.
- Built-in flexibility and innovation to respond to challenging local situations and security.
- Extensive efforts to reach out to companies and bring them on board, particularly in the early phase of the project.

The weaknesses include the following:

- Lack of effective baseline study and statistically robust evaluation to attribute behavior change to the program.

- Lack of buy-in from partners at Ministry of Social Affairs and Labor and absence of national tripartite structure.
- Little building of institutional capacity for sustainability within enterprises or with other partners.
- Stakeholders lacked ownership of project—e.g., lack of involvement of factory floor workers (particularly the few who are HIV positive and able to disclose) on committees or as peer educators themselves (see below).
- Poor handover between country coordinators, resulting in lack of clarity/availability of documentation about how data for the data tracking tables during Phase 1 were collected.
- Lack of long-term sustainability/funding strategy or exit strategy (see below).
- Lack of communication and exchange between participating enterprises in order to share materials, experiences, and best practice.

## **4.2 Evaluation of the PEPFAR-Funded Activities To Date**

### **4.2.1 Accomplishments and effectiveness of project management team with respect to promotion of HIV/AIDS policies**

*Findings.* The data tracking tables and PEPFAR reports indicate that, in theory, all of the enterprises had introduced HIV/AIDS policies. It is not clear however, how this information was collected and what was the nature of the policies in question. As mentioned above, none of the five factories visited said that they had HIV/AIDS policies in place. This included SOCAHOSA, which was the subject of the employees' survey in 2006—during which over 40 percent of those interviewed claimed to have heard of their workplace policy. With the Association des Industries d'Haiti, Smartwork has developed a generic "Workplace Policy on HIV/AIDS," but little reference was made to this during visits and interviews.

*Recommendations.* **It is recommended that the generic policy, which is very comprehensive, be adapted to each local factory setting and awareness about it raised in a regular and sustained fashion.** Its existence should be a theme of sessions run by the educators and the policy themes, e.g. countering the discrimination, should be communicated to the employees as an integral part of the sensitization sessions.

### **4.2.2 Employers' and workers' understanding of AIDS at the targeted enterprises**

*Findings.* It is difficult to objectively say how much the program has affected workers' and employees' understanding of AIDS, due to the lack of rigorous evaluation. However, previous qualitative work and qualitative interviews carried out during the recent visit elicited that there had been some new understanding generated by the program. For many, the program offered the first chance to see a female condom and also, for those who had done the M&LL sessions, a chance to meet a PLWHIV/AIDS. Workers said during the recent evaluation, that, before the arrival of Smartwork, they had been skeptical of the existence of AIDS and had had erroneous beliefs about its transmission—e.g., they thought that it could be transmitted by social contact such as eating. They were also able to say that, thanks to the educational sessions, they now understood the difference between HIV and AIDS and the powerful effect of anti-retrovirals in maintaining a person's health and productivity.

**Conclusions.** The evaluation concluded that the program has not only probably served to increase understanding but also to increase communication and has opened up wider discussions about AIDS and about sex. The peer educators said that it was difficult to address these issues at first, but now people were happy to talk and to ask pertinent questions.

**Recommendations.** It is recommended that, perhaps within the suggested KAP survey, questions be incorporated that will not only enable a measurement of understanding, but of the social networks in which this understanding is embedded, reinforced, and challenged. Questions could document the transmission of information within the factory settings between workers and between employers and workers. It could also look at the transmission of information outside the factory—e.g., the abovementioned case of workers going back to their villages for holidays requesting leaflets to take back. The program would benefit from knowing to whom, and how, information is given and seeing if there is a cumulative or cascade impact on knowledge and understanding outside the workplace.

#### **4.2.3 Stakeholder understanding and capacity to address HIV/AIDS at the workplace and through other mediums**

**Findings.** Section 4.1.2 above discusses stakeholder understanding and capacity in relation to BCC activities, which made up the bulk of activities funded by DOL and which are now a large part of the PEPFAR-funded activities. In addition, PEPFAR initiated another set of activities that consist of onsite VCT in collaboration with the Bernard Mevs and CityMed health centers.

The particular issues with regard to stakeholder understanding of and capacity for VCT relate to the fact that employers noted that they were highly motivated to accommodate prevention and counseling activities in the workplace *if* they knew that treatment, in the form of anti-retrovirals, was available to those testing HIV positive. An integrated link between prevention, testing, and treatment is absolutely crucial to ensuring the successful continuation of the project, in reducing stigma, and in building sustainability to ensure long-term impact.

The visible commitment of the higher-level industry personnel gave the program credibility among workers. At SOCAHOSA, the head of human resources was himself tested; this, he reckoned, increased his workers' willingness to participate. Subsequent to their collaboration with Smartwork, the company had noticed a dramatic reduction in deaths of personnel from “many” to around just two per year.

As discussed below, the evaluation has found a considerable lack of coordination to date between the Smartwork educators, Smartwork's VCT partners (CityMed and Bernard Mevs), and other initiatives that carry out VCT, such as those provided by the insurance company DASH. DASH seems to be present in the majority of companies and also provides testing, anti-retrovirals, and follow-up. To date, individuals counseled by Smartwork may be tested by Smartwork's VCT partners or, frequently, in many settings, by DASH. If those counseled by Smartwork but tested by DASH turn out to be positive, then their follow-up is carried out by DASH and some sense of continuity is lost with Smartwork. Similarly, DASH does not follow up with workers in settings where DASH operates, but who are tested by Smartwork and its partners. This again leads to a potential lack of continuity of care. In one factory, the DASH



nurse who knew of workers tested by Smartwork asked for their results so she could follow up on their care. Issues of confidentiality preclude the results being handed over, but the situation is indicative of the lack of coordination between DASH, who are on site, and Smartwork/Bernard Mevs/CityMed, who simply visit, albeit regularly. The current lack of collaboration and communication with DASH at higher levels is epitomized by the fact that CityMed said that they had been told by DASH not to visit the workplaces where they had a presence. The almost competitive nature of the relationship between DASH and Smartwork is likely to hinder effective testing and treatment strategies where both organizations are encouraging VCT in the same workplace. Ironically, Smartwork trained the DASH workers in VCT. A dialogue needs to be re-opened with DASH to ensure optimum counseling, testing, and follow-up for workers with a focus on providing continuity of care but ensuring confidentiality at all times.

**Conclusions.** On the whole, there was very little building of capacity within factories with regard to skills transfer for the sustainability of HIV prevention and VCT. The health committees seemed to include very few members from the factory floor and, as a result, may be perceived by the workers to be rather over-intellectualized. None of the committees we talked to included anyone living with HIV/AIDS, despite the testimonies of those who had disclosed appearing key to convincing many people as to the real nature of the disease. Even where there was disclosure, such as at Haiti Metal, the PLWHIV/AIDS did not feel supported by the committee, despite having been stigmatized and marginalized. The program may need to think, particularly given future funding uncertainties, about how to increase the autonomy of the factories with regard to workplace activities.

**Recommendations.** If an exit strategy is adopted, it is recommended that it focus upon broadening the role and scope of the committees in order to create a long-term sustainable strategy so that education activities that are accessible to all can continue even without Smartwork's direct presence.

#### **4.2.4 Quality and use of materials developed by the project**

See section 4.1.3.

#### **4.2.5 Scope, content, and effectiveness of outreach campaigns conducted to promote HIV/AIDS workplace education and BCC policies**

See section 4.1.5.

#### **4.2.6 Current management structure of the project, its staff, and services provided**

**Findings.** The current management structure consists of a small staff based in the office in Port-au-Prince. This staff comprises the country coordinator, training coordinator, and finance officer, who are shortly to be joined by a recently recruited administrator. The other members of the local team are four educators who are based at the office and report back there after each workplace session. (There used to be six educators, but two left and will not be replaced due to the budget constraints associated with the reduction in PEPFAR funding.)

The project was set up by Mrs. Gessy Aubrey in 2001. For security reasons, Mrs. Aubrey now lives in Miami. She was replaced in October 2006 by current country coordinator Dr. Rudy

Magloire. Unfortunately, as described, there was very little hand-over with Dr. Magloire and office systems, data and monitoring procedures were started from scratch upon his arrival rather than transferred. Dr. Magloire has used his numerous contacts to continue to try to raise Smartwork's profile.

Mr. Justin Lybéral, Smartwork's Training Coordinator, appears to have an excellent relationship with factory staff and human resource managers. In each factory we visited, managers cited and congratulated him for his openness and availability. There was obviously a close follow-up on the activities and employers, as well as union leaders, felt that they could call upon him for advice and information. The educators seemed to appreciate his management style. He closely monitors their activities, keeping weekly and monthly records of all enterprises visited and the activities that took place within them. Mrs. Ruth Pierrri Louis is the Finance Officer and successfully took over in September 2006 despite, again, there having been no hand over with her predecessor. She received strong support from AED Washington, though she now feels that communication with the head office regarding financial systems and reporting has weakened a little and needs to be reestablished. An audit was carried out by Smartwork's former Washington-based coordinator in 2006, but it is recommended that an external audit take place before the next PEPFAR grant (COP 07) finishes.

#### **4.2.7 The current project strategy**

**Findings.** The current project strategy has certainly built on the strengths of the previous DOL-funded project, which saw the Smartwork workplace education program become one of the most innovative in Haiti. In particular, the work with trades unions fills a gap where no other NGO intervenes. The shift into VCT provision was a natural one as the educators are constantly encouraging people to get tested but, until now, the centers providing tests were often inconveniently far away. Having mobile testing facilities on site is likely to have created a demand that the educators can respond to with high-quality counseling and follow-up. Nevertheless, as described above, there is some replication, not to say a lack of communication, with regard to the onsite testing, particularly concerning services and follow-up provided by DASH. Overall, a more collaborative relationship with DASH needs to be developed.

The COP05 said that 10,000 workers would be given preventive messages about HIV/AIDS in the workplace. In fact 11,836 were reached. This is set to increase to over 26,000 for the COP06. In the COP06, 1,500 people were to have had VCT in the workplace; to date, 1,147 have done so (527 from Bernard Mevs by the end of July 2007 and 620 from CityMed by the end of the same period). It is concluded that the target is therefore likely to be met, if not exceeded, by the end of September 2007.

**Conclusions.** The fact that onsite VCT activities have been cut in the coming COP (07–08) means that Smartwork is now in the difficult position of having created a demand for testing services (through education) that it will not be able to meet directly. As stated above, Smartwork needs better coordination with DASH or a reappraisal of its relationship with current partners Bernard Mevs and CityMed. This relationship has worked extremely well to date but may have to change if, as is programmed by PEPFAR, Smartwork no longer funds the onsite VCT activities they undertake. PEPFAR needs to ensure that these VCT providers continue to provide

the services to the Smartwork project. This would increase the return on their investment first, in the VCT relationship established with the FY06 funds, as well as the ongoing prevention education at the Smartwork enterprises still funded by PEPFAR. As donor, and having made the decision to de-line them contractually, all would benefit if they ensure that this coordination continues.

**Recommendations.** It is recommended that the Smartwork educators be based at the two health centers and transfer their considerable general counseling skills to the centers' teams. This will build capacity for comprehensive workplace education both in relation to, and separate from, testing. Smartwork educators could address general themes (for example, stigma), prepare the ground for testing in collaboration with the health centers' existing personnel, and subsequently be more integrated into follow-up counseling for those who test positive. In this way, there would be a more sustainable education program left in place for the two health centers and Smartwork educators would be able to pass on, and indeed build upon, their considerable expertise in collaboration with testing services.

#### 4.2.8 Reporting requirements, monitoring and evaluation systems

**Findings.** When each peer educator does a session, s/he is required to fill in a form to note the number of participants, their sex, the themes addressed, and positive and negative aspects of the session. It is noted whether condoms (male and female) are distributed and whether other materials (e.g., leaflets) are given out. It is also noted if tickets are given out for VCT. However, these tickets can also be given to the company nurse and people come and get them from her later. It is thus not clear exactly how many are actually given out. Each form returned to the Training Coordinator has to be signed by a company manager. These data are entered into a weekly spreadsheet, categorized by factory, and then into a monthly report which forms the basis of the annual report for PEPFAR which also draws on the country coordinator's weekly and monthly reports.

Both Bernard Mevs and CityMed furnish a monthly VCT report to Smartwork which gives, by company, the number of people counseled and tested, the number of positive and negative results and the numbers receiving post-test counseling. This again is entered into the overall reporting for PEPFAR. In general, the monitoring systems are very comprehensive and permit accurate and relevant reporting to funders, allowing them to see if, how, and when targets have been met. However, as described above, there is no direct way of seeing if Smartwork has influenced offsite testing. It is recommended that the ticket system be strengthened and that both Bernard Mevs and CityMed specifically ask people for tickets when they present for VCT and then subsequently note this in their register along with follow-up information. The USAID representative responsible for the PEPFAR grants associated with VCT said, when interviewed, that he had requested more specific details on VCT among factory workers. In particular, he wanted to know how many of the people referred by Smartwork educators finally got tested both within and outside the factory setting.

**Conclusions.** With current monitoring systems, we are unable to answer the question about testing of referrals but could do so if the ticket system was more carefully monitored. Currently, tickets are not registered if they are handed in, but according to the staff at Bernard Mevs, the

numbers coming with tickets are in any case very small. It is impossible to say whether this is because people do not come with tickets (it is a free service after all) or whether people simply do not refer themselves in great numbers after Smartwork's educational sessions.

#### **4.2.9 Effect of Phase II change in scope of stakeholder commitment**

**Findings.** If anything, stakeholder commitment probably increased once the onsite VCT testing was introduced as this was such an innovative and timely intervention. As remarked above, it was found that factory owners and managers all see onsite testing as a great asset *if* it is clearly linked to treatment services. However, for the period for the coming COP (07–08) when monies for VCT will be given directly to those providing the testing, it is likely that the commitment of certain stakeholders, particularly those who are partners in delivery, will change considerably. Bernard Mevs and CityMed health centers could, in theory, work independently of Smartwork if they receive PEPFAR funding directly and this may result in a change in Smartwork's relationship with them. This is why it is necessary that Smartwork decides if it is going to continue current education activities (which will require strategic fundraising from a variety of sources) or if it is going to establish an exit strategy whereby skills and education personnel are transferred to partners such as CityMed and Bernard Mevs and/or to factory settings directly. In the latter scenario it is important that PEPFAR continues to mentor and monitor the project to ensure coordination and to avoid replication.

**Conclusions.** Smartwork's achievements to date have been considerable, particularly in the light of political upheaval. However, as a "brand," the project has not done a very good "public relations" job of projecting its image or in building networks among companies. This might be difficult to do, as companies are notoriously difficult to get to collaborate. However, it might be possible to keep up stakeholders' interest through a newsletter (either hard copy or online) or by inviting them to attend educational sessions in factories and see for themselves the challenges and successes of the project. Smartwork spoke of having an employers' dinner with a prize for the best workplace initiative. This is likely to engage existing employers' interest and to spark the curiosity of potential new partners, and is therefore recommended.

#### **4.2.10 The relationship between the project director, other staff, AED headquarters, and the PEPFAR country team**

**Findings.** The relationship between the country coordinator (project director) and the other staff seems good. There is a positive working environment and a spirit of collaboration and cooperation. The relationship between the office staff and AED seems good despite the departure of the Washington-based coordinator in May 2006. Both the country coordinator and the training coordinator requested visits to AED headquarters, but so far these have not been arranged. The training coordinator may benefit from English language training, as he is hampered in certain communications with the AED head office and with other partners regarding activities and their monitoring.

Relations with the PEPFAR country team seem good. However, the representative responsible for VCT who was interviewed in Port-au-Prince acknowledged that there had been a lot of rotation of management of the project at their level. The VCT representative had to cover the

prevention side of the dossier when the USAID person who had formerly been managing it left. Although this probably increased his workload, it is good that he had an overview of both the prevention and testing aspects of the program. Nevertheless, the departure of Mrs. Aubrey and Smartwork Haiti's poor institutional memory of what had been done and how it was recorded has probably made communication with PEPFAR at least a little problematic, especially when the new Smartwork personnel took over at the end of last year (which was also when Haiti PEPFAR/USAID contacts changed). Although PEPFAR was clearly interested in the project, there was very little direct administration of the grants. Only one report was submitted last August regarding the funds, and it did not reflect the content of the COP 05 language (which referenced working with youth and the informal sector). In the opinion of the DOL representative, the COP 05 perhaps reflects PEPFAR's lack of understanding of Smartwork, the "emergency" method of disbursing enormous amount of funds under a new program, and a distanced relationship to Smartwork from the PEPFAR team because no one was dedicated to prevention (until now) and it therefore fell into the portfolio of the person responsible for VCT.

The PEPFAR representative was nevertheless keen that VCT activities continue in some capacity but had been told that the funding needed to be "streamlined." Regardless of whether funding is given to Smartwork directly or to Bernard Mevs or CityMed, it would be subcontracted to their partner VCT contractors, in his view, the VCT activities have to continue. However, as discussed above, he advocated for greater in-depth monitoring, not just of the numbers referred who actually show up for testing, but, for example, around follow-up of people who test positive. For example, he would like to know if they are systematically incorporated into a support group for PLWHIV/AIDS. He had addressed a number of these issues in an email to the current Smartwork Country Coordinator but had not had a reply. The DOL representative involved in the evaluation requested that she be copied on such emails. Indeed, it seems that part of the "branding" problem referred to above is that DOL is often left out of communication despite being the initial funder and the legal contracting authority for all PEPFAR funds. It is therefore recommended that communication be improved at all levels and be particularly inclusive of DOL.

#### **4.2.11 The relationships between project staff and stakeholders**

*Findings.* The relationship between project staff and stakeholders is generally good. The country coordinator's long experience means that he is well known and connected with high-level service providers, international NGOs, and funders, including USAID. The training coordinator seemed to be universally known, welcomed, and respected in the participating factories. The unions also had praise for the staff and wished to extend their collaboration in the long term. Where there seemed to be a lack of ongoing exchange was with the Ministry of Social Affairs and Labour. It is recommended that, in the future, Smartwork seek to engage them in further training sessions and have them observe education sessions in factory settings, with a view to developing a more in-depth partnership leading to greater sustainability and a fresh attempt to create tripartite involvement, particularly around the need for legislative protection.

#### **4.2.12 Effectiveness of implementation of activities**

See Section 4.1.1 above.

#### **4.2.13 Assessment of the sectors, enterprises, and organizations and services targeted for assistance and why they were chosen**

**Findings.** The vast majority of the enterprises where Smartwork currently works are in the manufacturing sector. A large number make clothing and apparel for the American market for companies such as Haines and Walmart. In 2005 Smartwork had tried to branch out to work in other sectors, and a number of managers and employers from banks, hotels, and the airline industry had participated in the M&LL workshops. However, the training coordinator said that their employees had subsequently never been involved in Smartwork activities due to a lack of time during their working day. As described above, even involving employees from the clothing manufacturing industries is very difficult: either they are paid piecemeal and are reluctant to leave their work, or their supervisors are not keen for them to leave the factory floor and thus interrupt productivity.

Initially a lot of the enterprises contacted were those where Smartwork's first country coordinator, Mrs. Gessy Aubrey had had personal contacts. Of the five factories visited during the evaluation, most mentioned that it was the personal contact with Mrs. Aubrey that had convinced them to come on board. However, since Mr. Justin Lybéral took over the training activities, the contact with Haitian businesses has been consolidated and work with individual companies expanded even if the total number of companies involved with Smartwork has diminished. To his credit, it seems that even enterprises which do not currently participate in the program are kept abreast of activities, and that he regularly follows up with them using telephone calls. Of those visited, many mentioned that they appreciated this close contact, which would facilitate their future participation when productivity would permit.

The federations of union leaders provide an important dimension to Smartwork's activities and enable the program to expand to diverse audiences in the informal sector and among groups of young people and women. Again, Mrs. Aubrey initiated this contact. According to the former AED coordinator from Washington, she did so because she had seen how important and effective union involvement had been in other Smartwork countries.

**Recommendations.** It is recommended that the momentum and contact, even with non-participating enterprises, be continued with the aim of getting them on board in the near future. It may be possible to work more closely with the Ministry of Social Affairs and Labor or the Chamber of Commerce to engage more enterprises, particularly those outside the clothing manufacturing industry. It is also necessary to look at the possibility of expanding factory-based work outside of Port-au-Prince, funding permitting.

#### **4.2.14 Assessment of the relationship between the project/DOL, AED staff, and the PEPFAR team**

**Findings.** Relations with the PEPFAR team are good despite their initial lack of understanding of the Smartwork program and a high turnover of staffing. PEPFAR appeared to have closely monitored the project and is keen to see it succeed. Problems have occurred in relation to the nature, timing and communication of decision-making with regard to funding. In particular, Smartwork has found it extremely difficult to plan around the last PEPFAR COP 07, which was

reduced from around \$900,000 at submission to over \$600,000 and finally to \$350,000 just two months before activities were due to commence in October 2007. In addition, the scope and content of the COP 07 is still the same as the scope submitted in the initial proposal of over \$900,000, despite the fact that the budget has been reduced by approximately two thirds. Obviously this needs to be rectified.

The PEPFAR grant currently goes through DOL, but DOL is sometimes not copied in regarding key communications between PEPFAR and Smartwork staff in both Haiti and D.C. In addition, a lack of communication is evident vis-à-vis VCT partners. PEPFAR has said they will fund them directly and thus reduced the COP 07 budget. However, this decision was made by the PEPFAR team (CDC) with no consultation and the VCT partners (Barnard Mevs and CityMed) were unaware of this new strategy. AED was informed by DOL. PEPFAR were unaware that they are Smartwork's sole funder.

**Conclusions.** Lessons that may be useful to other countries could include the need for greater dialogue between all partners (AED, DOL, and local partners) involved in PEPFAR funding activities. Also, Smartwork needs to assume a role of advocate for long-term sustainable program content. To date, the funding Smartwork has received from PEPFAR has not permitted a coherent evolution of the project. For example, the funding for VCT was included in COP 06 and then cut in COP 07, obliging Smartwork to constantly reorient its focus with financial resources that fluctuate significantly from year to year.

#### **4.2.15 The project's sustainability plan**

**Conclusions.** Smartwork needs to decide if it is going to continue in its current form, in which case greater and more diverse sources of funding are needed.

**Recommendations.** **If diverse funding sources are to be pursued, there needs to be a specific emphasis on intensive fundraising, with proposals drawn up and ready to go when funding deadlines arise.** For example, the recent deadline for Global Fund funding was missed, as the information about the call for proposals was received too late by the country coordinator. There needs to be a pool of easily accessible standard information about program activities, indicators, and budgets that can be quickly inserted into funding applications at short notice as calls for proposals occur.

**Alternatively, Smartwork could start thinking of an exit strategy that would see it build a legacy of enhanced capacity, particularly in the field of BCC and preventive education.** It is possible that the current team of educators could be transferred to the VCT partners, which next year will receive no direct funding from Smartwork but rather direct funding from PEPFAR (via local NGOs). Based actually in the health centers and going into the factories with the mobile testing teams, the educators could enhance pre- and post-test counseling by a wider array of preventive and educational activities addressing issues such as stigma. They could also work to enhance the capacity of those in the workplace to carry out independent educational activities, increasing autonomy and long-term sustainability.

#### **4.2.16 Future directions of the project**

##### ***Conclusions.***

1. Smartwork needs to decide if it is going to continue to be a frontline service provider, in which case a more aggressive and pre-emptive fundraising strategy exploring diverse sources needs to be put in place. Alternatively, Smartwork could formulate an exit strategy by which skills and personnel are transferred to current partners and stakeholders, particularly the VCT centers, as Smartwork's involvement winds down.
2. Current and future work in factories needs to be better coordinated with other organizations, such as DASH, which intervene in the same domain. PEPFAR should help Smartwork address why collaboration is not happening now to think strategically about how to make it happen. A dialogue needs to be reopened and maintained with DASH regarding collaboration and to ensure the vital link between testing and treatment which encourages employers to participate.
3. A new KAP survey needs to be implemented to assess impact in an objective scientific manner. Baseline data could take the form of existing surveys such as the Demographic and Health Survey; technical assistance may be required from competent Haitian research partners. Statistically sound evidence of impact on behavior will be an asset for advocacy and for seeking funding with regard to the future development of the project.
4. The project would benefit from increased collaboration between program recipients so that different industries could systematically share experiences and information. This could build institutional capacity within commercial settings which is lacking to date.
5. HIV/AIDS workplace policies need to be tailored to workplace settings, adopted and promoted by management and HIV committees within companies, and disseminated locally as an integral part of educational activities and as evidence of employer commitment.

On the whole, Smartwork is to be congratulated for its remarkable achievements during some very difficult periods. It is hoped that the project's legacy will continue to reflect the obviously innovative and committed work of Smartwork staff and partners.



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## **ANNEX 1**

### **SCOPE OF WORK**

#### **EVALUATION OF THE ACADEMY FOR EDUCATIONAL DEVELOPMENT SMARTWORK PROJECT IN HAITI**

##### DESCRIPTION OF PROJECT

The U.S. Department of Labor awarded a four-year grant to the Academy for Educational Development (AED) to implement a FY2001 \$9 million global HIV/AIDS in the workplace program. As part of this program, AED began a four year \$651,980 SMARTWork (Strategically Managing AIDS Responses Together) project in Haiti in 2001.

SMARTWork's strategy was to work with business, labor, and government leaders to develop their awareness of the existing and growing danger of HIV/AIDS and to act to address it in the workplace. In November 2003, the SMARTWork Staff at AED and the Country Coordinators met to re-evaluate their Project Matrix. Together with USDOL they developed a new Project Matrix with two overarching development objectives that served as the long-term direction for the project.

1. Reduce the rate of HIV infections as a result of workplace educational and prevention programs
2. Reduced level of Workplace Discrimination Against Workers Living with HIV/AIDS

These objectives were to be accomplished by pursuing three Immediate Objectives,

1. Improved Status of Psychosocial Factors underlying risk behaviors (knowledge, attitudes & norms)
2. Increased Use of Available HIV/AIDS workplace Programs
3. Increased knowledge and understanding of policies and rights

These Immediate Objectives were supported by the Sub-immediate objectives which are the following:

1. Increased Availability of HIV/AIDS-workplace Programs (best available quality)
2. Reduced Stigma Against Persons Living with HIV/AIDS in the workplace
3. Improved Workplace Policies
4. Increased Levels of Partnership and Commitment by Workplace Stakeholders
5. Increased Capacity of Workplace to Offer comprehensive HIV/AIDS Policies and Programs on a Sustained Basis
6. Improved National Level Policy and Program Framework Related to HIV/AIDS at the workplace
7. Improved Coordination and Cooperation Between Tripartite Actors at the National Level

A list of activities conducted under these objectives is provided in the AED Final Report.

The project began a **Phase II** when it received President's Emergency Plan for AIDS Relief (PEPFAR) funds from the Office of the Global Aids Coordinator, through the USDOL headquarters using the existing grant mechanism.

In **FY2005** PEPFAR funded \$200,000 to the Haiti SmartWork program through its Abstinence Be Faithful funds. The scope of work for these funds included working with pre-adolescents, adolescents and youth who work in the informal sector, and have little or no exposure to Abstinence Be Faithful or Behavior Change Communication. The project was to collaborate with indigenous sub partners already working with these groups and help informal workers and ex-gang members start their own micro enterprises, reaching these significant groups with workplace programming on AB, training trainers among these groups to form peer educators.

In **FY2006** PEPFAR funded the SmartWork program, providing \$350,000 through its Condom and Other prevention program. SmartWork would initiate employee based AB and BCC activities in up to 18 large enterprises within their network. The programs outlined included similar activities to the previous SMARTWork activities, such as providing training to HIV/AIDS worker management planning committees and other Technical Assistance to enterprises, as well as conducting Labor Management training workshop using its previous curriculum.

PEPFAR programming also suggested SmartWork hire and train six trainers to increase its capacity to provide prevention education and other HIV/AIDS-related services to workers and their families. In addition, they were to conduct training of trainers (TOT) for 15 women from participating labor union confederations in collaboration with Policy Project/Futures Group [Confederation des Travailleurs Haitiens (CTH), Centrale Autonome des Travailleurs Haitiens (CATH), Organisation Centrale Independante des Travailleurs Haitiens (OGITH) for advocacy with other partners.

In addition FY 2006- took SmartWork in a new direction, providing \$150,000 for Smart Work to develop and maintain a network of 3 voluntary counseling and testing (VCT) centers targeting the workers at the Industrial Park, drivers registered at the Drivers Union (DU) and the teachers associations (STA). One of the 3 VCT centers was to be facility based and serve as referral for the provision of palliative care to any HIV+ clients in the network.

In **FY2007** PEPFAR funded the USDOL AED SmartWork program providing \$600,000. It provided \$350,000 for continuing work through Condom and Other prevention funding, with the following activity areas:

1. Working with unions, to establish union based prevention activities
2. Develop a "manly man" strategy that emphasis condom use, reduced number of partners and faithfulness to one partner, to be implemented in male dominated workplaces such s bottling companies.
3. Develop Information, Education, Communication (IEC) campaign for transport sector, to identify driver, and develop "transit tunes' activity.
4. Target female workers to empower them to use condoms and negotiation strategies.

It also received \$250,000 through Counseling and Testing (CT) funds to expand existing CT services, from three to five sites to serve workers at specific worksites and teachers association. Activity 2 also mandated that SMART Work work with Futures group to encourage enterprises to adopt anti discrimination policies.

Since the end of the original five year grant, the Haiti SMARTWork program's strategy continues to conduct workplace activities, but it has also broadened its scope to include new project activities such as establishing VCT centers. SmartWork has branched out beyond the original project matrix, and now must reach the PEPFAR indicators associated with the additional funds.

## II. EVALUATION PURPOSE(S)

The purpose of this evaluation is two-fold.

First, it will look at the results from the SMARTWork program to gather lessons for DOL's workplace programs in 23 other countries, to look at what the project was able to accomplish in its five years, what worked and what didn't and possible reasons why.

Second, it will look at how the program has been functioning since PEPFAR funding began, whether it is effectively building on previous work, whether DOL should continue to implement the program, how activities are begin managed and implemented, and provide recommendations for future activities.

## III. PROJECT ACTIVITIES

Please see final report from AED DOL grant and previous progress reports for more detailed description of project activities. The program's initial goal was to establish workplace programs in 8 enterprises. It surpassed the original target number, reaching a total of 32 enterprises by the end of Sept. 30, 2006. Specific accomplishments include:

- 32 enterprises with educational sessions, condom access STD and OI treatment.
- 32 enterprises with written workplace policy.
- 32 enterprises providing time during workday for HIV education and 20 with active committees with workers and management represented.
- 146 people trained at the national level on HIV AIDS programs and policies.
- 108 HIV resource people used at enterprises.
- 49 presentations and workshops to engage employers.
- 7,909 project IEC educational materials distributed though the project and 94 partner organizations (employers, unions, government, NGO, workplace, etc.)

For a more in-depth analysis of program challenges and impact after looking at worker Knowledge, Attitudes, Beliefs, and Practices (KABP) surveys, please see AED Final report, and Haiti sections of the Final Report Annexes.

Activities post September 30, 2006 include:

- Managers and Labor Leaders (M&LL ) workshop conducted for Banking System
- 1 Training session for 8 educators
- 20 Enterprises affiliated to SMARTWork strategy
- 1 TOT session executed
- 2 Follow up sessions conducted for educators:
- 10,000 workers reached (initial target of 6000)
- 16 visual Aids produced
- 1 TOT for 15 women
- Referral system created using voucher/ticket strategy
- 2 VCT centers as sub recipients: 2 already functioning (Centre Bernard Mevs and March/CityMed)

- 211 People tested for HIV/AIDS and received results

#### IV. EVALUATION TEAM

##### **A two/three person evaluation team will carry out the evaluation.**

- An outside contractor with specific skills in international project evaluation, familiar with HIV/AIDS project implementation, fluent in French, and preferably with experience in the Caribbean or Central America.
- Paula Church, USDOL Program Manager for the HIV/AIDS project in Haiti.
- Chad Rathner, Senior Program Manager, HIV/AIDS, AED.

#### V. EVALUATION SCOPE

##### **1. Evaluate the results from the first five years of the SMARTWork program and gather lessons for DOL's workplace programs in 23 other countries, evaluate what the project accomplished, what worked and what didn't, and develop potential reasons why.**

First the evaluator will review the documents and monitoring data generated by the first five years of the project under DOL funds. Because the umbrella grant for this project ended September 30, 2005, the implementer (AED) has done a final report, with annexes and analysis of the five years of activities in Haiti, as well as other countries.

The evaluator will review these documents in order to take full advantage of the evaluation field visit. Where the AED reports and data generate more questions or need to clarify information, additional suggestions can be proposed for interviews in the field. After reviewing the data and documents, the evaluator will write a brief four page report that will BRIEFLY address the following questions:

- Was the data collection methodology appropriate given the time and budgetary constraints? How could it be made better?
- Would it be helpful to conduct another survey in the future? If yes, how could the survey be most helpful?
- Is there conflicting data? Can you determine a possible cause if there is? (e.g. 83% of executives did not believe HIV positive person should continue to teach, yet 75% believe their employer would keep HIV positive employees within the company)
- In general terms, what do the reports and data highlight as the project's strengths and weaknesses?
- What additional interviews could be suggested to better evaluate the project impact?

Once the team is ready to conduct the field interviews, the evaluation will look at the following regarding the first five years of the program:

1. Assess the quality and impact of project activities on the target groups,
2. Stakeholder understanding and capacity to address HIV/AIDS at the workplace and VCT centers.
3. Quality and use of the materials developed by the project. (Best practice manuals, information/awareness raising brochures, posters, advocacy films etc.)
4. Impact of trainings provide on beneficiaries.
5. Scope, content and effectiveness of outreach campaigns conducted to promote HIV/AIDS workplace education and BCC policies.
6. Sustainability of activities begun in the first phase
7. Strengths and weaknesses of workplace strategy used

## **II. Evaluate the PEPFAR funded activities to date.**

**The evaluation will look at how the program has been functioning since PEPFAR funding began, whether it is effectively building on previous work, whether DOL should continue to implement the program, how activities are being managed and implemented, and provide recommendations for future activities.**

1. Evaluate the quality and impact of project activities on the target groups, including:
  - a. Accomplishments and effectiveness of Project Management Team (PMT) with respect to promotion of HIV/AIDS policies.
  - b. Employer and worker understanding of HIV/AIDS at the targeted enterprises.
  - c. Stakeholder understanding and capacity to address HIV/AIDS at the workplace through workshops and other mediums.
  - d. Quality and use of the materials developed by the project. (Best practice manuals, information/awareness raising brochures, posters, advocacy films etc.)
  - e. Scope, content and effectiveness of outreach campaigns conducted to promote HIV/AIDS workplace education and BCC policies.
2. Evaluate the current management structure of the project, its staff and the services it has provided.
3. Evaluate the current project strategy. Does it build on the previous project strengths? Are the new activities reaching their objectives?
4. Assess project management in the second phase. This includes reporting requirements and monitoring and evaluation systems.
5. Assess level of stakeholder commitment to project (NGOs, the Government, trade unions, employers and workers, USAID, ILO, US Embassy, City Med, Bernards Meves) How has the change in scope in phase II affected stakeholder commitment?
6. Assess the relationship between the Project Director, other staff, AED headquarters, and the PEPFAR country team.
7. Assess the relationship between project staff and stakeholders.
8. Determine how effective implementation of activities has been.
9. Assess the sectors, enterprises and organizations and services targeted for assistance. Why were they chosen?
10. Assess the relationship between the project/DOL AED staff and the PEPFAR country team. Have there been any lessons learned in this relationship that might prove helpful in other countries?
11. Evaluate the project's sustainability plan, if any. Are project activities and improvements likely to be sustained after project completion, and by whom?
12. Is the project on track for meeting its PEPFAR indicators?

## VI. EVALUATION METHODOLOGY

**Document Review.** The evaluator will review the following documents before conducting any interviews or trips to the region. They will have a conversation meeting with the project manager after having read the documents to confirm familiarity.

- The project documents, matrix
- Quarterly reports (at a minimum review from #15 forward)
- Final report for global program
- Final report, annexes for Haiti
- Trip Reports
- Excel with worker survey data (?)
- Workplans

- PEPFAR COP sections for AED (2005, 2006, 2007)
- Project reports to PEPFAR

### **Pre- Trip Data analysis report**

Before the trip and after reviewing final report and worker survey information, the evaluator will draft a brief report (4 pages) identifying issues that need to be further investigated based on PMP data collected.

### **Pre- Trip Meeting**

The evaluation team will teleconference briefly before any interviews are conducted to ensure that the TOR is clear, travel plans are coordinated correctly, the evaluations objectives, questions, and team roles are clear, and to ensure the best itinerary possible for the team to achieve the evaluation's objectives.

### **Pre-Trip US Individual Interviews**

The evaluator will interview US based staff that worked on the project prior to departure. If at all possible the evaluator will interview both previous and current AED staff involved with the project at headquarters and in the field. These interviews can be conducted via telephone.

**Observation.** If timing during a trip to the region permits, the evaluator will attend a training during the field visit, to observe the quality of the message and the reaction of the participants and if possible, chat informally with them.

### **In Country Interviews (May be individual or group interviews)**

Interviews will be conducted with the following:

- Project Staff
- CDC Person who has project in the portfolio
- Other PEPFAR team members (AID, CDC, Embassy)
- Management and workers at participating enterprise
- Management and workers at SOHACASA (if possible)
- National level stakeholders (ADIH, Union)
- Staff at VCT centers (visit centers)
- Union members who have received training
- Labor Ministry staff who have participated in project.
- TBD based on initial report
  - E.g. Person who conducted worker survey interviews
  - E.g. Workers/management at enterprise that conducted baseline

### **Debrief**

The second last day in the field, the evaluator will draft a short summary of primary conclusion and recommendations around the questions asked in this TOR. This will be discussed with the other team members, and on the final day in the field, shared verbally during a debrief with the project staff.

Upon completion of the full draft report, the evaluator will provide via teleconference a debriefing to ILAB, AED and PEPFAR.

**Roles**

ERG evaluator will:

- Schedule and conduct US Based interviews.
- Provide flight information to USDOL program manager two weeks before departure.
- Lead meetings in the field.
- Draft summary conclusions recommendations while in field to share with team member and de-brief with staff on final day.
- Draft and circulate reports for feedback from other team members.

DOL project manger will:

- Provide project documents to evaluator
- Make hotel and travel arrangements via embassy
- Provide additional support to set up interviews with USG stakeholders if necessary.
- Read and provide comments on reports within 4 workdays

AED project manager will:

- Work with field staff to set up interview schedule.
- Provide staff time for interviews
- Read and provide comments on reports within 4 workdays

**VII: DURATION AND MILESTONES OF EVALUATION**

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

| <b>Tasks</b>                                 | <b>Work Days</b> | <b>Tentative dates</b> |
|--|------------------|------------------------|
| Document Review                              | 3                | July 2-5               |
| Draft data report and strategy               | 1.5              | July 4-5               |
| US based interviews and discussions with DOL | 1.5              | TBD                    |
| Travel                                       | 2                | July 15/21             |
| Field interviews                             | 5                | July 16-20             |
| Draft Report                                 | 5                | July 20-25             |
| Finalization of Document                     | 3.5              | August 2-5             |
| 21.5   |                  |                        |

Please note that after discussion with ERG and DOL the number of work days was increased to 27.

**VIII: DELIVERABLES**

- A Data document review summary analysis report
- B. Pre-Evaluation Trip meeting with team to discuss roles, responsibilities.
- C. Draft Report that outlines general findings
- D. A Final Report, original plus 5 copies, will be submitted to USDOL within three days after receiving final comments from USDOL. .



## **IX. REPORT**

The ERG evaluator will complete a draft of the entire report following the outlines below, and share electronically with the USDOL Program Manager and AED member of the evaluation team by July 27. The ERG evaluator will re-draft incorporating USDOL comments where appropriate and provide a final version within three days of having received final comments from USDOL.

The final version will follow the following format (page lengths by section illustrative only), and be no more than 20 pages in length, excluding the annex:

1. Title page (1)
2. Table of Contents (1)
3. Executive Summary (3)
4. Acronyms (1)
5. Background and Project Description (2)
6. Purpose of Evaluation (.25)
7. Evaluation Methodology (.5)
8. Project Status (.5)
9. Findings, Conclusions, and Recommendations (no more than 10 pages)  
This section's content should be organized around the TOR questions, and include the findings, conclusions and recommendations for each of the stated questions.

Annex

TOR for Project Evaluation

List of Meetings and Interviews

## ANNEX 2

### LIST OF MEETINGS AND INTERVIEWS

| <b>Date</b> | <b>Interview</b>            | <b>Position</b>   |
|-------------|-----------------------------|---|
| 07/23/07    | Jessy Dévieux (telephone)   | Consultant Trainer  |
| 07/23/07    | Matthew Roberts (telephone) | Former Project Director for Smartwork (globally)                                    |
| 07/25/07    | Andrea May (telephone)      | Program Manager, Smartwork, AED, Washington   |
| 06/08/07    | Dr Rudy Magloire            | Country Co-ordinator, Smartwork Haiti   |
| 06/08/07    | Justin Lybéral              | Training Co-ordinator, Smartwork , Haiti  |
| 06/08/07    | Dr Jean Claudel Marchand    | Coordinator, VCT Programme, Centre Bernard Mevs                                     |
| 06/08/07    | Dr Pepetue Dorilas          | Physician, Counselor, VCT Programme, Centre Bernard Mevs                            |
| 06/08/07    | Zamor Windy                 | Accountant, VCT Programme, Centre Bernard Mevs                                      |
| 06/08/07    | Bitchard Gaudard            | Computer technician, VCT Programme, Centre Bernard Mevs                             |
| 07/08/07    | Patrice Numas               | Union Leader, OGITH   |
| 07/08/07    | Fignolé St Cyr              | Unio Leader, CATH   |
| 07/08/07    | Paul Chey                   | CTH   |
| 07/08/07    | Dr Tony Augustine & team    | CityMed/ March  |
| 07/08/07    | Pierre Stevenson            | Human Resources Manager, Palm Apparel   |
| 07/08/07    | Pétion Télémaque            | Plant Manager, Palm Apparel   |
| 07/08/07    | Yvon Charles                | Personnel Manager, Palm Apparel   |
| 07/08/07    | Two factory workers         | Palm Apparel  |
| 07/08/07    | Etienne Beauvoir            | Director, Island Apparel  |
| 07/08/07    | Evens Juste                 | Accountant, Island Apparel  |
| 07/08/07    | Mlle Danielle P Sénat       | Head Nurse, Island Apparel  |
| 07/08/07    | Mlle Suze Abellard          | Nurse, DASH, Island Apparel   |
| 07/08/07    | Guy Noisin                  | Accountant, Health and Safety Committee member, Island Apparel                      |
| 07/08/07    | Paul Frenel Nerette         | Administrator, Health and Safety Committee member, Island Apparel                   |
| 07/08/07    | Jula Selchin                | Quality Control Officer, Health and Safety Committee member, Island Apparel         |
| 07/08/07    | Louis-Marc Pierre Louis     | Human Resources Officer, Brasserie Nationale d'Haïti                                |
| 07/98/07    | Nicole Alvarez              | Human Resources Officer, Global Manufacturers Contractors (GMC)                     |
| 08/08/07    | Calixte Clérismé            | Consultant, Centre de Recherche pour le Développement(carried out Employees' Study) |
| 08/08/07    | Saveur Bernard              | Worker, Haïti Metal, (PLWHIV/AIDS)  |
| 08/08/07    | Romuald Legerme             | Warehouse Manager, Health and Safety Committee member, Haïti Metal                  |
| 08/08/07    | Jean Marie César            | Manager, Worker, Health and Safety Committee member, Haïti Metal                    |
| 08/08/07    | Petit Zil Roosevelt         | Mechanic, Worker, Health and Safety Committee member, Haïti Metal                   |
| 08/08/07    | Patrice Joseph              | CDC, Responsible for VCT aspects of PEPFAR  |
| 09/08/07    | Ruth Pierre Louis           | Finance Manager, Smartwork , Haïti  |
| 09/08/07    | Liony Accelus               | POZ (Local NGO) and PLWHIV/AIDS   |
| 09/08/07    | Emmanuel                    | Human Resources Manager, SOCAHOSA   |

**List of Meetings and Interviews (Cont.)**

| <b>Date</b> | <b>Interview</b>             | <b>Position</b>   |
|-------------|------------------------------|---|
| 09/08/07    | Esther Cadet                 | Workers, SOCAHOSA   |
| 09/08/07    | Clementine Vincent           | Workers, SOCAHOSA   |
| 09/08/07    | Rosemarie Ays                | Workers, SOCAHOSA   |
| 10/08/07    | Sherline Bellande            | Educator, Smartwork, Haïti  |
| 10/08/07    | Jean Romy                    | Educator, Smartwork, Haïti  |
| 10/08/07    | Guillaume Marie Yolène       | Head of Personnel , Ministry of Social Affairs and Work                       |
| 10/08/07    | Laure Garçon                 | Head of Women's and Children's Services , Ministry of Social Affairs and Work |
| 10/08/07    | Jean-Baptiste Marie Carmelle | Head of Workers' Retraining, Ministry of Social Affairs and Work              |
| 10/08/07    | Marguerite Saint Surin       | Member of the Technical Office, Ministry of Social Affairs and Work           |
| 10/08/07    | Michel Loussaint             | Member of the Technical Office, Ministry of Social Affairs and Work           |
| 08/16/07    | Gessy Aubrey (telephone)     | First Country Co-ordinator, Smartwork, Haiti                                  |
| 08/08/07    | Susan Rodgers (telephone)    | Senior Research and Evaluation Officer, AED                                   |

**ANNEX 3**

**PRE-TRIP REPORT**

**SMARTWORK, HAITI**

**PRE-TRIP REPORT**

**Sarah Castle**

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**July 18, 2007**

## **1.0 Appropriateness of data collection methodology**

The pertinent documents available for review were Appendix D-Haiti of the Smartwork Final Report and a series of SPSS printouts of data of unclear origin. Appendix D-Haiti comprised the 'Employee Survey on HIV/AIDS Knowledge, Beliefs and Practices' (KAPB) (September 2006) by Calixte Clerisme, Susan Rogers and Gessy Aubrey. The document appears to be an analysis of a survey of employees and management within one clothing manufacturing company in Haiti's capital city, Port-au-Prince. The study, carried out in August 2006, refers to a pre-intervention or baseline survey which took place in June 2004. However, only a small amount of the analysis contained in the document compares differences in percentages relating to knowledge and risk behaviours, stigma and workplace attitudes between the two surveys. References were made to additional tables in an appendix to the document but these were not made available to the consultant.

While reviewing Smartwork Haiti's Quarterly Reports, reference was found to both the baseline survey and to the follow up survey referred to as 'Employee study' (QR#18). Whilst the execution of the baseline study is acknowledged in Quarterly Report #12, no reference is made to it in any of the subsequent quarterly reports and it is unclear if, or how, the findings were used to form programme priorities and development.

As a means of evaluating the impact of the Smartwork programme in Haiti, the 2006 Employer Survey requires more clarification as to how far it can be considered representative. At the time of the survey, Smartwork was, according to the Quarterly Reports, working in over 30 establishments ranging from factories, banks and hotels to large commercial enterprises such as American Airlines. The study methodology chosen comprised carrying out the research in one factory only – SOHACOSA which makes clothing for the American market. The rationale for choosing just one factory is not explained nor is its representativeness explicitly discussed. It would seem, given the wide range of institutions where Smartwork intervenes, that it might have been better to sample a range of enterprises that are likely to have different employee characteristics, work environments, HIV policies and workplace strategies. In addition, it is not clear what Smartwork actually did in the factory, nor over what time period, and what other sources of information about HIV/AIDS may be available to managers and employees that would impact on the study findings.

Nevertheless, at first glance, there are some encouraging signs as to improvements in knowledge, attitudes and behaviour among employees. 33.7% of workers surveyed in August 2006 declared they 'always used a condom' compared with 23.3% at the baseline. Other analyses seem to indicate changes with regard to the baseline survey that would demonstrate programme impact, but the exact figures are not included in the report. For example, on p14 it says 46.9% of the workers believed that their employer will keep HIV positive employees in the company and that 'it is important to notice once again the very high significance estimated at 0.002 is being observed in the comparison of these data to those collected previously' (sic).

The rationale behind the sampling methodology is not described in detail. If the study is to be considered an evaluation then sample size calculations would have needed to be calculated taking into account the 'power' of the study and the type and magnitude of changes expected – eg changes in knowledge about HIV prevention or in condom use. The SOHACOSA factory had around 800 employees and the researchers attempted to sample 1 in 3 people giving an expected sample of around 260 or so individuals. The sampling methodology involved getting lists of factory workers and choosing every third one for interview. If this person was not available, they were apparently replaced by the next person on the list. However, the final employee sample consisted of 150 individuals of which only 90 were interviewed. It is crucial that this low response rate is explained – after all, it seems as if almost 1 in 2 people were not interviewed and this may lead to substantial bias if, they were unwilling, for example because of the stigma associated with the topic, were unable to get time off or were sick (eg with AIDS-related symptoms, STIs or other illnesses). This low response rate and associated bias is of concern, as we already cannot say if the one factory chosen is representative, let alone the sample interviewed within it.

In addition, 12 out of a possible 25 managers were asked to fill out self-administered questionnaires and these were analysed with the employee data which was gained through face-to-face interviews. There might be validity difficulties associated with analysing these two types of data together as was done for the report. Self-reported sexual behaviour tends to differ from that collected through face to face interviews with the latter tending to underestimate risk. Again, only around half of all eligible managers filled in the forms during the evaluation survey meaning that some bias (for example, unavailability, unwillingness to participate) may characterise the results.

Regarding the analysis presented in Appendix D-Haiti, the main problem is that the numbers, particularly of managers, are often too small for such tabulations. It is not stated whether any statistical tests such as chi square were conducted, but if they were they would include many missing values and when tables are further broken down by age, there is only a handful of people in each category. For example, on page 14, it states that 'of those who stated that not sharing intravenous drug injecting equipment was a means of prevention, further analyses by age reveal that 12 men (38.7%) and 9 women (22.5%) were less than 25 years old, 13 men (41.9%) and 23 (57.5%) women were 25-35, and 4 (19.4%) men and 5 (20%) women were over 35 years of age'. In these cases, tests such as Fishers Exact test for small numbers may still be appropriate to assess significance but it is probably borderline. The analyses go on to say that 75% of the management executives held this belief but in reality this is only 9 people and cannot be considered to be representative. Neither these, nor other psychosocial factors relating to risk, are analysed in terms of how they might have changed between the baseline and evaluation surveys. In fact, a substantial part of the analyses do not refer to the baseline study at all nor to changes over time that could be attributed to the programme, despite the 2006 study apparently aiming to serve as a means to evaluate programme impact.

In terms of behaviour, the small numbers also present a problem. Analyses relating to use of a condom with last non-regular sexual partner again are hampered by the fact that only 13 men and 5 women admitted to such behaviour in the last year. Thus, subsequent cross-tabulations by age lead to very small numbers in each cell and the 'very high evaluated signification (sic)' is likely to be undermined by this. In conclusion, the study methodology precludes any conclusion about the impact of the project as the numbers are so small, the response rate so low and the selection biases likely to be considerable. However, the data raise some interesting themes that can be explored through more robust quantitative methodologies and also through qualitative data collection (see Section 5.0 below).

Regarding the SPSS data output presented in the document 'Reanalyze Question 502', the same table seems to be repeated on numerous occasions. This comprises a country by country breakdown of responses to the question 'Did you use a condom the last time you had sex with a person other than your spouse or live-in partner?'. The cells for the Haiti data contain 108 cases and although it is not at all clear which data set they come from, it is likely to be the SOHACASA sample from the Employees' Survey (with its attendant biases) as there does not seem to have been any other quantitative research carried out. Assuming it is the 2006 survey which interviewed 110 people, we know from Appendix D-Haiti that only 13 people (5 men and 8 women) claimed to have had last intercourse with a non-regular partner during the twelve months preceding the survey. However, the table presented in the 'Reanalyze Question 502' file indicates that during the evaluation 26 answered 'yes' and 10 answered 'no'. It is possible that there has been a mistake in the (re)coding of responses and some of those who did not have a non-regular partner are included or that it is an entirely different data set. However, these inconsistencies and the lack of accompanying information make it impossible to draw any meaningful conclusions from these tables for the moment.

## **2.0 Would it be helpful to conduct another survey in the future ?**

As it stands, current data relating to the project will not enable us to see whether the overall development objectives of the project, namely to 1) reduce the rate of HIV infections as a result of workplace educational and prevention programs and 2) reduce level of workplace discrimination against workers living with HIV/AIDS, are being met. Some of the immediate and sub-immediate objectives are also difficult to evaluate with the information currently available. To see whether rates of new infections, ie HIV incidence, have been reduced as a result of the programme is probably beyond the scope of Smartwork's

research capacity and raises all kinds of complex ethical issues. However, it may be possible to address stigma and other behavioural and attitudinal questions via another survey and with qualitative methods. It would also be useful to know if there is anything else available that could be considered as baseline data apart from the June 2004 survey of 90 workers and 20 managers in the SOHACOSA factory. If there are no other baseline data then a subsequent survey would have to ask detailed questions about sources of information and behaviour change making sure Smartwork initiatives were distinguishable from other programmes in the same enterprises and institutions. It may also be useful to refer to the Demographic and Health Surveys for Haiti available from Macro/Measuredhs. The 2005 data published in 2007 might be able to provide some important contextual information about knowledge and behaviour more generally, and with regard to age, sex, marital and educational status. If an additional survey were carried out with a view to evaluating impact, it would be important that:

- The 'power' of the study and associated sample size is large enough to identify change.
- The methodology limited sampling biases and non-responses as much as possible
- A variety of types of locations (factories, hotels, banks) where Smartwork intervenes be chosen (if possible at random).
- A number of initiatives happening outside of Port-au-Prince, eg towards the Dominican Republic border be included.
- The same interview techniques are uniformly used with both employers and employees
- The data analysis techniques are appropriate and, for example, use tests such as Fishers Exact test for tabulations with small numbers
- The analysis also uses simple multi-variate regression techniques to control for the effects of socio-economic status and education.

### **3.0 Conflicting data**

The employee survey study (Appendix D- Haiti) does not give much overall information relating to inconsistencies or conflicting responses from employees. Regarding management, some apparently conflicting data exist – for example, 83% of managers did not believe that an HIV positive person should continue to teach and yet 75% believed that their employer would keep HIV positive employees within the company. However, as described above, the total number of employers who filled out the self-administered questionnaire was just 12. Therefore, this first figure refers to only approximately 10 people and the latter refers to just 9. There is no way of telling if these differences are real or are simply attributable to chance as the numbers are so small. This precludes any analysis of conflicting responses based on available information and any conclusions about programme impact.

### **4.0 The strengths and weaknesses of the project**

**Strengths:** The employee survey data do highlight some apparent progress in terms of information acquisition and behaviour change but it is difficult to tell how generalisable this is. It is encouraging that significant differences appear between trends at the evaluation in comparison with the baseline survey (even though the previous survey figures are not given). For example, seventy nine percent of the workers think that their friends and close relatives would want to use a condom when having sex with a non-regular partner. Nearly half the workers (49%) think that their employer will keep on someone who is HIV positive. Ninety three percent of workers can name at least one method of protecting themselves from being infected with HIV.

The other documents reviewed, especially the quarterly reports, also highlight some very impressive achievements during the life of the project to date. First, the sheer numbers of companies brought on board (38 at the last count) is extremely noteworthy, particularly given the violent and hostile environment within which both they, and Smartwork team itself, had to operate. The Training of Trainers (ToT) programme seemed to be particularly well executed, producing first class evaluations after the training sessions and leading to many employees receiving accurate and regular information. Similarly, the Manager and Labour Leaders (M&LL) workshops seem to have been very successful and have led to an expansion of the recruitment of companies and their long- term sustainable involvement in the Smartwork

programme. This, amongst other achievements, resulted in the widespread adoption of HIV workplace policies. That Smartwork has been able to realize these considerable accomplishments in the face of such political adversity is remarkable.

**Weaknesses:** From an initial reading of the documentation, it seems that what Smartwork has accomplished until now, and the expertise it has imparted and nurtured under the ToTs and M & LL workshops, make for an innovative and important programme. However, there appears to be a need for a more systematic evaluation of the impact of the project and also of the trainers' activities, including assessing the number of people reached, their characteristics, the nature and duration of ongoing work with them and number of new recruits. The available data submitted to PEPFAR indicate that over half the 11113 people reached in FY07 (incidentally why has this gone down from 11836 in FY 06?) appear to be from one factory only, PB Apparel, perhaps also underscoring the need for diversification in terms of type of workplace and their employees.

What is also not clear is the impact of the inter- and indeed intra-company differences in the way that they can provide enabling environments to make the programme function successfully. Although we have some ideas of the barriers (lack of time, impact on productivity, violent environments) it is not clear what factors *facilitate* the programme's execution and impact. If the necessary and sufficient conditions which need to exist for a programme to be successful could be documented this would be very helpful. These are likely to relate to flexible working environments, a feeling of management and employee ownership, trust and exchange etc and it may be useful to write up case studies of successful practice.

Furthermore, it would be interesting to explore the motivations for companies to join the scheme and the cost-effectiveness of their doing so. It seems, from reviewing the Quarterly Reports and other documentation, that companies are often motivated to sign up because they recognise that a 'growing number of workers are infected' (QR#14). It would be better if companies could join *before* significant numbers of employees became sick. It would be useful if Smartwork could measure and convey the economic benefits companies could potentially experience, for example, in terms of increased productivity, less absences due to ill health associated with access to ARVs and better working environments due to decreased stigma of infected employees.

In addition to visual and written teaching materials (which must, by their very nature, exclude those with little or no education) the programme could use a number of complementary communication tools to transmit and reinforce messages. Over 90% of the employees surveyed said they had received information from the radio. If feasible, Smartwork may want to initiate their own broadcasts, spots or round table discussions or work with radio stations to broadcast messages to employees, many of whom are likely to have the radio on at their place of work. In addition, popular culture could be mobilised to bring new groups on board. It is noted that the training programmes and workshops stopped during the period of Carnival but Carnival, by contrast, may present an opportunity for the creative transmission of messages to new audiences.

Smartwork Haiti may also potentially experience some problems as the project expands its activities and moves into different sectors and geographical locations as PEPFAR funding requirements stipulate. The PEPFAR guidelines refer to future work with the informal sector, with young people and with gangs but it is not clear if or how Smartwork's experience to date will be appropriate in these settings. A potential limitation could be that the programme has, up until now, targeted those in formal factory or institutional settings. However, those targeted by the new PEPFAR guidelines are at perhaps greater risk of infection and in need of more information than those working for formal institutions that have already been reached. They will comprise individuals in the informal sector, and, in particular, non-unionised labourers and workers, many of whom are likely to be rural-urban migrants with less social support, and lower levels of education and literacy. Materials and approaches may need to be adapted accordingly as well as methods of recruitment.



## 5.0 Suggested additional interviews

Survey needs are discussed in Section 2.0 above. During the consultant's visit in early August 2007, the following additional interviews will need to take place:

1. Focus group with employees
2. Focus group with trainers
3. Two individual in-depth interviews with managers of successful Smartwork projects; two individual in-depth interviews with managers of less successful Smartwork projects
4. Three individual in-depth interviews with PLWHIV/AIDS (workplace discrimination and stigma) if ethically feasible
5. Two in-depth interviews with Union representatives
6. One in-depth interview with Ministry of Labour representative
7. Two in-depth interviews with staff at VCT centres; tour of centres
8. In-depth interview with local consultant who carried out 2004 and 2006 employees' surveys
9. In-depth interviews (number to be determined) with selected members of new groups to be targeted with PEPFAR funding eg informal workers, youth, gang members, bottling company workers etc
10. In-depth interviews (number to be determined) with Haiti-based Smartwork project staff, international partners (eg PSI, CDC, ONUSIDA), local partners (eg Promoteurs Objectifs Zérosida),

Suggestions from Smartwork project staff DOL and ERG for other interviews are welcome.

It is also suggested that later in the project, after the consultant has finished her mission, Smartwork and ILAB may want to use other research methods to 'triangulate' information – i.e., collate information from different sources to review consistencies and conflicts. The following may complement current available data and enhance the programme:

**Ethnographic study of beliefs and practices:** The documents, including the ToTs' review, the Employees' Survey and the Quarterly Reports note the importance of beliefs such as condoms already being 'infected' with HIV, the practice of 'dry sex' ie insertion of herbal products into the vagina to minimise lubrication and notions of stigma relating to erroneous beliefs about HIV transmission. A qualitative study would explore these and other culturally situated beliefs and practices and enhance the project's understanding of the cultural context of the intervention.

**Focus group with managers and executives:** A focus group may be useful to assess what are the factors which constitute an 'enabling environment' for the adoption of Smartwork initiatives; what motivates managers to participate? What are the barriers to their participation and reasons for drop-out? It would also be useful to establish their perceptions about the economic impact of the programme such as increased productivity, fewer absences etc.

**Mystery client study at VCT centres:** Circumstantial evidence from the documentation noted that some employees feared being referred to VCT centres or other clinics and said that referrals increased their sense of stigmatisation. If correct ethical approval is possible, it would be interesting to carry out a 'mystery client' study at one or several of the VCT centres. This is where a researcher, or carefully trained individual, poses as a 'client' and reports back on how s/he was received, service quality and on issues relating to testing, results and follow-up.