Civil Society Challenge Fund Project contracted by DFID

**Strengthening the Public Sector Trade Union Response to HIV/AIDS in Southern Africa: report of the final evaluation**

| | | |
|---|---|---|
| | **Project Title** | Strengthening the public sector trade union response to HIV/AIDS in southern Africa. |
| | **Agency** | UNISON with Public Services International (PSI) |
| | **CSCF Number** | 403 |
| | **Country/ies** | Angola, Botswana, Lesotho, Malawi, Mauritius & Rodrigues, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe |
| | **Local partners** | 34 public sector trade unions in the above countries – see list at Annex A |
| | **Name of person who compiled the evaluation report** | Susan Leather<br><br>sueleather@gmail.com |
| | **Period during which the evaluation was undertaken** | January – February 2011 with preparatory document review from October 2010 |

# CONTENTS

## ABBREVIATIONS AND ACRONYMS (also spelt out in the text of the report)

| | |
|---|---|
| ARV | antiretroviral (medication/ treatment) |
| CBA | collective bargaining agreement |
| CSO | civil society organisation |
| ILO | International Labour Organization |
| ITUC | International Trade Union Confederation |
| M&E | monitoring and evaluation |
| NAC | National AIDS Council (or Commission) |
| NCC | National Coordinating Committee (of PSI affiliates) |
| NGO | non-governmental organisation |
| OSH | occupational safety and health |
| PB | Project Board |
| PCT | Project Coordinating Team |
| PSI | Public Services International |
| PSUFASA | Public Sector Unions Fighting AIDS in Southern Africa |
| SADC | Southern Africa Development Community |
| SAfAIDS | Southern Africa HIV and AIDS Information Dissemination Services |
| SATUCC | Southern Africa Trade Union Coordinating Council |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| VCT | voluntary counselling and testing (also HCT – HIV counselling & testing) |
| WHO | World Health Organization |

# I. EXECUTIVE SUMMARY

The aim of this project was to strengthen the capacity of public sector unions to respond to HIV/AIDS through the strategic application of their comparative advantage: that is, in representing the needs and protecting the rights of large numbers of workers; in negotiating with employers and engaging in social dialogue with government; and in informing, training, educating and influencing members, their families and communities. In terms of meeting the agreed targets and indicators it was largely successful, but its achievements exceeded the requirements of the logframe.

Southern Africa bears the burden of high HIV prevalence combined with limited resources to cope. What is more, the public sector is the one most exposed to the impact of the epidemic as well as being the major employer: not only does the health service have to manage the most direct consequences of HIV-related sickness and death, but the government must deal with the impact of AIDS on all social and economic sectors. This requires multi-level and multisectoral mobilisation, promoting understanding about HIV and inspiring commitment to change. For these reasons, the project was not only relevant but much needed in order to support national efforts to ensure Universal Access and to meet the Millennium Development Goals.

The unions were well aware of the needs of their members in relation to HIV/AIDS, their responsibilities to defend rights and promote wellness, and the obstacles facing them. On the one hand the project helped them develop the skills and confidence to advocate and bargain more effectively with government at policy level and with their immediate employers. They were all committed to the introduction of workplace policies and programmes on HIV/AIDS, including as part of a broader wellness package. Health service unions were undertaking useful 'caring for carers' activities. On the other hand their understanding of the barriers to voluntary testing, treatment adherence and disclosure was sensitive and sophisticated, and with the project's assistance had led to the training and support of extensive networks of peer educators.

It is also noteworthy that a range of government departments and the NAC in several countries expressed appreciation for the unions' contribution, and both unions and employers reported improved relations and good cooperation on HIV and AIDS. Partnerships with CSOs were also strengthened as a result of the project, with benefits to both sides.

In spite of some lack of clarity related to sustainability planning, most unions have taken meaningful measures to integrate HIV issues in their core business and set up structures to support ongoing action. In terms of understanding, commitment and capacity the unions themselves acknowledge measurable progress as a result of the project.

## II. ACHIEVEMENT RATING SCALE

| | Rating for whole project period | Logframe Indicators | Baseline for indicators | Progress against the indicators | Comments on changes over the whole project period, including unintended impacts |
|---|---|---|---|---|---|
| **Purpose** Strengthened capacity of public sector unions in Southern Africa to respond to HIV/AIDS | 1 | 50% increase in [union-driven] HIV/AIDS activities among public sector trade unions | 24 unions took part in some HIV/AIDS activities (so a 50% increase would not in fact have been possible) | 32 unions were running HIV/AIDS activities by the end of the project | Not only has the quantity of union action increased but so has its quality, as well as the extent to which the unions have taken responsibility for it. The capacity of 32 unions, with a combined membership of over 700 000 and influence over many more workers and managers in the public sector, has been strengthened through a sound and well-executed project. It has also been excellent value for money: the achievements of the unions across the 11 countries – 10 of them fully functioning – have come about with an investment by DFID of an average of about £12 000 per country per year. |
| **Outputs** 1. Good practice on HIV/AIDS, incl. protection against discrimination & promotion of rights. | 1 | i) 30% [50%] increase in no. unions with AIDS policies. [ii) 50% increase in no. unions active on discrimination]. | 11 {9} unions  11 unions | 20 unions (+ 2 position statements)  32 unions | All indicators were met but one (indicator iii, Output 5), and all agreed activities were carried out but one (specialist support, Output 5), though the resource centre (Output 5) did not serve the intended function. |
| 2. Mechanisms to share good practice among the unions. | 1 | i) 80% of the unions have participated in regional seminars; (ii) 50% have contributed to the newsletter. | 0  0 | 31 unions  21 unions | Although the indicators were met for Output 3 I've rated it 1(2) because the quality of contacts could have been greater.  Although one indicator was not met for Output 5, I've rated it 1(2) because of the greatly improved quality of services. |
| 3. Increased collaboration & exchange with CSOs. | 1(2) | 20% of unions engaged in actions with CSOs [42%] | 20 unions | 32 unions (16 had strengthened links with CSOs during project) | Unintended impacts such as the time it took to put structures in place, the complex processes for agreeing union policies, |

| | Rating for whole project period | Logframe Indicators | Baseline for indicators | Progress against the indicators | Comments on changes over the whole project period, including unintended impacts |
|---|---|---|---|---|---|
| 4. Influence on national & workplace policy through lobbying & collective bargaining. | 1 | (i) 50% of unions have participated in training on lobbying government; | 6 unions | 25 unions | and the replacement of the project coordinator only had the effect of slightly delaying activities but did not undermine the achievements of the unions in integrating HIV/AIDS in their programmes and developing the institutional and human resource capacity to implement these effectively. |
| | | (ii) 10% [45%] of unions lobbying Ministry of Health; | 8 unions | 24 unions lobbying government (18 had strengthened links with NACs during project) | |
| | | (iii) 10% [45%] of unions have negotiated collective agreements on HIV/AIDS. | 7 {10} unions | 21 unions | |
| 5. Improved HIV/AIDS services provided by unions to members & public sector workforce. | 1(2) | (i) 50% of unions train shop stewards on HIV/AIDS; | 12 unions | 28 unions | |
| | | (ii) 50% have non-training activities on HIV/AIDS in the workplace; | 9 unions | 32 unions | |
| | | (iii) 20% increase in no. of members represented in HIV/AIDS employment disputes. | 2 unions | 3 unions (no. of cases not clear) | |
| **Activities** | While I had some reservations about the indicators I found the activities to have been relevant, implemented efficiently, and effective in contributing to the goal of the project. In relation to some outputs (e.g. Output 1) they could have been more ambitious but in practice many of the unions took the activities further than the minimum agreed for the logframe. | | | | |

*Notes*
[...] indicates a revised figure or indicator when the logframe was changed in June 2010
{...} indicates what I believe to be a more accurate baseline figure as a result of my interviews and questionnaire

## III. EVALUATION METHODOLOGY

The evaluator was appointed in September 2010, with clear terms of reference, and undertook:

- A desk review of project information including key documents such as minutes of management meetings and reports of workshops, seminars and activities (see references)
- A review of relevant policy documents from the project countries
- Interviews with project managers and partners to collect information on the nature of the project, its management and achievements
- Interviews with key project stakeholders on progress, achievement, impact, obstacles and lessons learned.

Interviews were guided by sets of questions targeted to different stakeholders, e.g. government, NGOs, AIDS agencies, and a formal questionnaire was prepared for the 34 partner unions. I visited four of the 11 countries and benefited from interviews and focus group discussion, as well as direct observation of some activities. I was able to interview representatives from the countries not visited – with the exception of Angola and Lesotho - in the course of the second regional seminar, February 2011, which I attended. A total of 21 questionnaires were completed, complemented by activity report forms from all the countries but Angola and Lesotho.

## IV. INTRODUCTION TO THE PROJECT

> "HIV has to be eradicated. The world has to join forces for this to happen, putting together technology and resources with human love and emotions."
> *P. Ramjug, General Secretary GSEA, Mauritius*

The scale and impact of the AIDS epidemic in southern Africa have made it necessary to engage every aspect of society in response. This requires promoting understanding about HIV, its transmission and the treatment options, and building capacity to make the necessary personal, institutional and societal changes. A major challenge is to coordinate and support the diverse actors as well as mobilising their commitment.

This project brings together two vital areas of response: the public sector and the trade union movement.

The public sector is the principal employer in most of the high HIV-burden countries with an organised workforce estimated at over 700,000 in the 11 project countries. It is also the sector most exposed to the impact of the epidemic. AIDS imposes a double burden: the public sector suffers direct staff losses due to AIDS while simultaneously having to manage and mitigate the impact of the epidemic on all aspects of the economy and all segments of the population. The health service, of course, has to deal with the most direct consequences of HIV-related sickness and death. A huge extra burden is being placed on hard-pressed workers, not to mention the occupational risk of HIV through needle-stick and other injuries. The physical and psychological pressures of AIDS and TB nursing are among the reasons for the loss of staff, including through migration.

Nationally and internationally, trade unions are able to mobilize extensive networks of members, negotiate workplace agreements, make use of their experience in education and the defence of rights, and build on their influence in the community and with government. By their involvement, trade union representatives play a crucial role in building the confidence of workers in workplace policies and programmes on HIV/AIDS. Public sector trade unions in the southern Africa region recognise that they have a critical role to play in responding to the impact of HIV/AIDS on the daily lives of workers and their families.

UNISON (the major UK public sector union) has worked on capacity-building projects with public sector trade unions in Southern Africa since 1991. Over the years these unions voiced their concerns about the impact of HIV/AIDS and UNISON's National Delegate Conference in 2001 voted to commit the union to supporting trade unions in southern Africa in tackling HIV/AIDS. Public Services International (PSI) supported UNISON in organising a regional consultation on HIV/AIDS in December 2004. Over 70 delegates took part, most from public sector unions in 10 southern African countries. They agreed an action plan which led to the initial pilot project to strengthen the public sector trade union response to HIV/AIDS in southern Africa and subsequently the proposal to DFID for the current extended project.

Thirty-four PSI-affiliated unions in 11 countries of the southern Africa region were partners and beneficiaries of this project from March 2008 to March 2011. Over the period, two of the unions in South Africa (the Municipal, Education, State, Health and Allied Workers' Union – MESHAWU, and the Public and Allied Workers' Union of South Africa - PAWUSA) failed to participate, while the two public sector unions in Lesotho (not yet PSI affiliates) took part in a partial capacity. There was also a gap in participation by the Zimbabwe Nurses' Association, ZINA, due to internal difficulties.

## V. FINDINGS OF THE EVALUATION

### V.i) Relevance of the project
The ways the AIDS epidemic is undermining development gains and deepening poverty are well documented. The central focus of the British Government's policy on sustainable development and poverty reduction, reflected in DFID's country assistance plans, is a commitment to the internationally agreed Millennium Development Goals, which include goal 6 on HIV/AIDS. The *Regional Plan for Southern Africa* identifies HIV/AIDS as a key issue for the region. Halting the spread of HIV and promoting access to treatment are at the heart of this project. I also ascertained that the project was relevant to the national development and poverty reduction plans of the countries concerned. These include multisectoral HIV/AIDS strategies but I found in addition a strong focus on strengthening the public sector, including supporting it in the context of HIV/AIDS.

*Project rationale, achievability and general approach*
My conclusion is that the project was not only relevant but necessary, and that it was largely achievable. Focusing on workers and unions in the public sector was both visionary and extremely practical. The project was able to combine the raising of awareness and building of capacity in strategically vital ministries, as well as in local government and in state-run institutions such as hospitals and universities, with the development of workplace and trade union programmes. In this way it was able to mobilise and train many hundreds of working people and provide information to thousands more.

My main reservation in terms of approach was the short duration: the long-term nature of the epidemic needs to be reflected in the terms of donor support, and capacity issues also have to be taken into account – the 'set-up' period was always going to take a significant chunk out of the project time. I also feel that funding was very modest given that it had to cover 34 partners in 11 countries with capacity and communications challenges.

Questionnaire and interview responses all endorsed the relevance of the project. They demonstrated awareness of the potential of the public sector workplace and trade unions to make a real difference to the course of the epidemic and to the lives of their fellow workers. The devastation being wrought by AIDS was a constant reference, and its impact on workers and families at the same time as on the economy and the development goals of their countries. Outside stakeholders – from government officials to NGOs – also recognised the need for the project and agreed with its approach. Even unions which had worked for some time on HIV/AIDS said they had felt frustration at not being able to do more, and identified gaps in capacity the project sought to remedy. Union, ILO and NGO respondents identified the comparative

advantage of unions as: the rights-based approach at the core of their work, including advocacy and negotiation to secure change; their experience in education and training; their legitimacy at the workplace and the trust felt by members; the significant numbers reached by union networks. To this can be added the leadership role unions often play in the community.

The emphasis on the workplace was another strong point of the project, because the potential multiplier effect is significant. Workplace policies and programmes have an important strategic role in HIV prevention and control, because of the age profile of those at risk, because workers are a captive audience for a large part of each day, and because structures exist at the workplace that are conducive to the integration of HIV/AIDS. The International Labour Organization and the International Monetary Fund, among others, have also found them to be cost-effective. Trade unions are not the only gate-keepers to the workplace, and many companies have taken useful initiatives, but union involvement has been shown time and again to improve the design, uptake and sense of ownership and trust that mark the most effective programmes.

All respondents from partner unions believed that the project had been achievable as well as relevant. They pointed to the structures that were already in place, the presence of HIV/AIDS focal persons in a number of unions, the previous programmes supported by UNISON. My conclusion is that the trade union comparative advantage, combined with the capacity-strengthening already achieved thanks to UNISON and the presence of PSI national coordinating committees (NCCs), were key factors in ensuring the achievability of the project.

*Project design process and ownership*
In February 2008, following the award of the DFID grant, a workshop was organised at UNISON headquarters in London to plan the next phase of union activities on HIV/AIDS, design the project and agree its original logframe. Representatives of nine countries attended from the southern Africa region (counting Mauritius and Rodrigues as one country); the representative from Angola was unable to attend and Lesotho was not yet part of the project. The report of the meeting shows that the unions had a clear understanding of needs and issues, were already taking some action thanks to UNISON support, and were willing to invest time and resources in the new project. Detailed discussion took place about objectives and activities, and project management structures were agreed (see V.iii below). The draft logframe was finalised by the Project Coordinating Team (PCT) in May 2008.

Comments from DFID (through their agents Tripleline), and the advent of a new project coordinator, resulted in a revision of the logframe which was completed in June 2010. This was late in the life of the project, however it should be noted that only indicators were amended, not the outputs or activities, and this was mainly in terms of the data selected not the substance of the indicator. The Gantt chart was first completed in May 2008, and then revised in February 2010. A monitoring and evaluation plan was put in place for the period June 2008 – March 2009, and a second for April 2009 – March 2010. A slightly different plan was used to check progress over the final period. I am confident that all significant changes were carried out by the PCT, thus applying the agreed democratic procedures. It was clear that budgeting issues and reports of expenditure were also followed carefully. These plans showed a

good level of organisation and support by project managers, but they only reported on the completion of activities without attempting to link them to outputs.

A logframe was produced for each country, but was the same for each country irrespective of its baseline position or structural differences. It would have been useful for each country to have been helped to develop its own plan of action. Reliance was placed on the NCC to provide in-country coordination but most were not given adequate guidance or support for the task. Planning at country level was fairly weak: the focus tended to be on activities rather than outcomes and, although the project staff monitored progress well, there seemed to be few M & E plans at country level. In South Africa, however, NEHAWU has recently undertaken a major survey covering every workplace where it organises to see whether it has an HIV/AIDS policy or agreement in place. At the time of writing the results were still being compiled but numbers were already significant.

Documents produced to guide the subsequent stages of the planning process show that mechanisms to consult with partner unions were in place by April-May 2008. All stakeholders questioned felt they had been sufficiently involved or consulted, and a strong sense of ownership was especially evident at the final regional seminar as the participants discussed how the project could continue.

*Targets, indicators and activities*
The overall goal of the project was to strengthen the public sector trade union response in tackling HIV/AIDS in southern Africa, an overly broad goal which was given greater focus in subsequent documentation (for example the objectives set out in the annual reports to DFID). These specified enhancing capacity i) to lobby and negotiate with government and employers for the introduction of laws and policies as appropriate on HIV/AIDS and the workplace, and ii) to deliver improved HIV/AIDS services to the membership. This dual approach, seeking to bring about change through both 'upstream' and 'downstream' actions, was well suited to the needs and situation of trade unions.

The logframe identified five outputs (targets). These could have been more clearly presented and arguably numbers 2 and 3 concern the means rather than the desired end. However they covered core strategic areas where action was potentially most useful: a focus on rights including advocacy and negotiation with government and/or the immediate employer, communications among unions and with civil society, and improved service provision for members. It is clear that efforts were made to ensure relevant indicators and activities that were relevant and achievable (see V.iv below).

A general comment is the gender-blindness of targets and activities: although this does not seem to have prevented unions from undertaking many gender-oriented activities, other unions might have been encouraged and guided in this area with an explicit gender focus in the logframe. I also feel that it was a mistake not to make explicit reference to peer education, but the unions undertook significant action in this area as part of service provision to members and other workers.

The 'flow' of the logframe was not always convincing: it was unclear how some of the activities selected would lead to the agreed outputs and not all the indicators seemed the best way of measuring achievement of a given output (see discussion of the five

outputs at V.iv). Indicator 5.3, for example, was arguably more appropriate for output 1. Nevertheless, all stakeholders had a clear sense of what they were aiming to achieve, bought into the activities, and had a fair understanding of the purpose of each indicator and of its means of verification. The project staff were good at following progress against the Gantt chart and making strenuous efforts to obtain reports of activities; the stakeholders were generally good at undertaking activities within the timescale but bad at reporting.

**Baseline survey**: with the assistance of a statistician at the University of Witwatersrand a questionnaire was prepared for the participating countries (10 at this stage). The General Secretary and HIV/AIDS coordinator of all 34 trade unions affiliated to PSI were invited to participate in the research. Twenty-eight of those approached took part. The interviews were carried out between 19 August and 17 November 2008 and recorded by the project coordinator and project assistant, then the transcribed data was analysed by the statistician and interpreted in conjunction with the project coordinator.

There were unfortunately a number of flaws with the process, as confirmed by the project staff. First, information-gathering took place several months into the project; second, the final report was published in the second year of the project (though its findings were used before then); and third, the respondents were often not those best placed to provide the information being sought. Where only one interview took place within a union, this was often with a senior official who did not necessarily have current or complete information on the HIV/AIDS programme. According to the report itself, only five respondents (12%) were HIV/AIDS co-ordinators. As far as it was possible I used other documents to gain an overview of the extent and nature of HIV/AIDS activities before the project: these included country reports from unions presented at the December 2004 workshop (see project description), at the pre-project workshop in February 2008 and at the first project management meetings; surveys on collective bargaining agreements carried out separately from the project in Malawi, Zambia and Zimbabwe; and my own interviews which sought to establish what activities or policies had been developed or implemented since the project began.

### V.ii) Equity, rights and inclusion
*Building awareness of rights and the means to defend them*
Interventions around the protection and promotion of rights will come up at several points during this report, as these are at the heart of the project (and the first output concerns rights). This is a complex area as several rights are concerned, relating to various different populations, with the need for a multi-layered approach to their recognition and defence.

Partner unions were most obviously aware of the need to defend the rights of those directly affected by HIV, workers living with HIV whether openly or not. These included in particular the rights to continued employment, to non-discrimination, to confidentiality, and to ARV treatment, care and support. The role of a workplace policy was seen to be to define the rights that the employer committed to respecting; the collective bargaining agreement was deemed even more effective in defending rights as it has the force of law behind it once agreed. Although workplace programmes for prevention were considered to be essential, not all respondents considered these in terms of rights, at least at the beginning of the project. Some interesting discussions

took place about the right to health and what this means in practice: it transpired at the second regional seminar, for example, that Botswana restricts ARVs to its citizens while in Swaziland access is open to all.

Union strategies on rights were generally comprehensive and well-thought out. They deliberately took a multi-level approach:
i) lobbying or negotiating with government/ employers to strengthen the national or sectoral policy framework;
ii) training union negotiators, shop stewards and branch organisers to relate workers' rights to HIV/AIDS, promote them through agreements and policies, and defend them in the event of abuse; and
iii) educating the membership so that they understand their own rights.
Most unions sought to ensure that core negotiating processes and rights-based activities include HIV issues. I saw substantial evidence of this in terms of the agendas of union meetings and workshop programmes.

The *ILO Code of Practice on HIV/AIDS and the world of work* was widely used as the basis for policy development, especially the ten key principles. I was impressed that most of the unions were also aware of ILO Recommendation 200 on HIV/AIDS and the world of work, although it was only agreed in June 2010. They were looking forward to being fully involved in the implementation process at country level, and believed it would be a useful tool to strengthen their rights-based work. A number of the unions also used ILO Convention 111 on discrimination as a point of reference.

The fact the unions were informing their members about relevant laws, national policies and workplace provisions, as well as government messages - and what's more interpreting these and explaining their significance - was a particularly valuable aspect of the unions' work in this area. This view was expressed by several government representatives as well as union activists, for example in Angola.

*Gender equality*
Although there was a high level of awareness about the need for gender equality, some of the unions pointed out that the project planning documents were not particularly strong or clear in this area. There were however a number of very solid achievements on gender issues, which seem to have come about through the awareness and commitment of key individuals and previous gender training. It seemed clear to me that the inter-union communications brought about by the project also contributed significantly to the raising of awareness about gender and the sharing of useful ideas and approaches.

Public sector unions tend to have a relatively high female membership, especially in the health sector. Most of the unions have gender strategies and focal persons – sometimes the same person who has responsibility for HIV – and the connections between the two areas of activity were strong. One example is the area of sexual harassment where campaigns explain the links with HIV. Gender mainstreaming was a priority for most and in Mozambique, for example, the union undertook training in this area. Unions were aware of the importance of gender-balanced participation in activities and usually managed this, as I was able to verify from participants' lists for workshops and training activities.

Several people told me that they had gained understanding of gender as an issue for men and boys through the project contacts and resource materials, and a number were developing ideas on how a gender perspective could help them shape information and education for the whole family. The unions in Mauritius reported that as members understood how AIDS affected men and women, those who were parents felt more concern for the issue. Several countries included activities on gender-based violence and – increasingly – child abuse. The unions in Botswana made use of the Ministry of Health/UNFPA manual for male involvement in sexual and reproductive health. A branch organiser in Botswana, with no special responsibility for HIV/AIDS, told me that he was organising a workshop on gender, violence and HIV for male members of his rural-based branch. Activities in Zambia included sessions at workplaces on partner notification and in Malawi on female sexuality (for men), mainly through peer educators. At the same time, sessions for women aimed to build their confidence, promote understanding of their rights, and help them negotiate with their partners.

*Community outreach, including children and young people*
While the workplace is itself a community it is also a gateway to the local community through the families of workers, service providers and contractors, and the affiliations of individuals to religious, leisure and sporting bodies. Examples of informal workers brought into workplace programmes were the office cleaners, gardeners, refuse collectors, security personnel and in some cases drivers who were not on the permanent payroll but worked for government departments on a casual basis. In Lilongwe, Malawi, the water department sets up water 'kiosks' in areas of the city without mains water. The aim is that these should be run by local associations, and the water department HIV/AIDS committee was in the process of working out how the benefits of its workplace programme could be shared with these associations.

Peer educators stressed repeatedly that they use the skills and information gained through workplace programmes to raise awareness and encourage change in their families and neighbourhoods. Increasingly families are included in educational activities, some of which are adapted for adolescents. Public sector workers are often among the more privileged population groups but the trade unions tend to be organising the lower ranks. Some unions, for example NALCGPWU in Botswana, organise poorly-paid, non-literate manual workers whom it is hard to see as privileged. Workers in the formal economy often have significant influence as they may support many members of their extended family and their knowledge and educational attainments are recognised; for these reasons educating and motivating them on HIV/AIDS has an important multiplier effect.

The threat of HIV to young people was a preoccupation for many union activists. Several of the unions had targeted workshops or training programmes at their younger members, for example in Malawi, Mauritius, South Africa and Zimbabwe. In Rodrigues and Mauritius various activities were organised for young people, some of them out-of-school/unemployed youth, involving local youth clubs, village committees and religious organisations. The Civil Servants Trade Union in Malawi is setting up youth committees in branches and at workplaces, with HIV/AIDS on the agenda, to encourage participation by young workers. In South Africa the new youth committee of SAMWU told the union that HIV/AIDS would be a priority issue. Some of the unions

have found that an effective HIV/AIDS programme can attract the interest of young people and potentially increase membership.

**V.iii) Efficiency**
I found widespread appreciation for the project personnel and management bodies: most unions thought they played a large part in the success of the project. Although they occasionally questioned the need for a two-tier structure most believed it was important for every country to be represented on one supervisory body. I also found a depth of commitment and understanding on the part of most Project Board (PB) and Project Coordination Team (PCT) members. There were inevitably obstacles and weak points. It is clear that communications across the region proved more difficult than anticipated, mainly due to the dispersed nature of the project, the need to deal with two languages, and the lack of reliable communications technology. The provision of laptops to PB members helped only marginally. It is also clear that the nature of union decision-making processes meant that policies and agreements were developed more slowly than anticipated, and that for some union leaders HIV/AIDS remains an issue outside core union business. In addition, the global economic crisis obliged some of the unions to focus exclusively on protecting members' jobs and wages as governments tried to make savings at the expense of the public sector.

**Management and administrative arrangements**: The main structures put in place to oversee implementation were a Project Board (PB) and a Project Coordination Team (PCT). The PB selection procedure was transparent in that the project beneficiaries were the unions affiliated to PSI: where there was more than one affiliate in a country the unions agreed among themselves – through PSI's National Coordinating Council (NCC) - who should be the national focal person and represent the country on the PB. The PCT was selected following applications by interested members of affiliates with proven expertise and experience in HIV/AIDS activities, most from the countries previously supported by UNISON. The workshop held at UNISON's offices in London in February 2008 (see above) discussed and approved these arrangements.

PCT members had responsibility for communications with one or two other countries nearby, a system which didn't work very well but was compensated by the very good communications by the project office. The roles and responsibilities were discussed in detail and agreed, the main difference between the two bodies being that the PCT was responsible for closer supervision of implementation and the PB mainly policy matters. Both bodies included representatives of PSI and UNISON as well as the project staff. A training course was arranged for PCT members in September 2008 which helped build planning and project management skills; it would have been useful to extend this training to PB members, and to offer similar guidance in some form to the NCCs.

In most cases the NCC was responsible for making sure the unions in each country were kept informed and involved. This happened to varying degrees. Most were satisfied with their NCC but some pointed to built-in weaknesses of the system which also affected the project, namely the lack of regular meetings, limited funds for communications or activities, and weak organisational processes. In Swaziland the NCC was not functioning over the project period. In the cases of South Africa and Zambia, each with six unions in the project, they decided to set up their own coordinating body which was working well and keeping in touch with the NCC.

The first meeting of the PB took place in May 2008 and of the PCT in September 2008. Meetings were held regularly. Monthly teleconferences were also used to maintain contact between UNISON, the PSI subregional office and the project staff. All meetings and teleconferences had agendas and were carefully minuted. Reporting and follow-up in this respect were exemplary (apart from the fact that documents occasionally lacked dates, to the frustration of the evaluator!).

A project office was set up at the PSI subregional office in Johannesburg, with a project coordinator – who had already been coordinating UNISON-funded activities since May 2006 - and an assistant appointed in June 2008. A surprising oversight was the lack of a memorandum of understanding between UNISON and PSI to establish roles and responsibilities in supporting implementation of the project. While not appearing to have compromised the project's achievements, this omission made life more difficult for the project management, including misunderstandings over issues such as who should pay for office space, telephone calls and other basic administrative costs (and see 'Finances' below).

**Project staff:** The two coordinators were seen as efficient, helpful and supportive. The original coordinator established a sound base for the new project but had to leave in June 2009. There was a gap of three months before a replacement was appointed, with inevitable repercussions in terms of continuity, but the general opinion was that the new project coordinator learned fast, was hard-working, able and committed, and brought renewed energy into the project. Some unions commented that project staff should have had greater autonomy, and there were sometimes delays while they consulted PSI and UNISON.

**Finances:** The disbursement of funds was somewhat circuitous – from DFID to UNISON, then from UNISON to PSI, and – where national activities were concerned - from PSI to individual unions. However most of the time this worked well, with timely transfers and few complaints of delays. It should be noted that most of the funds stayed in Johannesburg to pay for the project office, coordinators and core services such as resource materials, the newsletter, management meetings and the regional seminars. Funds forwarded to countries were for the joint national seminar and a small grant for each union individually from the Activity Fund. In a minority of cases unions felt that funds had taken too long to reach them, but this was usually because they had not satisfied all the funding requirements or had submitted after the closing date. The main problem seems to have been one of budgeting: an under-estimate of administration costs led to over-spending in this respect, exacerbated by the lack of clarity in terms of in-kind contributions expected from the two implementing partners. However there was under-spending under other budget lines and a revised budget was completed and accepted in May 2009 with a further revision in July 2010.On one or two occasions, for example to ensure representative attendance at the negotiators' seminar in March 2011), UNISON put in additional financial resources to supplement the DFID grant.

### V.iv) Effectiveness
It should be noted at the outset that all activities identified in the logframe were carried out with the exception of specialist support and all indicators – including that linked to the overall purpose of the project - were met with the exception of 5.iii).

I shall take each output in turn and discuss the extent to which they were achieved, with reference to the activities agreed and indicators in the original logframe. I shall also indicate where a change was made to the logframe. There are of course links between outputs, which on the whole were mutually reinforcing rather than a duplication of effort. An example is collective bargaining, which is the focus of Output 4 but also relevant to Output 1. Many services covered in Output 5 also enhanced rights.

***Output 1.*** *Trade unions demonstrate good practice on HIV/AIDS, including protecting their members against discrimination and enhancing the rights of public sector workers to supportive measures.*

The original indicator was a 30% increase in the number of unions with HIV/AIDS policies. This was changed to 50% when the logframe was revised in June 2010, and a second indicator was added to the effect that there should be a 50% increase in the number of unions with activities to tackle discrimination. The related activity was the organisation of a national seminar in each participating country with a focus on reducing discrimination and negotiating agreements to protect rights. I agree that the original indicator was an inadequate measure of good practice in this area of critical importance, and also feel that the one activity designed to achieve this output was rather limited and lacking in ambition. Fortunately the unions themselves went further, taking a multi-level approach to rights enhancement which is described in V.ii above. I regret that there was no reference to promoting workplace policies and programmes on HIV/AIDS: this might have been a relevant and achievable indicator, or even an output.

Examples of good practice cited by respondents in the promotion of rights included: inter-union collaboration at country level to support each other's capacity to promote rights; the sharing of information and development of skills including on education and communications about rights; collaboration on the issue with NGOs, FBOs and government; agreements between union and employers; the establishment of workplace policies and task forces; and the training of peer educators. CSAWUZ in Zambia said that when AIDS was introduced as an issue of rights members were more interested and receptive.

"Workers through this project are able to go for VCT and claim their rights to the employer. They are also able to speak freely if they have contracted the virus." (CSTU, Malawi).

All countries held the required national seminar, with variations in focus (programme, target audience) depending on local needs. In the case of Lesotho, which came late to the project, the seminar was not targeted to the unions alone but was a tripartite seminar with the aim of building the necessary partnerships for future activities on HIV/AIDS in the world of work.

The national seminars were judged very useful by participating unions: reasons given including their use in kick-starting action, building collaboration, sharing good practices and resources, and building partnerships outside the union – including with government. All used them as an opportunity to make contacts with key institutions and individuals in the national AIDS response, as well as informing members and boosting the awareness and commitment of the union leadership. Action plans were

developed with the assistance of project staff (the coordinator or assistant coordinator attended every seminar). Value was added at a number by the presence of PB or PCT members when meetings of these bodies were arranged to coincide with a national seminar, as was the case in Malawi and Zimbabwe.

A review of seminar reports also established that agreeing workplace policies and programmes on HIV/AIDS, where appropriate through collective bargaining, was identified at all of the seminars as a priority action to promote rights which unions saw as a labour responsibility, within their competence, and incurring relatively few costs.

In Angola, the Deputy Minister of Health congratulated the unions on their rights-based approach to the AIDS epidemic and urged them to 'popularise' Law 8/04 which establishes a number of health-related rights of relevance to workers, including on sick leave, OSH and HIV. The Mauritius seminar examined the importance of workplace policies and how these can help implement national legislation: the HIV/AIDS Act protects rights, including to confidentiality, and prohibits discrimination and pre-employment and non-consensual testing – these would be features of policies. A group activity also looked at ways of overcoming stigma among co-workers. In Mozambique, the seminar put a strong emphasis on gender-related rights in the face of HIV/AIDS as well as on the right to health and safety at the workplace. In Zimbabwe, again, the importance of workplace policies was explained as the practical embodiment of protection afforded by the law, and the steps in policy formulation set out and discussed. Post-seminar action plans all made provision for the training of workplace reps to counter stigma and discrimination in relation to HIV.

> In Namibia a priority issue was how to 'normalise' the epidemic so that it could be discussed openly thus reducing stigma and discrimination. It was agreed that unions and management should develop rights-based policies; shop stewards should work with human resource departments to implement these; and the membership should be educated as to their rights and encouraged to challenge denial and stigma.

Policies are an important indicator of union commitment, though they represent the start of action not an end in themselves. Unions were required to report systematically on policy development and collective bargaining, as on other activities (at PB and PCT meetings, regional seminars, annual reports, and for the newsletter). I carried out an *ad hoc* survey at the second regional seminar, where I double-checked some of the information received on policies and activities. Out of 30 unions present, 20 have an HIV/AIDS policy, and 11 of these had been put in place since the start of the project. In addition, 15 unions have a budget for HIV/AIDS activities, over half of which were agreed in the course of the project. However only five unions have an HIV/AIDS policy for staff (three developed since the project began): several unions indicated at the seminar and during interviews that this would be their next priority.

I am confident that the two indicators were met. Although there was some uncertainty, as previously explained, as to the numbers of union HIV/AIDS policies in place before the project, I believe that the increase was in the order of 50%; all unions increased and improved their activities in this area, with a focus on tackling discrimination, and the unions in all the countries collaborated to hold a national seminar. I am satisfied with the means of verification: I saw programmes, reports, participants' lists and attendance registers.

*Output 2*. *Well-established mechanisms for sharing good practice (as outlined above) amongst public sector unions in the region.*

The two indicators were (i) that 80% of the unions should have participated in seminars (meaning the regional seminars, though this wasn't explicit in the original logframe) and (ii) that 50% should have contributed to the project newsletter. The related activity was the organisation of two regional seminars to share skills and best practice, including how to protect members against discrimination, negotiate collective bargaining agreements, and establish mechanisms for sharing information. Production of the newsletter was also related in principle but in fact was listed under Output 5.

Mechanisms for communications and information-sharing at country level are considered below (section V.ix); the emphasis of this output was on the region. I confess that I was surprised at how enthusiastically people spoke about the regional seminars, given that only two were held (though a third was organised in March 2011 for negotiators to enhance collective bargaining skills related to HIV/AIDS). Bringing together people from 10 or 11 countries is an expensive and complex operation; I might have doubted the benefits if I hadn't had such positive feedback from the participants.

I believe the seminars had a symbolic as well as a practical value. Several people pointed to barriers caused by language at meetings and in electronic communications, but without an exception rejected the suggestion that a future phase of the project should reduce the number of countries and keep to one language group. The mix of countries was widely seen as one of the innovative aspects of the project and a particular benefit. It's possible that this derived not only from the sharing of good practices and lessons learned, but from a sense of a common challenge that demanded a unified response. This validated the separate actions of the individual unions and made a whole that was greater than the sum of its parts.

"I expected a talking shop [regional seminar] but in fact I learnt and grew – the project is doing a fantastic job". NPSWU, South Africa

The seminars, of which I attended one, were well-organised with relevant and practical agendas and excellent resource persons. Opportunities for exchange and discussion were built in, encouraged by small group work. Well-chosen materials were available for the unions to see and use. The opportunity was taken to hold meetings of the PB and PCT at the same time, and strenuous efforts were made by project staff to use the meetings to gather written information through the preparation of excellent templates, circulated well in advance, and followed-up vigorously by emails and phone calls.

All of the unions except those from Lesotho and Angola (visa problems for the second) attended both seminars, and 21 unions made contributions to the newsletter, so the indicators were met.

*Output 3*. *More effective frequent cooperation, joint campaigning and information-sharing between unions and relevant CSOs nationally and regionally in their response to tackling HIV/AIDS.*

The indicator established that 20% of the unions should be engaged in joint practical and campaigning actions with CSOs, though the figure was raised to 42% in the revised logframe. The activities agreed were training sessions at workshops on collaborating with CSOs, the preparation of a 'How to Guide', and specialist support in this area.

There has been a longstanding lack of comprehension about trade unions on the part of CSOs/NGOs and overt suspicion of NGOs by unions. In relation to HIV/AIDS, unions have observed how many NGOs have sprung up and often received substantial support, while their own organisations – which they believe are more representative and accountable – are often overlooked in national AIDS responses. I note this because it helps to assess the progress made on both sides to find collaborative and respectful ways of working. In the four countries I visited relations were good with selected CSOs, some of which I met and interviewed.

The regional and national seminars all ensured that resource persons included CSO representatives, and the first regional seminar had one session specifically on relations with CSOs, as did several of the national seminars. The seminar report concludes, "The groups noted that CSOs and other NGOs should be seen as an opportunity not a threat. They should be partnered with in terms of sharing knowledge and experiences ..." It also reviews national experiences of joint action, from which it may be seen that every country was able to report collaboration: for some they were members of the same coordinating bodies on HIV/AIDS – in Namibia these are at district and national levels. In other cases NGOs provide specialist services for the union, for example helping with condom distribution or VCT. Others have engaged in joint campaigns, including to promote workplace policies and wellness programmes, improve benefits and allowances for workers living with HIV, revise legislation and protect rights. In South Africa, for example, three of the partner unions contributed to the Civil Society Consensus Statement organised by Section 27. Yet others have joined forces to undertake practical activities such as home-based care, counselling and the distribution of food parcels. Significant collaboration takes place around special events such as World AIDS Day, International Women's Day, World Day of Prayer, and the 16 days of Activism on Gender-based Violence -   an international campaign which attracts the highest level of support from organisations in Africa. In Rodrigues the PB member represents civil society as a whole on the CCM.

It is interesting to examine the unions' preferred partners: in several countries these are legal advice/ aid bodies which promote rights and take up discrimination cases (e.g. Botswana, South Africa, Zambia), in others they are women's associations and/or gender equality bodies, and in all countries there are links with associations of people living with HIV. Sometimes the collaboration is with more specialised CSOs such as a hospice, counselling service or church peer educator training programme.

> NEHAWU in South Africa represents the interests of some NGO staff who have come to it for advice on their own pay & conditions.  In particular it is trying to regularise the position of volunteer lay counsellors in hospitals and clinics, and get them an employment contract even on minimum pay.

Twenty-one of 26 unions questioned on this issue said they have active contacts with CSOs, and 16 of these had strengthened their links as a result of the project. The

indicator was met, and the unions have much greater understanding of the value of collaborating with civil society, but I nevertheless feel that there is room for more dynamic and strategic partnership. In some cases contacts were limited to inviting a CSO to provide a speaker or resource person at a workshop, rather than sitting down together to identify common interests and plan joint actions. In the course of my country visits, a number of CSOs offered to give more assistance to the unions, and urged them to seek this more proactively.

*Output 4. Public sector trade unions to influence government policy on HIV/AIDS in the public sector workplace by campaigning to change legislation and negotiating collective bargaining agreements which include HIV/AIDS policies, where government is also the employer.*

The three indicators were (i) that 50% of unions should have participated in training activities on lobbying government; (ii) that 10% of unions should be lobbying the Ministry of Health on HIV/AIDS; and (iii) that 10% of unions should have negotiated collective agreements with their employers on or including HIV/AIDS. In the June 2010 revision, the two targets of 10% were raised to 45%. The related activities were the organisation of workshops on lobbying which would also include government representatives; the production of a 'How to Guide'; and specialist support. Clearly the activity added under Output 5 on training for HIV/AIDS collective bargaining is also relevant here.

**Lobbying**: the word should be interpreted quite broadly as unions have a variety of contacts with government intended to influence policy or legislation. 'Social dialogue' is promoted by the ILO as the way for trade unions, employers and governments to deal in consultative or collaborative ways with issues of common interest, and was the approach taken by a number of the unions in the project. It is significant for the strengthening of public sector understanding of and responses to HIV/AIDS that by training union leaders, representatives and members, the project was also training key officials in a range of ministries, departments and public services. For example, the GSEA Activity Fund workshop in Mauritius brought together staff from the Ministry of Health, the Fire Service and the Prison Service, all with strategic roles in managing AIDS and its impact; similarly the ZRDCWU workshop in Zimbabwe developed a workplace policy and programme for use in all the Rural District Councils.

It was not difficult to find evidence that the indicators had been met, but harder to assess whether the output had been achieved as I felt the gap was quite wide between the situation as captured by the indicators and the evidence for influence. It was also difficult to attribute union influence to the project alone, as this is an area where there are a number of actors, including national union centres and the ILO, and a number of relevant policy-making processes have been in the pipeline for quite a long time – in this case, however, I found that the project had sometimes reinvigorated the process (Botswana, Zambia).

Relations with relevant government departments were often quite informal, but in all four of the countries I visited appreciation was expressed for the contribution of unions to the development of workplace policies and programmes on HIV/AIDS. The Lusaka Town Clerk, one of the employers for ZULAAWU - the union for local authority workers in Zambia, was looking forward to being trained by the union shortly after my visit. In

Mozambique, the civil servants' union collaborated with the Ministry of Public Services to start HIV/AIDS programmes in four provinces.

The **national seminars** provided a good opportunity to build relations with relevant government departments. In most cases a representative of the health ministry and/or NAC was invited to speak, and this led to some positive outcomes: in Angola the Deputy Minister of Health supported union efforts to provide education and promote compliance with the law at their workplaces, and committed her office to being in touch with them on a regular basis. The union representative in Rodrigues was invited by the Commissioner of Health to be part of the CCM and also the NGO network on HIV/AIDS soon after the national seminar. In Zimbabwe the Deputy Minister of Labour and Social Services, Dr. Tracy Mutinhiri, called upon trade union activists to help monitor the implementation of government policies, laws and strategies in place to address the challenges of HIV and AIDS. She also invited comments relating to the role of the Ministry in fighting HIV/AIDS. Following the seminar, the unions continued the interaction by writing a letter setting out a number of proposals and requests. These included representation on key bodies such as Parliamentary Portfolio Committee on Health, the NAC and the CCM; the inclusion of the right to health in the new Constitution, and the establishment of Wellness Centres in public sector workplaces. One practical result was an invitation to make inputs into the Joint Paper and Plan of Action on the Global Fund Round 10 discussions held in June 2010 in Harare.

I had some reservations about an indicator focusing on the ministry of health rather than the NAC, given that in some countries the NAC is not part of the ministry of health. It should also be borne in mind that for some unions the ministry of health was the employer, so the relationship and the nature of lobbying would be different for them. I found that the ministry of health and/or NAC was represented at all of the national seminars and several of the Activity Fund events; ministries of labour were also invited. In South Africa the Employee Health and Wellness Programme at the Department of Public Service and Administration provided an interesting example of the synergies between health and labour. The programme works through bipartite committees and its Chief Director, Dr Senabe, expressed strong appreciation for the role of unions in promoting worker wellness, especially in relation to HIV/AIDS.

"The Department's position on trade unions has shifted from suspicion to respect for their AIDS competence. We need them – they're more knowledgeable than we are!" (Deputy Director Health & Wellness, Dept. of Health, Gauteng, South Africa)

**Collective bargaining** is a tool for the defence and promotion of rights, and a core union function. Once signed, the agreements are binding. The traditional scope of collective bargaining is fairly narrow, with a focus on wages and working conditions, and one of the breakthroughs achieved by the project was to gain the commitment of unions to placing HIV/AIDS on the bargaining agenda. This required a number of processes, including information and advocacy with the union leadership as well as with employer representatives, and the training of shop stewards and negotiating teams. Interestingly, it also led to the reassessment in several countries of the gender composition of negotiating teams.

South Africa benefits from the Public Sector Coordinating Bargaining Council, a centralised body for all public sector employees with an independent secretariat, jointly funded by employers and employees. This sets standards, develops framework agreements and initiates bargaining at the request of either partner. The general agreements are meant to be adapted to specific workplaces, strengthened and implemented through local bargaining processes. PSCBC Resolution No.8, 2001, deals with HIV/ AIDS – this provides an excellent starting point and opportunity, especially as the Council is about to update and revise the Resolution taking account of ILO Recommendation 200, in part due to union advocacy.

Twenty-one of 30 unions questioned said they conduct collective bargaining negotiations that include HIV/AIDS; 11 of them had started since the beginning of the project. In Zambia no CBAs included AIDS before the project – now many do, in all six public service sectors. Respondents made it clear, however, that negotiating arrangements vary according to country and even sector within a country. Some, for example South Africa, benefit from a national employment or bargaining council whereas others, such as the municipal workers in Zimbabwe, negotiate at branch level. It became clear that unions did not always identify branch agreements as collective bargaining agreements (using this term for a national or sector-wide agreement) thus making it harder to ascertain the total number of agreements. Others had negotiated or made inputs into a workplace policy on or including HIV/AIDS. I am satisfied that the indicator was met as over half the unions had completed or draft agreements. An important point to bear in mind is the fact that many of the unions in the project are quite 'young', as in several of the countries public sector workers only gained the right to form unions over the last decade or so. This means that experience is still being gained in these areas and structures/processes refined. In addition to the 'How to Guide' on collective bargaining, SAMWU has recently revised its 'Bargaining for Equality' paper, which includes a useful section on HIV/AIDS.

**Output 5**. *Improved support and assistance on HIV/AIDS from public sector trade unions to their members and the public sector workforce as a whole.*

The three indicators were (i) that 50% of the unions should have training for shop stewards on workplace responses to HIV/AIDS; (ii) that 50% should have non-training activities addressing HIV/AIDS in the workplace; and (iii) that there should be a 20% increase in the number of members represented by their trade unions in HIV/AIDS related employment disputes. The services listed as activities here were the resource centre; specialist support; the activity fund; the newsletter and 'How to Guides'; collective bargaining training (this activity was added when the logframe was revised in order to accelerate the rate of CBAs).

I will first comment on the indicators and then examine the extent to which they have been achieved, and finally consider each activity area in turn. The first indicator was relevant and easily met through a combination of attendance at national seminars and the training provided through the Activity Fund. In Botswana, South Africa and Zimbabwe, among other countries, additional activities funded from the unions' own resources enabled more members to be reached.

The second indicator was sound but not very well matched to the activities identified. A majority of Activity Fund projects involved training (see below), though some training

events led to non-training outcomes such as the creation of a youth committee. However my visits to countries and examination of union reports revealed an impressive array of non-training activities stemming from a commitment to the output rather than the specific indicators and from an understanding of the needs of members and workplaces. These include activities already discussed, such as campaigning with CSOs, participation in NAC committees, and social dialogue with employers and other government authorities; peer education and counselling; the use of drama to raise issues of stigma and discrimination; radio broadcasts for public information; voluntary testing campaigns; condom distribution; information on positive living with HIV; health checks and wellness campaigns/ centres/ corners; participation in events such as World AIDS Day; production of materials; and setting up structures to manage AIDS responses (e.g. committees, focal persons).

I have reservations about the third indicator, which I think is ill-conceived. It assumes that discrimination and other rights issues will be addressed formally, through representation in a dispute process. In practice more informal social dialogue processes tend to be used, in part because complainants may not wish to jeopardise confidentiality.  I found in the report of the London workshop (February 2008), where the logframe was discussed, that this indicator had also been queried by participants who said, "It can be difficult to measure, or recording mechanisms may not reflect specific HIV/AIDS related cases". The second problem with the indicator is that the project is seeking to reduce discrimination and rights abuses, so an indicator which counts an increase in reported cases is somewhat confusing. The main reasons given by respondents for the failure to achieve this indicator were: first, that workplace policies and agreements had reduced discrimination; second, that education had made workers more aware of their rights and how to defend them; third, in a small number of cases the union reported that workers were afraid to report incidents.

**Resource centre:** Beneficiaries had slightly different views as to what constituted the resource centre. Most took a broad view, which included the project office and staff, plus the key communications and resource tools managed by the office such as the website, the 'How to Guides' and the newsletter. Others meant the physical resource, based at the PSI office, where project staff in consultation with the PCT had gathered a (physical) collection of relevant materials. In this case understandable criticism was voiced about the inaccessibility of the resources to all but those based in Johannesburg. This is my view, and I fear that considerable time was spent on gathering and cataloguing resources that few people would use. I believe, however, that a number of the materials collected provided useful inputs into the development of the Guides.

**'How to Guides':** Fourteen Guides were produced over the period of the project (see full list at Annex C). The topics were well selected, reflecting central concerns of the project - such as stigma, working with civil society, and ARV treatment - and targeting necessary skills – such as collectives bargaining, developing workplace policies and programmes,  counselling and peer education. The approach was a practical one, including guidance, examples of good practice and basic references. They were widely appreciated by the unions – several mentioned that they were especially useful to inform and guide shop stewards. Positive comments included "user-friendly, support training, make it possible to have shorter sessions, help save money" (NEHAWU, South Africa) and "act as guidelines in many issues, assist the unions to get

negotiation and facilitation skills" (WETUM, Malawi). The Guides were distributed at all meetings organised by the project and forwarded electronically as they became available; some were reviewed in the newsletter.

I feel, though, that more effort could have gone into distribution, outside the project as well as within it, given the effort of producing the Guides and their undoubted usefulness. For example, rather than simply including them in participants' files at a national or regional seminar, the organisers could have held a short session to discuss the ways to use them. I was especially concerned that for a significant period of time, the Guides were not available on the website (see below).

**Website:** The website performed the important functions of giving a unified and public face to the project. It was also a source of news and of resource materials, but internal organisational difficulties with finding a server and web coordinator led to some periods when updates were not made, so that it was not used as well as it might have been. It also has to be borne in mind that web access can be sporadic as well as expensive, depending on the country, and some of the unions have no regular computer/ internet access. Nevertheless many of the unions used it as a regular source of information and materials, and others felt that it enhanced the profile and identity of the project and promoted unity among the partners. Communications issues are discussed more fully below (section V.ix).

**National and regional seminars:** The national seminars have been considered above, especially under Output 1, and the regional seminars under Output 2.

A number of the in-country seminars provided the opportunity for HIV-positive members to share their stories. They also identified issues for the union to take up in support of positive members. In Zimbabwe, for example, the late payment of salaries made it difficult to meet medical and nutritional needs on a regular basis. Inadequate ARV delivery systems in the public sector meant long queues and sometimes a shortage of medication. It was suggested that public sector workplaces should have Wellness Centres for HIV treatment and prevention, as well as health promotion in general. The need for support groups of positive workers was identified as a concrete action that unions could facilitate.

**Activity Fund:** This was an interesting initiative, which reaped benefits far in excess of the small amounts of funding disbursed to the partners. Each union had access to £1400, on receipt and approval of a project proposal by the PCT; in the end 90% of the unions had carried out projects. When I first saw the proposal forms, I felt that a lot of time and effort had been expended for the sake of a relatively small sum. When, however, I read the relevant PCT meeting reports and the detailed feedback on proposals from PCT members and/or project staff, I realised that this was a significant skills-building and learning experience. The process of drafting and then revising the proposals has already stood a number of the beneficiaries in good stead. Several spoke of having gained the confidence to go out and mobilise resources as well as a clearer idea of how to proceed.

The Fund was used to carry out a range of activities, with an emphasis on training. This was one means of ensuring that shop stewards and branch organisers understood their responsibilities with relation to HIV/AIDS. In some cases the union

also targeted the leadership (e.g. NEHAWU, South Africa) and in others peer educators (e.g. ZURDCWU, Zimbabwe) or training of trainers (e.g. GSEA, Mauritius). Most workshop programmes included at least a session on gender issues, while in some (e.g. UNZAAWU, Zambia) it was a main focus. Unions in Malawi and Zimbabwe organised workshops for young workers. HOSPERSA focused its training on improving officials' capacity to defend workers at incapacity and sickness hearings. The Zimbabwe Nurses Association held a seminar concerned specifically with formulating an HIV/AIDS policy for the Association and membership. Of those which didn't conduct training, the Water Workers in Malawi produced a manual on nutrition and HIV/AIDS, and the Health Workers' Union in Zambia decided to set up a support group for positive health workers which also conducted peer education and encouraged voluntary testing and disclosure. It should be noted that several unions added funds of their own in order to extend the benefits of the activity.

The Fund tended to be used well to consolidate or extend the gains of the in-country seminars: in Malawi, for example, the Civil Servants' Union organised a workshop for youth; in Zambia the Local Government Workers focused on training of trainers in order to be able to reach as many branches as possible, and in Botswana the unions pooled their funds and carried out joint activities to train HIV/AIDS focal persons.

"The money might look small but if utilised properly it can go a long way". (CSAWUZ, Zambia)

**Newsletter:** Together with the regional seminars, the newsletter was one of the activities most highly appreciated by beneficiaries. The project built up a good circulation list for the newsletter, and a number of external partners, including the ILO and NGOs involved in workplace programmes, also expressed their appreciation. Positive points included the relevance of the news and information; the range of topics covered with varied types of presentation (e.g. news, features, reports, interviews...); sufficient detail about union activities so that lessons could be learned. The in-country seminar reports are rich as are the reports of activities or workshops supported by the Activities Fund. Participants expressed many positive reactions, for example: "a good way of sharing best practices. Through it members are aware of many activities taking place in the subregion" (WETUM, Malawi); "promotes networking and information sharing" (GSEA, Mauritius); "plays a major role in publicizing the project activities and informing on the progress of the implementation schedule" (PSA, Zimbabwe).

**Specialist support:** The idea here was that the PCT would identify a pool of trainers, consultants and advisers with experience of trade union education and technical knowledge on HIV/AIDS. Each country would have the right to one day's specialist support from this pool, for a purpose agreed by the PCT and national seminars. This was the one activity that was not carried out, or at least not as intended. It proved to be too complicated and time-consuming to identify the resource persons for the sake of such limited support for each country. In the end the budget for this activity was used to hold a specialized seminar on collective bargaining skills for HIV/AIDS (see below). It should, however, be noted that many of the unions said that they had benefitted from useful technical or policy guidance provided by the project staff and other PCT or PB members. One or two commented that this had taught them that they needed to have more confidence in their internal resources and abilities, and not assume that specialists had to be outsiders.

The activity on **training for collective bargaining** added under this output when the logframe was revised was held in March 2011. Negotiators from 22 unions in nine countries attended a three-day seminar designed to strengthen collective bargaining skills; examine collective bargaining agreements/clauses that include HIV/ AIDS; and exchange experiences in this area. The seminar evaluation found that all participants judged it very useful.

### V.v) Impact
While attribution was a constant challenge, I found evidence of the project's positive impact in the following areas:
- Numbers of workers testing, going on ARVs
- Greater awareness and openness in discussing HIV and challenging myths, reduced stigma, greater involvement of workers living openly with HIV
- Policies to clarify and protect rights, legislative changes (e.g. Botswana Employment Act), reduced discrimination
- Improved social dialogue and trust – greater credibility with employer and direct consultation by government, the ILO and UNAIDS with public sector unions rather than through the national centre
- Workplace policies and programmes with practical benefits, e.g. nutrition supplements for staff who disclose in Malawi, increased sick leave in Zambia
- Workplace support groups, wellness centres, caring for carers programmes
- Developing wellness approach, health testing not HIV only
- Changes to union agenda, structures
- Appointment of union leaders to CCMs and provincial/district AIDS Councils
- The development of plans and proposals for further support and partnership (recent successful applications to SAfAIDS).

The appreciation of the project expressed by a number of outside stakeholders as well as the partner unions, for example NGOs, ministries of health or labour, and other unions, served to reinforce this conclusion. The Partnerships Officer at the Zambia NAC told me, "If you engage unions things will happen". I asked some of the unions with well-established HIV/AIDS programmes how the project had added value for them. NEHAWU (South Africa) said that the project had brought greater coordination among unions on HIV/AIDS thus strengthening their voice and preventing duplication. HOSPERSA (South Africa) explained that the project hadn't initiated their AIDS work but had "encouraged and re-motivated" them in the face of AIDS fatigue, brought in expertise and peer support, and strengthened links with government. CSAWUZ (Zambia) said that it had especially helped trade union unity on AIDS and union-management cooperation.

The focus of the project on bargaining and policy on HIV/AIDS has resulted in the development of standards and tools which are already having results in terms of protecting rights, and will continue to do so as they have been integrated into union and/or workplace practice. The unions' approach to both policy and service provision is one of mainstreaming, and I was repeatedly informed that this was the result of the project's emphasis and guidance. I examined claims for HIV/AIDS mainstreaming with some scepticism, however when I observed changes to union policy and constitutions, to staffing arrangements and above all to budgets, I could believe that the impact of

the project was making a difference to the unions' core business. In particular I was encouraged when I saw HIV/AIDS on the agenda of bargaining teams/committees and branch structures, and integrated in the training of key officials. The impact thus has every chance of becoming progressively broader – through workplaces as well as branch structures - as union representatives take responsibility.

There are of course a number of obstacles, which should be taken into account in future planning: in particular there are too many general secretaries who pay lip service to the issue while their staff show real commitment. The scattered nature of the membership is also a challenge – some branches in Botswana are cut off in the rainy season, and in Malawi only 1% of the population has internet access. But local government unions in Botswana, Zambia and Zimbabwe, among others, had realistic strategies for progressively reaching branches, in particular through the training of trainers, focal persons and peer educators.

I should like to focus on two main areas where I believe the work of the unions through the project is bringing a broad range of benefits to workers, their families and communities.

**Peer education**: I had a number of discussions with peer educators (PEs) and the HIV/AIDS committees at workplaces responsible for them, as well as observing some refresher training. I find it difficult to be sure how much peer education was in place before the start of the project, but my discussions with union members and the project coordinator satisfied me that both the quantity and quality of peer education had noticeably increased over the life of the project; it was a priority action in seven of the countries.

I believe that the impact of peer educators has been the saving of lives in direct and indirect ways. Prevention education is the indirect way, and hard to measure (especially at this stage), but I heard a consistent message from country after country about the achievements of peer education in promoting trust and frankness, encouraging open discussion of difficult issues, and helping men and women understand more about each others' sexuality, feelings and needs. This was associated with the project through guidance from the office, training activities, and exchange among the unions. In Zambia, for example, peer educator-counsellors took on the difficult task of promoting and supporting partner notification; in Malawi and South Africa PEs tackled the culture of sexual harassment at the workplace; and in many settings PEs challenged the myths and taboos around AIDS by providing accurate factual information. They were often perceptive in their approaches, favouring one-to-one contact over time in order to build trust. It's impossible to assess, let alone measure, changes in levels of stigma and discrimination, but many individuals expressed the belief that while stigma remained a major issue the situation was gradually improving, and that discrimination by employers was also being reduced through a combination of education and policy.

I note that Tripleline had queried the unions' claim to be saving lives in more direct ways, but in fact this can be explained. In many of the workplaces PEs speak to colleagues who look unwell and encourage them to be tested. "We discuss who is closest to this one, in age or kinship or from the same village, and that person goes to speak to him – many times if necessary. We explain that if he has the test he can get

drugs. Many of our colleagues are now well because we helped them get the test."
(WETUM, Malawi). It should be noted that the unions have other strategies to promote
voluntary testing – almost all had undertaken major campaigns, with testing days,
wellness days and so on. Several were pioneering health tests as opposed to HIV
tests – broad spectrum testing that included, for example, diabetes, blood pressure,
eyesight, and/or STIs. All were optional: "we thought people would opt out of the HIV
test and take the others, but this wasn't the case – the coverage was huge, but you
must make sure there's follow-up for people who test positive" (Botswana). Employers
often supported these campaigns and events, which sometimes took place at the
workplace and sometimes away from it.

A possible issue was the fact that some employers also had peer education
programmes – was there duplication? In practice relatively little. In several different
countries the unions said that the management's education programmes targeted staff
at higher levels, so they covered the rest. Sometimes PE was available on paper but
not in practice. In other countries the unions lobbied or negotiated with management to
introduce PE programmes if this was more feasible than the union running its own.

I was often told that education sessions which started out for a certain section of the
workforce had been broadened out to include contract and casual workers: "we saw
we had to include the cleaners as they are women, and men often forced them to have
sex when they cleaned the office – we helped them to refuse" (Malawi) – the peer
educators committee also worked directly with the men concerned. Every PE I
questioned said they also spread the message at home, among neighbours and in
other settings like religious or sports activities. This means that their training is a sound
investment and with more numbers involved could move towards making up a critical
mass of aware and committed educators.

"It [peer education] is like an island where the rules don't apply – people speak openly
and are much happier. We are able to break down barriers" (identified as shame about
sex, taboos and traditions, and denial). (WETUM, Malawi).

**Health workers**: almost half of the workers represented by unions in the project were
in the health sector, the largest single group being nurses. I was impressed by some of
the responsibilities they were taking on, especially in the field of occupational safety,
often with little or no support from management. These unions had especially clear
ideas about the issues and needs in their sector and were doing their best to address
them. In some cases the initiative preceded the project or was not the direct result of
its activities, but the project enabled awareness of issues and examples of good
practice to be shared among health worker unions. Apart from needle-stick injuries
and other occupational risks, there was the broader concept of 'caring for the carers'.
HOSPERSA, for example, has helped developed a policy on ill-health, sick leave and
retirement, which includes provisions related to HIV/AIDS. It seems that in some
countries the ministry of health had run such programmes, but at the time of writing I
only saw evidence of union-run programmes of this sort. There were also
representational issues – not so much cases of discrimination but more often lack of
access to ARVs. DENOSA reported that some members had been refused PEP
following occupational injury – the union took up their cases.

The Zambia Health and Allied Workers Union used the Activity Fund grant to hold a meeting that planned and then set up a support group at the Infectious Disease Centre, University Teaching Hospital of Zambia, for staff living with and affected by HIV/AIDS. The meeting was facilitated by NZP+, the national network of PLHIV, and included a number of shop stewards. It identified the functions of a support group and started the planning process, including the establishment of an Executive Committee; the management subsequently provided premises which I visited. At a group discussion several workers expressed their relief at having disclosed, with support from the group.

Another sensitive issue, which the unions discussed openly, was that of discrimination and stigma towards patients. The unions concerned were using a combination of negotiation, policy development and education to move forward.

The Swaziland Nurses Association was one of those which secured the agreement of management to set up a wellness centre for staff, part of a comprehensive wellness package for health workers. The centre offers counselling, voluntary testing, TB treatment and stress management. There are also wellness corners in several workplaces. Thanks to the project, the SNA was able to hold Dialogues for Nurses on HIV/AIDS in each of the four regions of the country. These aimed to help overcome the reluctance of nurses to seek treatment as well as the possible stigmatization of patients. "The nurses were so grateful to have an opportunity to talk about such issues and they requested SNA to make it a regular activity."

## V.vi) Sustainability

In some important ways the project had built-in sustainability: the focus on mainstreaming HIV/AIDS and linking it to core union concerns, on using existing structures or creating appropriate ones, on raising awareness and building capacity of key leaders and officials, on working with employers to develop workplace policies/programmes will enable HIV/AIDS activities not only to continue but to reach increasing numbers of workers over time. Municipal workers' unions in Malawi and Zimbabwe are working on introducing an HIV/AIDS policy or agreement at every branch or district council. Although the project funded workshops of a type which may not be held again without funds, most unions made efforts over the project period to ensure they had a cadre of trained facilitators and a plan of action which included low-cost/no cost sessions on HIV/AIDS in other education and training programmes (e.g. study circles). Several unions have started income-generating activities to help them fund activities. Both PSI and UNISON have formally stated their commitment to providing continuing support, though the modalities are not yet clear; the project coordinator's contract has been extended until the end of 2011. In addition, they have ensured that the website and the newsletter are able to continue in the medium term.

---

*Study circles*
A well-established PSI strategy for union strengthening has been to help unions set up study circles and train a cadre of facilitators. Although the programme is no longer an active one, 19 of the unions reported that they still run study circles and all 19 of them now include HIV/AIDS.

---

External opportunities have emerged or been created which will also assist sustainability. These include the fact that in several countries governments are drafting

HIV/AIDS policies for the world of work, most of them with representatives of workers and employers. In Botswana the partner unions are collaborating to lobby the government to set up a Public Service Bargaining Council so that – among other things - a collective agreement can be reached on HIV/AIDS. The policy development process should be consolidated and accelerated by measures taken to implement of the ILO Recommendation on HIV/AIDS and the world of work. There is also a gradual opening on the part of national AIDS authorities, NGOs and donors to the need to include trade unions in national responses, which should be helpful in the future.

On the other hand there is no evidence of a clear exit strategy. Discussions began to be held in mid-2010 about the project's "next phase" or future activities, without a clear sense of how this would be managed or funded. Some of the partner unions are capable of continuing under their own steam and others have ongoing support from employers, but a number will experience a dip in the level (and, probably, quality) of activities. Uncertainty is not conducive to commitment and action, and it's a pity that clearer messages were not given about the end of the project together with support for planning at national level. It would also have been useful if lessons learned could have been shared nationally and/or regionally with interested parties – hopefully it isn't too late to do this.

### V.vii) Replicability
See also the section on lessons learned, as most of those are replicable or can inform the process of replication.

Workplace policies and programmes are eminently replicable in public and private sectors. They are essential and cost-effective components of a national HIV/AIDS programme, and as such should be integrated into the AIDS strategic plan and workplace representatives included on decision-making bodies. It would also be helpful if donors provide more support to this area of intervention, including through a study/ies of the impact of workplace responses.

The sectoral approach to workplace responses is increasingly recognised as an effective way of defining need and sharpening focus, as well as providing a useful platform for social dialogue which has resulted in codes, framework agreements and effective programmes on HIV/AIDS (see, as one example among many, the HIV/AIDS pages of the International Transport Workers' Federation website). Responses by national and sector-specific trade unions are also effective, relevant and replicable. Other global union federations as well as national unions have expressed interest in the project, with a view to adapting aspects to their own circumstances; reference was made to collective bargaining training and the newsletter in particular.

The ILO, among other institutions, has a developed a significant collection of good practices and lessons learned on workplace action, as well a code of practice and labour standard on HIV/AIDS and the world of work, and detailed guidance for employers, unions and government. These can all be used to support the replication of good practices from this project.

Specific examples of good practice which are easily replicable include:

- Support groups at the workplace or in the union for workers living with HIV, as in Zimbabwe
- Negotiating with the employer for benefits such as extended sick leave, nutritional support, reasonable accommodation (adjustments to working conditions), as in Malawi, South Africa
- Peer education and voluntary testing campaigns, as in Botswana, Malawi and many other countries
- Inclusion of HIV in wellness programmes and health testing to help de-stigmatise and 'normalise' the disease, as in South Africa, Namibia
- Special support for health workers such as 'caring for carers' programmes - practical action by unions and advocacy with employer, as in South Africa, Zimbabwe
- Efforts to extend coverage of members through training of trainers and training of branch officials and shop stewards, as in most countries
- Working with men on gender equality and gender-based violence, as in Botswana, South Africa
- Special events and approaches tailored to youth, as in Mauritius, Zambia
- Liaison role between NGOs and the CCM as in Rodrigues and links with village associations as in Mauritius
- Community outreach through the inclusion of casual workers and suppliers in workplace programmes and out-of-work activities by peer educators, as in most countries
- Gaining skills and accessing funds through partnerships with specialist bodies such as the National Counselling Council, Zambia and SAfAIDS

> In Zambia the local government workers' union identified local councils with higher death rates among staff and focused on them through training peer educators and counsellors; they also set up support groups for positive workers and for home-based carers. They shared the information with the management and got support to start workplace programmes.

### V.viii) Information dissemination and networking outside the project

This was one of the weaker areas of the project. While it succeeded in strengthening information-sharing and networking among unions, nationally and regionally, insufficient priority was given to formal communications with outside stakeholders. A missed opportunity was at the beginning of the project, when the NCC and/or PB member should have ensured that all relevant stakeholders in the country were informed about the project and its objectives. Other stakeholders, even including employers, often found out about the project by chance or when invited to a meeting or activity. In some countries the NAC was an enthusiastic supporter of the project; in others it was unaware of the scale of trade unions' responses.

Once in touch with the project, however, many stakeholders found the available information and materials useful and they maintained contact, mainly through the newsletter which was very well received. Written or verbal appreciation was expressed by a range of related bodies: departments of health, NACs (e.g. South Africa, Zambia), NGOs in the project countries (e.g. Botswana Network on Ethics, Law and HIV/AIDS) and further afield, union and bilateral donors with a particular interest in workplace action (e.g. FNV, the Dutch national union centre, or GTZ, the German development

agency), national union centres and global union federations (e.g. the International Chemical, Energy and Mining Workers' Union and Building and Woodworkers' International).

The website could have been used more actively to provide a public face for the project: for example, at the country level the focal person could have sent round an email to key stakeholders when new information was posted. Over time, as governmental and civil society stakeholders became aware of the project, they clearly benefitted from information and indeed collaboration in activities (see above). It would be very useful if each country could hold a debriefing meeting for key stakeholders to share lessons learned – this would be very much to the benefit of the NAC and funds should be sought locally.

Nevertheless, the unions in at least four of the countries regularly include HIV/AIDS information in their own newsletters. In addition, the power of informal communications should be recognised. At the very least, the families and local communities of union members as well as non-unionised workers were part of an informal network of information-sharing. Many informal institutional relations also benefitted: respondents mentioned their churches and mosques, unions outside the project, CBOs, and local schools.

## VI. CONCLUSIONS AND LESSONS LEARNED

The lessons which may be taken from the delivery of this project have broad significance: for development planning as well as HIV/AIDS responses (insights into the potential of trade unions as development partners); for governments as employers (from line ministries to local government and public service providers); for the private sector and all with an interest in workplace programmes on HIV/AIDS (including NGOs as employers as well as service providers); for civil society and community associations; for inter-governmental bodies such as UNAIDS and bilateral donors; and for the trade union movement.

In terms of poverty reduction and the empowerment of marginalised groups, the key lesson is the strategic value of identifying and understanding the points of contact and linkages between the formal and informal economies, between formal organizations such as trade unions and informal associations in the local community. It is an error to see the public sector worker or trade union member as privileged in a way that cuts them off from poorer sections of society. First, the unionists are linked personally with many of the less privileged in their communities; second, the unions as institutions are making connections with marginalized groups such as migrant workers and (in fewer instances so far) sex workers; third, and above all, public sector workers have the responsibility to provide services that are intended to reduce poverty and, ultimately, inequality. See too comments above in section V.ii).

No major changes were made to the project design, although the logframe was revised as explained (section V.iv). Some simplification and streamlining took place as it became clear that indicators needed adjustment or that activities required inputs out of proportion to the intended benefits (e.g. specialist support). A contextual change was the global economic crisis which put great pressure on unions in the public sector in particular to protect jobs and wages in the face of budget cuts. This undermined the

efforts in some unions to engage the leadership more fully in HIV/AIDS and promote a mainstreaming agenda; nowhere, however, did it result in the non-completion of activities.

**Project-specific issues**
- The project made good use of the comparative advantage of trade unions in terms of mass membership, rights-based values, community influence, and 'watchdog' function: advocacy and lobbying with government and employers enabled the project partners to promote and scale up workplace policies and programmes/ services.
- Costs were reduced and sustainability enhanced through the integration of HIV/AIDS in existing structures (union and workplace programmes).
- The project made good use of trusted union representatives and networks of peer educators to encourage openness, behaviour change, voluntary testing and disclosure.
- The project demonstrated the fact that small sums (e.g. the Activity Fund) and small-scale projects can bring concrete and lasting benefits.
- The project benefitted from a project office and full-time coordinator; from tight management procedures; and from a focus on outreach and partnerships.
- The emphasis on knowledge-sharing, networking and cooperation enhanced delivery, monitoring, effectiveness and sustainability.
- The project would have benefitted from better planning, greater focus and improved baseline data, and also from a longer time-scale and slightly more substantial funding.
- The project could have paid more attention to the structural differences within the public sector and the strategic possibilities of, in particular, the health sector, the various developmental and social assistance agencies of government, and decentralised services such as those provided by municipalities.

**Broader workplace and developmental issues**
- The AIDS epidemic has provided a necessary reminder of the importance of human resources in development. Social and economic planning are strengthened through the involvement of the workers who have responsibility for implementing change. Health system strengthening should involve health workers and their organisations in planning as well as implementation. A number of initiatives by health worker unions, especially by nurses, deserve attention and replication. These include education to counter discrimination towards patients. An important area is caring for carers – governments and health administrations need to take greater responsibility for the health and wellbeing of these workers, who often only get support from the union.
- The obstacles to effective action on HIV/AIDS stem from deeply ingrained and often hidden attitudes, beliefs and practices. There is a gulf between the policy level and the personal dialogues necessary to confront beliefs about social roles, sexuality, witchcraft and religion. This can be bridged through peer education, but issues need to be discussed openly and educators/counsellors well trained and supported – change happens when a critical mass of trained workers offer education and support to their peers.
- The world of work helps reduce the socio-economic impact of the AIDS epidemic through:
    - keeping people at work and challenging discrimination

- implementing workplace programmes for prevention, care and treatment
- providing health insurance and employee benefit schemes, and extending social protection to those unable to work.

- The workplace is a vital entry point for Universal Access, and adds value through giving priority to the 'fourth pillar' - the protection of rights and extension of social justice to those affected - and through education for prevention. Where it can't deliver directly it promotes access through advocacy, education and referral systems. Structures and programmes such as occupational safety and health (OSH), human resource development and collective bargaining are particularly well-adapted to the inclusion of HIV/AIDS issues. Policies, codes and standards need to be underpinned by education to ensure they are understood and by concrete action to implement them.

- A strong legal-policy environment, including sector-specific policies, encourages workplace action as well as combatting discrimination. Using the 10 key principles of the ILO Code of Practice to guide policy development at national and workplace levels has promoted coherence and facilitated information exchange and replication.

- Workplace programmes require an approach that is flexible – depending on the resources of the employer and the nature of the epidemiological situation – and comprehensive, including prevention, care and the protection of rights. Education that is gender-aware, includes personal risk assessment and promotes behaviour change has proved to be effective in prevention and in the reduction of stigma and discrimination. Behaviour change approaches should be applied across the prevention-care spectrum, with an emphasis on delivery through peer educators.

- Giving priority to 'know your status' campaigns and organising mass testing opportunities at or near workplaces has been very effective.

- Although HIV is only an occupational risk in specific situations, OSH principles such as the prevention of risk and promotion of health are relevant to HIV and structures such as OSH committees are conducive to the inclusion of HIV/AIDS responsibilities. The labour inspectorate can be a very useful tool for the implementation of workplace policies on HIV/AIDS.

## VII. RECOMMENDATIONS

The recommendations which follow are intended to help sustain the benefits and impact of this project and to inform similar HIV/AIDS programmes in trade unions and at the workplace, whatever the sector.

With less funding for the partner unions, planning becomes even more important. This should be based on a mapping of needs and opportunities within the union, within the workplace, and with potential partners. Targets should be specific and achievable: focus and priorities must be watch words. PSI and UNISON should give careful consideration to how they will continue to offer support, including the possibility of a final 'How to Guide' on building on the project's achievements for planning and resource mobilisation, including how to function effectively with a minimum of financial resources.

*Opportunities to consider and follow up as relevant include*:

- ❖ Each union should map its ongoing programmes and activities, and see not only where there are opportunities to include HIV/AIDS but where its core

business would be strengthened by taking HIV/AIDS into account. HIV/AIDS is not "just one more issue" for over-burdened unions to deal with but must be seen as a way of strengthening existing work on rights, gender, youth, bargaining, OSH, organising and education, as well as relations with government. Union capacity to take action on HIV/AIDS depends on overall union capacity, so capacity-building efforts should focus on core skills rather than specific issues, with guidance on applying and adapting them as necessary.

❖ External opportunities should be identified and followed up with the help of PSI and UNISON. At a global or regional level these include PSI's Quality Public Services campaign, which should think further about services need to cope with HIV/AIDS as well as how the epidemic affects delivery; the ILO's Decent Work Country Programmes, which increasingly include HIV/AIDS (sometimes as a result of union lobbying); the implementation of ILO Recommendation 200 concerning HIV/AIDS and the world of work; PSI's global congress in Durban next year. Closer links should also be made – with a view to more coordinated future activities – with ITUC and ITUC-Africa, with the Global Unions AIDS Programme, with SADC and SATUCC (speaking at the final regional seminar the SATUCC Executive Secretary invited the project unions to make inputs into the draft M&E tool on HIV/AIDS and employment). At a national level they include bargaining councils in some countries, for example South Africa (see V.iv above), which help the introduction of HIV/AIDS provisions across the board; existing or planned national policies on HIV/AIDS and the workplace; and specific measures such as in Malawi where 2% of public sector budgets is allocated to workplace HIV/AIDS programmes.

❖ A meeting should be held in each country to share experience and lessons learned with a range of other stakeholders, including the HIV/AIDS, health and labour authorities; other relevant government bodies, especially in an employment relationship with the unions; the national union centre and other unions; NGOs and CSOs; UN agencies especially the ILO, WHO and UNAIDS; multilateral and bilateral donors. Support should be sought from the NAC among others.

❖ Case studies and examples of good practice should also be collected for publication, in print and/or on the internet. Support should be sought from regional and global union bodies, the ILO and UNAIDS. These could also be used to prepare an advocacy brief for employers on HIV/AIDS.

❖ Concerns of and good practices by health worker unions should be shared with the Global Health Workforce Alliance, the International Council of Nurses and International Confederation of Midwives, the WHO and ILO.

*Priority areas to consider and follow up as relevant include:*

❖ Unions, their leaders and members should work with even greater urgency and commitment to advocate and raise awareness about HIV and AIDS, to counter myths, stigma and gender inequality, and to set an example at all levels in terms of responsible behaviour and the respect of rights. Unity is vital, and opportunities to speak for and to the labour movement on HIV/AIDS should never be lost because of differences between unions, such as those between sectoral unions and national centres.

- ❖ Trade union bodies and their leaders should understand that building capacity to respond to HIV/AIDS builds overall union capacity. Issues such as gender, climate change and HIV/AIDS – once seen as marginal to the concerns of unions – are now increasingly recognised as factors affecting their very survival and that of their members and societies. For this reason, the labour movement needs to find new ways to think about them and organise around them, and mainstreaming should come to mean exactly what it says.
- ❖ Work on the development of HIV/AIDS policies and structures/programmes should not be at the expense of facing up to the submerged and difficult issues which drive the epidemic. Unions should take a stronger stand on the unacceptability of domestic violence and child abuse; on the need for gender equality and the empowerment of marginalised groups; on the myths and taboos stemming from religious and/or traditional beliefs which encourage fear, stigma and resistance to testing.
- ❖ More attention should be given to the attitudes, behaviour and needs of young people, whether these are young workers or the children of workers, in training or unemployed.
- ❖ Unions should make greater efforts to establish support groups and networks for workers affected by HIV/AIDS, both in the union and at the workplace. They should understand that the influence of peers is a force for prevention, behaviour change and treatment adherence.
- ❖ Unions should ensure awareness of the links between TB and HIV, and STIs and HIV, and consider taking a holistic or wellness approach to the health of workers. This approach has the double benefit of promoting health and reducing HIV-related stigma, though strategies and responsibilities for HIV/AIDS should be maintained.
- ❖ CSOs, including associations of PLHIV, should not simply be seen as resources but as potential partners in advocacy, campaigning and service delivery. Unions should select partners with a proven track record in mobilisation, campaigning and empowerment. Meetings should be held to draw up joint plans of action with a limited number of relevant partners.
- ❖ Unions should strengthen their 'watchdog' function, and keep monitoring delivery on existing commitments as well as negotiating new policies and collective agreements. They should strengthen social dialogue with government in relation to national policies/laws on HIV/AIDS as well as with their immediate employers.

Although each union will continue to develop its own HIV/AIDS programme, the collaboration that has been built at country level should not be allowed to dissipate: they should combine skills, contacts and resources, and let the stronger help the weaker as necessary. The NCC in each country should commit to supporting joint efforts, including joint fund-raising, building on the achievements of the PSUFASA project. PSI should broker solidarity arrangements (in kind as well as in cash) between the partner unions and other affiliates in the global North.

Global and regional bodies, as well as donors, should consider the usefulness of action-oriented research which might include the impact of the epidemic on specific sectors, such as nursing, as well as exploring ways that the relevant unions can support the capacity of diverse economic sectors to maintain production in the face of AIDS and contribute to the achievement of Universal Access.

## Annex A. List of participating unions

# ANGOLA

**SNITSFP**
Sindicato Nacional Independente dos Trabalhdores de Saude e Função Publica
**UNTA-FSAPSS**
Federação dos Sindicatos da Administração Publica Saude e Serviços – UNTA-CS

# BOTSWANA

**BOPEU**
Botswana Public Employees Union
**BULGSA**
Botswana Unified Local Government Service Association
**NALGC PMWU**
National Amalgamated Local & Central Government, Parastatal Manual Workers Union

# MALAWI

**CSTU**
Civil Servants Trade Union
**MAMWU**
Malawi Municipal Workers Union
**WETUM**
Water Employees Trade Union of Malawi

# MAURITIUS

**FPBOU**
Federation of Parastatal Bodies and Other Unions
**GSA**
Government Servants Association
**LAEU**
Local Authorities Employees Union

**RPSWU**
Rodrigues Public Service Workers Union

# MOZAMBIQUE
**SNAFP**
Sindicato Nacional da Função Publica Secretariado Nacional

# NAMIBIA

**NAPWU**
Namibia Public Workers Union

# SOUTH AFRICA

**DENOSA**
Democratic Nursing Organisation of South Africa
**HOSPERSA**

Hospital Personnel Trade Union of South Africa
**[MESHAWU**
Municipal, Education, State, Health and Allied Workers Union]
**NEHAWU**
National Education, Health, Allied Workers Union
**NPSWU**
National Public Service Workers Union
**[PAWUSA**
Public and Allied Workers Union of South Africa]
**POPCRU**
Police and Prison Civil Rights Union
**SAMWU**
South African Municipal Workers Union

# SWAZILAND

**SNA**
Swaziland Nurses Association
**SNACS**
Swaziland National Association of Civil Servants

# ZAMBIA

**CSAWUZ**
Civil Servants and Allied Workers Union of Zambia
**NESAWU**
National Energy Sector and Allied Workers Unions
**NUPSW**
National Union of Public Service Workers
**UNZAAWU**
University of Zambia and Allied Workers Union
**ZNUHAW**
Zambia National Union of Health and Allied Workers
**ZULAWU**
Zambia United Local Authorities Workers Union

# ZIMBABWE

**PSA**
Public Service Association
**ZINA**
Zimbabwe Nurses Association\
**ZRDCWU**
Zimbabwe Rural District Councils Worker's Union
**ZUCWU**
Zimbabwe Urban Councils Workers Union

## Annex B. Original and revised logframes

## (1) 20-02-2008

| Project Summary | Measurable indicators | Means of Verification | Important assumptions |
|---|---|---|---|
| **Goal**<br><br>To strengthen the role of the public sector in tackling HIV/AIDS in southern Africa | | | |
| **Purpose**<br><br>1. To strengthen the public sector trade union response in tackling HIV/AIDS in southern Africa. | 1. 50 per cent increase in HIV/AIDS activity amongst public sector trade unions by end of year 3, and reviewed annually. | 1.1 Copies of trade unions' HIV/AIDS policies.<br>1.2 Evidence of trade unions' HIV/AIDS activities. | 1.1 The partner unions have the capacity to sustain their participation in the project.<br><br>1.2 Political situation in the project countries remains stable enough to allow project activities to continue.<br>. |
| **Outputs**<br><br>1. Trade unions demonstrate good practice on HIV/AIDS, including protecting their members against discrimination and enhancing the rights of public sector workers to supportive measures. | 1.1 30 percent increase in the number of trade unions with agreed HIV/AIDS policies and/or undertaking HIV/AIDS activities to tackle discrimination and enhance support, by end of year 3 and reviewed annually. | 1.1.1 Reports on national activity at national and regional seminars; participants' registration and evaluation forms.<br><br>1.1.2 Log of records of good practice examples from unions in the region. | 1. HIV/AIDS continues as a priority for trade unions in the region. |
| 2. Well-established mechanisms for sharing good practice (as outlined above) amongst public sector unions in the region. | 2.1 80 percent of trade unions in the region have participated in seminars, by end of year 3 and reviewed annually.<br><br>2.2 50 per cent of | 2.1.1 Attendance records<br><br>2.1.2 Seminar programme includes sessions on sharing good practice | 2. Trade unions are able to work together despite language and political differences. |

| | | | |
|---|---|---|---|
| | trade unions have contributed to the regional newsletter, by end of year 3 and reviewed annually. | | |
| 3. More effective frequent cooperation, joint campaigning and information sharing between unions and relevant CSOs nationally and regionally in their response to tackling HIV/AIDS. | 3.1 20 percent of trade unions engaged in joint practical work and campaigning with CSOs, by end of year 3 and reviewed annually. | 3.1.1 Annual summary of joint projects and campaigns<br><br>3.1.2 Copies of information, publicity and campaign materials produced for joint activity on HIV/AIDS | 3. CSOs and trade unions can find common ground on which to base any joint campaigning. |
| 4. Public sector trade unions to influence government policy on HIV/AIDS in the public sector workplace by campaigning to change legislation and negotiating collective bargaining agreements which include HIV/AIDS policies, where government is also the employer. | 4.1 50 percent of trade unions participate in training activities about effectively lobbying government, to be held during seminars and workshops, by end of year 3 and reviewed annually.<br><br>4.2 10 percent of trade unions to be lobbying and/or campaigning to the Ministry of Health in their governments on HIV/AIDS policy and practice, by end of year 3 and reviewed annually.<br><br>4.3 10 percent of trade unions have negotiated collective bargaining agreements with public sector employers which include HIV/AIDS policies. | 4.1.1 Evidence of attendance at seminars and workshops.<br><br>4.2.1 Annual summary of trade union activity. | 4. Trade unions have democratic space to operate effectively and challenge their government. |

| | | | |
|---|---|---|---|
| 5. Improved support and assistance on HIV/AIDS from public sector trade unions to their members and the public sector workforce as a whole. | 5.1 50 percent of trade unions running training courses for stewards on how to respond effectively in tackling HIV/AIDS in the workplace, by end of year 3 and reviewed annually. | 5.1.1 Completed evaluation forms. | 5. Trade unions are able to sustain and increase their membership. |
| | 5.2 50 percent of trade unions participating in non-training activities addressing HIV/AIDS in the workplace, by end of year 3 and reviewed annually. | 5.2.1 Annual summary of trade union activity. | |
| | 5.3 20 percent increase in the number of members represented by their trade unions in HIV/AIDS related employment disputes, by end of year 3 and reviewed annually. | 5.3.1 Case statistics collated by Resource Centre at the beginning and close of the project. | |
| **Activities (numbers refer to Outputs)**<br><br>1   Hold 11 national skills sharing and best practice seminars for union leaders and activists on establishing good practice on HIV/AIDS issues in your union. This includes how to protect members against discrimination, negotiate collective bargaining | | | |

| | | | | |
|---|---|---|---|---|
| | agreements and enhance the rights of public sector workers to supportive measures. | | | |
| 2 | Hold two regional skills sharing and best practice seminars for union leaders and activists on establishing good practice on HIV/AIDS issues in your union. This includes how to protect members against discrimination, negotiate collective bargaining agreements and enhance the rights of public sector workers to supportive measures, as well as establishing ongoing sustainable regional mechanisms for sharing this information. | | | |
| 3 | Training sessions at seminars/workshops to introduce key CSOs, highlight examples of effective CSO/trade union activity; specialist support; and "How to do…" guide on working with CSOs. | | | |
| 4 | Training sessions at seminars/workshops to highlight successful campaigns to change government policy and introduce key government representatives or lobbyists; specialist support and "How to do…" guide on | | | |

| | | | |
|---|---|---|---|
| | effectively influencing government. | | |
| 5 | i) Establish a trade union resource centre on HIV/AIDS.<br><br>ii) Provide specialist support to trade unions on specific priority issues.<br><br>iii) Disburse funds through the small activities fund for trade unions to implement their own HIV/AIDS projects<br><br>iv) Develop a newsletter on HIV/AIDS for public sector trade unions in the region.<br><br>v) Develop a series of "How to…" guides | | |

**(2) 21-06-2010**

| Project Summary | Measurable indicators | Means of Verification | Important assumptions |
|---|---|---|---|
| **Goal**<br><br>To strengthen the role of the public sector in tackling HIV/AIDS in southern Africa | | | |
| **Purpose**<br><br>1. To strengthen the public sector trade union | 1. 50[1] per cent increase in **union** | 1.3 Copies of trade | 1.1 The partner unions have the |

---

[1] Although the baseline study indicated that 70% of the unions participated in HIV/AIDS activities it was also clear that the activities were not driven by the unions themselves but were initiated by the government through the National Aids Councils or Commissions. (See page 32 of the baseline study). The objective of the project is to build the capacity of unions to drive their own HIV/AIDS activities specific to the needs of their members and not just to participate in activities organised at the national level. It is for this reason that the figure 50% was not changed because most of the activities captured in the baseline were not driven by the unions. The indicator was therefore changed to include the statement 'union driven' to differentiate between those activities initiated by

| | | | |
|---|---|---|---|
| response in tackling HIV/AIDS in southern Africa. | **driven** HIV/AIDS activity amongst public sector trade unions by end of year 3, and reviewed annually. | unions' HIV/AIDS policies. 1.4 Evidence of trade unions' HIV/AIDS activities. | capacity to sustain their participation in the project. 1.2 Political situation in the project countries remains stable enough to allow project activities to continue. . |
| **Outputs** 1. Trade unions demonstrate good practice on HIV/AIDS, including protecting their members against discrimination and enhancing the rights of public sector workers to supportive measures. | 1.1 **50**[2] percent increase in the number of trade unions with agreed HIV/AIDS policies. 1.2 **50**[3] percent increase in the number of unions undertaking HIV/AIDS activities to tackle discrimination and enhance support, by end of year 3 and reviewed annually. | 1.1.1 Reports on national activity at national and regional seminars; participants' registration and evaluation forms. 1.1.2 Log of records of good practice examples from unions in the region. | 1. HIV/AIDS continues as a priority for trade unions in the region. |
| 2. Well-established mechanisms for sharing good practice (as outlined above) amongst public sector unions in the region. | 2.1 80 per cent of trade unions in the region have participated in seminars, by end of year 3 and reviewed annually. 2.2 50 per cent of trade unions have contributed to the regional newsletter, by end of year 3 | 2.1.1 Attendance records 2.1.2 Seminar programme includes sessions on sharing good practice | 2. Trade unions are able to work together despite language and political differences. |

unions and those that are initiated by government or other organisations so that progress at union level can be measurable at the end of year 3.

[2] The figure changed from 30% to 50% because the baseline indicated that 32% of the unions had agreed policies on HIV/AIDS.

[3] Feedback from Tripple Line indicated there should be separate indicators for policies and activities tackling discrimination hence the addition of 1.2 as a separate indicator.

| | | | |
|---|---|---|---|
| | and reviewed annually. | | |
| 3. More effective frequent cooperation, joint campaigning and information sharing between unions and relevant CSOs nationally and regionally in their response to tackling HIV/AIDS. | 3.1 42[4] percent of trade unions engaged in joint practical work and campaigning with CSOs, by end of year 3 and reviewed annually. | 3.1.1 Annual summary of joint projects and campaigns<br><br>3.1.2 Copies of information, publicity and campaign materials produced for joint activity on HIV/AIDS | 3. CSOs and trade unions can find common ground on which to base any joint campaigning. |
| 4. Public sector trade unions to influence government policy on HIV/AIDS in the public sector workplace by campaigning to change legislation and negotiating collective bargaining agreements which include HIV/AIDS policies, where government is also the employer. | 4.1 50 percent of trade unions participate in training activities about effectively lobbying government, to be held during workshops and regional seminars, by end of year 3 and reviewed annually.<br><br>4.2 45[5] percent of trade unions to be lobbying and/or campaigning to the Ministry of Health in their governments on HIV/AIDS policy and practice, by end of year 3 and reviewed annually.<br><br>4.3 45[6] percent of trade unions have negotiated collective | 4.1.1 Evidence of attendance at seminars and workshops.<br><br><br><br><br>4.2.1 Annual summary of trade union activity. | 4. Trade unions have democratic space to operate effectively and challenge their government. |

---

[4] Although the baseline survey indicated that 58% of the unions were already engaged in joint practical work and campaigning with CSOs, the reality is that most of this campaigning was not done by the unions themselves but through their national centres. In terms of this project there is a need to build the capacity of unions to initiate joint practical work with CSO and hence the indicator was increased to only 42% as an appropriate figure because public sector unions still need to develop their capacity in this regard.

[5] The indicator changed from 10% to 45% because the baseline figures indicated that 24% of the unions had been involved in campaigning and lobbying activities.

[6] The indicator was changed from 10% to 45% because the baseline indicated that 20.5% of the unions had already concluded collective bargaining agreements or clauses with the employer before the start of the project.

| | | | |
|---|---|---|---|
| | bargaining agreements with public sector employers which include HIV/AIDS policies. | | |
| 5. Improved support and assistance on HIV/AIDS from public sector trade unions to their members and the public sector workforce as a whole. | 5.1 50 percent of trade unions running training courses for stewards on how to respond effectively in tackling HIV/AIDS in the workplace, by end of year 3 and reviewed annually. | 5.1.1 Completed evaluation forms. | 5. Trade unions are able to sustain and increase their membership. |
| | 5.2 50 percent of trade unions participating in non-training activities addressing HIV/AIDS in the workplace, by end of year 3 and reviewed annually. | 5.2.1 Annual summary of trade union activity. | |
| | 5.3 20 percent increase in the number of members represented by their trade unions in HIV/AIDS related employment disputes, by end of year 3 and reviewed annually. | 5.3.1 Case statistics collated by Resource Centre at the beginning and close of the project. | |
| **Activities (numbers refer to Outputs)**<br>1. Hold 11 national skills sharing and best practice seminars for union leaders and activists on establishing good practice on HIV/AIDS issues in your union. This includes how to protect members against discrimination, negotiate collective bargaining | | | |

| | | | |
|---|---|---|---|
| agreements and enhance the rights of public sector workers to supportive measures. | | | |
| 2. Hold two regional skills sharing and best practice seminars for union leaders and activists on establishing good practice on HIV/AIDS issues in your union. This includes how to protect members against discrimination, negotiate collective bargaining agreements and enhance the rights of public sector workers to supportive measures, as well as establishing ongoing sustainable regional mechanisms for sharing this information. | | | |
| 3. Training sessions at seminars/workshops to introduce key CSOs, highlight examples of effective CSO/trade union activity; specialist support; and "How to do…" guide on working with CSOs. | | | |
| 4. Training sessions at seminars/workshops to highlight successful campaigns to change government policy and introduce key government representatives or lobbyists; specialist support and "How to do…" guide on effectively influencing government. | | | |
| i) Establish a trade union resource centre on HIV/AIDS. | | | |

| | | | |
|---|---|---|---|
| ii) Provide specialist support to trade unions on specific priority issues.<br><br>iii) Disburse funds through the small activities fund for trade unions to implement their own HIV/AIDS projects.<br><br>iv) Develop a newsletter on HIV/AIDS for public sector trade unions in the region.<br><br>v) Develop a series of "How to…" guides.<br><br>vi) Training of trade union negotiators on collective bargaining issues specific on HIV/AIDS.[7] | | | |

---

[7] This activity was added in order to remedy the slow progress in concluding collective bargaining agreements. It was felt that probably union negotiators do not have the knowledge and skill of the issues to include when bargaining on HIV/AIDS.

**Annex C. List of 'How to Guides'**

*These cover:*

- Dealing with stigma and discrimination
- Health and Safety Committees
- Working with Civil Society
- Working with the media
- Lobbying decision makers
- Facilitating workshops
- Conducting meetings
- Drawing up a workplace HIV/AIDS policy
- Development of HIV/AIDS workplace programme
- Collective bargaining and HIV/AIDS
- Importance of going on ARVs
- Importance of HIV/AIDS counselling
- HIV/AIDS peer education at the workplace
- ILO Recommendation on HIV/AIDS and the world of work

## Annex D. References and web links

**Core ILO documents on HIV/AIDS and the world of work**

ILO Code of practice on HIV/AIDS and the world of work, 2001

Implementing the ILO code of practice on HIV/AIDS and the world of work - an education and training manual, 2002

Recommendation on HIV and AIDS and the world of work 2010 (no. 200) *and* Resolution concerning the promotion and implementation of the Recommendation

A workplace policy on HIV/AIDS: what it should cover and how to implement it

A workplace policy and programme on HIV/AIDS – set of six factsheets

HIV/AIDS behaviour change communication: a toolkit for the workplace, 2005

Global reach: how trade unions are responding to AIDS, 2006

Cross-Country Study of the ILO/USDOL HIV/AIDS Workplace Education Program: Strategic HIV/AIDS Responses in Enterprises (SHARE), 2008

Saving lives, protecting jobs - International HIV/AIDS Workplace Education Programme. Strategic HIV/AIDS Responses in Enterprises (SHARE). Second report 2008, first report 2006

Prevention of HIV/AIDS in the World of Work: A Tripartite Response - documentation of good practices, 2009, ILO Delhi

Toolkit for trade unions on HIV and AIDS: Core information, practical guidance on policy and programme development, and examples of union action, 2011

**Other analyses of workplace policies and programmes**

Markus Haacker, International Monetary Fund, various including *The Impact of HIV/AIDS on Government Finance and Public Services*, 2005

**Union web links**

The International Trade Union Confederation: http://www.ituc-csi.org/.

The Global Unions are a grouping of international trade union organizations that include the International Trade Union Confederation, the Global Union Federations and the Trade Union Advisory Committee (TUAC), an interface for trade unions with the organization for Economic Co-operation and Development (OECD): http://www.global-unions.org/spip.php?rubrique54

The Global Unions' AIDS Programme website has an earlier version where a great deal of material can be found:  http://www.global-unions.org/hiv-aids/

Education International: http://www.ei-ie.org/efaids/en/index.php

ICEM: http://www.icem.org/en/72-HIV-AIDS

ITF: http://www.itfglobal.org/HIV-AIDS/index.cfm

SATUCC: http://www.satucc.org/

The World AIDS Campaign has a section on Labour, which can be accessed through the Constituencies button_ http://www.worldaidscampaign.org. See in particular: The Labour Advocacy Toolkit: Organising to Achieve Universal Access to HIV Prevention, Treatment, Care and Support.

## Employers' organization

The International Organisation of Employers: http://www.ioe-emp.org/

Pages specifically on HIV/AIDS: http://www.ioe-emp.org/en/policy-areas/hivaids/index.html

## United Nations: UNAIDS

http://unaids.org