

Action Against HIV/AIDS in the UN System Project

(2002-2003)

The UN Theme Group on HIV/AIDS in Thailand



Internal project report and evaluation

(Draft)

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ABBREVIATIONS AND ACRONYMS

AMS	UN Committee on the Administrative Management and Security
ARV	Antiretroviral
CPA	UNAIDS Country Programme Advisor
DFID	Department for International Development
FAO	Food and Agriculture Organisation
FCO	Foreign and Commonwealth Office
FP	Focal Point or Focal Points
GIPA	Greater Involvement of People with HIV/AIDS
HOA	Heads of Agencies
HR	Human Resource
HRD	Human Resource Departments
IASU	Interagency Support Unit
IBRD	International Bank for Reconstruction and Development
ICAO	International Civil Aviation Organisation
ILO	International Labour Organisation
IOM	International Organisation for Migration
OVI	Objectively Verifiable Indicators
PAF	Programme Acceleration Funds
PC	Project Coordinator
PEP	Post Exposure Prevention-
PWA	Person with HIV or AIDS
PWG	Project Working Group
SSA	Special Service Agreement
SSU	Security Service Unit
TBCA	Thailand Business Coalition on AIDS
TOR	Terms of Reference
TOT	Training of Trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAIDS SEAPICT	UNAIDS South-East Asia and Pacific Inter-Country Team
UNDGO	United Nations Development Group Office
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Programme
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNFPA CST	UNFPA Country Technical Services Team
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNICEF EAPRO	UNICEF East-Asia and Pacific Regional Office
UNIDO	United Nations Industrial Development Organisation
UNIFEM	United Nations Development Fund for Women
UNMS	United Nations Medical Service
UNODC	United Nations Office on Drugs and Crime
UNRC	United Nations Resident Coordinator
UNTG	United Nations Theme Group on HIV/AIDS in Thailand
UNTWG	United Nations Thematic Working Group on HIV/AIDS in Thailand
VCT	Voluntary Counselling and Testing
WFP	World Food Programme
WG	Working Group
WHO	World Health Organisation

EXECUTIVE SUMMARY

Initiation

The “Action Against HIV/AIDS in the UN System” Project was initiated in response to the potential impact of HIV/AIDS among UN System employees and their families in Thailand. The project seized on opportunities provided by the commitment of the UN HOA to the issue, the wealth of experience and resources among organisations responding to the epidemic, and the region-wide responsibilities of the UN system in Thailand. This project also provided an opportunity for the UN to set a positive example on the implementation of appropriate HIV/AIDS workplace policies and promote of HIV/AIDS as a workplace issue.

Following initial consultations and preliminary work among key UN staff and organisations in 2001, it was agreed the UN Theme Group on HIV/AIDS in Thailand (UN TG) should take the initiative for the implementation of a UN HIV/AIDS workplace programme. In early 2002, a working group was formed and project proposal drafted. Following HOA approval in July 2002, the project was officially launched in August 2002.

Implementation

The project was implemented between August 2002 – July 2003. Twenty-one UN organisations based in Bangkok participated in the project, with the extension of certain project activities to UN Field Offices and the UK’s Department for International Development (DFID) and Foreign and Commonwealth Office (FCO). The participating organisations (ESCAP, FAO, IBRD, ICAO, ILO, IOM, UNAIDS SEAPICT, UNDP, UNEP, UNESCO, UNFPA Thailand, UNFPA CST, UNHCR, UNICEF EAPRO, UNICEF Thailand, UNIDO, UNIFEM, UNODC, UNRC, WFP, and WHO) funded the US \$ 44, 700 cost of the project through a pro-rata cost-sharing arrangement.

Project implementation was overseen by a project Working Group, comprised of representation from key UN Organisations, that operated under the guidance of the UN TG reporting regularly to the Chair of the UNTG. This working group supervised a Project Coordinator hired from October 2002 – July 2003 to ensure the timely implementation of key project activities. External consultancy services were used for the development and implementation of HIV/AIDS training and for the translation, adaptation and printing of materials.

Objectives and outputs

The project’s stated objectives are (1) To ensure that all UN System employees in Thailand are aware about HIV/AIDS and its prevention, (2) To ensure that all UN System employees in Thailand have sufficient access to HIV/AIDS-related information, care and support and (3) To ensure that all UN System employees in Thailand are protected from discrimination on the basis of HIV. These were to be realised through the achievement of the following outputs:

Output 1 Establish an enabling institutional environment for the effective implementation of the existing UN staff policies on HIV/AIDS.

Output 2 Increase awareness about HIV transmission and prevention, about available care and support services and about employees’ rights concerning the disease among UN System staff and their dependants.

Output 3 Ensure UN employees and their dependants have sufficient access to HIV/AIDS related care and support services.

Evaluation

Project evaluation was undertaken by the project coordinator from May 2002 – June 2002, relying wherever possible on objective assessment. Where this was not possible, key information was sought through project records, interviews and focus group discussions.

The following document provides a detailed record of the project from its inception, to the implementation of activities and the evaluation process. The evaluation component of the document pays particular attention to aspects of project implementation, progress towards stated objectives and outputs, and the HIV/AIDS training component. Following from this, the document provides specific guidance on the continuation of related activities within the UN system in Thailand, and recommendations aimed at those considering the implementation of similar initiatives.

Key project achievements

It was felt that the following key achievements contributed to the realisation of the project's objectives and outputs:

- ✓ Securing the commitment, funding and participation of *21 UN organisations*
- ✓ Establishment of a focal point system and the comprehensive training of *28 focal points* through the delivery of a specifically developed module at 1.5 day workshops.
- ✓ Training module developed (covering HIV/AIDS transmission, prevention and UN HIV/AIDS personnel policy) and delivered to approximately *388 UN staff* in Bangkok, through 21 half day sessions in English and Thai.
- ✓ HIV/AIDS materials and training delivered to approximately 20 UN field staff on-site.
- ✓ UNAIDS Booklet "AIDS and HIV Infection: Information for UN employees and their families" translated into Thai with 3000 copies produced and over 2000 distributed.
- ✓ Thai and English language HIV/AIDS awareness card developed, 3000 copies produced and over 2000 distributed.
- ✓ "Service Directory for HIV/AIDS-related services in Bangkok" developed, 3000 copies produced and over 2000 distributed.
- ✓ Extensive distribution of existing materials including the UNAIDS Booklet "AIDS and HIV Infection: Information for UN employees and their families", UNAIDS Thailand Country Profile (2002) and "HIV/AIDS in the UN System workplace" CD-ROMs.
- ✓ PEP kits distributed to select UN premises in Bangkok and the field.
- ✓ PEP country protocol and simplified information on PEP developed and disseminated widely.
- ✓ Information on general and agency-specific UN HIV/AIDS Personnel Policies collated and distributed widely.
- ✓ Guidelines for an HIV/AIDS component of new staff briefings developed and implementation encouraged.
- ✓ Recommendations for addressing HIV/AIDS-related issues applicable to administrative staff were developed and disseminated.
- ✓ Project experience documented with a view to regional dissemination.

Key evaluation findings and recommendations

- ✓ Overcome poor overall engagement on HIV/AIDS as a workplace issue by securing and illustrating high-level commitment to all staff.
- ✓ Develop a logframe matrix for the project with simple, measurable, realistic and linked objectives and outputs.

- ✓ Promote project sustainability and long-term vision by developing a work plan spanning 1-2 years, outlining budget, activities and responsible parties.
- ✓ Account for the domination of project resources by training and material development.
- ✓ Carefully consider project evaluation at project design, including the consideration of verifiable indicators.
- ✓ To the extent possible, develop objectives, outputs and activities in response to needs assessments.
- ✓ Develop actions that specifically target all key stakeholders identified (HOA, administrative staff, dependents etc.) and respond to their different needs.
- ✓ Attempt to identify groups most difficult to access with HIV/AIDS information or least likely to attend training, and develop measures to target them specifically e.g. 'low-level' staff, males, staff in large agencies etc.
- ✓ Select focal points carefully and ensure they are provided with adequate support, as their commitment and resources greatly affect project outcomes.

PROJECT INITIATION

Rationale

The Project was initiated in response to the impact and potential impact of the HIV epidemic among UN System employees, and their families, in Thailand. There was also the opportunity for the UN to set a positive example to other employers in the country for implementing appropriate HIV/AIDS workplace policies and promoting consideration of HIV/AIDS as a workplace issue.

The commitment of the UN HOA in Thailand, the vast experience and infrastructure among UN and non-UN organisations in responding to the epidemic and the region-wide responsibilities of the UN system in Thailand were seen as specific advantages of the position of the UN System in Thailand to spearhead efforts to implement UN staff policies on HIV/AIDS in the region. The available guidance, policies and tools on HIV/AIDS in the workplace would further facilitate this effort. For example, the Guidance Note for the United Nations Resident Coordinator System on HIV/AIDS in the UN Workplace (2000), the ILO Code of Practice on HIV/AIDS and the World of Work (2001), UN HIV/AIDS Personnel Policy (1991), various agency-specific policies (e.g. UNICEF 1993) and HIV/AIDS modules developed by UNAIDS Geneva and the UN Staff College.

Origins

In response to concerns expressed by cosponsors to UNAIDS SEAPICT, UNAIDS Thailand and other key UN staff commenced consultations with the Chair of the UN TG on addressing the issue of HIV/AIDS in the UN System workplace. Following from the meetings of the UN Committee on the Administrative Management and Security (AMS) in Thailand and the UN Heads of Agencies (HOA) in 2001, it was further agreed that the UN Theme Group on HIV/AIDS in Thailand (UNTG) should take the initiative for the implementation of a UN HIV/AIDS workplace programme.

With the aim of seizing on the interest expressed by the HOA, and through the initiative of a number of key staff (from UNAIDS Thailand, UNFPA and ILO) with interest in the area of HIV/AIDS in the workplace, an informal working group was formed in January 2002. The informal working group (see Annex B) was led by the ILO Technical Specialist on HIV/AIDS in the World of Work who also drafted a project proposal for the "Action Against HIV/AIDS in the UN System" Project. Working group members, with input from key UNICEF and UNIFEM staff, submitted a project proposal to the UN HOA and AMS in March and April 2002, whilst lobbying for further support from various UN agencies (particularly UNESCAP). Through the involvement of the Chairperson of the UN TG on HIV/AIDS in Thailand, the project Working Group was expanded and formalised.

The project proposal was finally approved by HOA at their meeting in July 2002, following additional work by the working group on the project proposal (particularly budget revisions, determining pro-rata costs and logistical support). The project commenced in August 2002, approximately 3 months later than had been anticipated at the beginning of the year.

Prior to implementation there was no formal needs assessment, the impetus for project implementation being primarily the obligation of the UN system to its workforce, as outlined in documents such as the UN Secretary General's statement on this issue. Some form of needs assessment prior to project implementation may have resulted in more targeted intervention of greater impact whilst also serving to provide some base level assessments against which progress and impact could have been subsequently objectively measured.

PROJECT IMPLEMENTATION

Implementation structure

Project implementation was overseen by the project Working Group comprised of representation from key UN Organisations (see Annex B). The Working Group operated under the UN Theme Group on HIV/AIDS in Thailand (UN TG), and though envisaged to meet monthly to monitor the implementation of the project, was convened less frequently than this. The Working Group reported regularly to the Chairperson of the UN TG on HIV/AIDS who in turn informed the HOA Meeting about progress made.

The Working Group supervised a Project Coordinator hired to ensure the timely implementation of the key activities proposed under the project. The Project Coordinator commenced on the 1st October 2002 and was responsible for reporting progress made to the Chairperson of the UN TG. It should be noted that the Project Coordinator changed after 3 months, the second coordinator commencing work on the 13 January 2003. Limited secretarial and logistical support was provided to the project coordinator by UNESCAP and UNAIDS Thailand.

While initially anticipated that activities at agency level would be implemented in close consultation with the Personnel Services and Staff Unions/Associations, this was not fully realised in practice. While consultations with Personnel Services took place through a consultative meeting (18 November 2002), various AMS meetings and e-mail communications, there were no consultations with Staff Unions or Associations. As envisaged, the staff volunteers served as Focal Points for operational activities in each agency and were supported by the Working Group. In this way, the project relied as much as possible on in-house capacities for the implementation of its activities. Technical guidance was sought from UNAIDS Secretariat in Geneva, and UNAIDS SEAPICT contributed with expertise on "Greater Involvement of People with HIV/AIDS" (GIPA). At the time of writing, UNAIDS SEAPICT had developed plans in consultation with the project Working Group, to facilitate the knowledge transfer to other countries of Southeast Asia for the development of similar projects. A number of other knowledge transfer links also developed (e.g. advice provided to UN TG members in Laos) as the project progressed.

External consultancy services were used for the development and implementation of staff and peer educator training and for the translation, adaptation and printing of materials.

Project contributions and budget

The budget was funded through a cost sharing arrangement that was agreed upon by the Head of UN Agencies. All participating UN agencies (potentially 25) would contribute an agreed amount depending on the number of staff, which would secure their involvement in the project activities. Budget contributions for each participating agency (see Annex C) were calculated using an estimated per capita cost of US \$ 34 (derived from dividing the proposed budget cost of US \$ 43993 by the estimated number of UN staff, 1290). Estimates of the number of staff in each agency and the per capita cost were used to calculate the cost to each individual agency. The budget contributions were then stratified the justification including the avoidance of disputes over staff numbers or the definition of 'staff', and that staff numbers are constantly changing. The strata for smaller agencies were further modified following concerns that smaller agencies would be subsidising the provision of project services to the larger agencies.

Despite this approach, a number of agencies that fell in the lowest strata declined to contribute. It has been suggested that reasons for this may relate to such agencies viewing themselves as separate from the UN and not engaged in its activities. Location off-site may also promote the sense of being peripheral to the UN system. It may also be that in the face of small staff numbers, they would not be able to maintain normal operations during training sessions or they felt the cost per head was not justified.

Out of 25 UN agencies/ organisations approached, contributions were received from a total of 21, (1 of which provided a partial contribution). The contributions received (US \$ 41,430) amounted to 94 % of contributions requested. Reasons commonly cited for not contributing included having a limited number of staff and other budgetary and programmatic priorities. (See Interagency Collaboration for further information). In a number of cases, these contributions were received later than anticipated by the initial project timeframe estimation. This may be partly accounted for because in the initial stages of implementation, there was no project coordinator and pursuing contributions would have depended on the action of key staff, in addition to regular duties. Additionally, the general difficulties associated with mobilizing a large number of agencies, and the reduced budget flexibility (particularly in non-UNAIDS cosponsor organisations) were also seen to have contributed to this delay. (See also Annex V: Interagency Evaluation).

It has subsequently been suggested that the number of costing strata could have been increased, for example the lower strata split into 2 strata of 1-9 staff and 10-24 staff. Other suggestions for budget calculation that may be considered include charging each agency the per capita cost, multiplied by its estimated staff numbers. However, while fairer, the sizeable cost to large organizations, particularly UNESCAP may have proved prohibitive. An alternative may be to multiply per capita cost by the target number of participants in each agency (in this case 50% of all UN employees and therefore 50% of staff in each agency).

The method of budget contribution calculation used was in line with that used for the UN Training on Sexual Harassment (2001), the only comparable preceding inter-agency project. Estimates of staff numbers were drawn from those used in the sexual harassment project. Whilst the estimations used were repeatedly presented to the AMS without objection, it would seem that, in some cases these estimates were significantly lower than actual current numbers. This is particularly relevant in the case of the WFP who were therefore placed in the wrong strata and UNICEF Country Office, for whom staff number estimates were not individually available. This has implications on the per capita costs to agencies and the 'value' they have received from the project.

In-kind contributions to the project were also provided by UNESCAP, in the form of the training venue and audio-visual equipment, and by ILO, UNAIDS, UNIFEM, UNDP, UNICEF and UNFPA, in the form of the extensive work carried out by key staff, particularly at the earliest stages of project inception, in addition to their contractual work responsibilities for their agencies.

Despite continuing for approximately 3 months more than anticipated, the project's overall cost was in-line with that anticipated in the proposed budget. (See Annex D: Project Budget Proposed and Actual). Sources of discrepancy between proposed and anticipated costs can be seen in the areas of 'Materials', 'Service Hub Development' and 'Training manual and materials', where actual costs were substantially lower than anticipated. The printing cost of project materials were overestimated, estimations being based on previous printing works that were inapplicable. Again, there was an overestimation of printing costs for training handouts and had a training manual been developed as originally foreseen, the budget estimate may have been more realistic. Activities and therefore costs associated with service hub development were reduced for reasons outlined under the relevant section in the next chapter.

The only budgetary item costing more than anticipated were costs associated with the hiring of a project coordinator. This can be partly explained by the extended duration of contract required to ensure adequate completion of the project. Of more significance is that the actual coordinator fee was higher than anticipated. It was felt that the initial estimate of US \$ 2000, based on a local salary scale, was too low, and that an international P3 level would more adequately reflect the experience and expertise that would be required for the position.

Timeframe*

Following the launch of the project in August 2002, the project took approximately 3 months longer than anticipated. Throughout the evaluation process, it was frequently suggested that this delay in implementation was an inevitable consequence of interagency projects that must account for the input of a greater number of people. Further evaluation suggests that this commonly-held view might be something of a misperception. (For further elaboration on this point, see Interagency Evaluation in Annex V). Given this interagency project was the first of such a size to be implemented, it was felt that the initial estimate of project timing might have been ambitious. This ambitious estimate also did not adequately account for the fact that much of the work done by key staff involved in the project, is in addition to their normal work. This is particularly applicable as activities in the first 2 months of the project proceeded without the attention of a project coordinator. Additionally, the initially-delayed commencement of the appointment of the project coordinator and the loss of time associated with the changing of project coordinator were cited as potential factors.

In order to accommodate this overall delay and ensure complete implementation of delayed project activities, the contract period for the project coordinator was subsequently extended three and one half months. This extension was also necessary to ensure the implementation of unforeseen activities, such as the provision of HIV/AIDS training to field offices, and to accommodate greater-than-anticipated attention required for project evaluation and documentation.

A number of other specific project components that also took *longer* than expected include the identification of HIV/AIDS focal points by each agency, the receipt of financial contributions from each agency, the development and dissemination of all of the main project-associated materials and training preparation and duration. It was suggested that development and dissemination of the *all* of the main project materials was prolonged as a consequence of underestimation of the substantial time required to edit such materials. As it appears the size of the task of editing (particularly Thai language components) was not adequately anticipated, responsibility for this task was not allocated, further adding to the time delay. Reasons for the extended duration of these other activities can be seen under the relevant activities in the next chapter.

Certain activities took place significantly *later* than expected, most notable are the development of HIV/AIDS service hubs, providing advice to HRD and ESCAP SSU on the inclusion of an HIV component in new staff briefings and on confidentiality, and the assessment of, and recommendations on HIV/AIDS services at UN Medical Services (including PEP). Reasons for the delay in commencement of these activities are discussed under the specific activities themselves, in the next chapters.

Aside from the fact that the implementation of activities were often simply more difficult than expected, it is felt that a number of the delays associated with certain activities can in part be accounted for by what is seen as a lack of agency ownership (at all staff levels, but particularly at senior level) of the project and its activities. This problem was encountered by many of those involved with the project at the various stages, from design to implementation to evaluation, and at a technical level, interest seemed to wane as the project continued. Anecdotally, it was felt that the agencies that 'owned' the project more tended to implement activities on time and attain better results e.g. percentage of their staff attending the training.

* Refer also to Annex E: Project Timeframe

PROJECT IMPACT

Scope of impact evaluation

The ability to assess project impact through evaluating the extent to which project objectives have been achieved, is significantly limited as the stated objectives are sometimes unrealistic (“all UN System employees...”), difficult to quantify (“sufficient access to...”) or ideally require assessment at a point beyond the duration of the project timeframe. Impact evaluation of the project outputs is also limited due to inadequate consideration of evaluation in the project development stages. The outputs themselves are also often too vague (e.g. ‘sufficient access’, ‘enabling environment’), and through lack of consideration of what indicators could be used to provide objective verification, are often difficult to measure and verify. Consequently, the impact evaluation relies more on subjective methods of verification than is ideal.

Evaluation process

Through working group consultation, it was agreed that the impact of this project would be examined at the level of objectives, outputs and activities (outlined in the project document).

Project evaluation was conducted by the project coordinator between May - June 2003 with additional interagency evaluation components submitted by IASU. Where available, the evaluation process relied on verifiable and quantitative information (e.g. training evaluation), however, for the reasons outlined above, this was limited.

Additionally, further information was sought through analysis of project records and documents, e-mails, separate focus group discussions with the project working group and focal points, and interviews with key persons (project coordinator, CPA and Chairperson of the UN TG). The project coordinator, in the role of evaluator, conducted these discussions and interviews during the second and third week of May 2003 using prepared, open-ended questions of particular relevance to the interviewees, and their experience with the project.

Impact on stated objectives

Objective 1: To ensure that all UN System employees in Thailand are aware about HIV/AIDS and its prevention.

It is unlikely that the project has ensured that *all* UN employees in Thailand are aware about HIV/AIDS and its prevention. However it is likely that as a consequence of this project (particularly the training and material components), UN employees in Thailand have increased awareness about HIV/AIDS and its prevention. Results from the training evaluation would seem to confirm this, though the impact of the materials disseminated on awareness-raising have not been assessed. Assessment of the impact of the project on this objective is limited by the fact that there has been no pre-project assessment of awareness levels and that change in awareness levels has only been measured in relation to the training, just one component of this project.

Objective 2: To ensure that all UN System employees in Thailand have sufficient access to HIV/AIDS-related information, care and support.

Again, by specifying “all UN System employees”, it is unlikely that this objective has been achieved. Verification of whether this objective had been achieved is also compounded by the vague nature of the term ‘sufficient’. However, it is likely that as a consequence of this project, access of UN employees to HIV/AIDS-related information, care and support has improved. More information, care and support services have been provided (e.g. establishment of PEP kits and protocol focal point system) and it is felt that awareness of these services has been raised (through disseminated project materials).

Objective 3: *To ensure that all UN System employees in Thailand are protected from discrimination on the basis of HIV.*

Although it is unlikely that all UN employees are protected from discrimination, it is felt that as a consequence of the project, protection from workplace discrimination on the basis of HIV has improved. Objective verification is still particularly difficult, as it is difficult to define what constitutes an 'improved protection from discrimination' and the timeframe of the project does not allow for identification of discriminatory 'events'. Those consulted feel strongly that through project activities, such as training that specifically aims to correct common misconceptions, includes attitude adjustment games and involves PWA participation, UN employees are less likely to be discriminated on the basis of HIV by their colleagues, and indeed, the training evaluation indicated significant change between pre- and post-test attitudes towards HIV-infected colleagues. It is also felt that activities relating to awareness-raising and implementation of non-discriminatory UN HIV/AIDS Personnel Policies would also contribute to protection of UN staff from discrimination on the basis of HIV, though this link has not been verified.

Objective 4: *To contribute to an enhanced collaboration among UN agencies.*

One of the stated project objectives was to enhance inter-agency collaboration. It was expected that the project would achieve this through UN agencies working together in the project working group and also through working collectively with UN staff during the implementation of project activities. Several observations can be made in this regard. However, given that the project has only recently finished, it is difficult to verify the impact of the project on UN collaboration, which is likely to become more apparent over the coming months.

The most important evidence to have come out of this 'inter-agency evaluation' is that despite efforts to encourage greater collaboration and cooperation between UN agencies (such as creation of TWGs), the current structure of the UN system and in particular certain individual agency procedures, fail to provide the incentives, both personal and organisational, necessary to promote collaborative activities. Addressing the current *disincentives* for collaboration and identifying practical *incentives* is necessary if inter-agency collaboration is to become institutionalised by individual agencies. However, it also emerged during this evaluation that some individual agencies have introduced effective incentives for encouraging participation in inter-agency collaboration for example, by including inter-agency work in staff appraisals and TORS.

The evaluation also provides certain recommendations for the design of future inter-agency projects set up under the aegis of thematic working groups. For a full evaluation of the inter-agency component of this project please see Annex V.

Impact on stated outputs

The outputs through which it was envisaged that the objectives of the "Action Against HIV/AIDS in the UN System" project would be achieved are,

1. An enabling institutional environment for the effective implementation of the existing UN staff policies on HIV/AIDS is established.
2. UN System staff and their dependants have an increased awareness about HIV transmission and prevention, about available care and support services and about their employees' rights concerning the disease.
3. UN employees and their dependants have sufficient access to HIV/AIDS related care and support services.

The next 3 chapters of evaluation will look at progress toward each project output. They will also look at the activities under each output, the extent to which they were implemented, including an account of what happened, what did not and why for each. Where possible, the

impact of each activity on its output will be assessed and suggestions on how these activities could have contributed more to the achievement of their outputs will be provided.

OUTPUT 1: AN ENABLING INSTITUTIONAL ENVIRONMENT FOR THE EFFECTIVE IMPLEMENTATION OF THE EXISTING UN STAFF POLICIES IS ESTABLISHED

The eight individual activities under this output aim to establish an enabling institutional environment through illustrating commitment to implementation of UN HIV/AIDS personnel policies (co-signing and distribution of HOA statement), information dissemination (UN Policy, PWA message, project information), establishing and maintaining working mechanisms and structure (nomination and training of focal points) and dissemination of documentation of lessons learnt and recommendations. While the project Working Group feels that collectively, these activities have contributed significantly towards this output, to quantify the impact of any of these activities on creating an enabling institutional environment is difficult, particularly given that a definition of the term has not been adopted by the project, and the broad and vague nature of the term itself.

However, following consultations with working group members, focal points and other key persons, a consensus on a number of points is evident. The letter signed by the UN Resident Coordinator and UNESCAP Executive Secretary and the nomination and training of focal points were seen as the most important elements in establishing the enabling institutional environment. Indeed, high-level commitment within an agency, and an active focal point were identified as the two single most important components determining the success of project interventions.

Staff unions were also seen as a key group to target as a component of the institutional environment. Despite their involvement being a specific intention outlined in the project document, this failed to materialise, possibly reducing the level of achievement towards the stated output.

ACTIVITY 1.1: Propose to the UN HOA to co-sign and distribute among all UN System employees a joint one-page statement committing themselves to the implementation of the UN staff policies on HIV/AIDS with special emphasis on prevention, non-discrimination, confidentiality and access to treatment and insurance.

Status: Achieved	
Account: 15 Aug 02	A joint letter by the UNESCAP Executive Secretary and the UN Resident Coordinator was signed on the collective behalf of the Heads of Agencies and submitted to all HOA, informing all staff of the project (see Annex G). Practicalities associated with getting a letter signed by all HOA were seen as too difficult.

HOA commitment was identified as a key component of an enabling environment and one of the most important factors in determining the success of the project as a whole. While practicalities prevented all HOA signing the joint statement, those consulted still felt the letter in its modified form was the key contributor to the establishment of the enabling environment. The specific contribution of this activity towards creating this environment is difficult to ascertain. All of those consulted however, felt that its impact was substantial and significant, providing a “clear statement of intent”, giving management direction and serving to illustrate to all staff, commitment to this issue at the highest level of the UN system in Thailand. The additional advantage of such a statement is that it had the potential to bring on board agencies that were not convinced or committed.

It was suggested that the extra effort required to secure signatures of all HOA might have been more beneficial as many staff may identify their HOA as their more relevant authoritative figure, as opposed to the general and perhaps more detached authority they may associate with the Resident Coordinator and UNESCAP Executive Secretary.

ACTIVITY 1.2: Encourage each UN agency to ensure that its respective UN staff policy on HIV/AIDS be made available to all staff.

Status: Achieved	
Account:	
Sep – Oct 02	Chairperson of UN TG provided such encouragement at HOA level in various interagency meetings and in correspondence to the agencies (e.g. letter of 22/10/02 to administrative chiefs and officers). Other interagency fora, such as the AMS meetings were also used to encourage each agency to ensure their respective HIV/AIDS personnel policies were made available to all staff (e.g. refer to page 3, Minutes of the 10 th AMS meeting 19/09/02)
February 03	At a more technical level, project focal points were encouraged to familiarise themselves with their agency specific policy prior to their training, and to further inform their staff.

While working group members felt that adequate action had been taken to encourage agencies to make their HIV/AIDS personnel policies available, much of this was done in the early stages of the project. As such, it was suggested that following up on how much had been done by each agency to ensure the provision of these policies could have been done.

ACTIVITY 1.3: Inform all staff about the objectives and planned activities of this project.

Status: Achieved	
Account:	
28 August 02	Official Project Launch: Presentation of the project by Chairperson UN TG. In conjunction with a presentation on the “UNAIDS Report on the Global HIV/AIDS epidemic, 2002” by UNODC Representative and a Q&A session moderated by UN Resident Coordinator.
18 November 02	Consultative meeting with administrative and personnel staff: project overview presented by project coordinator.
Sep 02 – Apr 03	Regular presentations and updates at various Interagency fora particularly, <ul style="list-style-type: none"> • By Chairperson at UN TG on HIV/AIDS meetings and HOA meetings (Oct 02, Jan 03 and April 03) • By project coordinator and others involved in the project at AMS meetings (19/09/02 and 03/04/03) • Regional Co-sponsors HIV/AIDS focal points meeting (06/03/03)
Sep 02 – May 03	“Action Against HIV/AIDS in the UN System” section covering topics such as VCT, PEP, care and support, training dates and project materials, compiled by the project coordinator and submitted for incorporation into the Monthly Security Advice issued by UNESCAP and e-mail distributed to all staff.
January 03	A Project fact sheet, developed by project coordinator and working group and distributed to focal points (via e-mail on 24 January) for wider distribution to staff (see Annex I).

As can be seen above, a number of actions were undertaken in order to inform staff about the project. No assessment was made regarding awareness among staff of the project and its objectives, or the effectiveness of the methods employed in promoting project awareness. Whilst those consulted agreed that project action had achieved significant success in informing the staff about the project and that this would contribute towards the desired ‘enabling environment’, it was strongly felt that the project and its activities were not promoted or advertised enough.

ACTIVITY 1.3 (continued): Encourage each UN agency to identify at least one, but possibly two (one man, one woman) volunteer(s) among their staff to serve (a) as focal points for the implementation of this project and (b) as peer educators and counsellors on issues related to HIV/AIDS. At least one of the volunteers should have Thai nationality.

Status: Fully achieved	
Account:	
17 Oct 02	Letter from Chairperson of the UN TG, to HOA, requesting Focal Point nomination.
Oct -Dec 02	Role and tasks of the Focal Points are discussed and finalised, culminating in the development of the TOR (see Annex F) by the Project WG. Nominations for Focal Points received from HOA.
Late Jan 03	Focal Point TOR distributed (via e-mail) to all FPs along with letter of invitation to training session.
March 03	Nomination of focal points from late committing agencies (UNIDO and UNHCR) received.

The focal point system was seen as pivotal to the success of the project, providing an enabling environment at agency level, focal points being the gates through which all agency level action is channelled. Their nomination and training was identified, through focus group discussions, as one of the most important activities undertaken towards creating an enabling environment. The level of activity of an agency's focal point was also identified as one of the most important determinants of the success of project interventions.

Identification of project focal points took substantially longer than had been anticipated in the project document. It is likely that reasons for this delay included the late financial commitment of a number of agencies, but also because this activity was implemented prior to the commencement of the employment of the project coordinator and thus depended on the action of key persons in addition to their regular duties. Generally, this activity was implemented successfully resulting in a total of 35 focal points representing the 20 participating UN organisations, each agency with at least one focal point and at least one of Thai nationality.

However, following from their nomination, it was suggested that more should have been done to promote awareness amongst staff of the responsibilities of their agency focal points. This was seen by the project coordinator as a task to be undertaken by the focal points themselves, as they deemed appropriate, for example, UNESCAP focal points produced and distributed specifically produced name cards at the training sessions. Despite this, it was generally acknowledged that awareness of focal points by staff was very much linked to the level of project activity, in an active project, staff being more aware of their project focal points.

Problems were also experienced and anticipated in situations whereby focal points were reassigned, and no measures for replacements undertaken. Two nominated focal points have been subsequently lost in such a manner. Ensuring the sustainability of the focal point system through measures that institutionalise appointment and replacement may be necessary. It was suggested in focus group discussions that personnel departments take greater responsibility for ensuring that there is always a focal point and that new nominations are received when a focal point leaves.

ACTIVITY 1.4: Provide training to the volunteers on the UN staff policy on HIV/AIDS, and on counselling techniques.

Status: Fully achieved	
Account:	
October 02	Training facilitators selected and preliminary work on training module commenced.

Nov – Dec 02	Facilitators provided with guidance in the form of working group input and existing materials.
22 Jan 03	Letter of invitation to the Focal Point training session from UN TG Chair sent to focal points and copied to HOA.
Jan–Feb 03	Intensive development of focal point training module by the PC and TBCA, with input from the project Working Group and 2 pilot training sessions (30 January and 19 February), and with specific reference to both focal point and training facilitator TOR. This work focused particularly on adapting the staff training module to incorporate the role and needs of focal points addressing specifically interpersonal and communication skills and UN staff HIV/AIDS policy. In response to a number of focal points being unavailable for the training date, a second date was added.
Mid Feb 03	FP training module (see Annex T: TBCA Training Evaluation Report) distributed to FP by e-mail with attendance reminders.
24/25 Feb 03	Focal point training session delivered.
20/21 Mar 03	Focal point training session delivered.

The preparation for focal point training (as for staff training overall) took significantly longer than anticipated in the project document (see Annex E: Project Timeframe). It was felt that this might have been due to the additional, and perhaps excessive, commitments of the trainers to other work (see also activity 2.3).

As the focal point training module was specifically designed to address the skill and knowledge requirements of the role of focal points, and because of the importance of the role of the focal point, the achievement of this activity was of critical importance in the establishment of the necessary enabling environment. The 2 training sessions delivered were attended by 27 of a total of 35 focal points (2 focal points that were unable to attend, attended the staff training). Reasons for non-attendance were exclusively related to the competing priorities of focal points. Whilst a 100% participation rate at effective training would have contributed further to this output, the achieved participation rate of 77% was seen as substantial, particularly in the light of their competing priorities and less than ideal commitment/ownership from some focal points. It was felt that outside of making attendance at the training mandatory, greater participation rates would be unrealistic.

Evaluation of the focal point training (see also Annex S) indicates that it failed to result in significant difference between pre- and post-test responses in any of the 3 areas assessed namely, (1) HIV/AIDS transmission, prevention and support-related knowledge and attitudes. (2) HIV/AIDS workplace-related knowledge and attitudes and (3) UN HIV/AIDS personnel policy knowledge. This may have been due to a high level of existing knowledge and exposure to HIV that many focal points already have (a significant number already working in the area of HIV/AIDS) and materials disseminated prior to their training (e.g. Be Safe Not Sorry CD-Rom). The fact that the mean percentage of correct pre-test answers is higher in all three areas for focal points than for Thai and English staff would seem to confirm this higher level of existing knowledge. It should also be noted that, despite there being no overall statistical significance, there were a large number of questions that showed an increase in the percentage of focal points answering correctly.

Despite the lack of statistical significance, it is still felt that the training of the focal points was beneficial in a number of areas that would assist them in carrying out their role and hence, contribute to the desired enabling environment. This belief is strengthened by most focal points rating between 'significant' and 'a lot', their improvement in understanding of their role, situations they may encounter and their ability to provide both technical and emotional support to their colleagues. It is additionally felt that the training also contributed somewhat to output 2.

ACTIVITY 1.5: Disseminate among all staff a personal message from an HIV positive UN staff member in Bangkok who has already expressed interest in serving as a contact person for confidential advice.

Status: Partially achieved	
Account:	
December 02	Message developed by the GIPA adviser for UNAIDS SEAPICT (see Annex J).
February 03	Message translated into Thai.
March 03	Follow discussion amongst the author of the message and WG members it was felt that in its current format, widespread distribution would be inappropriate and too detached/impersonal to be effective. It was therefore agreed that distribution should be confined to all "Dialogue with an HIV-positive person" sessions in staff and focal point training, particularly those that the author himself was able to facilitate.
Feb- Apr 03	Message distributed at all training sessions.

Following development and translation of this message, time constraints prevented its adaptation to make it suitable for more widespread distribution. Consequentially distribution was limited. While those consulted were still of the opinion that maximum effect would be gained when distributed in conjunction with activities associated directly with HIV-positive staff members, more widespread distribution should be considered as a potential activity for the working group, beyond the duration of the project. Further distribution would also serve to publicise the offer of psychosocial support that the message refers to, and thus additionally contribute to the achievement of output 2 and 3.

ACTIVITY 1.6: Ensure that field-based UN employees and project staff in Thailand have sufficient access to information, care and support services through the creation of "HIV/AIDS service hubs" in the UN Operations Centres throughout the country.

Status: Partially achieved	
Account:	
Feb-April 03	Project associated materials sent to focal points for further distribution to operation centres (booklets, awareness cards, PEP materials, posters)
Early Mar 03	Extensive discussion among WG members on the issue of what constituted a 'service hub', particularly at the project WG meeting (12 March). Regardless of name it was agreed that field staff should have access to the same information and services that Bangkok-based staff have and in that regard it was the responsibility of the project to ensure access to information on transmission/prevention/UN HIV/AIDS policy/PEP, access to PEP kits, condoms and an adequate care and support referral. The project should also ensure that field staff are aware of their agency focal points and how to contact them. Also discussed at this WG meeting were issues relating to the proposed assessment visit and provision of training to field staff. It was particularly important to establish sustainable channels of communication between the project and the field offices. It was agreed that communication should proceed through focal points and that they should be encouraged to nominate one contact person in each operation centre. This channel of communication would allow for providing info/services to the field staff and also receiving information back.
Late March 03	In order to get a further idea of the current situation, needs and framework around which info/services could be provided, WG members, ILO/UNICEF/UNHCR focal points and field staff contacts

Mar – April 03	were consulted for inputs. This included responding to PC e-mails or to a list of key questions also distributed by e-mail (see Annex P) In the light of what the project could realistically and sustainably provide and following discussion with WG members and certain field staff, the consensus was that an assessment visit would not be necessary
23 April 03	Project Working Group meeting: following discussion on the remaining responsibilities of the project, members agreed that a list of key local contacts and services for the field centres should be compiled and that training could be provided to UNHCR field office staff on a cost-sharing basis.
May - Aug 03	Following delays secondary to UNHCR's difficulties in securing their portion of the budget, PC and UNHCR focal point arrange training for UNHCR field staff. 3 sessions delivered to Kanchanaburi, Mae Hong Son and Mae Sot staff on the 26 May, 22 June and 5 August. UNHCR field office contacts assist in compilation of local HIV/AIDS-related services that include treatment, VCT and PWA networks.

The establishment of these 'service hubs' was one of the activities that took place much later than anticipated by the original project timeframe (see Annex E). This can be accounted for because at a time when project resources were focused on delivery of training and materials, this activity was seen as a less urgent priority. The late commitment of UNHCR to the project was also seen as a reason for the delay in action on this project activity. Three out of the six field offices are UNHCR's and before their financial commitment was received, and focal point nominated in March 2003, the success of any action in this area would have been compromised. Other contributing factors include the lack of clarity over what exactly 'service hubs' were and what they should deliver, and the need to ensure adequate provision of project services in Bangkok before they could be extended to field offices.

Lack of clarity over what constituted a 'service hub' caused considerable confusion at working group level. While perhaps not providing what was initially envisaged, it is felt that this activity was addressed adequately and appropriately. Materials were provided to field staff, sustainable communication channels established, PEP services provided and measures taken to ensure adequate condom availability and access to services. Additionally, the project went beyond its responsibilities, providing on-site training, though the cost-benefit of providing this training to what is a small number of staff should be further examined. All those consulted agreed that as well as contributing toward the output of establishing an enabling environment, action within this activity had also significantly contributed to outputs 2 and 3.

ACTIVITY 1.7: Identify potential gaps of the existing UN staff policies on HIV/AIDS as they may become obvious during the implementation of this project (e.g. coverage of short-term staff, support for dependants, confidentiality) and report any of the presumed shortcomings to the HOA.

Status: Partially achieved	
Account:	
17 Oct 02	Letter from UN TG Chair to administrative staff inviting them to participate in consultative meeting on HIV/AIDS policies in the workplace.
18 Nov 02	Consultative meeting with administrative staff for the purpose of bringing the administrative officers from the various UN agencies together for an active dialogue on how to handle HIV/AIDS at the workplace.
Early Mar 03	Following discussions among project WG members, with inputs from the consultative meeting and impressions from the training sessions, it

Late Mar 03	<p>became clear that certain personnel issues relating to HIV/AIDS lacked clarity (insurance coverage, entitlements, contract extensions and administration of sick leave). It was also felt that recommendations to HQ regarding policy changes in this area would be beyond the ambitions/influence of the project, as this would require significant analysis of all relevant policies, their implementation and impact in individual agencies. It was deemed more appropriate for the project to provide recommendations in ensuring implementation of existing policy, particularly in those areas that lacked clarity.</p> <p>A sub-working group convened to look at the issue noted that there appeared to be adequate guidance (policies and procedures) on HIV/AIDS-related issues that administrative/personnel staff often voiced doubt over. In this regard, the role of the project was seen as promoting the awareness among HR departments of such guidance and encouraging their implementation.</p>
Early April 03	<p>A list of key questions was therefore developed to determine whether HR personnel were aware of the available guidance, and their levels of implementation (see Annex K). It was also felt that such a questionnaire would serve as a reminder of the guidelines regardless of the responses received. Questions were sent to the WG for input</p>
Mid-late April 03	<p>Questionnaire distributed by e-mail to a total of 29 administrative chiefs and personnel officers in participating agencies (and copied to focal points). Following the importance placed on this information by the project WG (meeting 22 April) and the poor response rate by the deadline, further e-mails sent and calls made encouraged a greater response.</p>
May-July 03	<p>Findings from the 16 agencies responding to the questionnaire collated and recommendations devised (see Annex P).</p> <ul style="list-style-type: none"> • As of June 2003, these were to be sent through e-mail with a letter from the UN TG Chair to HOA (and copied to FP and key administrative staff) encouraging dissemination of results and consideration of recommendations. • As of June 2003, arrangements were being made to present and discuss the findings at a subsequent AMS meeting with a view to developing and implementing recommendations that address identified shortcomings in HIV/AIDS-related administrative practices or policy. • Key information was resent in response to questionnaire findings (particularly "Guidelines for Improving Confidential Management of Medical Information") and attention drawn to certain practices causing concern directly with the specific agency involved.

This project activity, as part of a general intention to address the needs of personnel and administrative staff with regard to implementation of HIV/AIDS personnel policies, was also significantly delayed. Again these needs were seen as less urgent than demands placed on the project by the training and material development. The working group also acknowledged that following the November consultative meeting there was a general lack of direction on how to follow-up in this area. It was felt that this was due mainly to the lack of technical experience by the working group in activities that promote the implementation of HIV/AIDS staff policies, but also because of a general lack of interest among administrative staff regarding HIV/AIDS and its application to their job roles.

Much action was devoted to fostering the involvement of administrative staff as a key target group in the workplace 'enabling environment'. However, because it was felt that recommendations on policy change were perhaps beyond the 'reach' of the project the main focus of this activity was directed away from identifying policy gaps and more towards

assessing HIV/AIDS-related administrative procedures and identifying areas that could be followed up at country level. Whilst there was a shift of focus away from policy, the action undertaken did highlight certain policy issues that were also raised through the letter to HOA and the planned presentation/ discussion at a subsequent AMS meeting.

In making a fairly comprehensive assessment of HIV/AIDS-related administrative procedures, identifying shortcomings in current practices and discussing these and possible recommendations with both HOA and AMS, it is felt that the action undertaken contributed significantly to the desired output (and also to output 2). Despite the action taken and its contribution to project outputs, it was often expressed that the involvement of HR departments and administrative personnel with project activities in general, was much less than ideal.

ACTIVITY 1.8: Recommend, in collaboration with UNAIDS SEAPICT and based on the lessons learnt from the implementation of this project, similar initiatives in other UN Offices of the region.

Status: Partially achieved	
Account:	
Feb 03	Presentation by ILO WG member to UN TG on HIV/AIDS in Laos on the project, including rationale, implementation and activities.
March 03	Consultations with UNAIDS SEAPICT and select working group members: proposed that SEAPICT would facilitate the documentation of the project and associated materials, by an external consultant, in a form that would be accessible to other UN TG or country teams wishing to embark on similar initiatives.
April 03	Further consultations between PC and UNAIDS SEAPICT took place following concerns that the work of the external consultant would largely replicate the evaluation report of the project coordinator. It was therefore agreed that the external consultant could be used to repackage the information collected by the project coordinator, supplement as appropriate and repackage to promote accessibility (in the form of a CD-Rom).
June 03	Consultant TOR developed and work on 'HIV workplace toolkit' commenced in consultation with PC, WG members, CPA and UN TG Chair.

As of June 2003, measures to ensure the implementation of this activity were ongoing, working group members and SEAPICT colleagues were confident that the steps taken thus far would lead to full implementation of this activity. The impact and usefulness of these packages of 'project experience' in promoting similar initiatives in other UN offices in the region will remain to be seen. It is also hoped that project-related material will be made available on the UN HIV/AIDS Learning Strategy's 'Development Gateway' site (www.developmentgateway.org/unhivlearning) and the UN Development Group Website. In addition to these measures, a number of less formal actions have contributed to dissemination of the project experience within the region, the project often being known through 'word of mouth' and those involved with the project responding to requests for information accordingly.

OUTPUT 2: UN SYSTEM STAFF AND THEIR DEPENDENTS HAVE AN INCREASED AWARENESS ABOUT HIV TRANSMISSION AND PREVENTION, ABOUT AVAILABLE CARE AND SUPPORT SERVICES AND ABOUT THEIR EMPLOYEES' RIGHTS CONCERNING THE DISEASE

The eight activities under this output attempt to increase awareness among UN staff and their dependents through providing training and information (HIV/AIDS booklet, health insurance, confidential information management, HIV/AIDS policy information) and by establishing mechanisms for information dissemination (through promoting new staff HIV/AIDS briefings). Collectively, it is felt that these activities have significantly contributed towards this output. Of particular relevance is that materials were produced, and training conducted in both English and Thai.

While it is generally felt that information and improved awareness may filter from UN staff to their dependents, no assessment (e.g. penetration of project materials to them) or verification of this has been made. Given that the training, material dissemination and other project-associated products, did not target the dependents of UN Staff, it is unlikely that this project has had an appreciable impact on any significant numbers of UN staff dependents.

While information disseminated has been specifically designed to cover the areas of transmission, prevention, available care services and employees' rights, no assessment of the impact of these materials on increasing awareness in these areas has been made, nor of the penetration of materials to staff. Therefore, even if an increased awareness as a consequence of the project had been demonstrated, it would be difficult to significantly attribute it to the dissemination of materials. However, focus group discussions confirm the likelihood that these have also contributed significantly to increasing awareness in the stated areas, given the quality of some of the materials produced (especially the HIV/AIDS Booklet and the Directory of Services) and the numbers disseminated (see Annex H). While focal points attending focus group discussions suggested that they had widely distributed materials, the extent of dissemination to staff and what they staff do with the materials, may provide useful information on the impact of the materials distributed on raising awareness.

It was frequently suggested that the project should have utilised more varied means of information dissemination for example, intranet facilities and bulletin boards, posters and the regular posting of information in UN newsletters and other publications.

ACTIVITY 2.1: Review and, if necessary, adapt existing HIV/AIDS information and training materials for UN employees and their dependents.

Status: Partially achieved	
Account:	
Sep – Nov 02	A number of existing training materials were sourced, reviewed and shared with the selected trainers for input into development of the training modules. These included UNDGO's (New York) Facilitator and Participant handbooks, "Interagency TOT for HIV/AIDS in the workplace" (Joint Consultative Group on Policy 1995) and the orientation facilitation guide for the "AIDS and HIV infection: information for UN Employees and their Families" booklet. The trainers additionally used their materials, developed for previous workplace HIV/AIDS training programmes (e.g. Handbook on Managing HIV/AIDS in the Workplace).
Jan 03	It became apparent that the trainers, in the development of the training module, had not used these materials extensively. Given the limited time to the proposed commencement of the training sessions and the existence of a number of similar manuals (from both UN system and the trainers themselves), the decision was taken by the PC and selected WG members to abandon the development of a training

Sep – Mar 03	<p>manual and concentrate solely on ensuring the timely development of the module.</p> <p>Numerous existing HIV/AIDS information materials were used directly or adapted for local use. The UNAIDS booklet “AIDS and HIV infection: Information for UN Employees and their Families” was translated and distributed as one of the main project-associated materials. Posters from the WHO/JMS A.C.T.I.O.N. Project (on VCT, PEP and UN HIV/AIDS policy) were distributed widely. Awareness cards from this project and UNICEF EAPRO were used in the development of the project awareness card. PEP Country protocols from China and Papua New Guinea were used in the development of the Thailand PEP protocol. UNAIDS “HIV/AIDS in the UN System Workplace” and UNESCAP/UNDP “Be Safe Not Sorry” CD-ROMs were also used and distributed widely. (See Annex H: Materials Distribution)</p>
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As indicated above, a number of existing materials were sourced and used in the development of HIV/AIDS information materials. It is felt that the use of these information materials contributed greatly to the HIV/AIDS information materials produced under this project, and hence contributed to this output.

The training modules delivered were extensively modified versions of previous modules used by the trainers. The process of modification did not draw extensively on the existing training materials mentioned above. While a number of these training materials were provided to the trainers, it was felt that not enough was done to ensure their adaptation or incorporation into the training module delivered, and in this area, the benefit of existing materials may have been lost.

ACTIVITY 2.2: Translate the UNAIDS brochure “AIDS and HIV Infection: Information for United Nations Employees and Their Families” into Thai and ensure that each staff member receives a copy in English or Thai. Arrange for a sufficient large stock of the brochures in English and Thai for new staff members.

Status: Partially achieved	
Account:	
Sep - Oct 02	Candidates for translation considered. Translator TOR developed and finalised (see Annex F). Translator selected
Nov - Dec 02	Translation completed including additional PEP chapter. Candidates for proof reading/ final editing considered and selected.
Jan - Feb 03	Proof reading completed. Material sent to printers. 3000 copies of the Thai version of the booklet printed and received (21 February).
March 03	600 English booklets requested and received from UNAIDS Geneva.
Feb- April 03	Thai and English booklets sent to project Focal Points for further distribution to staff, and also distributed directly at staff and focal point training (see Annex H: Project Material Distribution)

The production of the UNAIDS HIV/AIDS booklet in Thai was protracted because the editing requirements were significantly underestimated. Following the work of the translator, a proof-reader was also contracted and Thai-speaking working group members contributed to substantial final editing.

As indicated earlier, the Thai HIV/AIDS booklet’s widespread distribution and its specific chapters on HIV transmission, prevention and UN HIV/AIDS personnel policy, is likely to have contributed towards raising UN staff awareness in these areas. It is unlikely however that this booklet (in either its English or Thai form) has reached each UN staff member.

ACTIVITY 2.3: Devise and implement a training course on HIV prevention and care for all UN employees, possibly in English and Thai.

Status: Fully achieved	
Account:	
October 02	Training facilitators selected from proposed candidates and preliminary work on training module commenced.
Nov – Dec 02	Facilitators provided with guidance in the form of working group input and existing materials.
January 03	Postponement of training dates
Jan – Feb 03	Intensive work on finalising the module, developing the materials to be disseminated at the training, developing pre – and post-test questionnaires (in Thai and English) and logistical arrangements (room, catering etc.). This work was carried out by the PC and training facilitators with the support of the working group and following inputs from the 2 pilot training sessions (30 January and 19 February)
24 Jan 03	Letter from Chairperson of UNTG to FP and HOA, via e-mail, announcing staff training details and signing-up procedure. A project fact sheet and logistics sheet were developed and attached to this letter to further facilitate the signing up procedure (see Annex I).
February 03	Final modifications to module. Staff training module (see Annex T) distributed to focal points for further distribution to staff as appropriate. Additional awareness raising activities by UNESCAP staff: posters and signing up desks outside canteen and cafeteria (done on 3 occasions). Targeted e-mail reminders (18 February) to focal points of agencies whose members were not adequately represented, encouraging further efforts to ensure staff members sign up. Sign ups channelled away from poorly attended dates
21 Feb 03	Signing-up deadline. Cancellation of dates with no/few signings.
28 Feb 03	Staff training commences
March 03	Collaboration with UNESCO focal point to arrange on-site training session in response to demand. Additional staff training dates arranged and announced to focal points via e-mail along with new training logistics sheet. Promotion of extra dates by UNESCAP through e-mail broadcast list. In response to a significant number of 'no shows', focal points were sent the signing-up lists and encouraged to remind their staff members of the sessions and the location. From the 6 March, UNESCAP Staff Training Centre also sent e-mail reminders to those that had signed up.
Feb - April 03	Staff training sessions conducted in Thai and English.
May - Aug 03	On-site training to UNHCR field offices

The preparation and delivery of training to staff took substantially longer than had been anticipated by the project document. Again, this may have been due to the additional, and perhaps excessive, commitments of the trainers to other work. It was often felt by both project coordinator and working group members that the trainers were very slow to act on suggestions made by the working group and often did not act adequately, despite repeated reminders. Those with experience of staff training at UNESCAP also suggested that the protracted period of training preparation and delivery might be due, in part, to an unrealistic initial expectation of the time required to provide training on this scale.

Analysis of pre- and post-test training questionnaires (see Annex S) indicate a statistically significant increase in knowledge and attitudes in the areas of (1) HIV transmission, prevention and support (2) HIV/AIDS and the workplace and (3) UN HIV/AIDS Personnel Policy (including areas relating to employees' rights). Respondents often cited the project Service Directory as a source of available care and support service information. It therefore appears that the training has conclusively contributed to the achievement of this output. In

light of the impact of the training on those that attended, it is clear that a greater contribution to this output would have been achieved by higher attendances at the training sessions, the 29% participation rate falling well below the target (see page 30). Reasons for the low participation rate and recommendations for improvement are further outlined in forthcoming chapters.

Delivery of a better training module would also have produced a greater contribution to this output. Despite the impact of the module, it was still felt that there was significant room for improvement in both content and delivery. It was felt for example that the UN HIV/AIDS personnel policy component of the module was weak. Prior to further training, the remaining project working group should identify the weaknesses of the training delivered, using the experiences of those involved with the project and information obtained from the training questionnaires, and make appropriate adjustments to the training module and questionnaires themselves.

Despite the impact of the training, the concern that those attending the training are already the 'converted' (i.e. those that already accept HIV/AIDS as an important issue) was raised in focus group discussions. The apparent effectiveness of the training and the lower-than-targeted participation rates suggest an opportunity for the provision of further training. The significant challenge remains identifying and reaching all those that did not attend in particular those that do not consider HIV/AIDS an issue important or relevant to them, and should be met either by individual agencies (particularly those with poor attendance rates) or by the continuing project working group. At the time of writing, measures were being taken by individual agencies to conduct further HIV/AIDS training for their staff (UNICEF, UNESCAP).

ACTIVITY 2.4: Promote the inclusion of an HIV/AIDS information component in the briefing for new employees (organised by each Agency).

Status: Partially achieved	
Account:	
Mid March 03	Project focal points were consulted via e-mail (10 March) on current HIV/AIDS briefing procedures for new staff in their agencies and on the opportunities for them to carry these out. From the limited responses, the majority felt that this was a role that would be suitable for the focal points to carry out and as such, the project WG meeting (12 March) concluded to recommend to HOA that FP take up this role and revise TORs accordingly.
Late March 03	Role of focal points in providing HIV/AIDS briefing to new staff further discussed at focal point training session. Focal point TOR revised to accommodate this additional role.
04 April 03	Letter from Chairperson of the UN TG, sent to HOA (and copied to focal points) outlining recommendations for briefing new staff and encouraging institutionalisation of necessary procedures. Brief guidelines on the proposed briefing (see Annex L) and revised focal point TOR also provided with the letter.
May 03	Following input from project WG at meeting of the 22 April, the PC followed up the status of this activity with focal points, providing a reminder to liaise with HR departments to ensure that HIV/AIDS briefings occur, preferably by focal points. An e-mail was also sent to administrative contacts, restating the recommendations, attaching the guidelines and stating that it is most important that the briefings are implemented, regardless of who conducts them.

As of June 2003, measures to promote the inclusion of HIV/AIDS briefing for new staff were still in process. Therefore, while not currently contributing towards this output, working group members are confident that these briefings will contribute to increased awareness in

all stated areas, particularly if the issued guidelines for these briefings are followed. Ensuring the implementation of new staff briefings was seen by focal points and working group members as a key activity for the success of the project in raising awareness and should be a major focus of future action.

ACTIVITY 2.4 (continued): Promote the inclusion of an HIV/AIDS information component in the bi-monthly security briefings by the ESCAP Security & Safety Service for new staff members.

Status: Fully achieved	
Account:	
March 03	Following consultations with the Security Service Unit (SSU) Officer-in-charge and the project WG (12 March meeting) it was agreed to limit the proposed HIV/AIDS component at security briefings for new staff to referring attendees to information sources available and their agency specific focal points as this would require very little technical capacity on the part of security staff, and would be in addition to proposed new staff briefings organised individually by each agency.
April 03	Further consultations with SSU O-I-C: agreed that emphasis for security staff is to direct new staff to project focal points and then provide materials if requested.
Mar-April 03	3 main project materials, PEP fact sheet and list of FP sent to Security Control Centre for distribution to staff at security briefings.

Due to limitations including the lack of HIV/AIDS expertise by security staff and lack of alternative resources for carrying out such briefings, this activity followed a different direction than may have been initially anticipated. Once implemented, it will serve to refer those attending to project-related materials and their agency focal points, and is back up to the HIV/AIDS briefings for new staff recommended above. Despite this, if adequately implemented and supported, it is likely to contribute towards increased awareness in all stated areas.

ACTIVITY 2.5: Ensure that condoms are available in men's and women's toilets, restaurants and/or other locations of UN System Offices in Bangkok and the field.

Status: Partially achieved	
Account:	
Oct – Nov 02	The Project Working Group, in consultation with the Chairperson of the UN TG, agreed that in the light of the ready availability of condoms in Bangkok and the male condom vending machines provided through ESCAP and located in selected male and female toilets in the UN Conference Centre and Secretariat Building, that no further action in this area was needed.
Mar –Apr 03	The needs assessment questionnaire and consultations with UN field offices and staff suggested that current means of acquiring condoms, (primarily through private purchase) were adequate and preferable.

As a consequence of this project, no further condoms were made available to UN staff. Opinion on this issue seems to be somewhat divided. Though concluded through working group mechanisms that current levels and means of providing condoms to UN staff in Bangkok and the field were adequate, concerns were raised again towards the end of the project that condoms should be more available. It was agreed however that implementation of activities relating to condom provision was an issue for each individual agency (as some, including UNICEF, have already undertaken distribution measures) and their administrative units (as they would be responsible for establishing contracts with vendors).

It seems activity in this area may have been limited by the lack of comprehensive needs assessment in relation to access to condoms. Aspects of condom provision at UN workplaces, and among different agencies in Thailand, may require further assessment and this is certainly an area that those responsible for the continuation of the project or related activities, could address.

ACTIVITY 2.6: Provide advice to the personnel services of each UN System agency on recruitment and continuation of employment for staff living with HIV/AIDS.

Status: Minimally achieved	
Account:	
18 Nov 02	Presentation (on UN HIV/AIDS Policies and key issues for implementation) and discussion at the consultative meeting with administrative staff covered aspects of recruitment and continuation of employment. At this meeting, UN policies, including those covering these areas were also disseminated.
Feb-Apr 03	Agency-specific policy handouts, comprising of a cover sheet (see Annex M) and agency-specific HIV/AIDS personnel policies where available, were developed and distributed to those attending the training sessions.
April 03	Questionnaire distributed by e-mail to administrative chiefs and personnel officers, included some existing guidance on staff recruitment, but only relating to the handling of confidential medical information.

Like many other activities that involved either administrative or personnel services (e.g. activities 1.7 and 2.7), the extent to which this activity was addressed seems to have suffered as a consequence of a general inexperience in this area amongst key staff implementing the project, and perhaps, as has been suggested by some working group members, from the low level of engagement by personnel services on issues relating their work to HIV/AIDS. As a consequence, only general advice was provided in the form of UN HIV/AIDS policies that also covered the areas stated above. Additionally, the specific targeting of this information to personnel staff was confined to just one consultative meeting and dissemination of a single questionnaire. It is therefore felt that while contributing to this output through increasing awareness of employees' rights, there remains the potential for much greater impact through developing more specific advice on these issues and disseminating it to a greater number of personnel staff. In order to provide more specific advice, problems associated with these areas may have to be assessed more closely than has been the case. Addressing these issues and promoting further engagement of HR staff remains a continuing challenge to be met, in part, by those responsible for continuing the work of the project, who must have a clearer idea about what is needed and how to provide it.

ACTIVITY 2.7: Disseminate other information on health insurance entitlements, and information on financial, legal and educational support available to staff and their families, including procedures to manage confidential information concerning staff.

Status: Partially achieved	
Account:	
18 Nov 02	UN HIV/AIDS Personnel Policies were distributed at the consultative meeting with administrative staff, as were the "Guidelines for Improving Confidentiality Management".
Feb-Apr 03	Agency-specific policies covering these areas (where available) and UN HIV/AIDS Personnel Policy (1991) were distributed to staff and focal points attending the training sessions.

April 03	The questionnaire developed and disseminated to assess HR departments HIV/AIDS-related needs (see Annex K), included assessment of health insurance entitlements, confidential information management and awareness of guidelines on confidentiality management.
June 03	“Guidelines for Improving Confidential Management of Medical Information” were sent to HR departments in response to questionnaire responses received.

Again, while likely contributing towards output 2, the potential impact of this activity has been limited because certain areas were not adequately addressed. Dissemination of information on the financial, legal and educational support available to staff and their families has been sparse.

ACTIVITY 2.8: Produce, and distribute to all staff, an HIV/AIDS Awareness Pocket Card that provides key information on modes of HIV transmission and prevention.

Status: Partially achieved	
Account:	
Dec 02–Feb 03	Drafting content by project coordinator and working group members. Addition of content on UN HIV/AIDS Personnel Policy
February 03	3000 awareness cards printed and received.
Feb- Apr 03	Awareness cards distributed directly to focal points, and provided to staff at training sessions (see Annex H: Materials Distribution)

As indicated earlier, the awareness card’s widespread distribution and its specific information on HIV transmission, prevention and UN HIV/AIDS personnel policy, is likely to have contributed towards raising UN staff awareness in these areas. However distribution is unlikely to have reached *all* staff and the actual impact of distribution is difficult to verify. Additionally, no assessment was done prior to development of the card as to whether this was an effective, in addition to a ‘fashionable’ means of disseminating the information.

OUTPUT 3: UN EMPLOYEES AND THEIR DEPENDENTS HAVE SUFFICIENT ACCESS TO HIV/AIDS RELATED CARE AND SUPPORT SERVICES

The 3 activities for this output attempt to contribute to sufficient access to care and support services through information dissemination (e.g. Directory of Services) and establishing or enhancing care and support mechanisms and working structure (e.g. development of PEP protocol, strengthening of UN Medical Service). Whilst trying to avoid stating whether the access afforded as a consequence of these activities is 'sufficient', it is strongly felt that collectively, they have improved access to HIV/AIDS-related care and support services.

Aside from the extension of PEP services to them, there has been no other targeting of dependents of UN staff under this output. As such, the access of dependents to HIV/AIDS-related care and support services is likely to remain largely unchanged.

ACTIVITY 3.1: Strengthen the services of the UN Medical Service in terms of HIV information, counselling, basic treatment and care referral. Inform all staff about the availability of these services.

Status: Partially achieved	
Account:	
February 03	UN Medical Service listed as a source of care and support services on distributed Service Directories and awareness cards.
March 03	HIV information services of the UN Medical Service strengthened directly by the distribution of materials providing general HIV/AIDS information (booklet and awareness card). Counselling, basic treatment and care referral strengthened indirectly through the provision information on support services in the Bangkok area. Posters on VCT, UN Policy and PEP also provided (see Annex H: Material Distribution).
June 02 –Mar 03	Basic treatment services strengthened by the establishment and distribution of the PEP Protocol and PEP kits.
May 03	Medical Services homepage on the UNESCAP intranet to include an HIV/AIDS page.

A number of the actions undertaken by the project have strengthened either directly or indirectly, the services of the UN Medical Service. Whilst it appears that strengthening of HIV information services was strongest, those consulted felt that sufficient action was taken to result in improving access to HIV/AIDS-related care and support services. However, overall, the counselling, treatment and care referral mechanisms remain as prior to the project. It is most likely that the current mechanisms adequately address the HIV/AIDS-related demands placed on the UN Medical Service and the current needs of staff, but as the availability of services is publicized, demands placed on the Medical Service may increase. In order to further contribute towards this output, it was suggested that more could be done to publicise the HIV/AIDS-related services provided.

ACTIVITY 3.2: Ensure the availability of Post Exposure Treatment/Prophylaxis (PET/PEP) kits at the UN Medical Service in Bangkok and in all UN Operations Centres in Thailand.

Status: Fully achieved	
Account:	
June 02	PEP kits received from WHO Geneva
June- July 02	PEP kits distributed to UN Medical Service in Bangkok and 6 field office locations. Nominated field office contacts (See Annex O: PEP Protocol) provided with 30 minute briefing by UN Medical Officer.

The distribution of 6 PEP kits to field offices that did not previously have them available has directly improved access to HIV care and support services for UN staff and their dependents.

ACTIVITY 3.2 (continued): Ensure the efficient and effective response to any incident involving potential exposure to the HIV virus through the establishment of a country PET/PEP emergency protocol.

Status: Fully achieved	
Account:	
Sept – Oct 02	PEP Protocol drafted by UN Medical Officer, using pre-existing country protocols.
November 02	PEP Protocol translated into Thai for incorporation into the Thai version of “AIDS and HIV infection: Information for UN Employees and their Families”.
Feb/Mar 03	Introduction of PEP to focal points via session conducted by UN Medical Officer at focal point training. Distribution of draft of protocol at training.
Feb- Mar 03	Finalisation of PEP Protocol incorporating inputs from Chairperson of the UN TG, Project Working Group members, UN Medical Officer and UNDP Deputy Representative (Operations). This included addition of recommended hospital list and updating of contacts (see Annex O: PEP Protocol).
20 March 03	As suggested by PC and agreed by project WG, finalised PEP protocol distributed to Security Service Unit (SSU) Officer-in-charge, UN Medical Officer, focal points and HOA via e-mail. Focal points instructed to forward to field office contacts as appropriate. PEP fact sheet (see Annex N) compiled and attached for distribution to existing and new staff (through proposed HIV briefings)
Mar-April 03	PEP posters (developed by the WHO/JMS ACTION project) sent to all focal points and field offices (hard and soft copies).
April 03	Consultations with SSU O-I-C clarifying security staff role in PEP protocol.
May 03	Awareness raising among security staff regarding PEP and role e.g. PEP posted on security staff intranet

Like a number of other activities whose implementation was significantly delayed, at a time when the training and materials dominated project resources, the development of the PEP protocol was seen as less urgent. The issue of responsibility for this protocol also contributed to its delayed development. Because a number of different ‘players’ were involved (see above), it was unclear who was the main driving force behind its development and implementation and who was appropriate to clear the draft protocol. There was also some discrepancy amongst those involved, over the status the PEP protocol should be afforded and therefore, at what level it needed to be endorsed prior to distribution

The establishment of a comprehensive PEP emergency protocol is likely to improve the mechanism for accessing these kits and other sources of ARV medication, and as such, is also likely to improve access for staff and dependents. Opportunities for objectively verifying this are extremely limited as there has been no event requiring the PEP protocol and making an assessment of it would be difficult given the sensitive nature of the reasons for requiring PEP treatment. Those consulted feel that it is also likely the development and reported dissemination of PEP related information has raised awareness about PEP, its availability and therefore, access to it. It must be noted however, that there has been no demonstration that staff are more aware about PEP than prior to the project.

ACTIVITY 3.3: Map the existing public and private sector health care and social support services in Bangkok, including facilities for voluntary and confidential counselling and testing, medical treatment and care (regarding sexually transmitted diseases, opportunistic infections, antiretroviral treatment), and psycho-social support. Produce an information leaflet on these services and distribute it to staff from all UN agencies.

Status: Fully achieved	
Account:	
Oct – Dec 02	Development of content
December 02	Selection of translator and translation of content
Jan – Feb 03	Content edited and finalised by project coordinator and working group
February 03	3000 copies printed and received
Feb-Apr 03	Service directory distributed directly to focal points, and provided to staff at training sessions (see Annex H: Materials Distribution)

The service directory was frequently cited as a source of information on HIV/AIDS-related services in post-training evaluation questionnaires. Given this and its widespread distribution, it is likely that it has increased awareness among the staff of available services, and thus contributed towards output 2. However it must be noted that improved awareness of a service does not necessarily result in improved access to that service, being just one of many variables affecting accessing of services and therefore, the impact of this activity on output 3 is much less conclusive and less easily verified. As with the other main project associated materials, sustained and adequate distribution remains important.

PROJECT MONITORING AND EVALUATION

The project monitoring and evaluation plan was laid out under Output 4 of the project document. Its 4 activities stated that there should be monthly meetings of the project Working Group, regular consultation with volunteers/focal points at agency level, submission of quarterly progress reports to the Chairperson of the UN TG and production of a final evaluation report.

Through the experiences of the project evaluators, and focus group discussions (particularly among the working group), it is clear that as a whole, monitoring and evaluation were not given adequate attention during project design. Project objectives often too closely resemble project outputs. Verifiable indicators were not anticipated or developed. Consequently, monitoring needs did not address progress towards project objectives or outputs, and evaluation relied too heavily on subjective means of verification. This area has been accepted by key staff involved as a clear shortcoming of the project and has been attributed to a general misconception on the importance of evaluation. Budget considerations also contributed to this shortcoming, working group members stating that this area was also neglected as a consequence of wanting to keep project costs to a minimum, particularly in the early stages, when securing financial commitment from agencies was a priority. This also highlights the point that the project document was used as an advocacy tool, securing commitment in the early stages of the project and perhaps should have been modified/fine-tuned once commitment had been received, to more adequately address the specific technical requirements of the project.

The sub-standard record keeping throughout the project also hindered the monitoring and evaluation process, the project evaluator frequently being unable to find written records of events or issues discussed, and having to rely on verbal accounts, e-mail communications or the poorly organized records available, usually long after the events themselves.

Working group meetings

Meetings of the working group were convened at least once a month, with the exception of January and February 2003. Reasons for this apparent lapse in the monitoring process may relate to factors such as the changing of Project Coordinator at this time (placing increased demands on both outgoing and incoming coordinators), unfamiliarity of the new Project Coordinator with project procedures and the urgent need, at that time, to deal with delivering project training and materials. It should be noted that throughout this period and the duration of the project as a whole, regular and frequent discussions between the project coordinator and key working group members took place through less formal and ad-hoc meetings, and by e-mail and telephone communications.

Working Group meetings were attended by between 4 and 7 members of the 9 member group (excluding the project coordinator), often with the addition of selected non-working group members as appropriate (e.g. UNHCR focal point when discussing service hubs, IASU evaluator when discussing evaluation). The meetings themselves were seen by participants as being productive and were a particularly useful source of input, direction, clarification and sanctioning for the project coordinator. Other work commitments were cited as the primary reason for non-attendance. Despite this, engagement of working group members was high throughout the duration of the project though seemed to decline somewhat as the project progressed. While this decline might to a certain degree, be related to increasing apathy among working group members as the project progresses, it must also be accepted that the level of engagement required in the later stages was less, as was the requirement for input from WG members.

As in other areas of this project, record keeping of WG meetings was sporadic and inconsistent, with minutes often not recorded, particularly in the latter half of the project. Reasons cited for this include unfamiliarity of new project coordinator with procedures, lack of time and no clear source of secretarial support. It is felt that this lack of record keeping

did not result in diminished outputs from the WG meetings, or impairment in resulting action. Where minutes were not taken, all issues were still followed up by the project coordinator and addressed appropriately. The project coordinator did however acknowledge that this is a question of correct procedure and record keeping.

Consultation with focal points at agency level

Consultations between project coordinator and focal points were held frequently throughout the duration of the project and on numerous issues, as the project's focal point system ensured that they served as the primary agency-level contact for the project coordinator. The vast majority of project information and materials were disseminated to staff, and information regarding needs, progress and difficulties, were received via focal points.

Those consulted felt that this ongoing two-way communication channel between focal point and project coordinator, was the most effective system for information exchange and worked well in areas such as monitoring training attendances and the development of the 'service hubs'. However, the project coordinator expressed minor concern that in a system that relies too heavily on focal points, inactive focal points will seriously compromise the achievement of project objectives in that agency.

Submit quarterly progress reports

Quarterly progress reports, in the form of briefing notes, were submitted to the Chairperson of the UN TWG by the project coordinator, one week prior to the HOA meetings in October 2002, and January and April 2003. The Chairperson of the UN TWG proceeded to brief those present at the HOA meeting on progress made with the project (see HOA meeting minutes).

Additionally, more informal reports and discussion took place between the Chairperson of the UN TWG and project coordinator throughout the project as was appropriate. Project coordinator and key working group members also provided regular project briefings at AMS and UN Theme Group on HIV/AIDS meetings.

It was generally felt that these formal and informal methods were both adequate and efficient for providing sufficient information to the HOA, and keeping the Chairperson up to date on project issues, allowing for both input, and guidance. However, some working group members expressed the opinion that the links between Chairperson and project coordinator and working group should have been more clearly defined and formalized.

Final evaluation report

Despite no specifications of responsibility in the project document and TOR stating that the project coordinator would assist in its production, the project coordinator was solely responsible for the production of this report. Work commenced at the end of April 2003 and was completed in June 2003.

There were extensive consultations, both informally and at working group meetings, regarding the format and extent of the report/evaluation. Following agreement, project budget, timing, implementation of activities and their impact were assessed with the aim of determining the success of the project and providing recommendations that could then be more broadly shared. The report included a substantial component on evaluation of interagency collaboration (conducted by IASU), which looked at incentives and barriers to collaboration in interagency projects and at the impact of the project on enhancing collaboration among UN agencies.

The main constraints experienced in the compilation of the report related mainly to poor record keeping and the inadequate attention paid to evaluation at the time of project design. In retrospect, those closely involved in the project felt that given the project's implications and its value as an example for similar initiatives in the UN system, the use of an external

evaluator would have been more appropriate. It is accepted however that the additional cost of an external evaluator (approximately 10% of the project cost) at the time of proposing the project may have been seen as an unnecessary expense.

HIV/AIDS TRAINING FOR UN STAFF

Background

Training modules for project focal points and other UN staff were developed by the selected training facilitators and the project coordinator with substantial project working group input. These training modules were developed and delivered with the aim of improving knowledge and attitudes on HIV/AIDS transmission, prevention, workplace issues and UN HIV/AIDS personnel policy. In addition, the focal point module was to better prepare focal points for the specific aspects of their role in the project.

Following development of the modules, training dates were designated and announced to staff through their focal points and various other mechanisms e.g. posters (see page 19 for further details). Staff were encouraged to sign up by directly e-mailing the project coordinator.

In February and March 2003, 2 one-and-a-half day sessions (conducted in English) were made available for the training of focal points. Between February and May 2003, 11 Thai and 7 English language half-day sessions were available to other UN staff. With the exception of one session, delivered on-site to UNESCO staff, all these sessions were delivered in the UN Conference Centre of the main UN Building in Bangkok. In May, June and August 2003, three additional sessions (one Thai and two English) were conducted on-site for UNHCR field office staff in Kanchanaburi, Mae Hong Son and Mae Sot. The analysis below does not include the 15-20 field office staff trained.

Data sources

All staff were requested to provide their name, agency and job title on contacting the project coordinator for signing up. On arrival at training, attendees were additionally requested to indicate name and agency on 'signing in' sheets. Where not stated, the gender of those signing up or attending has been inferred by name where possible.

Those at training were requested to voluntarily complete a pre- and post-test questionnaire, developed by the project coordinator, and available in Thai and English.

It must be noted that the sources of staff numbers for each agency used in analysis, are those on the Inter-agency cost sharing arrangements for 2003, presented at the AMS meeting in September 2002, or updates received verbally by the project coordinator, in May 2003, direct from agencies. Both these sources differ from those used at project inception.

Overall figures on the numbers of male and female, and professional and general service staff, in the UN system in Thailand were not available. Those cited below were obtained through averaging the available information from a number of agencies, selected by the project coordinator for their varying size and location (UNESCAP, UNDP, FAO, UNESCO and IOM) and are assumed to be a representation of the whole UN system in Thailand.

Total numbers trained

The 416 staff and focal points trained under the project (excluding those trained at UNHCR field offices) represents a participation rate of 29% of *all* UN System staff (including those from non-participating agencies). This is significantly less than the 50% targeted in the project document. (See Annex R for detailed information on staff numbers trained by agency). Reasons for this shortfall may include:

- The targeted rate was based on a total of 1290 UN staff, with a greater number of staff, perhaps the targeted rate was over ambitious.
- Not all agencies participated in the project.
- Six less than the initially anticipated number of sessions were delivered to UN staff.

Despite such contributing factors, it must be accepted that simply not enough staff signed up or attended the sessions. Only 36% of staff signed up for training sessions and despite a capacity of 30 persons, Thai sessions averaged 21.8 attendees and English sessions 20.9.

It was suggested that this low signing-up rate might be partly due to the signing-up procedure. However signing-up instructions were simple, clear and offered a choice (e-mail and fax) for contacting the project coordinator (though e-mail was overwhelmingly preferred). While there were some isolated reports of confusion, on the whole, signing up request were dealt with promptly, confirmation usually being sent by the project coordinator within 24 hours. Though unsubstantiated it is felt more likely that the low signing up and therefore, low training participation rates relate to,

- Poor level of engagement on HIV/AIDS and its relevance as a workplace issue.
- Inadequate publicizing of the training sessions and perhaps also, signing up procedure.
- Inadequate focal point activity or active persuasion from high-level agency staff.
- High concentration of training dates within a relatively short period of time.

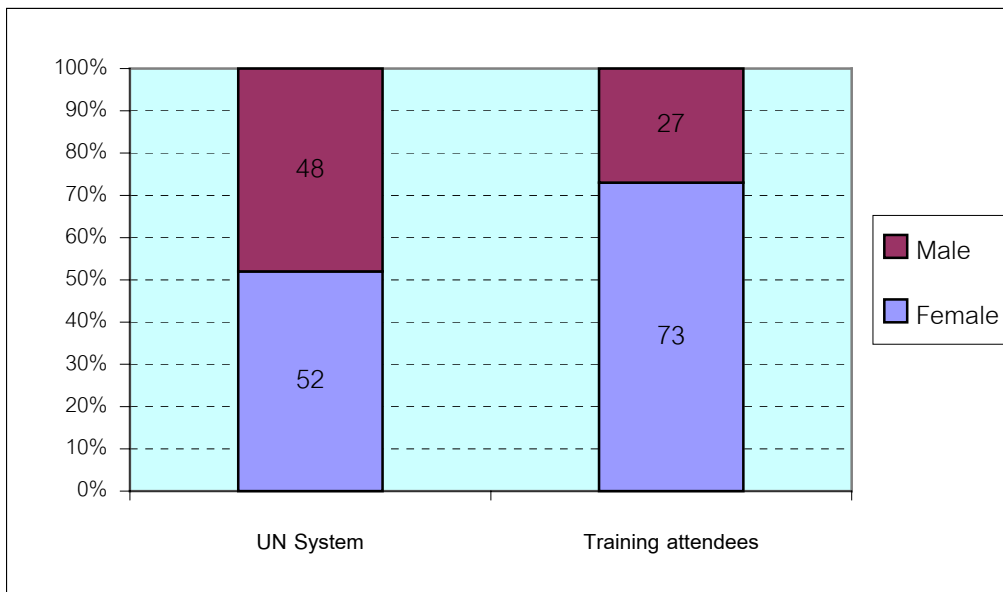
Of particular importance to the overall participation rate is the larger agencies that would be expected to contribute the bulk of attendees at the training often had low percentages of their staff attending the training sessions (see below).

29% of staff that signed up, did not attend. While it is noted that had all of those that signed up, attended, the participation rate would still have been well below the target (37%), this group of 'non-attendees' still had substantial impact on the overall participation rate. While a number of 'non-attendees' are inevitable, the proportion in this project seems particularly high and was despite measures implemented in the early stages of the training to combat such 'non-attendees'. All focal points were contacted on the issue, asked to remind staff of training location and provided with the list of staff that had signed up. For sessions from the 6th March onwards, e-mail reminders were sent to all those that had signed up 1 day prior to the training date. It seems that this measure had an insignificant impact on reducing non-attendees, 29% of those signing up, not attending, compared with 30% prior to the issuing of e-mail reminders. While accepted that the training location was isolated and in an unfamiliar part of the building, adequate sign-posting was provided, and it is felt that this is unlikely to have contributed significantly to the high proportion of 'non-attendees'.

Thus, in the absence of an apparent explanation for such a high proportion of non-attendees it must be assumed that, aside from unanticipated absence (e.g. through illness, unforeseen travel commitments), the staff in question regarded the training as less of a priority than other tasks (anticipated or unanticipated) on that day. On the assumption that those attending English and Thai sessions are international and local staff respectively, it appears that international staff are more likely than local staff to not attend training after having signed up (32% of international staff were non attendees, compared with 20% of local staff). While this may be related to the greater proportion of 'professional staff' amongst international staff, and the associated differing demands, affecting attendance that this may place on work (e.g. unforeseen travel commitments), it may also reflect cultural differences make it easier for international staff to not attend the training to which they have committed.

Overall proportion of male to female attendees

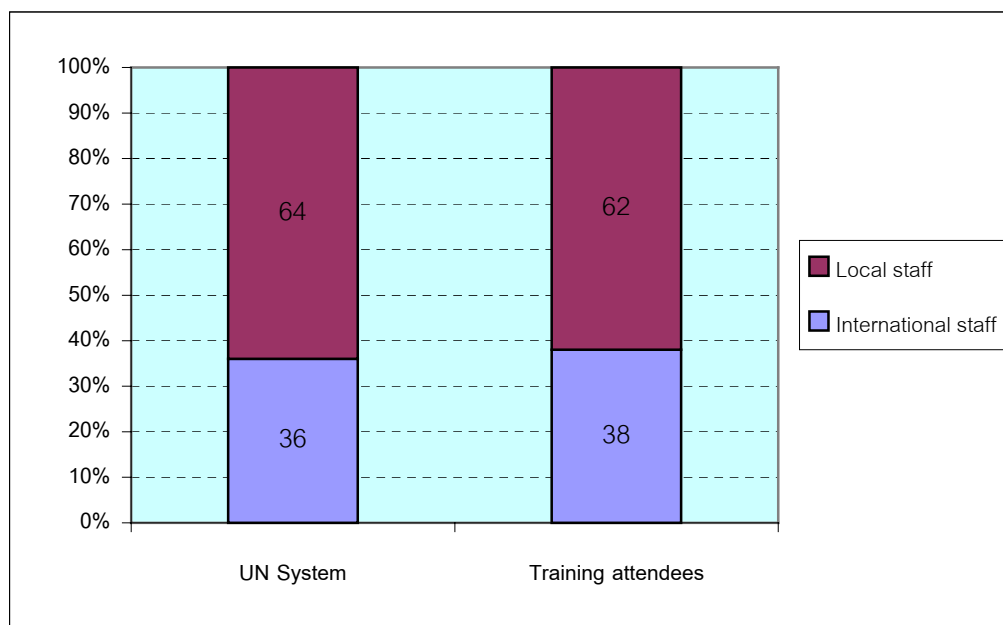
While gender could not be assigned to approximately 20% of those attending the staff training, of the 323 staff to which it was felt gender could be accurately assigned, the percentage of male attendees was 27% and females, 73%. This proportion is heavily in favour of female attendees, when compared to the estimated percentage of male (48%) and female (52%) staff in the UN system in Thailand (see diagram below).



As the proportions of local/international and professional/general service staff for attendees, were comparable with those of the UN system, any difference in the proportion of males and females attending is unlikely to be accounted for by any possible differences in sex ratio amongst these groups. Encouraging attendance of male staff would therefore present itself as a challenge for further training sessions and may require specific measures to be taken.

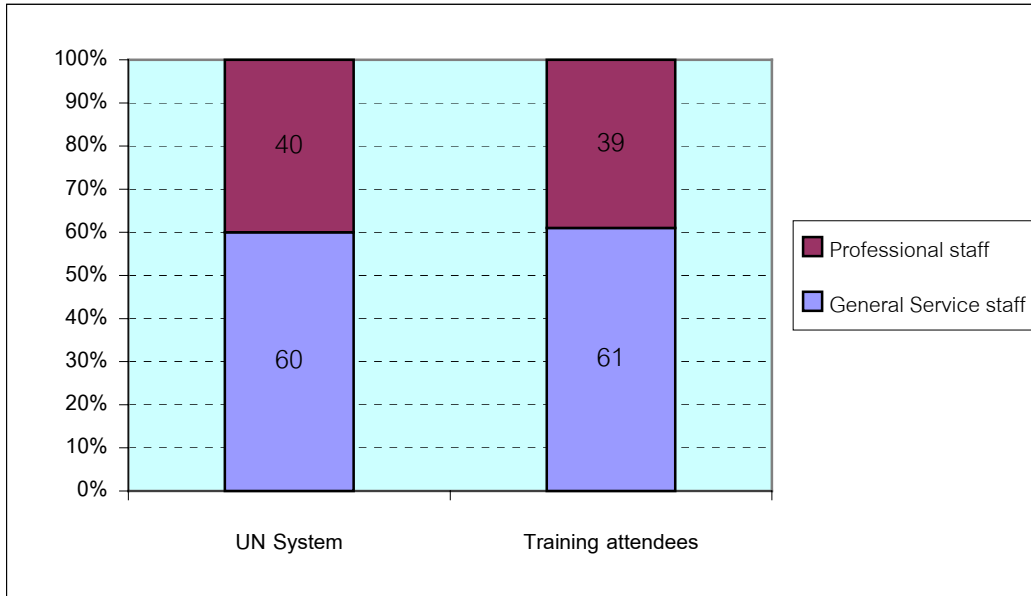
Overall proportion of international to local staff

On the assumption that those attending the Thai language training are local staff, and those attending English sessions are international staff, 38% and 62% of those attending were international and local staff respectively (see diagram below). This is comparable with the overall percentage of international staff (36%) and local staff (64%) within the UN System in Thailand, calculated from the Inter-agency cost sharing arrangements for 2003.



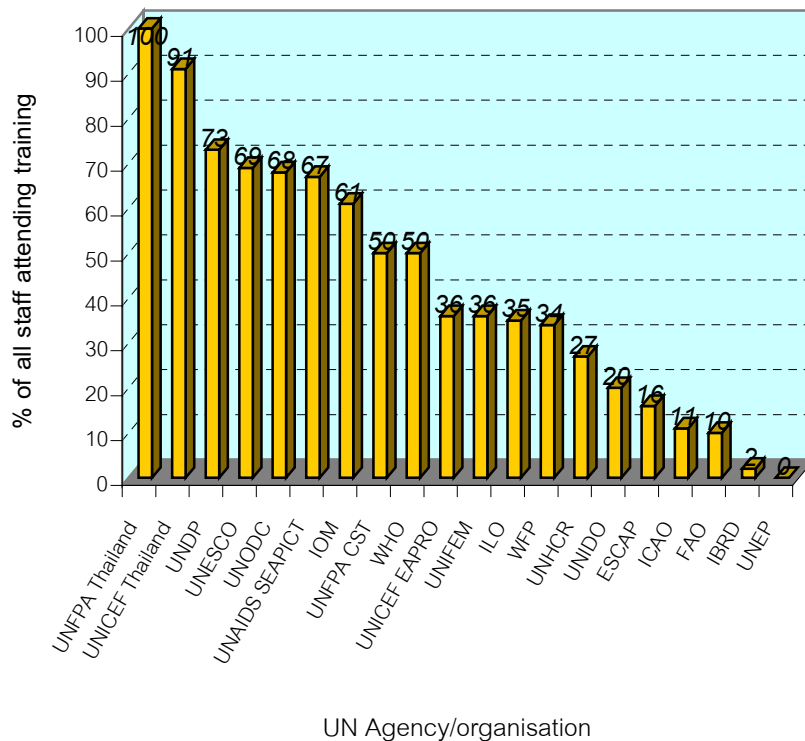
Overall proportion of professional to general service staff

Of the staff attending training to which it was felt job type could be accurately assigned, 61% were general service staff and 39% professional staff. This is comparable with the calculated overall percentages of professional (40%) and general service staff (60%) within the UN system in Thailand (see diagram below).



Proportion of each agency's staff attending training

The diagram below illustrates the percentage of each agency's staff (focal points and other staff) that attended the HIV/AIDS training.



From this diagram it can be observed that all the largest agencies (UNESCAP, FAO, ILO) had poor participation rates. It was also noted that agencies that did particularly badly were considered (by the project coordinator) to have inactive focal points and, agencies that produced good participation rates were either small and/or were perceived to have active focal points.

These individual observations suggest agency size and focal point commitment as possible determinants of individual agency participation rates. Agency location (on the main UN site or not) was also suggested as another factor affecting the participation of staff in the training.

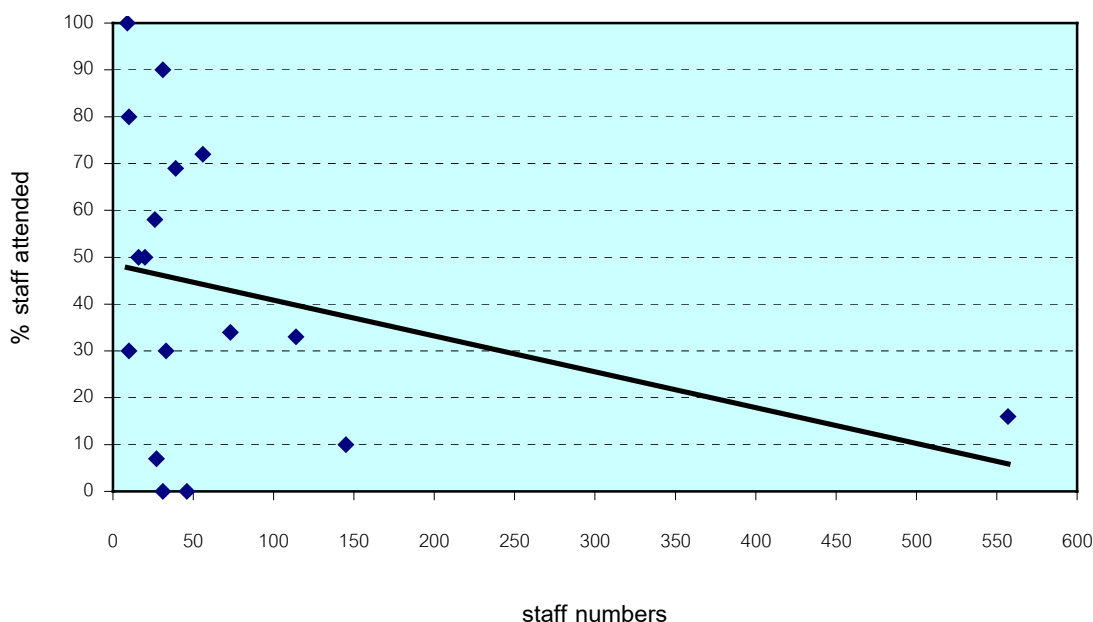
Location

Of the 9 agencies achieving participation rates of 50% or over, 5 were on-site. More conclusive evidence that agency location is an important determinant of participation rates is that average participation rates for on-site agencies was 47%, compared with 38% for off-site agencies. This difference is unlikely to be related to the different sizes of on- or off-site agencies, as the proportion of large to small agencies in those on-site is actually larger than off-site agencies.

The possible importance of agency location can also be seen by comparing the substantially different participation rates of UNODC and WFP, these agencies being well matched for staff and focal point numbers, focal point to staff ratio and focal point commitment, but with WFP being located off-site.

Size

Of the small agencies, 5 out of 7 achieved participation rates greater than 50%, while none of the large agencies achieved this level. Average participation rates for small (less than 30 staff), medium (30-99 staff) and large agencies (100 staff and above) were 57%, 41% and 20% respectively. Confirmation of this apparent trend can be seen in the diagram below.

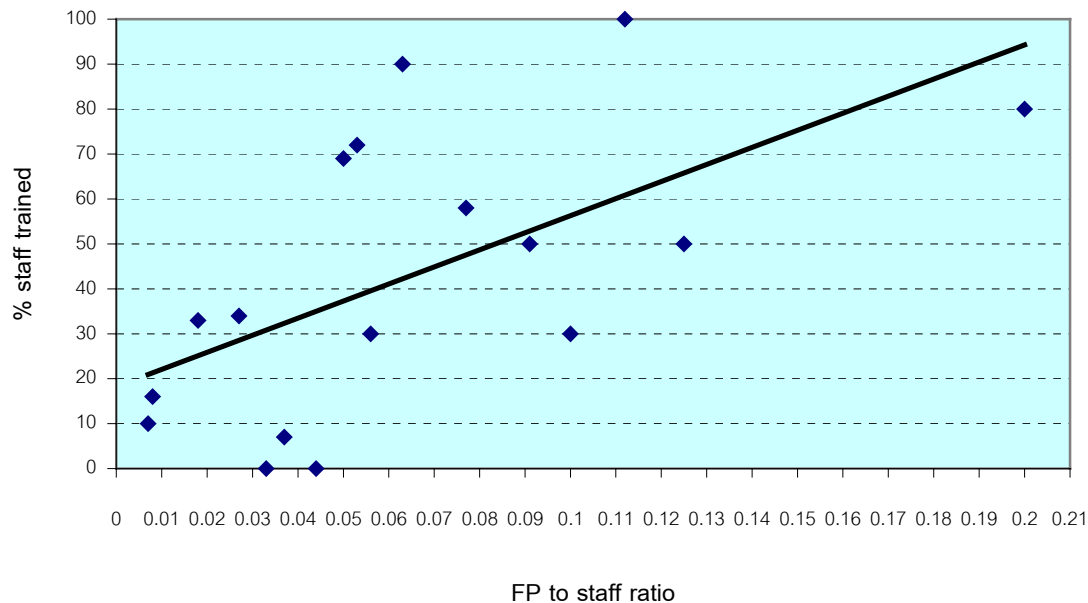


(Note: Because UNIDO and UNHCR joined the project late and UNESCO received a training session only for their staff, their data was not included in the above diagram to avoid skewing results)

Very similar trend lines are also observed when separating on- and off-site agencies. While the trend between agency size and participation rates is evident, proving correlation between staff numbers and the % attending training would require further analysis and it is unlikely that size is, in itself a determinant of participation rates.

What is more likely is that smaller agencies generally have lower focal point to staff ratios and that this contributes to better training attendance figures, as this may determine the numbers of staff a focal point covers and how direct the methods of coverage employed

are. For example, despite their committed focal points, UNESCAP and FAO had particularly high focal point to staff ratios that may account for their poor participation rates. Again, while the trend between FP to staff ratio and the percentage of staff attending training can be observed (see diagram below), proving significant correlation would require further analysis.



(Note: Because UNIDO and UNHCR joined the project late and UNESCO received a training session only for their staff, their data was not included in the above diagram to avoid skewing results)

Focal point and institutional commitment

The agencies that had particularly bad attendance rates were also those that it was felt had a low-level of commitment from nominated focal points (UNEP, IBRD). In the case of UNEP, this was despite the apparent advantages of being on-site, and having a relatively low focal point to staff ratio. It would be unreasonable to attribute any blame to these focal points as no investigation into the reasons for this perceived low-level of commitment was made. It can only be speculated that it may relate to competing work priorities, the existence of comprehensive 'in-house' activities on HIV/AIDS or low-levels of interest or expertise on HIV/AIDS. It must also be noted that this perceived low-level of focal point commitment may be a general reflection of a low-level of engagement and institutional commitment within an agency and its high-level staff.

There are a number of examples whereby the high level of focal point and institutional commitment worked to overcome the 'disadvantage' of being located off-site (UNESCO, UNICEF Thailand) and to a certain degree, a higher number of staff to be 'covered' by each focal point.

It is interesting to note also, that the agencies whose HOA attended the training, achieved participation rates amongst the highest. While again, this may be a reflection of the overall institutional commitment by an agency to HIV/AIDS, it is also strongly felt that such illustrations of commitment have a positive feedback effect, encouraging attendance among staff.

PROJECT EXPANSION BEYOND THE UN SYSTEM

Following an interest expressed by Mr. Mark Mallalieu (the Head of DFID South East Asia), to Mr. Robert England (UN Resident Coordinator in Thailand), on UN experience with HIV/AIDS in the workplace, a meeting was arranged in April 2002 to discuss related issues, and explore possibilities for co-operating with the UN System in implementing some of the components of the 'Action Against HIV/AIDS in the UN System' proposal.

The project document was shared with DFID in May 2002 and other related information such as DFID's objectives in implementation of HIV/AIDS policies, exchanged. Between May and November, the needs of DFID staff were more clearly determined and negotiations were conducted regarding the services to be extended and the cost for their provision. It was agreed that the pro-rata costs to DFID and the FCO embassy (164 staff in total) would be in line with those of UN System organisations.

Payment of US \$ 5,120 was received from DFID in March 2003 for the delivery of training to their 9 nominated focal points (at joint training sessions with UN agency focal points), and 130 staff through 6 sessions (2 English and 4 Thai) conducted on site at the British Embassy between 31 March and 2 April. The training module delivered was slightly modified to suit the needs of DFID/FCO staff. Unmodified copies of the HIV/AIDS information booklet (Thai and English versions), Service Directory and Awareness Cards were also provided in substantial quantities (See Annex H Material Distribution), as were additional materials and logistical support. At time of writing, consultation between key project working group members and DFID/FCO administrative and personnel staff were planned to address some of the HIV/AIDS-related issues and uncertainties faced by them in the course of their duties, for example, the management of confidential information.

Regular logistical support was provided by the Project Coordinator to key DFID project organisers in addition to duties to the UN System organisations. The level of support provided did not excessively detract from the commitments of the project coordinator to the participating UN organisations. Despite contributing to enhanced collaboration between the UN and its bilateral partners, promoting HIV/AIDS as a workplace issue and expanding experience beyond the UN system, given its not-for-profit status, the role of the UN as a 'service provider' or 'middle man' in the area of HIV/AIDS awareness should be questioned. In this regard, DFID/FCO were recommended to contact the trainers directly for further training needs. Additionally, there was no formal or written agreement between the UN System and DFID/FCO, which may have caused problems in a situation of disagreement.

MAIN PROBLEMS AND CONSTRAINTS EXPERIENCED

The problems and constraints experienced in relation to the project have been addressed throughout the text of this evaluation report. The list below highlights the main problems encountered.

- Much of the work involved in initiation and implementation depended on the personal commitment of a few key staff, with other responsibilities and little institutional acknowledgement.
- Poor initial high-level engagement and commitment.
- General poor engagement on HIV/AIDS, particularly as a workplace issue.
- Inconsistencies between the project document and other documentation (trainer's proposal, TOR, SSA contracts) in relation to certain common activities. For example the trainer TOR makes no mention of producing a training evaluation report, while in their SSA contract, this is necessary for their payment.
- No formal needs assessment was conducted at project design.
- Inactive, poorly committed or non-existent focal points compromise project achievements.
- Limited secretarial support.
- No specific provision for reaching all staff in larger agencies.
- Decreasing input from WG members and FP as project progresses.
- Development and delivery of materials and training dominate project resources
- Logistical difficulties organising on-site training at field centres.
- Lack of experience in linking issues with administrative and HR staff
- Difficulties with selected trainers
- Difficulties conducting objective project evaluation.

PROJECT CONTINUATION AND SUSTAINABILITY

In order to promote sustainability of project activities and influence, a number of measures were taken in the implementation of this project. Of particular importance is the focal point system, supported by a project working group that is expected to function beyond the duration of the project (as stated on page 6 of the project document). Additionally certain activities, or the way in which they were implemented, would also have continuing impact, for example promoting the inclusion of an HIV/AIDS component in briefings for new staff and at security briefings, and the production of materials in quantities sufficient to ensure adequate stocks.

As the project has progressed, a number of continuing challenges present themselves. These include,

- Maintaining the interest of HOA, working group members, focal points and staff in the project its issues and activities.
- Maintaining awareness among staff of focal points, in the face of declining project associated action.
- Sustaining productivity of the working group and focal point system.
- Promoting further involvement among administrative and personnel staff.
- Identifying and reaching all those that did not attend training.

However, beyond the statement of intent in the project document, it appears that there has been minimal thought into addressing continuing challenges beyond the project, or the role of focal points, the project working group, or other responsible bodies, in meeting the continuing needs. The project document does not elaborate on how the working group will catalyse action without the presence of a project coordinator, how it will maintain interaction with focal points or who would take responsibility for its various roles, particularly the assessment of continuing needs and initiation of action as a consequence. There is also no indication of who should be responsible for existing activities that require ongoing support or attention.

In this regard, the Project Coordinator initiated a number of consultations in May 2003 with working group members and the Chairperson of the UN TWG. These looked specifically into allocation of responsibility for elements of project activities that require further attention, development of a mid to long-term vision of HIV/AIDS UN workplace intervention and the structure around which needs could be assessed, and appropriate action implemented.

Following these consultations, the following recommendations were made to ensure that existing activities received the necessary continuing attention and resources, and that further needs in the area of HIV/AIDS in the UN workplace could be met.

Maintaining implementation structure

- The project working group continues to work under and report to the UN TG on HIV/AIDS in Thailand.
- The project working group and coordinator continue to provide support to Focal Points and other staff targeted by project actions (HR staff, UN Medical Service, Security Service Unit, staff associations, other UN staff etc.)
- Additional UN staff are invited to contribute to the project working group in response to specific needs and areas of expertise.
- The inputs of core project working group members are used and sought selectively in relation to areas of expertise
- The ILO focal point and Technical Specialist on HIV/AIDS in the World of Work effectively takes over the role of Project Coordinator, main responsibilities being,

1. Monitoring overall direction of activities implemented in relation to HIV/AIDS in the UN workplace in Thailand
2. Convene and chair focused meetings of the PWG, either through own initiation or on suggestion of other WG members, to address and determine continuing needs.

(It is strongly recommended that the new coordinator should arrange a PWG meeting within 1 – month of the previous coordinator leaving, in order to determine future direction and action of the 'next phase')

3. Convene and chair focused quarterly meetings of project FP to address and determine continuing needs.
 4. Maintain regular correspondence with focal points and WG members.
 5. Delegate responsibility for actions determined through the project working group and focal point structures.
- Technical, logistical and secretarial support to the coordinator and working group is provided by UNAIDS Thailand

Budget

While it is accepted that UNAIDS Thailand has no core funds that could be used for continuing activities it is strongly recommended that measures be taken to identify and implement alternative methods of funding as the current arrangement does not adequately reflect the supposed commitment to addressing HIV/AIDS in the UN workplace, and is not conducive to sustained activities or action.

If a regular core budget that at the least supports WG and coordinator activities, cannot be allocated and channelled through UNAIDS Thailand, then a possible role for the UNRC system should be examined.

Until such alternative methods are implemented, the budgetary procedure for ongoing action and any future activities determined in response to needs, would remain as follows,

1. Further activities determined in response to needs
2. Estimation of cost made for these activities
3. Formulate proposal for activities and submit to HOA through the UN TG
4. Secure funding from UNAIDS cosponsors and other agencies targeted by activities.
5. Seek alternative sources if funding not secured e.g. SEAPICT, UNAIDS Thailand PAF funds.

Addressing continuing elements of the project

A significant number of activities implemented under this project will require ongoing 'maintenance' action.

1. *Material updating and printing:* All the main project associated materials will likely require updating and further printing. This is particularly important for the Directory of HIV/AIDS Services. Adequate stocks of these materials should be maintained and periodic reviews on accuracy of content taken. Responsible parties: UNAIDS Thailand.
2. *Material dissemination:* Sustained and adequate distribution of project materials to staff will remain an important activity. It is recommended that UNAIDS Thailand oversees and coordinates this distribution, ensuring that Focal Points, the Security Service Unit and the UN Medical Service have adequate supplies for further distribution to all staff.

3. *PEP protocol and kit maintenance*: Ensuring that the PEP protocol is accurate and PEP kits are maintained should remain primarily the responsibility of the UN Medical Service.
4. *PEP information distribution*: Due to the unsuitability of the PEP protocol for widespread distribution, it is crucially important to sustain and perhaps intensify distribution of information on PEP. Again, this information may require periodic updating and it is recommended that UNAIDS Thailand undertake responsibility for updating and dissemination through appropriate channels.
5. *Maintaining awareness among staff of the project, activities and related issues*: Whilst awareness among staff will be very much related to the level of activity of the project, it may be deemed appropriate to conduct further awareness raising activities. Such needs should be assessed, and action effected through the working group mechanism.
6. *Maintaining up-to-date list of focal points*: Because of their importance in effecting project activities, evidently, current lists of focal points and their contacts must be maintained. As the secretariat to the working group this should be the responsibility of UNAIDS Thailand, however focal points are encouraged to inform of any changes in contact details or duty stations.
7. *Provide continuing support to focal points*: Meeting the ongoing information and project material needs of focal points should be the responsibility of UNAIDS Thailand. Technical support to focal points should be provided by the remaining working group and its specific members, as appropriate. Additional support needs should be assessed through the working group and responsibility delegated as appropriate.
8. *Provide continuing support to field offices*: Keeping track of UN field offices, their situation and continuing needs with regard to HIV/AIDS will remain the responsibility of the working group. Information and material distribution to the offices will be effected through UNAIDS Thailand and the focal point of the relevant agency. Additional support needs should be assessed through the working group and responsibility for action delegated as appropriate.
9. *Provide continuing support to the Security Service Unit*: UNAIDS Thailand should ensure that the SSU has an adequate supply of materials and an accurate and current list of focal points with their contact details, for distribution at briefings. Additional support needs should be assessed through the working group and responsibility delegated as appropriate.
10. *Provide continuing support to UN Medical Service*: Again, UNAIDS Thailand should be responsible for ensuring that the UNMS has adequate supply of project materials. It should also play a role in monitoring the process of maintenance of PEP protocol and kits conducted by the medical service. Additional support needs of the Medical Service should be assessed through the working group and responsibility for action delegated as appropriate.

Other activities currently being implemented will require follow-up action (0-3 months). These activities are,

1. *Encouraging each agency to ensure availability of its UN staff HIV/AIDS policies*: A review of the steps taken by each agency to ensure the availability of its HIV/AIDS personnel policies could be taken and recommendations made as appropriate.
2. *Implementation of HIV/AIDS component in agency's new staff briefings*: Monitoring and reviewing the steps taken by each agency to implement such briefings, identifying and addressing obstacles to implementation, and providing support or direction where appropriate, in order to ensure such briefings are implemented.

3. *Implementation of HIV/AIDS component in security briefings:* review implementation, identifying and addressing any related problems.

The extent of implementation of these activities and appropriate follow up action should be determined through the working group mechanism and may represent some of the more immediate work to be undertaken by the project's remnants.

Addressing additional needs

It is strongly recommended that further action in the area HIV/AIDS in the UN workplace in Thailand is determined in response to demonstrable needs, determined by key staff involved with the project and related activities. Once an area of need has been identified, more specific needs assessment should be conducted to better understand their nature and therefore maximize the chances of implementing activities with demonstrable impact.

In addition to the ongoing requirements outlined above, it is suggested that the working group consider the following for activities in the near future (0-12 months):

1. *Encourage the institutionalisation of the focal point system:* Assess the opportunities for the implementation of measures that promote the institutionalisation of the focal point system within each agency (e.g. routine replacement of focal points, institutional acknowledgement of focal point duties) and work with these agencies to ensure implementation.
2. *Review activities directed at HR/administrative staff and the response to them:* work with such staff to further access and address their needs.
3. *Assess the opportunities for involvement of staff unions and associations.*
4. *Assess opportunities for using more varied, creative and extensive methods of promoting project and its objectives or future activities.*
5. *Sustained and wider distribution of HOA letter:* It was suggested that greater efforts could have been made to ensure wider distribution when the project commenced. Further and wider distribution of the letter may prove effective in renewing interest and momentum, particularly if timed to coincide with a visible project activity e.g. further staff training.
6. *Wider distribution of the message from an HIV-positive UN staff member:* In order to achieve this, alternative forms and methods of dispersal could be considered and used. Again distribution could coincide with a more visible project activity or perhaps as part of a specific initiative to further promote the offer of psychosocial support offered by this staff member.
7. *Conduct further HIV/AIDS training sessions:* Utilise information from the training evaluation, to specifically target those not signing up for the previous training, for attendance at another batch of training, using a module strengthened as a consequence of past experience. The analysis of pre- and post-training questionnaires should also be used to identify information needs of staff that can be targeted through new training sessions. The questionnaires themselves must be amended to eliminate questions that are ambiguous or not addressed by the content of the training module (e.g. section 1 question 12 and section 2 question 3).
8. *Monitor implementation of workplace HIV/AIDS initiatives by individual agencies* (particularly training), initiated as a consequence of this project and provide support as necessary.
9. *Consider, with the UN Medical Service, efforts to further publicise the HIV/AIDS-related services provided.*
10. *Assess the opportunities for expansion of targeted interventions to the dependents of UN staff.*

Additionally following a period of approximately 1 year, it is recommended that the working group work to,

1. *Reassess the activities and demands placed on the focal points* as a consequence of their role and in close consultation with them, respond accordingly e.g. meet unforeseen demands through further training, amend TORs to more accurately reflect the demands placed on them. Such an assessment could provide useful information toward determining the optimum focal point to staff number ratio and, with the inputs provided by focal points through the training and evaluation questionnaires, together with information obtained from analysis of the questionnaires should be used to direct the implementation of further training for focal points.
2. *Reassess condom provision at UN workplaces in Thailand* e.g. different distribution methods and uptake, and act accordingly.
3. *Reassess the use and demand for HIV-related services at UN Medical Service* and take appropriate action.
4. *Reassess the HIV/AIDS-related needs of the field offices*, determine whether current interventions are meeting them and act accordingly.
5. *Reassess the implementation of the suggested new staff briefing procedures* (by individual agencies and by the SSU)
6. *Assess the penetration and impact of project-associated materials on staff.*
7. *Assess opportunities for reaching staff employed by organizations affiliated to the UN system in Thailand* e.g. caterers, cleaning services, security personnel.

In order to facilitate the implementation of ongoing or new activities, and to promote a sustainable framework around which they operate, it is also *strongly* recommended that they are worked into the annual work plan of UNAIDS Thailand, under the umbrella of the UNAIDS Joint Plan of Action on HIV/AIDS in Thailand (2002-2006). Additionally, project related responsibilities of the remaining coordinator, project working group members and focal points should be incorporated into individual agency performance plans, or equivalent.

RECOMMENDATIONS

Designing and developing the project

- Conduct a needs assessment prior to project implementation.
- Develop project objectives in response to these needs.
- Ensure proper linkage between goals, objectives, outputs and activities: develop a logframe matrix that incorporates OVIs.
- Use simple, realistic and measurable project objectives.
- Address sustainability issues, incorporating measures that promote sustainability e.g. take steps to ensure that all those involved in the project (both initiation and implementation) do so formally, with clearly defined responsibilities and roles, that receive institutional acknowledgement (particularly focal points and working group members).
- Work realistically within resources and time frame: it is perhaps best to view the project as the first phase of activities in the area of HIV/AIDS in the UN workplace, incorporated into a developed 2 year workplan in this area, targeting dependents after the first phase.
- Ensure that the project document, TORs and contracts are consistent with each other when referring to the same project components or activities.
- Ensure adequate consideration of project evaluation at design, specifically outlining what is to be evaluated, how, when and by whom.
- Use this evaluation plan to assist in determining project monitoring requirements and structure.
- If involvement of certain groups is specifically highlighted, incorporate specific activities to ensure their involvement e.g. UN staff dependents, staff unions and associations.
- Ensure specific attention is devoted to the UN HIV/AIDS policy aspect of awareness raising as this has a tendency to get lost amongst the transmission, prevention and care and support issues.
- Account for the fact that training and material delivery will dominate project resources when developing timeframe and workplan.
- Specifically target the involvement of administrative and personnel staff in project design.
- Promote the involvement of known and willing HIV-positive UN staff members in design and implementation.

Initiating the project

- Use a brief project proposal as an advocacy tool.
- As well as highlighting the requirements for implementation of HIV/AIDS workplace initiatives, illustrate the likely tangible benefits of involvement in the project (e.g. more cost-effective, proven impact on awareness) whilst seeking high-level commitment.
- Compose and distribute widely a single visual illustration of high-level commitment by each agency.

Securing budget and contributions

- Carefully assess the basis for costing to each agency.

- If using a strata system, ensure adequate divisions, particularly at the low end of the staff number spectrum.
- Consider use of interagency 'pots' as funding sources.
- Make early requests for contributions and attempt to synchronise with individual agency's budget planning or submissions.

Developing the implementation structure

- Clearly define the roles, responsibilities and relationship of all key staff (project coordinator, working group members, Theme Group Chair), for the duration of the project and beyond.
- Hire a project coordinator for the full duration of the project.
- Clearly allocate responsibility for, and source of secretarial support.
- Maintain adequate record keeping throughout the duration of the project.

The Project working group

- Maintain a working group of only 4-6 core members.
- Include members with experience in training delivery and information dissemination.
- Consult selectively; it is not necessary to consult with all working group members on all issues.
- Draw on the wider experience of a network of colleagues informed on the project, in response to specific needs related to their areas of expertise.
- Until the roles of working group members are more institutionalised, convene formal meetings only with substantive issues to discuss, otherwise, meet with select members or use e-mail communication.

Utilising focal points

- Develop focal point TOR and circulate to HOA for their approval and commitment.
- Appoint focal points in numbers relative to the size of agency and its number of divisions.
- Institutionalise the appointment of focal points and their duties and responsibilities within each agency e.g. procedures for replacing focal points, inclusion of duties in individual performance plans and appraisals
- Attempt to ensure at least 2 focal points from each agency, preferably one male and one female, and one native speaker.
- In agencies with more than one focal point, ensure that the responsibilities of each are clarified; particularly regarding the staff/departments/divisions they are to cover.
- Wherever possible, encourage volunteering as a focal point.
- If this duty is allocated, wherever possible, utilize staff members with HIV/AIDS experience and those unlikely to be reassigned to a different duty station.
- If a focal point is inactive, attempt to find out why. An uncommitted or inactive focal point seriously compromises achievement of project objectives.
- Promote awareness of focal points among staff by supporting and encouraging initiatives by the focal points, distributing their names at security briefings and ensuring that they facilitate briefings of new staff.

- Promote the use of focal points in HIV/AIDS-related activities outside of the project as means to maintain interest e.g. World AIDS Day activities.
- Conduct a yearly review of work undertaken by focal points in relation to the project, making appropriate adjustments in terms of support provided.

Training focal points

- Endeavour to train all focal points with a module designed with their roles in mind, and in which they actively participate, for example role-plays that simulate situations by which they may be confronted.
- Clearly define the aim (e.g. to equip focal points with the knowledge and skills to carry out their role) and objectives of focal point training, ensuring they are consistent with project objectives and the perceived role of the focal points.
- Ensure that evaluation and analysis of focal point training, and the questionnaires developed, address these objectives.
- Focal point training should be at least 1 day and available on more than one occasion.
- If the focal point cannot attend focal point training he/she should be encouraged to attend staff training.
- To promote engagement, consider incorporation of visit to PWA organization or HIV/AIDS healthcare provider (e.g. hospice) as part of training.
- Encourage focal points to develop networks of communication between themselves.

Promoting the project and its objectives

- Use various information channels and creative awareness raising techniques.
- Develop a simple project fact sheet, based on the project document, for distribution to all staff.
- Use the project name in association with all project activities.
- If a logo is developed, use it on all project-associated materials.

Disseminating project materials and information

- At project inception, look specifically at all aspects of information dissemination as it is a key component of the project. Consider messages/information to be delivered, the target audience and methods of dissemination. Seek the specialist input of someone with experience in this area.
- Ensure alternative channels of reaching staff with information, other than just through focal points e.g. e-mail distribution, UN newsletters, bulletin boards.

Developing materials

- After determining project needs in this area, review what is already available. There is a wealth of material resources available; it is just a question of locating them.
- Select a translator with sufficient technical expertise to also carry out proof reading. If TORs are developed for the translator, ensure that this requirement is included.
- Allocate, at the beginning of project implementation, a native-tongue speaking working group member to be responsible for additional editing responsibilities.

Providing HIV/AIDS-related services to field offices

- Work through the project focal point for those agencies with field offices.
- Establish a contact person for the project in each field office, preferably the same person listed as a contact on the PEP protocol.
- Conduct a HIV/AIDS-related needs assessment through this contact person or a visit to the field office. Pay particular attention to PEP, condom provision, information needs and the available local HIV/AIDS-related healthcare services.
- Establish and clearly define the responsibilities of the project in meeting these needs.
- Consider carefully the cost-effectiveness of providing on-site training to field office staff.
- Encourage agency responsible to ensure attendance of field staff at 'centrally' provided HIV/AIDS training sessions if on site training not cost effective.
- Encourage agency responsible to implement measures that ensure new field staff receive HIV/AIDS briefings prior to, or soon after arriving at field office.
- Adapt, from the new staff briefings and training given to other staff, those given to field staff, accounting for the differences in situation and needs. For example field staff may require more extensive training on PEP.
- Review needs and support provided to field centres yearly.

Involving administrative staff and addressing their needs

- Attempt to ensure that one of the nominated agency focal points is an administrative or personnel staff member.
- Assess among administrative staff, awareness of HIV/AIDS workplace issues relevant to their work and available guidance on these issues.
- Assess among administrative departments, the implementation of available guidance.
- Conduct a consultative meeting with administrative staff with the aims of highlighting their role in handling HIV/AIDS in the workplace, how UN HIV/AIDS policies affect their work and identifying further needs in order to ensure implementation of these policies.
- Following identification of needs and the current situation regarding policy implementation, work with administrative staff and working group members to develop project activities aimed at addressing these needs.
- Present regularly to administrative fora.
- Take specific action to promote links between project focal points and key administrative staff. They will be required to collaborate on a number of issues particularly the implementation of HIV/AIDS briefings for new staff.
- Review needs and support provided to administrative staff regularly.

Developing the staff training module

- Source and use existing materials.
- Draw heavily on those with experience in developing and delivering training.
- Clearly define the aim and objectives of the training, ensure that they are consistent with those of the project (e.g. To significantly improve knowledge of those attending the training on HIV/AIDS transmission and prevention, To significantly improve knowledge among attendees on UN HIV/AIDS personnel policy etc.) and compose the module accordingly.

- If possible select trainers with experience of HIV/AIDS training in workplaces and to the extent possible, ensure that they have sufficient flexibility, capacity and competence to allow for the substantial differences between the UN workplace and workplaces they are likely to have had experience with.
- Ensure that the TOR for the trainers includes the development of pre and post training questionnaires, analysis of the responses and production of a training evaluation report.
- Expect to provide extensive support to the trainers in strengthening areas of the training that have little experience of e.g. UN HIV/AIDS personnel policies, PEP
- Deliver pilot sessions to working group members at least 1 month prior to anticipated date of training delivery
- Incorporate into the module transmission games, risk-level games and a component that allows for dialogue with a PWA (these were all considered very useful by participants).
- Consider the specific inclusion of PEP in the training module.

Delivering a training module

- Assess the opportunities and obstacles to mandatory attendance.
- Assess the opportunities for delivery of on-site training to agencies located off the 'main site'.
- Select a visible and accessible location.
- Broadly publicise training dates through a number of channels (e-mail broadcast lists, focal points, posters, 'signing-up sessions' etc.) well in advance of onset of training.
- Encourage focal points to be active in recruiting staff members, providing support to assist them e.g. developing training logistics (when, where and how to sign up) sheets for them to distribute.
- Ensure also 'high-level' publicizing of these training sessions e.g. letter from Chair of the UNTG to HOA and focal points, encouraging them to promote attendance.
- Attempt to identify those staff most in need of HIV/AIDS training or those most difficult to 'reach' and take steps to target them specifically for attendance.
- Take steps to specifically encourage HOA attendance at the training sessions.
- The project coordinator should monitor the sign-ups from each agency and issue alerts to individual focal points in response to poor signing up rates
- Develop and implement a reminder system for those that sign up e.g. e-mails sent out 1-2 days prior.
- Stress to staff the importance of showing up if signed up.
- Spread the training sessions over a few weeks, with approximately 4-6 sessions per week conducted in both English and native language.
- Hold a number of the contracted sessions for delivery of a second batch of sessions approximately 3 weeks after the first, or for the delivery of on-site training.
- For each session, sign up staff in numbers 20-30% over the maximum number of participants.
- Develop and implement specific and additional measures to target the staff in larger agencies to sign up.

- Consider the development and implementation of specific measures aimed at encouraging the attendance of male staff at training.
- Ensure timely delivery of each session, allowing adequate time for participant questions by accounting for a further 20-30 minutes on top of the scheduled timing of the module.

Evaluating the training

- Analyse by agency, job title and sex the demographics of those attending training.
- Develop pre- and post-test questionnaires that address all stated training objectives e.g. HIV/AIDS transmission and prevention knowledge, HIV/AIDS workplace knowledge and attitudes, UN HIV/AIDS policy knowledge.
- If training analysis is to involve matched samples, ensure that while the pre- and post-test questionnaires can be anonymously filled out, they can also be matched.
- Implement further training initiatives in response to the analysis of the training sessions conducted.

Ensuring all new staff receive an HIV/AIDS briefing

- Focus efforts toward ensuring that focal points routinely provide new staff with these briefings in each agency, highlighting the importance of this project component to HOA and personnel staff, and the need for institutionalising it.
- Include this role in focal point TOR circulated and approved by HOA.
- Encourage focal points to coordinate with personnel departments to ensure implementation.
- Develop and issue guidelines outlining composition and duration of the briefings to be conducted by focal points.
- Follow up on implementation efforts after 4 months.
- Consider and utilise other avenues for accessing new staff as 'back-up' to this procedure, and an opportunity for directing new staff to their project focal point.

Providing staff with access to condoms

- Conduct an assessment of available and preferred means of accessing condoms among staff.
- Discuss with individual agencies involved, the desired role of the project in this area.
- Develop condom-related project activities in response to the assessment and individual agency input.

Using on-site UN medical services

- Assess the HIV/AIDS-related services provided by the UN Medical Services, and the demands placed on them to date.
- If the capacity of local HIV/AIDS healthcare providers is adequate, assess the process and usage of referral mechanisms from the UN Medical Service to them, and strengthen appropriately.
- Expand services in response to this assessment, ensuring that the minimum of basic HIV/AIDS transmission and prevention information, local care and support service information, and PEP treatment is provided.

- Promote UN Medical Services as a limited source of HIV/AIDS-related care and information e.g. by referring to them in any appropriate project materials developed.

Developing PEP protocol

- Responsibility for development should be delegated to one of the parties involved, if possible, the UN Medical Officer or equivalent, consulting with others as appropriate (Security Service Unit and Chiefs etc.).
- The protocol should clearly illustrate the steps that must be taken in response to an emergency situation, who should take them, and the responsibilities of those involved. Consider the use of a flow diagram.
- The protocol is medical and procedural in nature and therefore should not require HOA endorsement.
- Consider inclusion with the protocol, a list and location of other healthcare providers that can provide the necessary ARV in case of an emergency situation.
- Translate the protocol into local language also.
- While promoting awareness of what PEP is and what it is for among staff, focus efforts towards ensuring that all staff are aware of the contact number in case of an emergency situation.
- Sustain publicising the PEP protocol and contact number beyond the duration of the project.
- Incorporate information on PEP into other materials developed for the project.
- Consider distribution of the protocol only to those involved in the protocol procedure (UN Medical Officer, Security Service Unit etc.) and a few other limited groups (HOA, focal points etc.).
- Target all other staff with simple and concise PEP information e.g. develop and distribute a PEP fact sheet.

Monitoring the project

- Monthly meetings of the project working group, with project coordinator reporting to UN TG Chair.
- Ensure continued and adequate record keeping.

Evaluating the project

- Consider the use of an external evaluator.