



SMARTWORK
The Workplace Response to AIDS

THE HAITI COMPONENT OF AN
INTERNATIONAL HIV/AIDS WORKPLACE EDUCATION PROGRAM

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PROJECT PLAN

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AED •
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LIST OF ACRONYMS

AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AIDSCAP	AIDS Control and Prevention Program
ADIH	Association des Industries de Haiti
BHD	Banque Haitienne de Developpement
BRH	Banque de la Republique d’Haiti
DOL	United States Department of Labor
DR	Dominican Republic
EMMUS	Enquete, Mortalite, Morbidite et Utilisation des Services
GDP	Gross Domestic Product
GHESKIO	Groupe Haitien d’Etudes du Sarcome de Kaposi et des Infections Opportunistes
GLAS	Groupe de Lutte Anti SIDA
HAMCHAM	Haitian American Chamber of Commerce
HIV	Human Immunodeficiency Virus
IEC	Information, education, communication
IHE	Institut Haitien de L’Enfance
IHSI	Institut Haitien des Statistiques
IMF	International Monetary Fund
NGO	Non-governmental Organization
NSP	National Strategic Plan
ONUSIDA	Organisation des Nations Unies pour le SIDA
PAC	English name for Committee Consultation Coordination, the USDOL-sponsored tripartite coalition
SMARTWork	Strategically Managing AIDS Responses Together in the Workplace
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Program on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

PROBLEM STATEMENT

In Haiti, the poorest country in the Western Hemisphere, all indications are that HIV/AIDS has become a major national calamity. With the first HIV/AIDS case reported in Haiti in 1978, the country was among the earliest to be identified as having a rapidly growing rate of HIV/AIDS infection. During the first years, high-risk groups (e.g., men who have sex with men, commercial sex workers, and injection drug users) were said to be the major routes of transmission, resulting in the stigmatization of these groups. On the international level, because Haiti was one of the first countries where AIDS was recognized,¹ Haitians were frequently blamed for the spread of HIV/AIDS. Haitian immigrants were blamed for the spread of the virus in the U.S. mainland and many Haitian businesses in New York failed because of it. This situation added a negative label to the entire population and damaged the society's collective self-esteem.

Unfortunately, Haiti lacks consistent and reliable national epidemiological data on HIV/AIDS. The March 2002 "National Strategic Plan" (NSP)² notes that notification of AIDS cases stopped in 1992 and statistics regarding sexually transmitted infections (STI) and HIV/AIDS have not been available. Consequently, it is difficult to measure accurately the extent of the AIDS epidemic and its rate of expansion. However, according to 2000 estimates by the *Institut Haitien de L'Enfance*, the HIV/AIDS prevalence rate was 2.91% in rural areas and 6.74% in urban areas; the Joint United Nations Program on HIV/AIDS [UNAIDS] estimated the overall adult prevalence rate to be 5.2% as of 2000. In addition, as of 2001, the number of people living with HIV in Haiti has been estimated at between 202,000 and 276,000, exclusive of AIDS cases. Reportedly, Haiti has the highest HIV prevalence rate in the Latin America and Caribbean region.³

Many factors contribute to the spread of HIV in Haiti, including a combination of: high population growth, extreme poverty (life expectancy is 52.4 and is the lowest in the hemisphere; Haiti has one of the lowest rankings in the UN human development index at .467 as of 1999), increased burden on health care facilities, a destabilized political and economic situation and poorly functioning public health services, and cultural and social behaviors that contribute to HIV transmission. Heterosexual transmission is the primary mode of HIV transmission in Haiti. Because mounting evidence suggests that men have a larger number of sexual partners, and that HIV is more easily transmitted from males to females, Haitian women are believed to be more vulnerable. This is partly so because they are economically poor and consequently not empowered enough to make decisions. Men still generally retain the power of decisions in sexual and family matters while women are largely powerless to negotiate their relationship with their partners and thus become more vulnerable. Furthermore, it is common among those in Haiti who practice voodoo (a relatively common practice) to exhibit sexual behaviors and practices—including engaging in unprotected sexual practices and having multiple sexual

¹ Pape, J. & Johnson, W. 1993. AIDS in Haiti. *Clinical Infection Diseases* 17 (Supp. 2): S341-5.

² Institut Haitien de l'Enfance, *Plan Strategique National 2002-2006 Pour la Prevention et le Controle des IST et du VIH/SIDA en Haiti.*"

³ Ministere de la Sante Publique et de la Population. March 2002. *Haiti's Response to HIV/AIDS: Application to the Global Fund to Fight AIDS, Tuberculosis and Malaria*, p.8.

partners—that put them at risk of contracting HIV. The result is that HIV/AIDS has become a real threat to all strata of the population.

Despite the international community’s contribution, health care resources are very limited in Haiti, and are not sufficient to respond adequately to the needs of a poor and growing population. The major constraints in providing appropriate health care are directly linked to a poor economy: Haiti has a very limited national public health budget and lacks capacity to mobilize additional resources. HIV/AIDS interventions are likewise insufficient. In addition, stigma and discrimination is a significant problem within the country as well. In fact, public and private health workers are believed to be among the most common groups to stigmatize and discriminate against those who are HIV-infected and affected. Currently, there is no law to offer legal protection to HIV-infected individuals, whether in a work context or in the health care environment.⁴

The HIV/AIDS problem is inevitably bound to further undermine Haiti’s already struggling economy. Because the majority of people living with HIV/AIDS is between the ages of 15 and 49, the negative impact on productivity and profitability is a major concern for employers. In the context of long term weakening of the economy, the loss of productivity and skills, additional training costs, increased absenteeism and demand for health care already so precarious in Haiti, the impact of HIV/AIDS on businesses is dramatic. This is because companies are primarily responsible for health care expenses, funeral costs, and making financial compensations to families of employees lost to AIDS.

To respond to this crisis, the business, labor and government sectors—in a joint effort with other sectors and constituencies at the national and international levels—are challenged to find the most effective ways to halt the expansion of this devastating epidemic. Global experience also indicates that bringing business enterprises into the public health “fold” is a formidable challenge. As they are primarily focused on production, efficiency and profits, they tend to overlook the problem—at least until the business effects are visible and significant. They may also be wary of efforts to influence their corporate policies, believing it encroaches on their autonomy. Hence, efforts to encourage employers to establish workplace policies that are supportive of HIV/AIDS prevention may have the best chance of success if they speak to corporate concerns of business soundness and profitability.

Organized labor, for its part, has yet to mount an organized response to the HIV/AIDS workplace challenge. It is also the case that unions currently have a relatively small reach into large-scale employers, as the nation’s 50% unemployment rate permits employers to resist efforts to organize their workforce.⁵ However, because unions have proven their abilities elsewhere to organize effective responses to HIV/AIDS, and because the Haiti union leadership is also eager to initiate such responses, it is worthwhile to support their efforts.

⁴ Ibid.

⁵ U.S. State Department, *Haiti Human Rights Report*, March 4, 2002.

BACKGROUND

The HIV/AIDS crisis grips Haiti at a time when economic conditions are worsening. According to the Haiti 2001 Report by the Economic Section of United States Agency for International Development (USAID), "...with a per capita GDP of less than USD 540, Haiti's GDP (GDP at constant prices) is estimated by the International Monetary Fund (IMF) to have shrunk by 1.7 percent in FY 01." The February 2002 Report from the same source indicated that, "annual per capita income fell by 3.3 percent. Inflation and depreciation of the Gourde (the Haitian currency) caused the living conditions of the majority of the population to deteriorate...." The only economic factor that remains constant in this stark situation is that of the remittances from migrant workers living abroad. In general, however, the economic crisis makes the fight against HIV/AIDS even more difficult.

Regarding population trends, Haiti's population was estimated in 2000 to be slightly less than eight million, translating into a population density of 292 inhabitants per square kilometer. With an annual overall growth rate of 2.08%, the segment above 15 years of age is 40% of the population, and of 64 years of age and over only 4%. These figures indicate that the bulk of the population is in the young and sexually active age-range (as well as in their most economically productive years). Because risk-reducing sexual behaviors are not widely practiced currently, it is no surprise that HIV/AIDS and other STIs are widespread. The NSP reports that the prevalence rate for STI among the adult population is around 12%. The most common diseases found among women are trichomonas vaginalis, chlamydia, vaginitis, syphilis and candida esophagitis. Among the male population, they are gonorrhea, lymphogranuloma venereum, chancroid, syphilis and urethritis. Although prevalence of STI is almost the same in rural and urban areas, HIV/AIDS prevalence is 2.3 times higher in urban areas with a male to female ratio of 0.8 to 1.0.⁷

HIV/AIDS is a taboo topic for Haitians in general. Stigma contributes to a climate of resistance and even overt hostility towards attempts to develop HIV/AIDS campaigns and preventive interventions. In addition, Haitian men and women often hide their HIV- status to avoid rejection and isolation. This situation is changing, in part due to efforts by non-governmental organizations (NGOs) to tackle these conditions. Several NGOs—along with a few public health care centers—focus their efforts on HIV/AIDS prevention, care and support, and treatment activities. With the assistance of international donors, several projects have been launched that targeted specific sectors of the population.

In 1988, workplaces began to benefit from a prevention project financed directly at first by the USAID-funded AIDS Control and Prevention Program (AIDSCAP). A supplement came from membership fees and private sector contributions. The project, known as "Groupe de Lutte ANTI SIDA" (GLAS), was initiated by a group of business leaders concerned with the epidemic and its impact on the workforce (SMARTWork's Haiti Program Manager in fact directed GLAS). For a decade, GLAS developed a comprehensive and successful program educating workers about HIV/AIDS and STI and motivating behavioral change in more than 70 Port-au-

⁶ <http://www.unaids.org/barcelona/presskit/embargo.htm>.

⁷ TvT Associates, Inc. September, 2001. *USAID Support for Sexually Transmitted Infections and HIV/AIDS Programming in Haiti*. Washington, D.C.

Prince private factories and parastatal enterprises. Over 4,000 employees benefited from that project annually, and behavior change was reported to be notable among these groups. In addition, GLAS produced a video clip using cultural norms as a basis to encourage behavior change. This clip was among the first few public broadcasts to reach the entire community. It was initially met with a mixture of skepticism and reticence but as time passed, it became an appreciated clip on all television channels in Haiti.⁸

When USAID funding ceased, the project survived two more years with the support of the private sector. Unfortunately, because of the declining economy and political turmoil, there was growing business sector instability. Many plants closed and in the end, GLAS was forced to discontinue its activities. Since then, the workforce has been deprived of direct and focused interventions in the fight against AIDS. For their part, because of the general distrust and frequently antagonistic relationship between business and organized labor, unions were not encouraged to participate actively in the aforementioned initiatives. The SMARTWork project will seek to foster better relationships between business and labor in Haiti, using a tripartite framework.

Recently, significant resources and actors are being mobilized to respond to the growing HIV/AIDS crisis. With government taking the lead, in conjunction with civil society institutions and increasing political momentum to confront the epidemic and mitigate its impact, there is a growing national response to fight the HIV/AIDS crisis. Led by the Minister of Health, the NSP acknowledges that the government is taking a keen interest in the prevention of HIV/AIDS in the country. For example, it has made recommendations to pass legislation that would protect HIV-infected people against discrimination and stigma.

Though the NSP's efforts are commendable, it has yet to address the issue of workplace HIV/AIDS prevention in a concerted manner. Unfortunately, this is reflective of an inadequate national response generally to the presence or impact of HIV/AIDS at the workplace. Despite the precedent of the AIDSCAP-sponsored GLAS project, neither is there a national policy and regulatory framework, nor are many companies involved in, HIV/AIDS prevention and education. At the national level, nevertheless, the NSP and the relatively recent inception of the *Commission Nationale de Lutte contre le SIDA* create favorable conditions to address workplace issues and concerns. However, no specific plans exist within the *Commission* or outside of it to tackle the workplace challenge in a comprehensive manner. Let alone is there a tripartite, concerted approach that involves government, trade unions and employer organizations in the effort.

Presently, several international organizations have renewed their resolve to combat HIV/AIDS in Haiti and offer assistance across multiple sectors, including private and public, to provide a basic package of services in regards to HIV/AIDS prevention and treatment. USAID, UNAIDS, the United Nations Population Fund (UNFPA), the World Health Organization (WHO), Care International, the World Bank, and others are supporting several activities by supplying funds and technical assistance to sustain programs in the country. But the most significant development concerning foreign cooperation has been the 2002 allocation of nearly US\$ 67 million to Haiti by the United Nations Global Fund to Fight AIDS, Tuberculosis and Malaria.

⁸ <http://www.fhi.org/en/aids/aidschap/aidspubs/serial/captions/v3%2D3/cp331.html>.

This funding is expected to give a significant boost to the national fight against HIV/AIDS, and concentrates on backing NGOs to procure and distribute condoms, treat STIs, and provide anti-retroviral drugs. However, some analysts point to the country's weak institutional capabilities to implement the activities proposed under the grant and to spend the money effectively.

In summary, there are a number of challenges and opportunities associated with launching workplace-focused HIV/AIDS prevention efforts in Haiti. While there may not be specific resources earmarked currently for such efforts, experts report a relatively high level of awareness already on the part of the government and business sectors regarding the need for workplace-based HIV/AIDS prevention. There are promising signs that labor unions as well may be mobilized to support workplace interventions if given the tools to address the problem. Despite limited budgetary resources, SMARTWork can therefore make strategic contributions to workplace prevention by targeting interventions that mobilize key players, tapping existing resources, supporting capacity development, and encouraging employers, labor unions, and government to cooperate on workplace HIV/AIDS prevention.

PROGRAM APPROACH AND STRATEGY

Concerned with the mounting worldwide impact of HIV/AIDS, the United States Department of Labor (USDOL) awarded the Academy for Educational Development (AED) a US\$ 9-million cooperative agreement grant to implement the International HIV/AIDS Workplace Education Program in six countries (Dominican Republic, Haiti, Nigeria, Ukraine, Vietnam, and Zimbabwe). The program's overall development goal is to reduce the rate of HIV infections by promoting the development of workplace education and prevention programs, and by encouraging policies that provide for workplace protection and guaranteed human rights of individuals affected and infected by HIV/AIDS. The resulting AED SMARTWork Program funded by DOL is now operational in those countries, with the Haiti office reporting to a Regional Coordinator based in Santo Domingo, Dominican Republic.

Despite the existence of a number of Haiti HIV/AIDS situational assessments, an effective workplace prevention strategy for Haiti cannot be developed without the benefit of a specific needs assessment tailored to the workplace. SMARTWork will conduct such an assessment in order to refine its strategic plan of action that is adapted to the Haitian context. It will then be adapted as necessary—on the basis of experience and any changing circumstances—during implementation.

Recently initiated in Haiti, the following project plan will cover a 3-year period. During the first six months, the objectives and activities will aim mainly at assessing:

- What are the specific needs for HIV/AIDS prevention in the workplace;
- What is the level of general knowledge about HIV/AIDS in the formal sector workforce;
- How can workplace stigma and discrimination at the workplace best be addressed;
- How can existing NGOs, governmental, and international organizations be engaged collaboratively in responding to HIV/AIDS in the workplace, and;
- Which enterprises, business associations, and labor groups are good candidates for launching workplace-based HIV/AIDS activities.

While encouraging useful coordination among the different partners and programs, the main objective for the remaining period will be to establish a strong base for a tripartite effort to reduce HIV/AIDS transmission, stigma, and discrimination. By mobilizing resources of all types, displaying strong advocacy activities, contributing to capacity building and supporting the effort with proper materials, SMARTWork will give a significant boost to workplace HIV/AIDS prevention. SMARTWork will provide assistance to, and facilitate coordination among, the different partners and programs. The partners will include the employers, labor unions and government; and their efforts in support of SMARTWork is expected to be coordinated either through the existing USDOL-funded assembly sector project tripartite coalition called the Committee Consultation Coordination, or “PAC” in English, or via a similar vehicle comprised of many if not all of the members of the coalition.

SMARTWork's overall development goal is to reduce the rate of HIV infections by promoting the development of workplace education and prevention programs, and by encouraging policies

that provide for workplace protection and guaranteed human rights of individuals affected and infected by HIV/AIDS.

The specific SMARTWork project goals and objectives for Haiti are as follows:

PROJECT GOAL #1: INCREASE UNDERSTANDING OF THE EXISTING WORKPLACE HIV/AIDS PREVENTION EFFORTS AND POLICIES IN KEY SECTORS OF THE ECONOMY AND PREPARE COUNTRY NEEDS ASSESSMENT.

Objective 1.1: *Conduct a complementary (scaled-down) needs assessment that includes major elements from the SMARTWork Needs Assessment Guide to identify special requirements of the workplace situation.*

Objective 1.2: *Review country-specific studies on HIV/AIDS policies and practices that may affect workplace-related programming (Subsumed in Objective 1.1).*

Objective 1.3: *Identify knowledge and attitudes of workers and managers regarding HIV/AIDS and workplace-based policies and programming (Subsumed in Objective 1.1).*

Though of a reduced scope in relation to the elements prescribed by the SMARTWork Needs Assessment Guide (developed by AED to assist project offices to conduct needs assessment for workplace programs), this task will be commissioned to a local consultant and be supported by the local SMARTWork staff. It will cover the following:

- 1) Identification and review of the existing national HIV/AIDS literature that is relevant to the workplace, particularly needs assessments;
- 2) Identification and profiling of all national policy and legal instruments (such as laws, decrees, regulations and national strategic plans) on HIV/AIDS, with a particular emphasis on the workplace;
- 3) Identification and profiling of all national, regional (multinational) or local HIV/AIDS programs and projects of relevance to workplace initiatives (including those targeted on workplaces), whether they are being implemented or in the planning stages;
- 4) Inventorying and profiling of NGOs doing HIV/AIDS-related work and listing of those companies to be approached for: (a) future profiling, (b) participating in presentations and workshops, and (c) encouraging adoption of programs and policies;
- 5) Identification and brief profiling of some organizational HIV/AIDS policies, characterizing briefly the organizations that have introduced them in the past, have them operational now or are in the planning stage;
- 6) Identification and brief profiling of some organizational HIV/AIDS prevention and education programs, characterizing briefly the organizations that have introduced them in the past, have them operational now or are in the planning stage;
- 7) Reviewing of IEC materials that have and/or could be used for workplace programs, presentations and workshops in Haiti.

On the basis of a thorough appraisal of the above, the project will then:

- 1) Identify major policy issues and concerns;
- 2) Derive the implications for the *SMARTWork*'s Project Plan;
- 3) Determine the implications for the presentations and workshops;
- 4) Offer recommendations on prevention/education program design.

PROJECT GOAL #2: MOBILIZATION OF NATIONAL LEVEL TRIPARTITE EFFORT TO ESTABLISH AND EXPAND HIV/AIDS PROGRAMS AND POLICIES TO REDUCE STIGMA AND DISCRIMINATION IN THE WORKPLACE.

Objective 2.1: Assist and support the PAC and/or one or more suitable business and labor groups in developing HIV/AIDS workplace prevention policies and programs.

The PAC has not yet embraced HIV/AIDS workplace prevention as one of its priority activities, mainly because its overall objectives do not currently encompass this. SMARTWork, however, will concentrate its efforts to enlist the proactive involvement of this tripartite group in order to generate support for workplace prevention activities. SMARTWork will also work to find innovative ways to insert HIV/AIDS prevention in the agenda of other suitable business and labor groups. (Reportedly, HAMCHAM has an intention to form a social affairs coalition that might qualify, but so far this is only an idea that has been discussed but no definitive action has taken place on it as of this writing).

Under this objective, building on the existing PAC, a Tripartite Advisory Board (TAB) will be formed to guide SMARTWork. SMARTWork will insure that the TAB is linked to the national coordinating mechanisms for HIV/AIDS programming. It is expected that guidance from this Board will be more necessary with respect to activities that are not currently programmed, should it be possible to eventually mobilize additional external resources for workplace interventions.

Objective 2.2: Encourage development of—and adherence to—a national workplace policy within the framework of the HIV/AIDS national strategic plan.

The TAB and the PAC are expected to advocate the development of a national workplace policy. SMARTWork will consequently engage a consultant to assess what is the most strategic approach to creating a national workplace policy framework (e.g., to change the labor code, pass new regulations, etc.), and to help achieve its adoption.

As part of this overall process—using a methodology developed successfully by SMARTWork in the Dominican Republic—a select group of business, union and government leaders, as well as HIV/AIDS experts and organizers, will be brought together for a two-day strategic planning workshop to define a set of workplace guidelines. As in the Dominican Republic, the results are expected to cover not only HIV/AIDS prevention activities, but also those aspects concerning

care and support of HIV-positive workers and their families. The results should inform the work of the aforementioned consultant in drafting a legislative proposal.

Objective 2.3: Strengthen the capacity of government, labor, employers, and NGOs at the national level to support workplace HIV/AIDS programs and policies, and foster linkages with other relevant HIV/AIDS programs

Under this objective, SMARTWork's focus will be two-fold. It will first explore the various collaboration and funding possibilities being offered by the current USAID strategy and by other sources with a view toward developing fund-raising mechanisms and collaborative relationships. This may include participation in the UNAIDS Technical Group on resource mobilization and in the national HIV/AIDS coordination mechanism.

Additionally, SMARTWork will develop a partnership with a local NGO to conduct at least four business/labor leader and at least one Training-of-Trainer (TOT) workshops. In order to do so, the Program Manager will do a thorough scouting of possibilities and choose, in concert with the Regional Coordinator, an NGO that has the experience and general profile that will assure success. SMARTWork will train the NGO cadre of trainers and may also offer partial support for one or two of the trainers. The TOT workshops shall also include participants from both the government and the labor unions.

Objective 2.4: Design and implement an advocacy and recognition campaign to promote workplace HIV/AIDS policies and programs.

In concert with the TAB, the PAC and/or other relevant business and labor groups, the SMARTWork Program Manager will create and manage an Annual Award to recognize outstanding organization HIV/AIDS prevention programs and policies.

PROJECT GOAL #3: INCREASE THE NUMBER OF ENTERPRISES (INCLUDING BUSINESS, LABOR UNION, AND MINISTRY OF LABOR WORKPLACES) THAT HAVE EFFECTIVE WORKPLACE HIV/AIDS PREVENTION AND SUPPORT PROGRAMS AND POLICIES THAT SERVE TO REDUCE STIGMA AND DISCRIMINATION.

Objective 3.1: *Adapt and translate project materials to country context.*

Using an AED/DC methodology and SMARTWork workplace materials, the project will develop prevention materials that are contextualized to fit the needs of Haiti workplaces. The adaptation of these materials shall include follow-up, monitoring, and evaluation provisions.

Objective 3.2: *Initiate and engage employers in developing workplace-based prevention education programs and policies through presentations and workshops.*

Using the results of the needs assessment and SMARTWork workplace materials, the project will develop presentations on HIV/AIDS for business and union groups that are specifically tailored to motivate them to establish workplace programs and policies. The presentations will seek to stimulate business and union leaders to send representatives to workshops designed to teach the basics of workplace prevention and policy. It is expected that the Program Manager will make these short presentations personally to at least 10 important business and union groups. An initial focus will be on firms who are members of the PACc if possible.

Objective 3.3: *Follow-up technical assistance (TA) provided by Project and partners to establish effective workplace HIV/AIDS prevention education programs and policies among employers.*

Under this objective, a small group of promising companies will be assisted to develop model comprehensive prevention programs and policies. The prospective companies will be identified by the Program Manager who will hold the required meetings with both management and labor representatives at the chosen companies.

Objective 3.4: *Targeted employers adopt effective workplace HIV/AIDS prevention education programs and policies.*

SMARTWork will concentrate on those potential partners and organizations that have shown a high potential for adopting comprehensive workplace prevention policies and programs. The program is to make sure that they receive the technical assistance and training needed, either from the SMARTWork Program Manager or another reputable source. The aim will be for at least two-thirds of targeted enterprises to adopt appropriate HIV/AIDS policies and programs that serve to reduce stigma and discrimination. SMARTWork will also encourage the creation of HIV/AIDS workplace committees to implement and sustain their program initiatives.

PROJECT GOAL #4: DEVELOP (AND/OR ADAPT) AND DISTRIBUTE INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIALS THAT SUPPORT HIV/AIDS PREVENTION EFFORTS, REDUCTION OF STIGMA AND DISCRIMINATION, AND BEHAVIOR CHANGE.

Objective 4.1: *Disseminate workplace-related materials that will increase employer participation.*

Objective 4.2: *In coordination with key labor, business, government, and NGO partners, encourage and achieve widespread utilization of relevant IEC materials by workers (this objective is subsumed in Objective 4.1).*

Brochures, leaflets and posters will be identified, adapted, and/or developed to carry effective prevention messages to workers and employees. Materials will be distributed through workplace programs supported under SMARTWork as well as through the tripartite partners to their constituencies.

Where effective materials already exist, such as the ILO's Code of Practice and IEC materials developed and available through resources like the BRTA/LRTA clearing house and the National Prevention Information Network (NPIN), such resources will be utilized to support programs while reducing the likelihood of duplication of efforts.

It is expected that materials will be printed in French. When necessary, however, materials will also be produced in Creole.

INSTITUTIONAL AND MANAGEMENT FRAMEWORK

The SMARTWork Program in Haiti will be implemented by a Program Manager, with the assistance of other SMARTWork staff and consultants (the addition of an Administrative or Program Assistant is also being considered). The Program Manager will operate from an office in Petionville. The Project Manager will work under the direction and guidance of the Regional Coordinator based in the Santo Domingo, Dominican Republic and in consultation with AED/Washington and the U.S. Department of Labor.

Moreover, the cooperation of the business associations, USAID, ONUSIDA, NGOs and the Ministries of Labor and Health will be maintained during the entire life of the project. The Program Manager will continue to closely collaborate with these institutions to design and implement other Program activities whose funding is secured on an eventual basis. To achieve success, it is essential to include the role of the TAB as well as the responsible officers of affiliated entities in all decision-making related to the implementation of the Program activities. This will trigger a sense of participation, understanding and shared responsibility.

TARGET GROUPS AND PARTNERS

Because the project goal is to reduce HIV prevalence among the formal sector workforces in Haiti, the direct beneficiaries of the Program will be the employees and families that participate in the project's presentations, workshops and other technical assistance provided. The most likely targets of the project will be formal-sector industrial and foreign-owned enterprises located in and near Port-au-Prince (this does not preclude expansion to other areas or sectors as strategic opportunities present themselves).

Furthermore and inevitably, the enterprises will indirectly benefit from the Program results due to significant reduction of HIV/AIDS/STI prevalence rates, reduction of unwanted pregnancies, increased productivity, introduction of policies in the place of work, and decrease in costs associated with HIV/AIDS. Indirectly also the population of Haiti will benefit from the Program through the distribution of advocacy materials. Other indirect beneficiaries will be the partners of the eventual coalitions and their respective establishments along with the NGOs participating in the Program to ensure the appropriate orientation of activities.

The SMARTWork Program will closely collaborate and partner with other USDOL projects, USAID, and other international projects and agencies, including: USAID Contractors (e.g., PSI and FHI), ILO, UNAIDS, GHESKIO, HAMCHAM, the PAC, UNFPA, CDC, and possible others.

SUSTAINABILITY

The following outlines will influence sustainability of the Program.

- *A Participatory Approach:* The Program will be the result of a joint effort among partners of diverse sectors. This partnership will be based on their willingness to combine forces in the common interest of reducing the impact of HIV/AIDS.
- *Local Ownership and Tripartite Advisory Board:* The creation of a tripartite coalition will play a major role in representing local interest in tackling HIV/AIDS related issues locally.
- *Capacity-Building:* It is also an important component of the Project. Training and upgrading of skills will enhance the aptitudes of those involved in the Program. The quality of training to be provided will guarantee long-term application.
- *Advocacy and Awareness Raising:* It will cultivate a sense of common goal and act as a stimulus for attitudinal changes.
- *Integration:* Based on the approach of a multi-sectors participation, the Program will give rise to the development of long-term unity and commitment among members and groups.
- *Harmony with National Legislation:* The creation and application of workplace policies to encourage practices that fend off discrimination and stigma will stimulate a national response.
- *Linkage:* Involving different partners to combine effort in a common fight will instill in them a sense of belonging and achievement so vital for a developing country like Haiti.