



# UN Cares in Action

## The Case of Ghana 2011

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# Acronyms

ADB:	African Development Bank
AIDS:	Acquired Immunodeficiency Syndrome
DPKO:	Department of Peace-keeping Operations
ECLAC:	Economic Commission for Latin America and the Caribbean
FAO:	Food and Agriculture Organization
HIV:	Human Immunodeficiency Virus
ICAO:	International Civil Aviation Organization
IEC:	Information, Education and Communication
IFAD:	International Fund for Agricultural Development
ILO:	International Labour Organization
IMF:	International Monetary Fund
INSTRAW:	United Nations International Research & Training Institute for the Advancement of Women
IOM:	International Organization for Migration
OCHA:	Office for the Coordination of Humanitarian Affairs
NGO:	Non-governmental Organization
PAHO:	Pan-American Health Organization
PEP:	Post-Exposure Prophylaxis
UNAIDS:	United Nations Joint Programme on HIV/AIDS
UNCC:	United Nations Compensation Committee
UNDP:	United Nations Development Programme
UNDSS:	United Nations Department of Safety and Security
UNFPA:	United Nations Population Fund
UNGASS:	United Nations General Assembly Special Session on AIDS
UNHCR:	United Nations High Commission for Refugees
UNIDO:	United Nations Industrial Development Organization
UNESCAP:	United Nations Social and Economic Commission for Asia and the Pacific
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNIFEM:	United Nations Development Fund for Women
UNICEF:	United Nations Children's Fund
UNIC:	United Nations Information Centre
UNIDO:	United Nations Industrial Development Organization
UNJMS:	United Nations Joint Medical Services
UNODC:	United Nations Office on Drugs and Crime
UNON:	United Nations Office at Nairobi
UNOPS:	United Nations Office for Project Services
UN Plus:	United Nations System HIV Positive Staff Group
VCT:	Voluntary Counseling and Testing
WB:	World Bank
WFP:	World Food Programme
WHO:	World Health Organization

## Introduction

This document is part of a compendium of case studies documenting the experience of 16 countries in implementing UN Cares, the UN system-wide HIV workplace programme. The case studies highlight the successes and challenges of the UN Cares teams and their partners, and covers countries that have succeeded with varying degrees in implementing the UN Cares' Ten Minimum Standards.

The compendium of case studies is a third in a series about implementation of HIV learning in the UN workplace. The first was published in 2006 and documented the experience of 10 countries in different regions, and the second was published in 2007 and documented the experience of an additional 16 countries.

When HIV prevalence is 1 per cent or more in a country's general adult population, it is considered to be experiencing a generalized HIV epidemic by international health standards. Based on the 2007 Chief Executive Board Personnel statistics, the average prevalence of HIV among the global UN workforce in 2007 was estimated to be 1.4 per cent<sup>1</sup>. Applying this prevalence to the estimated number of fixed and short-term UN employees (n≈97,500), it is estimated that in total, about 1,400 UN employees could be infected with HIV. HIV prevalence among dependents is estimated to be about 1 per cent (2,450 of 243,570), assuming that UN staff have on average about 2.5 dependents and that 70 per cent of dependents will be at the same risk of infection as the staff member.

UN Cares was officially launched in 2008 as the UN system-wide workplace programme on HIV. Agency-specific programmes merged into the UN Cares harmonized workplace programme. Only two years into its implementation, UN Cares received the UN 21 Award in 2010, delivered by the UN Secretary General himself in a ceremony held in the UN Headquarters. The UN 21 Award was established in 1996 to recognize innovation, efficiency and excellence in delivering the UN's programmes and services.

The UN Cares is based on Ten Minimum Standards, which UN Teams in all countries are required to meet.

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### MINIMUM STANDARD

### NOTES

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<b>1</b> Information about UN Policies and Benefits	All personnel and their dependents in all locations have access to information about UN system policy, programmes, personnel rights, entitlements and benefits, and their own responsibilities regarding HIV and AIDS in the UN workplace and their associations are consulted about these measures.
<b>2</b> Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service	All personnel and their dependents in all locations have sufficient and appropriate knowledge to make informed decisions to protect themselves from HIV and, those infected or affected by HIV, know where in their duty stations <sup>3</sup> to access good quality care, medical treatment, <sup>4</sup> and support services.
<b>3</b> Learning and training activities on stigma and discrimination	Measures are in place to combat stigma and discrimination, and to increase gender awareness, including learning activities for personnel and their families in all locations.
<b>4</b> Access to male and female condoms	All personnel and their families have access to male and female condoms. When high-quality condoms are not reliably and consistently available from the private sector, access should be simple and discreet at the UN workplace, either free or at low cost.
<b>5</b> Voluntary counseling and testing	All personnel and their families should have access to Voluntary Counseling and Testing (VCT).
<b>6</b> Insurance covering HIV-related expenses	All staff and recognized dependents, regardless of contract status or agency, have access to insurance coverage, allowing them to access the necessary services required for HIV prevention, treatment and care.
<b>7</b> Confidential handling of personal information	All UN system personnel with access to personal information about personnel maintain confidentiality in the management of personal information (such as HIV status or any other medical condition), including processing of a) all health insurance claims, b) agreements on accommodation in working arrangements, and any other circumstances in which personnel choose to disclose their status.
<b>8</b> First aid using standard precautions	All personnel have access to first aid assistance using standard precautions in UN system workplaces.
<b>9</b> Rapid access to PEP starter kits	All personnel and their family members have access within 72 hours to HIV emergency Post-Exposure Prophylaxis (PEP) starter kits and related medical care, counseling, and follow-up treatment in case of potential exposure to HIV because of sexual assault, or occupational accident.
<b>10</b> Managerial commitment	All managers assume leadership on the implementation of UN Cares, in consultation with staff representatives or Associations.

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The compendium of case studies, of which this document forms part, outlines how each UN Cares team attempted to meet the above Ten Minimum Standards. The case studies begin by explaining the national HIV context, and providing information on UN presence in the country. All case studies outline the challenges and successes they experienced in implementing UN Cares by addressing issues of funding, senior leadership, key implementers of UN Cares at country-level, efforts to include employee families and dependents, and how the issue of stigma and discrimination is addressed. Many case studies include information on reaching staff based outside the capital city, and references to UN Plus, the UN System HIV-Positive Employees Group.

The 16 case studies cover countries from all regions of the world with diverse HIV epidemics and different levels of UN presence. Despite the great variety in country settings, a key list of lessons learned can be discerned from the experience of the 16 countries. These are presented at the end of the document.

**The regions and countries featured in this document are:**

- From Latin America & the Caribbean: Argentina, Brazil, Dominican Republic, & Trinidad & Tobago
- From West Africa: Burkina Faso, Ghana and Sierra Leone
- From Asia and the Pacific: Fiji, Myanmar and Papua New Guinea
- From the Middle East and North Africa: Iran and the Occupied Palestinian Territories
- From East and Southern Africa: Kenya, Mozambique and Zambia
- From Headquarters: New York City

*The sixteen case studies cover countries from all regions of the world with diverse HIV epidemics*

*Overall, 80 per cent of the UN employees in Ghana participated in the 2008 Learning Sessions, totaling 356 people*



WFP Acting Country Coordinator at the UN Family Day Event 2009

### **Background and context**

In Ghana, the HIV epidemic is generalized, with a prevalence rate of 2.9 per cent in 2009. Prevalence rates differ based on geography, gender and age. HIV prevalence rates are especially high among key populations, including sex workers, who are reported to have a prevalence of 25.1 per cent<sup>2</sup>.

In accordance with the Division of Labour on HIV within the UN system, the task of preparing a UN Cares implementation proposal was led by ILO in 2008. This proposal was presented to the UN Theme Group, and as a result, a nine-member task team comprised of representatives from the UNDP, UNICEF, WHO UNFPA, UNAIDS, UNIFEM, the UN Clinic, and chaired by the ILO was formed. Under the direct supervision of the ILO, a learning coordinator who worked half time was recruited to facilitate the process. The Task Team meets bimonthly or more as needed to plan for an upcoming event.

### **Leaderships of and advocacy for UN Cares**

UN Cares in Ghana has appointed Agency HIV Focal Points to encourage participation among all staff members. Information is disseminated through e-mail, sign-up sheets are distributed, and focal points follow up with individuals. Overall, 80 per cent of the UN employees in Ghana participated in the 2008 Learning Sessions, totaling 356 people.

Senior management demonstrates their support of the UN Cares programme through funding support as well as attendance at events. Heads of Agencies from UNAIDS, UNDP, UNFPA, UNICEF, UNHCR, UN-Habitat, IMO, UNIFEM and WFP as well as the Resident Coordinator attended the Learning Sessions.

## Funding

The UN Cares programme in Ghana is funded through the contributions of UN agencies. All agencies are encouraged to contribute, but those who are unable to do so are still invited to events. For the Learning Sessions, funding totaled US \$27,000 and was contributed by 10 agencies. In addition, approximately US \$22,000 was contributed to the UN Family Day celebrations in 2009 and US \$8,000 in 2010.

## UN Cares structure in Ghana

From August 2008 to January 2009, a Coordinator was hired to support the implementation of the UN Cares programme in Ghana. In 2009, a half-time UN Cares Inter-Agency Facilitator replaced the Coordinator with the additional responsibility of facilitating the establishment of UN Plus in Ghana. This position is funded through the contributions of UN agencies.

The UN Cares team has used both internal and external resource persons to facilitate its UN system-wide events, including the UN Family Day, which featured internal experts as well as external counseling and testing teams, government health services, youth-oriented organization and cultural groups. When the UN Cares team found out that the UN Staff Association was planning a similar family event, they combined their efforts to prevent duplication.

## Current state of implementation of the Minimum Standards

In order to address Minimum Standards 1, 2, and 3 (information about UN policies and benefits, information about HIV/AIDS prevention, treatment and care, and activities on stigma and discrimination), 16 half-day Learning Sessions were conducted in the fall of 2008, reaching a total of 356 staff members, 40 per cent of whom were women. In preparation for this project, a

*In December 2009 and April 2010, UN Family Day events were held in Accra and Tamale, reaching 557 people in total*



The Dromo Cultural Ensemble at a UN Family Day Event 2009

*The involvement of persons living with and affected by HIV and AIDS gives a human face to the epidemic. Personal testimonies at the Family Day, in particular, were reported to be informative and worthwhile because they involved participants both personally and emotionally.*



Staff members' children enjoying UN Family Day

needs assessment survey of 18 UN agencies in Ghana informed the design of the workplan for 2008. Seven agencies had conducted some HIV and AIDS education activities in the previous year, and 14 already had regular condom distribution in place.

The Learning Sessions provided information on the following topics: the UN personnel policy on HIV/AIDS, basic information on HIV epidemiology and prevention, PEP information and protocol, voluntary counseling and testing, stigma and discrimination, condoms and treatment. The Learning Sessions featured “expert interviews,” in which participants had the chance to ask questions of experienced panelists about HIV and AIDS. This ensured that the content of the session met the participants’ needs and encouraged active participation. One session was facilitated by a healthy HIV-positive facilitator, which helped to reduce stigma and discrimination by demonstrating that it is possible to live with HIV if treated. Fourteen of the 16 Learning Sessions were held in Accra, but two were held in Tamale in an effort to reach staff members not stationed in the capital.

In order to provide male and female condoms for all UN staff members in Ghana (Minimum Standard 4), UNFPA and the UN Clinic collaborate with the Ghana Health Service to supply all UN agencies in Ghana with condoms.

A series of four Family Day events was organized in 2009-2010 to address the first three Minimum Standards as well as Minimum Standard 5, improving access to voluntary counseling and testing. In December 2009 and April 2010,



Participants in the e-course workshop

UN Family Day events were held in Accra and Tamale, reaching 557 people in total, including staff members, family members and resource persons. One of the three events held in Accra targeted the UN Staff Association, whose main concerns were housing, hiring policies and insurance coverage.

At each event, cultural groups provided a festive atmosphere. A bouncy, inflatable castle was provided for children under the age of 5, and in between playing, an age-appropriate, informal HIV and AIDS education session was organized by a member of the UN Cares team. Youth-friendly organizations were recruited from the community to provide information and entertainment. Adults over 25 years of age were divided into discussion groups according to age and gender to provide a comfortable forum for sensitive issues. This activity was particularly well-received, as all three young adult groups of individuals aged 20-24 continued the discussion longer than scheduled and asked very technical questions.

Personal testimonies were the highlight of the Family Day event. They emphasized the fact that HIV-positive individuals can lead healthy lives, as well as the importance of knowing one's HIV status. A grandmother, who had lost her daughter and son-in-law to AIDS, and her HIV-positive grandson gave one testimony. An HIV-positive couple and their two HIV-negative children gave another. Counseling and testing were made available through the involvement of health personnel at the three sessions held in Accra and the one in Tamale, providing services to 168 participants. Notably, security guards on the UN Compound also took advantage of the opportunity to receive free, confidential counseling and testing.

PEP kits are available to staff under the supervision of the PEP custodians (Minimum Standard 9). In addition, PEP is available to all residents of Ghana through health facility referrals.

In response to the need for training of the Agency HIV focal points, the UN Cares team in Ghana organized a session in April 2010 at the UNAIDS Secretariat for focal points to complete all modules of the e-course. To ensure participation, the UN Cares facilitator visited each focal point a month before the event. Seventeen UN staff members, including the focal points, two interns, the UNAIDS librarian, receptionist and two drivers participated. The UN doctor also completed the e-course at the UN Clinic. The E-course was well received, as participants replayed some modules to ensure comprehension. All of the participants received certificates for successful completion of the modules with grades higher than 80 per cent.

### **Monitoring, evaluation and documentation**

The UN Cares team in Ghana conducts quarterly and annual review and evaluation meetings. In addition, summaries and evaluations are prepared after major events. At the Learning Sessions, participants filled out a pre-workshop test and a post-workshop test as well as comprehension quizzes. At the end of each session, participants were required to complete an evaluation, and 82 per cent (292 of 356) did so. The responses were positive, with more than 85 per cent reporting that the stated objectives were completely achieved and that the Learning Sessions improved their knowledge of HIV and AIDS. Such positive evaluations led to the successful continuation of the programme and its expansion to include family members at the UN Family Day events.

### **Lessons learned**

One challenge in attracting hundreds of participants from across 18 agencies is unpredictable attendance. The Learning Sessions achieved a remarkable 80 per cent participation rate due to the choice of 16 dates and the leadership of agency focal points. The Family Day events reached fewer staff members either because the date coincided with other agencies' workshops, the date was too close to the end of the year, or the venue was changed. In the future, family events should be held during school holidays, as only 44 per cent of the young people who signed up were able to attend.

The involvement of persons living with and affected by HIV and AIDS gives a human face to the epidemic. Personal testimonies at the Family Day, in particular, were reported to be informative and worthwhile because they involved participants both personally and emotionally. Though cultural entertainment can set a casual mood, the beginning of the programme should be interactive to encourage active participation and conversation. Family Day was held on the UN Compound, and unfortunately, this allowed some staff members to return to their desks during the festivities.

Based on the content of the discussions at the Family Day in Tamale, it is clear that cultural misconceptions still exist. For this reason, the UN Cares team plans to train Peer Educators, who would be able to interact with staff

members more frequently than focal points, in order to increase knowledge related to HIV. The focal points will assist in selecting Peer Educators that staff members are comfortable to share their concerns with.

### **Footnotes**

<sup>1</sup> To estimate HIV prevalence among the global UN workforce, UNAIDS estimates of HIV prevalence by country for 2007 were applied to the number of staff of that nationality, regardless of duty station.

<sup>2</sup> Ghana AIDS Commission, Ghana's Progress Report on the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV and AIDS. 2010.