



# UN Cares in Action

## The Case of India 2013

### Reaching Personnel with Learning Sessions

Editor: Samantha Kozikott

Contributor: Divya Verma

*The UN Cares team in India was a 2012 UN Cares honouree for their outstanding efforts to reach personnel with UN Cares learning activities.*



UN Cares learning session in progress, at Bhubaneshwar (Orissa) field office.

### Summary

India was an Honouree at the 2012 UN Cares Award Ceremony for reaching staff in a duty station with UN Cares learning sessions. Program activities involved the institutionalization of the HIV workplace policy and programs through the UN Cares focal point system, which led to the nomination of trained focal points across 17 UN agencies. Efforts were made to strengthen the institutional framework for implementation of UN Cares via the expansion of the IATT (Inter-Agency Task Team), and incorporation of discussion on gender norms, dynamics, sexual orientation, socio-economic and physiological factors and their link to transmission. Several capacity-building efforts were adopted for UN staff through the use of interactive learning sessions. The team has been actively working on the provision of services focused on addressing HIV-related risk factors as well as enhancing availability of HIV-related health services. Communication and promotion of UN Cares' activities were carried out through several mediums and involved participation of a number of stakeholders. The inclusion of People Living with HIV in all the learning sessions/ events enabled sharing of perspectives of PLHIV on stigma and discrimination and living with HIV. All of the activities adopted by the India UN Cares team served to incorporate human rights and gender equality perspectives focused on promoting a stigma-free work environment and protecting the rights at work.

## Background and context

The Government of India estimates that 2.1 million Indians are living with HIV<sup>1</sup>. The nature of the HIV epidemic in India is highly variable by age, gender, geographic location and socio-economic status and is influenced by a myriad of risk factors. The prevalence of HIV among adults is approximately 0.31 per cent<sup>1</sup>. Children (<15 years) account for 3.5 per cent of all infections, while 83 per cent are in the age group 15-49 years<sup>1</sup>. Thirty-nine per cent (930,000) of all HIV infections are among women<sup>1</sup>.

The heterogeneous nature of the Indian HIV epidemic is largely concentrated among vulnerable populations and only in a few states. There exist several factors that put India at risk of experiencing rapid spread of HIV if effective prevention and control measures are not scaled up throughout the country. These risk factors driving the epidemic include: unsafe sex and low condom use; men who have sex with men (MSM); people who inject drugs; migration and mobility; low status of women and widespread stigma<sup>1</sup>.

While the HIV epidemic in India remains concentrated, the UN Cares initiative is being implemented consistently across agencies in various states. The UN Cares initiative was launched in 2008 and was designed to build on the scaling up of HIV and AIDS programming. However, it is worth noting that the UN Workplace Program in India to address HIV-related issues has been in place since 2003. The UN Cares team has focused on the implementation of the 10 Minimum Standards of UN Cares by institutionalizing the HIV Workplace Policy and programmes through the UN Cares focal point system. The program is jointly being implemented by various agencies, namely, the ADB, APCTT, FAO, ILO, UNAIDS, UNDP, UNDSS, UNESCO, UNFPA, UNHCR, UNIC, UNICEF, UNODC, UNOPS, UNWOMEN, WB, WFP and WHO.

The UN Cares team in India was a 2012 UN Cares honouree for their outstanding efforts to reach personnel with UN Cares learning activities.

### UN Cares structure / Leadership of and Advocacy for UN Cares

In India, under the leadership of the Resident Coordinator, the Heads of Agencies in December 2003 decided to implement the recommendations of UNAIDS Committee of Cosponsoring Organizations (CCO) meeting of 2002. The UNCT in India decided to have an HIV and AIDS in the UN workplace project to train the UN staff members on HIV and UN Workplace policy. The project work is being steered by an Inter-Agency Task Team (IATT) set up at the level of Deputy Directors and is being led by ILO. Eighteen UN agencies in India are on board for this inter-agency initiative and trained focal points for UN Cares are present across 17 agencies. The World Bank has had its own workplace program on HIV and AIDS for its staff members. In India, all the UN Cares activities, approaches, and resources are shared with the WB. The focal point of World Bank participates in UN Cares meetings and contributes to the joint UN Cares events.

The period from 2003 to 2007, during which the UN Workplace Program was in place, led by ILO, is referred to as Phase I. In 2008, the UN Cares

*UN Cares collaborated with ILO for training of the Delhi Network of positive people (DNP+). These trained members participated in the UN Cares training sessions by sharing their perspectives of PLHIV and issues related to stigma and discrimination.*

initiative was globally launched in India. This period, characterized by the UN Cares structure, policies and guidelines, as well as successful achievement of the 10 Minimum Standards, is referred to as Phase II. The ILO official in charge of the HIV program, with the assistance UN Cares focal points and the Joint UN Team on HIV/AIDS, is responsible for the overall implementation and coordination of program activities with all UN agencies. Over the years, the project has enhanced inter-agency collaboration, ensuring HIV and AIDS education for all UN staff members.

The ILO India HIV/AIDS workplace programme engages with the networks of people living with HIV and builds their capacity for workplace advocacy. UN Cares has benefitted from this partnership in India. UN Cares collaborated with ILO for training of the Delhi Network of positive people (DNP+). These trained members participated in the UN Cares training sessions by sharing their perspectives of PLHIV and issues related to stigma and discrimination.

Similar networks are also present in other states throughout India. The ILO has developed partnerships with various state-level networks in Patna (Bihar), Bhopal (Madhya Pradesh) and Bhubaneswar (Orissa) for People Living with HIV and has trained them in workplace advocacy. The PLHIV resource persons in the states were involved in the state-based training programs of UN Cares.

### **Sources of Funding**

The UN Workplace program was started in 2003. At its inception, the contribution of various agencies towards the program was calculated on a pro-rated basis. The cost of the project continues to be shared by agencies on pro-rated basis for the activities of UN Cares.

### **UN Cares-Approaches adopted**

The project focused on reaching staff through UN Cares learning sessions focused on the implementation of the 10 Minimum Standards of UN Cares. It involved the institutionalization of the HIV workplace policy and programs through the UN Cares focal point system. As part of this project, efforts were made to strengthen the institutional framework for implementation of UN Cares. The key achievements as a result of these efforts from June 2008-August 2012 included:

- Expansion of the IATT (presently, the members are APCTT, FUNSA, ILO, UN RCO, UNAIDS, UNDP, UNFPA, UNIC, UNICEF, and WHO). The IATT is comprised of the Deputy Directors of different agencies who play a supervisory role.
- Nomination of trained focal points for UN Cares across 17 agencies.
- Mobilization of more than US \$35,000 from agencies for UN Cares activities between the years 2008-2011. Agencies are committing funding for 2012-2013.
- Discussion of UN Cares workplan and progress at the UNCT periodically.



Heads of Agencies at the campaign launch “Stigma Fuels HIV”

Additionally, several capacity-building efforts were adopted for UN staff through the use of interactive learning sessions. The following were the capacity-building efforts that were carried out in New Delhi and other field offices:

- 250 new staff members were trained through inter-agency trainings at Delhi and field offices in other states. These included Patna (Bihar), Bhopal (Madhya Pradesh) and Bhubaneswar (Orissa). In addition, UNICEF organized UN Cares training sessions for staff from 13 UNICEF offices located in different states, in Delhi.
- Partnerships were developed with Network of Positive People in Delhi and other states and ensured involvement in UN Cares learning sessions.
- Training and Communication material was developed and also involved the dissemination of the booklet on “Living in a World With HIV” to staff members.
- A baseline survey with the staff on knowledge and perception towards HIV and AIDS was conducted and the campaign on “Stigma Fuels HIV” was launched. The campaign was launched by the Resident Coordinator and the Heads of Agencies. It involved participation of more than 150 staff members and was launched with full support of Mr. Patrice Coeur-Bizot, the then UN Resident Coordinator. The program was designed by the focal points. The focal points and staff associations contributed towards organizing the launch event. A role play on the theme of “Stigma Fuels HIV” was also enacted by the focal points. The campaign was executed at



Condom dispenser for free condoms located in UN washrooms.

*The session on addressing stigma and discrimination is done through an interaction with a person living with HIV.*

Level 1 – Gold standard as per the UN Cares guidance on the launch of the campaign on “Stigma Fuels HIV.”

- Participatory training methodology and advocacy at multiple levels (all levels of UNCT, Heads of Agencies and focal points) was used to reach staff members from 18 agencies. The training methods/activities included as part of participatory training methodology involved brainstorming, discussions, and experience sharing.
- The session on “Basics of HIV and AIDS” is conducted through a quiz game. As part of this exercise, the participants are divided into teams and asked questions on the basics of HIV, AIDS and STIs, prevention, treatment, care and support. In the process of answering the questions, the topic of HIV and AIDS is discussed. The team that gives maximum correct responses wins the quiz. The quiz keeps the participants actively engaged in discussions and provides them the opportunity to clarify their myths and get the correct information in an interactive manner.
- During the training session, the topic of correct and consistent usage and addressing of barriers to condom use are discussed. The session on addressing stigma and discrimination is done through an interaction with a person living with HIV. Staff members are made aware that condoms are provided in UN workplaces at these training sessions.
- The project involved provision of services focused on addressing the HIV-related risk factors as well as enhancing the availability of HIV-related health services. These services included:

***Provision of male and female condoms:*** Male and female condoms procured through UN Cares were distributed to various agencies. As

part of the UN Cares programmes, condom dispensers were procured to make free condoms available at the UN workplaces. Condom vending machines were provided for male condoms in four agencies- ILO, UNAIDS, UNHCR, and WFP. Additionally, free male and female condoms were made available in female restrooms.

***Development and sharing of a directory of service providers:*** A detailed Directory of Services from India was developed as part of the UN Cares Services Directory for HIV.

### ***Strengthening of the Post Exposure Prophylaxis Program***

The communication and promotion of UN Cares' activities were carried out through several different mediums and involved the participation of a number of different stakeholders. The following are the communication and promotion efforts that were implemented:

- Through UN Cares Focal Points: Meetings were held with the UN Cares focal points from various agencies and the UN Cares Coordinator. The focal points of the agencies were made responsible for communicating and promoting the activities in their respective agency.
- Through IATT and UNCT: The Interagency Task Team (IATT) and the UNCT were duly informed about the activities and they facilitated the communication and nomination of staff for the activities.
- The FUNSA (staff association): FUNSA is also represented in the IATT. The FUNSA representative and the focal points together worked to ensure participation of the UN staff in various activities and events.
- Interaction Sessions: All the information necessary for UN staff like condom education and promotion, post-exposure prophylaxis and UN policy, HIV and AIDS and UN Plus was provided through interactive sessions only.

All of the activities adopted served to incorporate human rights and gender equality perspectives by conducting learning sessions that were focused on promoting a stigma-free work environment and protecting the rights of staff with HIV through HIV policy and program implementation. People living with HIV have been involved in all the learning sessions and other events to allow them to share their perspective on stigma and discrimination and living with HIV. These sessions are designed to raise awareness on the issues of stigma and discrimination within the UN workplace and the society and how it can affect persons infected or affected by HIV. In addition, particular emphasis was given to the following issues during these sessions:

- Recognition of HIV as a workplace issue
- Confidentiality
- Access to care and treatment

- Gender equality
- Continuation of employment
- Healthy work environment

The gender dimension of HIV was also discussed during the learning sessions, particularly while discussing routes of transmission. Discussion on gender norms, dynamics, sexual orientation, socio-economic and physiological factors and their link to transmission, as well as barriers in access to services because of stigma and discrimination were part of the sessions.

Focal points for UN Cares have been nominated across 17 agencies. For larger organizations, two UN Cares focal points were appointed while for smaller organizations one focal point is appointed. In agencies that have two focal points, one is female. These individuals oversee 2,900 UN staff members. More than 90 per cent of the staff have been covered through HIV education in the Phase-I. Additionally, inter-agency trainings on UN Cares are being conducted on regular basis for reaching new staff members. The team also engages in efforts aimed at reaching out to staff members through inter-agency events and agency-specific trainings in Delhi and UN offices in other states.

*All of the activities adopted served to incorporate human rights and gender equality perspectives by conducting learning sessions that were focused on promoting a stigma-free work environment and protecting the rights of staff with HIV*

### **Monitoring and Evaluation**

While baseline surveys were conducted in the beginning, follow-up post-intervention surveys to measure staff knowledge and perception towards HIV and AIDS and the campaign on “Stigma fuels HIV” are pending.

### **Barriers**

The overall prevalence of HIV is described as being low in India. However, the general perception is that the possibility of a UN staff living with HIV is very low. This is more so because very few staff members have come forward as a UN Plus member or voluntarily disclosed their status. As part of the “Stigma Fuels HIV” campaign launch, an online survey was conducted to discern the prevailing knowledge among the staff on HIV and AIDS. One of the key findings was that, “30 per cent responded that a UN staff member living with HIV may be subjected to stigma and discrimination at the workplace by other colleagues, if the HIV positive status is disclosed to everyone.” This finding indicates that stigma (direct and indirect) may prevent people from disclosing their status.

### **Strengths /Successes of the project**

- The commitment of the Resident Coordinator and the Heads of Agencies was identified as being the key in helping ensure participation of staff and the mobilization of resources.
- The use of participatory training methodology and engagement of PLHIV were identified as being significant contributors to the program.



Condom discussion focal points meeting

- An IATT represented by the Deputy Director's level ensured good participation from the agencies.
- To ensure effectiveness of training sessions in raising HIV knowledge and awareness, after attending direct training, the staff read the information booklet developed by UN Cares, "Living in a World of HIV."
- The support of staff associations and the Federation of United Nations Staff Associations was also highlighted as being important for popularity of the program. Furthermore, staff associations' role was recognized in getting nominations from agencies and making sure that HIV policies get implemented.
- The sharing of major findings as a result of monitoring and evaluation of project activities, for the purpose of advocacy with management for continued investment in the programme contributed to the success of program activities.

As a result of the activities of the project, a number of persons were reached during the period from 2008-2011. These activities included:

- 250 new staff members reached through interagency trainings;
- 43 children and 31 spouses reached;
- 23 representatives from networks of people living with HIV trained on advocacy skills;
- More than 150 staff members reached during inter-agency events on World AIDS Day each year (2008, 2009, 2010, 2011);



Participatory training methodology involved brainstorming, discussions and experience sharing.

- 400 staff members participated in the pre-launch survey of the campaign on “Stigma Fuels HIV”;
- More than 150 staff members reached through the launch of the campaign on “Stigma Fuels HIV”;
- Nomination of two focal points in large agencies and one in smaller agencies. Having two focal points in larger agencies was found to help in better coverage of the staff. It was decided that from the two-member team, one will be from the agency’s HIV program and one will be from Human Resources. Involvement of Human Resources was found to be crucial for implementing the UN personnel policy, organizing staff trainings, etc.

### Advice to other UN Cares teams

The lessons that were learned in the implementation of this project provide guidance for other teams that wish to replicate the activities of the UN Cares’ team in India. The advice provided by the UN Cares team in India is:

- **Managerial commitment is key:** The UN Cares team found that management commitment was key to successful implementation of the program (Inter-Agency Task Team, as a steering committee, set up at Deputy Director level.)
- **UN Cares focal points are vital:** They found that even though the institutionalizing of the focal points network across the agencies takes time, it is essential for the sustainability of interventions. The team also identified the need to develop the knowledge and skills of focal points in agencies such as managers / staff unions on UN workplace policy and program, which was stated as being vital to HIV-related programs’ success.
- **Involvement of networks of PLHIV is a valuable resource:** The involvement of people living with HIV was found to be very useful in

changing attitudes and effectively disseminating messages related to stigma and discrimination.

- ***Financial contributions lead to ownership and sustainability:*** The financial contributions from each agency have helped ensure ownership and sustainability.

### **Future projects/Plans**

The future plans of the UN Cares team in India include the following:

- Strengthening the focal points system, through the UNCT;
- Moving towards institutionalization of UN Cares and greater ownership by each agency;
- Implementing learning sessions across HQ and field offices, on “Stigma Fuels HIV” based on the survey findings;
- Building capacity of the UN Cares focal points for implementation of the agency work plan;
- Continuing to engage the UNCT in the UN Cares program activities.

### **Footnotes**

<sup>1</sup> World Bank. HIV/AIDS in India, 2012: Retrieved online on July 10, 2013 at: <http://www.worldbank.org/en/news/feature/2012/07/10/hiv-aids-india>