

Draft Concept Note

HIV/AIDS and UN Workplace in India (phase II)

Introduction:

It is now acknowledged that while UN has made some important progress on this issue, its performance needs to be sustained. Since 2002, the Heads of Agencies have committed themselves to scale up the implementation of the UN HIV/AIDS Personnel Policy based on the ILO Code of Practice on HIV/AIDS and the World of Work. Relentless advocacy has resulted in a renewed call by Secretary General to work more closely to set an example for an effective workplace program.

In October 2005, CCO endorsed the UN cares project to ensure a more coordinated systematic and effective response to HIV and AIDS at global level. The project aims at developing a sustainable coordinated inter-agency mechanism to reach all staff members irrespective of the nature of their contracts and the families of staff members. The UN cares project which is going to be launched in 2007 seeks all country teams to work together towards a collective response to HIV/AIDS at the workplace. To monitor the progress in this direction, a global accountability framework (GAF) has been developed and each country team will be evaluated on the basis of GAF. As India has already made substantial progress on HIV and UN workplace, the second phase of the project is being proposed to implement all components of UN workplace policy and also to implement the activities indicated in GAF.

HIV/AIDS in the UN workplace has become a catalyst and litmus test for UN reform efforts. It has become the focus of increasing attention of UN ability to 'walk the talk' both from its own staff, civil society and donors. This is evidenced in the extent to which HIV/AIDS in the UN workplace has been addressed at Heads of Agency level and continues to be given priority.

It is estimated that as many as 5 percent of UN employees world-wide might be living with HIV. Realizing that there was a window of opportunity for the UN system in India, the HIV/AIDS and UN Workplace project was implemented from December 2003 to June 2006 to create awareness among the staff members on HIV/AIDS and service availability. The project has been successful in inter-agency collaboration, funds mobilization and setting up the focal points system. The project with the help of project technical team developed key project material and did the baseline and post programme KABP survey in the UN system to assess the project impact. HIV/AIDS and UN workplace project developed a fruitful partnership with Delhi Network of Positive People to ensure the involvement of PLHIV in project implementation. Project has reached to more than 95 percent staff members and participants have strongly recommended extending the project to families of the staff members.

Considering the objectives of UN cares and what it aims to achieve, the HIV/AIDS and UN workplace project in India has made good progress in terms of having a common inter-agency project, mobilizing funds and staff coverage but at the same time it is also very important to utilize the momentum already built. As UN has HIV workplace policy that states to cover dependents along with the staff members in terms of providing access to information and support services, it is the responsibility of each agency to include the dependents into the wellness programs. The culture in India doesn't allow parents to be comfortable to discuss issues around HIV, sex and sexuality with their children hence the adolescents rely on their own network of

information which may not be authentic and scientifically correct. This is also true in the case of spouses, if the wife has been trained on HIV, the husband also need to undergo the training to initiate a healthy discussion around HIV testing and safer sex issues.

Families also play vital role in care and support in case of HIV infection, hence it is absolutely vital to extend the project to the dependents of the UN staff members in India to equip them with necessary information.

The process followed in developing proposal for the second phase:

To develop the project proposal for the second phase with families, a participatory approach was adopted. To take the views of staff associations and focal points on the project components, two consultations meetings were organized with them separately. Following suggestions were received from the focal points and the staff associations

- The staff associations and focal points agreed on the need to have a second phase of project with spouses and the adolescent children.
- They also recommended to pilot test the concept of training components and methodology with the target groups.
- Agreed that the funds for the project should come from the participating agencies on pro-rata basis.
- The HIV/AIDS and UN Workplace activities carried out by the focal points should be reflected in their performance appraisal.

Working on the suggestions gathered from the consultations, half day pilot orientation was planned with the spouses of staff associations and focal points in May 2006. As the initial response was not very encouraging, this invitation was also extended to the spouses/partners of UNHCR staff members. Realizing the difficulties in getting the participants, more than 60 spouses/partners were invited but only three confirmations were received and the proposed training had to be postponed.

The main factors highlighted in non-availability of spouses for the training given by staff members were:

- The spouse works in a private company and Saturday being a working day, it was not possible for him/her to attend.
- The spouse works in development sector and already knew about these issues.
- When the staff attended the training, they shared the information and literature with spouses, therefore it was not needed anymore.
- No felt need for such a program as the staff felt that they had crossed the age of any risk

Second time, it was planned in June 2006 with the spouses and partners of UNDP staff members. This time UNDP deputy representative, Mr Jerome Sauvage sent an official mail to the staff members encouraging them to attend. In spite of a personal letter from the deputy resident representative and consistent advocacy and follow up, only three confirmations were received and yet again the proposed training had to be canceled.

Though, the spouses/partners training could not take place but the possibility of a training program with adolescent children was realized as staff members were keen to bring their children for such training. After going through this process it was felt that direct inter-agency spouse's/partner's training was not going to be successful therefore the idea to reach to the spouses and partners directly through project was dropped and it was left upon the agencies and focal points to do these activities. It was also realized that spouses and partners can only be reached at special occasions like picnics, UN day, and family day where specific agency can include a two hour interactive session on HIV/AIDS.

Pilot workshops with children:

Half day workshop was organized with children (11 to 15 years age group) on adolescent's issues and HIV. The workshop was also attended by parents of children. Both children and parents appreciated the workshop in terms of contents and methodology used but there were some suggestions as well.

- The half day is not enough to cover range of issues related to adolescence like growing up, puberty, body image, peer pressure, sexuality and HIV/AIDS etc.
- There should be training programs for parents on barriers of communication with children and how to overcome that.

Based on the feedback from the first workshop, the second workshop was organized for a full day with the children of 15 to 22 years age group. A half day parallel workshop with the parents of children was also organized on barriers of communication. The experiences from the workshops are as follows

- Some children only stayed for the first half of the day. It might have been because their parents had to leave as their (parents) training was only for half day or they might have found one full day really long.
- Children who stayed for one day found the program useful and they were of the opinion to continue with one day approach as that gave option to cover all relevant topics with ease without rushing through.
- Parents were very happy with the workshop but organizing two parallel workshops is very difficult in terms of mobilizing resource persons and logistics.

Based on the learning from the consultations with stake holders and experiences from the pilot workshops, one year project is being proposed to reach out to the children of staff members and to institutionalize the focal points system in the UN in India.

Goal: to institutionalize the UN cares project in India

Objectives:

- (i) To ensure that the UN staff members and dependents in India are aware about HIV/AIDS, prevention and have access to services.
- (ii) To effectively disseminate the UN workplace policy

- (iii) To consolidate the focal points system in UN agencies on HIV and UN workplace

Strategy:

The project proposes to work at three levels. Firstly, the second phase of project would be to organize direct training with the children of staff members on adolescent issues including HIV and AIDS. At the same time the project will reach to the families through staff members by organizing training for them on how to speak to children and partners on the issues related to sexual health.

At third level, the project will also focus on developing the basic training skills of focal points as well as working towards including the focal points activities on HIV/AIDS and UN Workplace in their performance appraisal. It will not only create accountability mechanism but also help in sustaining the work in long term. The list of focal points in each agency and the work they would be expected to perform will be shared with the HOAs for their approval and endorsement.

Besides the awareness generation, the project will also focus more at behavior modifications. For example promoting condoms usage and voluntary testing in the UN system.

S. N.	Target group/activity	Strategy	
1	Adolescent children of staff members (800)	Direct one day training to be organized by the project	
2	Consolidation of work done in the first phase and training of spouses partners of staff members	<ul style="list-style-type: none"> Project to build the capacity of the focal points and agencies to organize training with spouse/partners of staff members with the help of project Project to organize four refresher training with the staff from different UN agencies 	
3.	Improving service availability	<ul style="list-style-type: none"> Project with the help of focal points to disseminate information on PEP, VCTCs, PPTCT and UN workplace 	

		<p>policy.</p> <ul style="list-style-type: none"> • Project will also help upgrading two VCCTs to suit the requirements of staff members. • Project to place condoms vending machines at UN workplace with the help of UNFPA 	
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Ongoing activities will be organized for the capacity building of focal points. During the project duration, four capacity building workshops will be organized to enhance the skills of focal points. It is expected that by the end of project, the HIV/AIDS and UN workplace activities will be fully institutionalized into the system and focal points will be able to carry out defined activities at their own. With the help of the project technical support, internal resources available within the agency and UN system, the focal points will be responsible to do following activities

- Orientation of the new staff on HIV/AIDS
- Working with project to organize orientation program for the spouses/partners of staff members.
- Policy dissemination and promoting voluntary testing for HIV
- Material distribution including the list of service providers
- Ensuring proper functioning of the condoms vending machines
- Helping the project in organizing direct training with the adolescent children

The main areas of intervention for the project will be

- Direct training of adolescent children
- Second round of training with staff on personal risk assessment, promoting voluntary testing and on skills to talk to children and partners on sexual health issues including HIV and AIDS.
- Capacity building of focal points, HR managers and the staff associations
- Material development for staff members, spouses/partners and the adolescent children.
- Supporting UNFPA in making condoms available at the workplace.
- Supporting UNDSS/WHO in spreading awareness on PEP availability in the UN system.
- Strengthening two VCTCs in Delhi and at least one in major field offices.

The data received from 19 UN agencies and projects indicates that the number of dependents is about double to the number of staff members. There are about 2000 dependents of the staff members in UN agencies in India. Out of these 2000 dependent about 800 are adolescent children who would be the main target group of project activities. The project training team in association with the focal points and

other stake holders will organize direct training with adolescent children in Delhi and field offices.

The first phase of the project took more than anticipated time because the training process was started late due to delayed contribution from agencies. But as the momentum has been built and assuming that participation will be better in the second phase, the project estimates to reach to adolescent children and institutionalizing project activities within the UN system in 18 months time.

Topics of spouses/partners training:

- ◆ HIV/AIDS: meaning of the terms and relationship between the two
- ◆ Routes of transmission
- ◆ Prevention
- ◆ How it does not spread
- ◆ Counseling, testing and positive living
- ◆ Care and support services
- ◆ Stigma and discrimination related to HIV/AIDS-
- ◆ Post Exposure prophylaxis: use, and related protocols and information on how to access
- ◆ UN workplace policy on HIV/AIDS
- ◆ Risk assessment and voluntary testing

The training curriculum for the adolescent will be much more detailed and different from the package used for staff members. For this purpose, relevant exercises from UNESCO/UNFPA modules will be used.

Topics for Adolescent dependents training to be organized by the project:

- ◆ Life skills
- ◆ Teenage and growing up process, hormonal changes, puberty
- ◆ Height, weight, obesity, and nutrition
- ◆ Body image and self esteem
- ◆ Mood swings, relationship with parents and peers
- ◆ Peer pressure
- ◆ Attraction
- ◆ HIV/AIDS and making informed choices

The project will also offer training to staff members and their partners on adolescent's issues, barriers of communications and how to overcome those.

Spouses/partners:

The project will help the focal points in networking with internal and external resources. Few copies of the key materials for distribution will be made available with the focal points.

Adolescents: In coordination with the focal points, staff associations and the HR/Admin officers of respective agencies, direct training programs with adolescent children will be organized. Motivated volunteers from amongst the adolescents will be identified to mobilize other adolescents to undergo the training programme.

The staff members will play the key role in mobilizing their spouses and children for the training programs as most of them have already undergone the training and they had recommended these training for dependents.

Implementation structure:

The project implementation will be overseen by the Working Group on "HIV/AIDS and the UN Workplace", the Inter Agency Task Team (IATT). The composition of the Group will remain same as it worked well in the first phase. But at the same time, FUNSA president will be included in the IATT for the second phase of project to ensure the perspective of staff unions in project planning and implementation. With respect to the training activities proposed, a detailed implementation plan will be developed in consultation with the members of the working group and submitted to Heads of Agencies for final endorsement. In general, the Working Group will meet quarterly to monitor the implementation of the project and report to the Heads of Agencies on project performance.

A Project Coordinator will be hired to ensure the timely implementation of the key activities proposed under this project. Project Coordinator will report to the working group, IATT.

All activities at agency-level will be implemented by the focal points with the support from project, personnel services and staff unions/associations. The focal points should report directly to the in charge operations or the HR chief of respective agencies. Each agency will report to UNCT on annual basis on the project performance following the guidelines provided in the global accountability framework (GAF) of UN cares proposal. The working group and the project will backstop them in conducting the project activities. It is expected that the working group, the focal points and the adolescent volunteers (dependents) will continue to function beyond the duration of this project.

For the implementation of the above activities, the project will rely as much as possible on in-house capacities. In addition, technical guidance will be sought from ILO, UNESCO, WHO, UNICEF, UNFPA and UNAIDS Secretariats.

External consultancy services will be sought for the following activities:

- a) Training of adolescent children and focal points in Delhi and Field Offices.
- b) Adaptation, translation and printing of HIV/AIDS information and training materials, the development of the training curriculum and if required
- c) A survey among the dependents of UN employees to identify their main concerns and interests with respect to the training activities planned under this project.
- d) Process documentation and mid-term/final project evaluation

For financial management and inter agency coordination, the inter agency support unit will provide the required support to the project team for the timely implementation of project activities.

Monitoring and evaluation mechanism:

The post program survey conducted with the staff members in the first phase will work as the baseline for the second phase. A post program survey in the last quarter of second phase will be conducted with the staff members to assess the program impact. The survey will indicate focal points effectiveness in delivering on the expected activities.

A pre and post training assessment with the adolescent children will also be conducted to assess the impact. A baseline and post program study may also be conducted with adolescent children to assess the project impact.

Expected Outcome of the Project:

- ◆ Enhanced knowledge of rights and responsibilities of staff members and dependents in terms of HIV/AIDS and UN workplace policy
- ◆ Enhance knowledge of staff members and dependents on post exposure prophylaxis and related protocols
- ◆ Discussion and knowledge sharing on HIV/AIDS and other related issues between staff members and spouses and between parents and their children.
- ◆ More enabling environment at the workplace and within the families
- ◆ Increased condoms usage in the UN system.
- ◆ Increased voluntary testing in the UN system.
- ◆ Enhanced knowledge and ability to cope up with bodily and emotional changes, mood swings among adolescent children
- ◆ Enhanced knowledge on HIV/AIDS, puberty and making informed choices
- ◆ Enhanced skills to deal with peer pressure and relationships
- ◆ Better coordination between UN agencies to respond to the challenge posed by HIV to the UN system in India.
- ◆ Contribute to the Global Accountability Framework (GAF) on HIV and UN workplace. (Annexure III)

Estimated Budget: The funds for the proposed project will come from the participating agencies and the Resident Coordinator's budget (annexure II)

Annexure I

Agency	No of dependents	No of eligible dependents for training (- 25 % of the total number)	No of adolescents	Total cost per agency in \$
UNAIDS	22	17	10	1370
UNIFEM	40	30	7	1500
UNFPA	92	69	11	1890
UNIDO	33	25	15	1450
WFP	161	121	41	2410
UNHCR	55	41	18	1610
UNICEF	1075	806	350*	9260
ILO	149	112	37	2320
FAO	25	19	9	1390
UNESCO	44	33	14	1530
UNODC	31	23	8	1430
UNDP	77	58	22	1780
ADB	79	59	25*	1790
WHO	702	526	182	6460
IFC	87	65	30*	1850
UNDSS	3	2	2	
IMF	17	13	10	
UNIC	15	11	9	
Total	2704	2030	800	38040

* estimated

** According to national census 2001, about 25 percent of the population is below 11 years of age therefore out of 2704 about 700 would be children below 11 years of age.

Annexure II: Budget

HIV/ AIDS and the UN Workplace in India	
Indicative budget	US\$
The project budget is calculated on an estimated total of 60 key UN staff and 2000 dependents including 800 adolescent children	
1) Conduct HIV/AIDS Training for Key UN personnel	
two days skills building workshop with 30 focal points, 15 HR managers and 15 staff associations members in addition to the one day training with adolescent children	
1.1 Training	
<i>Estimated 50 percent participation of children in training</i>	
One day session each for about 20 groups of adolescent children. (15-20 participants per group)	
2 two days workshops for 60 key UN personnel (2 workshops with 30 participants in a group)	
2 one day follow up workshops	
8 days for preparation and report writing	
1.1.1 Consultancy fee for trainer (\$100/ day x 34 days)	3,400
1.1.2 Materials and supplies (\$2/ pax x 800 pax)	1,600
1.1.3 tea, snacks for half-day and lunch for day long training	5,000
Total budget training	10,000
1.4 Travel costs (appx 24 days) to undertake training in 12 States (New Delhi not included)	10,000
Sub-total Training	20,000
2) Materials	
2.2 Production of Trainers' training materials for focal points	
2.2.2 development of the peer educators' materials in English	1000
2.2.3 development of handouts for participants for spouses training in Hindi and English	1000
Total budget training material	2000
Sub-total materials	2000
3) Strengthening Care and Support Services	
3.2 Mapping of services available in New Delhi and relevant state capitals	
3.2.1 updating the draft service directory	1,000
3.2.2 Editing and printing of service directory(\$1/ copy x 2000)	1,000
3.2.3 condoms vending machines and condoms	5,000
Total budget mapping of services	7,000

3.3 Develop "HIV/AIDS Service hubs" in relevant state capitals	
3.3.1 Ensure availability of information material as mentioned above (Mailing IEC kit and other information materials)	1,000
3.3.2 Assessment and visit to key field offices by consultant/PC	
3.3.3 Airfare and transfer	1,000
3.3.4 Per diem	1,000
Total budget service hubs	3,000
Sub-total care and support	10,000
4.1 Project evaluation and printing of report	
4.1.1 consultancy for project evaluation 10 day x \$ 100	1,000
4.1.2 Printing and dissemination of final evaluation report	2,000
4.1.3 Mission costs	1,000
Sub-total	4,000
5.1 Salary of Project Coordinator 18 months x 1000 (to be funded by RC office)	
Sub total salary	
6.1 Sundries	2,000
TOTAL BUDGET	38,000

Annexure III

GLOBAL ACCOUNTABILITY FRAMEWORK ON HIV/AIDS IN THE UN WORKPLACE

WORKPLACE (Agency):

SENIOR MANAGER:

FOCAL POINT:

The Global Accountability Framework is a UN-wide tool aimed at ensuring greater accountability for commitments taken by Heads of Agencies on HIV/AIDS in the UN workplace* and contains a list of basic interventions that are to be place in each duty station and in the headquarters of agencies. It will be used for benchmarking- to promote improved quality, consistency and comparability- of the HIV/AIDS response within the UN system and where appropriate to promote partnerships with the private sector.

The Framework responds to the question “Why is HIV and AIDS our business?” and locates responsibility within a broader framework of corporate social responsibility. It will help Heads of Agency to set targets and evaluate their progress on meeting their commitments on HIV/AIDS in the UN workplace in the context of the UN System Strategic Framework on HIV/AIDS.

Date: _____

HEADS OF AGENCY COMMITMENTS	IMPLEMENTATION BENCHMARK	AGENCY DOES THIS	AGENCY V DO THIS (TIMEFRA
<u>Commitment 1</u> Workplace Policy and Programme	Agency has an HIV/AIDS personnel policy and implements a HIV/AIDS programme at Headquarters and country level		
	Agency has a full time HIV/AIDS in the UN workplace focal point in the Human Resources office at: - Headquarters; and - field level		
	Agency has an HIV/AIDS steering group including the workplace stakeholders (management, staff, PLWA if they agree)		
	Agency has a budget line on HIV/AIDS in the UN workplace		
<u>Commitment 2</u> Non-discrimination	Agency has zero tolerance for discrimination and states in all vacancy notices that it does not discriminate on the basis of HIV/AIDS status		
	Agency grievance procedures and personnel have been sensitized to HIV/AIDS related issues		
	Staff medical files are kept strictly confidential		
	Agency prohibits screening for HIV in medical examinations		
<u>Commitment 3</u> Prevention, Learning and Training	All staff have access to learning opportunities on HIV/AIDS**		
	Key personnel are regularly trained including human resource officers; staff association; medical personnel (especially on confidentiality procedures and use of PEP kit)		

	All workplace steering groups and training teams have a gender balance and (if possible) people living with HIV/AIDS		
	Female and male condoms are accessible in all workplaces		
<u>Commitment 4</u> Care, Treatment and Support	All workplaces make available to staff an updated list of local service providers including voluntary confidential counselling and testing facilities***		
	All categories of staff have access to health insurance coverage which includes HIV/AIDS treatment		
	Agencies have 'HIV/AIDS conditionality' clauses in all agreements with sub-contractors (ensuring compliance with minimum labour standards, non-discrimination on HIV/AIDS status and health insurance coverage)		
	Agency has reviewed its human resource policies and integrates HIV/AIDS in provision of reasonable accommodation and employment assistance programmes		

* Global Accountability Framework is based on the *Indicators to monitor the implementation and impact of HIV/AIDS workplace policies and programmes in the UN system*, UNAIDS, 2004.

**To meet the agreed minimum standards established by the UN Learning Strategy.

***To comply with the guidelines set by A.C.T.I.O.N. (Access to Care, Treatment and Inter-Organizational Needs).

NB. While some agencies have adopted their own indicators/standards, and may have achieved benchmarks that go beyond the interventions set out here, this Framework provides a common denominator that all Agencies have committed to achieve and for which they are accountable.