



KEBA AFRICA

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REPORT ON COUNSELLING AND TESTING EXERCISE

SHELL CT OUTREACH PROGRAMME

21ST- 29TH SEPTEMBER 2009.



ACCRA, TEMA, TARKWA, TAKORADI, CHIRANO, KENYASI, KUMASI

PRESENTED TO:

GSMF INTERNATIONAL

INTRODUCTION

As at December 2008, there were 33.2 million people living with HIV/AIDS worldwide. 7000 people are newly infected with HIV globally, whilst 5,500 people die from AIDS –related causes everyday. Majority of the people living with HIV are among the most economically productive age –group (20-45years). In addition estimated 18million children have both parents to AIDS. It is estimated that 80% of people who have HIV have not been tested, and so do not know their status.

In Ghana, according to latest statistics provided by the National AIDS Control Programme (NACP 2008, HIV sentinel Survey), the estimated adult national prevalence is 1.7%, with an estimated 236,151 persons made up of 98, 306 males and 137845 females living with HIV and AIDS. HIV prevalence among pregnant women stands at 2.2%. There are 22,541 new infections and 18,082 AIDS deaths. Twenty thousand eight hundred and eight 20,808 children are living with HIV. Out of this number 10,163 are females. Three thousand nine hundred and seventy eight 3,978 new infections occurred in almost equal proportions by gender. Annual AIDS deaths amongst children are estimated at 2241.

According to the Ghana AIDS Commission, HIV/AIDS has become a “disease and societal injustices. 61% of all HIV cases in Ghana occur in women. The NACP projects that there are 6086 children needing ART, 63,137 adults needing ART and 13,095 mothers needing PMTCT who have not been served. This number is projected to increase unless steps are taken to reverse this trend.

Additionally, it is estimated that there are 171,467 AIDS orphans (87,899 maternal orphans, 83568 paternal orphans and 52051 double orphans) and out of the HIV/AIDS problems in Ghana.

As we approach ten years into the 21st century, the number of people living with HIV keeps on increasing, partly because of new infections and fact that people with HIV are living longer as treatment is made more widely available. Given this trend, there will be growing demand from people living with (most of them women and their children) for access to treatment, care and support, impact mitigation and prevention services.

PROGRAMME DESCRIPTION

HIV/AIDS continues to impact negatively on the workforce of Ghana. According to the international labour organization (ILO) estimations, HIV/AIDS impact on the labor force will be costly due to the income burden of HIV and related diseases of AIDS .Thus it is imperative that measures are put in place to mitigate the direct and indirect effects of HIV and AIDS: Prolonged incapacitation, prolonged illness, prolonged recovery periods and likely job loss and poverty.

For many businesses the impact of HIV/AIDS is already severely constraining their ability to be competitive, while for others it poses significant risks.

Negative effects on the workplace include,

- Loss of skills and institutional knowledge
- Declining productivity and rising costs
- Higher health, life and safety expenditure
- Rising absenteeism
- Higher cost related to recruitment



In the light of these revelations SHELL Ghana Limited launched its HIV/AIDS workplace policy in 2007 to among other things,

1. Educate it's Staff on the HIV/AIDS menace
2. Provide CT services to Staff members and their families
3. Train Peer Educators to provide Peer Counseling for their fellow staff members and last but not the least to provide treatment, care and support to Staff who might test positive or reactive to HIV.

The policy designed and implemented in partnership with GSMF international was based on non- stigmatization and total confidentiality of any staff member. The policy provides guidelines to address and manage the HIV/AIDS epidemic in the workplace. In addition the policy is aimed at ensuring an environment that respects confidentiality and making sure that discrimination against people infected and /or affected by HIV/AIDS is not tolerated. Various programmes and activities have been undertaken to meet the objectives outlined above. Activities such as CT (Counseling and Testing), condom promotion and free distribution as well as distribution of HIV/AIDS I.E.C materials have been pursued in partnership with GSMF international.

This year, the programme had as one of its objectives the provision of counseling and testing sessions for 200 staff members in Accra, Tema, Tarkwa, Takoradi Chirano, Kenyasi and Kumasi respectively. To help achieve this objective, SHELL and GSMF contracted KEBA AFRICA to under take mobile/outreach CT services in all the regional offices of SHELL Ghana. The programme was planned and took off on the 21st of September 2009 and ended on the 29th of September 2009. Below is the situational report of all the sites visited.



PER SITE SITUATIONAL REPORT.

22nd September 2009: Takoradi.

The KEBA AFRICA team was escorted from the Trust hotel in Takoradi and arrived at the Shell bitumen plant at 9:00am. Having gone through the official security checks, the team were shown the venue where the programme was scheduled to take place.

Around 9:00 am Mr. Francis Kyereboah, the HIV/AIDS focal person for Shell bitumen plant, first introduced the fourteen participants present as well as the KEBA AFRICA team, he also said that most of their staff are on contract and as such most wouldn't be available for the counseling and testing exercise. He further distributed the New Company Policy on HIV/AIDS titled "*Policy and Benefits Considerations regarding HIV/AIDS*". He then went through the policy with the participants gathered. Among other things in the policy, Mr. Francis Kyereboah made it clear that the policy is for staff of shell and their families. Though there was a little argument on confidentiality when the policy mentioned that their health advisor (Dr. Buckle) will be in the know as to the people found reactive. Mr. Coffie argued that there is no confidentiality as far as we are human and the fore mentioned are involved. But the team helped in clearing doubts as to how this confidentiality works as far as KEBA AFRICA is concerned.

Around 10:00 am, the second session, which was HIV/AIDS education, started. This was premised on the fact that education on HIV and AIDS was a prerequisite for HIV/AIDS. The difference and misconceptions on HIV/AIDS were also corrected. The team also undertook education on proper condom use, and the need to get tested.

After the education session, the voluntary counseling and testing started at 11:45am at the main office with two counseling and one testing and proof writing booths. In all, clients who presented themselves for the counseling and testing spent between ten to fifteen minutes from pre-counseling, HIV testing and post-counseling exercise. The programme ended with 30 participants undergoing HIV/AIDS education and training. 21 people availed themselves for the opportunity offered by shell Ghana limited to knowing their HIV status. The entire programme ended at 3:30pm with male and female condoms, and IEC materials distributed to all available.

23rd September 2009: Tarkwa.

The team of GSMF/KEBA AFRICA arrived at Shell's offices in Tarkwa at 8:00am and finished setting up the mobile CT unit by 8:15am. However as agreed with the Shell team in Tarkwa, the team had to wait for the other staff from various mining sites around Tarkwa before the programme could start. At 9:45am, the programme started with seventeen participants. After a brief introduction, Mr. Kwobina Budu, the HIV/AIDS focal person, took participants through the Shell policy and benefits considerations regarding HIV/AIDS. After the introduction, the KEBA AFRICA team took participants through the basics of HIV/AIDS, addressing HIV and AIDS misconceptions and practical demonstration on the proper use of condoms (male and female) and the need to knowing ones HIV status. The VCT session started at 11:30am. The team had one hour lunch break and continued with late comers from the various sites. Of the 25 staff expected 19 turned up for the programme out of which 6 were shell's staff, 2 security, and 11 contractors. The VCT exercise finally ended at 5:15pm and was a success.

24th September 2009: Chirano.

Due to prior arrangements with the site manager, Mr. Isaac Owusu, it was agreed that the exercise be held on Thursday, 24th September, 2009 instead of originally 25th September, 2009. The team was met at gate 3 (three) of the Chirano mining site and escorted to the shell offices in the mining site. Immediately after lunch the programme started, first with introduction at about 1:45pm with 12 participants and ended with 22 people benefiting from the education and the VCT exercise.

25th September 2009: Kumasi.

The team had to split into two groups to meet the target at hand. One team arrived at the shell Kumasi office at 9:45am after they were picked from the Royal Park Hotel. At 10:00am the programme started with introduction of the team from GSMF/KEBA AFRICA. The staff and contractors of Shell Ghana Limited Kumasi branch were taken through the new shell policy and benefit considerations regarding HIV/AIDS. The policy was read and explained by Mr. Isaac Marsoperh the Installation Manager with support and technical explanation by the GSMF/KEBA AFRICA team. Berlah Yankey and Efo Selase of the KEBA AFRICA team explained the HIV presentation, proper condom use and the need for one knowing ones status. After the education session the VCT proper started at 11:15am. The exercise ended finally at 2:15pm with 22 participants undergoing HIV test.

25th September 2009: Kenyasi.

On the same day the second team proceeded to the Kenyasi mining site to perform the counseling and testing programme for the Shell workers. The team arrived at the visitors' car park of the Newmont Kenyasi mining site at 11:45am. The team had a telephone conversation with Mr. Hayford Adamtey (0244327726). He informed the team that a certain white man has the security pass, so the team had to wait for him to come back from lunch before allowing the team in. After one hour of waiting at the visitors' car park, the team again called Mr. Hayford Adamtey. He again said the said white man had still not come. After another two hours of waiting at the car park the team enquired from a lady security if anything else could be done, the answer was no, somebody had to come and pick the team, then the security will check them before they were allowed in.

After three hours, the teams made another phone call to Mr. Hayford Adamtey to try and get in touch with this white man but that was also to no avail. The team then called Mr. Adamtey back after 25 minutes to inform him that they were leaving since no body was attending to them, and the response was "OK HAVE A SAFE JOURNEY THEN". The team left at 3.15pm without seeing anybody and not testing as has been planned. The KEBA AFRICA team left Kumasi the next day to continue the programme at Kotoka Airport, Tema and Accra head office respectively.



28th September 2009: Kotoka Airport

The team of GSMF and KEBA AFRICA arrived at the SHELL Aviation office at 10:00am and was welcomed by Mr. Michael S. Kyeremateng. By 10:00am, the staffs of SHELL were ushered to the venue designated for the VCT and HIV education sessions. Mr. Kyeremateng first welcomed the team after which formal introduction were made by all present. He then proceeded with the reading and narration of the SHELL workplace Policy with support from the team

of KEBA AFRICA representing GSMF. During the interaction sessions the most frequently asked question was on confidentiality of the VCT exercise and as usual, all myths and doubts were cleared to the best understanding of all present. Mr. Kyeremanteng also assured staff of SHELL that he was going to send soft copies of the workplace policy to all Staff. By 11:30am, the team of KEBA AFRICA had taken staff through all the topics necessary to help them come to terms with the reality of HIV/AIDS and the benefits of VCT.

By 12:30 am, all Staff had availed themselves for the HIV education and also seized the opportunity to know their HIV sero-status. In all, the programme was very successful and ended by 2:45pm with a lot of condoms distributed, HIV/AIDS information shared and 17 SHELL Ghana Limited Staff counseled and tested.



28TH September 2009: Tema

The team of KEBA AFRICA arrived at the SHELL Tema installation office at 3:00pm and was received by Mr. Alex Oti-Mensah, the Tema installation manager and upon arrival; he showed the team the proposed space for the VCT exercise, which was the Staff canteen. By 3:40pm, all involved for the program gathered at the canteen and Mr. Alex Oti-Mensah started with the introduction of the team from KEBA AFRICA representing GSMF and followed with the reading and explanation of the Shell HIV workplace policy. As usual, there were lots of doubts about confidentiality, which were cleared with expert advice provided by the team from KEBA AFRICA.

The team later introduced Staff to all the topics to be treated:

- SHELL policy and Benefits considerations regarding HIV/AIDS

- Confidentiality /professionalism before, during and after VCT
- Global HIV Trends and its relevance to the Ghanaian situation
- HIV /AIDS MTCT and Support
- Condom Demonstration Male/Female
- Why everyone should know His/Her HIV status
- Stigmatization

By 4:30 pm, staff was directed to go out to prepare the available space for the VCT exercise. By 5:25pm, most of the 29 staff present had undergone counseling and testing. In all, the programme ended successfully.

29TH September 2009: Shell Head Office

At 10:00 am, the team from KEBA AFRICA and GSMF International arrived at the Shell head office, high street and were met on arrival by the company health advisor, Dr. Gilbert Buckle. He then proceeded with the rationale behind the groups gathering. Dr. Buckle further explained the commitment on the part of Shell Ghana limited to its entire staff when it comes to HIV and other health matters.

After, the HIV/AIDS focal person Mr. Samuel Adoteye took staff through the new 2009 Shell policy and benefits considerations regarding HIV/AIDS. He also emphasized that he was going to send soft copies of the policy to all staff. Questions bothering on confidentiality of the HIV testing came up and were answered by the representatives from GSMF in the person of Naomi Donkoh and on the KEBA side by Selase Efo Kotse. When this was received with mixed feelings the health advisor for the company Dr. Buckle also added a few points to make the staff more comfortable.

Mr. Omar Benson, managing Director of Shell Ghana Limited also added his voice to the call for all staff to take the test. He encouraged them to seize the opportunity to get to know their status.

Later staff were directed to seek further clarification from the team from KEBA and GSMF who had set up their mobile unit on the second floor and ground floor of the Shell building.

Out of the 45 staff present during the opening ceremony only came to do the test. The programme ended around 4:30pm with lots of condoms and IEC materials distributed.



Below is the diagrammatic representation of all sites visited.

TABLE ON VCT EXERCISE ORGANIZED AT SHELL HEAD OFFICE

	15- 19(yrs)	20- 24	25- 29	30- 34	35- 39	40- 44	45- 49	50- 54	55- 59	60+	total
<i>FEMALE</i>			3	6	2	1					12
<i>MALE</i>		3	24	54	51	22	9				163
<i>MALE POSITIVE</i>				1	1						2
<i>FEMALE POSITIVE</i>											

TOTAL 175

MARITAL STATUS

<i>Widowed</i>	<i>Single</i>	<i>Divorced/Separated</i>	<i>Married</i>	<i>Informal sexual relationships</i>
0	95	25	40	15

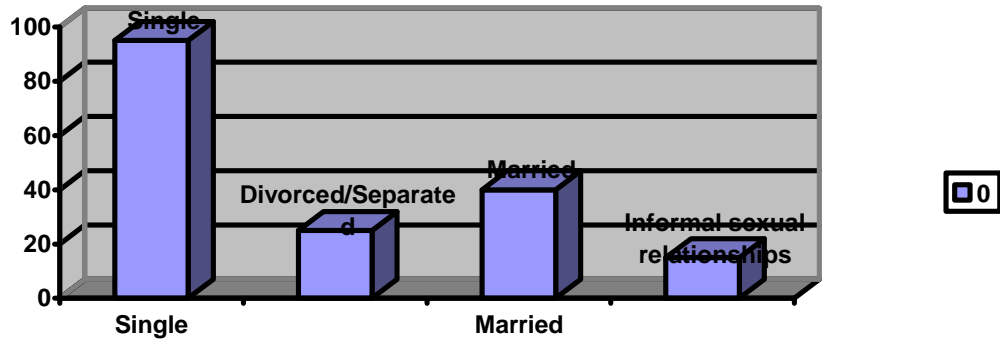
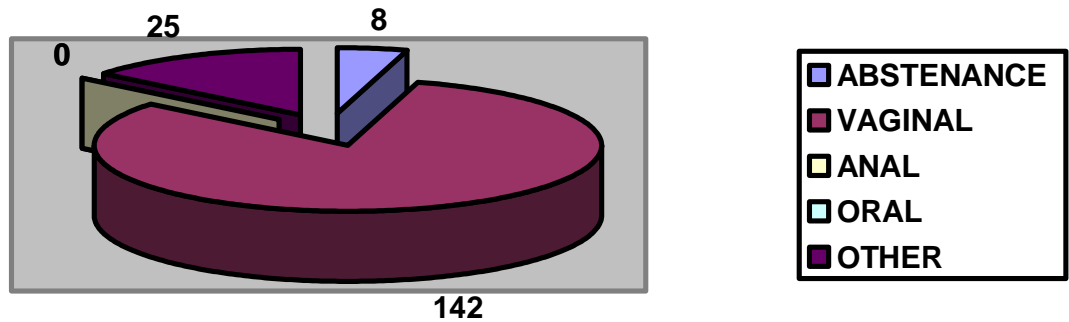


Figure 1

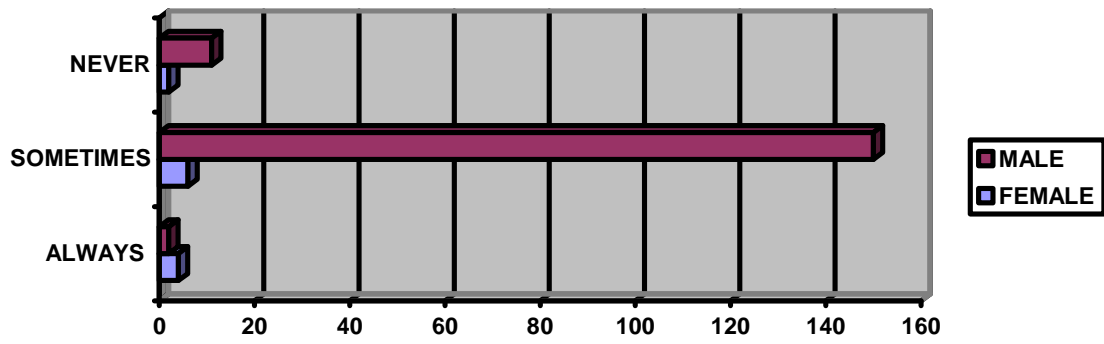
<i>ABSTENANCE</i>	<i>VAGINAL</i>	<i>ANAL</i>	<i>ORAL</i>	<i>OTHER</i>
8	142	0	0	25

SEXUAL PRACTICE



CONDOM PRACTICE

	ALWAYS	SOMETIMES	NEVER
FEMALE	4	6	2
MALE	2	150	11



GENERAL COUNSELORS OBSERVATIONS

1. Most Shell staff were scared but still wanted to know their HIV status
2. Most Shell staff felt comfortable when they knew they were given codes instead of names for their HIV results. This meant they could confide in the KEBA AFRICA team when it comes to confidentiality.
3. Most junior staff felt comfortable testing than most senior staff, even though most senior staff showed that they had enough HIV education.
4. Most staff wanted a better clarification between HIV and AIDS



RECOMMENDATION AND CONCLUSION



The Programme ended at about 4:30pm on Tuesday the 29th of September 2009 and was a success as GSMF international and KEBA Africa played a very significant and efficient role in providing HIV Counseling and Testing sessions to all staff of Shell Ghana limited. It will however be prudent to note that there could have been a larger target thus we recommend that the next HIV Counseling and Testing exercise should target around 250 members of staff and their family. There is also the need to keep the sensitization as high and consistent as possible and HIV prevention services such as condom distribution must be continued as most staff members after the program were asking for more condoms.

Perhaps adding a general health screening will also encourage those who are shy to test since it will shift attention from the HIV testing center to other booths such as eye screening, blood group and fasting blood sugar tests.

HIV challenges us all in how we live and affects many countries without respect for borders therefore prevention and education will have to be given priority and importantly must be accompanied by HIV care, treatment and support. Many people will not seek HIV counseling and testing if they are simply going to be told that they are HIV positive and that nothing can be done about it.

In all it was a very promising start to a fruitful partnership between Shell Ghana limited, GSMF international and KEBA AFRICA in helping to halt the spread of HIV among staff. Shell Ghana limited will be a safer place with constant HIV education programmes being held with technical support from GSMF international and KEBA AFRICA.