



UN Cares in Action

The Case of Kenya 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, that country 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 cent¹. 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 that UN Teams in all countries are required to meet.

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MINIMUM STANDARD

NOTES

1 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.
2 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 ³ to access good quality care, medical treatment, ⁴ and support services.
3 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.
4 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.
5 Voluntary counseling and testing	All personnel and their families should have access to Voluntary Counseling and Testing (VCT).
6 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.
7 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.
8 First aid using standard precautions	All personnel have access to first aid assistance using standard precautions in UN system workplaces.
9 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.
10 Managerial commitment	All managers assume leadership on the implementation of UN Cares, in consultation with staff representatives or Associations.

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

HIV orientation sessions reached more than 2,400 staff members. Similar orientations have been held on a regular basis so that new staff members can receive information about UN policies, programs, staff rights, entitlements and benefits and their own responsibilities



Background and context

The HIV epidemic in Kenya can be characterized as mixed, with high prevalence rates among the general population, as well as in key populations, in particular in men who have sex with men and female sex workers. In the past two decades, prevalence rates have decreased from 10 per cent in 1998 to an estimated 6.3 per cent of adults age 15-49 in 2009, totaling between 1.3 million and 1.6 million adults infected with HIV. The epidemic more heavily affects women, with a rate of 8 per cent among women and 4.3 per cent among men².

More than 50 country and regional offices of UN Agencies, Funds and Programs are based in Nairobi. The global headquarters of UNEP and UNHABITAT are located in Nairobi, as well as the UN Secretariat Headquarters in Africa. In total, the UN system has more than 3,800 staff members working in Kenya, 2,500 of whom are Kenyan. The Somalia country offices are also currently located in Kenya due to the security situation in Somalia. Agencies such as UNHCR, WFP and UNICEF have sub-offices in Kakuma and Dadaab in order to serve the refugee population. WFP also has offices in Eldoret, Mombasa, Mandera and Garissa.

Leadership and advocacy for UN Cares

The UN Cares program has received strong support from senior management, including the Executive Director of the United Nations Office at Nairobi (UNON). Discussions of the program have been included on the UN Country Team meeting agenda. In 2009 at a UN Country Team retreat, the UN Cares team gave a presentation and discussed ideas of how to increase the program's effectiveness. Senior leadership is also supportive of UN Cares events through their participation. For instance, at a 2009 UN-sponsored run marking World AIDS Day, the Executive Director of UNON was the featured guest.

Structure of UN Cares in Kenya

The UN Cares program is headed by the UN Cares Coordinator who works with the UN Plus Coordinator and an Administrative Assistant. The UN Cares team consists of three staff members who are administratively located in UNON, coordinated by the UN Joint Medical Services, as the program includes all UN system members. However, since 2007, the UN Cares team has reported to the Joint Team on AIDS on technical issues. This arrangement allows better utilization of resources, avoids duplication, is cost-effective and is a true reflection of the UN commitment to working together.

UN Cares in Kenya has partnered with a number of organizations of people living with HIV, government ministries, and other NGOs. UN Plus and organizations of people living with HIV have been involved in training sessions. The National AIDS and STD Control Program (NASCO), provides free male and female condoms, and IEC materials for major campaigns. Other NGOs provide VCT and medical services.

The Joint Team on AIDS oversees both UN Cares and UN Plus. UN Plus Kenya had 30 members in May 2010, making it one of the largest UN Plus programs in the world. The UN Plus Coordinator organizes a bimonthly support group or informational meeting, advocates for access to treatment and care, monitors treatment and care for staff and families, and operates the free clinic at Aga Khan Hospital. UN Plus members are involved in peer educator programs and participate in World AIDS Day.

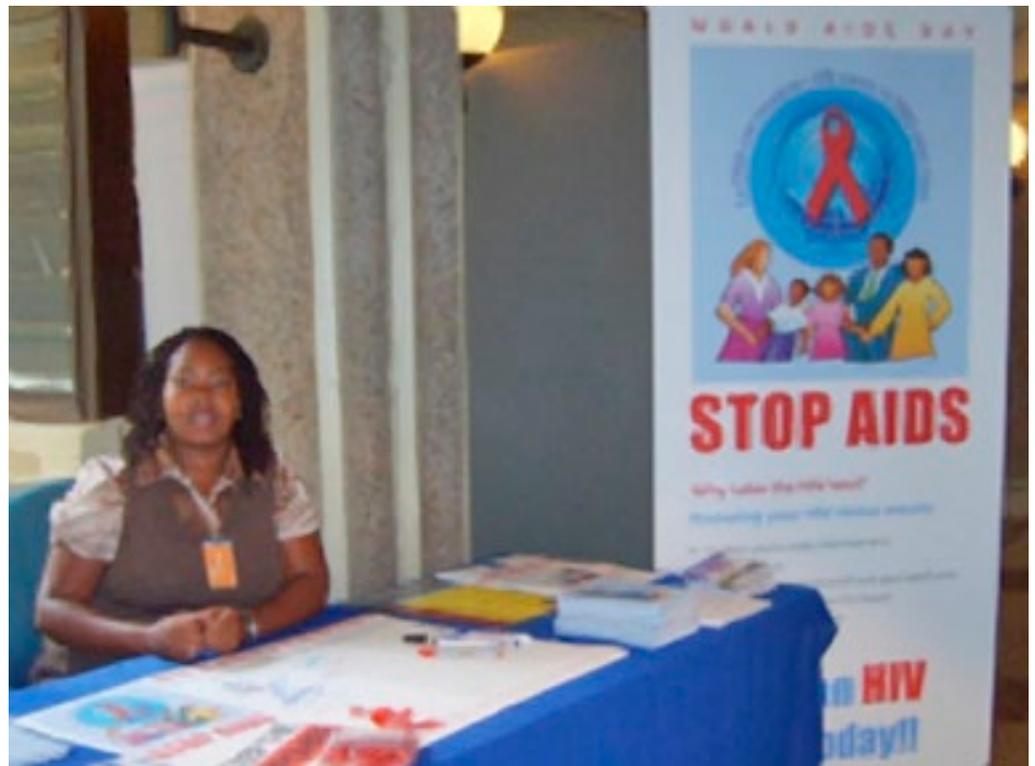
In 2009, more than 3,000 UN Plus fliers and posters were distributed. In 2010, UN Plus had a number of activities planned, including a retreat for peer educators, and conducting a fact-finding study on the UN medical insurance schemes. In 2010, the UN Plus Coordinator asked members to put into words their experiences with living with HIV in order to provide a voice to UN Plus members. The following is an excerpt from one response:

“...My friend has commented, ‘From the person who used to sit in my office and whisper for fear of the walls hearing what you were saying, and here you are telling me you have been able to join a group and share your story?’ This group has allowed me to dream and hope. I now know that you don’t have to die and that one can continue dreaming and planning for a full life.”

Funding

Funding for UN Cares is allocated through contributions by all UN agencies in Kenya, in proportion to the number of staff in their respective agencies. An annual work plan is developed at the beginning of each year, with key outcomes and the budget listed. This work plan is presented to the Joint Team on AIDS each July. Currently, the UN Cares program is included in the Joint Team’s biannual work plan covering 2010-2011. The work plan then moves to the Human Resources Subcommittee of the Common Services Management Team and finally to the Common Services Board for approval each November to allow for funds to be disbursed in January.

A Monitoring and Evaluation plan is regularly developed as part of the annual work plan and is used to measure what achievements have been made



In 2009, the UN Cares budget, including UN Plus, totaled \$USD 320,000, 65 per cent of which was allocated for prevention activities including activities and orientation sessions for staff members; 20 per cent for IEC materials and communication costs; 10 per cent for capacity building; and 5 per cent for VCT services, advocacy and World AIDS Day activities.

Current state of implementation of the Minimum Standards

A 2006 UNAIDS case study highlighted the initial phase of the implementation of the Minimum Standards in Kenya; including hiring a full-time staff member to facilitate orientation sessions, the establishment of a resource library, and a World AIDS Day celebration. Since then, progress has been made in expanding these services to reach as many UN staff members as possible.

UN Cares in Kenya has actively worked towards meeting the 10 Minimum Standards. In 2005, for instance, initial HIV orientation sessions reached more than 2,400 staff members. Similar orientations have been held on a regular basis so that new staff members can receive information about UN policies, programs, staff rights, entitlements and benefits and their own responsibilities (Minimum Standard 1). These sessions are held twice monthly at the main UN complex and less frequently in other locations. Each year, an average of 400 staff members attends these sessions. Weekly induction sessions conducted by the Human Resources department also include information on HIV. Family trainings are held regularly, including age-appropriate sessions for children during the Kenyan school holiday. Over the past five years, more



than 1,500 children have attended these trainings. A resource pack, containing information on policy, programs and the availability of quality care, treatment and support and the “Living in a World with HIV” booklet are distributed at these trainings (Minimum Standard 2).

In addition to an active UN Plus program that works to reduce stigma, the regular orientation includes a session on stigma and discrimination (Minimum Standard 3).

Together with peer educators, the UN Cares team ensures that there are condoms available at all UN workplaces in discrete areas (Minimum Standard 4).

The cleaning service provider is

responsible for stocking the dispensers in the washrooms. Female condoms are not yet available in all locations.

Information on VCT services is provided during orientation and in the resource pack given to new employees. In addition, VCT campaigns are held to offer opportunities for staff to know their HIV status, notably on World AIDS Day and the Candlelight Days (Minimum Standard 5). At the UN Clinic in Nairobi, free VCT services are offered for staff members on a continuous basis. In addition, VCT is also available at all major hospitals in Kenya.

Free counseling, testing, nutritional advice and access to anti-retroviral treatment are provided at the One Stop Clinic at Aga Khan Hospital in Nairobi (Minimum Standard 6) in addition to some services at the UN clinic. In order to further protect confidentiality, all staff members in the UN Joint Medical Service sign a form declaring their commitment to maintaining confidentiality (Minimum Standard 7). In addition to the training orientation session, additional training is planned on the first aid standard precautions for security officers, drivers and clinical staff at UNJMS (Minimum Standard 8). All security staff members are supplied with a pair of gloves to prevent exposure in case of an emergency.

Over 100 PEP custodians have been trained for UN Cares Kenya (Minimum Standard 9). The list of these custodians is included in the resource pack distributed at orientation. The UN Joint Medical Service distributes PEP kits and regularly organizes trainings for PEP custodians.

Each year, World AIDS Day is commemorated with a set of activities such as a communication campaign, free VCT services, or community outreach



activities to assist those affected by HIV. In 2009, for instance, a UN Run was held with over 200 staff members participating in a 5-kilometer race meant to draw attention to HIV while also raising funds for a children's feeding program that supports children orphaned by HIV. The Executive Directors of UNON and UNHABIT were present and involved in the event.

The global UN Cares Directory of Resources on HIV is coordinated by the UN Cares office in Nairobi, thus making a contribution to the UN's global response to HIV in the workplace. The UN Cares team allocates 15 per cent of its time to the directory.

UN Cares in Kenya recently held a support group meeting for staff members' children living with HIV. The children ranged between 7 and 12 years of age. Though the participants showed an understanding of basic HIV/AIDS facts, their understanding of their own status varied widely. Activities included art therapy for some and a discussion of disclosure for others.

Monitoring, evaluation and documentation

By monitoring the UN Cares program, a stronger case can be made for improved planning efforts, enhanced cohesion and a national response targeted at the UN staff in Kenya.

A Monitoring and Evaluation plan is regularly developed as part of the annual work plan and is used to measure what achievements have been made. As a part of the Joint Team on AIDS, UN Cares' annual work plan has now been incorporated into the national support program of the UN in Kenya for the 2010-2011 biennium plans. Continuous monitoring is done during the orientation training sessions, and staff members provide feedback on the quality of the training. Last year, Kenya's staff members participated in the global UN

Cares survey assessing the implementation of the 10 Minimum Standards.

The UN Plus Coordinator monitors the quality of treatment and care provided at the One Stop Clinic in Nairobi. The program is in the process of conducting a survey that assesses the level of stigma, discrimination and ease of access to treatment and care for UN staff members and their families. This survey is supported by a grant of \$USD 2,000 from UNAIDS. An evaluation of the UN Cares program is also planned as part of the activities for 2010-2011.

In order to document its activities, the UN Cares team produces a newsletter and submits articles to the e-Workspace. Posters and materials from key events also remain available.

Lessons Learned

Key success factors that the UN Cares in Kenya team have identified include: ensuring long-term sustainability while maintaining a balance of addressing immediate challenges, monitoring the relevance, cohesion, alignment and harmonization of activities to the 10 Minimum Standards, and providing a forum for the meaningful involvement of staff living with HIV.

Senior management commitment is key to the success of the UN Cares program. Advocacy for their support should therefore be continuous, as senior management commitment can often lead to the allocation of resources. A sustainable funding source allows the UN Cares program to operate reliably and without interruption.

The establishment of a full-time UN Cares staff allows the UN Cares program to address each of the 10 Minimum Standards adequately, especially in Kenya, where the program supports over 3,800 staff members, many of whom are affected by or infected with HIV. The UN Cares team should listen to new ideas and approaches from within and outside the UN System. The integration of HIV into the occupational health and wellness program, as has been done in Kenya, ensures sustainability, avoids duplication and appeals to a wide range of staff members.

Another lesson learned is that working with strategic partners helps. Kenya has identified strategic partners, including organizations of people living with HIV, trainers, counselors and HIV specialists who have provided support for a variety of events. For instance, UN Plus in Kenya has utilized specialists to talk to UN Plus members on relevant issues such as drug adherence.

One of the challenges of the UN Cares program in Kenya is that some of the duty stations are located in remote areas where access to services is difficult. In these remote locations (Mombasa, Eldoret, Dadaab, Kakuma, Mandera and Wajir), UN Cares has been able to carry out HIV/AIDS training, train peer educators, and distribute PEP kits and condoms. However, trainers must be flown to these locations from the capital and PEP kits may not be locally available. HIV treatment in some remote locations is not available, so special arrangements may be made in consultation with the UN Plus Coordinator and the relevant agency to ensure that treatment and care are received in Nairobi. This can create a difficult situation if the staff member requiring care is

working in an emergency setting. UN Plus members in remote locations are also supported to travel to Nairobi for support group meetings.

The UN Cares program has responded to the needs of staff members and their children with HIV through the expansion of the UN Plus program to include support groups for children. The first support group held in 2010 emphasized the need for activities tailored to the children's understandings of their status. In addition to formal reports, UN Plus is compiling responses from its members to provide a more vivid image of the experience of HIV in Kenya.

Footnotes

¹ 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.

² National AIDS Control Council, UNGASS 2010 Country Report: Kenya.