



UN Cares in Action

The Case of Mozambique 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 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, which 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

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Background and Context

The HIV prevalence rate among adults in Mozambique decreased from 16.2 per cent in 2004 to 12.5 per cent in 2008. On average, 500 new infections occur each day, 90 of them among young children through mother-to-child transmission. The majority of new infections are among women: women aged 20-24 have an HIV prevalence rate of 20.9 per cent, three times that of their male counterparts.

Leadership of and Advocacy for UN Cares

UN Cares as a working group is a subgroup of the United Nations Team on AIDS in Mozambique (UNTAM).

Each UN Resident agency in Mozambique appoints at least two representatives to serve as focal points. Each non-resident agency with staff in employment in Mozambique is strongly encouraged to appoint at least one representative. In total, 32 focal points represent the 21 agencies in Mozambique. This group of representatives forms the working group. The working group meets the first Wednesday of every month to coordinate programs and solve operational issues. Whenever necessary, meetings are scheduled in addition to the monthly meeting. The UN Cares work group is charged to develop the annual work plan according to the 10 UN Cares Minimum Standards, to implement these activities, and to monitor and evaluate the implementation.

The Resident Coordinator encourages advocacy and awareness of UN Cares. Staff that have attended orientation sessions are asked to urge co-workers to attend future trainings. These staff are also given information about the sessions to circulate around the office. UN Cares has been present at many events to promote its mission, including World AIDS Day in December of 2009.

UN Cares held a high-profile Town Hall meeting with the attendance of the President of Mozambique. The event covered all aspects of the epidemic response and made available counseling and testing on HIV, diabetes, and other health promotion areas. The Town Hall meeting opened with remarks by the Resident Coordinator on the 10 Minimum Standards and AIDS in the UN workplace. Several prominent Mozambicans active in the HIV community outside of the UN attended, including a famous Mozambican jazz artist. UN staff that attended the meeting received a gift bag including educational information, condoms, an AIDS awareness ribbon, and a CD of Mozambican music.

UN Cares structure in UN Cares

The Mozambique UN Cares effort is led by a full-time coordinator who works from the UNAIDS country office. Two vice chairs that are nominated from within the working group support the UN Cares coordinator. These vice chairs coordinate the group in the absence of the coordinator.

In an effort to coordinate UN resources as a joint UN team, UNTAM members focus their existing health experience and knowledge as trainers and facilitators. UNTAM members represent many sectors outside of the UN, including the Ministry of Health; the Centers for Disease Control and

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Prevention; EcoSIDA, Mozambique's only private sector initiative in the fight against HIV/AIDS; and Associação Kindlimuka, a civil society group of those living with HIV and those who sympathize. These various groups facilitate or co-facilitate orientation sessions that have themes corresponding to their respective areas of expertise. For example, Kindlimuka facilitates the session 'Responding to Stigma and Discrimination' and 'Testimony of a Person Living with HIV.' Before mandatory sessions began in March 2010, facilitators and trainers performed mock sessions for UNCT, UNTAM, UN Cares, and Friends of UN Plus members. These mock sessions allowed for necessary feedback to the facilitators for any relevant issues that might have required improvement.

Friends of UN Plus has worked closely with UN Cares in Mozambique. In fact, the UN Cares coordinator also coordinates the Friends of UN Plus program. Friends of UN Plus was launched in September 2000 by the RC and Global Coordinator of UN Plus, with the presence of the UN Cares regional coordinator. Friends of UN Plus meets once a month in the first 45 minutes of the UN Cares Working Group meetings and contributes to the dynamism in UN Cares. Friends of UN plus is currently advocating for the creation of a UN Plus chapter in Mozambique in the near future.

Funding

UN Cares in Mozambique currently works with a budget of \$USD 50,000. The 21 member agencies provide funding on a per capita basis, contributing approximately \$77 per employee. As well as the production of materials and snacks, the budget also covers operational costs such as monthly communication costs and stationery.

Through working with UNTAM and UNAIDS, UN Cares has been able to limit its costs to the production of training sessions and materials and snacks. Training sessions are staged in a UNDP meeting room that is used for the sessions at no cost.

Current State of Implementation of the Minimum Standards

The team has in place eight orientation sessions. The orientation sessions have been designated as mandatory for all UN employees since March 2010. In addition to incorporating the universal vision of UN Cares, these themes are tailored to the local settings through careful consideration of the knowledge, attitudes, and practices survey conducted with staff in 2007 and 2009. All the minimum standards are covered in the orientation sessions. Attendance rate after the first few sessions is just about 43 per cent. However, there has been a trend of increasing attendance in the recent sessions.

Minimum Standards 1 (Information about UN Policies and Benefits), 2 (Information about Preventing Transmission of HIV and about Accessing Treatment and Care Service) and 3 (Learning and training activities on stigma and discrimination):

- Orientation sessions prepared with UN Human Resources Working Group presenting information on UN Policy, UN Cares, and UN Plus.

UN Cares in Mozambique has actively encouraged completion of the e-course among its employees in the orientation sessions as well as in the workplace. The course has been installed on the desktops of all employees.

- CDC presentation on basic concepts of HIV/AIDS.
- Interactive activity to emphasize concept of multiple concurrent partners.
- Information distributed for testing and treatment clinics and counseling.
- Role-playing with staff members to encourage empathy for those who live with HIV.
- Discussions on discrimination and stigma.
- HIV + member of Kindlimuka shares his/her experience with staff with an emphasis on the theme of encouragement.

Minimum Standard 4 (Access to male and female condoms):

- Male and female condoms provided to each office monthly (15 male condoms X # of total staff, 6 female condoms X # of total staff).
- UN Cares focal points trained on how to manage condoms.
- Presentation on relevance of male and female condoms and demonstration on how to use both. Staff of also made aware that condoms are delivered monthly to each UN office and referred to a trained staff member in the office who can answer further questions.

Minimum Standard 5 (Voluntary counseling and testing):

Explanation of counseling and testing process in orientation session with special consideration given to confidentiality.

Demonstration of HIV test and interpretation of results.

Minimum Standards 6 (Insurance covering HIV-related expenses), 7 (Confidential handling of personal information), and 8 (First aid using standard precautions):

- Confidentiality incorporated into all orientation sessions.
- Presentation prepared with UN Human Resources Working Group on all HIV health services covered by insurance plan.
- Current assessment underway by UN Plus of health insurance in Mozambique.
- First aid is presented as an integrated component of benefits that staff members have access to within the UN workplace as well as in UN vehicles.
- Encouragement of first aid training.

Minimum Standard 9 (Rapid access to PEP starter kits):

- Scientific information and explanation of PEP.
- Detailed information on the access of PEP in the workplace, emphasizing that staff and dependents are entitled.
- Leaflet in Portuguese based on the UN PEP policy and PEP custodian contact information is produced and distributed by UN Cares Mozambique.

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Monitoring and Evaluation

UN Cares in Mozambique keeps records of attendance at meetings and of completion of e-courses. Employees are asked to voluntarily contribute testimonials to facilitators to evaluate and describe their experience. Additionally, pre- and post-training tests are administered to participants to test their knowledge. The results are analyzed constantly and help the UN Cares working group mould trainings.

Lessons Learned

- Having the support and involvement of leadership has been instrumental in the program's success.
- Integrating the expertise of UNTAM has allowed UN Cares to provide fantastic programming at no cost and has also been a key to success.
- Involving staff from the various agencies of UNTAM contributed to strengthening the sense of ownership of the program.
- Simple work plans work best and should be based on existing capacity. The activities of the work plan should be geared towards the 10 MS.
- It is important to integrate different perspectives and not be too focused at the policy level.
- Incorporating populations in remote areas should never be forsaken since they are often in direct contact with the mainstream of society and it is their perspective that is most valued.
- It is crucial to forge cooperation and collaborate with other actors from the public, business, and private sector who are involved in HIV/AIDS and offer additional perspectives.

Sources

- LAMBDA, PSI/Mozambique, et al. "Vulnerability and risk of infection by HIV among men who have sex with other men, in Maputo city"
- Rutherford, G. and W. McFarland (2008). Workshop Sobre Triangulação em Moçambique. San Francisco, University of California.
- UNAIDS, 2008 Epidemiological Fact Sheet on HIV and AIDS: Mozambique
- Mozambique 2008 Progress Report for United Nations General Assembly Special Session on HIV/AIDS.

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.