



UN Cares in Action

The Case of Kenya 2013

UN Plus-UN Cares Partnership

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UN Plus-UN Cares Partnership

The UN Cares team in Kenya won the 2012 UN Cares award for its integrated innovative partnerships with UN Plus to guide workplace programming. The UN Cares team in Kenya in partnership with UN Plus has worked towards the recognition of the health care needs of HIV positive children; adoption of special disclosure strategies for children living with HIV; creation of an extended children's support program; addressing risky behaviour among pre-teens and teenagers; assisting children in coping with stress and fatigue and the implementation of a mother's support group. These program activities have led them to effectively respond to the needs of staff members and their children with HIV; encourage and empower youth to advocate for behaviour change among their peers, and allow children to initiate and participate in stigma free dialogue on HIV-related issues and concerns. The primary focuses of the program activities of the UN Cares team in Kenya are education, disclosure and support.

Background and context

As of 2012, 1.2 million people in Kenya were reported to be living with HIV 2. The HIV epidemic in Kenya can be characterized as being heterogeneous in nature, with high prevalence among the general population, as well as in key populations, in particular, in men who have sex with men, people who inject drugs and female sex workers. Drivers of the epidemic in Kenya are intergenerational sex, multiple concurrent partners, low condom use, excessive alcohol use and low rates of male circumcision 1. Additionally, various social factors — such as gender inequality, sexual violence, and anti-HIV stigma — increase HIV risk and vulnerability.1 Knowledge of HIV status serves as the cornerstone of Kenya's response to the epidemic.

In Kenya, the HIV prevalence among adults aged 15 to 64 years was reported nationally as 7.2 per cent, according to the Kenya AIDS Indicator Survey (KAIS) conducted in 2007, and decreased to 5.6 per cent in the KAIS conducted in 2012 2. There are significant variations across regions: Nyanza region has the highest prevalence (17.9 per cent) and North Eastern region has the lowest prevalence (1.4 per cent) 2. While most regions showed a decreased prevalence from 2007, substantial drops were identified in the Coast, Nairobi and Rift Valley regions 2. HIV prevalence among children aged 18 months to 14 years was 0.9 per cent 2. In KAIS 2012, 92 per cent of pregnant women attended antenatal care (ANC) and underwent HIV testing, compared to 65 per cent in 2007 2. Of those who were diagnosed with HIV at ANC, 90 per cent received either maternal or infant antiretroviral prophylaxis to prevent mother-to-child transmission of HIV 2. With HIV-infected individuals living longer as a result of increased treatment access, Kenya projects that the number of people living with HIV will continue to grow, placing continuing demands on health and social service systems.

In Kenya, therefore, the staff and their families work and live in a country that has a high HIV burden, hence the need for a robust workplace program that



The Kenya UN Cares team has designed programs and interventions to sensitively guide children and adolescents in the management of their status and processing their own understanding of their health condition.

has prevention, care and support as key pillars of the program. The UN Cares team in Kenya won the 2012 UN Cares award for its integrated innovative partnerships with UN Plus to guide workplace programming.

UN Cares structure / Leadership of and Advocacy for UN Cares

More than 80 country and regional offices of UN agencies, funds, and programs are based in Kenya. The global headquarters of UNEP and UN HABITAT are located in Nairobi, as well as the UN Secretariat Headquarters in Africa, UNON. In total, the UN system has more than 3,000 staff members working in Kenya. Some Somalia country offices are also currently located in Kenya due to the security situation in Somalia. Agencies such as UNHCR, UNICEF and WFP have sub-offices in Kakuma, and Dadaab in order to serve the refugee population. UNICEF has other offices in Kisumu and Lodwar, while UNSOA has offices in Mombasa. WFP also has offices in Eldoret, Mombasa, Mandera, Lodwar and Garissa.

The UN Cares program in Kenya is headed by the UN Cares Coordinator working with the UN Plus Coordinator and an Administrative Assistant. The UN Cares team consists of three full-time 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 UN Team (JT) 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 Plus bi-monthly learning session meetings include discussions on

lifestyle diseases, confidentiality, malaria, vaccinations, tuberculosis and multi-drug resistant tuberculosis, preventing new infections among children and keeping their mothers alive, relationships, disclosure to children, and stigma and discrimination as well as anti-retroviral (ARV) treatment, nutrition, medication side effects, drug adherence and food consumption towards wellness for adults. Also provided are psycho-education groups related to children, concerning ARV treatment and creating openness to education and understanding of childhood experiences with ARV treatment and HIV-positive status.

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 (NAS COP), provides free male and female condoms, and IEC materials for major campaigns. Other NGOs provide HIV testing and counselling and medical services. UN Cares is part of the Joint UN Team on AIDS in Kenya. The JT have a joint programme on AIDS with the Kenya government partners such as the Ministry of Public Health, Ministry of Health Services, and the Office of the President under which NAS COP and the National AIDS Commission (NAC) falls.

UN Plus Kenya has 64 members at present, making it one of the largest UN Plus programs in the world.

UN Cares Kenya also has other NGO partners participating in the training and HIV testing and counselling services provided. The Movement of Men Against AIDS in Kenya (MMAAK) facilitates activities in the area of stigma and discrimination as part of the mandatory HIV and AIDS training sessions. Together with UN Plus, they serve as networks of persons living with HIV at learning events. A number of staff members living with HIV are also members of the National network: the Living Positively professional group (www.livingpositively.co.ke). Liverpool VCT are contracted to offer HIV testing to the staff in Nairobi and some field offices during the HIV testing and counselling campaigns held mainly during the week of World AIDS Day (WAD). Finally, UN Medical Services Clinic provides medical services including HIV testing and counselling, medical evacuation, occupational health, and periodic medical check-ups for staff members.

The Joint UN Team on AIDS oversees both UN Cares and UN Plus. UN Plus Kenya has 64 members at present, 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 manages access to the One Stop Clinic operated by Aga Khan Hospital, where the national staff members access free HIV treatment and care at 100 per cent coverage. International staff members do access the clinic, some at 80 per cent insurance coverage while others access at 100 per cent coverage. Advice on nutrition, counselling on adherence and other health concerns are offered. UN Plus members are involved in peer educator programs and participate in World AIDS Day.

Sources of 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 through the Common Services arrangements under UNON. The contribution per staff member by the agencies averages US \$66 per annum, which is not only cost effective but enables agencies with very few staff to enjoy the economies of scale derived from the joint programming of HIV activities by the UN system in Kenya. Contributions from staff members during the World AIDS Day UN Run go to support a children's home for those orphaned by AIDS. Activities such as group sessions (10-15 participants) with children on ARVs and their mothers that require refreshments are funded through the UN Cares budget (approximately US \$20 per session); this is a joint budget between UN Cares and UN Plus. The continuous training program for children of UN staff members is funded through staff fees of Kshs. 1,500 per child (approximately US \$18), which covers lunch, a T-shirt at registration, and the balance goes towards an identified children's home. Parents are always willing to pay this fee in return for a worthwhile training for their children.

UN Cares-Approaches adopted

The integration of HIV training into occupational health and wellness programs, as has been carried out in Kenya, ensures sustainability, avoids duplication and appeals to a wide range of staff and community members. There exist government services that involve personally going to people's homes to provide HIV testing to residents. UN Staff are provided opportunities for HIV testing and counselling outside the office throughout the year and at events like World AIDS Day (WAD). All staff members are informed of how and where to access PEP starter kits during new staff orientation. Peer supporters refresher training and HIV mandatory training for staff has been recently implemented.

The UN Cares team in Kenya continues to focus its efforts on children and teenagers, ensuring that the needs of this vulnerable group are not overlooked. Knowledge and awareness of the developmental states of children, the importance of status comprehension and the challenges parents face, as well as provision of treatment and support options for children and teens has motivated the UN Cares facilitators and program/activity planners in Kenya to provide much needed services focused on children and adolescents in 2011 and 2012. These services include:

Recognition of Health care needs of HIV-positive children: HIV-positive children are a population that is often easily overlooked in regular HIV prevention and prevention strategies. Recognizing the health care needs of this unique and somewhat complicated audience is challenging. The Kenya UN Cares team is progressively making efforts to design programs and interventions all aimed at the adoption of a holistic approach to sensitively guide children and adolescents in the management of their status and processing their own understanding of their health condition.

Adoption of special disclosure strategies ensuring support for children living with HIV: In the light of the sensitive nature of the cognitive state of children, it is important to disclose to HIV-positive children their sero status in a way that is easily comprehensible. The UN Cares team continues to focus on the adoption of special disclosure strategies for children. Disclosure is recognized as being one of the most challenging steps a parent or guardian can take in helping a child. The knowledge and acceptance of their health status is able to empower these children not only to cope with the disease but will also enable them to make important lifestyle changes and decisions pertaining to eating habits and social life.

To ensure synchronized working of parents, guardians, and healthcare providers in addressing the needs of children, the UN Cares team in Kenya has focused on the following areas to ensure that the needs of children receive much needed attention:

- Addressing the fears/barriers that impede disclosure;
- The steps and disclosure guide;
- Life after disclosure;
- Parent to parent/guardian support;
- Psycho-social support during disclosure.

Creation of an extended children's support program: Born out of the realization by counsellors that psycho-social groups should run until children are linked to running support groups or until they are 18 years old, and based on positive feedback on the benefits of these groups from parents and children, the next stage of children's support program was initiated in 2012. The UN Cares team has created a long-term children's support program that will continue until the children reach 18 years of age. Education, disclosure and support are the primary focus of the program. These activities are on-going and are in their early stages of development.

The program identifies the disclosure phase as being an emotional phase that requires close and confidential attention. The program allows sufficient time to the child and parent who are coping with this challenging process. As part of this on-going program, psychosocial group support will be offered to all children on ARV following the disclosure phase. The implementation of education and support therapy will seek to address important aspects of living with HIV, such as ARVs, adherence, friendship, nutrition, exercise, reproductive health, positive prevention, multiple concurrent partnerships, safe male circumcision, prevention of mother-to-child transmission, emotions, and disclosure. Furthermore, these support groups allow UN staff and family to continue accessing care within a system they are familiar with, as most people living with HIV are hesitant to change providers or point of care and treatment.

Creation of programs specifically for adolescents: In the annual plan, UN Cares and UN Plus always includes activities aimed at reaching staff and their

families with some specifically targeted at adolescents in the form of training, usually held once or twice a year. In these trainings, age-appropriate messages are devised with children divided into ages 10-12, 13-16 and 17 years and above in line with the content and methodology of training.

Addressing risky behaviour among pre-teens and teenagers: Pre-teen and teenagers are more inclined to indulge in risky sexual behaviour. Disclosure of their sero status, education and support offered through the UN Cares programme allows adolescents to explore the outer world with caution. The creation of such behaviour change is believed to encourage and empower youth to advocate for behaviour change among their peers.

Assisting children in coping with stress and fatigue: The UN Cares team in Kenya is focusing on the creation of a forum where children living positively can meet and discuss their issues and challenges as well as share success stories. Such forums will allow children to initiate and participate in stigma-free dialogue on HIV-related issues and concerns. Additionally, these forums will serve to offer support and confidence to those living with HIV.

Monitoring and Evaluation

Sharing program activities via e-Workspace: 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. 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.

- **Designing support groups for children:** 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 more recent extended children's support group activities are ongoing. Success of this program will be determined once all the children on ARVs have gone through education, disclosure and have an ongoing support group.
- **Implementation of a mothers' support group:** The implementation of a mothers' support group has greatly aided in the facilitation of understanding for mothers and children and disclosure of status to the child by the mother or care-giver.

Barriers

The UN Cares team in Kenya identifies the following as being barriers to addressing HIV-related issues in the workplace:

- **Lack of HIV knowledge for a few staff members:** Lack of knowledge on HIV, including its nature and modes of transmission has been identified as a barrier. For example, during a recent joint event between UN Plus and other staff members organized by UN Cares, one UN Plus member was willing to

share his/her experience with the entire group. On learning that the group comprised of some close colleagues, the UN Plus member decided not to share. It was evident from the learning session that some colleagues had not gone through the HIV training and were not aware that they were making negative or hurtful comments, as a result of not having the right information on HIV and AIDS. In light of the existing lack of knowledge, this area is being targeted for training.

- ***Self-stigma/perceived stigma:*** Stigma due to lack of knowledge on prevention with positives (testing, care & treatment): Stigma due to lack of knowledge on prevention with positives continues to serve as a barrier in effectively addressing HIV-related issues in the UN workplace. For instance, recently, while supporting a staff member who had not adhered well to his/her HIV drugs, the staff member asked that the very medical persons who had been assisting him/her access care not be informed of what was ailing him/her. Unknown to the staff member, the medical personnel were fully aware. As a result of non-adherence, the HIV disease had progressed to terminal illness. If the staff member had joined, for example, UN Plus where learning sessions are held, he/she would not have reached such a stage. Unfortunately, the staff member has since died.
- This tragic course of events has regrettably affected approximately 12 staff members since 2010. All the 12 known staff members are not UN Plus members. The experiences they have gone through have not been experienced by those already in UN Plus. Two left their ARVs for herbal medicine; the progress of one of them is unknown and the second one died. One died due to the combined effects of increased alcohol consumption interfering with ARVs and another from life-style disease. Out of those who delayed access to treatment or did not adhere to their medications, two were retired on health grounds and another two were on long sick leave before eventually resuming normal duty. Four are currently on follow up after getting various opportunistic infections as a result of delayed access to care or non-adherence to treatment.

Strengths/Successes of the project

Key success factors that the UN Cares in Kenya team have identified include:

- Monitoring the relevance, cohesion, alignment and harmonization of activities to the 10 Minimum Standards.
- Providing a forum for the meaningful involvement of staff living with HIV and their families. However, the immediate success in this area is in reaching out to the care-givers. Through the children's support program, mothers who come with their young ones have been attended to in the process. This has helped them address their fears and receive psycho-education from other parents, thus equipping them both emotionally and psychologically to handle disclosure. One mother did manage to recently

disclose, and both mother and child are having ongoing support as the period after disclosure is highly emotive.

- Peer supporters refresher training and HIV mandatory training for staff together with the inclusion of persons living with HIV at learning events has been well received by staff members and has served to address HIV-related issues in the workplace.

One staff member during the Peer Supporters retreat in July 2013 was asked after the training session for feedback, and he/she stated:

“This has been very enlightening. I have never been to a meeting or retreat where I had to think, put my ideas on paper and present to a whole group.”

Participants at the Eldoret HIV Mandatory training held in August 2013 were asked “What would you like to tell the trainer(s)?” Below are some of the responses that reiterate the success of these programs in being able to reach out to UN staff and effectively address HIV related stigma and discrimination and stress the importance of testing and knowing one’s status.

“Today I am happy and encouraged to take a HIV test. Before, the HIV training was very scary and pictures showed were not encouraging.”

The response towards the inclusion of PLHIV learning session has been positive as well. Below are the quotes by some of the participants.

“Personal testimony very encouraging, good job.”

“Keep up the good work, very good facilitation with practical and real life example.”

- Senior management commitment has been highlighted as being key to the success of the UN Cares programme.
- 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 more than 3,800 staff members and their families, many of whom are affected by or living with HIV.

Advice to other UN Cares teams

Improved coordination of efforts: In planning and budgeting of the annual activities, it is important that the coordination and integration of the joint program be done at this stage. This allows the creation of a synergetic relationship where the role of staff living with HIV is fully integrated in the trainings, communication, peer education and support in addition to being key members in fight against stigma and discrimination. A key benefit of improved coordination is that the concept of “prevention with positives,” where people

living with HIV are key drivers of prevention activities, is fully realized.

Improved Connection: The team in Kenya recommends encouraging a person living with HIV in the UN Cares programme to connect those living with HIV to the UN Plus activities in a confidential manner.

Manageable work load: The working together of UN Cares and UN Plus has helped ease the tremendous work load on staff. It has helped promote a motivated and productive atmosphere infused with rich ideas, constructive feedback and support; all needed to effectively address HIV-related issues, thereby maximizing impact. Additionally, with a skeleton staff overseeing the workplace HIV program for all UN agencies in the country, the input and assistance of the peer supporters, the UN Counsellor, external counsellors and facilitators, the Human Resources Focal Points, the UN Joint Medical Services team has eased the work-load, which would otherwise have been a big challenge if their inputs were missing.

Building Valuable Partnerships: The UN Cares teams shared that working with strategic partners helps. Kenya has identified strategic partners, including organizations of people living with HIV, trainers, counsellors and HIV specialists who have provided support for a variety of events.

Future projects

In the foreseeable future, UN Cares and UN Plus in Kenya intends to scale up the prevention, care and support activities already in existence, focusing more on elimination of stigma and discrimination, access to HIV testing and offering counselling and psychosocial support to those living with and affected by HIV. Particular attention will be given to sustained HIV orientation trainings, where staff gets educated on current and emerging issues on prevention, treatment and care. In addition, focus will be given to provision of preventive commodities, reaching out to families, linkage to treatment and support to those recently diagnosed to be HIV positive and integrating them to the UN Plus activities so that they may benefit accordingly. A key plank in the overall program will be advocacy and policy dialogue with senior UN management so that the HIV agenda receives the attention it rightfully deserves.

Sources

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