



UN Cares in Action

The Case of Burkina Faso 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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4 UN Cares in Action

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

In 2008, the reported HIV prevalence in Burkina Faso among adults aged 15-49 was 2 per cent². According to the UNGASS Country Progress Report 2010, the primary mode of transmission is heterosexual sexual transmission.

The UN agencies present in Burkina Faso and their respective number of staff members are: UNDP (75), UNIDO (11), UNFPA (26), IMF (7), UNDSS (4), UNICEF (81), FAO, WFP, World Bank, UN Habitat (3), UNESCO (1), WFP (63), FAO (36), WHO (104), APOC& SIZ (59) UNIDO, UNCC (5), ICAO (5) and ILO. All agencies are located in the capital Ouagadougou.

UN Cares structure in Burkina Faso

The UN Cares Team is composed of four facilitators who have received official training. The facilitators are employees of the medical dispensary, UNFPA, UNDP and UNICEF. There is no UN Cares Coordinator in place. In addition to the UN Cares Team, there is a Staff AIDS Committee in place composed of WHO, FAO, WFP and the World Bank, which convenes at inter-agency meetings to harmonize HIV/AIDS activities at their respective agencies.

As a member of the UN Joint Team on AIDS, the UN Cares Team participates in the Joint Team's monthly meetings. The Team meets once every trimester for an update on progress in implementing its action plan.

The decision-making process for the UN Cares Team depends on the specific activities undertaken. For technical planning, the UN Cares Team submits its proposals to the Joint Team, which then approves their implementation. Communication between Joint Team members is done via in-person meetings, mail, and telephone.

The UNCT does not hold meetings specifically to address UN Cares activities, but it does incorporate work relating to HIV/AIDS to its agenda. UN Country staff members have demonstrated their support for UN Cares activities with certain agency representatives making strong statements in support of UN Cares.

UN Cares activities are as inclusive as possible, involving staff members, family of staff, security personnel and the janitorial staff.

There is currently no local UN Plus chapter in Burkina Faso.

The UN Cares Team has partnered with national civil society and government partners for support in implementing programmes and provision of national data.

Funding

For the last two years, the projected UN Cares budget was US \$11,270. However, the UN Cares Team members state that they were only able to raise the total budget.

The UN Cares Team presents a budget for its activities to the Joint Team as part of its action plan. UNAIDS co-sponsor agencies then determine what resources they are able to contribute for given activities. UN Cares Team members report that the disbursement of funds from these agencies is difficult and time-consuming.

The UN Cares Team created an information kit that includes the booklet and a list of all VCT centers including the names and addresses of staff responsible for VCT services

Current state of implementation of the Minimum Standards

Based on an evaluation conducted in 2008, only 47 per cent of the respondents reported having received the booklet “Living in a World With HIV and AIDS.” To address *Minimum Standards 1 and 2* (relating to provision of information about UN policies, benefits and the basics of prevention and accessing to services), the UN Cares Team created an information kit that includes the booklet and a list of all VCT centers including the names and addresses of staff responsible for VCT services. Each UN agency has a designated focal point for information relating to HIV/AIDS services. Now, when new staff members are hired, they are referred to the focal point for an orientation session, at which point they receive the information kit. Additionally, the UN Cares Team plans to create giant posters of the 10 Minimum Standards to place in elevators and common spaces in UN agencies.

The Team uses the yearly UN Day celebrations as a platform to conduct educational campaigns on HIV/AIDS. This consists of weeks of events providing the Burkinabe population with updates on the work conducted by UN agencies. In 2008 and 2009, the UN Cares Team used this opportunity to set up a stand providing information on HIV/AIDS.

Regarding *Minimum Standard 3* on discrimination, in 2009, the UN Cares Team organized a conference for UN personnel on this issue. David Kabore, an HIV specialized jurist, was invited to speak about reports of discrimination in the workspace and actions to be taken if such cases occur. He discussed the Burkinabe legislation, which has codes in place to address discrimination against people living with HIV. Based on anecdotal feedback, this conference was very well received among UN staff.

In 2007, in an effort to reduce the stigma around HIV and AIDS, the UN Cares Team organized a series of testimonials of people living with HIV, delivered at the UN building in Ouagadougou. The speakers addressed their daily experiences as HIV-positive individuals and the challenges they overcame. UN personnel reported being very moved by the testimonials.

Additionally, the team organized in 2008 a conference with the theme “HIV/AIDS and the Desire for Children” in the Conference Room of the UN building. The conference was facilitated by UNAIDS and hosted about 50 staff members from UN agencies who discussed the risks and possibilities for HIV-positive parents to conceive. This conference was well received by staff members. In addition, the event was used as an opportunity to provide participants with information on upcoming UN Cares activities.

During the 2008 evaluation, 98 per cent of participants stated that they provide social support to their HIV-positive colleagues, and 99 per cent said they would express strong opposition if an HIV-positive colleague were fired based on his/her status.

For *Minimum Standard 4* on condom distribution, the UN Cares Team reports having held training sessions on the correct use of condoms. Condom dispensers are present in the bathrooms of all UN agencies. Each condom dispenser has both male and female condoms. From 2007 to 2010,

approximately 30,000 condoms were distributed. The dispensers are regularly refilled with male condoms each month, but there has been a shortage of female condoms. Based on the evaluation conducted in 2008, only 34 per cent of respondents reported accessing condoms from the dispensers. Drivers access condoms most regularly (74 per cent), while only 20 per cent of administrative personnel access them.

For **Minimum Standard 5** on VCT, the UN Cares Team organizes a VCT campaign each year as part of the World AIDS Day activities between December 1 and 10 to provide VCT services to UN staff members. To date, two VCT campaigns have been organized, in 2008 and 2009. In the 2008 evaluation, 66 per cent of the respondents reported that they had undergone VCT.

The VCT drive featured a leading VCT provider in Burkina Faso. Prior to the launch of World AIDS Day activities, representatives conducted individual meetings with officials from UN agencies to provide preliminary information on the VCT initiative. Five teams were sent to different UN agencies. The VCT initiative was initially supposed to take place at all UN agencies, but ultimately it was held at three sites. Staff from other agencies traveled to one of these three sites to attend a VCT session. Each VCT team consisted of one counselor and one tester. The counselors conducted pre and post tests in confidential, individualized settings. In general, the VCT initiative was a success. The participation rate was 52.89 per cent. In total, 211 people received VCT services during 5 days; 209 tested negative and 2 tested positive, representing a seroprevalence of 0.94 per cent. The two positive cases were referred to medical follow-up care.

For **Minimum Standard 9** on PEP kits, a training session was held at UN agencies for staff, and a special session was held for drivers. However, the UN Cares Team admits that there remains much work to be done to improve the accessibility of PEP kits.

The e-course has yet to be introduced to all UN staff, but the UN Cares facilitators have completed it and plans are underway to introduce it to all UN employees.

UN agencies do not have offices in outside the capital city, however, WFP has storehouses in two locations outside the capital staffed by a small number of UN officers. The UN Cares Team plans to conduct awareness-raising activities for these employees and to place condom dispensers at these sites.

Since 2004-2005, the UN Cares Team has dedicated efforts to reaching the families of UN personnel, especially their children. On 17 February 2007, UN Cares organized an event at the Bangrewéogo Park in Ouagadougou with adolescents and adults to raise awareness about HIV and AIDS in a relaxed, convivial environment. Teenagers 15 and over participated in the board game “sans tabou” (without taboo), which allowed participants to revisit their attitudes regarding healthy sexual behavior and in a safe, non-judgmental space. Additionally, children under 15 years old participated in group theater activities aimed at building solidarity and raising awareness about the stigmatization experienced by HIV-positive individuals.

In 2008, the UN Cares Team organized a series of events targeting teenagers. During the months of May-July, the adolescents met on Thursday afternoons (because they do not have school during this time) and Saturday afternoons. They participated in theater groups, sessions of “sans tabou” and other activities to raise awareness about HIV and AIDS. In addition, two evening social gatherings were held in May and June 2008 for the teenagers.

Despite these efforts, the UN Cares Team recognizes the need to strengthen learning activities for families. In a baseline survey conducted in 2004, 68 per cent of staff members reported that their families took part in information sessions on HIV. However, that number was down to only 47 per cent in the evaluation conducted in 2008. In addition, only 46 per cent of respondents in 2008 reported that they sometimes communicated with their children on issues relating to HIV/AIDS, 32 per cent communicated consistently with their children, and 22 per cent never spoke of HIV/AIDS with their children.

Monitoring, evaluation and documentation

In 2008, the UN Cares Team conducted an evaluation of the training strategies used for implementing HIV-related services for personnel in eight agencies. In total, 54 per cent of the personnel in these agencies, or 376 employees, participated through self-administered surveys and focus groups. The study considered all levels of personnel, including international staff, senior staff, administrative personnel, assistants, secretaries and drivers.

The evaluation documented that UN personnel are being reached by HIV and AIDS awareness campaigns, with 94 per cent of respondents reporting that they have received education on HIV and AIDS, as compared with 68 per cent of respondents at the baseline study in 2004. In addition, 94 per cent of respondents report placing a high importance on HIV and AIDS.

Even though the evaluation demonstrated that personnel have a high level of knowledge about the existence of a UN response to HIV (74 percent), fewer personnel have knowledge of a UN Cares programme in the UN workplace (44 per cent). These figures represent an improvement from data gathered in 2004, when 64 per cent of respondents reported knowledge about a UN response to HIV and 38 per cent reported knowledge about the UN Cares programme. Nonetheless, the level of knowledge about UN Cares is still low.

Knowledge about UN Cares is higher among senior staff (60 percent) and international staff (54 per cent) as compared with drivers (39 per cent) and secretaries (25 per cent). The overall level of knowledge about the existence of focal points on HIV/AIDS (Staff AIDS Committee) is higher, with 68 per cent of respondents reporting that they know of the presence of a focal person and the committee in their place of work.

To reinforce monitoring and evaluation efforts, the UN Cares Team proposes that a part-time consultant be hired to perform these duties. The consultant will work with the focal person in each agency to document the successes and challenges of the UN Cares programme, which will be discussed during inter-agency meetings. Specific strategies will be brainstormed to increase

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the participation of UN staff and their families in UN Cares activities. Once a year, an evaluation will be performed examining the knowledge, attitudes and behavior of personnel and their families.

Lessons learned

There was low participation in the self-administered questionnaires for the 2008 evaluation. One lesson learned was that hiring researchers whose specific responsibility is the collection of data was a much more effective strategy.

To better address the lack of participation in UN Cares events, it is recommended that the Team conduct a study to understand the reasons why staff members do not attend activities. Additionally, more engaging and dynamic activities should be organized to motivate increased staff member participation.

The Team reports the difficulty in mobilizing resources for UN Cares activities. Even when UN agencies have committed funding, it usually takes one year for the agencies to disburse the funds. The facilitators report that it is already difficult to motivate UN personnel and their family members to participate in events, so once individuals are willing to participate, it is all the more important to have resources available to ensure the provision of services.

Moreover, because there is no delegated official whose sole responsibility is UN Cares activities, the facilitators often do not have the time to dedicate to UN Cares. The facilitators mention their involvement in the UN Cares Team in their job descriptions and request two hours per week to dedicate to UN Cares activities apart from their regular activities.

The authors of the evaluation conducted in 2008 recommend the active involvement of peer educators. Even though trainings of peers were held in the past, the evaluation reports that they could not be identified within the agencies. If they received proper training and supervision, they could communicate important HIV prevention and treatment messages to UN personnel.

The authors also recommend that UN medical services be strengthened, both in terms of prevention efforts and care and treatment for people living with HIV.

It is not sufficient to have motivated facilitators; it is also important to provide comprehensive training so they may effectively impart HIV prevention, care and treatment messages to UN personnel and their families. The UN Cares programme cannot solely depend on facilitators but should also provide adequate support to facilitators so they do not feel overwhelmed and burn out.

Effective communication skills are crucial, and unless facilitators are given proper training, they will not be able to transmit information relating to HIV prevention, care and treatment services to the personnel.

It is important for UN Cares Teams to understand the local context of HIV/AIDS in their respective countries. To effectively mobilize resources from funding organizations, and to successfully encourage UN personnel to participate in activities, the UN Cares Team members must understand the local social and cultural context of HIV. They must understand the stigma and behavioral determinants that will encourage or discourage participation in activities.

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 UNAIDS, Rapport UNGASS 2010 du Burkina Faso, Suivi de la Declaration d'Engagement sur le VIH/SIDA, March 2010