



UN Cares in Action

The Case of Zambia 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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UN Cares is a standing agenda item on the monthly meetings of both the UN Team on AIDS, and the UN Country Team agendas.

Background and context

In 2009, approximately 14.3 per cent of Zambia's population was HIV positive. In 2009, the National HIV and AIDS/TB/STI Council issued an Epidemiological Synthesis that identified the following drivers of the HIV epidemic: 1. Multiple and concurrent sexual partners 2. Low and inconsistent condom use 3. Low rates of male circumcision in some provinces 4. Mobility and labor migration, 5. Vulnerability and marginalized groups 6. Vertical mother-to-child transmission.²

The UN Country Team is composed of staff members from ICD (1), IMF (4), IFAD, ILO (34), IOM (31), FAO (16), UNAIDS (6), UNCTAD (2), UNDP (76), UNDSS (5), UNICEF (73), UNHCR (59), UNFPA (30), UNIDO (2) UNIC (4), UNECA (22), WFP (67), WHO (38), and the World Bank (47).

The majority of UN staff is located in the capital city Lusaka. UNDP, WHO, WB, UNICEF, UNHCR, and WFP, UNFPA and IOM have personnel outside of Lusaka, but all the other agencies only have staff in the capital. All agencies combined have a total of 89 international staff members and 428 national staff. In addition, the UN Country Team has 117 UN Volunteers in all seven provinces of the country.

Leadership of and advocacy for UN Cares

Prior to the implementation of UN Cares activities, the Resident Coordinator writes a memorandum to all UN Country Team members informing them about the activities and emphasizing the importance of the attendance of all their staff members. UN Country Team members in turn, inform and encourage staff members in their various agencies to participate in the activities.

UN Cares is a standing agenda item on the monthly meetings of both the UN Team on AIDS, and the UN Country Team agendas. The UN Country Team funds the UN Cares budget on an annual basis through cost sharing. In addition, the Resident Coordinator and members of the UN Country Team attended the UN HIV & AIDS Fun Fair event in December 2009, during which they encouraged staff members and their families to actively seek information on UN Cares.

An article on UN Cares is always included in the UN Zambia Newsletter, which is published quarterly.

Structure of UN Cares in Zambia

Prior to 2008, UN Cares was implemented in Zambia by a learning team composed of four Learning Facilitators and convened by UNAIDS. The team managed to mobilize support and funding for a full-time UN Cares officer. The four Learning Facilitators are representatives from ILO, UNDP, WHO and UNFPA. They all sit on the UN Joint Team on AIDS and report to the Team on workplace matters in their respective agencies.

The UN Cares Team meets whenever the need arises. However, because of the different roles the learning team members have in their various agencies, the UN Cares Officer usually communicates/shares information with them by

e-mail or phone. The UN Cares team works together in coming up with the annual workplan.

The UN Cares Officer and Team work closely with the UN Communications Group (UNCG) during special events such as the learning fair.

Whenever UN Cares activities are held, various partners are engaged to facilitate their implementation. For instance, the UN Cares Team posted a public call for applications for facilitation of the staff orientation sessions. The Team selected facilitators from an NGO that specializes in HIV training. The UN Cares Team worked with the NGO to produce a one-day learning programme that fulfills all UN Cares learning standards. And for the HIV and AIDS Fun Fair, the UN Cares Team partnered with various NGOs, including organizations that specialize in VCT for couples and children, organizations providing other health wellness activities, and a popular theater group.

There are three Zambian staff members who are members of UN Plus. The low level of participation in a high prevalence country like Zambia may be due to the lack of visibility of UN Plus and/or the fear of stigma. However, discussions are currently underway with one local member of UN Plus to explore the possibility of setting-up a local UN Plus chapter.

Funding

The UN Cares coordinator works with the UN Cares team to produce an annual costed workplan, which is then presented to the UN Joint Team on AIDS. If approved, the budget is funded by the UNCT, on a cost-sharing basis. Each agency contributes to the budget according to the number of staff members in the agency: the agencies with more staff members contribute more. The total cost of the 2010 UN Cares workplan is US \$34,000.

Current state of implementation of the Minimum Standards

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): HIV learning sessions have been conducted in Zambia for a number of years. In 2008, 17 full-day sessions were conducted at 5 sites covering 405 UN staff from 16 UN organizations and programmes. Pre-Post test comparisons indicated significant improvement in staff knowledge. Sessions received excellent evaluation of session content and facilitation. In June 2009, 43 staff members from Lusaka and 31 staff members from the Field Offices participated in learning sessions in Lusaka. These learning sessions were held for individuals who had missed the mandatory sessions that took place in 2008, which involved most of the staff in Zambia. In addition, during 2009, 31 new staff members were given orientation on UN Cares.

The one-day learning sessions cover all key topics of the UN Booklet, including information on UN policies and benefits, basic information on HIV transmission and prevention, including correct condom use, and experiential exercises on stigma and discrimination (thus covering Minimum Standards 1, 2 and 3).

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In December 2009, 13 wing displays were procured and distributed to various UN offices. The wing displays indicate the 10 UN Cares Minimum Standards. Prior to this, many staff members had indicated that they lacked knowledge about the UN Cares Minimum Standards, or were unaware of their existence.

Concerns relating to stigma and discrimination are always included in the UN Cares learning sessions. For example, during the last learning sessions, various exercises were done on how one could recognize stigma and discrimination in the workplace, school, home and church. In addition, one of the facilitators of the sessions in 2008 was a person openly living with HIV.

Minimum Standard 4 (Access to male and female condoms): Condoms for UN Cares activities are procured from the Government Medical Stores. These condoms are brought into the country by UNFPA. The UN Medical Dispensary and the UN Cares Team order the required condoms from the Medical Stores. Because the condoms are meant for reproductive health and are distributed to medical institutions and NGOs, they are not paid for by UN Cares – the Team receives them free of charge.

A total of 18,620 male condoms, and 4,173 female condoms were distributed in 2009 through the condom dispensers. There was a marked increase in the supply of condoms in the second half of the year as compared with the first half of the year. The facilitators report that during the first part of the year, the supply of condoms to the agencies was not as regular as they would have wanted. During that period, the UN Cares Coordinator was settling in the job and had not yet come up with improved ways of ensuring that condoms were available in offices at all times. One of the ways the Team members ensured a regular supply of condoms was by forming close contact with Human Resource Personnel in the various agencies. UN Cares Team members issued reminders to the Human Resource staff to report when they had run out of supplies, and they provided new supplies as required.

An interactive UN Cares Programme, which included condom demonstrations, was held on November 17 and 18, 2009. A total of 128 staff members attended these sessions. From the feedback received, staff members appreciated the sessions.

Minimum Standard 5 (Voluntary counseling and testing): The UN Cares Team organized VCT drives on National VCT Day. VCT providers erected tents at all UN stations (8 sites in the capital city) to offer the service to all UN Staff. In addition, VCT was provided on World AIDS Day.

Information on where to access VCT locally is distributed to all UN employees during the mandatory learning sessions. In addition, posters and fliers with this information have been produced and disseminated widely.

Minimum Standard 9 (Rapid access to PEP starter kits): The UN Cares Team in Zambia produced a locally adapted PEP protocol in 2007. In 2008, UN Cares Team members facilitated a PEP training for all UN drivers. In 2009, 30 PEP

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kits were ordered and distributed to all PEP custodians in field offices. Kits that were not distributed were kept by the UN Dispensary for Lusaka based staff. In December 2009, one staff member at UNHCR in a field office was exposed to the blood of a person who was injured as a result of an accident. In consultation with a local medical institution and the PEP Kit Custodian, PEP was administered to the affected staff member.

In 2007, 2008, and 2009, families of UN staff participated in the HIV and AIDS Fair. Among others, the following services were provided: child and couple counseling, VCT, blood pressure monitoring, diabetes education, dental services and other medical checkups. There was also a drama performance and other forms of entertainment. The Malawi UN Cares Team also attended the Fun Fair. During the event, one staff member openly declared his HIV status and encouraged others to emulate him. From the feedback received, staff members and their families hoped that a similar event would be held in 2010.

In addition, the Zambia team is planning to have learning sessions with staff members and their spouses/partners as well as having separate sessions for staff members' children and dependants.

In 2008, a mapping of UN offices and UN staff presence nationwide was conducted. Consequently, the full-day learning sessions were conducted to cover all field staff in 2008 and 2009.

In March 2009, the Resident Coordinator wrote a memo in which he enclosed a copy of the e-course for all UN Country Team members, informing them that the course was mandatory. Most of the Country Team members have since completed the module that is relevant to them. Furthermore, all members of the UN Joint Team on AIDS were informed that they had to complete the full course. The Joint Team members were required to submit their certificates of completion to the UNAIDS Country Coordinator who included it in their evaluations as Joint Team members. In April 2009, the e-course was distributed to all Human Resource personnel so that they could complete the relevant modules. Recently, when the UN Cares Team was distributing the booklet, "Living in a World with HIV," they also introduced the e-course to the staff members and, in particular, to those who needed to do the respective modules.

The UN Cares Programme requires commitment by all in order for it to be successful. First and foremost, top management should be in support of the programme

Monitoring, evaluation and documentation

The UN Cares workplan is an integral part of the UN Joint Programme of Support on AIDS. The workplan includes monitoring indicators, targets and a timeline. As such, monthly updates on the plan are provided to the Joint Team as part of their ongoing monitoring of the Joint Programme of Support. In addition, an annual report of the UN Cares workplan is produced and shared with the UN Country Team.

Lessons Learned

Based on anecdotal feedback, some personnel report that they are not aware of planned events as a result of not being informed by their Human Resources staff. To ensure that such occurrences are few, Human Resources personnel have provided the UN Cares Team with alternate names of people to contact in

case they are not available, to deliver information on upcoming events.

The UN Cares Team reports that obtaining resources for UN Cares activities continues to be a challenge. As indicated earlier, resources are mobilized from the various agencies. The UN Cares Team receives the resources from all the agencies, but it may not receive them at the time when they are required. This sometimes affects the implementation of some activities in the timeframe they are planned. However, the activities do finally take place even after the said delays.

The success rate of the UN Cares workplan could be attributed to the fact that Human Resource personnel were actively involved in UN Cares activities, which facilitated the logistical coordination of events in the various agencies.

The UN Cares Programme requires commitment by all in order for it to be successful. First and foremost, top management should be in support of the programme, as the case is in Zambia. Once there is managerial commitment and support, everything else falls into place. Further, all staff members, including staff associations should also show commitment to the programme in order for it to succeed. In addition, there is a need to have committed people on the UN Cares Team, as they are the ones who set the tone for the programme.

Fotnotes

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 Zambia Ministry of Health, National AIDS Council, Zambia Country Report, Monitoring the Declaration of Commitment on HIV and AIDS and the Universal Access Biennial Report, January 2008-December 2009

