UN Cares in Action

The Case of Djibouti 2012

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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 thematic case studies documenting the experience of nine 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' 10 Minimum Standards.

The compendium of case studies is the fourth in a series about implementation of HIV learning in the UN workplace. The first was published in 2006 and documented the experiences of 10 countries in different regions, and the second was published in 2007 and documented the experiences 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. The average prevalence of HIV among the global UN workforce in 2010 was estimated to be 1.4 per cent with an uncertainty range between 1.2 per cent and 1.7 per cent. Applying this prevalence to the total UN staff numbers, it is estimated that between 1,000 and 1,450 fixed term and permanent staff members could be infected with HIV. Assuming that the contingency workforce adds an additional 30 per cent to the total staff numbers (n≈113,000), it is estimated that in total between 1,400 and 1,900 UN personnel could be infected with HIV. HIV prevalence among dependents is estimated to be about 1 per cent (uncertainty range 0.8 per cent - 1.2 per cent), 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. Of an estimated 283,000 dependents (of fixed term, permanent and contingency workforce), a total of between 2,400 and 3,300 could be infected with HIV. Of all UN staff members (fixed and contingency staff) and their dependents, it is estimated that between 3,800 and 5,200 people could be infected with HIV.[1]

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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.

UN Cares is based on 10 Minimum Standards that UN offices in all countries are required to meet.

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 stations3 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 ecause 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 10 Minimum Standards with reference to a particular audience or approach. These are: reaching families, in particular young people; and, using a gender-responsive approach to carrying out learning activities. The case studies begin by explaining briefly 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 nine 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 nine countries. These are presented at the end of the document.

The sixteen case studies cover countries from all regions of the world with diverse HIV epidemics

The regions and countries featured in this document are:

- From Latin America: Costa Rica and El Salvador
- From the Caribbean: Trinidad
- From West Africa: Gambia
- From Asia and the Pacific: Fiji
- From East and Southern Africa: Kenya and Malawi
- From Middle East and North Africa: Djibouti and Iran

In Djibouti, UN Cares activities have been adapted to meet the community needs, taking into account the socio-cultural context of the country. Adaptation has strengthened UN Cares activities in various agencies with full participation of staff in various training sessions.

Background and context

The first cases of AIDS were reported in Djibouti, a small country strategically located in the Horn of Africa along the Red Sea, in 1986. Between 2004 and 2007, the HIV/AIDS, Malaria, and Tuberculosis Control Project helped improve disease prevention, detection, care and treatment in Djibouti. HIV testing and counseling was offered in about 20 prenatal care clinics, HIV prevalence among young pregnant women aged 15-24 was reduced from 2.7 per cent to 2.1 per cent, suggesting a stabilization of the epidemic. Awareness about HIV among the general population increased from 5 per cent to 95 per cent, with about 1,000 awareness sessions conducted between 2004 and 2006.[2]

The current prevalence of HIV in Djibouti is at 2.7 per cent based on a population of 818,159.[3] The HIV epidemic is largely concentrated in the age group of 20 to 34 years, and in urban rather than in rural areas. A behavioral survey conducted in 2010 among young people shows a decrease in the use of condoms at first intercourse 18 per cent (22 per cent for boys and 13 per cent for girls) against 29 per cent in 2005, including 30 per cent for boys and 24 per cent for girls. Multiple Concurrent Partnerships (MCP) refers to sexual relationships that overlap in time or to having more than one sexual partner at a time, which puts individuals at risk of contracting HIV. As of 2005, there was a decline among young people engaging in MCP. With regard to HIV screening, of 4,020 youth surveyed in 2010, only 273 stated they had been tested for HIV, which equates to 6.8 per cent of survey participants.

Leadership and advocacy for UN Cares

HIV is considered a top priority for the UN Country Team and is fully integrated into the UNDAF. UN Cares Leadership is provided by UNDP with a very active participation of UN Cares sister agencies' focal points who are appointed officially by the Resident Coordinator. During the 2011 annual retreat, UN Cares and Joint UN Team on AIDS members were trained in HIV,

including results-based planning. (awareness?), with a focus on methodology of planning based on results with The retreat also included a gender perspective in order to advance UNAIDS agenda of women and young girls within the context of HIV and AIDS. The Resident Coordinator and all the Head of Agencies participated and encouraged the teams to continue the implementation of UN Cares Activities.

Annual workplans are prepared and integrated in the joint United Nations plans of Support to National HIV/AIDS response. Separate activities are carried out at the level of each agency for UN staff and their families and collectively during World AIDS Day and UN celebration day.

Structure of UN Cares in Djibouti

The UN Cares Coordinator is a member of UNDP and works under the direct supervision of the UN Resident Coordinator. The main role of the coordinator is to ensure the coordination and implementation of activities of the workplan in collaboration with and participation by an inter-agency team of focal persons such as FAO, IOM, UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF,WFP and WHO. The inter-agency team of focal persons is mainly responsible for implementing activities at agency level, organizing training sessions for staff, holding regular meetings to discuss activities, information sharing, and feedback, resource mobilization advocacy, and ensuring availability of condoms supplied by UNFPA, on the request of the UN Cares Coordinator, in office restrooms.

Funding

Agency contribution is the main source of funding for UN Cares in Djibouti; on the basis of proposed activities such as staff trainings, each agency covers the cost related to training their staff. Expenses for joint activities such as World AIDS Day, family information sessions, etc., are shared between agencies based on the number of participants per agency.

Facilitators observed many topics discussed in gender-specific groups that would not have been discussed in mixed gender groups. These include HIV testing, how to share test results; how to share test results in married couples; how to communicate HIV issues in couples, in the family and in the community, and the perception of condom use in couples' relationships

Current state of implementation of the Minimum Standards

In Djibouti, UN Cares activities have been adapted to meet the community needs, taking into account the socio-cultural context of the country. Adaptation has strengthened UN Cares activities in various agencies with full participation of staff in various training sessions. The program has established links between UN staff and national counterparts and strengthened both formal and informal communication. A needs assessment exercise was conducted during the development of the UN joint plan of action, which in turn served as a basis for the implementation of a gender-oriented activity. As a result, national experts have been integrated into subsequent training sessions, so that national context and vision could be shared with UN Cares members, UN staff and families. Facilitators are selected from Joint UN Team on AIDS members, UN staff specialized in HIV/AIDS issues, physicians and external technicians.

UN Cares programming promotes gender responsiveness; discussion sessions are organized for UN Staff members and their families, for women, men, adolescents, and children separately in order to facilitate communication between peer groups. Gender- and age-oriented group sessions serve to break the silence and taboo about HIV by taking into consideration the religious and socio-cultural context of the participants. Separate sessions allow better exchanges on the themes of HIV awareness, education, treatment and prevention. In working with the youth, it was easier to have exchanges of issues and relevant responses regarding HIV knowledge and awareness when they were in a group of their age and gender peers.

Staff and their families were divided into groups of young children, teenagers, women and men. A team leader from Joint UN Team on AIDS and UN Cares focal points was designated to guide each group on a discussion of

HIV and AIDS through a series of questions and case studies, explanations, role-plays, videos, Q&A sessions, and PowerPoint presentations as appropriate for each age group and gender. In the case of the more mature groups, the discussions gravitated towards the methods to prevent the spread of HIV, including but not limited to the use of condoms and prevention of new infections among children and keeping their mothers alive.

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Monitoring, evaluation and documentation

Overall, group leaders were impressed by the interest demonstrated by staff, spouses and families, who really seized the opportunity to improve their general knowledge of the epidemic, to clear away misconceptions, and gain a better grasp of how to protect themselves and their families – both their immediate families and their greater UN family.

Lessons learned

This program creates dynamics within the agencies to strengthen 2011-2012 UN Cares activities with strong advocacy to implement the UNAIDS Agenda for women and girls in the context. The discussion groups are organized to maximize discussion around HIV and AIDS by considering gender and creating space for individuals to freely discuss these topics and engage in educational activities.

Awareness created during different sessions has provided a space of exchange and trust between staff (male/female). In addition to the awareness of the United Nations staff, the Focal Points have suggested that it would be desirable to be trained, in order to ensure continual awareness and support to staff and their families. The use of HIV specialists as facilitators was essential for the success of the program. In the future, UN Cares Djibouti aims to include team member training on gender and human rights in the context of HIV as well as continued technical support and follow up from UN Cares Global Coordinator and Task Force staff.

Advice for others

Key to program implementation is the availability of the heads of agencies and the focal persons. Good leadership and coordination of activities is just as important, as is the development of a realistic and concrete operational plan, which will serve as a basis for solid discussion with management so that necessary funding can be obtained. Consider the outputs of the workplan in the

annual performance appraisal plan of the focal persons.

UN Cares members should receive training in Gender Sensitivity and Equity Approach, develop different communication tools for gender-specific activities, and consider the outputs of the workplan in the annual performance appraisal plan for the focal point staff (RCA/PER/PAS/PAD). Gender specific and age appropriate tools were developed to facilitate the discussion of HIV and AIDS through questions and case studies as well as role-plays and question-and-answer sessions.

Footnotes

[1] In order to obtain estimates of the total number of staff living with HIV and HIV prevalence among the global UN workforce, UNAIDS estimates of HIV prevalence by country for 2010 were applied to the number of staff of that nationality, regardless of duty station.

[2] International Development Association (IDA): IDA at Work: Djibouti Responding to the Challenge of HIV/AIDS. Sept. 2009. Accessed 7/2/12 http://web.worldbank.org/WBSITE/EXTERNAL/EXTABOUTUS/IDA/0,,contentMDK:22303408~menuPK:4754051~pagePK:51236175~piPK:437394~theSitePK:73154,00.html

[3] UNICEF At a Glance: Djibouti. http://www.unicef.org/infobycountry/djibouti_statistics.html#89 accessed 7/11/2012; Djibouti- HIV-AIDS Statistics by Country. http:hiv-statistics.findthedata.org accessed 7/2/12