UN Cares in Action

The Case of Iran
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

Background and context

While Iran has a low national HIV prevalence of 0.2 per cent[2], it is facing a critical phase in the epidemic with an increased prevalence among injection drug users (IDUs), shifting the country from low prevalence to a concentrated prevalence.[3] Iran has a significant HIV response among Middle Eastern countries and has taken action towards prevention efforts with progress made towards expanding HIV counseling and testing, treatment and care.3

Iran has established a strategic plan, which addresses the needs of target groups, specifically the general population, at-risk and most-at-risk populations in the national context and people living with and those affected by HIV. HIV-related activities in the national strategic plan include age appropriate information and education, HIV counseling and testing, harm reduction, HIV/STI care and treatment, and strengthening HIV-related applied studies.

Leadership and advocacy for UN Cares

The UN Cares Iran team is comprised of focal points from all resident UN agencies as well as the Resident Coordinator's Office, and two UN Learning Facilitators. During the 2011 year, the UN Cares Iran team focused on specific activities that addressed all the 10 Minimum Standards using training sessions and advocacy material, while using specific indicators to measure goal achievement. Among some of the activities that were conducted were two HIV training/orientation sessions for national and international staff, as well as family members in Tehran and sub-offices. The team ensured that every learning session contains the elements clearly describing UN's zero tolerance towards discrimination on the basis of actual or perceived HIV status and cultural and gender dimensions of HIV in the Iranian context.

Particular attention was given to minimum standard four, to provide HIV testing and counseling. State-provided HIV testing and counseling in Iran is of a good quality. However, staff does not have sufficient knowledge and information about what kind of services can be provided to them in these centres and how to access them. In an effort to bridge this gap, UN Cares Iran distributes brochures of HIV testing and counseling centres within the country in all the training workshops. UN Cares Iran team used such findings from the global surveys from previous years to adapt learning sessions and inform the workplan development process for the following years. This has also resulted in additional actions to share information with the staff and their family members via e-mails, website, and learning sessions.

Who is involved in implementing these activities?

The annual workplan ensures that the UN Cares team in Iran implements the Minimum Standards as planned. The workplan is given to the United Nations Country Team (UNCT) for approval and commitment of funding. Participating agencies in the Iran Cares activities included FAO, IOM, UNAIDS, UNAMA, UNAMI, UNDP, UNDSS, UNESCO, UNFPA, UNHABITAT, UNHCR (sub office), UNIC, UNICEF, UNIDO, UNODC, WFP and WHO. PEP starter kit custodians from all agencies assist with rapid access to PEP. In this year's workplan, the UN Cares Iran team arranged for the Regional Coordinator to visit UN Cares Iran to facilitate a workshop for PEP kit custodians. The workplan also provides a roadmap of expected outcomes allowing the team to track their progress at the year's end, confirming actual outputs.

UN Cares Iran team activities address all 10 Minimum Standards during their training sessions and other activities throughout the year, such as World AIDS Day and the launch of the Stigma Fuels Campaign.

Funding

Funding for UN Cares Iran activities and programs comes from the Resident Coordinator fund, UNAIDS Programme Acceleration Funds with additional cost-sharing between UN agencies. The total budget for 2011 was US $14,000, with funds going towards PEP custodian training, bilingual training events (English/Farsi) for staff and their families, and production of behavioral change and communication materials for Minimum Standards 1 & 2 (information on UN policies and benefits, and information on HIV basics and services), and the Stigma Fuels HIV campaign.

Current state of implementation of the Minimum Standards

UN Cares Iran team activities address all 10 Minimum Standards during their training sessions and other activities throughout the year, such as World AIDS Day and the launch of the Stigma Fuels Campaign. In 2011, one-day training sessions were held, one in English for all staff and one in Farsi for the spouses of the staff and auxiliary staff in Tehran and Mashhad. Forty (40) staff members were trained during these activities and 95 per cent of participating staff found the training useful or highly useful, based on survey findings[4]. Participating agencies included IOM, UNAIDS, UNDP, UNFPA, UNHCR (sub office), UNICEF, and WHO. The UN Cares Regional Coordinator, PEP starter kit custodians, and UN HIV learning facilitator also took part. The training

sessions addressed HIV in the workplace, covered modes of transmission and preventative measures, stigma and discrimination, condom demonstration, provided specific PEP information and the guidelines of distribution, and discussed and included the experience of a person living with HIV. The personal experience shared by the person living with HIV, a non-UN staff member, was deeply powerful for the participants of the learning sessions, and was one of the most memorable moments for the staff. One staff member was asked after the training session for her feedback, and she stated:

"This training is very important. I understood the different stereotypes that I was not informed about, and honestly the best part of it was the real life experience."

Additionally, 350 "getting to zero" key chains were distributed to staff during World AIDS Day activities. UN Stigma Fuels HIV campaign launched with the participation of 150 staff members in Tehran, a reflection of the commitment from the management team. [5]

Because the facilitators are working with youth, it is essential for them to create a safe, trusting environment for the youth to learn, ask questions about sexual behavior, drug use and learn about ressources to get correct and accurate information.

UN Cares Iran has children- and adolescent-specific training sessions taught in Farsi for participants 10-24 years of age. Young facilitators ran the child- and adolescent-specific sessions. The facilitators were selected from a youth NGO that had previously worked with UNICEF; they have facilitating experience with Caring for Us and used to train UNICEF's staff children before they did so through UN Cares. The sessions used to be once a year in summers. This year (2012) will be the third round of these trainings organized by UN Cares. Training activities directed at children and adolescents strive to: increase knowledge of participants on HIV, basic life skills, and condom use for 15-24 year olds; provide age-specific information on risk factors young people face; and discuss stigma and discrimination with 14-24 year olds. Because the facilitators are working with youth, it is essential for them to create a safe, trusting environment for the youth to learn, ask questions about sexual behavior, drug use and learn about resources to get correct and accurate information. Youth are informed of their confidentiality in the sessions and reminded that information they disclose will not be shared with their parents. The number of children that participated so far in the two rounds of training (2009 and 2010) was 68. While there were no training sessions for children in 2011, there will be in 2012, making it the third round of children-focused trainings.

Monitoring, evaluation and documentation

A global external evaluation of UN Cares was conducted in 2011, and from this evaluation UN Cares Iran held a Brown Bag meeting to provide the UNCT a description of UN Cares Iran programming, while expanding its commitment to include STI and sexual gender based violence (SGBV). Additionally, UN Cares Iran used specific indicators for monitoring, such as tracking number and percentages of people attending training sessions, brochures given out for advocacy, and number of UN system managers actively modeling leadership through participation among others to measure UN Cares progress in Iran.

The overall feedback of the children's sessions was very positive. Some children continued networking with the facilitators and each other and exchanging views using social media such as Facebook. Most of the parents' views were positive; they appreciated the opportunity and were asking UN Cares focal points about the dates of upcoming events as they are provided anywhere else, and they want their children to attend.

Lessons learned

Using the limitations noted in the 2009 UN Cares progress report regarding communication of UN Cares programs, literature and extending HIV testing and counselling program information have been addressed in the 2011 activities, specifically by strengthening the dissemination of information and targeting more members of the United Nations in Iran community. A country-specific data analysis that was conducted and compared with MENA data from 2009 and 2011 showed a decline in participation and indicated that general staff information about UN Cares and 10 Minimum Standards was low. The team concluded this could be due to high staff turn-over.

Also there may be an inability to link between ad-hoc events, orientation sessions and distribution of BCC materials with the UN Cares as the overall framework under which all this is happening. In this year's activities, UN Cares Iran addressed the need to revise the HIV in the workplace orientation session content while acknowledging the need to increase more general information sharing about UN Cares programming/activities. The team is focusing on shifting the UN Cares Iran platform from an information-sharing program to a delivery-of-service oriented program, where HIV testing and counseling and other basic health-promoting services will be available to participants.

The 2011 feedback report was compared with MENA and found that Iran is doing better in providing UN members with UN Cares information when compared with the region. However, compared to the global level, UN Cares Iran is low is reaching employees and providing information. One way UN Cares Iran is addressing this gap is by asking UNCT for more managerial commitment and by sharing with UNCT what is happening at the global level.

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Advice for others

The issue of sustainability of UN Cares programme at duty station level is a great concern. Solid and strong initiation cannot guarantee a continued support and commitment to this programme. As management, UN Cares Team members and staff change, the programme requires spaces and instances to take a step back and look critically on how it is perceived and what are the expectations of the staff it is serving, and to think of innovations to keep it dynamic and alive. Without this, it will have challenges to survive.

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] UNAIDS HIV and AIDS Estimates 2009. http://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran/

[3] UNAIDS Country Situation Iran 2009. http://www.unaids.org/ctrysa/ASIIRN_en.pdf

[4] UNDG 2011 Resident Coordinator Annual Report. http://www.undp.org.ir/DocCenter/reports/UNDG%20RCAR%202011.pdf

[5] UNDG 2011 Resident Coordinator Annual Report. http://www.undp.org.ir/DocCenter/reports/UNDG%20RCAR%202011.pdf