



UN Cares in Action

The Case of Kenya 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 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, the estimate is that between 3,800 and 5,200 people could be infected with HIV.¹

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 which UN offices 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 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 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 learnt can be discerned from the experience of the nine countries. These are presented at the end of the document.

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

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Background and context

The HIV epidemic in Kenya can be characterized as mixed, with high prevalence among the general population, as well as in key populations, in particular in men who have sex with men and female sex workers. In the past two decades, prevalence has decreased from 10 per cent in 1998 to an estimated 6.3 per cent of adults ages 15 to 49 in 2009, totaling between 1.3 million² and 1.6 million adults living with HIV. The epidemic more heavily affects women, with a rate of 8 per cent among women and 4.3 per cent among men³. Adult HIV prevalence is greater in urban areas (8.4 per cent) than in rural areas (6.7 per cent) of Kenya².

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. The 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. WFP also has offices in Eldoret, Mombasa, Mandera and Garissa.

The implementation of HIV training into occupational health and wellness programs, as has been done in Kenya, ensures sustainability, avoids duplication and appeals to a wide range of staff and community members. There are also government services that go to people's homes to provide HIV testing to residents. UN staff are provided opportunities for HIV testing and counseling 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.

It has been long advocated for people living with HIV to receive the

treatment and assistance necessary to live a long and healthy life; however, many times children and teenagers are forgotten. The facilitators and program/activity planners of UN Cares Kenya are acutely aware of the developmental states of children, the importance of status comprehension and the challenges parents face, as well as providing treatment and support options for children and teens. Below is some of the rationale for providing services focused on children and adolescents:

- Children are not babies. Neither are they small adults. They are human beings waiting to develop just like any other who has gone through the developmental milestones. It is in that respect that we ought to factor children in a holistic manner when managing their HIV status and processing their own understanding of their health condition.
- It is important to explain to children their HIV-positive status in a way that is easy for them to understand, based on their cognitive stage. Disclosure is one of the most challenging steps a parent or guardian can take in helping a child. When children get to know and eventually accept what is happening in their health, they will be helped to make some choices that would help them cope with the disease; this includes treatment fatigue, healthy eating habits, as well as general social life.
- Pre-teen and teenagers are prone to experiment as expected during the adolescent stage and it is healthy for them to explore the outer world with caution if they know their sero status, in that they will be able to advocate for behavior change among their peers.

Children, too, go through stress and fatigue related to treatment just as adults would. It is of great importance for children living positively to have a forum where they meet and discuss their issues, challenges, and success stories as they journey through this particular chronic disease. In such forums, they can talk about the condition freely without any fear of stigma and related issues. They will as well get the confidence that they are not alone in the journey as they get support.

Therefore, parents, guardians, and healthcare providers need to join forces to help these forgotten groups get the support and counsel they need. HIV is real and for one reason or the other parents and guardians need support in the following areas:

- Addressing the fears/barriers that hinder us from disclosing HIV status
- The steps and disclosure guide
- Life after disclosure
- Parent to parent/guardian support

Leadership and advocacy for UN Cares

The UN Cares program has received strong support from senior management, including the Executive Director of the United Nations Office at Nairobi (UNON). UN Cares briefs the Country Management team, the inter-agency

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Human Resources (HR) sub group, the Joint United Nations Team on AIDS, the teams that our budget process goes through for approval (including the HR sub group, Finance and Common Services sub groups) on our activities including achievements and challenges. They in turn approve the budgets and continue funding the program from one year to another. The Country Management Team is composed of all the heads of UN agencies in Kenya.

Structure of UN Cares in Kenya

The UN Cares Coordinator working with the UN Plus Coordinator and an administrative assistant heads the UN Cares program. 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 an openness of education and understanding of childhood experiences with ARV 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 counseling 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 (NACC) falls.

UN Cares Kenya also has other NGO partners in our training and HIV

testing and counseling provision. Movement of Men Against AIDS in Kenya (MMAAK) facilitate on the area of stigma and discrimination in our mandatory HIV and AIDS training sessions. Together with UN Plus, they serve as persons living with HIV in our 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 our staff in Nairobi and some field offices during our HIV testing and counseling campaigns held mainly during the week of World AIDS Day (WAD). Finally, UN Medical Services Clinic provides medical services including HIV testing and counseling, medical evacuation, occupational health, and periodic medical checkups for staff members.

The Joint UN Team on AIDS oversees both UN Cares and UN Plus. UN Plus Kenya has 54 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 free One Stop Clinic operated by Aga Khan Hospital, where the national staff members access 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, counseling on adherence and other health concerns are offered. UN Plus members are involved in peer educator programs and participate in World AIDS Day.

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 under UNON. 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, Kshs. 1,500 per child, 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. The fee is approximately US \$18 per child.

Current state of implementation of the Minimum Standards

UN Cares in Kenya has actively worked towards meeting the 10 Minimum Standards. In 2005, for instance, initial HIV orientation sessions reached more than 2,400 staff members. Similar orientations have been held on a regular basis so that new staff members can receive information about UN policies, programs, staff rights, entitlements and benefits, and their own responsibilities (Minimum Standard 1). These sessions are held twice monthly at the main UN complex and less frequently in other locations. Each year, an average of 400

staff members attend these sessions. Weekly induction sessions conducted by the Human Resources Department also include information on HIV.

UN Plus, the UN system HIV positive staff group, ensures that people living with HIV are adequately engaged in prevention activities, offers psychosocial support to staff and their families, continuously monitors the quality and equity of AIDS treatment, stigma and implementation of GIPA (Greater Involvement of People Living with HIV & AIDS) principles in the UN workplace. Many staff and their dependents seek assistance and support from UN Plus on a continuous basis, offering a safe haven for those living with or affected by HIV.

Family training sessions are held regularly, including age-appropriate sessions for children during the Kenya school holiday. The children's training and support program is comprised of two groups: children of staff members who attend on-going training on HIV and children living with HIV who receive HIV education plus support.

Of the staff members' children who attended regular HIV trainings during the past 5 years, more than 900 have attended these trainings. A resource pack—containing information on policy, programs and the availability of quality care, treatment and support—and the “Living in a World with HIV” booklet are distributed at these trainings (Minimum Standard 2).

In Kenya, children taking anti-retroviral medications (ARVs) often are not aware of their status. While they understand that they take medication daily, they may not have been told they are HIV-positive. To facilitate this discussion between mother and child, UN Cares in Kenya holds support groups for mothers aimed at disclosing the child's status, educating them on HIV and AIDS, and helping them determine how prepared their child is to know their HIV status. These psycho-educational groups take place every second month through UN Plus and include art therapy in addition to discussion and group activities. The program has been adapted to include therapeutic counseling services and animated videos for the children. This has aided the mothers and children to gain a better understanding of HIV and the impact it has in their lives. It also enables mother and child dialogue around disclosure, medication adherence, and expression of feelings and thoughts around their status.

Support to adults and children and learning sessions focused on HIV-positive participants have different curriculums based on awareness of HIV status. Adults attending are aware of their HIV status and cover all HIV-related topics that can benefit them. The children come not knowing their HIV status and are taken through the sessions with this in mind, prepared for disclosure by receiving basic HIV and AIDS information, support in bringing out their likes, fears, etc. It is up to the parents to inform their children of their HIV status as counsellors can only do so with the permission of parents. Recruitment for these activities and others comes from direct contact and consultation between the parent and UN Plus Coordinator, One Stop Clinic records of children accessing care, and UN Plus group therapy and meetings.

Parents and children attend different group sessions focused specifically on addressing their individual information and training needs. Parents attend a psycho-social support group run by trained counsellors. Many mothers admitted

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this kind of sharing and support was their first, as many had only discussed the HIV status of their child with their spouse and doctor. Parent sessions cover: nutrition, disclosure, relationships, prevention of new infections in children, ARVs and their side effects, adherence to treatment, malaria, vaccinations, TB and multi-drug resistant TB (MDR), etc. The mothers and fathers who are staff members also benefit from the learning sessions in the UN Plus meetings and retreats.

Support group sessions for staff members' children living with HIV are held regularly with children ranging in age between 7 and 12 years old. Though the participants showed an understanding of basic facts on HIV and AIDS, their understanding of their own status varied widely. Activities included art therapy for some and a discussion of disclosure for others. The children were given an exercise to express their feelings on their likes and dislikes. One child who knew of his status and medication expressed these fears:

“THINGS I FEAR. The things that I fear are: one is I don't want to be idle during me leisure time, I fear being punished by teacher, I fear becoming the last position in the class, I fear being hated by my friends, teacher and my mother, I fear becoming a street child, I fear if ARV drugs are not there and I fear death.”

Monitoring, evaluation and documentation

By monitoring the UN Cares program, a stronger case can be made for improved planning efforts, enhanced cohesion and a national response targeted at the UN staff in Kenya. Monitoring also ensures compliance with the UN policy is done on a continuous basis.

A Monitoring & Evaluation plan is regularly developed as part of the annual workplan and is used to measure what achievements have been made. As a part of the Joint UN Team on AIDS, UN Cares' annual workplan has now been incorporated into the national support program of the UN in Kenya for the 2010-2011 biennium plans. Continuous monitoring is done during the orientation training sessions, and staff members provide feedback on the quality of the training. In 2011, Kenya's staff members participated in the global UN Cares survey assessing the implementation of the 10 Minimum Standards.

While a formal evaluation of the training activities for children mentioned here has not been conducted, positive feedback from parents has been expressed regarding the support and learning sessions provided. Evaluations have been conducted (pre and post) during the mandatory staff HIV and AIDS orientation sessions. Positive verbal feedback has been received on the children's activities, family sessions, and trainers, which is taken into consideration during activity planning.

The UN Plus Coordinator monitors the quality of treatment and care provided at the One Stop Clinic in Nairobi. The program is in the process of conducting a survey that assesses the level of stigma, discrimination and

ease of access to treatment and care for UN staff members and their families. Monitoring activities also look at the impact of HIV on children, the benefits of the children's support group, the impact of HIV on individual lives and collects information on CD4 levels at start of treatment and at present. Results of this survey are still pending. Detailed records of planned activities and attendance are maintained. Membership in UN Plus grew from 40 members at the end of 2010 to 54 members by the end of 2011.

Lessons learned

Key success factors that the UN Cares in Kenya team have identified include: ensuring long-term sustainability while maintaining a balance of addressing immediate challenges, monitoring the relevance, cohesion, alignment and harmonization of activities to the 10 Minimum Standards, and providing a forum for the meaningful involvement of staff living with HIV and their families. 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.

Senior management commitment is key to the success of the UN Cares program. 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. Another lesson learned is 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.

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 first support group held in 2010 emphasized the need for activities tailored to the children's understandings of their status. 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. 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 caregiver. The next stage of the children's support group is expected to go on until these children reach 18 years old, and to create programs specifically for adolescents aged 10 to 16 years. This is 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 based on the positive feedback on the benefits of these groups from parents and children. These support groups also 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.

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Advice for others

The utilization of professional counsellors for staff, children, and caregivers is essential for addressing their support needs. This has proven successful for the children's support group, as many are able to draw out their thoughts and feelings regarding their fears, medication, and communication problems with parents. Also, key to the success of these activities and programs is the working collaboration between UN Cares and UN Plus staff and programs. This allows a broader community reach and targeting of staff and family that are accessing UN Plus services and One Stop Clinic who could benefit from HIV training and psycho-social support. For instance, UN Plus in Kenya has utilized specialists to talk to UN Plus members on relevant issues such as drug adherence.

A sustainable funding source allows the UN Cares program in Kenya to operate reliably and without interruption. Establishing strategic partnerships within the community, and the collection of minimal fees from staff to support children's group activities also help ensure sustainability.

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 National HIV Indicators for Kenya: 2009 National AIDS Control Council and the National AIDS and STD Control Programme. April 2010

³ National AIDS Control Council, UNGASS 2010 Country Report: Kenya.