UN Cares in Action

The Case of Malawi 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 eight 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]

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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 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

Out of a population of 15.4 million, almost 1 million people in Malawi are living with HIV.[2,3]AIDS is the leading cause of death among adults in Malawi, and is a major factor in the country's low life expectancy of just 54.2 years. The majority of HIV infections in Malawi occur through heterosexual sex.[4] HIV prevalence is around 17 per cent in urban areas, compared to almost 11 per cent in rural areas.[5] However, studies suggest that prevalence is declining in many urban areas and rising in many rural ones.[6]

HIV infection in Malawi is disproportionately female, and younger women are particularly affected. HIV prevalence among women aged 15 to 24 is around 9 per cent, compared to 2 per cent among men. HIV prevalence is also higher in female adults aged 15 to 49 years (13.3 per cent) compared to men (10.2 per cent).[7] Women in Malawi are socially and economically subordinate to men. This inequality fuels HIV infection, as traditional gender roles allow men to have sex with a number of partners and put women in a position where they are powerless to encourage condom use.

Leadership and advocacy for UN Cares

The UN Cares program has received strong support from the UN Cares Chairperson, UN Cares Coordinator, and UN Plus. Managerial commitment and support of events provided by the Resident Coordinator, UN Country Team, Joint UN Team on AIDS and other Heads of Agencies through their involvement in activities, allowing time for staff to attend activities, provide space for activities, and by vocalizing UN Cares messaging, setting an example for staff to follow. For the May 2011 gatherings, Carrie Auer of UNICEF

and Athanase Nzokirishaka of UNFPA provided their residences for gender responsive trainings. Mr. Humpreys Shumba, Programme Officer at UNFPA, did facilitation of these activities for the men and Dr. Felistas Zawaira of WHO for the women.

Structure of UN Cares in Malawi

UN Cares Malawi comprises of members from all 10 UN Agencies in Malawi. These agencies include the FAO, ILO, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNODC, World Bank, WFP and WHO. Each agency has a focal person who coordinates workplace activities at Agency level under the supervision of the UN Cares Chairperson. UN Cares reports to the chairperson. UN Cares also has a UN Cares Coordinator who is responsible for coordinating inter-agency activities. Together with the UN Cares committee, she plans programs for all agencies, which are approved by the chairperson. All heads of agencies provide a great deal of support for UN Cares and the program activities.

Funding

Funding is allocated through contributions by all UN agencies in Malawi.

Current state of implementation of the Minimum Standards

UN Cares in Malawi has actively worked towards meeting the 10 Minimum Standards. Malawi has created innovative and inclusive activities to promote the principles of the workplace policy as well as good health and general well-being, specifically, through gender responsive sessions allowing gender-sensitive issues to be discussed among same gender peers. It was believed that men and women would share equally in mixed gendered groups, as many of the topics are not gender-specific. The sessions were divided by gender in 2007 after it was observed that some members did not feel free to discuss gender-sensitive issues, especially the women, in mixed-gender groups. This separation enabled both men and women to share their views of a particular gender without fear of the other gender observing. These group sessions became known as ‘woman-to-woman’ and ‘man-to-man’ groups that discussed HIV prevention and treatment, sexual reproductive health and other social and health-related issues that were important to both women and men. In 2010, a needs assessment was conducted to assess programming gaps in the Man-to-Man and Woman-to-Woman activities. From this assessment, the team was able to determine what additional focus areas were needed (finance, issues of multiple and concurrent sexual relationships, as well as the need to identify the best facilitators for the sessions and the best implementation format). These activities serve to encourage staff interaction and discussion on issues and challenges that affect their daily lives.

UN Cares and UN Plus invite all staff members and encourage family and friends to attend these training sessions. Sessions consist of PowerPoint presentations focused on a specific topic, discussion of sexual health as well as general physical health, gender- and age-specific issues as raised by participants, as well as experience sharing.

On May 6, 2011, UN Cares Malawi Team organized a Man-to-Man gathering at the residence of UNFPA's representative Athanase Nzokirishaka, and a Woman-to-Woman gathering at the residence of UNICEF's representative Carrie Auer. Interesting topics of the day included Multiple Concurrent Partnerships (MCP), personal finance management, and the linkage between weight, hypertension and diabetes. Multiple Concurrent Partnership (MCP) refers to long-term relationships that overlap in time, or having more than one sexual partner at a time, which puts an individual at risk of contracting HIV. MCP is an important topic because many people are not aware that they are part of a sexual web (network of shared sexual partners) and are not aware of the risk associated with MCP.

UNAIDS Modes of Transmission model estimates that combined interventions that focus on eliminating MCP and discordant couple HIV transmission would reduce new infections by 93 per cent.[8] Both sessions included PowerPoint presentations on Multiple Concurrent Partnerships, providing education on relationships, health risks involved and ways to reduce those health risks as well as opening dialogue with their partner(s) about these risks, and how to change sexual practice behaviors. Basimenye Nhlema from Pakachere Institute of Health and Development Communication gave the women's PowerPoint presentation. Humphreys Shumba, Programme Officer, UNFPA, gave the men's PowerPoint presentation.

The women's group session led by WHO representative Dr. Felistas Zawaira. The session focused on overall health with particular attention to hypertension and diabetes, as well as the means to which women could combat these diseases

through physical exercises, controlling one's body weight, healthy dietary habits and controlling salt intake, along with regular blood pressure monitoring and consulting a physician if signs of hypertension or diabetes present.

The primary focus of the men's group session was on Multiple Concurrent Partnerships and low condom use. Facilitator Humphreys Shumba led a thought-provoking discussion and self-analysis as a means to reverse the spread of HIV and the use of condoms.

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 Malawi. Evaluation is conducted at the agency level through participant feedback to the agency Focal Person and through open discussion at interagency focal person group meetings. These evaluation measures allow data collection from all active agencies based on the feedback they are receiving from their staff participants. It was through these evaluation methods that gender-specific activities were created and are continually being improved upon.

> *"Just the idea of women gathering together to discuss issues that are important and relevant to women, learning from each other's experiences, interacting, and getting to know one another is what made this session a good initiative." — Ms. Monique Dictus*[9]

Lessons learned

UN Cares Malawi learned that the approach to discussing sexual reproductive health varies by gender group and different approaches are required. UN Cares was able to identify contributing factors as viewed by each gender aiding in programming objectives. The splitting of the sexes enabled members to openly discuss their concerns and ask questions without fear of reaction from the other gender. Malawi is also considering age-specific gender groups to maintain focus within the groups.

Advice for others

UN Cares Malawi encourages others undertaking gender-responsive activities to actively inform members that the groups are split by gender so they will feel free to speak openly and know in advance that they can share among their gender peers. It is also important to involve management in the planning of these activities. Consider creating age-specific gender groups to address other concerns and further provide safe and open space for discussion. The inclusion of entertainment at these activities or daytime workshops is encouraged.

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 (2010) 'UNAIDS Report on the Global AIDS Epidemic

[3] UNDP (2011) 'Human Development Report 2011'

[4] WHO/UNAIDS/UNICEF (2011) 'Global HIV/AIDS Response: Epidemic update and health sector progress towards Universal Access 20115UNGASS Country Progress Report (2010) 'Malawi HIV and AIDS Monitoring and Evaluation Report: 2008-2009'

[6] G A Bello, J Chipeta and J Aberle-Grasse (2006), 'Assessment of trends in biological and behavioural surveillance data: is there any evidence of declining HIV prevalence or incidence in Malawi?'

[7] UNGASS Country Progress Report (2010) 'Malawi HIV and AIDS Monitoring and Evaluation Report: 2008-2009'

[8] Multiple and Concurrent Sexual Partnerships in Malawi. May 2011. Basimenye Nhlema, Pakachere Institute of Health and Development Communication. PowerPoint presentation.

[9] Wills and Inheritance, Sex, Condoms, Cancer: Candid Discussions. July 2009. The NkhaniZathu (Our News) Monthly Newsletter and Bulletin Board.