



UN Cares in Action

The Case of Iran 2013

Reaching Adolescents

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HIV training workshops were conducted for children and adolescents in various age groups using innovative and fun activities.

Reaching Adolescents

The UN Cares team in Iran won the Honouree status for the 2012 UN Cares Award for their outstanding efforts in reaching children and adolescents. Program activities were specifically designed for three age groups: 10-13 years, 14-17 years, and 18-25 years. Several fun games and activities were used to educate children and adolescents. A wide range of topics were covered during these programs, including sexual behaviours and STI, HIV/AIDS statistics and transmission, condom demonstration, sex and gender, HIV/AIDS-related beliefs and truths, sharing experiences, anatomy and puberty, and HIV-related stigma and discrimination. Program activities have led to the creation of a safe, trusting environment for the youth to learn, ask questions about sexual behaviour and drug use, and learn about resources to get correct and accurate information. In addition to focusing on children and adolescents, the Iran UN Cares team is also working towards renewing interest in routine activities (training and information sharing through e-mails) among UN staff members through the organization of wellness events called “UN Healthy Afternoon” and the development of “Friends of UN Plus,” a wellness approach aimed at creating an environment that is conducive and supportive to staff living with HIV.

Background and context

While Iran has a low national HIV prevalence of 0.2 per cent ¹, it is facing a critical phase in the epidemic, with an increased prevalence among people who inject drugs, shifting the country from low prevalence to a concentrated prevalence ². Iran has a significant HIV response among Middle Eastern countries and has taken actions towards prevention efforts, with progress made

towards expanding HIV counselling and testing, treatment and care². Recent projections show a growing shift towards sexual transmission and additional new infections among women.

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 testing and counselling; harm reduction; HIV/STI care and treatment, and strengthening HIV-related applied studies.

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UN Cares Structure / Leadership of 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. Over the past few years, the UN Cares Iran team has focused on specific activities that address all the 10 Minimum Standards using training sessions and advocacy material together with using specific indicators to measure goal achievement. Among some of the activities that were conducted were four HIV training/orientation sessions for national staff, family members as well as their children in Tehran. 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.

In an initiative to advocate for more attention towards HIV and AIDS, in support of UNAIDS Country Coordinator, the UN Cares team mobilized staff to participate in the "Campaign for Vote to END AIDS." Additionally, participation of Iran in the recent "Meeting of Minds" regional UN Cares workshop in Asia and Pacific Region also provided an opportunity for renewing promises and strengthening commitments as well as reporting back on experiences shared.

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 UN Cares activities include 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.

Sources of Funding

Funding for UN Cares Iran activities and programs in 2013 comes from a cost-sharing basis among all UN agencies operational at the duty station. The total budget for 2013 was US \$8,500, with funds going towards PEP custodian training, bilingual training events (English/Farsi) for staff and their families, and production of behavioural change and communication materials for Minimum Standards 1 & 2 (information on UN policies and benefits, and

information on HIV basics and services), and arranging a healthy afternoon for UN staff and family members where a wellness service package will be delivered to all in a fun manner.

UN Cares-Approaches adopted

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 children's training. During the past years, a part from the one-day training session for all staff and the three days of workshop for children, an additional learning session was conducted by a PEP custodian specifically on PEP related issues.

During these activities, 157 staff and family members were trained, and the majority of participants found the training useful or highly useful, based on workshop evaluations. Participating agencies included IOM, UNAIDS, UNDP, UNFPA, UNHCR, UNICEF, UNODC, FAO and WHO. 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. The UN “Stigma Fuels HIV” campaign was launched with the participation of 150 staff members in Tehran, a reflection of the commitment from the management team³.

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 had facilitation experience with Caring for Us and used to train children of UNICEF staff before working through UN Cares to benefit all UN organizations. The sessions are conducted once every two years in the summer. In 2012, the third round of these trainings was organized by UN Cares. Training activities directed at children and adolescents strove to: increase knowledge of participants on HIV, basic life skills, and condom use for 15-24 year olds; provide age-specific information on the risk factors young people face; and discuss stigma and discrimination

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with 14-24 year olds. Because the facilitators work with youth, it is found to be essential for them to create a safe, trusting environment for the youth to learn, ask questions about sexual behaviour, drug use and learn about resources to get correct and accurate information. Youth are informed that what is said in the sessions will be confidential and that information they disclose will not be shared with their parents. The number of children that participated in the three rounds of training (2009, 2010 and 2012) was 90.

Monitoring and Evaluation

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 world-wide and 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 modelling leadership through participation, among others to measure UN Cares progress in Iran.

The overall feedback from the children's sessions was very positive. Some children continued networking with the facilitators and each other and exchanged views using social media such as Facebook. Most of the parents' views were positive. They appreciated the opportunity and asked some of the UN Cares focal points about the dates of upcoming events to which to bring their children, as nowhere else were such trainings provided.

Barriers

Limited understanding of the risks: In areas where the epidemic is concentrated among key populations, understanding of risks of transmission among the general public is very low. The general perception is that the infection is always associated with particular groups and failure to identify with any of these high-risk groups eliminates chances of infection from casual sex, multiple partners and not using condoms. This perception may partly have contributed to a huge gap between registered cases and estimation projections, as people perceive themselves not at risk and hence do not opt for voluntary counselling and testing. The main challenge with UN staff in Iran is similar to the challenges faced with the general public. As a result, testing levels are low as most consider themselves to be healthy and not at risk.

- **Stigmatization:** The general public's perception that they are at a low risk and the association of HIV services to particular groups contributes to further stigmatization of HIV testing and counselling and prevents staff from benefiting from existing services that serve as the gateway to care and treatment.
- **Poor interest in routine activities:** Staff has been found to easily lose interest in routine activities (training and information sharing through e-mails).

Strengths/Successes of the project

- **Renewed interest in routine activities:** Healthy afternoon and wellness programmes are ways that UN Cares intends to stimulate interest, stay committed to and achieve objectives, while going a bit beyond HIV.
- **Organization of wellness events:** The wellness event called UN Healthy Afternoon will provide counselling and one-to-one education services (HIV, drug and STI); include basic health components (diabetes, hypertension and body fat testing); promote physical activities (a ping pong and a football table in the outdoor space); provide a corner for stress release as well as nutrition advice; offer fun activities while learning about HIV for children, and offer healthy snacks.

The development of “Friends of UN Plus,” a wellness approach aimed at creating an environment that is conducive and supportive to staff living with HIV, is currently underway. The UN Cares team intends to reach staff living with HIV by developing valuable networks with local people living with HIV (PLHIV) to collaborate on issues of concern and foster a non-stigmatizing environment. The shared perspectives on HIV-related stigma and discrimination of individuals from these networks will facilitate dialogue and communication on HIV-related issues and help UN staff to feel comfortable about their status.

- **Advocacy for UN Cares:** The entire process of 2012 UN Cares award giving — from country nominations and filling the respective forms to the announcement of results and even the final recognition ceremony in the “Meeting of Minds” — served the UN Cares programme of Iran as a means for advocating for UN Cares. It created momentum from the work done, and, as a result, a lot of communications from RC/Heads of agencies to all staff were exchanged, the outcome of which was a renewal of the UN Cares Iran team’s promise towards the programme.
- **Working with Children and Adolescents:** Ensuring confidentiality and promoting the creation of a supportive friendly environment as a result of peer-led programs, together with the unique nature of topics covered and methodologies adopted for this vulnerable group, contributed to the success of the program. Program activities were specifically designed for three age groups: 10- 13 years, 14-17 years, and 18-25 years. Several fun games and activities such as rope game, buzz game, VIPP (Visualisation in Participatory Planning), dumb show (Pantomime), etc. were used to educate children and adolescents. (A detailed description of all the activities can be found in Appendix 1). Topics covered during these programs included: sexual behaviours and STI, HIV and AIDS statistics and transmission, condom demonstration, sex and gender, HIV- and AIDS-related beliefs and truths, sharing experiences, anatomy and puberty (10-13 age group), and HIV-related stigma and discrimination. The programs also involved conducting a pre- and post-evaluation test.

Upon the return of the two participants from the Bangkok meeting,

in a UN Cares debriefing meeting, the team tried to study the submission and the good work done by Fiji (another honouree in this category). The objective of the exercise was to learn from that experience. This exercise helped the UN Cares programme in Iran to compare and analyse the two submissions in terms of scope, communications, results achieved and presentations to enhance its own programmes for children and future similar submissions.

Advice to other UN Cares teams

The inclusion of not just children but spouses/partners is recommended as a way to make the entire work environment more innovative and family friendly.

The issue of sustainability of UN Cares programme at duty station level has been identified as a great concern, making solid and strong initiation insufficient in guaranteeing continued support and commitment to this program.

The effective functioning of UN Cares suffers from major setbacks such as rotation of staff and lack of physical space for carrying out program activities. From a managerial perspective, to ensure that the UN Cares teams continue to effectively and efficiently carry out UN Cares' mission and effectively identify and meet the real needs of UN staff, it is necessary to recognize the importance of being reflective — taking a step back to look critically on how these barriers are perceived and identify the expectations of the staff that UN Cares is serving. This process will be useful in designing innovative and dynamic programs to adapt to existing challenges.

Future projects/Plans

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 counselling and other basic health promoting services will be available to participants.

The 2011 UN Cares Monitoring Report for Iran was compared with other countries in the Middle East and North Africa and found that Iran is doing better in providing UN members with UN Cares information when compared with the region. However, at the global level, the performance of the UN Cares in Iran was found to be low in reaching employees and providing UN Cares information. This will be the area of focus for future programs.

Sources

¹ Mark UNAIDS HIV and AIDS Estimates 2009. Available at: <http://www.unaids.org/en/regionscountries/countries/islamicrepublicofiran/>

² UNAIDS Country Situation Iran 2009. Available at: http://www.unaids.org/ctrysa/ASIIRN_en.pdf

³ UNDG 2011 Resident Coordinator Annual Report. Available at: <http://www.undp.org.ir/DocCenter/reports/UNDG%20RCAR%202011.pdf>

The entire process of 2012 UN Cares award giving served as a means for advocating for UN Cares.

APPENDIX 1

Rope Game:

Participants were given a skein of rope. While they were standing, they had to throw/pass it to each other and introduce themselves while receiving the skein. In the end, the facilitator explained how all participants with different names, backgrounds, etc. were connected and explained that it is the same with HIV transmission, which can be contracted by all people and should be of concern to all.

Buzz Game:

In this game, the facilitator told one of the participants a short story and then sent that participant out of the room. Then another participant was sent out and the first participant told him the story. The participant who was out of room was replaced by the others in turn. It continued until all participants had taken part. At the end, the last person would enter the room and tell the story to all others. Here they observed the huge difference between the original story and the last story.

When participants finished the Buzz game, the facilitator explained to them that in the very same way that the story had changed passing from one person to another in that short time, the same way health-related knowledge of the general population might also change, and so people need to choose reliable sources of information.

VIPP: (Visualisation in Participatory Planning)

VIPP refers to an activity that is regularly used in many participatory workshops, during which the participants are given coloured papers/cards and are requested to write their ideas on them, and then the responses are categorized and explained by the facilitator.

In this workshop, the question set forth by the facilitator was the stereotypical beliefs on sex and gender and the responses were categorized and explained by the facilitator.

Dumb show: (Pantomime)

In this section, participants were given time to show one of the subjects covered in the session by miming. The subjects chosen for Pantomimes were age appropriate and in accordance with subjects covered for different age groups, including self-protection, means of prevention, routes of transmission, etc.

Drawing on the floor:

This purpose of this activity was to enforce the idea of defining a private zone. In this section, participants had to draw circles around themselves on the floor and in each zone write the name of people whom they trust at different levels.

Complete the story!

The participants were told an incomplete story and were asked to complete it themselves. Appendix 2