

UNV IN ACTION



UN

Volunteers

inspiration in action

In response to the HIV epidemic

The United Nations Volunteers (UNV) programme is the UN organization that promotes volunteerism to support peace and development and its benefits to both society at large and the individual volunteer. UNV contributes to peace and development by advocating for volunteerism globally, encouraging partners to integrate volunteerism into development programming, and mobilizing volunteers. These beliefs inform the concept of **volunteerism for peace and development**, which is at the core of UNV's mission.

The difference UNV makes is by demonstrating peace and development results and impact through volunteerism. UNV's comparative advantage is the ability and knowledge to bring about transformational change through volunteerism, community voluntary action and civic engagement through active partnerships with civil society, volunteer involving organizations, UN agencies and Governments. This is inspiration in action.

National UN Volunteer Alice Saili at the HIV teachers garden in Zambia (UNV 2006)



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GENERAL BACKGROUND

At the end of 2010, an estimated 34 million people [31.6 million–35.2 million] were living with Human Immunodeficiency Virus (HIV) worldwide, up 17% from 2001. More people than ever are living with HIV, largely due to greater access to treatment. This reflects the continued large number of new HIV infections and a significant expansion of access to antiretroviral therapy, which has helped reduce deaths related to Acquired Immune Deficiency Syndrome (AIDS), especially in more recent years. The number of people dying of AIDS-related causes fell to 1.8 million and the proportion of women living with HIV has remained stable at 50% globally, although women are more affected in sub-Saharan Africa (59% of all people living with HIV) and the Caribbean (53%).¹

Gender inequality is a key driver of the HIV epidemic. It increases the vulnerability of women and men to HIV infection and intensifies the burden of AIDS on women and

girls. For millions of women around the world, the dual crises of gender-based violence and HIV are fundamentally linked, as one exacerbates the other in a vicious cycle of discrimination, stigma, fear, human rights abuses and ultimately death.²

As most primary health care takes place at the community and household levels, a valuable example of volunteer activity has been the development of community-based grass-roots organizations of volunteers involved in caring for People Living with HIV and in educating the public about HIV prevention.

The contribution of volunteerism in response to the HIV epidemic has been critical in reaching out to vulnerable groups, strengthening community support around people living with HIV and in capacity building and advocacy efforts.

1. World AIDS Day Report | 2011

2. UNDP Gender Equality Strategy 2008-2013

As most primary health care takes place at the community and household levels, a valuable example of volunteer activity has been the development of community-based grass-roots organizations of volunteers involved in caring for People Living with HIV and in educating the public about HIV prevention. Volunteerism in the form of mutual aid, self-help and civic engagement encourages people to jointly take action and respond to the epidemic in an active way and at different levels: from sensitization and advocacy campaigns to raise awareness about the HIV epidemic to supporting people living with HIV by helping with household chores or transportation needs,

Volunteerism has also been one way for HIV-positive people to fight the stigma of HIV, build their self-esteem, and enhance their well-being.

raising funds and engaging in social, legal, and political advocacy.³ Volunteerism has also been one way for HIV-positive people to fight the stigma of HIV, build their self-esteem, and enhance their well-being.

UNV's emphasis on primary health care and HIV prevention, treatment, care and support efforts on the most affected is critical as four of the eight MDGs focus on health issues and it is likely that many countries, especially in West Africa, will not meet their MDG targets in these areas. UNV's past and present community-level experience therefore becomes pivotal to the success of MDG targets for health. Some 36% of on-going UNV projects are supporting volunteer activities related to primary health care and in response to the HIV epidemic. The skills and experience UN Volunteers bring help countries face obstacles to achieving the MDGs, including those related to health.

3. Mark Snyder and Allen M. Omoto, "Volunteerism and Society's Response to the HIV Epidemic" in *Current Directions in Psychological Science*, Vol. 1, No. 4, (Sage Publications, Inc., 1992), pp.113-116

Over the years, UNV has also supported the Greater Involvement of People Living with HIV (GIPA)⁴ in many different ways such as expanding opportunities for them to access medication, advocating for human rights issues including exercising their right of self-determination and technical support to conduct research for evidence informed advocacy and policy making.

The following good examples illustrate innovative ways in which UN Volunteers provided support in primary health care and in response to the HIV epidemic. The final part lists the roles and activities of UN Volunteers based on these good examples and what they can do to support governments and communities.

4. The Greater Involvement of People Living with HIV (GIPA) or now MIPA (Meaningful Involvement of People Living HIV/AIDS) is an approach to provide space for those infected and/or affected to effectively engage in formulating policies, projects, programmes and other activities that are related to mitigating the burden associated with the disease.

ZAMBIA: Strengthening HIV interventions at district level



One of Zambia's UNV supported projects, the Mboole Rural Development Initiative (MRDI), won the Red Ribbon Award for outstanding community leadership and action on AIDS in 2006 and was presented with the prize money on World AIDS Day.

Lusaka Zambia:

A programme involving the Government, UNDP and UNV recruited around 100 national UN Volunteers to support District Commissioners' offices and line ministries in addressing the multi-faceted problems of the HIV epidemic in communities and at the workplace.

Prior to the placement of the UN Volunteers, communities were unable to access Community Response to AIDS (CREAIDS) funding, due to lack of capacity to develop and implement credible programme proposals.

Some of the specific roles of the national UN Volunteers were to **appraise and recommend community-based HIV interventions**; they also supported a coordinated bottom-up approach at community, district and provincial levels.

The majority of the national UN Volunteers were working in locations where they originally came from. Therefore they were aware of the needs and issues of their communities in relation to HIV risk infection. For instance, the culture of silence where parents do not discuss issues of sex with their sons had exposed them to high-risk sexual activity.

This is the status quo UN Volunteer Isaac Mukuka is hoping to change in a district where he has lived and worked all his life, first as a high school teacher and as a Programme Coordinator for a donor-funded economic expansion project. As a national UN Volunteer working in the districts, it is part of Isaac Mukuka's job to appraise and recommend community-based HIV interventions for funding from the National AIDS Council (NAC).

The value of local expertise and knowledge can be seen in the impact national UN Volunteers have made in coordinating the HIV multi-sectoral district response initiatives, providing technical support to District AIDS Task Forces and District Development Coordinating Committees.

Within a year of the UN Volunteers' deployment, the communities increased their capacities to write proposals and as a result there has been an increase of 30% in the disbursement of the CREAIDS funds.

National UN Volunteer Chipata Eunice Masi, a former nurse, has contributed to HIV prevention through the use of a radio show to encourage the participation of community volunteers in Chipata District and cities supported by the United States Agency for International Development (USAID) Africa Bureau.

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The main aim of the project was **to foster discussion and raise awareness about the HIV epidemic at village level**. Programmes were recorded in local languages which made it easier for villagers to describe their problems and share their solutions.

INDONESIA: People living with HIV supported evidence-informed advocacy in response to the socio-economic impact of the HIV epidemic.



An HIV positive respondent is filling out a questionnaire in Indonesia. (UNV, 2010)

There are about 193,000 people living with HIV in Indonesia. This is under 0.2 per cent of the population, but the rate of infection is increasing rapidly. Moreover, due to Indonesia's large population – 245 million people spread over 17,000 islands – verifying the true scale and consequences of the HIV epidemic there is difficult.

In 2009/10 UNV, UNDP, ILO, the National Bureau of Statistics and JOTHI (Network of People living

with HIV (PLHIV) in Indonesia) received funds from the Joint UN Programme on HIV/AIDS (UNAIDS) Programme Acceleration Fund (PAF) to undertake a study on the impact of HIV on ordinary Indonesians. It looked into unemployment and loss of income, the implication for women and children in particular, as well as the effects of social attitudes and stigmas.

Twenty national UN Volunteers in Indonesia – some of whom were people living with HIV – were recruited in cooperation with JOTHI and placed in various provinces. They surveyed households affected by the HIV epidemic and they collected quality information given the trust established with the affected communities by sharing the same status and introducing themselves as volunteers.

Their work lead to a report on the socio-economic impact of the HIV epidemic at the household level in Indonesia which served as a basis to develop policy actions and respond to the identified issues.

The findings of this study call for urgent policy action. They demonstrate that as the epidemic

in Indonesia matures it is having a significant and lasting impact on the ability of HIV-affected households to cope with the loss of family members, the loss of income, the loss of educational opportunities, and the increased stigma and discrimination.

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Within organizations, the participation of people living with HIV can change perceptions, as well as provide valuable experiences and knowledge. At the community and social levels, public involvement of people living with HIV can break down fear and prejudice by showing the faces of people living with HIV and demonstrating that they are productive members of, and contributors to, society.

BOTSWANA: Community Capacity Enhancement through Community Conversation.



In Botswana's Dukwi refugee camp, UN Volunteer Lisa Pamer holds a meeting with refugee leaders and doctors to discuss issues related to HIV infections (UNV, 2006)

The HIV epidemic remains a serious challenge for Botswana's efforts to diversify the economy, develop its human capital and achieve the Millennium Development Goals. The government of Botswana has long recognized the socio-economic threats exerted by the HIV epidemic and made various efforts to design and implement a variety of interventions and assistance programmes.

Community Capacity Enhancement (CCE) and Community Capacity Development (CCD) are the two community mobilization strategies currently being implemented by the Ministry of Local Government (MLG) in partnership with UNDP, the National AIDS Coordinating Agency (NACA), and other stakeholders. The two strategies aim to achieve the maximum participation of communities through community conversations moderated by community facilitators who are volunteers.

The training of facilitators had been assigned to nurses who have been trained as trainers. A team of national UN Volunteers placed in 12 Districts coordinated the activities of the facilitators.

Community conversations which were based on the human rights-based approach were used as a methodology **to facilitate participation and involvement by individuals and communities to arrive at collective decisions regarding effective community-wide responses to the HIV epidemic.**

The facilitators helped the communities to identify their problems and address them, especially risky behaviours for HIV infection transmission among teenagers, thus discouraging risky behaviours in villages.

UN Volunteers reported the problems addressed by the communities; the number of community conversations, and the number of individuals or community members who had attended community meetings. What emerged from these reports is that communities began to talk about issues which had previously been considered taboo subjects. Similarly, silence and stigma surrounding the HIV epidemic had been broken and as a result, men and women, parents and children, community elders and youth began open discussion, without fear, on issues of sexuality and customary practices.

The facilitators were mostly young people who have encouraged other young people to take an HIV test and use counselling services provided to either strive to remain negative or access relevant services available to deal with positive HIV status with support from counselling services, treatment and care services as required. As a result, an expanded response to the epidemic has been established at community and district levels.

Furthermore, a shared responsibility has been achieved among national, district and community-based leadership for implementation of strategic approaches to prevention, treatment, care and support.

Honduras-Volunteer Networks share knowledge on the risks of HIV Infection and issues related to the HIV epidemic.

Tegucigalpa, Honduras: In 2007, an international UN Volunteer initiated the establishment of a network of volunteers to support the work of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The network had the objective of collecting information about the HIV epidemic and promotes outreach activities to expand the knowledge of the population.

Over the years, the network has expanded and reached the mass media, students from different universities and colleges, and HIV positive people who have joined it. UNAIDS in particular aimed at targeting young people and through the network at providing them with knowledge that they could share with other young people. One of the objectives of the network has been to support community-based organizations in the areas of communication and social mobilization.

The network has facilitated the exchange of information between volunteers and has fostered a spirit of mutual solidarity and mutual respect between the various civil society groups.

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has provided spaces to showcase the information shared by the volunteers through arts and photography and for printing the necessary materials to publicize the work done. It has also supported private institutions like "Café Paradiso" which for nearly a year, at no cost, provided space for three hours twice a month for arranging forum to show and discuss documentaries about social issues.

The network has also expanded through social networks such as Facebook and Twitter to maintain interest and encourage new members particularly among the youth.

The Volunteer Network supported various United Nations activities, such as human rights education fairs and the Millennium Development Goals Campaign, among others.

This Volunteer Network has also facilitated and promoted the strategic partnership with UNAIDS in the development and coordination of activities as expressed in the following statement:

“The response to HIV is significantly enriched through this altruistic work, promoting the universal access to prevention, treatment, care and support,” said Alberto Stella, Intercountry Coordinator for Honduras and Nicaragua. The Volunteer Network is thus a central element to the work of UNAIDS.



UNV Project Coordinator of the Human Security Project in Comayagua, Honduras, is playing music with a group of volunteers. They promote non-violent free time activities through recreational and cultural activities to support a culture of peace and the development of the communities. (UNV, 2009)

GUYANA AND MALAWI: Transferring knowledge and skills to local Clinical Providers

Guyana has the second highest prevalence of HIV in the region. With an estimated prevalence of 2.0% and a population of about 770,000, about 15,000-20,000 people are thought to be HIV-infected, with about 3,000 to 4,000 needing treatment.



UNV Physician Elizabeth Muviri (right) is the sole doctor in charge of 400 patients at Kasungu District Hospital in Malawi, and is part of the UNV Capacity Building in Health project. Dr. Muviri covers the rounds, wards, and surgery, working with medical assistants and nurses. (Eldson Chagara/UNV, 2009)

The US President's Emergency Plan for AIDS Relief (PEPFAR) has developed an ambitious plan to provide lifesaving antiretroviral treatment for more than 3.9 million people; for prevention of mother-to-child transmission (PMTCT): HIV testing and counseling for more than 9.8 million pregnant women; antiretroviral prophylaxis for more

than 660,000 HIV-positive pregnant women; an aversion by 200,000 of infant HIV infections; and care and support for nearly 13 million people, including more than 4.1 million orphans and vulnerable children.

The greatest obstacle to achieving the objectives of the Guyana National HIV strategic plan or the targets of the PEPFAR initiative is the lack of experienced and available human resources to drive the programs. In addition to having one of the top 10 immigration rates per capita to the US, Guyana's citizens also migrate to Canada, the United Kingdom and the rest of the Caribbean encouraged by the Caribbean common market policy. Low salaries, lack of incentives and training opportunities, as well as challenging socio-economic and socio-political conditions have all contributed to the loss of human resources and the high emigration rate.

The partner Francois Xavier Bagnoud (FXB), in the context of the Center for Disease Control (CDC) projects, works with UNV and the Ministry of Health, for the delivery of culturally relevant and sustainable strategies feasible in a developing country's public health system, with a focus on HIV care and treatment.

Eight international UNV Physicians have provided support to the project by working in national teams in hospitals and clinics and providing training to local doctors and nurses caring for adults and children with HIV infection, and infants born to HIV-positive mothers.

Furthermore, they provided treatment on a daily basis to patients living with HIV-related diseases, tuberculosis and participated in Ministry planning meetings to provide input, as requested, on the development and implementation of guidelines, protocols, strategic planning and projects to support the National AIDS response. The work of the physicians has had a direct contribution to the United Nations Development Assistance Framework (UNDAF) Outcome 1: By 2010 there will be at least a 10 percent increase in the proportion of Guyanese accessing quality services in education, health, water and sanitation, and housing with capabilities enhanced to maximize available opportunities as they provided quality service and developed national capacity in the health sector.

In Malawi, the Government has worked with UNDP and UNV to recruit UNV Physicians to improve the capacity of the Ministry of Health to deliver health services in central and district hospitals. This programme funded by the Global Fund for AIDS Tuberculosis and Malaria has deployed over 60 UNV Physicians to perform critical tasks, including specialized surgery, training paramedics and Intern doctors, supervising the administration of Antiretroviral (ARV) drugs and developing systems for hospital administration. In some few cases, they have acted as District Medical Officer and Departmental Heads. Most of the UNV Physicians have taken a very active part in the Continuous Professional Development Programme of their local counterpart by transferring their skills and providing training to clinical officers and doctors.

The UNV Physicians also provided counselling and support to hundreds of patients over the project's period particularly to the youth.

At the national level, UN Volunteers can:

Support the policy-making process, more specifically the development and monitoring of HIV-related policies at all levels;

Support groups networking and sharing and provide leadership such as HIV Networks, by seeking external resources, encouraging participation of new members or simply participating by sharing their experience with others;

Advocate: for law reforms, access to service including treatment, care and support; and for resource mobilization for networks of people living with HIV;

Research, provide programme development and implementation
People living with HIV provide knowledge and skills through participation in the governance of global organizations such as UNAIDS and the Global Fund and in the research, implementation, monitoring and evaluation of prevention, treatment, care and support programmes;

Promote sensitization, knowledge-building and behavioural changes among community members as well as promote and facilitate the utilization and delivery of available public services;

Support capacity development of development partners and government institutions at national and sub-national levels through deployment of expert volunteers.

At the community level, UN Volunteers can:

Create a space for inclusive dialogue and support the capacity development of community-based organizations to engage, empower and mobilize community members;

Support the provision of basic health care, including HIV-related services, and alternative delivery initiatives such as mobile clinics to improve access to information and services;

Link communities with available public services by acting as referral agents for organizations providing community-based HIV services;

Raise awareness and promote behavioural change by training community volunteers and fostering HIV awareness raising campaigns;

Address disparity in service coverage and promote inclusive participation of marginalized or under-served groups (e.g. People Living with HIV).

NOTES

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