

## **Nepalese Army HIV/AIDS STIs Prevention and Control Programme Project Report**

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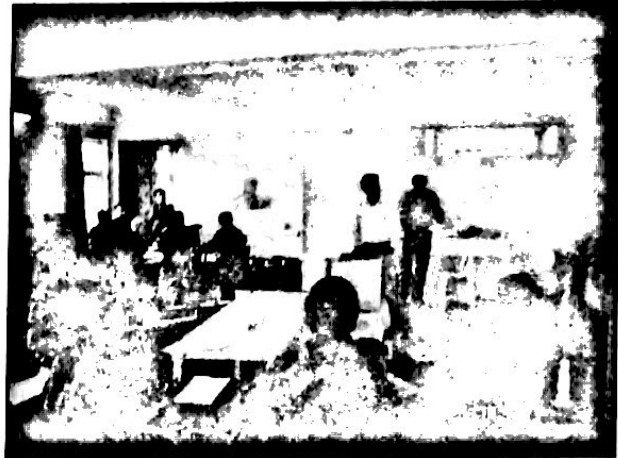
### **Executive Summary**

It has been increasingly evident that the uniformed services for various reasons are at increased risk of contracting HIV/AIDS and other STIs as compared to the general population. Accordingly, an HIV/AIDS Task Force (TF) was formed in February 2003 with the purpose of developing an effective Prevention and Control Program and implementing it. Working closely with FHI, the TF wrote and submitted a proposal by the end of that year, which the NA as SR to the GFATM is in the process of implementing now.

The Project period extended from 1st August to 30th November. During this period the NA TFO successfully carried out all activities set out in Phase 1 of the NA Proposal. The first agenda was refurbishing and equipping the NA TFO which was done with the assistance of GFATM and FHI. The other activities were as follows;

1. Conduct Baseline KABP survey regarding HIV/AIDS amongst 1031 NA soldiers.
2. Develop and integrate HIV/AIDS/STIs education in training curricula of nursing assistants and medical technicians; and recruits, officer cadets and UN Peace keepers.
3. Develop Training Manuals for master/core trainers.

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*Picture 1 showing NA-MTOT participants eagerly participating in a training session held at Sri Birendra Hospital, Chaauni.*

4. Conduct TOT for 55 master trainers/core trainers.
5. Conduct orientation on HIV/AIDS/STIS for 2500 NA personnel.

Among the activities listed above, baseline survey was conducted among 1031 subjects, HIV/AIDS and STI training curricula developed and integrated into the nursing assistants and medical technician's course and the integration part is in the process for recruits, officer cadets and UN Peace keepers. One TOT manual was developed and 51 master trainers were trained with the technical support from ORDF and FHI. Orientation package was developed by NA TFO and 2661 NA participants were oriented in 23 barracks of 6 districts.

During the conduction of the various components of the program, the two main issues were the short time span given and insufficient budget, the latter did not apply to all activities but in some of the key areas like running and equipping the TFO and



*Picture 2 showing Intensive discussions preceded the NA BSS sampling such as here in Itahari.*

conducting TOTs and BSS it was quite inadequate. The other problem was that of getting a sizable number of participants at one location for orientation as well as TOT this was compounded by the fact that some of the activities fell during the period preceding Dasain.

### **Project Background**

Reports from uniformed services all over the world indicate that the armed forces are at increased risk of contracting HIV/AIDS for the following main reasons: Most sexually active age, majority between 18-35, away from home for long stretches, economically better off than the average population, peer pressure, civil conflict situation and an ethos of macho and risk taking behaviour. And the few data that have been presented bear out the fact that the armed forces are at more risk than their civilian counterparts.

In the case of the NA, available sero prevalence data indicates a relatively low rate (0.11) (pre- and post test result among NA personnel who go on UN peace keeping mission) Because of the reasons mentioned for the uniformed services for being at increased risk, there is an urgent need for an effective Behaviour Change Communications (BCC) program. If this is not promulgated at the earliest, the NA may indeed face the similar grim scenario of other armies of developing nations which face a serious problems in combat readiness

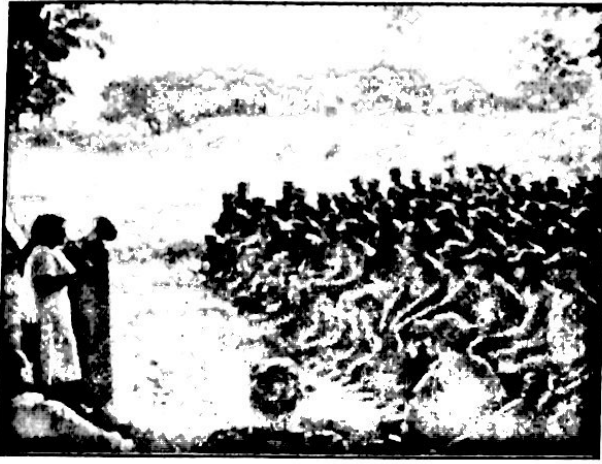
due to the ravages of a spreading HIV/AIDS disaster. Another compelling reason is the fact that Nepal has a concentrated HIV/AIDS epidemic and the uniformed services may act as a bridging population between the people with high prevalence rates and the general population, thus further fuelling the epidemic.

In realizing the HIV/AIDS/STI emergency nature and developing the means through which to rapidly respond, NA is committed to address the development aspects of the Nepalese national response (i.e. all aspects related to uniformed services). This alignment is to help mainstream NA programs on HIV/AIDS/STI into Nepalese national development planning under the 10th plan and all future planning efforts, and to serve to ensure that HIV/AIDS/STI is adequately captured within the relevant national planning and budgeting cycle, becoming fully mainstreamed with necessary political and technical endorsement of Government of Nepal. NA has a strong background in accomplishing and delivering development projects on time in concerted partnership with other stakeholders including government and donors in a multi-sectoral framework. To underscore NA's commitment, the program recognizes ongoing HIV/AIDS/STI activities at the national level to which it can contribute. The program also focuses on NA's flexible effort in seeking GFATM support to strengthen and manage future HIV/AIDS/STI interventions.

### **Objective of the Program**

#### **Long term objectives:**

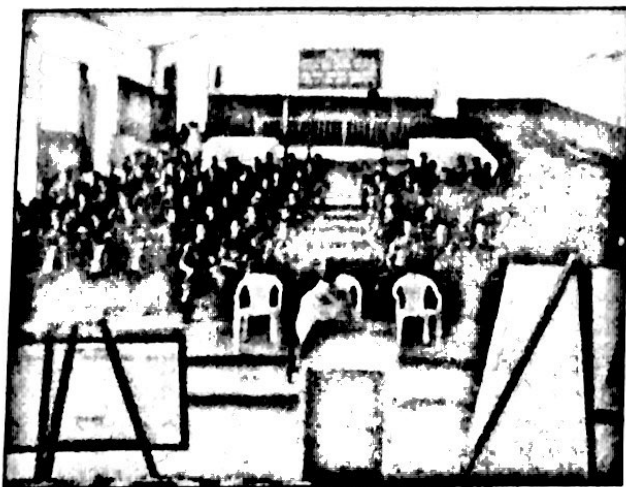
The ultimate goal of the NA HIV/AIDS program is to prevent and control HIV/AIDS and Sexually Transmitted Infections (STI) among Nepalese Army (NA) personnel and their sexual partners through a set of activities that will focus on HIV/AIDS/STI education, information, behavior change interventions and in the long term the prevention to care program.



*Picture 3 showing NA HIV/AIDS orientation programme in Nepaljunj Barrack*



*Picture 4 showing NA HIV/AIDS orientation programme in Bharatpur Barrack*



*Picture 5 showing NA HIV/AIDS orientation programme in Kathmandu*



*Picture 6 showing NA-MTOT participants included a high number of female enrolment at all levels. Here a mixed group of medical and non-medical staff are undergoing an MTOT exercise.*

The program was divided into two phases. The objectives of Phase 1 program were as follows:

**Specific objectives of Phase 1 program:**

- a. Conduct a baseline survey on knowledge, attitude, practice and behaviour on HIV/AIDS and STIs among NA personnel
- b. Develop and integrate HIV/AIDS/STIs education in training curricula of regular on going training programs viz. recruits, officer cadets, nursing assistants and UN peacekeepers.
- c. Develop manual (MTOT manual) for core trainers.
- d. Identify and train core trainers for the peer education program to be conducted in Phase 2.
- e. Conduct orientation program on HIV/AIDS/STIs for 2500 NA personnel.

The following districts were covered:

- a. Kathmandu
- b. Bhaktapur
- c. Lalitpur
- d. Sunsari
- e. Chitwan
- f. Banke

## Achievements of the project

Though the TFT (Task force team) was working against a very tight deadline it was very satisfying to be able to achieve all the activities laid down in Phase I of the project.

	Target	Achievement	Percent achievement
1	Office Set up	TFO refurbishment, and installation of necessary equipment	100%
2	To conduct Baseline Survey	Completion of the BSS survey: cf. annexe 1 (BSS report)	100%
3	Development of Training manual for MTOT	One MTOT manual developed.	100%
4	Conduct MTOT to 55 RNA personnel	Conduction of TOT for 51 participants ((26 medical, 24 non-medical). Date: Sept 21-25,2005	92.7%
5	Develop one orientation package and conduct orientation among 2500 Army Personnel	One orientation package developed. Conduction of orientation for 2661 NA personnel (2600 males, 35 females and 26 family) in 23 barracks.	106.4%
6	Development of HIV/AIDS curriculum	Completion of curricula of HIV/AIDS/ STIs for integration in the NA training programs.	100%
7	Integration of HIV/AIDS curriculum into regular training program in NA-Cadet, New recruit, Nursing assistant and UN peace keepers.	HIV/AIDS curricula integrated to regular training program of nursing assistant and medical technician.  Introduction of the curricula into the regular training of Officer Cadets, New recruits and UN peace keepers is in the process.	75%

The NA and their families were the main beneficiaries, but it is envisaged that the more remote communities where some of the units of the RNA are posted will be beneficiaries as well.

### Issues and challenges

Conducting the various activities of the program the NATF was not aware of any major issues raised.

The main challenges and problems faced were as follows:

1. A very tight time schedule to complete program implementation and delivery.
2. Budget constraints for certain activities, e.g. office refurbishment, BSS survey.

3. Getting enough people at one place for conduction of orientation and TOT.



Picture 7 showing NA-MTOT inauguration at Sri Birendra Hospital Chauni.



4. Meeting officers of different units for sensitization.
5. Time of major festival.
6. The country's conflict situation which meant the NA troops were not all in one location and rather spread out. (This resulted in certain delay in handling NA BSS questionnaires for instance)

However, the tight time schedule mentioned above, was met by working extra time and launching the various activities in a highly coordinated manner with the strong encouragement of the high command of NA. The budgetary constraints faced seemed insurmountable at first but FHI helped out by providing "technical support." Also, because of the conflict and major festival season, travelling and getting a sizable number of participants in one place proved rather difficult, this was overcome by travelling to more units and where necessary by using surface transport. Air tickets were sometimes not available.

### **Partnerships and Linkage**

There was no collaboration with other sub recipients of the Global Fund.

Besides the Global Fund there was collaboration and close cooperation from the following agencies:

- a. FHI has been technically involved with the TFT right from the inception of the TFT and were it not for the technical support and encouragement provided by them the NA HIV/AIDS Program would not have come into effect so early. Also, USAID provided capacity building assistance in the NA-TFO structure enhancement.
- b. New ERA (for BSS Survey)
- c. ORDF (for assistance with manual development MTOT Conduction).

The latter two organizations not only provided the TFT with technical assistance and training but were always there to be of aid in any difficulties that was faced and carried out some of the research and training activities way below their regular fees.

### **Lessons learned**

1. One of the main lessons learned by the TFT and the other agencies associated with the project was to work in close coordination with each other under tremendous pressure and deadlines without losing patience, and maintaining a very positive programme outlook approach. There existed very friendly cooperation among all the above partners that provided us with the help in Phase I. NA would like to underscore the "can do" leadership spirit that was present especially among the individuals from these organizations.
2. Flexibility in approach and alternate plans are very important especially in these times of conflict, as shown by the fact that the TFT and resources persons had to visit more units instead of them having assembled at one place. The NA TFO to some extent learnt about contingency planning involving donors for the first time.
3. For conducting orientation in smaller barracks big flip charts proved to be of great use.
4. From various feed backs it was learnt that short audio visuals would be very effective.
5. Program activities are best not carried out at or around the time of major festivals.
6. It might be a good idea to hire a consultant with experience in working with international agencies for helping NA in this endeavour,
7. Resource pooling from USAID and FHI as supplementary assistance to the Global Fund activities was equally well appreciated by all partners. It showed the generosity in achieving common endeavours in fighting HIV/AIDS and creating the right environment for awareness within NA.

### **Best Practices**

1. NA-donor interaction can work positively in the health sector, particularly in HIV/AIDS prevention, control and impact mitigation in the Uniformed Services.

2. Although the volume of technical assistance was quite minimal vis-à-vis nearly 90,000 NA troops, the commitment to provide further substantial assistance from all partners is highly commendable in the current context of Nepal facing a civil conflict situation, where the NA troops are facing the brunt of national hardships.
3. One should schedule program activities that do not coincide with major festival times or national holidays. Alternate plans must be in place in this context. (A negative aspect of current phase activities was flight delays and ticket unavailability, but NA TFT and resource persons were flexible and used surface transports).
4. It is important to choose the resource persons and cooperating agencies with care and state the collaboration requirements very carefully, otherwise it can lead to time delays and misunderstandings and resentments later on.
5. It is very important to have a reasonable time frame otherwise there is a real risk of the project failing or data being "cooked".
6. For NA TFT it was found important to hold sensitization meetings with high ranking key officers and also local commanders for effective programme mobilization.
7. NA TF also benefited by holding pre-consultations with all command structures, both military and civilians in the smooth conduct of the proposed activities and reinforcement of the messages by local commanders.

## ABBREVIATIONS

AIDS	Acquired Immuno-Deficiency Syndrome
BCI	Behavioural Change Intervention
CCU	Coronary Care Unit
FSW	Female Sex worker
GFATM	Global Fund for AIDS, Malaria and Tuberculosis
HMG	His Majesty's Government
HIV	Human Immunodeficiency Virus
IEC	Information Education and Communication
KAP	Knowledge Attitude and Practice
PB	Peer Beneficiaries
PE	Peer Educator
PET	Peer education Trainer
PLWHA	People Living with HIV/AIDS
RNA	Royal Nepalese Army
SBH	Shree Birendra Hospital
STIs	Sexually Transmitted Infection
TOT	Training for Trainers
UN	United Nation
UNAIDS	United Nations Joint Program on HIV/AIDS
VCT	Voluntary HIV/AIDS Counselling and Testing