

Kingdom of Swaziland



# Evaluation of the USDF HIV/AIDS/STIs Peer Education Project Report

*Ministry of Defense*  
*2008*



Joint United Nations Programme on HIV/AIDS

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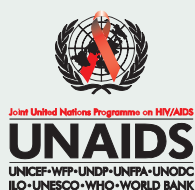


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- Project implementers – USDF team
- SUSAH
- Project evaluation key informants



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## ACRONYMS

AIDS	-	Acquired Immune Deficiency Syndrome
BCC	-	Behavior Change Communication
BN	-	Battalion
DHQ	-	Defense Head Quarters
FLAS	-	Family Life Association of Swaziland
HIV	-	Human immunodeficiency Virus
IEC	-	Information Education and Communication
ILO	-	International Labor Organization
KAPB	-	Knowledge Attitudes Practices and Behavior
MCDI	-	Medical Care Development International
MID	-	Military Intelligence Department
NCO	-	Non Commissioned Officer
NGO	-	Non Governmental Organization
CO	-	Commanding Officer
PEPFAR	-	President's Emergency Plan for AIDS Relief
PLHIV	-	People Living with HIV
PMP	-	Project Management Plan
SHAPMoS	-	Swaziland HIV and AIDS Program Monitoring System
SPSS	-	Statistical Package for Social Scientist
STIs	-	Sexually Transmitted Infections
SUSAH	-	Swaziland Uniformed Services Alliance on HIV and AIDS
SWANNEPHA	-	Swaziland network of People Living with HIV and AIDS
TB	-	Tuberculosis
UNAIDS	-	The Joint United Nations Program on HIV and AIDS
UNFPA	-	United Nations Population Fund
USDF	-	Umbutfo Swaziland Defense Force
US DoD	-	United States of America Department of Defense
VCT	-	Voluntary Counseling and Testing
WO	-	Warrant Officer



## EXECUTIVE SUMMARY

### I. Rationale of the project

Recognizing that HIV and AIDS can have serious social and economic impacts at all levels of society, USDF, in collaboration with UNFPA and UNAIDS launched an HIV and AIDS/STIs prevention project in Swaziland. The primary objectives of this project were to contribute towards the reduction of STIs/HIV and AIDS risk behavior among the target population group and to reduce the level of related stigma and discrimination against People who are HIV positive.

### II. Present situation of project

At the time of evaluation, the following activities and structures related to the project existed:

- Between 2005 and 2007, several sensitization sessions within the USDF cadres were reported to have been done through organized meetings, workshops, folk media performances and routine weekly meetings;
- Generally, in the army, there are people trained on STIs/HIV and AIDS and other specific themes such as peer education, counseling, and care and support, as well as monitoring and evaluation
- Health care services, including sexually transmitted infections (STIs) care are provided by the units' clinics and STIs health care seeking behavior is reported to have improved resulting into early diagnosis and treatment;
- IEC materials at the units and even at headquarters are scanty and limited to the generic material provided by Government and NGOs. However, some IEC materials (playing cards and Siyaphepha Masotja booklet) were being distributed towards the end of the project;
- Condom distribution points exist at all the units, even though some units reported that there are no condom outlets inside the barracks;
- Focal point and peer education training sessions were also reported to have been held and most peer educators are functional;
- The Swaziland Uniformed Services Alliance on HIV and AIDS was established in 2006 and launched in July 2007 still under USDF, and chairmanship was later transferred to the Royal Swaziland Police. It is reported that regular (weekly) meetings are held however, due to resource constraints and lack of organized implementation structures, actual activities done through this alliance are said to be very limited.
- The proposed PLHIV network is reported to have been established, but not quite functional mainly due to unavailability of resources, such as transport and fear of being stigmatized and discriminated.





### III. Purpose, scope and objectives of the evaluation

The evaluation aimed at:

- Assessing the implementation status of the project activities,
- Establishing institutional capacities and sustainability issues;
- Making recommendations for the continuity and effectiveness of this project, as well as inform the success of future projects.
- Finally, the expected final product of this evaluation is the production of a written report that will be shared with stakeholders.

### IV. Methodology of evaluation

The primary methodologies used were document review of project documents provided by UNFPA and USDF and targeted interviews with USDF ranks and UNFPA.

### V. Main findings, conclusions and recommendations

#### Conclusions and Findings

The project has endeavored to involve all the USDF constituencies by seniority and rank. Despite the absence of a project implementation and monitoring plan, the indicated project objectives served as a useful tool to provide an assessment basis of the project. The knowledge, attitudes and practice (KAP) baseline survey proved to have also provided some good quantitative and qualitative information that informed the project activities, their implementation and established a dataset that enabled setting of benchmarks.

The implementation of the indicated project activities, which were mainly focusing on STIs and HIV and AIDS risk reduction interventions, was successful. This included carrying out of the KAPB baseline survey; training of peer educators and creation of a supportive HIV and AIDS prevention environment, such as weekly forums for HIV and AIDS education; carrying out of STIs/HIV and AIDS awareness campaigns and education sessions; provision of STIs/HIV care and support at USDF clinics; integration of STIs/HIV and AIDS training into USDF training programs; training of counselors and provision of counseling services; formation of an alliance of uniformed services; setting up of condom distribution points and training of health care service providers on STIs syndromic management.

Other activities were either partially or not done. These included development and distribution of IEC materials, establishment of a functional PLHIV support network; production of a directory for hospital, clinics and community based referral system for USDF; and development of an activity monitoring plan.

## Recommendations

### **Budget:**

It is recommended that the USDF include HIV and AIDS activities, specifically prevention activities, in their routine national budget to improve commitment and ownership, as well as increase coverage of activities and ensure sustainability.

### **Communication:**

In the future there is need for more and clear communication channels in relation to project planning, management, implementation and monitoring. All stakeholders, that is, donors, other partners, and USDF, including the USDF HIV and AIDS/STIs technical coordinating and unit committees, should strategically communicate on project issues to enhance transparency, ownership, participation and shared vision.

### **Program Planning and Management:**

Program planning and implementation process, which include definition of activities and budgets should involve all stakeholders concerned (donors, recipient, actual program implementers and partners) to allow realistic definition of activities and budgets, as well as ensure collective implementation efforts and monitoring of progress according to defined schedules and targets. Also project implementation and monitoring plans need to be developed jointly for smooth, focused and strategic implementation.

### **Resource mobilization:**

To ensure continuity and sustainability the USDF has to develop a resource mobilization strategy/plan for the financing and support of HIV and AIDS initiatives, which include the Uniformed Services Alliance initiative, positive living support groups, HIV testing at units and continuing behavior change communication.

### **Capacity Strengthening:**

There is need for additional support to the USDF HIV and AIDS project in terms of strengthening both human (skills development) and institutional capacities by specific and targeted training on HIV and AIDS/STIs, to ensure maximum achievement and timely meeting of targets. Adequate physical space, equipment and supplies for carrying out HIV and AIDS activities, such as counseling and testing, should be provided to facilitate access to testing services.

**Monitoring and Information Dissemination**

There is need for additional training and support in developing a functional HIV and AIDS/STIs monitoring system to ensure informed decision making and programming. This will require technical support on defining the minimum data sets required to inform indicators, establishment of reporting mechanisms at all levels (data flow) and strengthening documentation capacities.

Information dissemination structures need to be improved so that information on HIV AND AIDS/STIs is shared with all soldiers on time to enhance ownership, participation and individual decision making and eventually influence behavior in relation to HIV and AIDS.

**Partnerships and Collaboration**

Partnerships and collaboration with other institutions involved in HIV and AIDS, such as NERCHA, donors, Ministry of Health and Social Welfare, and SWANNEPHA should be strengthened to maximize benefits or achievements, encourage sharing of information and serve as best practice sharing forum, as well as means for mutual gain for all parties.

## 1. PROJECT BACKGROUND AND RATIONALE

The HIV and AIDS epidemic is generalized in Swaziland, and heterosexual transmission accounts for most of the infections. Nationally, the HIV prevalence has been rapidly rising over years, with all segments of the population equally affected, but others, such as mobile populations, youth and women being more vulnerable. HIV and AIDS programs, mainly awareness campaigns and behavior change programs for specific vulnerable population groups, such as the uniformed services have been identified as one of the key activities in the national response to the HIV and AIDS epidemic.

As part of the national response, the Umbutfo Swaziland Defense Force (USDF) launched its HIV and AIDS program in 2000 in collaboration with Medical Care Development International (MCDI), a private, non-profit voluntary organization based in Silver Springs, Maryland USA. During the same year, the Army developed their policy which is to give guidelines on the prevention of HIV and AIDS and ensure provision of care and support to the infected and affected USDF personnel. The policy takes into cognizance the human rights issues such as the right to health and the right to be treated equally irrespective of HIV status. It also safeguards and promulgates respect and protection of ones dignity.

The Ministry of Defense is one of the public sectors privileged to have a well defined health department/section which provide health care services for the army and their families. HIV and AIDS/STIs service provision is one of the major components. The Government of Swaziland provides a substantial amount of financial support towards the implementation of HIV and AIDS activities, for now, mostly HIV and AIDS care and support activities, including purchasing of drugs and medical supplies. The budget is increased every financial year. During the financial year 2007/2008 Government allocated about 1 million Emalangeni (USD 143 000.00) for HIV and AIDS activities implementation, but again mainly care and support activities. Currently preparations to establish an antiretroviral treatment (ART) center are at a high level. All of these activities are indicative of the fact that the USDF has come a long way in the commitment and response to the HIV and AIDS epidemic.

Also, management structures existed at the USDF prior the project, with the Executive Committee constituted by senior management from the army, followed by the technical coordinating committee which has five subcommittees namely prevention, VCT, care and support, units subcommittees and impact mitigation subcommittee.

## 2. PROJECT OBJECTIVES

### Main Objective

The main objective of the project was to reduce the incidence of STIs/HIV and AIDS among USDF personnel and their families.

### Specific objectives

- a) To conduct baseline survey on Knowledge, Attitudes, Practices and Behavior change
- b) To reduce STI rate by 50% in the outpatient department at Phocweni
- c) To integrate STIs/HIV and AIDS in all training curricular at all levels in the USDF
- d) To facilitate the establishment of support groups for PLHIV in the USDF and their families
- e) To ensure adequate knowledge and skills on planning, monitoring and evaluation

## 3. PROJECT MANAGEMENT

### Funding

According to the funding agreement of 18, February 2005, between the Joint United Nations Program on HIV and AIDS (UNAIDS) and UNFPA (Executing Agency) and the USDF (recipient), the HIV and AIDS project was funded with a total amount of \$85,000 s (US\$75,000 from UNAIDS and US\$ 10,000 from UNFPA) to be made available in three installments.

### Timeframe

The initial funding agreement says that the project timeframe was from March 2005 to December 2006 and it was later extended to September 2007.

### Management structure

The project was carried out in partnership between UNAIDS, UNFPA and USDF. An internal Memorandum of Understanding was developed to guide the Agreement between UNAIDS and UNFPA, and setting the conditions for management and implementation of the project. The agreement stipulates that two interim reports were expected from UNFPA, one by 30 October 2005 and one by 30 June 2006. A detailed final technical and financial report on the use of the funds was required by the end of the contract period, not later than 31 March 2007, but then as indicated earlier on, the project was extended to September 2007, even though there was no supporting documentation to this effect.

Within the USDF Management Structure there is the Program Manager who is the coordinator of the HIV and AIDS program in the USDF. To facilitate implementation the program coordinator works with the technical coordinating committee at headquarters, which comprises of chairperson and other members including the US Department of Defense consultant. There are also subcommittees at unit

level who oversee and facilitate the implementation and monitoring of HIV and AIDS activities.

## 4. PROJECT COMPONENTS

### a. Baseline survey on knowledge, attitudes, practices and behavior (KAPB)

A KAPB baseline was conducted whereby a chief research facilitator was engaged to carry out the study and disseminate the results.

### b. Knowledge and awareness campaigns on STIs/HIV and AIDS

Although the KAPB indicated high levels of knowledge, issues of positive behavior change and increased awareness remained essential to be addressed. The activities to address this area were:

- ✓ sensitization of senior USDF and Government officials,
- ✓ development and printing of a USDF HIV and AIDS policy implantation plan
- ✓ Ensure at least 2 USDF officials participation in one international conference on HIV and AIDS
- ✓ Establishment of links within the Swaziland – Military Alliance
- ✓ Development and printing of peer USDF training guide
- ✓ Establishment of a peer education program
- ✓ Development and printing of IEC materials
- ✓ Set up a condom distribution program
- ✓ Production of IEC materials
- ✓ Production of a referral directory
- ✓ Training of USDF counselors on STIs/HIV and AIDS

### c. Integration of STIs/HIV and AIDS training into USDF training programs

This activity encompassed the training of all USDF ranks on HIV and AIDS. This included the training of 100 peer educators, 65 warrant officers, 10 senior NCOs, 455 other ranks, 350 new recruits, and 20 peer counselors.

### d. Establishment of support groups for PLHIV in the USDF and their families

Activities to be carried out in this component are:

- ✓ Sensitization and awareness campaigns on stigma and discrimination
- ✓ Encourage formation of support groups for PLHIV
- ✓ Facilitate regular USDF PLHIV support group meetings
- ✓ Establishment of a network committee for uniformed services PLHIV support groups



**e. Capacity strengthening on management, planning, monitoring and evaluation**

To ensure adequate knowledge and skills on management, planning, monitoring and evaluation, the project identified the need to: train 20 members of both the technical coordinating committee and the prevention sub committee on program planning, monitoring and evaluation; develop monitoring and evaluation indicators; develop and print reporting tools for planning, monitoring and evaluation; procure 2 computers, 2 printers and computer software; and set up STI, HIV and AIDS management office.

**5. THE EVALUATION****Evaluation purpose**

The main objective of the evaluation was to establish the extent to which the objectives of the USDF project were implemented guided by the indicated objectives and activities in the project document. Achievements, best practices, challenges and sustainability issues were also looked into in the evaluation process. Mainly project inputs and to a very small scale outcomes were assessed and not impact and details thereto.

**Evaluation specific objectives**

- To describe and analyze progress and achievements made in the implementation of the project in line with objectives indicators.
- To establish best practice and innovations in the project implementation
- To analyze the implementation process of the project including administration and some resources management issues.
- To ascertain whether there has been a reduction of STIs incidence among the army and its dependents
- To establish if there is significant change in the use of HIV and AIDS/STIs related services available to USDF personnel.
- To ascertain if HIV and AIDS is integrated in the USDF training curriculum, that is having HIV and AIDS/STIs module in the training curriculum.
- To ascertain the existence and functioning of support groups in the USDF
- To establish sustainability of the project activities
- To make recommendations to stakeholders



## METHODOLOGY

The USDF project evaluation focused on the specific objectives outlined above as follows:

- Establish implementation status of project activities as outlined in the project document
- analyze and describe implementation processes;
- Establish the existence and effectiveness of the peer and support programs;
- Establish if the approaches used for HIV and AIDS/STIs services provision in this project, are integrated into other existing interventions or are standalone
- To establish if HIV AND AIDS is integrated into the USDF training curriculum and if modules exist and are taught

The approach to the evaluation was based on a set criteria summarized as follows:

1. Establishing the project activities as stipulated in project document
2. Identifying the resources allocated for the implementation of project activities
3. Establishing the administration, management and monitoring of the project
4. Collecting of information using desk reviews, designed questionnaires and checklists
5. Establishing an inventory of project equipment and their state of repair, if any
6. Establishing best practice, achievements and challenges
7. Establishing project continuity and sustainability issues

## Survey Methods

Most of the data and information collected concentrated on evaluating project activities implementation, and some limited financial and institutional issues in relation to the project.

## Design

The following approaches were used to collect information:

1. Desk record review of reports and relevant documents
2. Key informant interviews and observation of exhibits/demonstration, where applicable of activities or project implementation products
3. Key informant survey – collection of information from people involved in the implementation of the project
4. Field visits to the 12 units
5. IEC materials exhibits
6. Stakeholder/beneficiaries consultations and meetings

## Selection of sites, institutions and key informants

All 12 units; committee representatives and members, where necessary; and project implementation focal persons, formed part of the evaluation study units. Other informants were selected as per a lead



during the evaluation.

## Literature Review

Existing records and reports were reviewed to establish the implementation status of the project and learn from other similar experiences elsewhere.

Literature used in this review included documents available in the country (from UNFPA, NERCHA and USDF, and some documents from other countries with similar programs - South Africa and Uganda). The review was mainly based on the project document, country HIV and AIDS reports and the KAPB report, which has demonstrated that effective HIV prevention efforts that combine education, provision of information and structural change to the social environment, produce better health outcomes in relation to behavior change.

## Data Analysis

Data collected using the questionnaires were analyzed using the Epi Info software, version 3.3, 2004.

## Evaluation limitations

The major limitations were:

The short time allocated for the evaluation

The involvement of the USDF in an annual national event (The Incwala Ceremony) led to delayed consultations with the USDF

The Christmas holidays also leading to the postponement of evaluation activities

Difficulty forming conclusions due to inconsistencies in responses by some key informants.

# 6. EVALUATION FINDINGS

## Interviews

The key informants to the evaluation were divided into five major categories. There were questionnaires for UNFPA, and the Brigadier (overall in-charge of the project) and his team at USDF headquarters, USDF senior officers, medical personnel and officers-in-charge for the different ranks in each army unit. The respondents in the different categories are listed below:

- |                                |   |                |
|--------------------------------|---|----------------|
| 1. Senior team at headquarters | - | 5 respondents  |
| 2. Ministry of Defense         | - | 1              |
| 3. Senior staff                | - | 23 respondents |
| 4. Medical staff               | - | 13 respondents |
| 5. Other ranks                 | - | 80 respondents |
| 6. UNFPA and UNAIDS            | - | 2              |

Findings across the groups by project objectives were as follows:

### **6.1 Objective 1: To conduct baseline survey on Knowledge, Attitudes, Practices and Behavior change**

According to the brigadier and his team and most of the other respondents, the baseline survey on knowledge, attitudes, practices and behavior was done in 2005 by FLAS according to the indicated processes in the project document. A report on the study was produced. However, there seem to be some deficiencies in the dissemination of KAPB study results. Dissemination was reported to have been done at some levels of the army, while others, mostly the officers in-charge at unit levels were not aware of the findings and recommendations of the study. Such gaps in dissemination limit access to information by some soldiers, and reduce ownership and informed involvement in program implementation.

### **6.2 Objective 2: To reduce STI rate by 50% in the outpatient department at Phocweni**

#### **6.2.1 Sensitization of Senior USDF and Government Officials**

In general HIV and AIDS/topics issues were always part of the agenda every time the soldiers meet. All respondents reported that all senior USDF and Government officials were sensitized on STIs/HIV and AID. Sensitizations were done at weekly meetings, parades, USDF seminars and workshops as well as at every visit that the Army Commander makes to the units. High HIV and AIDS awareness and commitment levels among the seniors in particular, were evident in all the units which may be attributed to sensitization and training received by this cadre.

#### **6.2.2 Attendance of national and International HIV and AIDS Meetings**

3 Senior USDF officers were reported to have attended international HIV and AIDS meetings supported through the project in Republic of South Africa and Canada in 2006. Two officers went to Canada and one went to the Republic of South Africa. In 2007, 300 soldiers also participated in the World AIDS Day Celebrations making a significant statement on the USDF role and response to the HIV and AIDS epidemic. Also, the “Simomondiya” drama group performed during the World Population day held in the Shiselweni region.

#### **6.2.3 Development and Printing an STI/HIV and AIDS Policy Implementation Plan**

The USDF HIV and AIDS policy is available, nevertheless very little is known about the implementation or operationalization plan of the policy. Components of the policy were reported to be implemented in accordance with the 2003-2005 strategic plan. The strategic plan facilitated the development of project activities and the budget thereof. This was done at the inception of the project and agreed upon by all parties concerned (USDF, UNAIDS & UNFPA).

#### **6.2.4 Development and Printing of a Peer Education USDF Training Guide**

The USDF peer education manual trainers guide was developed and printed in 2007, but its distribution seemed to be limited as some units did not have it during the time of evaluation. The Peer Education Manual serves as a USDF user friendly strategic document aiming at strengthening the prevention and management of HIV and AIDS, including STIs in the Defense Force. It also serves as an implementation tool of the army's HIV and AIDS policy on awareness creation and education of its members. It focuses on six (6) major areas which are Planning, Peer Education, Steps for Developing a Peer Education Program, Common Challenges for Peer Education Program and how to address them, Participatory Processes in Peer Education including Risk Assessment and improved Communication Skills, Understanding HIV and AIDS, and Group Participatory Exercises.

#### **6.2.5 Peer Leaders' Training**

Peer leaders (educators) from the different ranks were trained and were reported to be actively providing STIs/HIV and AIDS education and counseling activities to their peers in the army and some neighboring communities. Activities executed by peer leaders were reported to be STIs/HIV and AIDS education and awareness talks, counseling and referrals for testing, condom use promotion, condom distribution and home visits for sick soldiers. Emphasis was put on the need to have HIV testing facilities accessible on site (at unit level), instead of the current practice of referring to Phocweni and neighboring HIV testing facilities.

All army units reported that at least two persons per unit were trained on drama using folk media, but performances were reported to be coordinated from headquarters, making arrangements for the group to visit the 12 units in the four regions of the country. The units reported to have had one performance each in 2007. The drama performances were reported to be popular and in demand in all units proving to be one of the effective modes of information, education and communication.

#### **6.2.6 Setting up Condom Distribution points**

Setting up of condom distribution points was by far the most successful objective as condoms are reported by all respondents to be easily accessible in all units. Each unit had as much as 9 distribution points. It is encouraging to note that, none of the respondents complained about limited or no access to condoms; they all knew where to go for condoms supply in their units. The common condom distribution points mentioned were common rooms, canteens, passage ways, toilets and reception areas.

#### **6.2.7 Distribution of IEC materials**

USDF were able to only produce Playing Cards, T-shirts and Siyaphepha Masotja, a booklet that explains basic facts on HIV and AIDS/STIs, VCT, Home Based Care, TB and HIV and AIDS. It also

talks about stigma and discrimination issues among other topics. These booklets were distributed towards the end of the project. The late distribution was attributed to delayed development and production of these materials, which was said to result from delays in engaging a consultant and finalizing the IEC materials. Again IEC materials production kept falling through the cracks since 2005 as a result of the severe staff turnover at both USDF and UNFPA. Generally it was mentioned that limited expertise in developing IEC materials and some bureaucratic structures in the adaptation and approval of IEC materials also played role in the poor performance in this activity.

#### **6.2.8 Formation of Swaziland Uniformed Services Alliance on HIV and AIDS (SUSAH)**

In 2006 the Alliance was formed and launched on 26<sup>th</sup> July 2007. Members of the alliance are Umbutfo Swaziland Defense Force, The Royal Swaziland Police, His Majesty's Correctional Services, Customs and Excise Department and Fire and Emergency Services. So far meetings of SUSAH are reported to be high level meetings and are attended by senior staff from the alliance. One of the objectives of the alliance is to mobilize resources for the implementation of its activities. Other than the meetings and the peer education workshop, no substantive activities were reported to have occurred since the launch due to lack of funds.

#### **6.2.9 Promotion of VCT & Services**

The majority of respondents were aware of VCT promotion, however many units have indicated that they would like to have a mobile VCT that would service all the units on a regular basis. At the moment whenever they want to test they have to go to Phocweni Clinic. This can be a set back because of the distance in terms of keeping into the decision to test. During the evaluation, two units reported that they have access to mobile VCT however it does not come regularly.

#### **6.2.10 To produce directory for hospital, clinics and community based referral system for USDF**

In this activity the directory was meant to be a pocket size document for individual reference providing information (basic information and where to go for help) on HIV and AIDS/STIs prevention, care and support. According to USDF, UNFPA developed a directory for them but so far it is an incomplete activity since it has not been printed

#### **6.2.11 Train USDF service providers on counseling and STIs syndromic approach**

The majority of respondents agree that service providers were trained on STIs syndromic approach according to the national guidelines. It was also mentioned that STIs care has improved and that drugs are reliable supplied by Government. No drug shortages were reported lately.

### **6.3 Objective 3: To integrate STIs/HIV and AIDS in all training curricular at all levels in the USDF**

STIs/HIV and AIDS activities are reported to be integrated into all training programs of the army. This was shown by the reports that STIs/HIV and AIDS talks are routinely given in weekly meetings of the units and that new recruits training program has a section on HIV and AIDS. The USDF reported having integrated HIV and AIDS in their curriculum, but since it is a classified document there is no proof that could be confirmed during this review. HIV and AIDS issues were reported to be addressed under “Personal Hygiene” in the USDF training curriculum.

250 USDF peer educators from all cadres of the USDF were trained in 2006. In 2007, 30 SUSAH members were also trained as peer educators. In the same senior staff from SUSAH had a one day seminar where they were updated on different issues related to HIV and AIDS such as the situation of the epidemic in the country, treatment and stigma and discrimination. General training on STIs/HIV and AIDS of warrant officers, senior NCOs, junior NCOs and new recruits were reported to have been done. Again, it was not possible to establish the actual numbers of all the people trained, since documentation on some specific trainings was limited and the same applies to most of the activities which were reported to have been done. Respondents depended on memory on the number of people trained. However, reports were reported to be available under the U.S. DOD funded program.

### **6.4 Objective 4: To facilitate the establishment of support groups for PLHIV in the USDF and their families**

#### **6.41 Establishment of PLHIV Support Group**

Many soldiers are in agreement that it has been difficult to establish the support group as there is still the fear of stigma and discrimination. As a result even the established support groups are not operating as openly as should be. However there is a focal person at Head Quarters who facilitates the formation of the support groups and implementation of their activities. To date one meeting is reported to have been held whereby support group members attended. So far there are 38 members in the support groups of whom 4 have openly revealed their HIV+ status. During the meeting, as means to address stigma and discrimination issues, a recommendation was made and adopted to change the name of the support group from PLHIV Support Group to Positive Living Support Group.

The PLHIV support group network of the uniformed services is reported to have not yet been formed but conceptualized. Generally stigma and discrimination seem to be the limiting factors in participating in PLHIVs groups.

Activities on HIV and AIDS are reported to be equally available for all soldiers hence access is expected

to be equitable. However special HIV and AIDS and STIs needs for specific population groups such as PLHIV cannot be identified and properly addressed. Therefore support groups of PLHIVs should be encouraged and adequately supported to attend to specific needs for such groups.

Families were reported to benefit directly by way of accessing care and support at any of the Army clinics. Also family members benefit indirectly from HIV AND AIDS educated soldiers who impart information to their families and relatives. It was also recommended that the support group should have a proper budget to cater for needs such as transport.

### **6.5 Objective 5: To ensure adequate knowledge and skills on planning, monitoring and evaluation**

USDF reported that equipment purchased through the project included 3 computers (2 for USDF and one for SUSAH), 1 printer and a photocopier and a printer for SUSAH. USDF computers are placed at headquarters. Three softwares were also purchased under the project and these are Microsoft Office, Corel Draw and SPSS, where some soldiers were trained on the use of SPSS.

Other activities reported on the capacity strengthening objective are:

The technical coordinating committee members were reported to have been trained on program management

Monitoring and evaluation indicators were reported by the headquarters team to have been developed, but there was no documented evidence of the plan.

18 Officers were trained on Monitoring and Evaluation. However routine monitoring of activities is reported to be poor and the SHAPMoS reporting framework is reported not to have been yet adopted. USDF highlighted the need for further simplified training on Monitoring for systematic data collection, use and sharing for proper planning and improved program management.

Periodic feedback and technical updates between USDF and UNFPA are reported to have been done on a quarterly basis. At this time all UNFPA implementing partners including USDF participate in such review meetings. These meetings are facilitated by the Population Unit of the Ministry of Economic Planning and Development as a coordinating for development program in Swaziland. USDF internal reporting and feedback meetings were reported to be ad hoc, hence a need for internal reporting, feedback and dissemination systems was recommended

The army acknowledged that at the moment there is a gap in the information flow because of the army protocols to be followed relating to information sharing.



## 6.6 UNFPA and UNAIDS Perspectives

According to UNFPA, the Project was funded for over two years (2005 to 2006) for US\$ 85,000 with \$75 000 coming from UNAIDS and 10 000 from UNFPA. The activities to be supported were outlined in the project document.

### 6.6.1 Implementation of the Project

#### 6.6.1.1 Major achievements of the project

According to UNFPA, UNAIDS and USDF, the USDF peer project is a good workplace program and should be considered as a best practice that can be replicated in similar settings. The major achievements from the STIs/HIV and AIDS project included:

- Baseline Survey was done
- Capacity building on STIs/HIV and AIDS issues through training of peer educators, counselors and other soldiers
- Purchasing of equipment and supplies (computers, printers, etc)
- Establishment of HIV and AIDS links and collaboration among the uniformed services for sharing information and best practices
- Establishment of support Groups for PLHIV
- IEC materials printed – Playing Cards, Siyaphepha Masotja booklet and T-shirts
- Training on M & E was done
- Printing of training Peer Education Manual
- USDF attendance of international meetings/training on HIV and AIDS.

UNFPA and UNAIDS highlighted some challenges in implementing the project and these were:

- Inadequate funds to address emerging needs such as operationalization of the Uniformed Services Alliance on HIV and AIDS, leading to increased demand for support and calling for some flexibility in allocation of funds
- Staff turnover at UNFPA and change of counterparts in USDF leadership
- Competing priorities at USDF in terms of delegated responsibilities versus execution of HIV and AIDS activities by the implementer
- Inadequate capacities to implement the project at USDF (such as HIV testing)
- Lengthy process of approving printing of materials and their untimely delivery.
- Late reporting on activities implemented
- Maintaining funds after project has expired

#### 6.6.1.2 Monitoring and Evaluation

UNFPA reported having developed instruments to monitor implementation and evaluation which

were shared through discussions with USDF and these were:

- Periodic Progress Reports
- Activity Reports
- Meeting Minutes
- Work plans

UNFPA reported receiving 6 Activity Reports and 4 Workshop Reports during the duration of the project. In case reports were not received, telephone calls were made as follow up. The progress reports were also shared with UNAIDS.

#### **6.6.1.3 Feedback Mechanisms**

Quarterly feedback meetings were held to discuss implementation of activities and review progress and allocation of funds with the implementers (USDF).

#### **6.6.1.4 Recommendations and Sustainability**

UNFPA and UNAIDS recommended that in future incidentals in terms of budget and time allocated for activities, should be factored in. The need for periodic updates on performance and funds available were also highlighted, as a means of collective progress monitoring and transparency.

Considering the fact that the army was always willing and enthusiastic about the project, there is a potential for sustainability, as long as relevant skills are strengthened and the momentum maintained or even increased in the implementation of activities. It is also recommended that government should increase support of some activities and create a budget line for HIV and AIDS/STIs prevention activities, as one of the strategic interventions outlined in the HIV and AIDS National Strategic Plan (NSP) 2006 - 2008 and the country Poverty Reduction Strategy and Action Program (PRSAP).

## **6.7 Management, Financing and Institutional capacities**

### **6.7.1 Access to Project Funds and Financial Reports**

USDF reported that they were accessing support funds through a letter of request to release funds, containing activities to be carried out, and the budget for the activities. Three quotations were attached to estimated requests for support. No periodic financial reports were reported to be produced by USDF. USDF said they could not give the financial reports because UNFPA was financing activities through direct disbursement.

### **6.7.2 Implementation Limitations**

No challenges were reported by USDF on the accessing of funds. However the frequent staff turnover at UNFPA and USDF to a certain extent, were reported to delay implementation and hinder progress

through loss of memory and momentum. Also, some USDF personnel at headquarters reported that they never quite knew the actual budget allocation, expenditure and balances per activity, hence they could not plan and project on activities to be carried out.

### **6.7.3 Budget Allocated for Implementation of activities**

Looking at the defined objectives and activities to be implemented in the project, they are the ideal and strategic interventions for awareness creation, risk reduction, care and support. However, the budget allocated for the implementation of some of the activities was only adequate as a catalyst, but not enough for full accomplishment of activities. An example is the development, printing and distribution of fifteen (15) IEC materials within a budget of about USD 14 000.00.

Also, poor planning and forecasting were evident, whereby some activities were only to be established, but no resources were allocated for their operationalization, such as the establishment of SUSAH . Again the advent of increasing demand for HIV and AIDS services and new innovations and developments in the response to the epidemic, such as increased access to HIV testing require additional funds for their implementation.

Forums to address challenges were reported to have been ad hoc, with one meeting reported to have been held with the UNFPA Representative and another held at Orion hotel.

Other agencies reported to be supporting USDF HIV and AIDS activities were the Government of Swaziland (Ministry of Defense, Ministry of Health and Social Welfare) US Department of Defense and PEPFAR.

## **6.8 Sustainability**

Under sustainability 3 major issues were raised and these fall under financing of program activities, capacities to implement activities, and availability of structures for program implementation. Details on each category are as follows:

### **6.8.1 Financing**

Soldiers collectively agreed that the HIV Prevention Peer Education project is only possible because of donor support which presents a threat to sustainability of the achieved outcomes and continuity of activities in general. This implies that, should the donor stop funding the programs, it will not be possible to continue because USDF does not have a budget of their own to run an HIV and AIDS program. Therefore Government needs to create an HIV and AIDS prevention budget line to ensure sustainability of interventions. In addition a strategic resource mobilization plan to support HIV and AIDS activities was recommended.

### 6.8.2 Capacity

In terms of human resource capacities, the USDF felt that they have adequate human resource to sustain and continue HIV and AIDS activities. However, the need for appropriate skills on specific themes in the HIV response was highlighted as inadequate and needs to be addressed.

### 6.8.3 Stronger and Functional structures

The USDF feels that commitment by the Force and Government is high, what may be lacking may be translating it more into action, such as provision of adequate space for counseling and testing to ensure easy and affordable access.

## 6.9 Recommendations from USDF

The project was known and supported by all soldiers and major recommendations by respondents were as follows:

- i. There is need to mobilize funds, in particular Ministry of Defense to submit a yearly budget to Government with a budget item for HIV and AIDS
- ii. Urgent need to provide counseling and testing facilities at all units to maximize timely access to testing
- iii. Need to increase the number of Peer Educators to cover even camp sites (e.g. borders)
- iv. There is need to strengthen skills and localize drama performances to increase number of performances and themes at a given time.
- v. The need to review USDF information dissemination structures was recommended for improved information sharing and communication on HIV and AIDS/STIs. This was said to be achievable through decentralizing responsibilities accordingly.
- vi. It was recommended that the USDF headquarters, especially the officer in-charge of HIV and AIDS programs should take the responsibility to ensure that resources are mobilized, and more importantly that, HIV and AIDS activities are budgeted for within the Ministry's budget.
- vii. The need for a financial administrator to advise on budgeting for activities and coordination of donor support was highlighted.
- viii. In order to fully address the capacity challenge, USDF recommended that a plan be developed for placing soldiers according to their skills and capacities related to HIV and AIDS.
- ix. An HIV/AIDS USDF telephone hot line was reported to be in the pipeline. This will entrench HIV as a military priority.
- x. There is an urgent need for the alliance to develop a joint resource mobilization strategy according to the alliance procedures and guidelines regarding budgets.

## 7. LESSONS LEARNT

The project shows that there is commitment from all parties to ensure an effective HIV and AIDS prevention program. However, challenges such as the absence of dedicated officers for the effective implementation of the project and unavailability of clear implementation and monitoring plans affected the speed and direction of implementation. The evaluation has revealed that sector specific HIV and AIDS interventions can be a success and make a difference to the lives of people. Additional project management and implementation skills to appropriate USDF key players would have been added value in the success of the project. In addition the limited systematic partnerships and linkages with other stakeholders, such as NERCHA hindered the maximum benefits that could have been attained from this project.

### Strengths and Best Practices

In overall the USDF HIV and AIDS program has proved to be one of the best workplace programs in the country. It is a comprehensive program properly reflecting the specifics of preventive work in the army. The drama performances within the USDF are also seen to be best practice in terms of locally initiated approaches that address specific situations and needs of soldiers.

## 8. EVALUATION CONCLUSIONS AND RECOMMENDATIONS

### 8.1 Conclusions

Based on the review of project documents, interviews with relevant key informants in the Army and UNFPA, additional data were collected during field visits as part of project performance assessment. In overall the project performance was good with almost all of the activities done, with a very few either partially done or not done at all. The evaluation also shows that the relationship between the Executing Agency and Recipient was good, but could improve through routine consultations such as feedback and progress reviews.

### 8.2 Recommendations

#### Budget:

It is recommended that the USDF include HIV and AIDS activities, specifically prevention activities, in their routine national budget to improve commitment and ownership, as well as increase coverage of activities and ensure sustainability.

**Communication:**

In the future there is need for more and clear communication channels in relation to project planning, management, implementation and monitoring. All stakeholders, that is, donors, other partners, and USDF, including the USDF HIV and AIDS/STIs technical coordinating and unit committees, should strategically communicate on project issues to enhance transparency, ownership, participation and shared vision.

**Program Planning and Management:**

During the planning and implementation process, which includes definition of activities and budgets, all stakeholders concerned (donors, recipient, actual program implementers and partners) should participate in the process to allow realistic definition of activities and budgets, as well as ensure collective implementation efforts and monitoring of progress according to defined schedules and targets. Project implementation and monitoring plans also need to be developed jointly for smooth, focused and strategic implementation.

**Resource mobilization:**

To ensure continuity and sustainability the USDF has to develop a resource mobilization strategy/plan for the financing and support of HIV and AIDS initiatives, which include the Uniformed Services Alliance initiative, positive living support groups, HIV testing at units and continuing behavior change communication.

**Capacity Strengthening:**

There is need for additional support to the USDF HIV and AIDS project in terms of strengthening both human (skills development) and institutional capacities by specific and targeted training on HIV and AIDS/STIs, to ensure maximum achievement and timely meeting of targets. Adequate physical space, equipment and supplies for carrying out HIV AND AIDS activities, such as counseling and testing, should be provided to facilitate access to testing services.

**Monitoring and Information Dissemination**

There is need for additional training and support in developing a functional HIV and AIDS/STIs monitoring system to ensure informed decision making and programming. This will require technical support on defining the minimum data sets required to inform indicators, establishment of reporting mechanisms at all levels (data flow) and strengthening documentation capacities.

Information dissemination structures need to be improved so that information on HIV and AIDS/STIs is shared with all soldiers on time to enhance ownership, participation and individual decision making and eventually influence behavior in relation to HIV AND AIDS.

**Partnerships and Collaboration**

Partnerships and collaboration with other institutions involved in HIV and AIDS, such as NERCHA, donors, Ministry of Health and Social Welfare, and SWANNEPHA should be strengthened to maximize benefits or achievements, encourage sharing of information and serve as best practice sharing forum, as well as means for mutual gain for all parties.

**9. References**

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2. The USD STI's/HIV and AIDS Knowledge, Attitudes, Practices and Behavior Study. 2005
3. The USDF STI's/HIV and AIDS Project Workplan and Budget for 2007
4. USDF Peer Education Manual. 2007
5. UNAIDS Report of the Expert Panel on HIV Testing in United Nations PeaceKeeping Operations. 2001
6. 10<sup>TH</sup> Round of National HIV Sero-surveillance among Women Attending Antenatal Services at Health Facilities in Swaziland – (2006), Mbabane, Swaziland.
7. Swaziland 2006-2008 National Strategic Plan
8. Know Your Rights: 'HIV and AIDS in the Military'. South Africa. UNAIDS Project
9. The Uganda's Army's HIV and AIDS Control Project. Civil Military –Alliance Newsletter, 1996.





5. Was it disseminated?

Yes [ ]

No [ ]

Don't know [ ]

6. If yes how

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7. How is the report used?

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8. Are the report finding used?

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## Objective 2

### To reduce STI rate by 50% in the outpatient department at Phocweni

1. How many senior USDF and government officials were sensitized on HIV/AIDS/STIs

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2. How was it done and can you share materials used and reports produced

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3. Was HIV/AIDS/STI policy implementation plan developed and printed

4. Please share copy

5. Was collaboration established within the Swaziland Uniformed Services

6. Is it functional

7. If yes, what are the activities done jointly

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8. Did any members of the USDF attend HIV and AIDS international meetings supported by UNFPA?

Yes [ ]

No [ ]

Don't know [ ]

9. If yes, how often \_\_\_\_\_

10. How many soldiers benefited

11. Has HIV and AIDS/STI/Peer Education roll out plan been developed

Yes [ ]

No [ ]

Don't know [ ]

12. If yes, please share plan.

13. Were the technical coordinating committee members trained on program management

Yes [ ]

No [ ]

Don't know [ ]

14. If yes, how many? \_\_\_\_\_

15. If not, why not?

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16. Were members of the prevention sub committee on developing materials on behaviour change trained?

Yes [ ]

No [ ]

Don't know [ ]

17. If yes, trained for how long? \_\_\_\_\_

18. If yes, how many were trained? \_\_\_\_\_

19. If no, why not?

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20. Was the peer education USDF Training Guide developed?

Yes [ ]

No [ ]

Don't know [ ]

21. Was the peer education USDF Training Guide printed?

Yes [ ]

No [ ]

Don't know [ ]

22. If yes, how many copies were printed? \_\_\_\_\_

23. Please share copy

24. Were the guides distributed?

Yes [ ]

No [ ]

Don't know [ ]

25. If yes, to whom was it distributed?

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26. Were USDF drama teams formed using folk media and string game?

Yes [ ]

No [ ]

Don't know [ ]

27. If yes, how many were trained? \_\_\_\_\_

28. Were condoms distribution points set up?

Yes [ ]

No [ ]

Don't know [ ]

29. If yes, how many? \_\_\_\_\_

30. Was there a VCT promotion campaign done among USDF

Yes [ ]

No [ ]

Don't know [ ]

31. If yes, how was it done

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32. Are there any trained VCT counselors?

Yes [ ]

No [ ]

33. Are VCT services provided

Yes [ ]

No [ ]

34. How many VCT service points are there? \_\_\_\_\_

35. Were there any IEC material produced

Yes [ ]

No [ ]

36. If yes, what are they?

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37. If no, why not?

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38. Were they distributed?

Yes [ ]

No [ ]

39. Were they enough?

Yes [ ]

No [ ]

40. Please share

41. Was a referral system established?

Yes [ ]

No [ ]

Don't know [ ]

42. Was a referral directory developed

Yes [ ]

No [ ]

Don't know [ ]

43. Were USDF service providers trained on counseling and STI syndromic management
- Yes [ ]
- No [ ]
- Don't know [ ]

44. If yes how many trained \_\_\_\_\_

### Objective 3

#### To Integrate HIV/AIDS/STI in all training curriculum at all levels in the USDF

1. Were peer leaders/educators in all ranks trained?
- Yes [ ]
- No [ ]
- Don't know [ ]
2. Are peer leaders conducting peer education trained?
- Yes [ ]
- No [ ]
- Don't know [ ]
3. If yes, how many \_\_\_\_\_
4. What are the activities that they do?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. Were warrant officers trained
- Yes [ ]
- No [ ]
- Don't know [ ]
6. If yes how many and when \_\_\_\_\_

7. Were senior NCOs trained

Yes [ ]

No [ ]

Don't know [ ]

8. If yes how many and when \_\_\_\_\_

9. Were junior NCOs trained

Yes [ ]

No [ ]

Don't know [ ]

10. If yes, how many and when? \_\_\_\_\_

11. Were privates trained

Yes [ ]

No [ ]

Don't know [ ]

12. If yes, how many \_\_\_\_\_

13. Were peer counselors identified and trained?

Yes [ ]

No [ ]

Don't know [ ]

14. If yes how many and when \_\_\_\_\_

15. If not, why not

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**Objective 4****To facilitate the establishment of support groups for PLWHA in the USDF and their families**

1. Were all ranks in the USDF sensitized on STI/HIV/AIDS/ stigma and discrimination?  
Yes [ ]  
No [ ]  
Don't know [ ]
2. If yes, how often \_\_\_\_\_
3. Were support groups for PLHIV in the USDF established?  
Yes [ ]  
No [ ]  
Don't know [ ]
4. If yes, how many support groups \_\_\_\_\_
5. When were they established \_\_\_\_\_
6. Do the support groups conduct regular meetings  
Yes [ ]  
No [ ]  
Don't know [ ]
7. If yes how often \_\_\_\_\_
8. Are the meetings documented in terms of minutes  
Yes [ ]  
No [ ]  
Don't know [ ]
9. If yes, please share \_\_\_\_\_
10. If not established why not  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has a network committee for uniformed services PLHIVs support groups established?

Yes [ ]

No [ ]

Don't know [ ]

12. If yes, is it functional?

Yes [ ]

No [ ]

Don't know [ ]

13. What are the activities?

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14. If not why not

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15. Was a network of the five uniformed services formed (USDF, RSPS, HMCS, Dept of Customs and Excise and SNFES)

16. If yes, is it functional?

Yes [ ]

No [ ]

17. What are the activities/functions of this network?

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**Objective 5****To ensure adequate knowledge and skills on planning, monitoring and evaluation.**

1. Was there a project implementation plan in place?
 

Yes [ ☐ ]  
 No [ ☐ ]  
 Don't know [ ☐ ]
2. If no, how was the project implementation guided?  
\_\_\_\_\_
3. Were members of both the technical and the prevention sub committee trained on program monitoring and evaluation?
 

Yes [ ☐ ]  
 No [ ☐ ]
4. If yes how many and when were they trained? \_\_\_\_\_
5. If not why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Were monitoring and evaluation indicators for the peer education project in the USDF developed?
 

Yes [ ☐ ]  
 No [ ☐ ]  
 Don't know [ ☐ ]
7. Is routine monitoring of activities conducted/carried out?
 

Yes [ ☐ ]  
 No [ ☐ ]
8. Are there feed back/technical updates meetings on project performance and progress reporting
 

Yes [ ☐ ]  
 No [ ☐ ]

9. Is there end of training report?

Yes [ ]

No [ ]

10. What equipment and supplies were procured through the UNFPA project

11. Do you have an inventory list?

Yes [ ]

No [ ]

12. Please share the inventory list

13. Is the equipment functional?

Yes [ ]

No [ ]

14. If yes, is it used

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15. If no, what are the challenges?

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## B. Financial

1. Please describe the mechanism of accessing USDF project funds from the UNFPA

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2. If any structured forms or documents were used please provide

3. Did you produce periodic financial reports on implementation status

Yes [ ]

No [ ]

4. To whom were the reports sent?

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5. Who else did you share reports with?

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6. Were there challenges/difficulties accessing the funds?

Yes [ ]

No [ ]

7. If yes, please specify

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8. If yes, how did this affect implementation of activities?

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9. Did limited capacities (financial, Human resource, systems, structures) affect the implementation of activities

Yes [ ]

No [ ]

10. In general were the funds adequate for the intended activities

Yes [ ]

No [ ]

11. If not, please explain

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12. Was there any forum to address the challenges?

Yes [ ]

No [ ]

13. If yes, what were the forums?

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14. How do you think these challenges/difficulties should be addressed in future?

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15. In general which other donor or external support provided assistance to your HIV/AIDS, STIs programs

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16. In general what were your expectations from UNFPA as a donor?

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**D. Impact and Sustainability**

1. According to your own view have the support under the USDF Project improved implementation of HIV and AIDS/STIs in general?  

Yes [ ☐ ]  
No [ ☐ ]
2. Do you think it has added value to the objectives of USDF?  

Yes [ ☐ ]  
No [ ☐ ]
3. If yes, please specify  

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4. Can you please list the major achievements from implementing the Project activities  

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5. Do you think the results obtained from the USDF Project support are sustainable  

Yes [ ☐ ]  
No [ ☐ ]
6. If yes/no, please explain  

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7. Who should be responsible to ensure continuity and sustainability?  

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8. Do you have a resource mobilization strategy?  

Yes [ ☐ ]  
No [ ☐ ]

## Attachment 2

### USDF PROJECT ON HIV/AIDS QUESTIONNAIRE FOR UNFPA

Survey ID Number \_\_\_\_\_ Date (day/month/year) \_\_\_\_\_

Region: HHOHHO

Institution: \_\_\_\_\_

Please tick unless otherwise specified

1. How much was allocated to the USDF in the last 2 years?

\_\_\_\_\_

2. How has been the absorption of funds by the USDF (absorption capacity)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Were there any forums for discussing planned activities and allocation of funds with the implementers in particular USDF?

Yes [ ]

No [ ]

4. Were there any instruments put in place to monitor implementation and evaluation of activities?

Yes [ ]

No [ ]

5. If yes what are/were they?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



6. Were the instruments shared with the USDF
- Yes [ ]  
No [ ]
7. Were there any periodic reports received from the USDF or feedback mechanism on activities supported?
- Yes [ ]  
No [ ]
8. If yes, how often were the reports received?
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. If the reports were not forthcoming, what actions were taken by your office?
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Did the actions improve reporting?
- Yes [ ]  
No [ ]
11. Have there been any periodic feedback and information sharing meetings between yourselves and the Army?
- Yes [ ]  
No [ ]
12. What can you say about the overall implementation of the project
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. What are the major achievements attained from this project?
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. What are the key challenges you have met as the donor in the use of the project funds by the Army.

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15. If there are, how do you think they can be solved?

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16. What can you say about the sustainability and continuity of the activities supported under the project?

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