

## NUMAT TECHNICAL BRIEFS

# Empowering the National Military to Respond to the HIV Epidemic

NORTHERN  
UGANDA  
MALARIA,  
AIDS &  
TUBERCULOSIS  
PROGRAMME  
(NUMAT)

### INTRODUCTION

Conflict and post-conflict settings represent environments which facilitate the spread of HIV, both within the armed forces and the communities caught in the cross-fire. They tend to have higher rates of HIV prevalence than the broader geographic areas in which they are located<sup>1</sup> and Northern Uganda is no exception to this rule. After more than two decades of an internal civil war, the region emerged from conflict with an adult prevalence of 8.2%—significantly higher than the national average (6.4%).

Home to more than 25,000 temporarily deployed armed forces as well as a very transient and migratory population, Northern Uganda has faced a number of challenges in the fight against HIV. Army personnel are highly mobile, uprooted from their communities and social norms, which may serve as protection from HIV acquisition and transmission. Behaviors fueling the epidemic in this region are common among this group, including alcohol use, multiple sexual partners and low condom use, all of which contribute to the spread of the disease. While no recent estimates of the size of the problem among army recruits in this area exists, it is safe to assume, based on experiences in other contexts, that HIV prevalence among this group is higher than the general population.

The Northern Uganda Malaria, AIDS & Tuberculosis Programme (NUMAT), is a USAID/PEPFAR-funded project which aims to expand access to and utilization of HIV, TB and malaria prevention, treatment, care, and support activities in the region. The program has worked with the Government of Uganda (GOU) to expand the geographic coverage and populations served by strengthening local government responses, expanding the role of communities in planning and implementing services and monitoring activities, and building upon existing networks. NUMAT is a dynamic program designed to respond to the fluid and changing situation in Northern Uganda. Project activities are based on inputs from key partners and stakeholders and reflect an alignment of the NUMAT mandate with those specific plans and needs, incorporating evidence-based promising practices.

### BACKGROUND TO THE INTERVENTION

NUMAT worked closely with the Uganda Peoples Defense Forces (UPDF) 5th Division in Pader district to design HIV interventions. As a highly organized institution, with a cohort setup, the armed services provide a great environment in which to introduce HIV prevention and testing services and referrals for care. Working with the armed forces also presents opportunities to increase widespread awareness about HIV and encourage safer behavior among an important segment of the sexually active population. The military structure, including military families, is well-suited to provide comprehensive HIV counseling, services (e.g. HCT), information and supplies such as condoms and antiretroviral drugs (ARVs). Selected soldiers may be trained to work as important behavior change agents (BCAs) who can provide accurate and actionable prevention messages, which will contribute to reducing the number of new infections in the army and surrounding communities.

### NUMAT INTERVENTION

With a mandate to reduce the spread of HIV through “a combination prevention approach,” which focuses on risk reduction, access to testing services, biomedical interventions, and referral for treatment and support services,



**HIV counseling and testing outreach for soldiers at the military barracks.**

1. Omare & Kanekar “Determinants of HIV & AIDS in armed conflict populations,” Journal of Public Health in Africa 2011.

NUMAT interventions are holistic by design. In working with the UPDF, NUMAT recognized that the threat of HIV on the health of armed forces and surrounding communities was likely quite high and therefore supported the development of the military institution's ability to provide HIV training, education, and prevention, testing, and referral services for the 5th division armed forces.



**Military personnel attend an HIV & AIDS session.**

### Participatory involvement

From its inception, the work that NUMAT conducted with the armed services was done through participatory involvement, a model that encourages the partner to identify its own resource persons. Since the military was the primary beneficiary, the program dialogued with them to ensure their contribution right from the start. Through numerous consultative meetings with the military in the region at various levels, a way forward toward service delivery was mapped out.

### Training military personnel as peer leaders/ behavior change agents (BCAs)

To achieve results, effective HIV interventions require strong leadership and guidance, which are essential. The NUMAT/UPDF partnership implemented activities through hierarchical structures meant to stimulate continuity and sustainability. Under this strategy, NUMAT trained trainers-of-trainers from the leadership who in turn trained their own peer educators. These trained commandants provided leadership and direction in achieving desired outcomes. They facilitated ongoing discussions on risky behaviors that promoted the spread of HIV, which evolved into discussions on HIV-related issues with hundreds of their peers. The peer leaders also conducted informal discussions on HIV with their peers. By 2008, NUMAT had trained 90 trainers and 15 peer leaders within the 5th division as BCAs within their institution. These BCAs have been instrumental in guiding leadership and sharing knowledge about HIV & AIDS and the use of condoms, aiming at reducing risky behavior and hopefully ultimately the reduction of HIV incidence within the military. These BCAs have also been supportive in working with their surrounding communities and across the district on HIV & AIDS prevention activities.

### Information, education and behavior change communication (BCC) materials

The BCC materials used by the 5th division were developed, pretested, and disseminated by NUMAT in partnership with the National AIDS Control Program (NACP) and the Ministry of Health (MOH). These materials focus on the message, "Be faithful and use condoms" (BC) and were specifically designed to reach individuals in the armed forces and their partners.

### Promoting unlimited access to condoms

NUMAT works to ensure ready availability of condoms to most-at-risk populations (MARPs) such as armed forces personnel. To increase condom use among this group and reduce the risk of acquiring or transmitting HIV and sexually transmitted infections (STIs), the program helped to design a comprehensive condom distribution program within the 5th division that ensured uninterrupted supply of free condoms. In addition to improving the supply chain, NUMAT developed materials that stressed correct and consistent condom use through information, education, and communication (IEC) materials and education talks, which included practical demonstrations. There has been remarkable demand for condoms at the 5th division military sites with soldiers asking for more distribution points to be opened. To date the program has supplied more than 15,360 condoms to this division.

### HIV counseling and testing (HCT) outreach

Access to HCT services provides additional opportunities for individuals to access HIV prevention and care services. For groups such as the armed forces who may engage in high risk behaviors that can promote the spread of the virus, access to HCT services is essential. The NUMAT-supported HCT outreach package was comprised of the following:

- Pre-test counseling to enable the individual to make an informed choice on whether or not to take HIV test,
- Post-test counseling to help individuals testing positive to cope and live positively and to advise individuals with a negative result on healthy living,
- Informed consent to ensure that the person agrees to be tested and has a clear understanding of its implication,
- Confidentiality to guarantee that no information about the test and its results is passed to anyone without that person's permission.

NUMAT supported linkages and referrals to service delivery points ensuring that all individuals who test positive are referred for treatment and care services where they can access prophylaxis and treatment for opportunistic infections. The process does not stop at provision of treatment and care—these individuals continue to access counseling on positive living. In total, 3,336 male soldiers received HCT services with support from NUMAT. Those who tested positive were referred to Acholi Pii military Hospital for care and treatment support.

### Referrals for diagnosis and management of sexually transmitted infections

Early diagnosis and management of STIs is another key activity in a comprehensive HIV prevention program. To better manage STIs, NUMAT worked with the army to support the referral of suspected STI cases through training of 105 BCAs on early detection and management of STIs. Management of STIs involves recognizing a group of clinical signs and referral for diagnosis and treatment to the military hospital. It enables BCAs without specialized skills or access to laboratory diagnostics to effectively manage most symptomatic STIs during the patient's first visit to a clinic. The BCAs further follow up the individuals for post-test counseling on risky behavior reduction.

### Awareness campaigns

NUMAT and the UPDF worked with the BCAs to organize a number of campaigns to raise awareness about HIV both within the division and in non-military sites in the community. This joint program

between the two parties organized mobile outreach sessions at army sites to improve knowledge about HIV prevention, care, and treatment through music, dance, and drama, including testimonies of HIV-positive soldiers. The focus of these campaigns was on conveying messages about HIV & AIDS. Through these campaigns more than 7,000 soldiers were reached with behavior change messages.

### Advocacy

NUMAT recognizes the need for HIV-positive soldiers to raise awareness among their peers. Through peers it has been possible for them to speak out about the silence surrounding HIV. The process has been supported through organizing advocacy seminars and encouraging individuals to share their personal testimonies on HIV prevention. These forums have proven to be extremely influential opportunities where HIV-positive soldiers share personal experiences about living with HIV, as well as their knowledge of prevention, acceptance and disclosure, and care for those who are living with or affected by HIV.

### Soldiers living with HIV & AIDS

To support fellow HIV-positive soldiers and their family members in mitigating the impact of HIV on their lives and on those of their communities and district, NUMAT supported sensitization and linkages to non-medical services that provide support to clients, including referrals for nutritional support, monitoring of their nutrition status, and access to income-generating activities.

## CHALLENGES

While the partnership between NUMAT and the UPDF was successful, the work was not without challenges.

### Lack of baseline data for adequate monitoring

Data is important in order to understand the status of an HIV epidemic in a given community, identify priorities, and measure the effect of interventions. Behavioral data is critical to understand the drivers of the epidemic, target appropriate prevention messages, and measure change over time. Unfortunately, at the national level in Uganda no survey provides sufficient data on HIV and the armed forces. The sero-behavioral survey and sentinel surveillance sites do not contain

data on armed forces. Furthermore, the armed forces face a challenge in conducting internally-led surveys because they require many resources (both financial and technical) and need to be backed by a strong commitment from leadership. Due to the lack of adequate data on the HIV prevalence in the armed forces, it has been a challenge for NUMAT to quantify ultimate outcomes of this intervention. However, by using process and output indicators, the program has been able to measure many of the successes of this program.

### Difficult involvement of soldiers' partners

Evidence shows that involving partners in prevention activities is critical to a successful HIV program. In UPDF's programs, limited partner participation in prevention activities was observed. A large driver of the epidemic among uniformed service members is often limited interventions reaching their family members (wives and children). NUMAT intervention focused mostly on reaching the armed forces while their partners were not sufficiently involved, judging by the number of spouses of uniformed personnel who access HIV testing services.

### Lack of institutional support

Low levels of comprehensive knowledge about HIV within the institution's hierarchy affected the roll-out of the program. This challenge was mainly due to inadequate information about the extent of the threat, which has led to meager budgetary allocations for HIV interventions by the army. HIV programs in the armed forces are donor funded. With limited resource and facility support from the government, implementation of prevention programs within the forces remains unsustainable in the absence of donors. The UPDF has inadequate facilities that provide HCT, treatment, and care services for its members. In the absence of donor funds, sustainability and long-term outcomes remain doubtful.

### Mobility

The mobility of forces and their geographical spread was also a challenge. HIV programs register success through continuous contact with individuals within a defined area, over a period of time. Given the nature of the rapid mobility of forces, through transfers mainly, it was a challenge for NUMAT to keep pace with changes and conduct regular follow-up of its intervention.

## LESSONS LEARNED

### Service delivery through the military command structure achieves results

The military institutional structure provides an opportunity to reach a large percentage of the sexually active population in a formal setting, which is conducive for the efficient implementation of HIV & AIDS activities. Activities such as condom distribution can be transmitted from the highest to the lowest units, where tracing and follow-up on treatment and care services through the highly organized structures are easily implemented. Trainings can also be scheduled and shared learning promoted with significant multiplier effects in such a highly organized institution.

In addition, more attention should be given to quality of services offered in HIV intervention. Focus has to be on completeness of services offered, skilled personnel, counseling and testing, referrals for STI management, and immediate enrollment in care, treatment, and support and follow-up of clients.



**A NUMAT-trained behavior change agent prepares his peers for HIV testing at a military barracks in Pader District.**

### Strengthening partnerships leads to sustainability

Stakeholders and partners should involve armed forces to contribute to HIV working groups and task forces at lower and national levels. The armed forces should consider forming partnerships with donors, civil society organizations, and relevant ministries of health for financial and technical assistance. Collaboration with other government agencies on HIV service provision has to be promoted at the decision making and lower levels. The NUMAT/UPDF partnership is evidence of the armed forces' ability to collaborate with partners in HIV programs.

### Capacity building & use of HIV-positive soldiers and ex-service men are critical

Continuous training and capacity building in HIV is instrumental for the institutionalization of HIV & AIDS interventions in the armed forces. NUMAT explored this opportunity by using the armed forces existing infrastructure to train a select group of BCAs to roll out HIV & AIDS service uptake among armed forces in the 5<sup>th</sup> division. From the NUMAT experience, commitment of adequate resources for training of more BCAs would institutionalize HIV prevention programs among the armed forces and lead to improved uptake of services.

Ex-service men are effective change agents in their communities. Using ex-service men as counselors during HCT sessions and as tutors for a drama production for the 5<sup>th</sup> division helped to bridge the gap between the armed forces and civilian communities.

The armed forces should also consider incorporating plans for conducting periodic baseline assessments of its members and integrating data from these baselines when planning for HIV & AIDS interventions. Integration of data into HIV programming improves both the quality of service provision as well as the quality of life of HIV-positive soldiers.

### Continuous IEC and behavior change communication is a successful component

Participatory information, educational and communication methodologies through peers are effective for behavior change in confined institutions such as the military. A combination of continuous learning which focused on sharing of information and participation of forces through the BCAs worked for NUMAT. Much as we did not measure the extent to which attitudes, beliefs, and behavior had

changed, routine IEC/BCC through the peers, in this case BCAs, triggers behavior change. NUMAT adopted translated IEC materials on condom use and demonstration sessions as a strategy for changing behavior among the forces. It should be noted that long-term behavioral change could be achieved with support from the command authorities and strict codes of conduct are adopted and adhered to by the forces.

### Condom availability and use require a regular supply

Routine stockouts of condoms affects condom distribution and thereby hinders other HIV prevention activities that rely upon a continuous supply. NUMAT distributed condoms to the armed forces through BCAs. However, due to routine shortages, while actual distribution did not take place, condom education continued. There is an urgent need to promote a culture of consistent condom use and availability in armed forces as part of their emergency field kits. It means the military top command needs to take ownership of condom availability in its institution and increase its capacity in terms of condom procurement and distribution.

### Advocacy and resource mobilization has to be sustained

In general, the funding allocated for HIV services among the armed forces is inadequate to implement, complete, or sustain HIV programs within this MARP group. The institution often sought support for supplies—ARVs, HIV tests kits, and condoms from NUMAT and other partners. Furthermore, for outreach, the institution relied on NUMAT support. In particular, resources for capacity building, IEC/BCC materials, and condoms need adequate funding. It is advisable for the donors and military authorities to create partnerships for the implementation of HIV prevention programs. Donors have to understand the HIV & AIDS situation among the armed forces and advocate for adequate support, if the goal to scale up HIV prevention services. The NUMAT partnership with the UPDF catered for a minor fraction of the forces. Additional support from donors would promote service uptake, expand access to HCT services for forces and their family members, increase enrollment of positive individuals on care and treatment, improve quality of life of HIV-positive soldiers, all ultimately leading to a more controlled HIV & AIDS situation among the armed forces and reduction in the burden of this disease.

**NUMAT** is a six-year, USAID-funded project designed to expand access to and utilization of HIV, tuberculosis, and malaria prevention, treatment, and care, and support activities in conflict-affected districts of Northern Uganda.

Over the course of the project, NUMAT has expanded the geographic coverage and populations served through strengthening local government responses, expanding the role of communities in planning implementation and monitoring activities, and building upon existing networks.

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