UNAIDS Series: Engaging uniformed services in the fight against AIDS

Case Study 2

FIGHTING AIDS

HIV/STI prevention and care activities in a military and peacekeeping setting **in Ukraine**

Country report

Office on AIDS, Security and Humanitarian Response (SHR)

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Acronyms

AIDS	Acquired immunodeficiency syndrome
CIS	Commonwealth of Independent States
CMA	Civil-Military Alliance to Combat HIV and AIDS
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
ICT	Intercountry Team
IDU	Injecting drug user
IEC	Information, education and communication
MoD	Ministry of Defence
MoIA	Ministry of Internal Affairs
PLWHA	People living with HIV/AIDS
SHR	UNAIDS Office on AIDS, Security and Humanitarian Response
SMART	Specific, measurable, agreed, realistic and time-bound (objectives)
STD	Sexually transmitted disease
STI	Sexually transmitted infection
ToT	Training of trainers
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary counselling and testing
WAF	World AIDS Foundation
WHO	World Health Organization

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The UNAIDS project coordinator for this publication is Taavi Erkkola.

Preface

The UNAIDS Office on AIDS, Security and Humanitarian Response (formerly the Humanitarian Unit) was created following the first round of UN Security Council debates on HIV/AIDS in early 2000 which focused on the epidemic in the context of conflicts and uniformed services in Africa. These discussions culminated in the adoption of Resolution 1308 (2000) calling on all stakeholders to address and respond to the issue of HIV/AIDS and peacekeeping operations.

Since that time, the UNAIDS Secretariat and its partners have made significant progress in responding to HIV/AIDS among international and national uniformed services. In January 2001, UNAIDS initiated a Cooperation Framework with the UN Department of Peacekeeping Operations (DPKO) which set the ground for a series of incremental steps to be taken.

UNAIDS has been actively focusing on the national responses to HIV/AIDS among uniformed services worldwide. Following the Declaration of Commitment on HIV/AIDS adopted unanimously by all Member States at the UN General Assembly Special Session (UNGASS) on HIV/AIDS in June 2001, all countries committed themselves to specifically address the spread and impact of HIV/AIDS among national defence and civil defence services. Military forces are generally two to five times at greater risk of contracting sexually transmitted infections (STIs) than the civilian population, and during conflict this factor can rise significantly1. Soldiers may also become vectors in the further spread of HIV/AIDS to their partners upon return home from duty. At the same time, when trained on HIV/AIDS, they may also serve as agents of change agents in raising awareness in their communities and facilitate slowing down the epidemic.

To this end, UNAIDS has developed a global strategic response to HIV/AIDS and uniformed services involving short- and long-term approaches.These include:

- Development of peer education training material including HIV/AIDS awareness cards adapted for uniformed services;
- Financial and technical support of targeted and catalytic project activities;
- Facilitation of regional and sub-regional partnerships and exchange of knowledge and strategic information;
- Ongoing advocacy for leadership and commitment to be translated into policy and programmes;
- Coordination of defence and civil defence responses to HIV/AIDS with the national response.

As of early 2003, UNAIDS has supported projects and long-term advocacy programmes in Eastern Europe, Latin America, South- East Asia and sub-Saharan Africa.

Among the first of a series of case studies on HIV/AIDS and uniformed services, the UNAIDS Office on AIDS, Security and Humanitarian Response selected Ukraine to demonstrate the important role of national and international uniformed services in the fight against HIV/AIDS in a unique environment of a transition country and a newly independent state in the Commonwealth of Independent States (CIS).

[1] *AIDS and the Military, UNAIDS TEchnical Update, May 1998.*

Foreword

We know from experience that AIDS is more than a health issue: it is now a global security concern. Where it reaches epidemic proportions, AIDS can devastate whole regions, knock decades off national development and destroy what constitutes a nation: our communities, our economies, our political institutions, and even our military and police forces. In many countries the pandemic has affected uniformed personnel far more than civilian populations. Where this is the case, AIDS debilitates command structures and compromises the readiness and capacity of the military sector to respond to security threats and instability.

Uniformed services, including defence and civil defence forces, are highly vulnerable to sexually transmitted infections (STIs), mainly because of their work environment, mobility, age and other facilitating factors that expose them to higher risk of HIV/AIDS infection. This has been widely acknowledged, and both the UN Security Council and the United Nations General Assembly Special Session on HIV/ AIDS (UNGASS) have adopted resolutions calling for HIV/AIDS interventions in international and national uniformed services.

Through the Global Initiative on HIV/AIDS and Security, UNAIDS has already facilitated partnerships worldwide. Ukraine has been one of the forerunners in recognizing the seriousness of the HIV epidemic and its implications on uniformed services, and has acted on it by engaging its armed forces in a country-wide national programme to educate its soldiers on HIV/AIDS. As a principal target of this programme, young recruits are particularly important in view of their potential role as future leaders and decision-makers, and as peacekeepers in their own countries and elsewhere.Young soldiers are also often seen as role models among their peers, and could serve as agents for change in their communities. The behaviour of young recruits and the services and information they receive determine the quality of life of millions of people.

The determination of the Ukrainian authorities has been essential in moving the plans into action. This study will provide important information on the steps that were taken to have an impact, and build up a sustainable setting to tackle HIV in uniformed services. I hope this will also serve as an encouragement to the countries and their populations who are developing their work in this important field.

Ulf Kristoffersson
Director
UNAIDS Office on AIDS, Security and Humanitarian Response

Executive Summary

Ukraine has one of the highest HIV prevalence rates in Eastern Europe. It was first in the region to face an aggressive epidemic among injecting drug users in 1995, and the epidemic now appears to have entered a more generalized phase. The Government of Ukraine responded to HIV at an early stage. Several Presidential Decrees urged the Government to initiate and enhance activities against the epidemics, and mobilize various ministries including the Ministry of Defence.

In June 1999 the heads of the Educational Branch in the Preventive Medicine Department of the Ministry of Defence (MoD) met with UNAIDS officials and discussed HIV/AIDS issues in the Ukrainian army. The meeting resulted in an agreement to launch a project on prevention of HIV/AIDS and sexually transmitted infections (STIs) in Ukraine's armed forces. Funds and technical support were provided by UNAIDS, and the Main Educational Department started implementation of the project with the assistance of the United Nations Population Fund (UNFPA).

The project focused on the development of training and educational materials, integration of education about HIV/STI prevention in the curricula of the Humanitarian Institute of the National Academy of Defence and the Kharkiv Tank Forces Institute, and on cascade training (cascading information down to all levels of rank and file) of the officers and soldiers in five field garrisons. Around 20,000 servicemen were trained in the first phase. The second phase of the project will run to early 2004 and the army headquarters are applying for resources from the Global Fund to Fight AIDS, Tuberculosis and AIDS in order to strengthen these activities. During the second phase of the project 350,000 servicemen are to be targeted with comprehensive information and education relating to HIV/AIDS and STIs.

The project was formally evaluated in 2000. The evaluation mission, which included high-ranking officers from the other four Commonwealth of Independent States (CIS) countries, indicated that the project had been carried out with great rigour and considerable thought. A unique feature was that the education and prevention activities on HIV/AIDS were carried out by the education branch of the Ministry of Defence and became part of the routine training soldiers receive at the educational centres. This genuinely innovative approach recognized that HIV prevention is a behavioural rather than a medical problem and placed the focus squarely on education and training

A series of surveys carried out within the framework of the project's monitoring and evaluation showed positive changes in behavioural trends, knowledge and attitudes towards HIV/AIDS/STIs among the target group. The repeated surveys showed that all categories of military personnel increased their use of condoms, and had therefore benefited well from the training. However, it was seen as important to strengthen and broaden the training to highlight alcohol and drug use as risk behaviour factors that are closely connected with HIV and STI infection.

The project acted as a catalyst for other sectors of the uniformed services and for other CIS countries. The Ministry of Defence, the Ministry of Internal Affairs, UNFPA and UNAIDS set up a 12-month project ‘HIV/AIDS/STI Prevention in Internal Forces of Ukraine’. Three law enforcement units in Kiev, Lviv and Kharkiv also benefited from cascade training.

In 2001, the UNAIDS Office on AIDS, Security and Humanitarian Response initiated negotiations with Belarus, Kazakhstan, Moldova and Uzbekistan on the possibility of developing similar projects in their uniformed services. With technical assistance from UNAIDS these countries have designed project proposals, received funds and initiated HIV/AIDS/STI prevention activities.

Ukraine’s HIV-prevention project provides important lessons not just for other countries in the region, but also in a wider context. This case study aims to provide practical guidance to other countries on how tackling HIV prevention as a behavioural rather than a medical problem within the ranks of the uniformed services will make a difference.

1. Introduction

Uniformed services personnel are highly vulnerable to sexually transmitted infections (STIs), mainly because of their work environment, mobility, age and other facilitating factors that expose them to risk. The uniformed services do, however, offer a distinct opportunity for raising awareness and undertaking training about HIV/AIDS because they are a large 'captive audience' in a disciplined and highly organized setting[2].

Uniformed services are understood to include both defence and civil defence forces, such as the military, peacekeepers, border troops, customs officials and the police. In Ukraine, the Ministry of Defence includes a central command that oversees the armed forces which are composed of land-based forces, the air force, the navy and anti-aircraft forces, and training structures for cadets, officers and soldiers. This Ukraine case study focuses on only one branch of the uniformed services, namely the military.

1.1 Country situation

Figure 1.
Map of Ukraine

[2] *UNAIDS Strategic Action Plan on HIV/AIDS Interventions for Uniformed Services*

Although initially isolated from the global HIV epidemic by draconian restrictions on contact with foreigners in the former Soviet Union and harsh social control mechanisms, there has been a growing epidemic in Eastern Europe since the mid-1990s. The first infections were reported in 1995 among injecting drug users (IDUs) in Odessa and Nikolayev in southern Ukraine. They were rapidly followed by other drug-related HIV infections, notably in the Russian territory of Kaliningrad in 1996, and a few months later in other regions of the Russian Federation, and in neighbouring Belarus and the Republic of Moldova. The situation has continued to worsen rapidly, affecting neighbouring regions and countries. UNAIDS and the World Health Organization (WHO) recently reported that, with an estimated 1 million HIV-positive individuals at the end of 2001 compared with only 30,000 at the beginning of 1995, Eastern Europe and Central Asia were the regions with the fastest-growing rates of HIV infection in the world.

Ukraine is continuing to experience a rapid spread of HIV/AIDS; an estimated 250,000 people were living with HIV in 2002 among a total population of nearly 50 million. While three-quarters of cumulative HIV infections in Ukraine are reported to be due to injecting drug use, the proportion of sexually transmitted HIV infections is increasing. More pregnant women are testing positive for HIV, suggesting that the epidemic is beginning to affect other segments of the population.

The Ukrainian AIDS Centre[3] considers the HIV epidemic in Ukraine evolved in three distinct stages:

- The first stage was characterized by sporadic registration of new HIV infections, with the first case being detected in 1987. Mass-scale testing identified approximately 400 cases of HIV infection during this period. The most frequent route of transmission was through sexual, mostly heterosexual, contact. More than half of infections were registered among foreigners.
- The second stage saw an outbreak of HIV infection among injecting drug users, starting in 1995. Within two years, HIV-infected IDUs were registered throughout Ukraine with the virus mainly spread through sharing injecting instruments.
- The third stage featured increased sexual transmission of infection among people who do not inject drugs, with a growing number of HIV-infected women and children born to them being observed.

1.2 HIV/AIDS and STIs among Ukraine's armed forces

Every year around 50,000 recruits aged 18-25 are drafted into the Ukrainian armed forces for a period of service varying between 1.5 and 2 years. The majority of recruits are from rural areas where education about HIV/AIDS/STI prevention is almost entirely absent. Inadequate information received in high schools, prior to military service, also explains recruits' poor knowledge of HIV/AIDS/STI and their risky behaviour patterns.

[3] *HIV/AIDS in Ukraine: The rising cost of delay. Ukraine Human Development Report Special Edition 2003 (draft report).*

During the course of military service soldiers may increasingly be exposed to alcohol and drugs, and become involved in various forms of risky behaviour, such as sex with casual partners, injecting drugs and alcohol use. This is particularly the case in regions where drug and alcohol consumption are high: industrial centres, seaports, cities, places with high levels of unemployment, etc.

The first HIV infection in the army was detected in 1987. A total of ten new cases were found in the serving military in the period 1987-1993; the number of new cases then began to rise, with 11 cases reported in 1994, 15 cases in 1995 and 84 cases in 1998, although there was a drop in 1999 when 35 new cases were registered. From 1994 until 2002 about 400 cumulative cases were registered in the army.

As there is no mandatory HIV testing in the Ukrainian armed forces, these data were obtained from testing recruits, soldiers and officers when they donated blood, or travelled abroad or on special missions and should only be considered as indicative figures. Eighty per cent of these cases involved people who were using drugs.

No AIDS cases have been reported in the army. If found to be HIV-positive, soldiers with fixed-term contracts are dismissed from the army. Officers continue to serve as long as their physical condition allows them to carry out their normal duties. Most HIV-positive officers prefer to retire in order to obtain better family care.

1.3 The response

The Government of Ukraine responded quickly to the growing impact of the epidemic on the national military service. A Presidential Decree issued on 1 November 2000 on the 'Emergency response to HIV/AIDS epidemics ' instructed the Ministry of Defence (MoD) and other ministries to provide information, education and advocacy for HIV/AIDS prevention among military personnel.

In August 2001 a second Presidential Decree instructed all government ministries to ensure implementation of activities to achieve the targets set out in the United Nations General Assembly Special Session (UNGASS) Declaration of Commitment on HIV/AIDS. Prevention activities to be implemented by the MoD were included in the 2001-2003 HIV/AIDS prevention programme approved by the Cabinet in July 2001; a system for HIV/AIDS/STI prevention education for the Ukrainian armed forces was agreed[4] and later elaborated by the MoD[5]. As a result, HIV/AIDS/STI, alcohol and drug abuse prevention courses for all categories of military personnel were included in relevant study programmes.

[4] *Organizational Orders on the Implementation of Educational Activities in the Armed Forces of Ukraine, approved by the First Deputy Minister of Defence.*
[5] *Thematic Plan for Humanitarian Education of Military Personnel of the Armed Forces of Ukraine for 2000-2001.*

High-level political commitment made a difference

The sensitivity of HIV education for the military is clear. In Ukraine, the Presidential Decree and the involvement of the Deputy Minister of Defence helped overcome any obstacles that may have been raised in the army setting about the sensitive cultural issues surrounding HIV/AIDS, such as sexual behaviour, commercial sex work, alternative lifestyles, and illegal activities like drugs use, and the implicit recognition in carrying out prevention activities that such practices could take place within a military setting.

As the first Eastern European country to be affected by a fast-developing HIV epidemic, Ukraine has subsequently become a pioneer in prevention activities. The first harm-reduction activities were initiated in Odessa in 1996; the first countrywide HIV/AIDS/STI/drug abuse prevention programme in prisons and peer education on HIV/STI prevention in 5,000 schools was also launched around this time. Organizing educational programmes for army officers, junior commanders, soldiers and cadets in the army formed part of these programmes.

In April 2000, the British Council, under a British Government project on human rights, trained police on the human rights of marginalized communities, which included sex workers, drug users, people living with HIV/AIDS (PLWHA), victims of trafficking and other forms of violence, and men who have sex with men (MSM). This project also dealt with some aspects of HIV/AIDS. A training manual for police was prepared, which included methods of participatory training. The United Nations Development Programme (UNDP) used the materials for the project on men in uniform and copies were made available for other Russian-speaking countries.

The initial training course for uniformed services, a pilot programme funded by UNAIDS, was launched in February 2000 and ran until August 2001. A training curriculum and educational materials were developed to provide HIV/AIDS prevention education to army personnel and army doctors in seven regional military divisions. A second phase, officially launched in January 2002 and to run for two years, is expanding this education throughout the armed forces. For the interim period from the end of the pilot phase up to December 2001 the United Nations Population Fund (UNFPA) provided a bridging fund which guaranteed that activities could be maintained.

The Ukrainian Army and the MoD's Main Educational Department have been responsible for implementing the activities, with technical assistance from UNFPA and UNAIDS. The UNFPA Kiev Office acted as the UN executing agency.

2. The first phase: pilot programme

UNAIDS initiated a meeting with the Ukrainian army's medical and education branches at the army's headquarters in Kiev in 1999 in order to discuss the capacity and preparedness of these branches to run educational activities at army training institutions and in field units[6]. As Ukrainian officials were increasingly concerned about the HIV epidemic and its possible impact on the armed forces, they expressed interest on more comprehensive training activities in order to effectively train large numbers of military personnel and young soldiers.

Due to the existing good level of awareness on HIV/AIDS among army commanders, who also recognized that the armed forces represented a specific group at risk, cooperation was easily established. The educational branch offered its media facilities (a regular journal, leaflets, sector radio network and educational facilities), and expressed its willingness to cooperate with the medical department on developing an HIV/AIDS prevention programme. The medical branch, which had limited capacity to undertake educational activities on behaviour issues, would provide technical support. After various consultations, the Ministry together with UNAIDS Kiev staff and Secretariat prepared a project proposal[7].

The project's goal was to 'reduce HIV/STD infection rates in the Ukrainian armed forces'. The proposal also contained the following five specific objectives:

- To obtain information about HIV/STIs in the Ukrainian military (including examination of links between the civil and the military sectors);
- To train teachers and students of the Humanitarian Institute of the National Academy of Defence on HIV/STI and drug abuse prevention;
- To develop a comprehensive intervention programme in the armed forces;
- To increase access to specific information on HIV/STI prevention, training on protection skills, counselling services and individual means of protection;
- To develop a 'Best Practice' report for the CIS region.

UNIFORMED SERVICES PROGRAMMING GUIDE

The UNAIDS programming guide for HIV/AIDS intervention in uniformed services gives practical information on how to establish training activities and select trainers. The guide is designed to provide an overview of HIV/AIDS/STI programming options for uniformed services programme planners.

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[6] *Lev Khodakevich. Travel report to Ukraine, 9-17 June 1999, UNAIDS, Geneva, 1999.*
[7] *Project Proposal for UNAIDS SPDF HIV/AIDS/STD Prevention in the Armed Forces of Ukraine, UNAIDS, 1999.*

Photo 1. The Humanitarian Institute of the National Academy of Defence in Ukraine is the first non-medical institution in Eastern Europe to include the subject of HIV/STI prevention into its routine training curricula. The high-level political commitment of the Government of Ukraine was fundamental in developing the training in the Institute.

2.1 Training and educational activities

The Main Educational Department of Ukraine's Ministry of Defence runs a complex system of pre-service and in-service training for cadets, officers and soldiers. The HIV/AIDS/STI training and educational activities were initially designed for two training institutes, the Humanitarian Institute in Kiev and the Tank Forces Institute in Kharkiv.

At the Humanitarian Institute all students began to receive education on HIV/STI prevention, and this component became part of the routine training programmes for cadets, with the aim of building capacity in the training institute.

At the Tank Forces Institute, a core group of 210 psychologists and education officers were trained to be trainers, through three-day workshops, in order to teach HIV/AIDS prevention as part of their normal duties as educators in military units, using curricula developed by the project. This cascade training to conscripts was organized for five units, in the regions of Odessa, Lugansk, Dnepropetrovsk, Kiev (Bila Tserkva town) and Chernigiv (Desna town). Around 20,000 military personnel benefited from the project.

2.1.1 Development of materials

Specialists from the Humanitarian Institute of the National Academy of Defence served as national consultants and developed a curriculum covering HIV/AIDS/STI issues among the military. The curriculum was institutionalized into the study programmes of the Institute. A manual on effective HIV/AIDS/STI prevention education and counselling techniques in the armed forces, produced by the Civil-Military Alliance to Combat HIV and AIDS (CMA), a technical consulting group specializing in health and security issues, was adapted and translated into Russian. The manual was updated and

reprinted in 2001, due to high demand. Training materials such as slides and overheads were also produced, and a shorter version of the training manual supplied for use in classes. The material covered the following topics:

- The natural progression of the infection, and the nature of the AIDS syndrome;
- HIV testing;
- Biological and social vulnerability factors of women to HIV/AIDS infection;
- Universal precautions as part of overall prevention against transmission of HIV and other blood-borne diseases;
- The inevitable presence of men who have sex with men in the military;
- The positive supportive role of religious belief, morals and practices.

Educational kits (booklets with condoms) and posters were designed and a total of 200,000 kits and 15,000 posters were produced and distributed to the regional military divisions.

2.1.2 Training in the institute

During the pilot project, all students passing through the Humanitarian Institute received ten hours of training, which was offered at a high level and at a fast pace. The students were given a teaching manual, which was a shorter edition of the training manual developed for the project. The training groups were small (18–20 students) enabling good interaction between students and their trainers.

The HIV/AIDS sessions included discussions on some of the following topics:

- What HIV is and what is the difference between HIV and AIDS;
- The immune system and how it is affected by HIV infection;
- HIV testing;
- The main transmission routes;
- The impact of HIV on the military;
- Why the military is vulnerable to the spread of HIV;
- Promotion of healthy lifestyle;
- Prevention of the spread of HIV among soldiers;
- Practical exercises: presentations and homework;
- Alcohol and drug abuse and tattooing;
- Sex and commercial sex workers;
- World AIDS Day;
- Safer sex and safer behaviour;
- Legal basis for HIV education in the army;
- UN Code on behaviour during peacekeeping operations;
- Educating soldiers.

Follow-up refresher courses for the field trainers (cadets) were conducted by UNFPA in October 2000.

2.1.3 Training in field units

Training courses on HIV/STI prevention education and counselling were carried out by educational officers in the five selected regional military divisions. This was later followed by training on primary prevention for troops. This initial series of cascade training courses laid the foundations for the scaling-up of training opportunities for more troops in the second phase.

The sessions at Bila Tserkva for conscript soldiers were similar to those held for the cadets at the Humanitarian Institute and the Tank Forces Institute, although they were shortened and simplified to be suitable for the general educational level of the conscripts. The curriculum focused on:

- The virus and the differences between HIV and AIDS;
- The difficulty in determining a person's HIV status;
- The importance of avoiding risky behaviour;
- Separating myths about HIV from reality;
- Alcohol and drugs use;
- The spread of HIV worldwide and in Ukraine;
- The HIV antibody test, its meaning and implications;
- The impact of HIV on military readiness;
- Condoms and condom use;
- The importance of talking about HIV to friends and colleagues.

2.1.4 Feedback from the trainers

The participants at the workshops were requested to assess the training sessions and provide written feedback as well as suggestions on the ways the training could be improved further[8]. The participants appreciated the presentations and the interactive participatory approach of the training, which they considered to be innovative. The course was considered to be too short and not enough time had been set aside to cover so many subjects. They recommended that the sessions be longer or that several workshops be held.

Although training materials were adapted to the local situation, they did not always reflect characteristics of Ukrainian life and culture. However, this was true for other countries as well. More graphic materials, such as posters or videos, would have advanced the learning process. Training materials were mainly targeted at men, but women also served in the Ukrainian armed force. Training

[8] *Len Curran. HIV Prevention in the Army of the Ukraine. Report to UNAIDS, Kiev, Ukraine, April 2001*

modules should also have guides for trainers to make it easier for them to familiarize themselves with the materials. Finally the training courses should also include lessons on how to address social and political leaders, as well as working with the media. Using military analogies in the training helped in getting the message across.

Nevertheless, participants felt their training was adequate to the task and they had good access to additional and up-to-date information. The trainers likened their role to that of chaplains in other armed forces (such as the British Army) combining the pastoral and counselling aspects in their job at military bases. Their training in psychology and sociology prepared them for such work. They accepted the HIV/STI preventive education as a part of their normal duties, enjoyed the work and felt it was both appropriate to their grade and an important topic for the Education and Training Department.

The training did develop high-level involvement from general commanders, sociologists, psychologists, lecturers and cadets. Only one representative of the medical department participated, however. Although Ukraine opted to deal with the epidemic from a behavioural change approach, closer collaboration is needed between the education and medical branches, as this has an impact on the success of the interventions.

Photo 2. Group work at the training workshop on HIV/AIDS at the Lviv military base (2002). Three winners for the best answers receive prices (box of condoms) presented by lecturer/trainer Lieutenant Rudenko.

Photo 3. Major Victor Parlatov from Bila Tserkva, a leading trainer of the Ukrainian Army Project on HIV/STI prevention. The trainers were given the task of providing HIV education as part of their normal duties as educators within the Army.

2.2 Formal evaluation of the first phase

The initial project funded by UNAIDS included a formal evaluation of its results. It was decided to undertake an external evaluation, involving experts in similar activities to participate in the evaluation and familiarize themselves with the project.

At the end of 2000, an international consultant together with officers from medical and educational departments from Belarus, Kazakhstan, Moldova and the Russian Federation carried out an evaluation of the first phase of the project[9]. The evaluation was jointly funded by the UNAIDS Country and Regional Support Department (CRD) and the Office on AIDS, Security and Humanitarian Response (SHR) and UNFPA. The evaluation included a review of the project reports and field visits to the institute and one garrison. The consultant reported on the following developments and major achievements of the project.

2.2.1 Building training capacities in the Humanitarian Institute

It was found to be important that the institute was committed to providing training in HIV/AIDS and had included it in its regular training curricula. As the training was carried out by a multi-disciplinary team, the students were both well prepared and able to draw on the expertise of a variety of disciplines (for example educational methods, media, army history and psychology) allowing them to both assimilate the information provided on HIV and to develop their own teaching style. Likewise, it was also important to ensure that students were made aware of the complexity and different aspects related to HIV in a community.

2.2.2 Responses of the cadets

During the training sessions students were asked to consider the implication of a HIV scenario on a military base, and were asked to analyse a case study and provide advice on what could be changed. The consultant felt that students were well informed, but that their analysis was not very sound. For example, they did not consider whether the infection could have been sexually transmitted on the base.

Furthermore when discussing drug use they tended to cite the 'conventional ' or 'medical ' model of why people abuse these substances and did not seem willing to consider the psychotropic effect of the drug itself. Thus people used drugs because they were depressed, unemployed, stressed, unbalanced; when questioned about the effects of taking drugs they associated them with disease, addiction, social ostracism, criminality and death. The solution they proposed was that information should be provided on the harmful effects of drug use and the need to stop using drugs. Safer methods of taking drugs were not considered.

[9] *Len Curran. HIV Prevention in the Army of the Ukraine. Report to UNAIDS, Kiev, Ukraine, April 2001*

Clearly, within an army culture, to admit the need for risk reduction is difficult as it implies acceptance of drug use amongst army personnel. It is important that these students, who will later undertake HIV education and pastoral care for soldiers, understand the complexity of human behaviour in relation to both sex and drugs. They need to find ways of assisting people in avoiding risky behaviour and thereby avoiding HIV and other STIs.

2.2.3 Responses of the conscripts

There was a fair degree of interaction between soldiers and their trainers, although this tended to focus mainly on information and knowledge. Feedback from students indicated that they appreciated the training materials, and found them interesting, informative and relevant to military experience. The homework they received was found to be a useful feature of the programme. The conscripts were interested and responsive, which was due to the good rapport between trainers and students.

The consultant found that the conscripts performed well in terms of understanding complex subjects such as the impact of HIV infection on the immune system, the implications of HIV for the military, the global impact of AIDS and the routes of transmission. The sessions were successful in imparting much needed information.

The soldiers were clearly impressed by the extent of the epidemic in the Ukraine and touched by its obvious closeness to their everyday lives. They believed, as did the students from the Humanitarian Institute, that they needed to develop empathy for those affected by HIV/AIDS. The learning could be strengthened by placing more emphasis on 'how to avoid risks', rather than dwelling on the fact that it exists.

Unlike the students at the Humanitarian Institute the soldiers in the camp were not in the least bit intimidated by the presence of observers and the interactions between them and their trainers appeared entirely natural and unaffected. They were not overwhelmed by the amount of information or by its depth.

2.2.4 Report from the CIS representatives

Military representatives from Belarus, Kazakhstan, Moldova and the Russian Federation prepared separate conclusions on the training to be shared with the colleagues in their own countries. They found that:

- The main accomplishment of the project was to demonstrate that a system of HIV/AIDS prevention education work could be undertaken by the armed forces, and that it should integrate all army ranks from the level of commander down to conscripts;
- The project was unique in being implemented for the first time in the armed forces of a country that was once part of the former Soviet Union;

- Seeing the pilot project in operation would be particularly useful in helping other countries in the region to develop more effective prevention programmes;
- The seminars and lectures were prepared and conducted at a highly professional level, using appropriate language and examples for this target group;
- Although developed for the military setting, the training took into account that military personnel are also members of society, and it encouraged participants to use their status amongst peers and communities to influence the attitudes of their friends and families;
- The Ukraine programme had made a good start but, as with other achievements, experience must be consolidated and further developed;
- The opportunity to meet and learn from the experience of Ukraine was highly valued. In addition, regular inter-country meetings will enable effective development of other country programmes.

There was one area in which the military experts differed. Two of the country teams were of the view that more medical information should be provided to highlight the links with other STIs. The other two teams were convinced that the current focus on HIV was justified and that the emphasis on behaviour and prevention was the correct approach. They also thought that this issue should be addressed within the education rather than the medical department of the army.

Key success factors on implementation of the first phase

- Political will of the government provided a good basis for national ownership of the activities.
- The Deputy Minister of Defence prepared a thematic plan for the humanitarian education of military personnel, which included HIV/STI prevention.
- The thematic plan provided the framework for officers to implement the activities, which met the objectives successfully – i.e., a technical basis was established, training curricula developed, trainers and targeted servicemen trained, and training and educational materials developed and widely used.
- The participatory training approach was appreciated by the participants, and was also assessed positively by the observers.
- Cross-border cooperation was encouraged, and led to open sharing of experiences among military representatives from the other countries in the region.
- Initial funding from UNAIDS accelerated the activities, which might not have had similar resourcing from national authorities.
- Positive results of the project implementation and commitment of authorities encouraged co-funding from other institutions (UNFPA).

3. Second phase: expanding and sustaining activities

Encouraged by the positive results of the first phase, the Ukrainian army was interested in continuing and expanding the training, but the requisite level of national funding was not made available. In 2001, a project proposal entitled 'Development of an HIV/AIDS/STI Prevention Education System in the Armed Forces of Ukraine' was developed and submitted to UNAIDS for funding. As the funds from the first phase had been exhausted, UNFPA allocated US$20,000 to prevent an interruption between the two phases of activities.

The proposal was for a logical continuation of the first phase, which covered only land-based forces, to the other three combat arms of the armed forces: air force, navy and anti-aircraft forces.

"If we could manage to reach officers, junior commanders and soldiers in field military units, we could, through them, also reach their families and peers, and therefore be able to influence the behaviour of 1.5 to 2 million persons, mainly the youth most vulnerable to HIV and STDs."

Colonel O.O. Gudzovsky, National Project Director, August 2001.

In the autumn of 2001, a UNAIDS mission led by the Director of the UNAIDS Office on AIDS, Security and Humanitarian Response and a UNAIDS consultant visited Ukraine to review the development of the army project, to brief the UN team and national parties on HIV/AIDS and security, and to develop further cooperation in order to expand the project in Ukraine as well as regional projects for peacekeepers and uniformed services[10]. Based on interviews and briefings in Ukraine, the mission made the following recommendations:

1. The project should be amended to include not only all four branches of the armed forces but also peacekeeping forces. The proposal would encompass 27 larger field divisions, eight training institutions and both Ukrainian training centres for peacekeepers.
2. Since the pilot project in Ukraine had attracted the attention of other CIS countries, officers from Belarus, Kazakhstan, Moldova and the Russian Federation were advised to explore possibilities to organize similar activities in their countries. In order to support these proposals a UNAIDS adviser was requested to develop a concept paper for a regional project on HIV/AIDS prevention in these four countries.
3. A small operational technical group on HIV and security could be built by the UNAIDS Country Coordinator to include partners from the relevant projects: the army, civil defence, peacekeepers, UNAIDS, UNFPA and UNDP.

[10] *Ulf Kristoffersson. Trip Report on a visit to Kiev, Ukraine, 13-16 August 2001, UNAIDS, September 2001.*

4. The UNAIDS Office on AIDS, Security and Humanitarian Response and its technical group in Ukraine would continue cooperation with Ukraine as a peer country on the UNAIDS initiative on HIV and security.

5. The project proposal submitted to the World AIDS Foundation (WAF) would be updated to include HIV/STI prevention activities aimed at Ukrainian peacekeeping troops. Training on the information, education and communication component would be strengthened.

3.1 Description of activities

The project was therefore aimed at the development of an integrated and sustainable HIV/AIDS/STI prevention education system for all combat arms of Ukraine's armed forces including peacekeeping units. The following activities were foreseen:

- A sustainable HIV/AIDS/STI prevention education system to be developed by representatives from the MoD's Main Educational Department for all combat arms of the armed forces. International consultants together with national experts would develop a consistent and effective monitoring and evaluation system to be implemented in the future.
- A national start-up conference would be organized to reinforce interest and advocacy with regard to HIV/AIDS/STI problems in the armed forces.
- Information, education and communication (IEC) and technical support would be provided for the development of IEC kits (booklets, posters and videotapes); the manual on effective HIV/STI prevention education and counselling techniques developed during the first phase would be improved. Condoms would be purchased to complement IEC materials. IEC kits, condoms and the manual would be distributed among educational officers and sociologists during training workshops.
- National capacity would be strengthened through 35 cascade training workshops on HIV/AIDS/STI prevention education and counselling techniques for psychologists and sociologists and educational officers from 27 military divisions, eight educational institutions and two training centres for peacekeepers, representing all combat arms of the armed forces. The trained officers would later go on to work directly with junior officers and soldiers.

In 2002 UNAIDS provided a total of US$175,000 to allow the project to be implemented until the end of 2003[11].

[11] *UNFPA/Kiev.Development of HIV/AIDS/STI Prevention Education System in the Armed Forces and Peacekeeping Units of Ukraine. Annual Project Report for the year 2002. Kiev, December 2002.*

3.2 Achievements in 2002

3.2.1 Integrated and sustainable education system developed

A project working group for the development of the HIV/AIDS/STI prevention education system was organized in April 2002. It was composed of representatives from the MoD's Main Educational Department, training centres for peacekeepers, all combat arms of the armed forces, as well as UNAIDS and UNFPA. The working group developed all the programme, monitoring and evaluation mechanisms and indicators.

Photo 4. During the second phase those trained under the first phase carried out a series of 20 training workshops in 20 military bases. Major Gennadiy Piankovsky, the first level trainer, is facilitating a workshop at the Humanitarian Institute (Kiev 2003).

A series of 20 three-day training workshops were held in 20 military bases for 500 officers from all combat arms of the armed forces between June and November 2002. These workshops were conducted by trainers who had been trained under the first phase of the project and strengthened the capacity of the MoD to provide quality prevention education for military personnel. The officers would then work in the 20 military divisions training personnel, including soldiers, sergeants and junior officers.

The 20 training centres were provided with audio-visual equipment to help the educational process become more sustainable. Large quantities of the IEC materials developed and used during the first phase of the project were reprinted, including 200,000 booklets and 30,000 posters. The training manual 'HIV Prevention and Behavioural Changes in the Military' was reviewed, and a new chapter on gender issues and family planning was added; 1,500 copies of this manual have been printed, and each division received a set of the accompanying slides. Educational videotapes with safe behaviour information for use at workshops were also produced.

Peer education kit available

Recognizing both the importance of addressing HIV/AIDS among uniformed services and the advantages of peer education, UNAIDS prepared a peer education kit directly targeting young men and women in the national uniformed services. The kit provides comprehensive guidelines on how to establish, coordinate and evaluate peer education processes, and helps the educator and his/her peers understand issues such as personal risk factors and HIV/AIDS, condom use, alcohol abuse and HIV/AIDS, sexual violence and HIV/AIDS. The peer education kit is available by contacting the UNAIDS Office on AIDS, Security and Humanitarian Response. For more information, contact **shr@unaids.org**.

Photo 5. The trained officers went on to work as trainers in 20 military divisions for soldiers, sergeants and junior officers. Participants of the ToT workshop at the Chernigiv military base (2003)

Awarness Card

ReUNAIDS in partnership with the UN Department of Peacekeeping Operations (DPKO) has developed an HIV/AIDS Awareness Card strategy for peacekeeping operations. The Awareness Card contains basic facts about HIV/AIDS, a code of conduct for uniformed services, prevention instructions and a pocket to carry a condom. Based on the success of this Awareness Card, UNAIDS has produced a similar card for national uniformed services. This card, with similar message and a condom, can form an integral part of an HIV/AIDS awareness campaign, and should ideally be viewed as a part of the required uniform. For more information, contact **Awarenesscards@unaids.org**

3.2.2 Work with the Ukrainian UN peacekeepers

Ukrainian military personnel serve in UN peacekeeping operations around the world. In 2002, Ukrainian soldiers were posted in several missions, including Kosovo, Lebanon, Sierra Leone, Congo and Georgia. A total of 2,383 Ukrainian peacekeepers were serving in the UN, rotating every six months.

The initial training of UN peacekeepers usually starts in the military divisions where they serve in Ukraine. During the four months prior to their deployment they attend one of the two training centres (in Nikolayev and in Kamianets-Podilsky); around 3,000 peacekeepers receive training in these centres every year. It was only in 2003 that the topics of HIV/AIDS/STI, alcohol, drug use and safe behaviour were included in their training curricula.

A separate training component was prepared for the peacekeepers, with a special guidebook and information leaflet. The training included the HIV/AIDS Awareness Cards, which were provided by UNAIDS. A curriculum was developed for a three-day training workshop for peacekeepers. Two workshops for the psychologists of the training centres were to be carried out during the autumn of 2003.

3.3 National capacity-building

The sustainability of training is ensured through the inclusion of the HIV/AIDS/STI prevention and safe behaviour education component in the military study curricula. Educational capacities have been strengthened by conducting cascade training for educational officers from all combat arms of the armed forces. Trained officers are now working alongside servicemen in disseminating knowledge further down the ranks. It is expected that by early 2004, the end of the ongoing project, the MoD will continue training activities, and that previously trained officers will go on to train a further 350,000 soldiers over the next few years.

Photo 6. The MoD is expected to take over existing HIV/AIDS training activities in 2004. Trained officers could go on to train a further 350,000 soldiers over the next few years. Soldiers checking their condoms in Bila Tserkva (2003).

As Ukraine is moving towards the objective of a professional army by 2010, the MoD is preparing to extensively promote HIV/AIDS prevention activities. In the foreseeable future 35 military units (garrisons) could be included, and within 12-18 months information could reach 1.5 to 2 million people, including family members of the troops. Military centres are rather closed communities and the inclusion of families in the awareness campaigns is essential. However, the tools to carry out training in communities are not yet in place.

3.4 Assessment of the activities of the Second Phase

A national conference on HIV/AIDS/STI prevention in the military, addressing both scientific and practical issues, was organized by the MoD with technical support from UNFPA and UNAIDS, and held in November 2002 in Kiev. The conference, attended by 100 participants, assessed the progress made in 2002 and provided a forum for wider discussion, with participants sharing experiences and presenting their comments and recommendations for future work, as well as possibilities for cooperation. A formal evaluation is planned for March 2004.

Key success factors on implementation of the second phase

- Commitment of Ukrainian officials to follow the Thematic Plan for the Humanitarian Education of Military Personnel, which included HIV/AIDS/STI prevention;
- Ensuring sustainability of the activities through inclusion of national training institutions and the incorporation of HIV/AIDS/STI health education in training curricula;
- Support from UNAIDS which funded the production of IEC materials;
- The impact of health training on soldiers and cadets which will spill over to the wider population.

Photo 7. In May 2003 the United Nations Country Team in Ukraine visited the Tank Forces Institute and observed the training of young first-year officer cadets. The students proved to have good knowledge of use and access to condoms, HIV/AIDS testing and other facilities concerned with STIs and sexual and reproductive health.

4. Impact on behavioural change

The first phase of the project was monitored through periodic reports and ad hoc missions with the participation of external consultants. To evaluate the impact of the project on behaviour and knowledge, UNAIDS employed a consultant who facilitated a two-day workshop to assist officers from the MoD's Education Department and the Humanitarian Institute to design and develop a questionnaire to administer to young army recruits and students[12]. Thirteen officers, many of whom had participated in the initial training workshop about two months earlier, attended this meeting.

- After extensive discussions a consensus was achieved on the following:
- The questionnaire would be restricted to current behaviour and knowledge;
- The study was not to be a detailed sociological study but a survey that focused on existing knowledge and possible risk behaviour of young people in the armed forces related very specifically to HIV/AIDS;
- The survey had to be easy to complete and drawn up in a way that was non- threatening and non-moralistic in order to elicit honest responses;
- One questionnaire would serve the purpose if it included specific questions related to gender (male/female), status (student, officer), age, educational level and marital status;
- It should be easy for the data to be analysed and for any comparisons to be drawn.

This led to setting up SMART (specific, measurable, agreed, realistic and time bound) objectives, developing measurable indicators and the finalization of a short, user-friendly questionnaire (see Annex 1). This evaluation tool was the first of its kind in the region and could be used as a model for similar programmes whenever required. The consultant noted that the officers were very committed to the project, which created a supportive environment. The questionnaire was eventually pre-tested among military personnel, adapted and finalized by a national consultant and approved by the MoD's Education Department.

The questionnaire was used for a baseline behavioural study conducted in August-September 2000 among 1,027 military personnel (46 women, 185 cadets, 159 officers and 637 soldiers with fixed-term assignments, aged 17-40, in five military divisions (Odessa, Lugansk, Dnepropetrovsk, Bila Tserkva and Desna) and in one military education institution (Kharkiv).

A follow-up behavioural study was conducted in March-April 2001 among 981 military personnel (185 cadets, 159 officers and 637 soldiers with fixed-term assignments) in the same military

[12] *Veena Lakhumalani.Report on a Visit to Ukraine, 8-18 April 2000, May 2000.*

divisions and educational institution. The second study showed positive changes in behavioural trends, knowledge and attitudes towards HIV/AIDS/STIs after the troops had attended training workshops. The survey also provided useful statistical data for MoD officials and project managers. Significant changes were achieved in some areas[13]: the percentage of people who were unaware of the various transmission routes dropped from 30 to 17, and the knowledge of STI symptoms more than doubled, from 10 to 22, although it was still lower than expected.

Figure 2. Percentage of military personnel who never use condoms

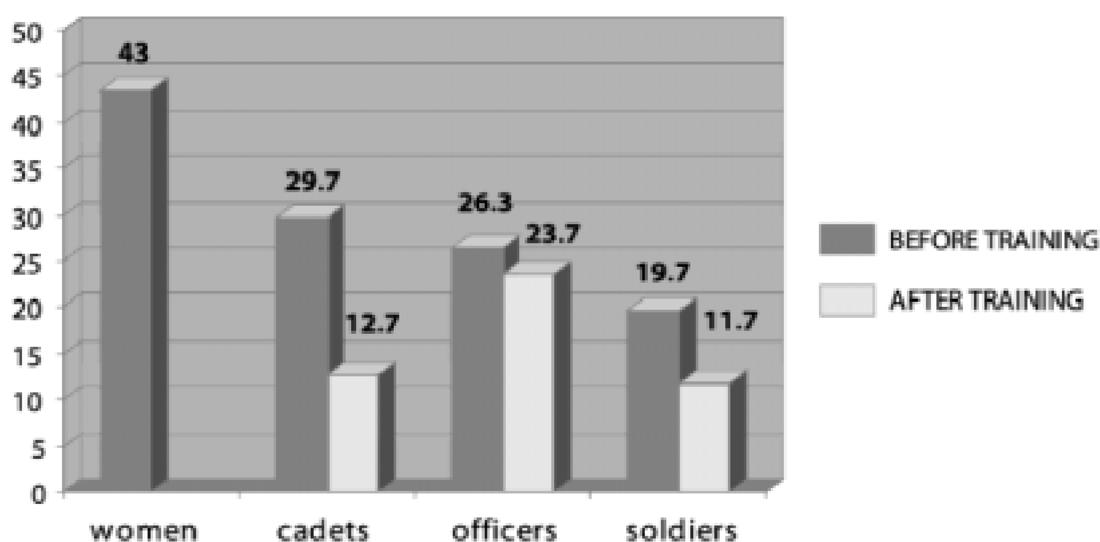
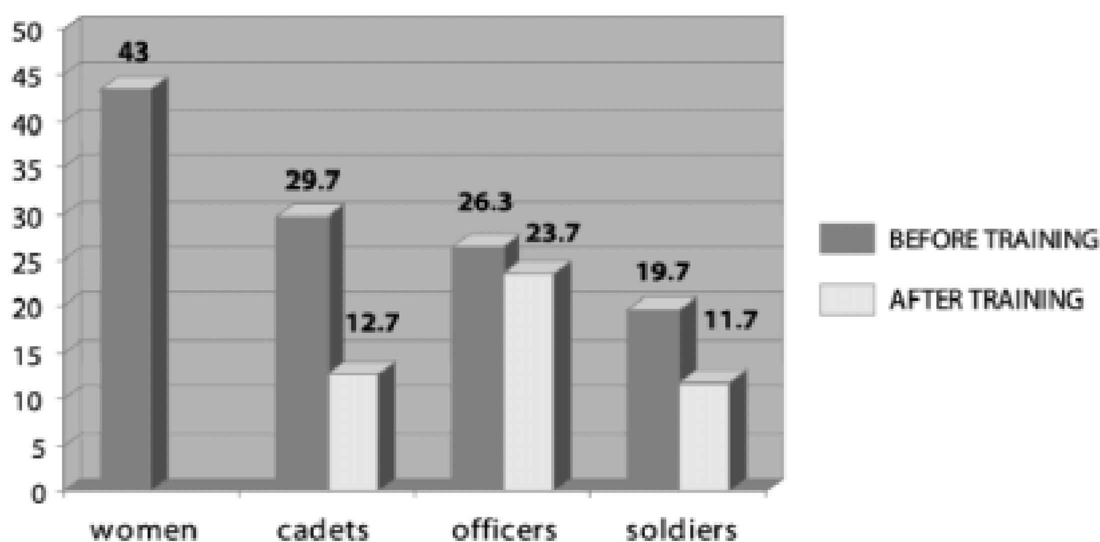


Figure 3. Percentage of military personnel who do not use condoms during casual sex



[13] *Borys Vornik and Alexander Gudzovsky. Risk behaviour of military personnel and possibility of its change. Comparative report, UNFPA and MoD, Kiev, 2001.*

Impressive increases were observed in the use of condoms, especially among cadets and officers with casual sex partners, as shown in Figures 2 and 3. They reported a significant increase in condom use after training.

Regular alcohol consumption among cadets fell from 21.6 to 16.3%, and from 39.3 to 29.5% among officers, but did not change significantly among soldiers. Similar changes were found for drug use which fell among cadets from 5.4 to 0.5%, and from 0.63 to 0.1% for officers and 3.8 to 3.5% among soldiers.

The survey showed that cadets and officers had benefited from the training; soldiers showed less behavioural change and the reasons for this should be determined and obstacles removed. Women were excluded from the study as they unfortunately had not been involved in the initial training. Nevertheless, evidence of high-risk behaviour among women, obtained during the baseline behavioural study, pointed to the need to conduct prevention/education activities for women in the future.

5. Cost analysis

Many of the project activities were covered by in-kind contributions from national partners: the presence of psychologists, sociologists, senior and junior commanders and soldiers; premises for training; the auditoria and classrooms at the national level and classrooms in field divisions and educational sites in barracks; the army sector media, printed periodicals, central and local radio networks, newsletters pasted on walls; educational equipment, audio and video equipment and projectors; administrative arrangements and army facilities to reproduce some of the educational materials.

External assistance made it possible to obtain technical support in the form of documents and consultants; this assistance also covered the cost of designing and adapting training/educational tools and provision of audiovisual equipment. A simple calculation of the external funds obtained (US$80,000 for the first phase and US$175,000 for the second phase) and the target audience reached (20,000 persons and 350,000 respectively) showed that the cost of the project per person reached was US$4 in the first phase and US$0.50 in the second phase.

6. Project sustainability

The activities in both phases were designed to ensure national ownership, and to integrate regular programming on HIV/AIDS/STI prevention and care work in the education activities of the Ukrainian armed forces. Present levels of financial and technical external support will end in early 2004.

The army headquarters has developed a proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria aimed at complementing the activities in 2003 and obtaining support for their continuation until 2005.The proposal was submitted to the UNDP Office in Kiev in May 2003. Further support is deemed necessary as the present provisions cover only around two-thirds of army units, and does not include advanced HIV/STI-prevention activities in 11 institutions.

7. Mobilizing role for other sectors of uniformed services and other countries in the region

7.1 The Ukraine Ministry of Internal Affairs

Motivated by the achievements of the Ministry of Defence, the Ministry of Internal Affairs (MoIA), assisted by UNFPA and UNAIDS, has set up a 12-month project entitled 'HIV/AIDS/STI Prevention in Internal Forces of Ukraine' (UKR/02/P01)[14].

A baseline behavioural study was conducted by the MoIA's Main Educational Department among personnel in three designated law enforcement units (Kiev, Lviv, Kharkiv). Based on its findings the Main Educational Department, in consultation with the UNFPA Country Office, developed an HIV/AIDS/STI prevention education and safe behaviour component for the curriculum of officers/trainers in law enforcement units. In October 2002 the component was officially incorporated into the MoIA's humanitarian study programme for soldiers, sergeants and officers.

A series of three three-day training of trainers (ToT) workshops were conducted for 75 internal forces officers at the Kiev, Lviv and Kharkiv law enforcement units. A three-day follow-up ToT workshop for 25 educational officers from the internal forces was conducted in September 2002 in Crimea. The trained officers will work as trainers in the selected units for their personnel, sergeants and officers. Five hundred servicemen have been selected for follow-up training to strengthen the MoIA's capacity to provide quality prevention education and information for internal forces personnel.

IEC materials from the armed forces project were adapted and distributed during the workshops, as well as among all internal forces personnel in the selected units (10,000 booklets and 7,000 posters). Audiovisual equipment was acquired for training centres, and UNFPA provided condoms. The training manual on 'HIV Prevention and Behavioural Changes in the Military' was also adapted and 100 copies were printed, along with colour overheads for training.

[14] *UNFPA. Annual Project Report.HIV/AIDS/STI Prevention in Internal Forces of Ukraine,UKR/02/P01.*

7.2 Other CIS countries

Following the assessment mission of August 2001, the UNAIDS Office on AIDS, Security and Humanitarian Response initiated negotiations with Belarus, Kazakhstan, Moldova and Uzbekistan on the possibility of developing similar activities in their uniformed services. UNAIDS provided technical assistance to help these countries designed project proposals.

In Belarus a 12-month project to improve HIV/AIDS prevention activities in the army was designed to strengthen ongoing activities in the Ministry of Defence, the Military Academy and the State Border Guard Committee.

In Kazakhstan a 24-month project in the armed forces began in 2002, jointly funded by UNAIDS, UNDP and UNFPA. It is estimated that between 40,000 and 50,000 army servicemen will benefit from the project, and this includes Border Guards and troops of the Ministry of Internal Affairs. The proposal introduced a syndromic approach for STI case management and voluntary counselling and testing for the army servicemen through the civil HIV/AIDS services centres.

In Moldova, a 24-month project to be funded by UNAIDS, UNDP, UNFPA and the United Nations Children's Fund (UNICEF) covers activities in the Ministry of Defence, the MoIA's Carabineers Division and the Division of the Borders Security Guards. The project's aim is to develop an integrated and sustainable HIV/STI preventive education system for people in uniform. It is estimated that between 10,000 and 12,000 people will benefit from the project.

Uzbekistan has designed a 24-month countrywide project which is to be funded by UNAIDS, the United States Agency for International Development (USAID), WHO and UNFPA. As in Kazakhstan, in addition to educational activities the project will include STI syndromic case management and voluntary counselling and testing. The project should reach an estimated 40,000 to 50,000 army servicemen.

All project proposals considered providing condoms or selling them at subsidized prices for training purposes and for individual protection. Funds have now been allocated by UNAIDS, and the projects are at different stages of approval and implementation.

The countries benefited from being invited to each other's training sessions, and to have an opportunity to monitor progress. The increased cooperation between the military personnel of these countries is reflected in the fact that Lieutenant Colonel Valentin Shevchuk, one of the trainers in Ukraine, was invited to Kazakhstan in May 2003 to facilitate a ToT workshop forming part of the Kazakh army project.

8. Summary matrix

Relevance

Military and peacekeeping service often includes lengthy periods spent away from home, with the result that military personnel are often looking for ways of relieving loneliness, stress and the build-up of sexual tension. At the same time, military personnel are often perceived as having more financial resources than local people, which attracts sex workers and those who deal in illicit drugs.

In the United Nations General Assembly Special Session on HIV/AIDS in 2001 countries committed themselves to address HIV/AIDS in their uniformed services, both national and international, by building up strategies and activities in their respective countries. HIV/AIDS activities in both national settings and peacekeeping missions are not only relevant to the uniformed services themselves, but also to civilian populations both in the country of deployment and in the home countries and communities of the peacekeepers and servicemen.

Effectiveness

A series of surveys carried out within the framework of the project's monitoring and evaluation showed positive changes among the target group in behavioural trends, knowledge and attitudes towards HIV/AIDS/STIs after training was completed. Surveys showed that cadets and officers increased their use of condoms, indicating that they had benefited from the training. However, the surveys showed far less increase in condom use among soldiers in their sexual encounters with casual partners following the training courses. The training of approximately 500 trainers made it possible for the project to reach a total of 350,000 soldiers, including 2,400 peacekeepers.

Efficiency

Cascade training has proved to be an efficient way of reaching troops as it does not involve additional resources after organizing the first ToT workshops.The rest of the cascade training is taken over by the national institutions and the military staff in garrisons. The training can also be easily modified for the needs of the audience, taking into consideration culture, religion and language, among other factors. Including HIV/AIDS training in the general curriculum, and designing IEC materials so they can be re-used in other contexts are examples of the efficient use of resources.

Ethical soundness

The Ukrainian national HIV/AIDS strategy includes a component on uniformed services. The HIV/AIDS strategy within uniformed services aims to ensure an equitable distribution of activities to different units and rotation. Military district personnel ensure the implementation of the training, which allows them also to use community participation in the planning and implementation of the activities.

Sustainability

National training institutions have incorporated HIV/AIDS training as part of their regular curricular activities. This ensures that training capacities are expanded and sustained despite the rotation in the uniformed services. The national strategy on AIDS includes the HIV/AIDS activities in uniformed services, which reflects the long-term commitment the government has made to fight HIV/AIDS. A nationwide project funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria also includes a significant component on HIV/AIDS and uniformed services.

9. Discussion and lessons learned

When the army HIV prevention project was first suggested, the approach was still new and sensitive. The project recognized that HIV prevention should be addressed in a multi-disciplinary manner and a decision was made to involve the MoD's Education Department, as well as army medical personnel.

The allocation of ten hours of core curriculum time was, in itself, an achievement. One of the successes of the project has been to allay the fears of commanders and policy makers about the involvement of the army in issues which touch on sexuality, drug use and alternative lifestyles within and beyond its disciplined environment.

Curriculum and training materials

Feedback from the training sessions showed that the resources and materials developed were considered to be of high quality, innovative and relevant to the military context.The trainers used and adopted the curriculum and materials that had been developed some years earlier by CMA. With time and progressing epidemics, new issues have been brought to light, like gender sensitivity, human rights, care and support, involvement of PLWHAs, partners and families, men who have sex with men, coercive sex within the armed forces, and rape.

The curriculum dealt with delicate issues for the armed services such as injecting drugs use, commercial sex and the importance of avoiding risk behaviour in a determined manner. There was little scope in the present curriculum, however, for dealing with more individual and personal aspects of HIV/AIDS, and little opportunity for the students to develop a sense of empathy with persons with HIV/AIDS, or those whose lifestyle makes them more vulnerable to infection. This is a crucial aspect of HIV education both to enable behaviour change and to reduce prejudice and fear of PLWHAs amongst soldiers. Such a development to the existing programme could be carried out simply and without compromising the army by making it appear to condone illicit behaviour such as injecting drugs use.

The students and the conscripts already have individual 'homework ' assignments to do as part of the course in order to test their knowledge of, among other questions, the legal code in relation to HIV education. An alternative approach would be to get students and conscripts to break into groups and each be given a topic of safer behaviour to discuss. A scenario such as: "you are the friends of a known drugs user in your town, how would you explain to him/her the risks of HIV infection, and outline for him/her a number of different ways of reducing risk of transmission?" This would enable the students to discuss topics such as: avoiding drugs; safer injecting practices; drug use without injecting; injecting but not sharing; and sharing, but cleaning. A similar approach could be used for other such sensitive issues. By making it a group exercise rather than an individual one, it encourages a general

discussion between soldiers and reduces the anxiety of individuals in expressing 'personal' views during feedback sessions.

The current curriculum is good on the 'knowledge' but weak on 'feelings'. The evidence from tobacco and alcohol addiction and in safer sex practices is that knowledge of the harmful effects of such behaviours is, in itself, insufficient to change behaviour, although it represents a crucial first step. The inclusion of an empathetic approach in addition to the current knowledge-based curriculum would strengthen this project.

Training activities

The training was carried out in educational institutes and army bases. The training programmes lasted only three days, in case of the ToT workshops, and ten hours as part of national training curricula in the training institutions. The psychologists, sociologists and educational officers had no health/medical background and only a layman's knowledge on the variety of the complex issues related to HIV, STIs and AIDS. Allowing them to acquire solid knowledge and capacity for training purposes requires ToT workshops and a slot in the cadets' curricula of five to seven full working days. During the follow-up cascade training the course contents should not be changed and the use of the same interactive methodology would allow junior commanders to become effective trainers. One suggestion is to increase the length of the training; another would be to have a multi-disciplinary team providing the training.

Project activities had differing impacts on the various army ranks attending the courses and workshops. Behavioural changes were noticed in cadets and officers; the soldiers, the most populous part of the target group, reported negligible changes in several indicators. One of the possible reasons was that through the cascade training only rudimentary messages were reaching this important audience. Another reason could be the frequent rotation of soldiers compared with officers who remained on a career track and had the opportunity to participate in frequent training. In order to reach all the soldiers the HIV/STI/AIDS component should be included in their training programmes on a continuous basis.

Lessons learned

- The success of the project implemented by the Ukrainian officials is based on a number of factors.
- A high-level commitment by the Ukrainian Government, reflected in the country presidential decrees as well as in army sector instructions on HIV/AIDS/STI, alcohol and drug abuse prevention;
- High motivation of the national commanders and the constructive cooperation of UNAIDS, UNFPA, UNDP and national partners;

- The strong organization and the structure of the army;
- Implementing the project by the army's Main Education Department making it part of the soldiers' general training using a multi-disciplinary approach, i.e., not limiting to medical training;
- Good quality input from army trainers advised by the Ministry of Health and international experts;
- Education based on behavioural survey and field testing of educational materials.

10. Recommendations

1. Further extension of the HIV prevention programme to all units of the uniformed services and continuation of the programme should be built into national health care strategies with adequate resources, and where feasible and necessary, supported by the international funding agencies. The current level of infection in the Ukrainian army demonstrates the need for radical approaches. The army is ideally placed to spread information about HIV and its prevention across the country as it draws in large numbers of conscripts for short periods of time, thereby reaching groups that might otherwise not receive such information.
2. The current training programme curriculum could be enhanced by the inclusion of issues such as gender sensitivity, human rights, care and support, involvement of PLWHA, partners and families, men who have sex with men, coercive sex within the armed forces, rape, and stressing an empathetic approach to education on HIV/AIDS. This would facilitate both behaviour change and the reduction of prejudice towards PLWHA or vulnerable groups.
3. The ToT workshops were relatively short. The training could be expanded to be more wide-ranging and carried out by a multi-disciplinary team, for example by the medical branch and other training structures. The training for junior commanders and soldiers with relatively short periods of services should be either conducted on a permanent basis or training workshops should be repeated upon induction into the services and before demobilization. Wider involvement of the medical branch should be planned for the future developments in Ukraine, as well as in other countries implementing similar activities. This would allow a more comprehensive approach to be developed, and include such important activities as diagnosis and treatment of STIs, voluntary counselling and testing, care and support, all playing an important role in prevention of HIV spread.
4. The training of peer leaders and instructors and the peer education process are reflected in the project monitoring and evaluation reports. These issues require particular attention, especially in light of the lesser impact of project activities on soldiers compared with officers and cadets showed by the comparative behavioural surveys. Changes in the prevalence of STIs in the garrisons may also serve as a good indicator for assessing the impact of the project.
5. As other neighbouring countries in the region are also experiencing rapid rises in HIV prevalence, and as they also have large and conscript armies, they should be encouraged to develop an enhanced response to HIV/STI epidemics using the experience gained from the

Ukrainian model. Joint conferences to exchange ideas, study tours in each other's countries and establishing a communication network for information exchange would all facilitate such activity.

6. The uniformed services have a huge potential for education, information and communication presented by the highly trained sociologists, psychologists, education officers in training institutions and in field units, where they have a large captive audience and sectoral media outlets. These human resources and facilities should be considered an important entry point for implementing HIV/STI preventive interventions, addressing not only the army servicemen but also their families and peers, who represent a highly vulnerable part of the general population.

7. HIV prevention activities developed in the Ukraine hold important lessons not just for other countries in the region but also in a wider context. It can be seen as an example to help achieve the goals established in the UN Declaration of Commitments on HIV/AIDS[15]. The lessons learned from these developments should be widely disseminated.

[15] *The UN Declaration of Commitment on HIV/AIDS, UNGASS on HIV/AIDS, 25-27 June 2001.*

Annex 1.

Questionnaire for monitoring changes in knowledge and risk behaviour related to HIV and STI among young people in armed forces

For all categories of military personnel

Dear anonymous interviewee,

The Ministry of Defense of Ukraine with support from the United Nations is conducting a behavioral study among military personnel in order to find and analyze problems with general and sexual health.

Your answers will help us to conduct prevention education activities in the army more effectively and your suggestions will be forwarded to the high-level military decision-makers. Therefore, objectivity of recom-mendations that will be developed on the basis of this questionnaire completely depends on your honest and straightforward answers.

The questionnaire is completely anonymous. You do not have to put your name or title, or your address.

It is quite easy to complete the questionnaire: carefully read questions and answers. Chose and circle the corresponding number (or numbers) that in your opinion are true. If none of the above answers are correct, please provide your own answer in the column "other".

Thank you for your cooperation

1. State your sex.

001.	Male	002.	Female

2. How old are you?

003.	18 or less	006.	28 - 35 years old
004.	19 - 20 years old	007.	Older than 35
005.	21 - 27 years old		

3. Your military status:

008.	Private or sergeant (1st period of service)	012.	Cadet (2nd year)
009.	Private or sergeant (2nd period of service)	013.	Officer
010.	Private or sergeant (3rd period of service)	014.	Soldiers of extended service
011.	Cadet (1st year)		

4. What is your education level

015.	Incomplete high school (less than 11 grades)
016.	High school diploma (11 grades of a high school)
017.	Specialty education
018.	Incomplete university education
019.	University degree

5. You think that AIDS is:

020.	Disease of genitals
021.	Only sexually transmitted disease
022.	Disease of the whole body
023.	Disease that can be cured
024.	Disease that can not be cured
025.	I do not know

6. Please determine correctness of the statements below by marking an appropriate column:

		Yes		No		Don't know	
A.	AIDS is caused by a virus						
B.	HIV and AIDS are the same things						
C.	Ukraine has more than 30,000 HIV-infected people						
D.	It is possible to protect from HIV infection by using condoms during sexual contacts						
E.	One can get an HIV infection when bitten by mosquito						
F.	One can be unaware of his/her HIV-infection for more than 10 years						
G.	People can get an HIV-infection by sharing plates anddishes with an HIV-infected person						
H.	People can get an HIV-infection by using non-sterile needles for injections						
I.	HIV-infected woman can pass on the virus to her newborn baby during breastfeeding						
J.	HIV-infected soldier is dismissed from the military service						

7. What symptoms (signs) of AIDS do you know? (please name them)

8. Which of the below listed diseases are sexually transmitted?

056.	Trichomoniasis
057.	Gonorrhea
058.	Syphilis
059.	Chlamidiosis
060.	HIV/AIDS

9. Describe symptoms (signs) of sexually transmitted diseases in women.

10. Describe symptoms (signs) of sexually transmitted diseases in men.

11. What drugs and toxic substances do you know?

061.	Heroin
066.	Ecstasy
062.	Methadone
067.	Hashish (marihuana, weed, dope...)
063.	Phentonyl
068.	Inhalators (solvents, paints, glue "Moment" and so on)
064.	Opium (products of opium poppy)
069.	Other
065.	LSD

12. Which of the above stated substances can contribute to HIV infection?

13. Please indicate where did you learn from about:

HIV/AIDS;
STDs;
Drugs;
Sex,
by marking the appropriate column.

		HIV/AIDS	STDs	Drugs	Sex
A.	Civilian friends				
B.	Fellow soldiers				
C.	Medical doctors from civilian institutions				
D.	Medial doctors from military institutions				
E.	Books, magazines, newspapers				
F.	TV and/or radio programs				
G.	Brother, sister				
H.	Parents				
I.	Officers of educational work				
J.	Commanders				
K.	School teachers				
L.	Teachers from civilian higher educational (or specialty education) institutions				
M.	Teachers from military higher educational institution				
0122.	Other				

14. Do you drink alcohol?

0123.	Yes, every day
0124.	Yes, every week
0125.	Yes, ever month
0126.	Yes, on special occasions
0127.	Yes, rarely
0128.	No, never

15. Have you ever used drugs and/or toxic substances?

0129.	Yes, but I do not use them any more
0130.	Yes, I use them rarely
0131.	Yes, I use them on special occasions
0132.	No

16. If yes, how did you take them?

0133.	Injections (intravenous)
0134.	Non-injections (non-intravenous)

17. Do you practise sex when under drug and/or alcohol influence?

0135.	In cases when sexual contacts take place on holidays, weekends
0136.	Rarely
0137.	Almost always
0138.	Never
0139.	Other

18. How many sexual partners have you had during the last 6 months?

0140.	One
0141.	More than one
0142.	None

19. How often do you and/or your sexual partner use condoms?

0143.	Always
0144.	Often
0145.	From time to time
0146.	Never

20. Have you had protected sex (using condom) with non-regular sexual partners?

0147.	Yes, during oral sex
0148.	Yes, during vaginal sex
0149.	Yes, during anal sex
0150.	No, never

21. Have you ever been forced to have sexual contact by your fellow soldiers or superiors?

0151.	Yes	0152.	No

22. Have you ever been raped by your fellow soldiers or superiors?

0153.	Yes	0154.	No

23. In case of necessity, where would you like to receive medical treatment of STDs, drug addiction, and HIV/AIDS?

0155.	From doctors of civilian medical institutions
0156.	From doctors of military medical institutions
0157.	From private medical doctors
0158.	Self-treatment
0159.	Other

24. In case of necessity, where would you like to obtain consultation on the issues of STDs, drug addiction, and HIV/AIDS?

0160.	From doctors of civilian medical institutions
0161.	From doctors of military medical institutions
0162.	From private medical doctors
0163.	From officers of educational work
0164.	Hotline
0165.	Other

25. How would you like to receive information on STD/HIV/AIDS, drug addiction?

0166.	Popular mass-media
0167.	Popular mass-media of the Ministry of Defense of Ukraine
0168.	Directly from military medical doctors
0169.	Explanatory sessions from officers of educational work
0170.	Distribution of IEC materials
0171.	Organization of show programs
0172.	Other

Thank you very much for devoting your time to complete this questionnaire.

NOTES

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together nine UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its nine cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

Produced with environment-friendly materials

FIGHTING AIDS
HIV/STI Prevention and Care Activities in Military and Peacekeeping Setting in Ukraine

Country report

A newly independent state in the Commonwealth of Independent States (CIS), Ukraine has some of the highest HIV prevalence rates in Eastern Europe. The Government of Ukraine responded to HIV at an early stage, involving and mobilizing the uniformed services as advocates on HIV/STI prevention. As part of a series of case studies on HIV/AIDS and the uniformed services, the UNAIDS Office on AIDS, Security and Humanitarian Response selected Ukraine to demonstrate the important role of national and international uniformed services in the fight against HIV/AIDS.

The HIV-prevention activities developed in Ukraine provide important lessons not just for other countries in the region, but also in a wider context. This case study provides practical guidance to other countries on how tackling HIV prevention as a behavioural rather than a medical problem within the ranks can make a difference.

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