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AFR/TR/HPN HIV/AIDS PREVENTION IN AFRICA
(HAPA) GRANTS PROGRAM

FINAL PROJECT EVALUATION
PVO HIV/AIDS PREVENTION IN AFRICA
SWAZILAND

February, 1990 through February, 1991

SUBMITTED

by

THE PEOPLE-TO-PEOPLE HEALTH FOUNDATION, INC.
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December, 1991

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LIST OF ABBREVIATIONS

AIC	AIDS Information Centre (Uganda)
AIDS	Acquired Immuno-Deficiency Syndrome
AFR/TR/HPN	Africa Region/Technical Resources/Health Population and Nutrition (USAID)
ATF	AIDS Task Force
FLAS	Family Life Association of Swaziland
FP	Family Planning
HAPA	HIV/AIDS Prevention in Africa Grants Program
HIV	Human Immuno-deficiency Virus
HPN	Health, Population, and Nutrition (USAID Department)
IEC	Information, Education, and Communication
IECAG	Information, Education, and Communication Action Group (Sub-committee of AIDS Task Force)
MMMS	Mananga Mhlume Medical Service
NAC	National AIDS Committee (Policy-making body)
NAP	National AIDS Programme
NGO	Non-Governmental Organization
SMO	Senior Medical Officer
SR	Swaziland Railways
SANASO	Southern Africa Network of AIDS Service Organizations
SWANASO	Swaziland Network of AIDS Service Organizations (Branch of SANASO)
TASO	The AIDS Support Organization (Uganda)
TH	Traditional Healer
THO	Traditional Healers Organization
UNISWA	University of Swaziland
USAID	United States Agency for Internatuional Development

I. INTRODUCTION

The Project HOPE/FLAS HIV/AIDS Prevention Project in Swaziland was established with funding from the United States Agency for International Development HIV AIDS Prevention in Africa (HAPA) Grants Program for the period 20 September, 1989 through 19 September, 1991. Monitoring and evaluation of project activities was carried out and reported quarterly. In addition, a mid-term progress assessment was undertaken in October 1990 and a final evaluation of the project was made in November 1991. This document is the Report of the Final Evaluation.

The objectives of the Project HOPE/FLAS HIV/AIDS Prevention Project were:

1. To assess the knowledge, attitudes, beliefs and practices (KABP) of 2000 persons concerning the prevention of HIV infection.
2. To provide education programs based on baseline data and KABP surveys to all persons in the target areas to improve their knowledge of HIV prevention.
3. To establish HIV/AIDS Information and Counselling Centers at key institutions to provide counselling pre and post HIV testing, to deal with fears about HIV infection or AIDS syndrome and to help persons with HIV infection and or AIDS and their families and to advise STD clients.
4. To improve outreach into the community by making HIV information dissemination a part of the responsibility of traditional healers, Sebenta educators, and leaders for non-school going youths.

II. SCOPE OF WORK FOR FINAL EVALUATION

A. Evaluation Team Members:

Monique Munz	- WHO IEC Advisor to NAP
Anita Sampson	- Deputy HPN Officer, USAID/Swaziland
Nomcebo Manzini	- Programme Officer, FLAS
Thandi Nhlengethwa	- Education Officer, Project HOPE/FLAS
Linda Perez	- Project Coordinator, Project HOPE/FLAS

B. Objectives of Final Evaluation:

1. To assess the achievement of project objectives.
2. To assess the process of development and implementation of the project itself.

3. To assess the feasibility of and to make recommendations for the long-term sustainability of HIV/AIDS prevention activities through integration into the FLAS structure.
4. To make recommendations for actions and possible strategies to be taken in the next phase of the project.

C. Strategies to be used:

Objective 1.

Compare original objectives of the project to what has been achieved through review of project records and documents.

Objective 2.

A. Assess the coordination and collaboration of the project with FLAS, NAP, NGOs, ATF, IECAG, target groups, especially FLAS, counsellors, traditional healers, and Sebenta, and within the project itself through individual and group interviews; and

B. Assess the manpower development within the project and by the project and the follow-up, monitoring, on-going support, and evaluation mechanisms of project-initiated activities through individual and group interviews as follows.

Planned
Individual Interviews:

FLAS Executive Director
 FLAS Programme Officer
 NAP/IECAG WHO Advisor
 NAP/IECAG IEC Coordinator
 ATF Acting Chairperson
 MOH Director of Medical Services
 Project HOPE/FLAS technical staff
 Counsellor supervisors and doctors

Planned
Group Interviews:

FLAS IEC Unit staff
 FLAS Industry Unit staff
 FLAS Service Delivery staff
 FLAS Clinics staff
 Traditional Healer Field Officers
 Sample of traditional healers
 Sample of trained counsellors
 Sebenta Field Operations staff
 Sebenta Writers Group members

Objective 3.

Identify all opinions regarding feasibility and possible strategies for increased integration and sustainability of HIV/AIDS prevention activities by the FLAS structure by interviewing key representatives of FLAS, HOPE, and USAID.

Planned Individual Interview: Planned Group Interviews:

FLAS, Chairman of the Board

FLAS: Executive Director, Programme Officer, and Heads of all Units

Project HOPE: Programme Director and all HIV/AIDS technical staff

USAID: HPN Officer and HPN Deputy

(See Appendix 1 for List of People Interviewed.)

Objective 4.

The evaluation team will review and analyze the data collected during the evaluation, draw conclusions and make feasible recommendations to address the constraints, weaknesses, and needs identified. These will be presented in the Recommendations Section of the Final Evaluation Report.

D. Basic documents provided to Evaluation Team members for review:

1. Action Plan AFR/TR/HPN HIV AIDS Prevention in Africa (HAPA) Grants Program, September 20, 1989 to September 20, 1991, People to People Health Foundation, April 1990.
2. Midterm Progress Report, PVO HIV/AIDS Prevention in Africa, Swaziland, September 1989 through October 1990, People to People Health Foundation, October 1990.
3. "6th Quarterly Programme Report - 1st January to 15th March, 1991", Project HOPE/FLAS HIV/AIDS Prevention Project, Swaziland.
4. "7th Quarterly Programme Report - 16th March to 15th June, 1991", Project HOPE/FLAS HIV/AIDS Prevention Project, Swaziland.
5. "Monitoring and Evaluation of NGO AIDS Activities", Mercer, M.A., J. Makina, and M. Herring.

6. "Guidelines for Gathering Qualitative Data for HAPA Grants Project Evaluation", compiled by Judith Timyan, HAPA Support Project, JHU, June 1991.
7. "USAID Grant No. 645-0238-G-SS-1055-00 Project Description", USAID Swaziland, September 1991.

E. Evaluation Schedule:

The Final Evaluation began on 4th November, 1991 at which time documents were reviewed and this scope of work developed, including setting of objectives, determining data collection methodology, identifying individual responsibilities of evaluation team members, and planning the evaluation schedule. The evaluation was to be carried out from 4th through 14th November with the Evaluation Report to be completed and sent to Project HOPE Center by 25th November, 1991. These dates were set to meet the new 1 December, 1991 deadline resulting from a two week extension granted by the HAPA Support Program.

III. FINDINGS

1. The project has achieved all of the stated objectives and gone beyond the scope of the HAPA grant. This is highly commendable, especially in terms of laying the base for future activities. However, as a result the limited number of personnel in the Project may not be sufficient to respond to all of the demands. (See Appendix 2 for Project Achievements.) In addition, counsellors at some of the health centers report an increase in clients coming to the clinics for STD treatment and greater willingness to contact and bring their partners for treatment. Condom demand, also, is reported to be on the increase as a result of increased knowledge and concern for HIV/AIDS prevention.
2. On day-to-day operations Project HOPE and the Family Life Association of Swaziland (FLAS), through the FLAS Program Officer and the Project HOPE AIDS Coordinator, have spent a great deal of time and effort in setting up an informal structure of communication and collaboration for AIDS activities. The lines of communication between the two organizations need to be further strengthened.
3. Lines of communication between the two organizations are predominantly informal and need to be formalized. There have been efforts of formalized communication and collaboration between the FLAS IEC Unit and the Project HOPE/FLAS staff through weekly meetings, but these have not been able to occur on a regular basis because of work schedules of both FLAS and HOPE. Project HOPE/FLAS staff have not been included in the bi-weekly senior management

meetings of FLAS.

4. The intentions of FLAS regarding the integration of Project HOPE/FLAS staff were not openly discussed within FLAS and between FLAS and Project HOPE. It is feared that if Project HOPE/FLAS is integrated into the FLAS IEC Unit the AIDS activities will be minimalised. This has resulted in a great deal of confusion and insecurity from the Project HOPE/FLAS staff concerning the direction of the Project's extension and the level of integration of current HOPE/FLAS activities into the FLAS structure.
5. The options open to FLAS and Project HOPE/FLAS for the future structure of the Project to best achieve objectives for the funding period 9/91 through 9/93 seem to be the following:
 - a. Complete integration of Project staff and activities into FLAS through the creation of an AIDS Unit at FLAS.
 - b. Complete or partial integration of Project staff and activities into the FLAS IEC Unit with current part-time, or full-time, secondment of the Counselling Coordinator to the NAP.
 - c. Continue the present collaborative arrangement between Project HOPE/FLAS and FLAS, identifying specific areas for collaboration for the new funding period but remaining two separate organizations.
 - d. Discontinue Project HOPE/FLAS structural relations with FLAS on agreement of all parties and identify new structure for Project HOPE/AIDS.
6. Both Thandi Nhlengethwa and Thandi Shongwe, Project HOPE/FLAS staff, expressed the need for additional training to upgrade their adult education and training skills. Other needs expressed by Project HOPE/FLAS staff are: Teaching and training of non-literate adults and assessments methods of non-literate adults; planning for training courses (development of objectives, strategies, etc.); and, improvement of report-writing. Performance appraisals for both of the Swazi technical staff have not been formalized. In addition, it was felt by technical staff that the Administrative Assistant/Secretary, Busi Dlamini, needs increased knowledge of basic facts of HIV and AIDS so that she will be able to better assist others via telephone or in the office when technical staff is away from the office.
7. The FLAS clinic staff have been trained as AIDS counsellors by the Project but, due to patient overload, they are simply not able to provide the amount of AIDS counselling required in addition to their normal FP activities. Both the Manzini and Mbabane Clinics have a heavy patient load with few staff. The FLAS clinic staff felt that there was a need for

a trained counsellor in the clinics, especially since the Manzini Clinic was already seeing AIDS patients. They also felt that it was not feasible to have a telephone Helpline at the Manzini Clinic with the current staffing situation. Clinic staff expressed the need for additional staff members to undertake AIDS counselling, either on a paid or voluntary basis. It was reported that FLAS clinic STD clients have begun to bring their partners for treatment. They explain this change as a result of AIDS education and counselling which includes the association between HIV infection and STDs. Already they have experienced a new market of clients due to the Trade Fair Helpline initiative and are concerned that they cannot meet their needs.

8. Trained counsellors throughout the country are experiencing an increase in the number of people who are referred and/or self-see counselling for HIV/AIDS. Since all trained counsellors have full-time positions, with many other duties in addition to counselling, they find that the time which can be devoted to counselling is insufficient for the need. It is becoming more and more recognized that full-time counsellors are required in order to better meet the need and demand for counselling.
9. Communication of Project HOPE/FLAS staff to FLAS clinic staff is limited due to the hierarchical structure of FLAS. The Counselling Coordinator has not been invited to FLAS Clinic staff meetings, and if clinic staff want to communicate with the Counselling Coordinator they must go through the FLAS system. Consequently, communications are hampered, problem-solving not fully addressed, and feedback in both directions not fully achieved. It is felt that HIV/AIDS training and counselling for FLAS clinic staff has been useful, even if it is not utilized to the extent previewed.
10. The Acting Chairman of the AIDS Task Force (ATF) felt that there was good communication between the HOPE/FLAS HIV/AIDS Project and the National AIDS Program (NAP) and ATF. He felt they were doing good work which he hoped would eventually be taken over by the NAP, particularly the training of counsellors. He felt that the Project was represented on the ATF by Thandi Shongwe as the NAP AIDS Counselling Coordinator. He admitted that an issue that the ATF needed to deal with was representation of the non-governmental organizations (NGOs) on the ATF, i.e. included in the structure of the ATF. Currently NGOs should be represented through the IEC Action Group he said. He felt, along with others, that FLAS's contribution to AIDS activities should be increased.
11. Both NGOs (CARE/SHAPE, Save the Children, Assembly of NGOs,

Youth Brigade, Council of Swaziland Churches) and health educators from the Health Education Unit (MOH) expressed the feeling that Project HOPE/FLAS has made great effort to collaborate with them. They appreciated the role of Project HOPE/FLAS in serving as a source of resource people and in the distribution of IEC materials. (See Appendix 2 Project HOPE/FLAS Achievements by Objective for the IEC materials produced and distributed.)

12. Objectives targeting the Traditional Healers Organization (THO) have been achieved, but only with great effort. It has been noted in the mid-term review that collaboration with the president of THO is often difficult. This continues to be a problem, and does not appear to be easing in any form. Irrespective of these communication and collaboration problems, traditional healers have become more aware of AIDS and interventions for prevention. Condom use and distribution and safer traditional healing practices are reported to be occurring, according to some of the healers.
13. The THO data clerks, whose salaries are paid by a grant from Columbia University to be administered by Project HOPE, are mainly being used for general THO activities by the THO President, eg. driver and recruitment of non-member traditional healers (THs), instead of compiling data from the supervisory checklists and monitoring HIV/AIDS prevention activities for which they were hired. They also complain that their salaries are not paid in time and that conditions of work imposed by the THO President are not acceptable to them. As a result, Project HOPE currently is withholding distribution of these funds to THO until a commitment by THO to the data clerk role is demonstrated.
14. Sebenta Field Operations staff educated about HIV/AIDS and STDs were grateful for their increased knowledge and concern about AIDS. This led to the production of booklets on HIV/AIDS and STDs in English and SiSwati by Sebenta. The booklets produced are appropriate for higher level literacy students and for the general public. However, they are not appropriate for teaching beginning level literacy. There is now a need for Sebenta instructors to be selected from each region, with the help of the Regional Supervisors, educated about HIV/AIDS and STDs, and familiarized with the new booklets. It also was felt that the instructors and their supervisors needed to make a plan for how best to use the new books in their classes.

IV. RECOMMENDATIONS

1. Project HOPE/FLAS and FLAS need to determine together which

option, concerning future collaboration and/or integration of AIDS activities into FLAS, is in the best interest of AIDS prevention for both FLAS and Project HOPE/AIDS. If FLAS and Project HOPE/FLAS feel that maximum integration of AIDS activities into FLAS programs has already been achieved at this point in time, then the Project should continue as a separate structure working alongside FLAS. This situation may have changed at the end of Phase Two (9/93), in which case integration should be re-evaluated at that time. Currently FLAS and Project HOPE are exploring ways to integrate Project HOPE/FLAS within the FLAS structure.

2. Given that the Project has achieved its objectives in its current structure, and that FLAS has not as yet determined how it will integrate AIDS activities into FLAS, it is recommended that the new FLAS/HOPE AIDS Grant be revised to allow the HOPE/FLAS office to continue in its present structure with its present staff of four and a Technical Advisor. Based on this recommendation, a new Technical Advisor should be hired to fill the vacancy of Linda Perez unless an alternative plan can be made in which the duties and workload currently carried by Linda Perez can be otherwise adequately accommodated.
3. Consideration of integration of Project HOPE/FLAS activities into the FLAS structure should be based upon the statement of FLAS's future objectives, strategies, and plan of action for HIV/AIDS activities.
4. Project HOPE/FLAS and FLAS should review and update the AIDS component of the new Industry-Based Family Planning Program to explore how AIDS and FP can be integrated. The driving force for the Industry-Based Project always should be meeting the needs of industries in terms of what they want and are able to sustain.
5. If the Project is to continue in its collaboration and/or integration with FLAS, then the functional relationship of the Project with FLAS needs to be strengthened in order for integration of AIDS activities to occur in a viable self-sustaining manner within FLAS. Clear lines of communication need to be established between FLAS and Project HOPE/FLAS and between Project HOPE/FLAS and FLAS. The appropriate HOPE/FLAS Project representative should attend the bi-weekly senior management meetings at FLAS, as well as Departmental meetings. This will ensure the flow of relevant information and maximize collaboration.
6. The direction which FLAS intends to take to include AIDS prevention and education activities within their industry-based program, as well as within their other program components, has not been clearly stated. To date, AIDS

education in industry-based activities has been predominantly parallel to the family planning education activities. Family Planning and HIV/AIDS Prevention need to be presented as a fully integrated whole in the industry-based program.

7. The Project needs to explore ways in which the trained counsellors are able to provide more counselling in addition to their normal workload, which in most cases is very heavy. The Project also needs to explore the use of volunteer counsellors, shift-counsellors, and the establishment of full-time counselling services.
8. The Project should explore ways to increase its utilization of people they have already trained to provide training to others, rather than doing it themselves. In particular, the Project should consider using trained counsellors as technical assistance for the provision of AIDS prevention training to other organizations, e.g. banking institutions, large companies, etc. The Project needs to limit its involvement in responding to requests for technical assistance in AIDS education. This could also include greater involvement of IECAG members, MOH personnel, and teachers who have participated in the CARE/SHAPE Project.
9. The Project should continue to explore other ways of reaching traditional healers who are not under the umbrella of the THO. One possibility is to work through the Town Councils and Tinkhundla, especially in the Manzini catchment area. The data clerks at THO funded by Columbia University for monitoring HIV/AIDS and PHC activities should be removed from THO and supervised by Project HOPE if they continue to be used for other purposes by THO. The use of the data clerks in assisting in the organizing and monitoring of THs reached through Tinkhundla and Town Councils for AIDS prevention should be explored.
10. The Project should continue to play an active role in the NAP through the secondment of the Counselling Coordinator. The Project also should maintain its active involvement in the IEC Action Group and the ATF. The Project has established a niche in the NAP which should be nurtured to its full potential as the NAP approves of the Project and supports its activities. (Note: The ATF fully supports the activities of the Project and has accepted the recommendation of the NAP that a full-time position for the Counselling Coordinator be established within the NAP. A request for this position is currently under consideration by the Ministry of Labor.)
11. The Project should seek to provide further training and staff development for their staff, especially for their two

professional staff members.

12. Since the FLAS clinics staff are not in a position to provide AIDS counselling or supervision of a telephone Helpline for AIDS and Family Planning due to their heavy patient load, the Project needs to consider the role of volunteers in a serious light. If FLAS clinics are to provide HIV testing, then pre- and post-test counselling is an absolute necessity. If the FLAS clinic staff are too overburdened then the use of volunteer counsellors and/or establishment of counselling services which can take referrals needs to be thoroughly investigated.
13. The Project should meet with the Chief Executive Officer of Sebenta as soon as possible to discuss current status of Sebenta HIV/AIDS booklets and educational activities and to identify future activities regarding HIV/AIDS, including cooperative assistance from the Project. Involvement of Sebenta Regional Supervisors and instructors in planning follow-up activities, including a strategy for how best to introduce and utilize the new booklets, is essential.
14. Since the Sebenta HIV/AIDS booklets are not appropriate for beginning literacy instruction, the Project and Sebenta should consider holding another Writers Workshop, expressly for the purpose of producing one primer and one workbook on HIV/AIDS for beginning literacy students.

Appendix 1

LIST OF PEOPLE INTERVIEWED FOR THE FINAL EVALUATION BY THEIR AFFILIATION

1. FLAS:

Executive Director, Mrs. Khetsiwe Dlamini
Programme Officer, Mrs. Nomcebo Manzini
Head of Service Delivery Unit, Mrs. Martha Nkambule
Manzini Clinic staff nurse, Sr. Nomsa Gamedze
Manzini Clinic staff nurse, Sr. Thulile Msane

Note: IEC Unit and Industry-based Unit staff were not available for interview during the evaluation.

2. Project HOPE:

Program Director, Dr. Tom Kenyon
HIV/AIDS Project Coordinator, Linda Perez
HIV/AIDS Project Education Officer, Thandi Nhlengethwa
HIV/AIDS Project Counselling Officer, Thandi Shongwe

3. USAID:

HPN Officer, Mr. Jay Anderson
Deputy HPN Officer, Mrs. Anita Sampson

4. NAP, ATF, and IECAG:

Acting Chairperson of ATF, Dr. Eddie McGrath
WHO IEC Advisor to NAP, Monique Munz
IEC Coordinator/IECAG Member/Counsellor, Beatrice Dlamini

Note: The Programme Manager of the NAP and the Chairperson of the ATF were not in country at the time of the evaluation.

5. Trained Counsellors and Their Supervisors:

SMO of Mananga Mhlume Medical Service, Dr. Ian Gilbertson
Mhlume Clinic Nurse/Counsellor, Sr. Zilpa Gumedze
Mhlume Clinic Nurse/Counsellor, Sr. Daisy Dlamini
Mhlume Clinic Ambulance Driver/Educator, Mr. Alpheus Zulu
Tshaneni Clinic Nurse/Counsellor, Sr. Tabitha Ntshalintshali
Tshaneni Clinic Nurse/Counsellor, Sr. Dorothy Dlamini
Tshaneni Clinic Nurse/Counsellor, Sr. Constance Twala
Ubombo Ranches Clinic Nurse/Counsellor, Sr. Mirriet Vilakati
Ubombo Ranches Clinic Technician/Counsellor, Jane Leibrandt

SMO of Ubombo Ranches Clinic, Dr. Paul Canter
6. Traditional Healers Organization (THO):

THO Traditional Healer Promoter, Mrs. Ntombemhlophe Dube
THO Data Clerk, Mr. Egbert Dlamini

Note: The THO President requested that neither himself nor his Field Officers be interviewed in the evaluation.

7. Sebenta:

Sebenta Field Officer/Writers Group Member, Mr. George Tsabedze

Sebenta Field Officer/Writers Group Member, Mrs. Tsembani Tsabedze

Sebenta Field Officer/Writers Group Member, Mrs. Emmeline Dlamini

8. Non-Governmental Organizations (NGOs):

Assembly of NGOs Coordinator, Mrs. Sarah Dlamini

Save the Children/IECAG/Counsellor, Mrs. Nosimilo Dlamini

Youth Brigade of Swaziland Coordinator, Mr. Johnny DuPont

CARE/Schools HIV/AIDS Pilot Education Project, Monique Munz
for Coordinator Nomajoni Ntombela

Appendix 2

ACHIEVEMENTS OF PROJECT BY OBJECTIVES

Objective 1

Assess the knowledge, attitude, beliefs and practices (KABP) of 2000 persons concerning the prevention of HIV infection.

Final report completed and submitted to AIDS Task Force on 27/2/91.

Fifty copies of the report produced and distributed to members of the NAC, ATF, IECAG, NAP, to the Permanent Secretary of the Ministry of Health, and to the HPN Officer of USAID.

Findings of the KABP Survey were presented on 7th - 8th March, 1991. The report was accepted and praised. The NAP provided E1,200 (approximately US\$ 500) in funding for the presentation.

Objective 2

Provide education programs based on baseline data and KABP surveys to all persons in the target areas to improve their knowledge of HIV prevention.

1. Traditional Healers (THs)

Training of Field Officers - 25th March through 5th April. Four one-week training sessions for TH promoters, two in May and two in June 1991. Each session had an intake of approximately 40 traditional healers, i.e. a total of approximately 160 traditional healers were trained in HIV prevention. Training curriculum for the traditional healers was based on the findings of Focus Group Discussions carried out with THs by the Project.

A supervisory checklist was drawn up with the THO staff for the purpose of monitoring traditional healer HIV prevention practices by THO Field Officers. Two data clerks were hired with funding from a Columbia University Grant to analyze and report the data from the supervisory checklists.

2. Sebenta Adult Literacy Programme

The Sebenta Writers Workshop for the production of adult literacy booklets on STDs and HIV/AIDS was held from 11th to 22nd February, 1991. The Education Officer of the Project, Thandi Nhlengethwa, participated and served as the technical resource person for STDs and HIV/AIDS throughout the Writers Workshop. Four booklets in English and four booklets in SiSwati were produced. The workshop was financed by funding

found by Sebenta, mostly from UNICEF.

The booklets produced in the Writers Workshop were printed and corrections and revisions are currently in progress.

3. Youth Groups

Seven youth group organizations had representatives attend the one-week educational course on HIV/AIDS and STDs in October 1990.

500 copies of the comic book "Love and AIDS" were purchased from the Johannesburg City Health Department, after pre-testing it for appropriateness and popularity in Swaziland, and distributed to the youth groups/organizations which had representatives educated by the Project in October 1990 in STDs and HIV/AIDS.

2,000 copies of the leaflet "AIDS Flash" were given to the Youth Brigade for distribution and use in the HIV/AIDS educational sessions they organize for their members. These sessions also serve as deeds towards the achievement of merit medals, i.e. to attend an AIDS/Family Life Course is one of the requirements for the Gold Medal and to conduct an AIDS/Family Life Course is one of the requirements for the President's Medal.

Approximately 200 University of Swaziland students were reached with information on AIDS through discussions and videos on HIV/AIDS conducted each semester in 1991. A demonstration on correct use of a condom was given and 1200 condoms distributed. An AIDS Prevention Club with approximately 30 members has been started on the Luyengo Campus of the University of Swaziland.

Approximately 75 students at the Vocational Training Institute (VOCTIM) attended an evening discussion and video on AIDS.

Various schools have requested and received educational sessions on HIV/AIDS from the Project. Project staff have assisted the CARE/SHAPE project as training resource persons.

4. Other

Church Groups assisted by the Project with educational sessions include:

64 Bahai Church pre-school teachers of Hhohho and Manzini regions,
120 pastors at the Nazarene Bible Conference,

Trans World Radio Conference on the Role of Church and Mass Media in HIV/AIDS Prevention.

Private businesses assisted by the Project with planning and training in AIDS prevention include:

At the request of the Mananga Mhlume Medical Service (MMMS) eight members of staff were trained in HIV/AIDS counselling and nine members of staff in community education of HIV/AIDS and STDs. Mhlume Sugar Company financed the training and provided the training facilities. Funding provided by Mhlume Sugar Company was approximately E 3,000 (US \$1,400), not including overtime salaries for additional staff to serve in the clinics during the training period. The MMMS requested the Project 'Training Team' to evaluate the HIV/AIDS prevention activities undertaken by trainees as a result of their training in counselling and community education. Mhlume Sugar Company provided funding for follow-up activities which included educational sessions for all company employees (over 2,000 employees) by the staff trained during company time.

Swaziland Railways (SR) requested training for their staff in HIV/AIDS prevention. 21 representatives of management and labor from the 12 stations and headquarters were trained as peer educators during a one-week course in August 1991. Since then the SR Newsletter has informed all the SR workers of the training and listed the names of people trained as resource persons for their co-workers. Educational sessions, during and outside company time, are being conducted at all of the stations with the SR Training Officer attending with SR video equipment to show videos. Project staff provides back-up and support as needed, including supply of printed IEC materials and copies of AIDS videos.

Ubombo Ranches requested HOPE/FLAS to assist the company develop an AIDS Prevention Plan. This resulted in 15 company representatives from the health services, labor, and management being educated in a one-week course on HIV/AIDS, STDs, and Family Planning. The next phase will include holding a half day session to inform all Section Managers about the activities and increase their awareness about the need for HIV/AIDS prevention and Family Planning promotion; the training of 20 section Village Health Workers (VHWs) and 20 section Indvunas (supervisors) as peer educators and motivators; and follow-up supervision and support of VHWs trained.

Usuthu Pulp Company requested HOPE/FLAS to assist in the training of peer educators for HIV/AIDS and Family Planning.

This will be undertaken as part of the integrated industry-based FP and AIDS project by FLAS and HOPE during Phase II. At the time of this report a baseline survey has already been carried out by FLAS and the first two-week training course in HIV/AIDS and Family Planning with an intake of 15 peer educators has been conducted (October 1991). Ngonini Estate requested FLAS/HOPE to conduct ten half day sessions to increase awareness and knowledge about HIV/AIDS and Family Planning among its employees. This was done in October 1991. It is anticipated that training of peer educators will be undertaken in Phase II.

Barclays Bank and Standard Bank requested assistance from the Project in training bank representatives as peer educators for their major branches. Eight bank representatives attended a two-day intensive course on basic facts of HIV/AIDS and counselling concepts and a one-week course on Counselling at the start of Phase II of the Project.

5. Production and Distribution of IEC Materials

The Project has produced and distributed IEC materials to all target groups, to other NGOs working with HIV/AIDS prevention and to the NAP, as well as to the general public. These IEC materials include the following:

15,000 copies of the SiSwati leaflet "iAIDS";
15,000 copies of the English leaflet "AIDS Flash";
2,000 copies of the booklet "Living with AIDS in the Community";
70 copies of the TASO "Counselling Training Manual";
70 copies of the book AIDS Care: Diagnostic and Treatment Strategies for Health Workers;
500 copies of the comic book "Love and AIDS";
1000 copies of the SiSwati leaflet "10 Points on AIDS" for World AIDS Day
1000 copies of the English leaflet "10 Points on AIDS" for World AIDS Day
100 posters for World AIDS Day 1990, Women and AIDS.

100 t-shirts with the message "Youth Say No to Sex Now" for distribution at the Trade Fair and World AIDS Day.

Dubbed videos by request of "Born in Africa", "It's Not Easy!", "The TASO Video", and others for organizations, individuals, and industries.

Objective 3

Establish HIV/AIDS Information and Counselling Centers at key institutions to provide counselling pre and post HIV testing, to

deal with fears about HIV infection or AIDS syndrome and to help persons with HIV infection and or AIDS and their families and to advise STD clients.

60 counsellors were trained by the Project in June 1990 and in-service advanced counselling training for those actively involved in counselling was provided in October 1991 with technical assistance provided by counselling trainers from TASO and AIC in Uganda. Currently there are no Counselling Centers per se, but counselling services are being offered in all major medical institutions to varying extent.

The Regional Counselling Support Groups, formed during the December 1990 National Counselling Workshop organized by the Project, have been officially introduced to the Regional Health Management Teams. In addition, lists of the trained counsellors have been distributed to the major medical institutions for establishing a referral system for HIV/AIDS counselling. These groups meet on a regular basis.

FLAS Clinic staff requested and received accelerated training in counselling from the Project to meet the new and growing demand for HIV testing and counselling by family planning and STD clients attending the Manzini and Mbabane Clinics. FLAS management at one time had decided to have FLAS IEC Unit staff attend the FLAS Family Planning Clinics one day per week to provide education and counselling in family planning, STDs, and HIV/AIDS, but this has not yet occurred. FLAS clinics are providing HIV/AIDS counselling services but the time available for HIV/AIDS counselling is limited.

FLAS IEC Unit staff also requested and received in-service counselling training to increase their knowledge and skills first for counselling in the FLAS Clinics and then for establishing an HIV/AIDS Telephone Helpline to be managed and operated by the FLAS IEC Unit and volunteers. FLAS has since decided that it does not have the capacity to operate a Helpline.

The National AIDS Programme (NAP) requested the part-time secondment of the Counselling Officer of the Project to serve as the interim National Counselling Coordinator, until such time as funding can be found and the position officially established. Secondment was granted on a two day per week basis with effect 1 May, 1991. This should result in the NAP assuming responsibility and funding for the continuation and expansion of counselling activities developed by the Project, i.e. sustainability of counselling activities.

A computerized database management system for monitoring and

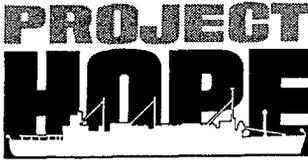
evaluating HIV/AIDS counselling activities in Swaziland was designed and developed by the Project. Active use of the system began in March 1991.

A small study was undertaken by the Project to assess and project the amount of pre-test counselling, and by deduction the amount of post-test counselling, which currently and in future is needed, in order to determine the counselling manpower requirements for Swaziland.

Objective 4

To improve outreach into the community by making HIV information dissemination a part of the responsibility of traditional healers, Sebenta educators, and leaders for non-school going youths.

1. See accomplishments reported under Objective 2 for traditional healers, Sebenta, and youths.
2. The Project was invited to send a representative to be one of the 3 participants representing NGOs from Swaziland at the upcoming SANASO Conference in Zimbabwe. The Education Officer of the Project, Thandi Nhlengethwa, selected to attend the Conference was elected Swaziland Representative to SANASO. Since then she has established the Swaziland Network of AIDS Support Organizations (SWANASO) and increased participation of NGOs in AIDS prevention. THO, Sebenta, and youth organizations have joined SWANASO and meet regularly.
3. The Project Coordinator and other Project staff regularly attend meetings and disseminate Project progress updates with the following:
 - i. The Executive Director and IEC Unit of FLAS
 - ii. The NAP Programme Manager
 - iii. The AIDS Task Force
 - iv. The IEC Action Group
 - v. The HPN Officer of USAID
 - vi. The WHO Country Representative and Information Officer
 - vii. The Coordinator of the National Assembly of NGOs.



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December 20, 1991

Dr. Mary Anne Mercer
Director, HAPA Grants Support Program
The Johns Hopkins University
School of Hygiene and Public Health
103 East Mount Royal Avenue
Baltimore, MD 21202

Subject: Grant No. AFR-0-4740G-55-9063 for HIV/AIDS Prevention
in Africa

Dear Dr. ^{Mary Anne} Mercer:

made 7 more

Enclosed please find three copies of the Swaziland Final Evaluation Report.

I have just returned from a site visit to our programs in Swaziland and Malawi. Both projects are well underway and we can only hope their efforts will make some difference.

Sincerely,

Marjorie A. Souder, Ph.D.
AIDS Program Director

/sdm