

Final Report
for the
Implementing AIDS Prevention and Care (IMPACT)
Project
in Nicaragua



May 1999 to August 2000



Nicaragua Final Report

Submitted to USAID

By Family Health International

April 2007

Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
TEL 703-516-9779
FAX 703-516-9781

In partnership with

**Institute for Tropical Medicine
Management Sciences for Health
Population Services International
Program for Appropriate Technology in Health
University of North Carolina at Chapel Hill**

Copyright 2007 Family Health International

All rights reserved. This book may be freely reviewed, quoted, reproduced or translated, in full or in part, provided the source is acknowledged. This publication was funded by USAID's Implementing AIDS Prevention and Care (IMPACT) Project, which is managed by FHI under Cooperative Agreement HRN-A-00-97-00017-00.



TABLE OF CONTENTS

GLOSSARY OF ACRONYMS	2
EXECUTIVE SUMMARY	3
PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS	4
Introduction	4
Country Context	4
Program Strategies and Activities	4
Implementation and Management	5
Nicaragua Program Timeline	5
Program Results	5
Key Findings	7
LESSONS LEARNED AND RECOMMENDATIONS	8
HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES	9
Implementing Partner Matrix	9
ATTACHMENT	10
Country Program Financial Summary	10

GLOSSARY OF ACRONYMS

AIDS	Acquired immune deficiency syndrome
BSS	Behavioral surveillance survey
CSW	Commercial sex worker
FHI	Family Health International
FSW	Female sex worker
HIV	Human immunodeficiency virus
IMPACT	Implementing AIDS Prevention and Care Project
MSM	Men who have sex with men
NGO	Nongovernmental organization
USAID	U.S. Agency for International Development

EXECUTIVE SUMMARY

In 1999, USAID/Nicaragua asked the Implementing AIDS Prevention and Care (IMPACT) Project of Family Health International to help implement a baseline behavioral surveillance survey (BSS) to gather reliable data about the HIV epidemic in Nicaragua. Its purpose was to examine condom use and behavioral trends among three high-risk populations in Nicaragua: commercial sex workers (CSWs), out-of-school youth ages 15–19, and men who have sex with men (MSM).

The BSS uncovered information crucial for prevention and support programming. It was conducted at an early stage in Nicaragua's HIV epidemic and has proved to be a key public health initiative contributing to reduced infection rates. Some of the key findings include the following:

- Significant proportions (20–35 percent) of CSWs and youth in the study either did not know about HIV/AIDS or did not know how to avoid becoming infected.
- With the exception of MSM, few participants correctly identified common myths about HIV transmission.
- Although most sex workers reported consistent condom use, large proportions of MSM and out-of-school youth reported they did not consistently use condoms.
- All target groups reported that they had multiple sex partners.

PROGRAM STRATEGIES, IMPLEMENTATION, AND RESULTS

Introduction

Between May 1999 and August 2000, USAID committed \$75,000 to IMPACT/Nicaragua to support implementation of a baseline behavioral surveillance survey (BSS) that examined condom use and behavior trends among three high-risk populations in Nicaragua: CSWs, out-of-school youth ages 15–19, and MSM. IMPACT/Nicaragua providing technical assistance throughout the project, collaborating with Fundación Xochiquetzal, a local nongovernmental organization (NGO), and translating and adapting survey instruments.

Country Context

Before the BSS was conducted, little reliable data was available on the HIV epidemic in Nicaragua. Most information pertained to CSWs, an at-risk population in which HIV seroprevalence in 1997 was well below 1 percent.

Within Nicaragua's population of 4.9 million in 1999, UNAIDS estimated that 4,900 people were living with HIV/AIDS. Of this number, 4,800 were ages 15–48, and a large majority—3,700—were men. By 2001, updated HIV/AIDS estimates indicated that 360 people had died of AIDS-related illnesses and 520 Nicaraguan children had lost a parent to the disease. UNAIDS and WHO reported 0.2 percent adult HIV prevalence in Nicaragua, with 6,400 adults and children living with the disease.

While data suggest that HIV prevalence in Nicaragua is relatively low compared to other Central American countries, the combination of several elements could result in the rapid growth of HIV. Among these elements are prevalent risk behaviors, lack of knowledge about HIV, and increased travel in and out of the country since the end of the civil war in 1989. Significant poverty, exacerbated by Hurricane Mitch, also contributes to the risk of increased HIV prevalence, since 2.3 million Nicaraguans are poor and 830,000 of them live in extreme poverty.

Program Strategies and Activities

Initial IMPACT/Nicaragua activities focused on assessment and planning. In collaboration with USAID/Nicaragua, local organizations, and the Ministry of Health, IMPACT/Nicaragua gathered information on

- ongoing HIV/AIDS research and prevention activities in Nicaragua
- specific national factors that could result in rapid growth of HIV
- potential groups to include in the survey
- local NGOs that might implement the BSS

IMPACT/Nicaragua staff subsequently developed an appropriate study design and solicited draft proposals from local NGOs to select an implementing agency. Fundación Xochiquetzal was chosen to implement the BSS with high-risk populations in Nicaragua.

IMPACT and Fundación Xochiquetzal staff prepared for fieldwork, including

- visiting potential recruitment sites and engaging in field-mapping activities
- exploring potential recruitment issues for MSM in Estelí
- discussing and making decisions about sampling techniques for recruiting MSM, such as whether to use snowball sampling rather than probability sampling
- discussing and making decisions about whether to expand the sampling frame by including marginalized sex workers

IMPACT/Nicaragua also provided technical assistance on data analysis for the first round of the BSS. Staff reviewed the implementation of the sampling frame, data cleaning procedures, and the preliminary findings. A sample BSS final report was developed, along with plans for completing and disseminating the final report.

Implementation and Management

A team of two professionals from FHI—a research specialist and a program management specialist—conducted the initial assessment for the BSS and provided technical assistance to Fundación Xochiquetzal throughout the project.

Nicaragua Program Timeline

Program Activities	1999			2000							
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
Conducted preparation activities, including review of research, sample design, and general research design	X										
Prepared questionnaires	X										
Pretested questionnaires	X	X									
Finalized questionnaires	X	X									
Recruited interviewers and field researchers		X									
Trained interviewers		X									
Selected sample		X	X								
Collected and coded data				X	X						
Cleaned data				X	X	X					
Analyzed data					X	X	X				
Wrote report						X	X	X			
Submitted draft report								X			
Submitted and disseminated final report									X	X	X

Program Results

Two significant program outputs resulted from this program: (1) the baseline BSS, which provided information on potential risk behaviors of the three groups, and (2) capacity building for Fundación Xochiquetzal in implementing a BSS.

The chart on the following page shows BSS highlights. This information will be used in future prevention programs to better target key populations and their potentially risky behaviors.

Sample demographics	
Sample size 1,800 (Managua and Estelí combined)	CSW: 450 Out-of-school youth: 900 (100 female, 800 male) MSM: 450
Mean age	CSW and MSM: 26 Out-of-school youth: 17
Percent who had not attended any school	Highest among CSW in Estelí: 14% Lowest among MSM in Managua: 1%
Percent reporting work outside of Nicaragua (average)	CSW: 18.5% MSM: 26%
Alcohol and drug use	Alcohol use: lowest among female adolescents (7%) and highest among CSWs (75%) Drug use: lowest among female adolescents (4%) and highest among MSM (32%).
HIV knowledge	
No knowledge of HIV-prevention practices	CSW: 20% Out-of-school youth: female 35%, male 19% MSM: 5%
Knew that a person who appears to be healthy can be HIV-positive	CSW: 66% Out-of-school youth: female 54%, male 59% MSM: 87%
Have had a voluntary HIV test and know the result	CSW: 44% Out-of-school youth: female 7%, male 6% MSM: 50%
Sexual behavior	
Median age at first sex	CSW: 15 Out-of-school youth: female 15; male 14 MSM: 15
Number and type of sexual partners	CSW (median): 10 non-regular clients, 6 regular clients in past 30 days Out-of-school youth (median): female, 1 partner, males 3 partners in past 12 months MSM: 48% at least 1 partner in past 7 days (regular, sporadic, or commercial); 11% at least 1 commercial partner in past 12 months
Reported condom use	CSW: 92% used condoms during last act with a non-regular client Out-of-school youth who are sexually active and used condoms during past 12 months: female 9%, male 21% MSM using condoms: 57% with non-regular male partners at least once in the past 7 days; 46% with commercial partners used condoms consistently in past 12 months

Key Findings

- Significant proportions (between 20 and 35 percent) of CSW and youth ages 15–19 either did not know about HIV/AIDS or did not know how to avoid becoming infected. Without this basic knowledge, avoidance of risky behaviors is unlikely.
- With the exception of MSM, few participants correctly identified common myths about HIV transmission. Those who believe such myths may be less motivated to engage in preventive behaviors. For example, they may not bother to use condoms if they think mosquitoes can transmit HIV.
- Although most CSWs reported consistent condom use during the previous 12 months or last sexual act, large proportions of MSM and youth did not use condoms consistently. It is thus imperative to find creative ways to promote and increase access to condoms.
- All target groups reported multiple partners. Partner reduction should be a priority for interventions.

LESSONS LEARNED AND RECOMMENDATIONS

A BSS is only useful if findings are available to guide ongoing or new interventions. It is thus important that initial planning for BSS research activities integrate dissemination strategies so that findings reach policymakers, program managers, ministry officials, and others who play a role in HIV prevention and support programs. To do this effectively, the research team must interpret the data in language understandable and useful to different levels of users.

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

Implementing Partner Matrix

Recipient Name	Start Date	Completion Date	Life of Project Budget US\$
Fundación Xochiquetzal	10/01/99	08/31/00	38,960

ATTACHMENT

Country Program Financial Summary

Since May 1999, USAID has committed \$75,000 to IMPACT/Nicaragua; subproject allocations have totaled \$38,960. IMPACT/Nicaragua activities took place between May 1999 and August 2000. As of August 2005, total life of project expenses were \$75,058.

Implementing Agency	Total LOP Budget \$US
Fundación Xochiquetzal	38,556