

## Case 2

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# AIDSCAP Nepal

### Background

It was September 1996 and Ravin Lama, Managing Director of Stimulus Advertisers, one of Nepal's larger advertising agencies, looked out of his Kathmandu office window pondering his future course of action. (See Appendix A for an overview of Nepal.) He had just received a copy of a qualitative, quickly conducted, small sample study that had been developed by a research agency in order to assess the impact of *The AIDS Awareness and Condom Promotion Multimedia Campaign* which his agency had helped develop and implement since mid-1995. The main focus of this campaign was to increase the accessibility of condoms, promote their correct and consistent use (particularly when engaging in high-risk behaviors), and communicate HIV/AIDS awareness messages. He had an upcoming meeting with Joy Pollock, Resident Advisor to the AIDSCAP (AIDS Control and Prevention) project, at which they had to both evaluate the impact of the current campaign, which was to conclude in April 1997, and develop a strategy for Phase II of their communication program. AIDSCAP was the primary sponsor of the campaign.

Launched in July 1995, the campaign to reduce the rate of sexually transmitted HIV infection in AIDSCAP's project area – the Terai/Central region of the country – had been ongoing for over a year. Lama was preparing for a meeting where he had to present a thorough evaluation of the progress made thus far in this phase, recommend any necessary changes, and develop his agency's plans for Phase II, which was to address issues of fear in the general public regarding people living with AIDS. Specifically, his task was to determine whether the results of the small sample study were sufficient to assess the effectiveness of the present campaign and, if not, to design an appropriate assessment

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This case was prepared by Ven Sriram and Franklyn Manu, Morgan State University. It is intended as a basis for class discussion rather than to illustrate effective or ineffective handling of an administrative situation. © *Case Research Journal* and Ven Sriram and Franklyn Manu.

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tool. Phase II, the fear issue, had become important because the media were reporting that a large number of HIV-positive Nepalese commercial sex workers (CSWs) were returning home from brothels in India. Once Lama was satisfied that the current phase's objectives were being met, he had to set specific objectives for Phase II and design the promotion campaign.

Many Nepalese women worked as prostitutes in several large Indian cities such as Mumbai (formerly called Bombay) and Delhi. Mostly from rural areas where economic prospects were poor, they were often part of an elaborate network where they were recruited, ostensibly for legitimate employment, and once in India were either coerced into or drifted into prostitution. Often abused and abandoned by their husbands and in-laws and having no means of financial support, many become CSWs. Although prostitution had not always been legal, attempts by Indian authorities to regulate it were sporadic and half-hearted. Once infected with HIV, the women were usually thrown out of the brothels, the only real "family" many of them had so far away from home. They generally returned home to Nepal in anticipation of receiving better care from their families than they would get in India. However, fear and rejection from society frequently based on ignorance of the disease and how it spread, meant that they were often shunned.

## AIDS: A Historical Perspective

Although AIDS was first recognized internationally in 1981, it was identified in Nepal in 1988. Data presented at a conference in Kathmandu in the mid-1990s indicated that although the HIV/AIDS epidemic in Nepal was at a relatively early stage compared to other countries, the incidence of AIDS was increasing. The total number of HIV/AIDS cases reported in the country was in the hundreds according to the National Centre for AIDS and STD Control (NCASC), but NCASC projected HIV cases at 15,000 in 2000. His Majesty's Government of Nepal and national and international nongovernment organizations were actively participating in an attempt to control its spread. The NCASC chief stated that "the situation offers, therefore, a unique opportunity to support and undertake preventive activities before the disease reaches an epidemic stage in the country."

The evidence in the mid-1990s was that:

- Extensive or epidemic spread of HIV had not been documented in Nepal;
- A large proportion of HIV infections had and would be acquired outside the country – Nepal had a long, open border with India and many Nepalese worked in India;
- An estimated 15,000 HIV cases and 1,000 AIDS cases and deaths would occur annually by the year 2000;
- HIV/AIDS surveillance needed to be strengthened and behavioral surveillance started as soon as possible; that is, more extensive screening and testing for infection and more detailed assessment of the extent of high-risk behaviors such as unprotected sex with CSWs was needed; and
- STD services, condom distribution and promotion, and behavior change communications to high-risk groups needed to be strengthened.

Additionally transmission of CSWs followed behaviors were CSWs, and love was with CSW "respectable" the spread of come the core other CSWs, used.

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## AIDSCAP

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Additionally, epidemiological evidence indicated that the primary modes of transmission of HIV/AIDS in Nepal were through heterosexual contact with CSWs followed by intravenous drug use. Some of the identified high-risk behaviors were pre-marital and extramarital sexual practices, wide availability of CSWs, and low condom use. Much of the pre- and extramarital sexual activity was with CSWs, given the taboos and social norms against such activity among "respectable" people, particularly for women. CSWs were a major medium of the spread of HIV/AIDS because once a client became infected, he could become the core transmitter of the virus as he traveled through Nepal and infected other CSWs, who in turn infected their other clients, if condoms were not used.

Despite the AIDS threat not being very immediate in Nepal, the issue was complicated by the close contacts between Nepal and India. A significant portion of Nepal's male population worked in India, and if they acquired the infection there it could rapidly spread in Nepal when they had sexual contacts during their visits home. In addition, many Nepalese CSWs worked in brothels in large Indian cities such as New Delhi and Mumbai. Data from India indicated that the HIV infection rate among CSWs in Mumbai had increased from 0.5 percent in 1986 to 69 percent in 1995. Mumbai had an estimated 70,000 CSWs. India had almost 2.5 million CSWs out of a total population of over 900 million.

Several studies had been conducted to measure awareness, attitudes towards and usage of condoms, oral and injectable contraceptives, brand awareness and image, and general views about HIV/AIDS in Nepal. One such study was conducted in 1994 among CSWs and their clients along the highway route in AIDSCAP's project area and from similar groups in a control area where AIDSCAP did not have a campaign. This study interviewed 100 CSWs and 209 of their clients in the project area and 62 CSWs and 103 clients in the control area. This study's key findings from the project and control areas are presented in Case Exhibits 2-1 to 2-5. This study reported on the general awareness of AIDS, condom use and purchase patterns, and also identified the main sources of information about AIDS and perceptions regarding means of prevention.

## AIDSCAP

AIDSCAP, part of Family Health International, had its activities funded by the US Agency for International Development (USAID). Futures Group International was appointed as the consultant for the project. For the initial phase, the activities of both Stimulus, which handled the communication program, and Contraceptive Retail Sales Company, which handled condom distribution, were managed by the Futures Group. For Phase II of the project, Stimulus would deal directly with AIDSCAP.

Given all the available evidence, AIDSCAP decided that its goal was to reduce the rate of sexually transmitted HIV infection in the Terai/Central region through the implementation of three major prevention and control strategies:

Case Exhibit 2-1: ♦ Socio-demographics of CSWs and Clients:  
1994 Baseline Study

Variable	CSWs		Clients	
	Project Area (n = 100) %	Control Area (n = 62) %	Project Area (n = 209) %	Control Area (n = 103) %
<b>Age (In Years)</b>				
0-19	13.0	24.2	54.5 (15-24)	41.7
20-29	63.0	45.2	37.3 (25-34)	50.5
30-39	18.0	27.4	8.1 (35-44)	7.8
40+	6.0	3.2	0.0 (45+)	0.0
Mean Age	26	26	24.9	25.8
<b>Education</b>				
Literate	44.0	40.3	90.5	93.2
Illiterate	56.0	59.7	10.5	6.8
<b>Marital Status</b>				
Married	93.0	83.9	56.5	66.0
Unmarried	7.0	16.1	43.5	34.0
<b>Presently Living With Husband/Wife</b>				
	(n = 93)	(n = 52)	(n = 118)	(n = 68)
Yes	43.0	42.3	83.9	83.8
No	57.0	57.7	16.1	16.2
<b>Children</b>				
	(n = 93)	(n = 52)		
Yes	68.8	19.4	Not Available	Not Available
No	31.2	80.6		

Note: ♦ The age ranges used for categorizing CSWs and their clients were different.

- Reduce sexually transmitted diseases.
- Increase the use of condoms among the risk populations.
- Reduce risk behaviors through communications and outreach activities to targeted populations.

It was decided to focus on the Terai/Central region because of the relatively high concentrations of CSWs working in these areas, the presence of major high-ways, and the movement of large numbers of people (including CSWs and their clients) across the border with India. Several studies had noted the pattern of Nepalese women working as CSWs in India, Indian clients crossing the border to patronize sex workers in Nepal, and Nepalese migrant workers returning occasionally from India to visit their families. The targets of the campaign were the individuals at highest risk: CSWs and their clients (e.g., transport workers, migrant laborers, military, and police). Transport workers – truck drivers and their helpers – were seen by AIDSCAP as a high-risk group because they tended to be

## Case Exhibit

## Condom Use/F

Ever Bought C  
Yes  
No

Price of Condo  
Expensive  
Reasonable  
Cheap

Most Convenie  
Pharmacy  
Retail Store  
Health Worker,  
Health Post/Ce  
Hotel/Lodge  
Public Place  
NGOs  
Others

Clients Using (C  
All of Them  
Most of Them  
Half of Them  
A Few of Them  
None of Them

Use by Last Cl  
Yes  
No

Decision Make  
Last Client  
CSW

Condom Boug  
Client  
CSW

Ever Requeste  
Yes  
No

Any of Those  
Yes  
No

Case Exhibit 2-2: ♦ CSW's Condom Use and Purchase Behavior, 1994 Baseline Study

its	Condom Use/Purchase Behavior	Project Area (%)	Control Area (%)
	<b>Ever Bought Condoms for Clients</b>	(n = 100)	(n = 62)
	Yes	26.0	24.2
	No	74.0	75.8
	<b>Price of Condom</b>	(n = 26)	(n = 15)
	Expensive	15.4	26.7
	Reasonable	55.7	60.0
	Cheap	26.9	13.3
	<b>Most Convenient Location to Buy/Get</b>	(n = 96)	(n = 57)
	Pharmacy	59.4	61.4
	Retail Store	50.0	66.7
	Health Worker/Volunteer	29.2	0.0
	Health Post/Center/Hospital	25.0	1.8
	Hotel/Lodge	16.7	15.8
	Public Place	9.4	0.0
	NGOs	0.0	14.0
	Others	8.3	5.3
	<b>Clients Using Condoms</b>	(n = 100)	(n = 62)
	All of Them	13.0	14.5
	Most of Them	16.0	29.0
	Half of Them	14.0	14.5
	A Few of Them	13.0	19.4
	None of Them	44.0	22.6
	<b>Use by Last Client</b>	(n = 100)	(n = 62)
	Yes	35.0	48.4
	No	65.0	51.6
	<b>Decision Maker</b>	(n = 35)	(n = 30)
	Last Client	42.9	50.0
	CSW	57.1	50.0
	<b>Condom Bought By</b>	(n = 35)	(n = 30)
	Client	57.1	56.7
	CSW	42.9	43.3
	<b>Ever Requested Client to Use Condom</b>	(n = 100)	(n = 62)
	Yes	30.0	33.9
	No	70.0	66.1
	<b>Any of Those Clients Refused</b>	(n = 30)	(n = 21)
	Yes	60.0	47.6
	No	40.0	52.4

Control Area  
(n = 103)  
%

41.7  
50.5  
7.8  
0.0  
25.8

93.2  
6.8

66.0  
34.0

(n = 68)  
83.8  
16.2

Not  
Available

## Case Exhibit 2-3: ♦ Clients' Condom Use and Purchase Behavior, 1994 Baseline Study

Condom Use/Purchase Behavior	Project Area (%)	Control Area (%)
<b>Ever Used</b>	(n = 209)	(n = 103)
Yes	52.6	55.3
No	47.4	44.7
<b>Price of Condom</b>	(n = 108)	(n = 57)
Expensive	11.1	24.6
Reasonable	60.2	47.4
Cheap/Inexpensive	28.7	28.1
<b>Most Convenient Location to Buy/Get</b>	(n = 209)	(n = 102)
Pharmacy	66.5	68.6
Retail Store	49.8	40.2
Health Worker/Volunteer	7.7	10.2
Health Post/Center/Hospital	17.2	9.8
Hotel/Lodge	16.3	3.9
Public Place	3.8	0.0
NGOs	8.1	4.9
Others/Don't Know	6.3	15.7
<b>Frequency of Condom Use with CSWs</b>	(n = 209)	(n = 103)
Always	22.0	6.8
Mostly	16.7	16.5
Sometimes	5.3	15.5
Rarely	5.7	14.6
Never	50.2	46.6
<b>Reasons for Not Using Condoms</b>	(n = 63)	(n = 48)
Unavailability/No Time	60.3	52.1
Complexity	34.9	12.5
Sexual Dissatisfaction	27.0	64.6
Unreliability/Others	6.3	22.9
<b>Person Who First Mentioned Condom</b>	(n = 71)	(n = 22)
Myself	95.8	100.0
CSW	4.2	0.0

away from home for long periods of time. In addition, because they traveled, once infected they could easily spread the disease to the other CSWs they frequented along the highway. Military and police were targeted because the lower ranks usually were not provided family accommodations when posted away from home. They generally were housed in barracks while their families stayed behind in their home villages. This forced separation, along with peer pressure, made them high risks for HIV transmission. AIDSCAP felt that migrant workers were a high-risk

## Case Exhibit 2

## Knowledge of /

## Ever Heard of /

Yes  
No

## AIDS is

A Disease  
Others  
Not Heard of A

## Is AIDS Transm

Yes  
No  
Don't Know

## Modes of AIDS

Sex Without Co  
Multiple Sex Pa  
Sexual Intercou  
By Blood  
By Syringe  
Sex with AIDS-  
Sex with CSW  
Other  
Don't Know

## Consequences

Death  
Remain Sick fo  
Others  
Don't Know

## Preventive Mea

Use Condom  
Stop Sex with  
Stop Going to  
Use Disposable  
Use Tested Blo  
Don't Use Othe  
Don't Know

## Knowledge of /

## Exposed to C

Yes  
No

Control Area (%)

(n = 103)  
55.3  
44.7

(n = 57)  
24.6  
47.4  
28.1

(n = 102)  
68.6  
40.2  
10.2  
9.8  
3.9  
0.0  
4.9  
15.7

(n = 103)  
6.8  
16.5  
15.5  
14.6  
46.6

(n = 48)  
52.1  
12.5  
64.6  
22.9

(n = 22)  
100.0  
0.0

**Knowledge of AIDS**

**CSWs**

**Clients**

	<b>Project Area (n = 100) %</b>	<b>Control Area (n = 62) %</b>	<b>Project Area (n = 209) %</b>	<b>Control Area (n = 103) %</b>
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**Ever Heard of AIDS**

Yes	82.0	59.7	90.4	91.3
No	18.0	40.3	9.6	8.7

**AIDS is**

A Disease	79.0	54.8	88.5	70.9
Others	3.0	4.8	3.8	20.4
Not Heard of AIDS	18.0	40.3	9.6	8.7

**Is AIDS Transmitted**

Yes	53.0	38.7	75.1	80.6
No	47.0	61.3	15.3	10.7
Don't Know	0.0	0.0	9.6	8.7

**Modes of AIDS Transmission**

Sex Without Condom	23.0	21.0	29.2	44.7
Multiple Sex Partners	29.0	24.2	51.2	47.6
Sexual Intercourse	22.0	27.4	23.0	35.9
By Blood	5.0	3.2	9.6	20.4
By Syringe	1.0	3.2	5.3	7.8
Sex with AIDS-Infected People	0.0	1.6	1.4	8.7
Sex with CSW	0.0	0.0	4.8	5.8
Other	1.0	1.6	0.5	1.0
Don't Know	47.0	61.3	0.0	0.0

**Consequences of AIDS**

Death	66.0	40.3	72.7	61.2
Remain Sick for Long	9.0	14.5	12.0	22.3
Others	4.0	3.2	4.8	5.8
Don't Know	21.0	41.9	10.5	15.5

**Preventive Measures**

Use Condom	34.0	27.4	54.5	51.5
Stop Sex with Multiple Partners	25.0	22.6	30.1	45.6
Stop Going to CSW	2.0	1.6	23.9	27.2
Use Disposable Syringe	1.0	0.0	1.9	2.9
Use Tested Blood	1.0	0.0	0.0	0.0
Don't Use Others' Shaving Material	0.0	0.0	2.4	2.9
Don't Know	54.0	62.9	0.0	0.0

**Knowledge of AIDS Among Those Exposed to Condom Advertising**

Yes	50.0	44.4	79.4	85.4
No	50.0	55.6	20.6	14.6

## Case Exhibit 2-5: ♦ Sources of Knowledge about HIV/AIDS: 1994 Baseline Study

Source	CSWs		Clients	
	Project Area (n = 82)	Control Area (n = 37)	Project Area (n = 189)	Control Area (n = 94)
	%	%	%	%
Friends/Neighbors	68.3	54.1	52.4	42.6
Radio	40.2	70.3	60.3	72.3
Health Post/Hospital	22.2	0.0	9.0	13.8
Newspapers/Posters/Magazines	13.4	18.9	43.9	46.8
Television	12.2	24.3	29.1	28.7
Health Workers/Volunteers	9.8	0.0	3.7	2.1
Pharmacy	7.3	16.2	16.4	9.6
Billboards	6.1	18.9	30.7	29.8
Clients	3.7	0.0	—	—
Street Drama/Theater	2.4	0.0	2.1	0.0
NGOs	1.2	18.9	5.3	7.4
Hotel/Shop	0.0	0.0	2.1	0.0
Others/Don't Know	4.9	2.7	3.7	6.4

group because they left their homes in search of construction jobs (e.g., road and bridge building) that were easier to find along the highway routes. Again, living away from home for long periods made them more likely to patronize CSWs.

## Phase I

### Condom Distribution

AIDSCAP recognized that in order for AIDS preventive communication strategies to work, increased accessibility of condoms was a vital element. To this end it subcontracted with Futures Group International to conduct condom promotion and distribution activities in the target area. The issue was complicated by the fact that condom promotion in Nepal had traditionally focused primarily on its benefit as a family planning method, not so much as a means of disease prevention. In addition, AIDSCAP had to keep in mind that Nepalese society was very traditional and frowned on pre-marital and extramarital sexual activity. Any attempt to promote condom use for other than family planning activity had to be sensitive to this.

Futures Group worked with Contraceptive Retail Sales Company to improve condom accessibility and availability through retail and nontraditional outlets in the AIDSCAP target region. A rapid assessment study conducted by AIDSCAP indicated that clients of CSWs wanted condoms to be easily available at all hours through nontraditional distribution outlets such as tea shops, *paan pasals* (small

shops selling cigarettes, hotels, and truck stops, especially along the highway routes and *Dhaal* ("shis") classes.

### Condom Promotion

The other major responsibility of this agency.

OBJECTIVES  
goals for the campaign

- To increase transmission
- To increase awareness
- To promote HIV/AIDS.

These goals were supported by traditional communication responses more or less complex. On impact began with AIDSCAP was AIDS and its communicating its

TARGET AUDIENCE  
primary target match the target commercial sector in reaching the literacy, high media away from ing, and other in addition to

CREATIVE TARGETING  
serve as the HIV