

Guideline for the Community Liaison

**Integrated Behavioral and Biological Assessment
(IBBA)**

Andhra Pradesh

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National Institute of Nutrition

ORG-CSR

Family Health International

Avahan, Bill and Melinda Gates Foundation (BMGF)

I. INTRODUCTION

A. Purpose of this manual

This document is a detailed guideline for community liaison persons in the IBBA. It is a part of the Field Manual for the IBBA. It gives brief introduction to the IBBA and key facts that need to understand. It provides a profile of the community liaison person, their key roles and responsibilities of community liaison and provides a step by step guide of their activities at the survey site.

B. What is the Integrated Behavioral and Biological Assessment (IBBA)?

The Bill & Melinda Gates Foundation (BMGF) is implementing interventions among high risk groups in six states (Andhra Pradesh, Tamil Nadu, Karnataka, Maharashtra, Manipur and Nagaland) and national highways under the Avahan India AIDS Initiative (Avahan). The project will be implemented in close collaboration with National AIDS Control Organization (NACO) and State AIDS Control Societies (SACS) and will provide valuable information to feed back into and strengthen the National AIDS Control Program in India.

The IBBA has been developed to help Avahan assess the impact of the interventions in the state. One of the main objectives of Avahan is to enable the states to gain better understanding about the levels of HIV and STI and risk behaviors among intervention groups. Information collected through the IBBA would help them to strengthen their intervention programs in the states and also provide data to project trends for the future.

The IBBA will be conducted three times during the five-year project period of Avahan. The baseline assessment will be undertaken in 2005, mid-line in 2007 and end-line in 2009.

The IBBA will be implemented by the Indian Council for Medical Research and National AIDS Research Institute with technical support and assistance from Family Health International. Within the States, the IBBA will be implemented through corresponding ICMR institutes, National Institute of Nutrition in Andhra Pradesh. The IBBA will also be implemented in partnership with the Andhra Pradesh SACS and local Avahan partners and community members. Community level advisory and monitoring boards will be established to ensure that ethical standards are adhered to and that the concerns of the community participating in the survey are addressed.

In Andhra Pradesh, IBBA will be implemented in eight districts. The assessment will be first piloted in Karimnagar district. The assessment will be done about the following groups:

- Female Sex Workers
- Clients of Sex Workers
- Men who have sex with Men

In the first phase we will be talking to Female Sex Workers only.

The key stakeholders for implementing IBBA in Andhra Pradesh are:

- National Institute of Nutrition
- Research Agency – ORG
- Avahan partners and Community members in the district
- Family Health International

Some Key Facts About IBBA

IBBA is an assessment of sexual behaviors and sexual infections including HIV infection

- Participation is entirely voluntary.
- No name will be collected to maintain anonymity
- There is no reason why one person was selected instead of others; Selection is entirely by chance.
- A person may decide not to take part or to leave the assessment at any time.
- Not taking part or deciding to leave will not affect the services you receive in this community.
- Behavioral or biological information collected will not be shared with any programme staff or other community members
- Staff who administer the survey will be trained to administer the survey in a respectful and ethical manner to prevent violation of respondents' rights.
- The participant can go to the clinic to receive their syphilis test results, for this they will be given the transport costs.
- Likewise if they go to the VCT center for HIV testing they will be given transport costs.

What are the Benefits of IBBA

Those participating in IBBA will be helped by this assessment because

- During the interview, participants will be treated for existing sexual infections
- Participants will be able to get results of syphilis test.
- Participants will also learn about sexual infections including HIV, and ways to prevent these infections.
- The information learned from this assessment will help with the planning of special programs in India. This will help to slow the spread of sexual infections including HIV

C. Profile of Community Liaison Person

- A person from within the community but not from the same area where the survey is happening
- Ability to converse in Telugu / local language
- Should have access and rapport with the community
- Should have good communication skills
- Should have some influence/ be able to identify with the community
- Be associated with the project for a period of six weeks, including the training period
- Be willing to work under unstructured situations, odd hours and be willing to travel extensively
- Ability to read and write will be an asset

D. Roles and responsibilities of Community Liaison Person

The community liaison persons are a part of the field team. Once liaison person will be on each field and will accompany the team through out the survey period.

The community liaison person will participate in the field training for the IBBA. They will understand the main objectives of the IBBA and have an understanding of all the survey activities, including the following aspects:

- What is IBBA and the objectives of the assessment
- The topics of behavioral data that are collected
- The biological tests are to be done
- The consent process and the voluntary and confidential nature of the assessment
- The random sampling of sites and respondents
- The recruitment of the respondent at the site
- What happens at the biological sampling site
- The VCCTC and STI referrals
- How the data will be used and shared with the community

The liaison person will report to the field supervisor and will work closely with this person on the required aspects during the field work. The community liaison person will have a key role on the field team in building rapport, responding to concerns and adverse events and assisting the team to follow the ethical / harm minimization guidelines. They will act an interface between the survey team and the community at all stages of the field work.

Their specific roles can be categorized into the following areas:

1. Engaging gatekeepers and building rapport
2. Recruitment of respondent for interview
3. Witness for consent
4. Accompany respondent to biological sampling site
5. Harm minimization and addressing concerns of respondent / community members

The remaining part of the manual describes in detail the above responsibilities and the steps the community liaison is expected to follow at they survey site. The community liaison is expected to understand

1. Engaging gatekeepers and Building rapport

A key role for the community liaison person is to help gain cooperation at the survey site upon arrival of the survey team. When the team arrives at the site, the community liaison person will follow these broad steps before the supervisor proceed with sampling at the site:

- Approach and talk to the key gatekeeper/s at the site
- Briefly explain to them that the survey team is there to conduct a health survey and that they will be asking community members to participate. At this time they will also explain that the survey includes the collection of blood and urine sample.
- They will explain that participation in the survey is voluntary, no identifying information will be collection and they will give reassurance that all information collected will be absolutely confidential and not shared with anyone.

2. Recruitment of respondent

Once the supervisor has gone through the sampling protocol and selected a list of respondents, the community liaison person will approach the respondent and interact with them briefly. At this time the liaison person will engage the respondent in a conversation about general matters to build some rapport. Then the liaison will ask the respondent if will participate in a health survey

and spare some time to speak to the interviewer. They will then introduce the respondent to the interviewer, who will explain about the IBBA and administer the informed consent.

3. Witness for Consent

The liaison person will be present with the respondent when the interviewer explains about the IBBA and administers the consent form. At this time the liaison will clarify any doubts the respondent has about the survey, if the interviewer is not able to do so. At this time their role is to only assist the interviewer by helping them to address the respondents' concerns. They will not by themselves talk to respondents about the IBBA or administer the consent. When in doubt, the liaison will provide assurance to the respondent that the principles of confidentiality and anonymity will be strictly adhered to.

When the respondent consents to the interview the liaison will be present as a witness and will sign the consent form as such, if the respondent does not themselves want to sign the consent. After witnessing the consent the liaison will leave the respondent with the interviewer and move to talk to the next selected respondent.

4. Accompany respondent to biological sampling site

At the end of the behavioral the respondents will be brought to the community liaison person. The liaison will accompany the respondent to the site where the biological samples are collected. At this time the liaison will put the respondent at ease, if they are agitated or concerned about the collection of blood. The liaison will be not ask them or talk to them about the behavioral questionnaire or ask them if they have consented to giving samples. They will only respond to questions or concerns from the respondent.

If the respondent asks them if they should give biological samples, they should clarify any doubts the respondent has but inform them that it's the respondents' choice. The liaison at no point will coerce or pressure the respondent to consent to giving biological samples. Once they reach the biological sample site, they will leave the respondent with the doctor at the site. They maybe present at the time of the sample collection if the respondents request them to, else they will return to the behavioral interview site.

5. Harm minimization and addressing concerns of respondent / community members

Throughout the survey a key role of the community liaison person is to respond to the concerns of the community members and or respondents at the survey site. When respondents or community members at the survey site have questions about the IBBA (that supervisor and interviewers are not able to address effectively) they will assist the survey team (supervisor / interviewer) in clarifying the doubts / concerns. Since it's very likely that community members and respondents identify with the liaison person on the team, they can be key to addressing problems in the survey site along with the supervisor.

Measures will be in place throughout the survey process to reduce any potential harm to respondents. This will be a very critical role of the liaison person along with the supervisor. More information on these harm minimization measures is included in the Harm Minimization Manual. The community liaison will be well versed in this manual so as to respond to appropriately to different situations that may arise at a survey site.

Adverse events can happen for many reasons in the field from the respondent being upset to problems with madams or police or local community members. The community liaison will work together with the supervisor to address the situation at the site and also help them with completing an adverse event report.