

IBBA ROUND 2

Process Document Format for Cluster Surveys

Name of the State: Andhra Pradesh

Survey Group: Clients of FSW

Name of the District: Vishakapatnam, E.Godavari, Guntur, Hyderabad, Warangal

I. Survey Groups Details

a. Specify any changes to eligibility criteria and geographic boundaries from IBBA Round I

Survey District	Survey Group	Eligibility Criteria	Geographic Boundaries
East Godavari Guntur Hyderabad Visakhapatnam Warangal	Clients of FSW	Eligibility criteria has not changed from round I Any man, 18-60 years, recruited from solicitation points of FSW, who had paid sex with a female in the last one month.	District is the unit and the boundaries of the district are considered for the survey. Compared to round I more number of towns were mapped.

b. Explain reasons for changes to eligibility criteria and/or geographic boundaries from Round I, if any.

1. The eligibility criteria for Clients of FSW used in round II is the same as that of round I.
2. The Geographic boundaries in round I was the district and similarly in round II the geographic boundaries have remained to be the district. Thus there has been no change in the geographic boundaries from round I to round II.
3. As the programme coverage for FSWs in the districts has increased in round II (2009) as compared to round I (2006) the number of towns mapped were also more in round II as compared to round I.

c. Explain reasons for abbreviated Geographic Boundaries if applicable for any survey.

Not applicable.

Sampling Frame Development (SFD) and Sampling in Field Work (FW)

d. Fill Table Below

Survey District and Group	Period of SFD	Site Definition	Period of FW	Type of Sampling	IBBA1 and IBBA2 ratios of TLCS^^	
					IBBA 1	IBBA 2
Visakhapatnam	FSW sampling frame was used, no separate SFD conducted.	SFD was not done for the clients of FSW. The FSW site mapped during the FSW SFD were taken for sampling. All conventional sites were converted in to TLCS and sampled accordingly. The sites for Clients were defined as the sites where the FSW community solicits for clients.	27-4-09 to 16-5-09 (19 days)	Time Location Cluster Sampling	71	59
East Godavari			28-4-09 to 17-5-09 (19 days)		83	51
Guntur			24-7-09 to 14-8-09 (21 days)		64	46
Hyderabad			2-7-09 to 19-7-09 (17 days)		83	59
Warangal			19-8-09 to 16-9-09 (28 days)		65	58

*TLCS = Time Location Cluster Sampling, No CCS method was used

^^ Number of sampled cluster for field work /Data collection

The above table has been prepared based on the universe of sites prepared after completion of the SFD exercise.

e. Explain reasons for changes in site definition or type of sampling from IBBA Round No changes were done in the site definitions.

f. Describe at least three main issues that complicated collection of SFD information (e.g. identification of sites, turnover, mobility, site timing, site size) and explain how it was overcome.

No separate SFD was done for the Clients of FSWs. The FSW SFD data was used to develop the SFD for clients of FSWs. The number of clients at each cluster was calculated based on the average number of clients a FSWs had per day in each district from the round-I data. All the conventional clusters like home, lodge, brothel based were converted in to time location clusters, based on the information available from the FSW SFD.

g. Describe at least 3 scenarios where it was difficult to apply sampling methodology for FW (e.g. very large sites, hostile sites, mobility, etc.) and explain how this was dealt with.

1. During the SFD exercise utmost care was taken to properly identify, demarcate and distinguish sites. However, in thickly populated areas like Urban areas where two sites

were located in close proximity there was a difficulty in distinguishing population which moved from one site to the other. To tackle this problem we took the help of more than one Community liaison officer (CLO). More than one counter was employed to ensure that counting happened correctly. In case of such large sites like Rathifile, Railway station in Secunderabad, Venkataramana theatre in Hyderabad and light house site in Kakinada of East Godavari, two teams with two supervisors were employed to ensure that the problem due to large site and large numbers was properly handled.

2. In Gajuwaka of Vishakhapatnam, home based sites had multiple entry and exit points and this made it difficult for counting the clients who visited these sites. A decision to employ more than one counter was made. This helped in counting properly. In case of Vangapahad in Warangal, densely populated areas like bus stand and railway stations, it was very difficult to count the clients. So more than one counter was employed to count. More than one team was operational in sites which had large population.
3. An advance visit was paid to the site and rough size estimation was done by interacting with the FSW community. This gave an idea in advance about the size of clients. During this visit we also had the CLO along with us. A brief profile of the clients was collected about the clients visiting the site.
4. In a few CCS, like home based or brothel based where sites were very sensitive, very less time was available to complete the field work and in such cases we had to follow a take all approach. The time was also extended in some sites.

h. Describe at least three main issues (not related to sampling of respondents) that complicated FW (e.g. timing, cooperation from community) and explain how this was overcome.

1. Elections in the East Godavari and Visakhapatnam districts hampered the smooth progress of the field work. Problems due to elections were seen in the case of Vishakhapatnam and East Godavari. These sites had to be covered on the next day based on the TLCS classification.
2. In late night clusters, clients were drunk and were not cooperative. In sites like bus stands, Railway stations and market places, it was very difficult to track and count the clients coming from different directions; more number of counters were employed to deal with this problem.
3. In Wambay colony of Visakhapatnam town setting up clinics for clients was a problem. The FSWs cooperated and helped us by allowing us to set up the clinic at their house itself.

i. Describe strategies used to recruit respondents which helped increase interest in the survey and minimize refusal rates.

1. The methodology for recruitment was the same as that required in the IBBA protocol. Based on the experiences of Round-I we changed the strategy for approaching the clients. As was observed in round-I most of the clients come in groups; when

approached in group they tend to reject. Based on this experience we strategically approached each one of them separately.

2. During round-I in some cases FSWs (not CLOs) were paid Rs.50/- for helping in recruitment of clients, while in round-II we did not pay them as we had enough experience and could recruit clients with out much support from FSWs.
3. The role of the Community Liaison Person (CLO) was crucial to the success of the study. For this purpose area specific CLOs were identified by the field team with necessary help from the local NGOs. Each town had 3 or 4 CLOs. This helped to a large extent in rapport building, engaging gate keepers, identifying eligible community members and also minimizing harm.
4. As a strategy the comfort level of the clients of FSW was given priority in setting up clinics in government health establishments. A letter was issued from the Andhra Pradesh Vaidya Vidhana Parishad (APVVP) requesting necessary support in setting up clinics in government health establishments for IBBA II.
5. At a site the team sought help from the FSW community in identifying the clients. Added to this the FSW community was also helpful in convincing the clients to participate in the interview process. This was very helpful to the team in recruiting clients for the interview.
6. FSWs were requested to cooperate with the field team and help in recruiting clients. In Paderu and Madugula villages of Vishakhapatnam clients were from nearby areas and were in a hurry to leave. In such cases the FSWs convinced the clients to participate in the survey.

j. Explain the main reasons that individuals refused to participate in the survey. Describe at least 3 scenarios where refusal rates were especially high, explain reasons for this and how it was overcome (e.g. with certain sub-groups of sample, types of solicitation points)

1. Elections were in progress in Vishakhapatnam and East Godavari districts and due to this the number of FSWs and clients at a site was lower than the usual trend. This resulted in shortfalls which were overcome by the field team at other sites. At a few sites in these districts field work could not be conducted at all. The field work had to be completed on a suitable day.
2. A few clients were drunk and refused to participate across all the districts. Was this an isolated incident or across districts?
3. In street based sites there was a high refusal rate. This was because in street based sites the clients feared that they would be identified as clients of FSWs. In some sites where the clients visited from nearby areas they were apprehensive that neighbors or people who knew them well would come to know about their behavior and as a result of this they would lose face. Such client's added up to the refusal rate. How was this addressed, if any thing done.

4. Clients were drunk in a few cases and were unwilling to participate in the survey. Clients were apprehensive of police raids and believe that the risk is proportional to the time spent in the area. How was this overcome if it happened often?

II. Stakeholder Involvement (SI)

Stakeholders include government officials/departments, Avahan program representatives, community members, Madams, Pimps, Brokers, Advocates, SACS, NGO representatives, etc.

a. Explain at least three major concerns raised by stakeholders and describe how each was addressed.

1. The major concern raised by the CMB and CAB members was that the survey with the clients may effect the business of FSWs. The team assured them all care would be taken to lower the visibility of the survey team in the areas and would not argue with clients who would refuse to participate in the survey.

b. Describe at least three scenarios of how SI facilitated the survey.

2. Clients were concerned about the time that they had to spend for the interview. The clients were afraid that the more time that they spend at the hotspot the more is the risk of getting caught in a police raid. This resulted in high rate of refusal rate. In brothel based sites the madams were able to convince the clients about the time/duration of the interview and also ensured that the client would be safe.
3. Clients were also concerned about where the interview would be conducted. They were unwilling to go to a clinic for the interview. In such cases the clinics were set up in the homes of the FSWs with their support; like in Vangapahad (Warangal District), chilkaluripeta (Guntur District), wamabay colony in Visakhapatnam district. Here it seems that the community of FSWs were the stakeholder. I think we need to rephrase to make this clearer.

c. Describe at least two scenarios where SI complicated the surveys.

Madams in brothel based sites refused to allow the interviews. In Chilkaluripeta, Guntur and Peddapuram in East Godavari the madams of the brothel did not agree to participate. This problem was solved by convincing the madam’s and the FSWs for the need of the survey and how it would contribute to the improvement of the services they get from the NGOs. , of what? Would be good to detail this out if possible.

III. Compensation

**Either list for all surveys in one line if same compensation given or specify for each survey if different compensation given*

Survey District	Survey Group	Specify Compensation
All five districts	Clients	Rs 100

a. Explain any concerns that had to be addressed regarding giving respondents compensation and describe how this was addressed.

1. FSWs and madams at sites were helpful in identifying and recruiting clients for the survey. In return for this favour the madams and FSWs demanded extra money as compensation for helping us in the recruitment process. At such sites the field teams had to convince first the owners of the brothel and later the FSWs working in the brothels that the compensation is fixed and only given for the respondents participating in IBBA .
2. In few sites of Vishakapatnam and Guntur the clients did not accept the compensation and requested to give it to the FSWs. The clients said; 'we don't need this money, FSWs are in more need of it, hence give them what ever you are giving us as compensation'. What was the reason? And how was it resolved?

IV. Community Involvement (CI)

Survey District and Group	No. of CAB members	No. of CMB members	No. of CL employed
VSKP Clients	14	8	32
EG Clients	17	7	50
HYD Clients	15	6	30
Guntur Clients	15	8	45
Warangal Clients	12	6	40

Note: one common CAB was established for FSW, MSM and Clients of FSW groups.

a. Briefly explain how members of the CMB were identified and, in general, how they operated (e.g. collection of information, reporting to staff) for the surveys.

The CMB consisted of

key population members (i.e. sex workers) within the district; we can move this up, so it is clear

To have geographic representation and have 'local monitors' – two monitors were selected for an area (comprising of a group of sites). Each monitor had responsibility to provide feedback on his/ her geographic area and report back to the district boards.

1. ORGCSR staff met NGOs and sensitized the staff on IBBA and discussed about community preparation. Here it is not clear who comprised the CMB for Clients of FSW. We need to spell it out here. Was it only FSWs, or were any pimps, madams involved as well?
2. The relevance and importance of organizing a CMB was explained. It was explained that the members should be from the community, not from the paid staff of the NGO, literacy was not a criteria etc.
3. An illiterate CMB member could prepare and document the report with the help of a colleague.

4. A separate meeting with them was also conducted. They were trained about the feedback to be collected and how to collect information. The feedback collected by the CMB was shared with the CAB members during the CAB meeting.

The functions of the CMB were

1. To help safeguard and address community interests and concerns prior to and during survey activities
2. To ensure that the ethical and harm minimization guidelines are followed during the implementation of the survey.
3. To ensure that the survey team is aware of major community concerns and adverse events and be able to respond in a timely manner

b. List all activities that the CL worked on.

The CLO was involved in

1. Identifying the sites
2. demarcating the boundary during the SFD exercise and educating the community on IBBA II
3. If there was any grave problem during recruitment then the CLO helped in moderating
4. the CLO helped in building rapport of the field team with the community,
5. engaged gate keepers,
6. accompanied subjects to biological sample collection site,
7. witnessed to consent,
8. played an active role in harm minimization and
9. addressed concerns of the community

c. Who was chosen as CL (e.g. active SW, NGO volunteers, regular partners of SW, etc)? Were NGO representatives used as CL? Did CL work on sites in the IBBA where they operate as a member of the survey group?

CLO is a person from the FSW community who is active in the area. The CLO has good knowledge about the community and the area. The CLO is never a staff of NGO or peer educator. In home based sites – community members were the CLOs and in brothels pimps were recruited as CLO

d. Explain at least three main ways in how CL involvement helped facilitate the survey and why their involvement was important.

1. The CLO were helpful in introducing the survey team with the community
2. The CLO helped the field team in building rapport with the community
3. CLOs helped in Identifying stakeholders
4. CLOs helped in taking consent from the stakeholders for survey in the area

5. Helpful in transporting the respondent from the site to the clinic
6. The CLO was present during the physical examination of the respondent
7. Helpful in crisis management and harm minimization.

e. Explain at least three main experiences in which CL involvement complicated implementation of the surveys.

In general there were no such instances which complicated or impeded the process of the study.

f. Describe at least three key issues where CAB involvement was important to the survey.

1. There was a remarkable difference in the profile of the community across regions and districts. The ORGCSR team could understand the community profile after interaction with NGOs during the CAB. This helped in developing an understanding the community and developing a strategy for carrying out field work.
2. The CAB helped in understanding the method of dealing/interacting with the clients of FSWs, the approach that has to be used, the problems and hurdles that may arise etc. This understanding provided by the CAB helped in carrying out the field work in a proper manner within the stipulated time.
3. The CAB members extended help in for solving the adverse event that came up in Hyderabad. However, they were not of much help in this regard.
4. The CAB members were encouraged to make field visits and critically observe the process adopted for the survey. These visits in the field helped in increasing the confidence of the FSW community in the survey. This also improved the willingness of the FSW community to help our field team in identifying the clients and also in convincing them to participate in the interview process. This can be added in the section about involvement of CAB rather than here.

g. Describe the major feedback (at least three points) received from the CAB and how teams used in the information.

None

h. Describe the major feedback (at least three points) received from the CMB and how teams used in the information.

1. The CMB felt that a lot of time was being spent for the IBBA survey. The interview and the entire process was taking more than one hour. The field team took care to inform the respondent before the start of the survey and interview process about the time taken to complete the survey. A proper consent regarding the time for the interview was taken from the respondent. In case there were any concerns about the time required they were properly dealt with.

2. Another concern of the CMB was that the quantity of blood sample being collected was high. The CMB said that other survey's did not collect so much blood. The team in the field made it a point to explain the CMB and the community that the blood being collected was for a variety of tests, however this sample was only two teaspoons and this would have no bad effect on the health of the respondent.
3. The treatment given to the community is very nice. The team was sensitive to the needs of the community. The team passed on the correct message about the benefits and referral process of IBBA to the community.

V. Venues

a. List the types of venues that were used for the survey. Specify if certain types of venues received a better response from the community and why.

In government hospitals 'pay-wards' were hired which were vacant for most of the time and available for the survey. In such wards 3 to 4 rooms were hired. The clinics were set up in these wards. These rooms had all amenities like toilets, beds, running water and furniture. Again this is better discussed when we talk about venues, else it gets repetitious

In places where the government hospitals were not available or far from the sampling sites; the community was consulted before setting up the clinic. This exercise was done during the SFD and also before launching the fieldwork. Depend on the suggestions given by the community the clinics were set up in following places

- Government hospital
- Private hospital
- Red Cross Hospital/Clinic
- Charitable hospital (In G Madugula of Vizag)
- Care & Support Centres
- Urban health centres
- PHC
- Area Hospitals
- Community halls
- Independent house
- Lodges
- Brothel houses
- Homes of FSWs in home based for FSW survey

In case of home based the clinics were set up in their houses. For setting up clinic for the client community the team consulted the FSW community and got permission to set up clinic in their places in case of home based and the brothel based. The community's opinion was taken while setting up the clinic. There are some cases where the team changed the venue even after setting up the clinic.

Give the distance (minimum, maximum) from recruitment sites to the IBBA venue.

Except in a few cases of highway based sites in the sample districts, the clinic was set up with in a radius of 2 kms from the hotspots. For the highway based sites the team could not get a place for the clinic within 2 kilometers and so the clinic was conducted about 5 kms away from the site. The field team was concerned that the clinics had to be organized at locations that were safe for the community to visit and that there was no danger or harm to them from rowdies or other elements. The field team members accompanied the community to the clinics so that they had no problem in finding the clinic and reaching the place on time.

The team set up the clinic in the home and the brothel in case of home based and the brothel based sites

VI. Referral Clinics

The clinics franchised by the PSI 'Key Clinic' programme during 2006-2008 were identified and taken as referral clinics. The PSI key clinics were the referral clinics in IBBA round-I. The doctors at these private clinics were trained in syndromic case management by PSI.

Survey District and Group	No. of Referral Clinics	No. of test results collected by respondents from referral clinics	Total number of test results delivered to referral clinics
East Godavari	2	102	402
Guntur	5	170	407
Hyderabad	2	50	403
Visakhapatnam	2	105	407
Warangal	2	210	403

- a. Describe at least two issues with the referral process for STI treatment (e.g. coordination with referral clinics/district lab, processing samples, packing results, time period, motivating the community).

The referral clinic doctors reported that the clients were coming for report collection in an intoxicated stage, and some times disturbing the clinic environment.

VII. Transportation of Specimen

- a. Briefly describe the process of transporting the samples from field sites to district lab

The lab technician use to collect the gel packs at least 2 hours before to the survey started in a particular site. In case the distance was more such as in the case of Aruku and Paderu in Vizag, Tuni in Kakinada, the team used to collect the gel packs early. In case of far away places the team use to hire refrigerators in the local town/ village for storing the gel packs. In case the clinic was set up in the government health facility then the gel packs were stored in their refrigerators after consulting the concerned doctors/in charge. The concerned lab technician packed the specimens after half an hour of collecting the last sample under the supervision of the medical officer. A form was filled for specimen transport to the district lab. The technician filled separate form for each cluster. The lab technician and the medical officer used to sign on

the specimen transportation form after checking the ID numbers. Protocol was followed while storing the specimens after their collection.

The lab technician of the concerned cluster used to transport the samples to the district labs. The district labs were set up in the district headquarters. The technician used to inform the district lab about possible time when the samples would reach to the district lab. In majority of the cases the specimen reached the district lab only after 11 in the night. There were some cases where the samples reached the district lab at odd hours. There are some cases where the sample reached at 3 am. This was because the survey timings for these sites were very late in the night. In some cases the survey was completed at 2 AM or 3 AM in the morning and so the delivery of the samples happened after 3 AM.

b. Describe at least 4 issues that arose during collection and processing of samples at the field sites (e.g. labels, electricity, space, lack of gel packs, documentation, stock maintenance) and how this was dealt with.

The gel packs were stored in the refrigerators available locally. The team could successfully store the gel packs in places like Paderu, G Madugula and Aruku. There were frequent power cuts in the survey centres. But in most of the places the power cut happened in the day time while the survey was mostly being done in the evening or night hours. As the clinics in most of the places were in government hospitals, the team did not face problem in carrying out the necessary activities of collection and processing of the samples. During the night time the teams used to carry emergency light. Clinics in Guntur district faced a lot of problems due to power cuts.

The clinics for most of the sites were set up in the government health facility where the teams hired 3-4 rooms. Enough space was available in the clinic. In home based and brothel based sites the teams hired 2-3 rooms in the same site requesting the community for setting up the clinics. In case of home based and the brothel based the teams did not get space under one roof.

The teams did not face any problems in documentation. Separate box-files were maintained for the documentation of dispatch from each district.

Gel packs did not work in Paderu as there was no electricity. A fridge had to be hired to store the samples.

c. Describe at least 3 main issues that arose during transportation of specimen from field to district lab (e.g. coordination, safety, timing) and how this was addressed.

The field team had excellent coordination among themselves in arranging for the proper and systematic packaging of the samples.

Transportation time was long in the case of Paderu, Araku and adjoining areas in Vishakhapatnam district to the district lab due to bad roads, low frequency of transportation and tribal areas. Private vehicles were hired to quickly transport the samples to the district lab to prevent hemolysis.

In Warangal and East Godavari districts the transportation of the samples took a lot of time due to frequent police checks triggered due to the prevailing naxal problem.

d. Fill table below based on information on the lab submission form

Survey District and Group	No. of thermacol boxes where cold chain not maintained	Total number of thermacol boxes transported to district lab
All groups	none	Max three per site

e. Briefly describe the process of transporting samples from the district to the state laboratory (who was responsible, frequency, storage of samples, type of transportation, timing, coordination).

The urine and blood samples from the District Lab were carried personally by a lab technician at the District Lab, maintaining the cold chain system, to State Lab by bus and they were received by a lab technician at the State Lab (NIN). The lab technician with the samples started late night once every week and reached the State Lab early morning. The samples thus received were check for cold chain maintenance which was recorded in the registers and later stored at - 20 degrees centigrade in deep freezer at the State Lab(NIN).

f. Describe at least 2 main issues that arose during transportation of specimen from field to district lab (e.g. coordination, safety, timing) and how this was addressed.

Transportation time was long in the case of Paderu, Araku and adjoining areas in Vishakhapatnam district to the district lab due to bad roads, low frequency of transportation and tribal areas. Private vehicles were hired to quickly transport the samples to the district lab to prevent hemolysis.

In Warangal and East Godavari districts the transportation of the samples took a lot of time due to frequent police checks triggered due to the prevailing naxal problem.

VIII. Laboratories

Survey District and Group	Name of District Lab
Warangal	Mahatma Gandhi Medical Hosptial
Visakhapatnam	IMMA Institute of Medical Microbiology and Autoimmune Diseases
East Godavari	GGH Kakinada
Hyderabad	NIN
Guntur	Guntur Medical College

a. Explain any problems that arose with regards to lab supplies or equipment.

There were problems with different equipment supplied to the district laboratories as mentioned below, which were repaired or replaced with the help of the instrumentation department at NIN.

Guntur - Refrigerator, Pipette

Karimnagar- Deep Freezer, Refrigerator, Pipette

Hyderabad-RPR shaker and pipette

Chittoor- UV light of Bio safety cabinet, centrifuge, and pipette

Nanometer of Bio safety cabinets in all the districts, except Hyderabad.

b. Based on laboratory quality assessment report, list at least three main issues.

No issues in this regard.

IX. Data Confidentiality and Management

a. Briefly describe data confidentiality and management procedure from field staff to state level.

The field team was trained on the handling of questionnaires. No courier services were used for transport of filled in questionnaires from the field as the questionnaires were confidential. The filled in questionnaires were dispatched to the Hyderabad office with one of the reliable investigators.

Once the interview was completed all the questionnaires and consent forms were separated. The questionnaires were scrutinized by the supervisor and stored under lock and key. In the field the questionnaires were maintained under lock and key. The questionnaires were never opened in the public in order to maintain strict confidentiality. Net centres were never accessed in order to maintain confidentiality.

X. Adverse Events (AE)

Survey District/Group	No. of AE	Describe each event in one sentence *
No Adverse events		

*Be brief as the reader can refer to the AE reports for more detail

XI. Intervention

The intervention for clients named 'Key Clinic programme' which existed during round-II was discontinued in 2008. Hence, there was no interventions for Clients during IBBA-II.

Survey District and Group	Intervention Partners
No intervention	No intervention

- a. Briefly describe the strategy and core elements of the main interventions. If this is different by donor, describe both separately. Include information on if the intervention covers the entire district/portion of district and which groups are covered by each intervention. A one page summary of the project strategy provided by the organization can also be attached instead.**

There is not intervention with clients of FSWs in Andhra Pradesh state. The Key clinic programme, supported by Avahan (supported through Avahan?) which existed during round-I was currently discontinued.

- b. List the main differences in the partners, strategy/core elements between Round 1 and 2.**

During round-I Population Services International was conducting a programme named 'Key Clinic' for the clients of FSW; this was discontinued later and no programme exists for clients of FSW in A.P.

XII. Size Estimation

Survey District and Group	Size Estimation Methods
Not Done	Not Done

In case of Clients of FSW no size estimation was taken up

- a. Describe strength and weakness of using exposure information as a multiplier. Give specific survey level information if the strengths/weaknesses vary.**

Not Applicable

- b. Unique Object Method:**

Survey District and Group	Total number of objects distributed	Weighted proportion of objects reported received in IBBA2
Not Applicable		

- c. Who distributed the object, which object was distributed and specify time period that it was distributed?**

Not Applicable

- d. Describe strength and weakness of implementing the unique object method.**

Not Applicable

XIII. Community Environment

- a. Briefly describe any characteristics of the population that have changed from Round I to Round 2 (e.g. change in typology)**

More number of college students were seen as clients in Visakhaptnam and Guntur districts compared to Round-I. This is not characteristics of the population. We can say anything that you have noted that has changed about the Clients survey group between R1 and R2, based on field experiences.

b. Describe any other contextual/environmental factors, which would help understand the data (e.g. legal issues, weather, delays in FW, NGO resistance, differences in context between Round I and II).