

## IBBA ROUND 2

### Process Document Format for Cluster Surveys

**Name of the State:** Maharashtra

**Survey Group:** Clients of FSW

**Name of the District:** Mumbai, Parbhani, Pune, Yavatmal

#### I. Survey Groups Details

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

*If no changes to eligibility criteria, record 'Same as Round I' in the table.*

*Fill Geographic Boundary details as 'entire district' or specify the area for which the survey is applicable. Some surveys may have conducted sampling frame development for an abbreviated part of the district. Please fill the information on these towns/talukas by either listing towns included or towns excluded (specify which is listed).*

Survey District	Survey Group	Eligibility Criteria	Geographic Boundaries
Mumbai	Clients of FSW	Same as Round I, Any Male, 18 years or older identified at solicitation points and bought sex in the last one month in	Covered villages having population above 7500
Parbhani			
Pune			
Yavatmal			

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

Same as it was in Round I

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

Not applicable

## II. Sampling Frame Development (SFD) and Sampling in Field Work (FW)

### a. Fill Table Below

District	Survey Group	Period of SFD	Site Definition	Period of FW	Type of Sampling	If CCS and TLCS* used to cover a group, provide IBBA1 and IBBA2 ratios of CCS:TLCS	
						IBBA 1	IBBA 2
Mumbai	Clients of FSW	2.05.09 to 25.05.09	Solicitation points of FSW	6.01.10 to 27.01.10	TLCS	NA	NA
Parbhani		10.04.10 to 17.04.10		2.11.09 to 18.12.09	TLCS		
Pune		13.04.09 to 21.04.09		3.01.10 to 31.01.10	TLCS		
Yavatmal		10.4.09 to 16.4.09		27.10.09 to 16.12.09	TLCS		

\*CCS = Conventional Cluster Sampling, TLCS = Time Location Cluster Sampling

### b. Explain reasons for changes in site definition or type of sampling from IBBA Round 1.

There were no changes in site definition or type of sampling from IBBA Round 1.

### c. 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.

- SFD information for clients was not collected separately. Instead the SFD prepared for the FSW group was used. Measure of size at each site for clients was calculated by taking mean number of clients being entertained on last day as reported by FSWs in the district in R-I.
- Site identification for client's survey was also easily done as clients survey was conducted after FSW survey got over and the districts coordinators were well aware of the site and clusters and also had nice rapport with the community.

### d. 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.

- Few clusters were very sensitive and during FSW survey police raid happened so FSWs and brothel owners were not willing to allow team (supervisor or CL) to interact with clients. For initial days they did not even allow team to stand outside the brothels. To overcome the situation and bring the field activities to normal situation a meeting was conducted with the help of Key informant and PE and they were explained again about the procedure and importance of their support. Later they were convinced and agreed to provide necessary support. This problem was faced in Mumbai.
- Tamasha based sites were identified during SFD exercise and FW was conducted in these sites for FSW survey but for accessing clients from same clusters (Tamasha based)

teams faced difficulties. Mainly identifying potential clients from the audience was difficult. Additionally, there were other men moving around the tamasha theater even during the lean timings. So it was difficult to observe tamasha cluster and recruit clients from the particular cluster. Even though Tamasha owners have given permission to conduct the survey with tamasha girls, for recruiting clients from specific tamasha parties was difficult. Each party has a minimum of five dance performers but not everyone is engaged in sex work so it was tough to convince girls to help in recruitment of clients. Potential clients were commuting to tamasha theaters in the evening when tamasha was performed. This was a business time for all parties, so they were unwilling to spend time for the team for recruiting or at least introducing teams to the potential clients. Finally, it was decided to drop the tamasha based sites for clients and samples where adjusted in the remaining non-tamasha based clusters. This situation was mainly faced in Parbhani district.

- During the FSW survey in some of the clusters key populations refused to participate in survey and were also not willing to provide any kind of support to the survey teams. Many attempts were made to convince them and make them understand the importance but they remained firm at their decision. These selected clusters were later considered as zero clusters and no respondent was recruited from them. from the selected cluster list. Same clusters were dropped out in the client's survey. This situation was mainly faced in Pune and with few clusters of Mumbai.
- In Yevetamal district specially, there were few sites with very high mobility like Wani, Umarked and Pusad, it was very difficult to interact with the FSWs during FSW survey and more hardship came when we approached for client's survey. FSWs were not ready to allow the teams to interact with their clients as well as to set up interview venues in these areas. We organized meetings with them in consultation with the NGOs and other community leader and explained to them about the importance and protocols of the survey research. After two-three meetings they decided to help us in recruiting clients and then it became possible to work in the highly mobile clusters.

**e. 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.**

- In few clusters in some districts, operational timing was in the late night, and brothel owner did not allow teams to work there at that time. Even after frequent visits and continuous negotiation with brothel owner, it was not possible to materialize it and brothel owners asked team to recruit clients during day time which was scientifically not possible since we adopted time location cluster sampling. Such clusters were finally considered as zero clusters with 'zero' client hours.
- In some dhaba based cluster in Parbhani district, police raided just few days before the survey was going to start and as result of the raid the sites were inactive the sites were closed for one or two week time as a security measure. Since we couldn't wait for the sites to re-start, we decided that teams will cover the remaining clusters and these particular clusters will be taken at the end.

- Initially KPs and brothel owners were against contacting clients and were afraid that once their clients goes out then the chances of clients coming back will be very less. This was a general problem faced by the teams across all districts. The district coordinators in consultation with CAB members and CMB members arranged meeting with the KPs and brothel owner and explained to them about the steps involved. Assurance was given to them that team will take clients along and after their participation will drop them back at the same place. After this assurance FSWs were ready to allow the team to take the clients from the selected brothels.

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

- From the planning stages efforts were made to ensure that adequate community preparation activities were taken up. In all the districts the NGOs working the community were met with, the field teams as well as other project team members also met with peer educators and outreach workers and explained to them about IBBA. Considerable efforts were taken at these times to provide in detail about the procedures in IBBA and the benefits of participation. During the formation of CAB and CMB in each district efforts we ensure that key community leaders, NGO members, local official, community representatives were included, who would become spokespersons for explaining IBBA others in the district.
- It was made sure that all potential respondents were clearly explained about the benefits of participating the IBBA, in particular the facility to get a check up with a medical doctor in IBBA clinic, test result for syphilis, referral and free treatment.
- One or more CLOs were always present at the IBBA clinic to make sure that respondents felt comfortable and that they were being treated well. Throughout the surveys in all districts, feedback was received from CAB, CMB and other community members that the respondents who came to IBBA clinic were treated very well by the teams.
- Community preparation from field team and support from community has resulted in increase in the response rate in R-II compared to R-I. Client survey was planned immediately (with 7 days gap) after the FSW survey, this helped in strengthening rapport with the community and ultimately reinforced the participation.

**g. 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)**

- Initially, respondents (clients of FSW) were afraid of the survey team as they were strangers to them. In first few days of FW, a group of persons (e.g. district coordinator, supervisor, counter and the community liaison person) were all approaching clients collectively, but seeing groups the clients were not very comfortable and use to hesitate to participate. To avoid the confusion and hesitation, it was decided by the team that only CLO will approach first and once he has briefed client about the objective then

supervisor will give information about the survey. So the refusals were more in initial FW days.

- Fear of giving blood sample was another issue that was frequent in most of the districts in the beginning of the survey, but later on with the help of CLO and other community members it reduced.
- Response rate has gone up in round II compared to last round. Very less refusals for both behavioral as well as biological were recorded this round. Reported reasons for refusals were mainly due to disinterest in survey and fear of getting identified.

### **III. 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.**

- Compensating FSWs or brothels for clients' recruitment was one of the issue raised by stakeholders. It was informed that each brothel or FSW whose clients will be selected for participation should get compensation and also that clients will be dropped back at respective places after the interview and sample collection. Additionally, FSWs or brothels from where clients were recruited were compensated.
- Selection of appropriate respondent from the Tamasha based sites especially in Yevatmal and Parbhani district was one of the issue raised by the stakeholder. As mentioned earlier at Tamasha based sites there are large number of people moving around and it is difficult to identify who are the potential clients, also all girls working in Tamasha groups do not practice sex work. Thus, it was challenge for the team to handle it. We planned and organized meeting with the Tamasha owners and the NGO's working for them to help in recruiting CLO who are well aware and could handle the situation. With help of the CLO and other few community members, potential clients of Tamasha girls were successfully recruited.
- In Mumbai and Thane there were few clusters which were not very easily accessible and FSW's and pimps were not at all willing to let the teams mainly the counter and CLO to stand inside the brothels since it may distract there clients and deviate them. In this case we proposed meetings with owners and pimps working there and decided that only one person either counter or CL will be present at a time and will approach to client to explain the objective of the study. Following this the supervisor briefed in detail about the survey and its benefits. Care was taken that after the participation in the survey the respondent were dropped back to same place.

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

- During community preparation and early phase of survey, the community members, NGO outreach workers provided support for helping to identify the most suitable CLOs, since in all the districts the FSW survey was completed.
- Stakeholder's helped us in many places in getting ICTC's for conducting the survey and giving RPR results back to the respondents, which were given by ICTC in-charges. This helped participants to access public facility for survey purpose without breaching the confidentiality.
- On critical sites, NGOs supported the survey by extending help in community preparation. PE and ORWs intervened along with CLO and supervisors for convincing FSWs/brothel owners for recruiting clients from their clusters.

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

No such situations were encountered during the survey.

**IV. 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
Mumbai	Clients of FSW	Rs. 100 for participation + Rs. 40 reimbursement for Syphilis report collection
Parbhani		
Pune		
Yavatmal		

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

- The community raised an issue of compensating brothels, FSWs, pimps and brothel owners since their places were used for the survey. In consultation with ICMR, FHI and CORT (Research Agency) it was decided that for clients survey in addition to compensation for respondents, Rs. 50/- will be paid to brothel owners of the selected clusters as a token of appreciation.

**V. Community Involvement (CI)**

Survey District	Group	No. of CAB members	No. of CMB members	No. of CL employed
Mumbai	Clients of FSW	32	05	06
Parbhani		21	07	06
Pune		21	09	08
Yavatmal		20	10	07

**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.**

- CMBs were identified with the help of NGOs, gatekeepers and Key informants.
- For Clients of FSW survey, brothel owners, FSW's, male regular partners, pimps, agents etc. were taken as CMB members.
- Before starting the survey one to one or combined meeting of all identified CMB members was conducted. They were explained their role and the importance of CMB.
- Once the team had completed survey in a particular area, then CMB from that area intimated and were asked to visit the area and took feedback from the community regarding survey and reported back to the District Coordinator/Supervisor.

**b. List all activities that the CL worked on.**

- Along with the supervisor and counter, CLO approached the respondent selected for survey from the selected cluster.
- CLO informed and explained the selected respondent about the IBBA survey.
- Along with the other two team members CLO accompanied the respondent to the interview venue and back to the site.
- CLO assured respondents for maintaining confidentiality and motivated them to give biological samples.
- At the end of the interview CLO assured that the respondent had received the referral card, compensation and refreshment in a proper manner.

**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?**

- CLOs were selected from the community with the help of the peer educators of the NGOs. Active SWs and brothel owners, regular partners of FSWs, pimps/agents etc. worked as CLOs in client survey.
- Male and female persons depending on the type of site were identified as CLO for clients survey. The criterion for selection of CLO was that the person should be well known in the community and able to convince the clients without scaring them. Mostly, either brothel owners or pimps were considered as CL. CLs were the persons who approached the respondent along with the supervisor and explained to them about IBBA, the objective of study and importance of their participation in it. CL was an integral part of the survey team and moved along with them team. He/she was also

responsible to accompany the respondents from the place of selection to the venue and then drop them back.

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

- Initial contact with the respondent is by CLO, who explains about IBBA survey. This facilitated in rapport building.
- Even presence of CLO at recruitment site and interview site made respondents feel comfortable and they were ready to hear about the survey and decided to participate.
- In case of Client survey, CLO played a very important role in convincing respondents for participation.

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

In all four districts where client's survey conducted, involvement of CLOs never complicated the survey.

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

- CAB helped in identifying and arranging the available interview venues.
- For covering hidden population, CAB members helped in identifying key persons who could help in accessing private/slum based FSWs.
- Process of recruitment of clients was discussed by CAB members and their suggestions helped us a lot in recruitment.
- For distribution of the RPR test results back to the respondents, CAB members helped in building rapport with the private practitioners practicing in those areas. Since there was no direct intervention for clients so all the test reports and treatments for STI was given at the private clinics or ICTC centre wherever available, treatment to positive cases was also provided to respondents free of cost as per IBBA protocol.

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

- It was suggested by the CAB members that the location of the venue should not be very far from the place of recruitment, since clients may not be ready to travel to long distance. Thus, in almost all the districts a suitable venue was identified in the same locality, which worked very well to increase the response rate.

- The RPR test result was distributed through NGOs for other survey groups, but since there were no direct intervention or clinic for clients of FSWs, CAB members suggested that it should be given through local private practitioner. This was followed and CORT in consultation with CAB members identified private clinics, linked up with them and distributed the result and materials for treatment of positive syphilis cases.
- c. Describe the major feedback (at least three points) received from the CMB and how teams used in the information.**
- CMB members identified some question in the questionnaire that were offensive to clients, and they were not comfortable the way that questions were being asked. The teams were re-briefed on those questions so that clients this could be addressed.
  - CMB reported that the refreshment and the compensation given to the clients of FSW during the survey were appreciated.
  - CMB members reported that some brothel owners reported that survey team members standing in front of brothels it reduced the number of clients, and affected the business to the brothel., The teams therefore took care of this issue by placing only the counter in front of the brothel and whenever a potential client was selected the CLO and supervisor approached him.

## **VI. 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.**
- For brothel based sites, a clinics were established in nearby buildings, which had good waiting space, toilet and drinking water facility. This clinic resulted in very good productivity as respondents did not have to travel long distances. This was therefore implemented in all districts.
  - In some of the districts where we had mainly street based sites or Tamasha based sites, near by ICTC centers or other private clinics or rooms were used as interview venues for the survey.
- b. Give the distance (minimum, maximum) from recruitment sites to the IBBA venue.**
- The venues ranged between 50-100 meters from the sites.

### VIII. Referral Clinics

Survey District	Group	No. of Referral Clinics	Total number of test results delivered to referral clinics	No. of test results collected by respondents from referral clinics
Mumbai	Clients of FSW	6	406	68
Parbhani		5	200*	00*
Pune		5	404	99
Yavatmal		8	400	29

\*Referral clinics were set up in ICTCs, but during the survey counselors and lab technicians were on strike, so nobody was there to receive as well as disclose report to the respondents

**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).**

- At district lab, staff were very cooperative and supported the survey in every manner; they dispatched the syphilis reports well on time.
- At referral clinics, doctors were briefed about IBBA well before the survey. In round two respondents were given reimbursement of travel for collecting report at referral clinics. This system improved the rate of collecting reports drastically as compared to last round.
- Due to strike of ICTC lab technicians and counselors in Parbhani district, RPR reports were undelivered to the respondents. This was a major hurdle. We tried to solve it by involving private practitioners and other local clinics but due to small size of the town and few such facilities it could not be done; therefore ICTCs were designated as referral clinics.

### IX. Transportation of Specimen

**a. Briefly describe the process of transporting the samples from field sites to district lab (who was responsible, frequency, storage at field site, type of transportation, timing, use of local freezers for gel packs, etc.)**

- On daily basis samples were transported to the district lab from field, even at late hours at night.
- Cold chain was maintained properly.
- Logistic person was responsible for sample transportation from field to district lab.
- Sometimes the stickers were not proper as they were thin and there was possibility of tearing. These were carefully taken out and used at proper places with caution.

- After all the samples were collected at the field sites for the day, the lab technician checked all samples for the ID stickers.
  - They also checked the gel packs for the hardness. All the samples were transferred in small plastic zip lock bags and then put into the Styrofoam thermocol boxes carefully inside along with the frozen gel packs.
  - All duplicate ID stickers and laboratory submission forms were put in large zip lock bag and placed in the Styrofoam thermocol boxes exactly below the lid and handed over to courier boy.
  - The courier boy then carried these cool boxes to the District Laboratory.
  - These samples were handed over the lab technician at the District lab after checking the ID stickers and took his signature on the lab submission forms.
- 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.**
- Initially in client's survey, few lab items were not available in the district lab. This happened in Parbhani and Yevatmal districts specially. The moment it was reported, measures were immediately taken by NARI and arrangements were made to dispatch them and make it available in less than two days.
  - At few places like Parbhani and Yevatmal stock record was not maintained properly. The staff was re-trained on the management and distribution of stock and also there were instances when the field team informed at the last moment that particular item is nearly over. In situations like this NARI provided the stocks from the neighboring district or other team so that field work does not get hampered. It was clearly instructed that district coordinator will keep track of supplies available in district lab and should inform NARI two day before last stock gets over. All the teams followed but there were some instances when this information was communicated late.
  - Some time improper storage of blood after collection (either left on table for long duration i.e. for more than 30mins or abruptly keeping blood in cool box before coagulation lead to haemolysis. The technician and supervisor were informed and re-emphasized on proper sample handling and storage.
  - Some clusters were very far in the out skirts of the district and bringing samples from there required lot of time. In these clusters courier boy was suggested to carry two bags with at least 4 frozen gel packs so that all samples were kept secure, maintaining the temperature when being transferred.

**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.**

- Sample transportation from other talukas to the district lab was sometimes difficult due to the timings of the clusters. In few places, means of transport were not available after 7pm. To tackle this problem field team had hired a private vehicle and transported samples to the district lab.
- In Mumbai and Thane district there was no problem in transportation of the sample since most of the site were located nearby and had proper availability of transportation facilities and hence not faced any problems during the survey in Mumbai and Pune. Also, everywhere it was instructed that samples should be carried in either auto or taxi. Transportation of samples using local train was strictly prohibited.
- Proper storage of bio-waste materials like urine container and other equipment was at few places not done properly and they were transported to district lab at interval of 2-3 days. The field technician and supervisor were informed and asked to discard urine containers closed properly into the autoclave bags and all waste to be transported to district lab on daily basis.

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

Survey District	Group	No. of thermacol boxes where cold chain not maintained	Total number of thermacol boxes transported to district lab
Mumbai	Clients of FSW	00**	40
Parbhani			20
Pune			20
Yavatmal			20

\*\*All boxes were having frozen gel packs; if not so then such boxes were not carried to the field.

**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).**

- Samples collected from field sites were processed at district lab. RPR tests were performed on the blood samples. RPR reports were prepared by the designated senior lab technician of district lab.
- The stock register was maintained for the lab and clinical supplies at the district lab. Similarly status register for blood and urine samples was kept and maintained.
- All processed samples were transported to NARI, state lab fortnightly.

- NARI lab personnel had visited district lab twice during the filed work days and samples were transported by road in private vehicles.
- Laboratory Research Associate had visited district lab for quality checks.

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

- All samples were transported with lab submission forms and in proper sequence. It was well coordinated with district lab.
- The only issue that arose was in Mumbai regarding haemolysed and Lipemic samples. Such samples were discarded at district lab without informing NARI. Few samples were lost due to this condition.

### **X. Laboratories**

<b>Survey District</b>	<b>Group</b>	<b>Name of District Lab</b>
Mumbai	Clients of FSW	J.J. Hospital, Bhyakala, Mumbai
Prabhani		Civil Hospital, Parbhani
Pune		National AIDS Research Institute (NARI), Pune
Yavatmal		Civil Hospital, Yavatmal

**a. Explain any problems that arose with regards to lab supplies or equipment at field or district level.**

- Availability of black bags for collecting the waste materials was a problem since they were not available initially. But at later stage it was also made available.
- In Mumbai, all most all survey groups started at same time, due to this there was stress on the district laboratory technicians. Stock was not maintained properly, so initially there was confusion and lack of coordination in field and district lab technician.

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

*(State laboratory personnel to provide information)*

- In Parbhani district lab, '-20°C Deepfreezer was not in working condition; Annual Maintenance Contract (AMC) for the same was not done.
- Stock was taken when the shipment was received. Day to day or weekly stock register were not maintained.

### **XI. Data Confidentiality and Management**

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

- All staff of the IBBA including mapping investigators, coordinators, community liaisons, supervisors, interviewers, doctors, lab technicians (including state team), have signed

confidentiality agreement before starting any field activity as they have access to sensitive information.

- All staff of IBBA was trained in important component of harm minimization and confidentiality to ensure that they understand the sensitive nature of the surveys and the importance of confidentiality. Research agency staff was trained on procedures for ensuring data confidentiality and on reporting and responding to incidences of breaches of confidentiality.
- Data confidentiality guidelines were shared with research agency staff. At field level list of all staff including contact information was maintained at district level.
- Sampling frame development data, SFD, detailed field plan etc. was shared only with field coordinator through soft copies. In the field district coordinator and team supervisors have maintained all the necessary field records or updates no member of the team had access to these records.
- All hard or soft copies of data was retain at state team. All data (hard and soft copy) was given to the state institute upon completion of the surveys. In between, all data was stored in a locked cabinet with only the supervisor or data manager having access to this cabinet at the field level. Along with behavioral data, biological test results were safeguarded and not discussed with anyone aside from designated persons on the IBBA team; and all reports were dispatched in sealed envelope.
- Filled up questionnaires, consents, clinical formats, and other documents where IBBA ID has been stick were separated out. Consents and questionnaires were kept separately in district office. All filled up data collection tools were transported to Head Quarters of the research agency personally once in a fortnight. After a completion of one survey group data manager from research agency have transferred raw and entered data (soft and hard copies) to state institute. All the deliverables were dispatched to NARI by hand with required enclosures.
- Data entry training was given to the only designated staff of research agency. Assigned staff only had access to data. Even the computer access was restricted at HQ of research agency. First and second data entry was done at research agency level but with different persons at different point of time. After the completion of data entry, data manger from RA have handed over data files to persons responsible for data management at NARI. After receiving the acknowledgement from the NARI, the Research Agency was asked to delete the data set from the computer and to keep the soft copy of data set in CD as security backup.
- At NARI, at the time of receipt of data (soft and hard copy) a designated person checked all the deliverables and maintained a record of data. Data was kept in locked cabinets. After the analysis of each group, questionnaires, clinical formats, BCRC forms, PSU forms, CIS etc. were stored in boxes whereas consents were kept separately. Even for biological data processing and data entry, lab personnel were given specific tasks. Data access was restricted to the concerned staff only.

- All the measures were taken to ensure data confidentiality. Frequent field monitoring was done during field work. Additionally HQ of research agency was visited by designated NARI staff for data management purpose.

## XII. Adverse Events (AE)

Survey District	Group	No. of AE	Describe each event in one sentence *
Mumbai	Clients of FSW	None	NA
Parbhani		None	NA
Pune		None	NA
Yavatmal		None	NA

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

## XIII. Intervention (*FHI/ASTHA/PATHFINDER partners to provide information*)

Survey District	Group	Intervention Partners
Mumbai	Clients of FSW	No intervention
Parbhani		
Pune		
Yavatmal		

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.

- For clients of FSW group no intervention was in place by Avahan and / or MDACS/MSACS. But “key clinics” were made available for male patients. These clinics provide services like STI treatment, risk reduction counseling, etc. to clients of sex workers through a franchised group of private doctors in the cities.

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

- In both the rounds of IBBA for clients specific intervention was not in place.

**XIV. Size Estimation**

Survey District	Group	Size Estimation Methods
Mumbai	Clients of FSW	Multiplier method - exposure to intervention
Parbhani		
Pune		
Yavatmal		

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

Since there is no targeted intervention for clients specifically thus, this method is not applicable in the coverage districts.

**b. Unique Object Method:**

Survey District	Group	Total number of objects distributed	Weighted proportion of objects reported received in IBBA - 2
Mumbai	Clients of FSW	NA	NA
Parbhani			
Pune			
Yavatmal			

- 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

**XV. Community Environment**

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

- This round majority of the respondents were literate.
- Most of the clients in this round were in service.

- 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).

- There were problems in filling up questionnaires in client's survey. Interviewers by mistake skipped few questions from mobility and migration and STI knowledge sections. When it was noticed, team was re-briefed on these sections.