

## IBBA ROUND 2

### Process Document Format for Cluster Surveys

**Name of the State:** Maharashtra

**Survey Group:** FSW (BB, SB, NBB, Combined FSW)

**Name of the District:** Kolhapur, Mumbai, Prabhani, Pune, Thane, 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
Kolhapur	Combined FSW	Same as Round I and included Tamasha based FSWs in Round II	Covered villages having population above 7500
Mumbai	BB FSW	Same as Round I	Mumbai district was divided into segments and in selected segments SFD exercise was carried out
	SB FSW		Whole Mumbai district was covered
Parbhani	Combined FSW	Same as Round I and in addition home/lodge/slum based FSWs in Round II	Covered villages having population above 7500
Pune	BB FSW	Same as Round I	Covered villages having population above 7500
	NBB FSW		
Thane	BB FSW	Same as Round I	Selected sub-urban areas were covered and not whole Thane district was covered
	SB FSW		
Yavatmal FSW	Combined FSW	Same as Round I and in addition home/lodge/slum based FSWs in Round II	Covered villages having population above 7500

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

- **Kolhapur (Combined FSW):** In Round I, interventions were not covering Tamasha based FSWs in Kolhapur and there was very less information available with NGOs and local partners thus while developing sampling frame in R I, team did not mapped Tamasha parties in the district. But in Round II, there were already interventions for Tamasha girls by Pathfinder. This time in SFD exercise, team had mapped four main Tamasha parties at Jaisinghpur, Wathar, Kagal and Ujalewadi comprising of nearly 100 tamasha girls.
- **Mumbai (SB):** In Round I, segmentation was done to cover Mumbai district for SB and BB FSW as well. But in Round II, for BB FSW segmentation was done whereas for SB FSW, whole district was covered.
- **Parbhani (Combined FSW):** In Round I, RDS was used in Prabhani to cover FSWs. But this time “take all” approach was adapted. To ensure maximum coverage of FSWs from the district; IBBA centers were established for minimum of 3 days in a particular area. The high percentage of hidden FSWs was reported by intervention NGO. So to cover these hidden/private working FSWs, peer educator’s help was taken to identify hidden FSWs. IBBA center was established near the area where hidden/private FSWs were concentrated. This center was fixed for minimum 3 days. Through PE/ORW/NGO field staff and IBBA CL a message was spread in the community and FSWs were participated in IBBA. CL and supervisors screened FSWs for their eligibility.
- **Yavatmal (Combined FSW):** In Round II, home/lodge/slum based FSWs were included in the SFD. The high percentage of hidden FSWs was reported by intervention NGO. So to cover these hidden/private working FSWs, peer educator’s help was taken to identify hidden FSWs. The same strategy was adopted for covering hidden/private FSWs.

**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

Survey District and 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
Kolhapur Combined FSW	18.04.09 to 4.05.09	Solicitation points of FSWs	27.07.09 to 04.09.09	Take all	NA	
Mumbai BB FSW	2.05.09 to 25.05.09		11.11.09 to 20.12.09	CCS + TLCS	65:35	68:32
Mumbai SB FSW	3.05.09 to 5.06.09		21.11.09 to 26.12.09	TLCS	NA	NA
Prabhani Combined FSW	10.04.09 to 17.04.09		1.10.09 to 5.11.09	Take all		
Pune BB FSW	13.04.09 to 21.04.09		4.08.09 to 11.11.09	CCS		
Pune NBB FSW	11.04.09 to 29.04.09		10.09.09 to 8.11.09	Take all		
Thane BB FSW	12.05.09 to 25.05.09		29.06.09 to 25.08.09	CCS	NA	NA
Thane SB FSW	25.04.09 to 30.05.09		17.07.09 to 7.09.09	TLCS		
Yavatmal Combined FSW	10.4.09 to 16.4.09		12.09.09 to 08.10.09	Take all		

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

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

- **Parbhani (Combined FSW):** During Round I, IBBA mapping data and estimated size of KP had huge differences. Intervening NGOs repeatedly reported the high proportion of hidden FSW's in the district, so in order to reach to the hidden FSW's RDS methodology was used. As expected in RDS (RI) survey, the most marginalized and hard-to-rich FSWs could not be recruited thus in R II decision was taken to go for take all approach and cover the entire universe.
- **Yavatmal (Combined FSW):** There was no change in site definition or type of sampling only the strategy was changed to cover hidden/inaccessible FSWs. For maximum coverage of FSWs from the district, in Round II, survey centers were established in the places where there was report of hidden FSWs. In these areas we opened the survey sites in the nearest ICTC's for duration of 3-4 days at most.

### 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.

- **Kolhapur (Combine FSW):**
  - Brothels from main brothel area (Dombarwda) were not properly listed, nearly 25 houses were identified and listed as brothels but actually they were the residential places of FSWs. They reside in those houses and that place was never used for solicitation or entertainment purpose. This was not clarified during SFD thus got listed. During actual survey it was clarified thus all the 25 clusters were dropped from the survey.

- In Tamasha based sites, initially entry into the parties was hard. Tamasha manager did not extended support and gave information regarding number of parties, number of girls residing in theater. NGO working with these parties also have limited access in theaters. So while SFD exercise, information on tamasha girls were gathered with the help of Key-Informants.
- **Mumbai (BB FSW):**
  - In few brothels from Kamthipura area, entry was restricted to PE/ORWs only so IBBA team could not get entry for collecting SFD information. A meeting was conducted with concern NGO and brothel owners and asked for cooperation. It was decided to that PE/ORW will accompany the team collecting SFD information.
- **Pune (BB FSW):**
  - Few buildings in brothel area were non-cooperative. Team was not allowed to enter into the brothels. Key informants and PE/ORW help was sought for collecting SFD information. Even with the help of PE/ORW, few brothel owners refused to give any information. Those clusters were excluded from SFD.
- **Thane(BB and SB FSW):**
  - Teams have not mapped brothel sites as per the instructions given in the training; even maps of brothels were not drawn properly. One day re-training was organized and teams were debriefed and asked to re-visit the area and verify the details.
  - Teams were having inhibition to enter the areas and identify the sites located in residential slums. Even in few brothels it was difficult to contact and talk to brothel owners. Repeated visits were done to build rapport with the community. Teams at last were able to make significant progress and collect information.
- **Yavatmal (Combined FSW):**
  - Few sites which were existing in R-I got closed in R-II which was validated e.g. in Round I, Lohara (main brothel area of Yavatmal city) was mapped and but in Round II this area was found to be closed. Also, in round II an attempt was made to locate hidden FSWs with the help of peer educators, few lodges were approached but lodge owners refused to cooperate and give information on FSWs soliciting or entertaining from lodges. Meetings with hidden KPs were conducted with the help of NGO's working for them. It was understood that these KPs are not accessing lodges frequently. Mainly they are soliciting clients over a phone. Therefore it was decided to cover them with establishing centers nearer to their area they reside and work.

**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. Would suggest if you can add any general comments / challenges in applying the sampling method, if any**

- We faced some problems while surveying the street based FSWs in the sites around railway station as many of them were mobile and could be found on other near by street based sites as well. Thus, to ensure that there is no duplication we planned to place only one team with same counter for covering the entire area. Also, we kept one mail community liason person along with other person for different locations within the same area.
- First survey group initiated with brothel based FSWs in Thane district of Maharashtra. Teams have started FW in two main brothel areas viz. Hanuman tekadi (Bhiwandi) and Turbhe stores (Turbhe). All six teams were working in these two brothel areas. Supervisors have given specific areas, but being new for the actual field work process of approaching clusters and recruiting was not upto the mark. They were approaching maximum clusters at a time without tracking refusals. It was sorted out immediately. District coordinator was asked to start community preparation again. Asked team to approach only few clusters with CL and if possible PE to establish a rapport.
- Few SB sites were very large sites like Shivaji lake, Thane railway station, Virar lake etc. Such large sites were divided small sites and demarked geographical boundaries so that team can easily visualize the mobile FSWs and count them.

**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.**

- Length of the interview was too long and some of the respondents were not very comfortable with few of the questions. The amount of time lost for participation in the survey was reported often by participants. This was reported across all groups and districts.
- **Kolhapur (Combined FSW):**
  - Interventions with Tamasha girls have started recently in the district so rapport building with the Tamasha community was tough. It took at-least two-three weeks to get access to party owners. If they agreed for conducting survey with girls then only we have got access to girls.
- **Mumbai (BB FSW):**
  - In one of the brothel named Simplex building, the very next day of field work police raid happened and FSWs and brothel owners suspected that one of the female interviewer have informed police. Due to field work got affected and there was non-cooperation from both NGO and KP's side. Immediately to sort it out we conducted a meeting with KP;s, NGO partner and other concerned officials and all the team members who worked in that particular cluster were also called in for the meeting. The entire situation was cleared and FSWs were

asked if they can identify or let us know whom they are suspecting as the informer. But, they felt sorry since the person who accompanied the police was not from the field team. We assured them that our all people are well trained and they will not do any such kind of thing. Later on it was cleared to all of them and then we again started our field work with their support and cooperation.

- **Thane (BB and SB FSW):**

- Recruiting Nepali FSWs in the survey was difficult task. CLs, CMBs and some times NGO PE and ORWs who knows Nepali language have assisted teams and introduced the survey. This gradually helped in gaining their confidence and motivating them to participate in the survey.
- For brothel clusters located in the area of Indira Nagar (Bhiwandi) even after repeated visits by district coordinators, team supervisors and also by NARI staffs and senior officials, the survey team could not conduct the survey in 18 clusters due to complete refusal from them. Hence all the clusters were treated as refusals.
- One of the SB site (Nerul naka) was very hostile. Ladies commuting from this site were mainly engaged in construction work and that too on daily wages. Thus, if any day they do not get any job then they might go for soliciting clients without her husband's knowledge. This was very secretive in nature and approaching them independently was not possible. CLs have approached these women initially and asked them to participate in the survey. Whoever accepted that they have sold sex in the exchange of money in the last month were approached and interviewed.

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.
- Recruitment of CLOs was done with the support of the NGO and community of FSWs in the districts. This allowed us to select CLOs who were more knowledgeable, aware of wide geographic area, were known in their community and themselves had a large network of FSWs whom they knew.
- Most of the district coordinators and supervisors were well verse with Kanadi language. This helped a lot in working with Kanadi FSWs across the districts. They convinced FSWs very positively and gain faith of the community.

- Compare to Round I, response rate has increased in Round II. Experiences of Round I and rapport with community and intervening NGOs had helped in minimizing refusal rates. More involvement of gatekeepers in the survey helped in getting positive response from the community.
- 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)**
- Repeated collection of biological samples has discouraged these FSWs to participate in the study. Sentinel surveillance survey had completed just before IBBA R II, in that survey also blood and urine samples were collected thus there was a huge refusals for biological samples.
  - In brothels where brothel owners were having more hold on the FSWs, response rate was affected and this was mainly faced in Pune BB, Thane BB and in few clusters of Mumbai BB.
  - In Pune brothels there was one building which was primarily owned by Nepali's and they were not very comfortable with anyone coming from outside and collect information from them. Even the local NGO's working for them had lot of restrictions. In last round also we were unable to convince and get access to the key population residing in those brothels. The same scenario continued in this round and that building remained un-touched.

### **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.**
- Issue of covering hidden population was discussed in one to one meeting with NGO's. One of the NGO working with sex workers raised that after ban on Mumbai bars, there is an increase in in-migration. Girls from Mumbai are migrating to Kolhapur. This population has lesser chance of getting covered in any surveys. So can we cover such population in IBBA. We assured that in this round of IBBA we are trying to cover even the hidden population thus this kind of population will be covered in the survey.
  - Another concern that was raised by the stakeholders was that time gap between two surveys like IBBA, HSS, BSS or any other of this kind should be well planned. Due to continuous data collection from same population it becomes difficult to make them understand the advantages and benefits of participation. This result in low participation rates in the surveys. We explained that all these surveys are conducted with proper gap but some places it happens that time gap is less and since all are being conducted by different

agencies with different objective so we should try to explain the population about advantages and benefits of participating in each of them separately.

- Few NGOs were apprehensive about the compensation being given by IBBA for collecting information and samples. They felt that it can be a concern and create problem for them and hinder their work. But IBBA team shared first round's experience and they were assured that clear message will be given to the participants about the compensation.

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

- Lot of support and cooperation was provided by the NGO's in all the districts during the entire survey period. Especially in Kolhapur, for covering Tamasha based FSWs intervening NGO extended lot of support. NGO outreach workers and field staff assisted IBBA team for rapport building in Tamasha theaters. They also helped in getting space for setting up the clinics at many places.
- In most of the survey districts, ICTCs were made available for conducting survey and even RPR results back to the respondents were given by ICTC in-charges. This helped participants to access public facility for survey purpose without breaching the confidentiality.

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

- No such situation has arised.

**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
Six districts	Combined /BB/SB FSW	Rs. 100 for participation + Rs. 40 reimbursement for Syphilis report collection at the clinic

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

The issue of compensation was well discussed with NGO/CAB and CMB members and there was no concerns from there side. Also, in this round it was decided that a part of compensation (i.e. Rs. 40/-) will be paid to the respondent when they come for report collection and referral clinic or ICTC centres. This was discussed with stakeholders and they supported and appreciated the idea. Most of the places NGOs working for the key population provided full support to implement this strategy by providing a staff for carrying out this activity and keeping records. This worked very well and also attributed in increase in service uptake.

## V. Community Involvement (CI)

Survey Group	District and	No. of CAB members	No. of CMB members	No. of CL employed
Kolhapur	Combined FSW	13	07	05
Mumbai	BB FSW	32	09	35
Mumbai	SB FSW		06	30
Prabhani	Combined FSW	21	03	11
Pune	BB FSW	21	11	08
Pune	NBB FSW			
Thane	BB FSW	24	04	04
Thane	SB FSW		09	14
Yavatmal	Combined FSW	20	06	09

**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 first step of community preparation activities was to meet with the implementing NGO project coordinators and representatives and seek their help in identifying CMB members.
- CMB members comprise of mainly FSWs or in some instances gatekeepers such as madams. The IBBA team requested for suggested list of potential CMB members from different geographic areas of the district. Once the list was completed IBBA team selected the CMB members from the suggested list from the geographic areas that were to be covered during the survey in consultation with the NGO staffs.
- CMBs were appointed as per the spread of the sites.
- Before starting the survey, combined or one to one meetings (wherever possible) were arranged with the CMB. Roles and responsibilities were shared with them. CMBs were asked to visit survey sites and give feedback timely.
- Strong presence of CBOs in the community also has helped in indentifying CMBs from the particular area.

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

- Rapport building with the community with the help of supervisors
- Identifying key populations at the critical sites.
- Assessing eligibility of the respondents.
- Motivating eligible respondents for participation in the survey.

**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?**

- Most often a Sex worker was chosen as a CL. In some instances, a pimp or gatekeepers like madams also acted as CL in a specific site for identification of eligible respondents. CLs were not always presently practicing sex work; though some CLs were and yes they were also operating as FSW in some of the geographic areas covered during the survey.

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

The Community liaison officer was the main gateway of community and they are played a very important role between survey team and community. Their involvement was critical for getting cooperation of FSWs in the community.

- Motivating FSWs for participation specially for convincing them for giving biological samples was most appreciable act of CLs.
- CL also explained to respondents about the referral and wherever required provided assistance to respondents to accompany them the referral clinics.
- Time to time CL use to re-brief teams on how to interact / talk with the respondent FSWs during the FSW.

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

- No such situation arised in any of the district.

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

CAB members were like a link between the community and IBBA team. They knew their responsibilities and cleared the doubts of the community members and other local stakeholders about IBBA. They always encouraged the community to participate in the survey.

- Their involvement helped in reducing the refusals and increasing response for biological samples.
- Issue of compensation also discussed with CAB and it was decided that CAB members will spread a clear and positive message on compensation so that NGOs will not face any problem after IBBA.
- In few cases CAB have helped in identifying interview venues and in setting up the clinics.

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

- The CAB members did suggest that IBBA clinics should be closer to the field sites to avoid traveling long distances for participating in the survey. It was

difficult to implement this suggestion due to difficulty in setting up clinics locations.

- CAB members suggested that respondent should be instructed well about from where to collect the RPR report and to carry her own referral card.
- One of the feedback that really worked very well for assessing hidden population was to open clinics/venues in the nearest location and preferably if it's a govt. clinic or NGO clinic the participation rate will be good and this really worked very well in districts like Kolhapur, Yevatamal and Parbhani.

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

- CMB reported about time taken for interview was much longer. It was happening in the initial phase of the survey but once the team was well-versed with the questionnaire then automatically reduced.
- Some of the questions asked by the interviewers were felt offending to respondents. The team was debriefed on those parts.
- In some incidents where refusals were high, CMB members helped team to build rapport with the community and also introduced teams to KPs.

## 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.**

- Brothel clusters were covered in brothels where FSWs were comfortable and not in hurry to go. In such venues response rate was good.
- For street based FSW group clinics were set up in the government hospitals and clinics located in the vicinity. Where ever govt. hospitals or clinics were not available clinics were established in the private clinics or rented rooms.
- In Prabhani, Thane and Yavatmal, ICTCs were taken as interview venues. It was observed that slum/private FSWs were more comfortable in accessing these venues.

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

- The venue was selected in such a manner that it is almost equidistant from all the selected clusters.
- The venue ranged between 50-100 meters from the site.

## VIII. Referral Clinics

Survey District and Group	No. of Referral Clinics	Total number of test results delivered to referral clinics	No. of test results collected by respondents from referral clinics
Kolhapur Combined FSW	4	192	141
Mumbai BB FSW	6	403	195
Mumbai SB FSW		402	194
Prabhani Combined FSW	7	306	265
Pune BB FSW	5	402	241
Pune SB FSW		267	106
Thane BB FSW	6	403	241
Thane SB FSW		400	174
Yavatmal Combined FSW	8	159	50

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).

- All most all Avahan/Mukta STI clinics were taken as IBBA referral clinics for RPR report collection and STI treatment. Wherever, there was unavailability of Avahan/Mukta clinics, private practitioners were linked for IBBA referral clinics. These private practitioners were tied up with Avahan/Mukta programme.
- At district lab, staff was very cooperative and syphilis reports were dispatched on time.
- At referral clinics, doctors were briefed about IBBA well before the survey. This time respondents were given reimbursement of travel for collecting report at referral clinics. This system has improved the rate of collecting reports drastically compare to last round.
- Doxyclyline tablets were provided by NARI to all most all referral clinics for STI treatment of respondents.

#### 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.**
- It was difficult to maintain the stock properly as many times the stock was not available properly and teams have to purchase few items like band-aid, syringes etc. locally.
  - In Prabhani and Yavatmal districts where district lab was located in main city and sites were spread over the villages. Few sites were more than 100 km. away from the district laboratory. The transportation of cool boxes to the field and collected samples to the lab was hard.
  - Some instances of improper storage of blood after collection (either left on bench for long duration - >30mins or abruptly keeping blood in cool box prior coagulation leading to haemolysis in some instances. The technician and supervisor were informed and re-emphasized on proper sample handling and storage.
- c. Describe at least 3 main issues that arose during transportation of specimen from field to district lab (e.g. coordination, safety, and timing) and how this was addressed.**
- All the sites were located nearby and had proper availability of transportation facilities and hence not faced any problems during the survey in Mumbai, Thane and Pune districts.
  - But in Parbhani and Yevatmal districts 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.

**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
Kolhapur Combined FSW	00*	80
Mumbai BB FSW		70
Mumbai SB FSW		70
Parbhani Combined FSW		20
Pune BB FSW		50
Pune NBB FSW		50
Thane BB FSW		40
Thane SB FSW		40
Yavatmal Combined FSW		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, and 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 field work days and samples were transported by road.
- 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.
- No major issue was there during transportation of specimen from district to state lab.

## X. Laboratories

Survey District and Group	Name of District Lab
Kolhapur (Combined FSW)	Chatrapati Pramila Raje (CPR) Hospital , Kolhapur
Mumbai (BB and SB FSW)	J.J. Hospital, Bhyakala, Mumbai
Parbhani (Combined FSW)	Civil Hospital, Parbhani
Pune (BB and NBB FSW)	National AIDS Research Institute (NARI), Pune
Thane (BB and SB FSW)	Civil Hospital, Thane
Yavatmal (Combined FSW)	Civil Hospital, Yavatmal

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

- In Thane, the survey was initiated and field work for first group was launched. Field technicians were new so they placed more number of lab items than required. NARI lab coordinator visited field and district lab and streamlined the lab supply as per the requirement (daily/weekly stock at the field level).
- In Mumbai, all most all survey groups were started at a 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.

**c. Based on laboratory quality assessment report, list at least three main issues. (State laboratory personnel to provide information)**

- In Parbhani, -20 deepfreeze was not in working condition; AMC for the same was not done.
- Stock was taken when the shipment was received. Day to day or weekly stock register was not maintained.
- In Thane, internal QC system was not maintained

## XI. Data Confidentiality and Management

**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 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 behavioural 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 *
Kolhapur (Combined FS )	None	NA
Mumbai (BB and SB FSW)		
Parbhani (Combined FSW)		
Pune (BB and NBB FSW)		
Thane (BB and SB FSW)		
Yavatmal (Combined FSW)		

\*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 and Group	Intervention Partners
Kolhapur (Combined FSW)	Pathfinder SLP + Maharashtra State AIDS Control Society (MSACS) - Muslim Samaj Prabodhan Shikskan Sanstha (MSPSS)
Mumbai (BB FSW)	Avahan SLP + Mumbai District AIDS Control Society (MDACS) - Asha Mahila Sanstha (AMS), Vijay Krida Mandal (VKM)
Mumbai (SB FSW)	Avahan SLP + Mumbai District AIDS Control Society (MDACS) - Sai, Rashtriya Svasthya Prabodhini (RSP), CORO
Parbhani (Combined FSW)	Pathfinder SLP + Maharashtra State AIDS Control Society (MSACS) - Setu, SEDT
Pune (BB FSW)	Pathfinder SLP + Maharashtra State AIDS Control Society (MSACS) - Vanchit Vikas, Kayakalp, John Paul Slum Development Project (JPSDP), Saheli, Akhil Budhwar peth Devdasi Sanstha (ABDS)
Pune (NBB FSW)	Pathfinder SLP + Maharashtra State AIDS Control Society (MSACS) - Vanchit Vikas, John Paul Slum Development Project (JPSDP)
Thane (BB FSW)	Avahan SLP + Maharashtra State AIDS Control Society (MSACS) - Alert Turbhe (FPAI), Sankalp Sathi
Thane (SB FSW)	Avahan SLP + Maharashtra State AIDS Control Society (MSACS) - Alert (FPAI), CDI, SMUS
Yavatmal (Combined FSW)	Pathfinder SLP + Maharashtra State AIDS Control Society (MSACS) - GSMT

- 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.

Astha/Mukta project funded by BMGF is being implemented by FHI, Mumbai and Pathfinder International in the districts of Maharashtra. The goal of the programme is to reduce the HIV and STI prevalence among female sex worker in the districts.

Mumbai has Astha and MDACS intervention whereas rest Maharashtra districts are covered through Mukta and MSACS intervention. The core strategy of the project is to:

- a. Build an enabling environment through empowering communities at risk so that their vulnerability is reduced.
- b. Increase access to condoms at intervention sites
- c. Increase condom use with non-paying and regular partners and increase the current levels of high condom use with paying partners
- d. Increase the utilization of STI/HIV/AIDS related services by sex worker

Another intervention is being implemented by MDASC and MSACS funding. The objective of Targeted Intervention Programme is to reduce the rate of transmission among the most vulnerable and marginalized population. One of the ways of controlling the disease from further spread is to carry out direct intervention programmes among these groups through multi-pronged strategies, beginning from behavior change communication, counseling, providing health care support, treatment for STD, and creating an enabling environment that will facilitate behavior change.

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

All districts are covered by Avahan and MDACS/MSACS interventions. During the implementation of IBBA round II, Avahan and MDACS/MSACS programmes were going through transition. Therefore few services catered by Avahan intervention were transited to MDACS/MSACS.

**XIV. Size Estimation**

Survey District and Group	Size Estimation Methods
Kolhapur (Combined FSW)	Multiplier method - exposure to intervention
Mumbai (BB and SB FSW)	Multiplier method - exposure to intervention
Parbhani (Combined FSW)	Multiplier method - exposure to intervention
Pune (BB FSW)	Multiplier method - exposure to intervention
Pune (NBB FSW)	Unique object distribution method
Thane (BB and SB FSW)	Multiplier method - exposure to intervention
Yavatmal (Combined FSW)	Multiplier method - exposure to intervention

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

Assessing the exposure to intervention specifically to Avahan programme through IBBA may not be very accurate in the districts where Avahan is not a sole player due to the variations in the branding of the intervention across partners as well as NGO's. In Kolhapur there are multiple partners and Avahan coverage is only 50 percent in the district. As a result an individual is likely to get exposed to multiple programmes. Differentiating between programmes and recalling about specific programme cannot

be guaranteed. Understanding actual field methods of program data collection at the NGO level was essential but scale of IBBA and time constraint prevented this from being done. Thus the estimates need to taken carefully.

**b. Unique Object Method:**

Survey District and Group	Total number of objects distributed	Weighted proportion of objects reported received in IBBA2
Pune (NBB FSW)	331	29.3%

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

Survey district/group	# Unique objects distributed	How many sites covered?	At what time sites are visited for distribution of the object?	Duration of the activity
Pune (NBB FSW)	331	37	Objects were distributed on the operational timings of the sites	10 days before starting survey (from 25 <sup>th</sup> Aug to 28 <sup>th</sup> Aug 09 - 4 days)

A small purse – key chain was distributed as the unique object in the district. The object was distributed in all the listed sites of the prepared sampling frame after updating of the list of hotspots in the district.

Unique objects were distributed by investigators of the field teams with support from CLs (FSWs) from the district. The field investigators visited the given list of sites and spent one hour there to give the unique object to all the FSWs who were identified at the site during the time of their visit. Community members, CLs or others helped the team to identify FSWs at the sites during the visit. If any site was closed then site was visited at different day in different time. All available FSWs matching to operational definition were given a object by asking whether they have received the object before. The purpose of the distribution was explained to the FSWs.

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

The main strength of this method was the entire Pune district, all mapped sites were covered; FSWs soliciting in these locations were likely to be captured and provided with the unique object. The object provided was very acceptable and gave the FSWs a chance to be part of something.

At the same time there were weaknesses of this method. A large number of places were required to be covered in a short time and with minimum resources. The time spent at the site was minimum one hour within operational hours of the site; therefore it is difficult to imagine how it would have been possible only to capture some proportion of the FSWs who would solicit from the spot.

## 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)
- **Kolhapur (Combined FSW):** Overall FSW population in Kolhapur district remained same over the two rounds of IBBA. Tamasha based sites were newly identified in Round II. Number of girls performing in tamasha is higher. Intervention has started recently in this population. Tamasha girls identified themselves as artisits and not in sex work per say. In Round I, sites were distributed across 6 talukas (including Kolhapur city) but in Round II sites were mainly found in Kolhapur city only. Rest of the taluka sites was closed.
  - **Mumbai (BB FSW):** Few brothels were closed down in Kamthipura. One or two lanes of Kamathipura were turned to commercial lanes so the FSWs were displaced. There was also a migration and many FSW came in the city from different parts of the cournty.
  - **Prabhani (Combined FSW):** The proportion of hidden population reported by intervening NGO, was found to be less in round I. In round II, we tried to capture private/slum based FSWs by establishing centers nearer to their area, the total samples covered in was found to be similar to the samples achieved in last round. Main tamasha site of “Zero phata” which was active in Round I was closed in R II.
  - **Thane (SB FSW):** Number of sites remained same but size of FSWs has reduced drastically, migration may be the reason for that.
  - **Yavtamal (Combined FSW):** Reported proportion of hidden/slum/private FSWs have increased. Slum/private FSWs solicits on the phone.
- e. 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).
- Compare to R I, overall response rate has increased in R II.
  - Discrepancies were found in SFD information at the time of actual survey for few brothel based sites, thus re-validation was required which resulted in delay in field work.
  - Building rapport with specific FSWs like Nepali, Tamasha theaters was difficult. In Pune still few buildings remained unapproachable.