IBBA Round 2
Process Document

Name of the State: **Maharashtra**

Survey Group: **Men having sex with Men (MSM)/Transgender (TG)**

Name of the Survey District: **Mumbai-Thane and Pune**

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 -Thane	MSM	Any Male or hijara, identified at cruising or solicitation points, 18 years or older, who had any type of sex (oral, manual, or penetrative) with another male in last one month, points who has sold sex in exchange for money in the last one month.	Mumbai and Thane districts were covered as one domain. Selected sub-urban area of Thane was taken for survey.
Pune	MSM/TG		Covered villages having population above 7500

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

The eligibility criteria and geographic boundaries remained the same as in round-I. In Pune MSM and Hijara (TG) population were covered whereas, Mumbai and Thane districts were taken as one domain and only MSM population was covered in both the rounds.

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
Mumbai - Thane	3.05.2009 to 3.06.2009	Same as Round I; solicitation and cruising points of MSM/TG	4.12.2009 to 27.12.2009	TLCS	100%	100%
Pune	17.04.09 to 21.04.09		4.01.2010 to 25.01.2010	Take all	NA	NA

**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 between Round I and Round II

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.

1. Teams were new and did not have much experience of working with MSM or TG population, even after training the team members were not very comfortable in interacting with the key populations; they were not free to talk with the stakeholders and key informants and collect the information about the sites. Later when this was observed then teams were re-briefed and some of the KPs were called for mock practice so that teams became more comfortable. After these steps they worked quite comfortably. Each team has one KP as team member which worked very well.

2. In Mumbai, it was found that at few sites the size estimates reported earlier had declined. In one such site, known for the highest number of KPs, there was a shift due to construction work in that area.

3. SFD exercise was undertaken in the month of April and May and actual survey had started in December, so before starting of survey rapid assessment for size of sites was done in both the districts.

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.

- It was difficult to do the sampling mainly in Mumbai-Thane, where sites were large and KPs were highly mobile. Sites such as beaches, railway stations etc. were specifically challenging for applying sampling methodology. To reduce the ambiguity and overlap of sites, each was marked specifically and one counter and supervisor was added to cover all the boundaries of the site. E.g. Beach site – while during SFD exercise beach site was mapped as one site, it was further divided into two/three sites at time of sampling, giving details of the geographical boundaries. This helped in covering large site.

- In Pune, some of the clusters of TG were brothel based, and interacting with KPs during peak hours was very difficult. Since it was a "take all" approach, the teams first went and made rapport with the brothel owners and then later on after taking prior appointment of TGs, actual interviews were conducted. The CLO played a crucial role in building rapport with KPs and covering brothels in lean timings.

- Majority of the clusters were having late night timings in both the districts. In addition to timings, these sites were busy in the peak hours. The sites would become crowded and busy that it was too difficult to make selection and recruitment of respondents. For such busy and crowded sites teams were asked to access the site half an hour before the selected time and supervisor and CLO were asked to make observations at the site. Sometimes an additional counter and CLO were asked to join the team for covering busy site.

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.

- Compared to Round 1, cooperation from the community was much better in Round 2.
- Length of the interview and questions asked were bothersome for many of the respondents. The amount of time lost in participation in the survey was reported often by participants.

- Apart from timing and mobility of KPs, setting up venues for interviews and biological sample collection was found to be difficult. For late night hours, setting up venues near by the sites was difficult. Rooms were not available for late hours. Also at few sites, places were not available for setting up venues e.g. beaches, railway platforms/stations. For these kinds of sites personal vehicles were arranged for taking respondents to interview venues and again dropping them back on the site. In few places we also arranged for the mobile vans and set up interview venue in them.

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

- Compared to Round I, response rate 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.

- From SFD exercise community's participation was ensured. Rapport with KPs and NGOs was established well before actual survey. Initially NGOs were visited and they were

briefed about IBBA and also, NGO support was taken in identifying CLOs and CMBs. Constant contact with NGOs and KPs were maintained through out the survey period.

- On the actual sites, CLOs have first contacted potential respondents and informed them about IBBA, and then supervisor contacted respondents and explained to them in detail about the survey and benefits of participation in the survey. Consented respondents were accompanied by CLO or team member to the interview venue and then later dropped back.

- Considerable care was taken to make sure that places interview venues were in vicinity of the site to reduce the travel time. Generally public hospitals/health facilities were taken as interview venues. This helped in reducing cost of the survey and also respondents were much more comfortable in accessing these places.

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)

- In a few cases, repeated blood collection through various surveys has discouraged respondents to participate for the survey. The sentinel surveillance surevey was recently completed in the state, prior to start of IBBA; and NGOs working for KP keep organizing testing camps at regular intervals. Thus, respondents were not willing to give blood sample again for this survey. But, after explaining to them about the importance of IBBA, many agreed and as a result overall response rate increased in round-II compared to round-I.

- Initially in Mumbai-Thane, response rate was low but after rapport building and greater involvement of the CLO it improved. This was mainly observed on the sites where there were more number of mobile MSMs.

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.

- Repeated blood sample collection was one of the concerns for stakeholders. IBBA was starting just after sentinel survey got over, thus there was fear that there may be low participation for biological samples. Thus, to avoid we decided to keep a gap of at least 2-3 weeks after sentinel survey was completed and then start data collection.

- In Pune, stakeholders raised the issue hidden Panthis from the slum need to be covered. It was explained them that in IBBA potential respondents were identified, approached and recruited at their solicitation/cruising sites, so it was not feasible to approach MSMs residing in the slums directly.

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

- All stakeholders supported IBBA round-II. Teams received positive response from PE, outreach workers and field staff while building rapport with the community.

- CLO's were identified from area which was well known to them and they had good network and also know by community. CMBs visited survey sites frequently and gave feedback to the teams.

- District coordinators were asked to keep constant contact with stakeholders and they were giving feedback to these stakeholders on regular basis. This has improved the faith in field team and gaining support from the community.

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

No such situation has arisen.

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 –Thane	MSM	Rs. 100 for participation (at interview venue) + Rs. 40 reimbursement for Syphilis report collection (at referral clinic)
Pune	MSM/TG	

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

In the CAB meeting and in meeting with NGO, the issue of compensation was discussed and no major issues arose. CAB members supported the plan to give one part of compensation after the participation in the survey and remaining when respondents visited the clinic for collecting there syhphilis test reports. Some of the stakeholders, specially the intervening NGOs, raised that giving compensation for participation may create problem for them in future. But it was explained to the NGO representative and respondents that the compensation was given for only their valuable time and efforts during the survey. Later on they were convinced and agreed to circulate this message in the community so that no doubt remains after completion of the survey.

V. Community Involvement (CI)

Survey District and Group	No. of CAB members	No. of CMB members	No. of CLO employed
Mumbai-Thane – MSM	32	6	6
Pune –MSM/TG	21	5	4

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.

All selected CMB members were from the community. CMBs were identified with the help of intervening NGOs field staff, peer educators and out reach workers. CMBs were appointed as per the spread of the sites i.e. for each area where there were selected sites; accordinly CMBs were formed and members assigned to a survey location were selected from the same area.

For brothel based clusters, brothel owners, and other influential person in the vicinity who were well known and had good rapport with brothel managers were chosen to be in the CMB.

Before launching the survey, we had combined or one to one meetings (as possible and comfortable for all) with the CMB's. Their roles and responsibilities were explained to them. During the survey CMB members visited the field to collect information from the respondents who had participated in the survey. They collected information on the behavior of team members, and feedback about the entire survey process etc. Every fortnight or once in week district coordinators met with individual CMB members and took their feedback and accordingly briefed the teams if any issues were reported. At equal intervals combined meetings with all CMB members together was held.

b. List all activities that the CLO worked on.

1. Rapport building with the community with the help of Supervisors.
2. Identifying key populations at the critical sites.
3. Assessing eligibility of the respondents.
4. Motivating eligible respondents for participation in the survey.

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

All the CLOs chosen for the field were mainly the KPs who had a good network and rapport in a particular geographic area. In some places KPs were the PE earlier but currently not associated with any organization and were taken as CLO. All the selected CLO belonged to the same area as the survey and they worked in the field as part of the team.

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

Community liaisons person were members of the key population community; they knew community well and / or were well known in the community. Their presence brought a lot of positive difference to the survey.

- They helped in building rapport with the community.
- In some sites like bus stand, railway station that were very crowded, it was very difficult to identify the potential respondent and approach them. In these situations CLO was very helpful as they could easily identify the respondent and approach to them.
- CLOs also helped a lot in motivating potential respondents for participation. At the interview sites they helped in making the respondent comfortable while giving the biological samples.
- CLOs also explained about the RPR test report collection procedure and motivated the respondents to collect RPR report from the referral clinics.

d. Explain at least three main experiences in which CLO involvement complicated implementation of the surveys.
No such situation has raised.

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

- As in round I the CAB suggested that KPs be included as interviewers in the survey team. They felt that when an MSM takes interview of other MSM it is much easier for them to understand the responses, interact and make explanations to the respondents. At the same time respondents would also feel comfortable in giving information.
- CAB members helped in making the community aware about the survey and its benefit which helped in minimizing refusals and increasing response for getting biological samples.
- Issue of compensation was discussed with CAB and it was agreed that CAB members would spread a clear and positive message on compensation to ensure that there are no problems after IBBA.
- RPR report collection increased drastically in this round. CAB members agreed on the strategy to give Rs. 40 as a reimbursement for report collection at referral clinics which were either Avahan NGOs/Other govt. clinics.

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

- At many places like bus stands, railway stations, parking lots, it was very difficult to identify and convince the respondents. CLO was the only person who could do ti comfortably so CAB members suggested taking help of NGO staff in identifying the potential respondents. CAB members suggested that team should keep in touch with NGO's working the area.
- In few sites it was difficult to get place for establishing the venue for the survey. CAB members helped in getting space for the setting up the venue for the survey.

- Some clusters in Pune were very big and the timing was at night, CAB members suggested that we should depute more staff to cover the site; As per their suggestion we deputed two teams and covered the sites in the planned time.

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

- CMB members provided feedback that the length of the questionnaire and the time taken in completing the overall process was too long and respondents were not very comfortable with this. CMB suggested that we try to reduce the duration if questionnaire administration. This was improved over the course of the survey when investigators got better / more well versed with with the questionnaire administration. It was also conveyed to the team that not too many respondents should be made to wait at the centre at any one point of time and that they should bring respondent just before one interview process is getting over.
- At few places where the venue was at some distance from the actual site, CMB suggested using private vehicles for taking the respondents and this practice was taken for this and all other groups.
- There were some confusions related to the collection of RPR test reports among the respondents; therefore CLO was asked to explain and brief the respondents about when and how to collect the reports from the designated clinics.

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.

Mainly public health facilities like, STD dispensaries, municipal corporation hospitals, municipal corporation ward offices were utilized as IBBA venues. These places were easily accessible and even the respondents felt comfortable. Wherever space was not available near the selected sites, mobile vans were used for the interview.

In busy and crowded areas like railway stations, beaches etc. hotel rooms were taken as IBBA venues.

The over all response rate was satisfactory and similar across the different types of 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 area.
- The venue ranged between 50-100 meters from the site.
- One venue was slightly away from the sites, it was at a distance of half a kilometer but for those venues we used private vehicle for picking up and dropping the respondents from sites.

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
Mumbai-Thane - MSM	6	400	156
Pune – MSM/TG	7	280	146

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 in the districts 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 linked up with Avahan/Mukta programme.
- In Mumbai, nearly 30 samples were hymolised or found to be Lipemic. Due to this RPR reports were not given to respected clinics, but this was informed to the clinics.
- Compared to round 1, in round 2 there was higher proportion of respondents who collected test reports. One part of the compensation was given at the time of report collection instead of giving at interview venue. This motivated respondents for collecting report from referral clinics.

IX. Transportation of Specimen

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

- Courier boy was responsible for sample transportation from field to district lab. He use to carry the samples from the sites to the district laboratory on daily basis.
- Cold chain was maintained properly.
- Everyday in morning the courier boy was responsible to bring the cool box and frozen gel packs to the sites from the district lab.
- Lab technician at the site used to preserve all the samples in the cool box and maintains a record of each sample with its ID. Before dispatching the sample after completion of the day field work, they cross checked again that all the sample matched with ID recorded in the record book.
- Courier boy carried the sample and a copy of the records for that day to the district lab, where the district lab technician checked the samples, matched the ID with the record and then handover the signed copy back to the courier boy.
- This process was followed everyday. both district lab as well as the lab technician maintained a record of the samples transported and received at the district lab.
- The record of the reports that has been dispatched from state lab to the referral clinic was maintained at both district and field level.

b. Describe at least 2 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.

- In the initial stages team faced some problem in maintaining the stock records of the supplies and documentation of the samples being collected and sent to district lab, but within one week time after launch of survey they were very well versed with documentation and maintaining records.
- At few places one or two times there was shortage of the logistic items like band-aid, syringes etc. Thus, teams were instructed to purchase those items locally. It was also suggested to teams that they should keep extra stock and they should informe the district lab two days prior to send the required materials.
- Process of sample collection in the field and transportation to district lab went very smoothly through out the survey.

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.

- The courier boy faced difficulties while transporting the samples through crowded places as he had to take care for transporting samples to district lab in good condition. In Mumbai it was very difficult for them to travel in local trains at peak times. Thus it was suggested that during the peak time samples should be carried in taxi or auto but not in train.
- It was difficult to reach in time from long distant places to the district lab. This was taken care of by hiring private vehicles in some places.

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
Mumbai-Thane - MSM	00*	40
Pune – MSM/TG	00*	40

*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 <u>district to the state</u> 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 and 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.
- 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, and 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 arose in Mumbai regarding Hymolised and Lipemic samples. Such samples were discarded at district lab without informing NARI. Nearly 30 samples were lost due to this and it was conveyed after the survey got over.

X. Laboratories

Survey District and Group	Name of District Lab
Mumbai-Thane - MSM	J. J. Hospital, Mumbai
Pune – MSM/TG	National AIDS Research Institute, Bhosari, Pune

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

- In Round 2, all lab logistic supplies came to NARI first and then it was dispatched to the districts 1 month prior to the survey. This time lab items were packed as per the groups and not for districts. Therefore it was easily managed at district laboratory without much problem.
- Before starting the survey in a district, laboratory assessment was done by NARI lab personnel. This helped in supplying necessary material to the district lab. All the damaged or unused material at district lab was assessed, repaired and replaced in a timely manner.
- Availability of black bags to collect the waste materials was not available initially and received late during the field work in Mumbai.

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

All tests were done adequately at district labs. The district laboratory in Mumbai had some problem. Their communication with state lab team was not regular and that was the reason for loss of 30 samples which were hymolysed but was not informed.

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 forthnight. 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–Thane -- MSM	None	---
Pune – MSM/TG	None	---

*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
Mumbai -Thane-- MSM	Avahan SLP + Mumbai District AIDS Control Society (MDACS), Maharashtra State AIDS Control Society (MSACS) - Hamsafar trust, Hamsaya & Udan
Pune – MSM/TG	Avahan (Pathfinder) + MSACS – Udan, Samapthik

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.

In Mumbai and Thane, mainly Humsafar trust (HST) is doing targeted interventions with MSM. HST has funding from Avahan as well as MDACS (for Mumbai) and MSACS (for Thane). Whereas, in Pune Udan is getting funds from Pathfinder (Mukta/Avahan) and MSACS. Rest SLPs in Mumbai-Thane are Udan and Humsaya. In Pune Samapathik is funded through MSACS.

The goal of Avahan programme is to reduce the HIV and STI prevalence among high-risk groups including MSM in selected districts. The core strategy of the project is to:

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

The objective of Targeted Intervention Programme implemented through MDACS and MSACS support in the district 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.

In both Mumbai-Thane and Pune, Avahan SLPs have less coverage/contribution in prevention programmes. MDACS and MSACS are main lead partners in both the districts in TI with MSM.

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

The main changes in the intervention since Round I, is that two of the IBBA districts were in the process of transitioning over to MSACS.

The process of handing over of intervention to MSACS have started in October 2009 in Pune district. STI services are provided by Avahan in both the districts, and other programme components are in transition in both districts.

XIV. Size Estimation

Survey District and Group	Size Estimation Methods
Mumbai-Thane - MSM	Multiplier method - exposure to intervention
Pune – MSM/TG	

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 Mumbai-Thane and Pune there are multiple partners and Avahan's planned coverage is low 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 IBBA - 2
Mumbai-Thane - MSM	Not Applicable	---
Pune – MSM/TG	Not Applicable	---

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

Not applicable

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
Mumbai-Thane - MSM	Not Applicable	---	---	---
Pune – MSM/TG	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)**

- Over all MSM/TG population remained same over the two rounds of IBBA in Pune district. In Mumbai the size of the population has slightly increased.
- The proportion of MSM who has commercial paying/paid partners was observed to be reduced in the second round. This was observed during the field work.
- In Mumbai, some of the sites which were predominantly FSW based were changed to MSM sites. The reasons for this shift remained unclear due to limitations in qualitative data collection.
- In addition, few sites which were having fewer number of KPs have changed to much crowded and busy sites in Mumbai.

d. 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).

- The sampling frame was prepared almost three months prior to the survey, main survey got delayed due to the on-going sentinel surveillance survey. Thus, before starting the main survey the sites were re-validated and there were few changes in the size of the population.
- Support from the NGO in this round was much better as compared to round-I.
- Overall response rate also improved in this round as compared to round-I.