

IBBA ROUND 2

Process Document Format for Cluster Surveys

Survey Group: Long distance truck drivers (LDTD)

Transshipment Locations: SGTN, Delhi
 Ghaziabad
 Kalomboli, Mumbai
 Neelamangala, Bangalore
 Narol Chowkadi, Ahmedabad
 Territy Bazaar, Kolkata

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 TSL	Survey Group	Eligibility Criteria	Geographic Boundaries
SGTN, Delhi	LDTD	Truckers aged 18 years and above, taking consignment from one place to destinations located along the national highways traversing more than 800 kilometers one-way on NE/NW/NS/SE route before returning back to their place of origin.	Intercept truckers plying on NE, NW and NS routes
Ghaziabad			Intercept truckers plying on NE, NW and NS routes
Kalomboli, Mumbai			Intercept truckers plying on NW route
Neelamangala, Bangalore			Intercept truckers plying on SE and NS routes
Narol Chowkadi, Ahmedabad			Intercept truckers plying on NW route
Territy Bazaar, Kolkata			Intercept truckers plying on SE route

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

There was no change in eligibility criteria between R1 and R2.

Since only 46 interviews were conducted at Kandla TSL during R1, it was not logistically and technically efficient to conduct survey at Kandla again; hence it was dropped during Round 2 of IBBA-NH.

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

Explained above

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

a. Fill Table Below

Survey TSL and Group	Period of SFD	Site Definition (TSL)	Period of FW (Main Survey)	Type of Sampling	If CCS and TLCS* used to cover a group, provide IBBA1 and IBBA2 ratios of CCS:TLCS	
					IBBA 1	IBBA 2
SGTN, Trucker	July 11-18, 2009	Transshipment locations are the business hub where majority of truck drivers stop for a long period of time to unload and reload consignment	September 18, 2009 to December 24, 2009	Two stage time-location cluster sampling	TLC: 100%	TLC: 100%
Ghaziabad, Trucker	July 3-9, 2009		September 22, 2009 to January 9, 2010			
Kalomboli, Trucker	July, 27 to August 6, 2009		October 6, 2009 to November 30, 2009			
Neelamangala, Trucker	July 29 to July 31, 2009		October 28, 2009 to January 5, 2010			
Narol Chowkadi, Trucker	July 31 to August 10, 2009		October 5, 2009 to November 26, 2009			
Territy Bazaar, Trucker	August 6-8, 2009		October 15, 2009 to December 17, 2009			

*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 1 and Round 2

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

1. It was difficult to get a correct estimate of the measure of size (MOS). The TE owners usually gave an inflated figure and at times there were mismatch between SFD and actual survey on route corridor information. This was realized during actual survey and the short-falls were adjusted by take-all approach from other TLCs (described below).
2. During initial days of SFD exercise some of the TE owners did not provide required information for SFD. Few even did not allow the field teams to write TE code on wall of their offices during SFD. We tried to address the issue by discussing the same with CAB members and other influential persons. These were later sorted out.

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

1. In most of the TSLs, no. of trucks found at the TE during FW was much less than MOS suggested during SFD. In such a scenario, repeated visits were made to the TLCs to get the available drivers. When there were frequent shortfalls, take-all approach was adopted to complete the no. of interviews.
2. In some TLCs of Narol Chowkadi, Ahmedabad because of repeated contacts, TE offices understood that the survey team needed to include those truckers who traveled long distance and who were going in North direction. Subsequently, during the field work, TE staff falsely reported that their trucks go only to south (Bangalore) or that they operate only within Gujarat. Moreover, they did not work on daily basis. Team had no way to cross check. It was compounded by poor support from CL. Later on some of the influential TE owners were approached and even the clinic doctor tried to motivate drivers by visiting TE office. The strategy improved the situation to some extent. Moreover, the short falls were adjusted by following take-all approach in other TLCs and when no TLCs were left at Ahmedabad, interviews were conducted in other TSLs (Delhi and Ghaziabad) where there were eligible drivers.

3. It was observed that some of the drivers were not available at the TLC during survey. They were either in the trucks at the parking site, which were far-off from TLC (as in Kolkota) or were untraceable. Field investigators put in extra effort to reach these drivers using mobile clinics.

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.

1. Survey timing which was usually from 10 to 5.30 pm clashed with peak business hours of drivers. They couldn't afford to lose consignment by visiting the clinic and participating in the survey. This led to increase refusal for participation. This was tackled by extending survey hours towards the evening, reaching them at their business hub by mobile clinic and convincing TE owners and drivers by taking help of CL.

2. Repeated visits by field investigators to get the drivers irritated TE owners leading to their non-cooperation. They even abused the field investigators for disturbing them during their business hours. The TE owners were explained the importance of IBBA and convinced them with the help of local influential person. The team visited TLC only at time suitable to the TE owners, but on the same day.

3. Widely dispersed TSLs like Territy Bazar, Kolkata and Neelamangala, Bangalore created difficulty in locating the drivers and getting them to the clinic for participation. Mobile clinics were adopted in the two TSLs to increase participation. Some TLCs in Kolkata had huge allotted sample size per day therefore it was impossible to cover the TLC in a single day. Maximum possible interviewers were deputed to cover those TLCs and in worst situation, the remaining no. of interviews was conducted on the same day of the next week following same sampling technique.

4. Survey could not be started simultaneously in all TSLs. So, when survey for NS got over at SGTN, Delhi and Ghaziabad, it was still continuing at Bangalore for the same route. During this period Delhi and Ghaziabad TSLs had to wait almost till completion of survey at Bangalore in order to get re-selection TLCs list to cover short-falls incurred during survey for NS route. During this lean period, clinics at Delhi and Ghaziabad had to pay rent without much work. The staffs were sitting idle; even doctor at SGTN left the survey team in between and the health check-up part of the survey was managed with doctor of Ghaziabad TSL. However, some of the

staffs who were willing for relocation were shifted to Bangalore TSL to accelerate the survey process.

5. Majority of drivers at Bangalore were Hindi speaking whereas they were Kannada and Tamil speaking in Kolkata, but the interviewers in the respective cities were well versed with regional languages only. To tackle this, few Hindi speaking interviewers were sent to Bangalore from other TSLs and Tamil and Kannada speaking interviewers were shifted to Kolkata.

6. ID stickers for NS route got over in Neelamangala TSL due to extra work to cover huge number of hemolysis that occurred at the TSL. The stickers were adjusted with NE and SE route stickers after proper communication to all concerned persons to avoid any confusion.

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

1. From the planning stages efforts for adequate community preparation activities were taken up. In Mumbai, all the preparatory meetings were held in the office building where majority of TE offices were located. That ensured maximum participation by the TE owner.

2. After working in the TSL for a few days, the field investigators were more familiar with the TE owners and other brokers, which helped to get their cooperation in terms of encouraging their drivers to participate in the survey. They convinced TE owners about the benefit of the survey, the free health check-up by trained doctors, availability of free medicines, free blood testing and referral system, who in turn directed the drivers to participate. All potential respondents were clearly explained about the benefits of the survey, taking care that participation was voluntary.

3. Some of the TSLs especially in SGTN, Delhi and Mumbai had very active CLs who had good network with TE owner and could skillfully motivate drivers to participate in the survey. This helped increase participation rates in the TSLs.

4. We tried as much as possible to set-up IBBA clinics in the TE office itself. This had minimized the travel time to IBBA clinic and made it easier to get cooperation from drivers who could afford a little time for survey participation. Respondents were almost always transported to IBBA clinics in an auto rickshaw or two-wheeler. In widely dispersed TSLs (Bangalore & Kolkata), mobile clinics helped in reaching client and increased their participation

5. In addition to compensations (described below), respondents in all IBBA clinics were provided refreshments such as tea and cold drinks immediately after biological sample collection. They were also provided reimbursement for travel cost incurred, if any.

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 TSLs, language barrier between investigator and truck drivers)

1. Language barrier: In Neelmangala TSL, majority of TE owners and drivers were Hindi speaking whereas all the field staff spoke Kannada, Tamil and English. Similarly Kolkota had Telugu and Tamil speaking drivers who could not be interviewed by Hindi speaking interviewers. The language barrier failed to generate a sense of trust between TE owner or drivers and field coordinator and interviewer. There were lots of refusals among the drivers. Later on same language speaking field coordinator and interviewers from other TSLs were sent to Bangalore and Kolkota TSLs, which increased the participation rate significantly.

2. Large TSL: TLCs at Territy bazaar and Neelamangala TSLs were widely dispersed. It was very difficult to get the drivers to the clinic for interview, as they could not afford much time during business hours for the survey. This was overcome by reaching to the respondents by holding mobile clinic at a place near to their resting place.

3. Blood sample: It was a challenging to convince drivers for blood sampling, as they had a notion that lot of their blood were being taken and misused. They were convinced that it is just two teaspoon which looks much in a narrow vacutainer and moreover, syphilis result would be provided free of cost. The doctor at Ghaziabad TSL used to keep the drivers busy in conversation while the blood sampling was done. Still there were several incomplete interviews i.e. only behavioral or only behavioral and urine sampling without blood sampling.

Re-sampling was done once in all TSLs to cover the huge short-falls.

III. Stakeholder Involvement (SI)

Stakeholders include government officials/departments, Avahan program representatives, community members, TE owners, Advocates, SACS, NGO representatives, etc.

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

1. At Bangalore and Mumbai, TE owners and community members wanted to ensure the confidentiality. Our team explained the system of maintaining confidentiality from field level to higher level.

At Kolkata, community members were not sure whether they would get the syphilis report. The survey team along with CLO and other community volunteers assured them of getting reports timely from Khushi clinic

2. At Mumbai and Bangalore, the local NGO had their own programs dates clashing with IBBA survey. The concern was that community should not get disturbed. With proper coordination and planning with the NGO, the program and the survey went smoothly.

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

In Kolkata some TE owners had large number of trucks for SE route. They motivated their staff and drivers by explaining how the survey would be beneficial to them and where and how to collect syphilis test result. A good number of interviews were completed from such TEs.

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

In Ahmedabad TSL some of the TE owners provided incorrect information about the route and distance covered by the truck drivers. That made difficulty in getting eligible drivers for 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 TSL	Survey Group	Specify Compensation
All TSLs	Truckers	Towel, soap, pick & drop or compensation for the same, in case participants had to travel by vehicle to reach interview site, refreshment, in form of tea/cold drinks/water

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

1. Unlike others, at Neelamangala TSL there was poor quality towel and no soap was provided.

The issue was raised with the research agency and corrective measures taken.

2. In some of the TSLs, the field staff emphasized on compensations (towel and soap) while motivating the drivers for participation. The investigators were asked to refrain from such activities.

V. Community Involvement (CI)

Survey District and Group	No. of CAB members	No. of CMB members	No. of CL employed
SGTN, Delhi Trucker	8	5	1
Ghaziabad, Trucker	7	8	1
Kalomboli, Mumbai Trucker	9	4	3
Neelamangala, Bangalore Trucker	10	5	1
Narol Chowkadi, Ahmedabad Trucker	6	9	1
Territy Bazaar, Kolkata Trucker	7	5	1

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.

Coordinator and supervisor developed rapport with various shop owners i.e. tea/pan shop, dhaba managers, mechanics, etc at the TSL. By having frequent meetings with these persons, they got the idea about the power dynamics and influence trend prevailing in the TSL. They enlisted the addresses and contact details of associations and their contact persons. Considering the project criteria, availability and interest of the person and suggestions from CAB, CMB members were identified.

Once they understood and accepted their role in survey most of the CMB members were in touch with the team. The CMB members participated in the meetings held for them and provided feedback on reports or information they had heard from the community in their respective areas about IBBA.

b. List all activities that the CL worked on.

The community liaison person was a key person during the field work.

1. The CL was the main person who helped in locating the TLC and places where drivers would be available.
2. He helped the team to build rapport with the TE owner and the respondents and alleviated any fears the respondent had about participating in IBBA and providing blood sample
3. Also kept the team updated about the positive or negative feedback from the community

c. Who was chosen as CL (e.g. Truck driver, NGO volunteers, Mechanic, TE staff 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?

1. Those who worked for Khushi clinic in past
2. Those who worked with some transporter/broker inside the TSL
3. People suggested by the leading transporters/transporters association members etc

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

1. As SGTN, Delhi is a large and busy TSL, getting time from TE owner was not easy but CL was very much helpful and clever. He guided in planning and implementing the SFD and main survey.
2. In Mumbai TSL, CL had contact with the associations of all the transport buildings. He introduced our team with association members. So it was a very useful support.
3. At Territy Bazaar, Kolkata a shop keeper was helping us as a CL. He had contacts with most of the big TEs and was able to positively influence / motivate the drivers.

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

1. CL at Ahmedabad, Bangalore and Ghaziabad TSLs were not useful to the survey team. They were either absent on most of the days, left the survey half way or were not familiar with the community.
2. Identifying and retaining good CL was a very difficult process at Ahmedabad and Ghazibad TSL. In general, people who worked at TSLs were very busy so most of them were not ready to spare time.

During any gap in the field work CLs generally wanted to take-up other assignments.

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

1. CAB involvement was crucial for entering into the community and rapport building. For example, we introduced the survey in the meeting of transporters' association members (most of the CAB members were from the same group).
2. CAB also suggested the most suitable place for establishing the project clinic and they helped in getting the place for the same.
3. CAB was helpful in explaining importance of the survey to transporters who were not ready to participate in the survey.

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

1. In Bangalore, CAB suggested that a Hindi speaking (North Indian) person would better convince TEs and truckers. Following this, supervisor and investigators from Ghaziabad team were shifted to Bangalore and we got good results.
2. In Ahmedabad, CAB advised that doctor would be able to convince truckers. Our team started calling doctor in field whenever the truckers were not ready to go to clinic. This had positive impact on the survey.

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

In Bangalore, CMB suggested that blood sample collection process should be improved and not cause much pain so that truckers would not refuse to participate. This was taken up seriously and field lab technicians were given refresher training.

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.

In most of the TSLs the clinic was set up in the TE, others were 2-3 rooms unfurnished apartment in the market. Survey site which had advantageous location in terms of proximity to TLCs (e.g., Delhi TSL) had a better response from the community. However, widely dispersed TSLs like Bangalore and Kolkota were served by mobile clinics.

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

It ranged from no distance (where truckers were waiting in the TEs office to about 35 Km (in Kolkata) where truckers were waiting far from the recruitment site.

VIII. Referral Clinics

Survey District and Group	No. of Referral Clinics	No. of test results collected by respondents from referral clinics	Total number of test results delivered to referral clinics
SGTN, Trucker	8	Feedback from the referral clinic has not been received yet.	417
Ghaziabad, Trucker	8	Feedback from the referral clinic has not been received yet.	355
Kalomboli, Trucker	8	Feedback from the referral clinic has not been received yet.	390
Neelamangala, Trucker	8	Feedback from the referral clinic has not been received yet.	429
Narol Chowkadi, Trucker	8	Feedback from the referral clinic has not been received yet.	52
Territy Bazaar, Trucker	8	Feedback from the referral clinic has not been received yet.	442

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).

Like Round 1, in Round 2 survey the chains of Khushi Clinics located along the National Highway were kept as referral clinics for treatment of STI to RPR positive respondents. There was no issue in motivating the community.

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.)

Supervisor or lab technician were responsible for timely submission of samples to lab. They arranged it in a way that the daily collected samples safely reached the laboratory on the same day evening.

Frozen gels packs from the laboratory were collected each day morning, and stored at the IBBA clinic. The team usually used private vehicle, mobile clinic or auto rickshaws for the transporting.

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.

1. The laboratory technician (LT) at Neelamangala, Bangalore TSL left all blood samples at room temperature till 5pm and then entire samples were kept in the cold box with gel packs after 5pm. Samples were packed at 5pm and transported to the district lab the next day morning at 7am. Lab technician did not consistently use the gloves provided. The LT was advised to follow the protocol strictly.

2. There were lots of hemolysis in Bangalore when they started the mobile clinic. The reasons were blood samples were kept in the thermocol box with gel packs without allowing sufficient time to clot. Excessive stirring of samples during transport also contributed towards hemolysis. LT from the district hospital was asked to visit the site and provide on-job training to LT on sampling, storage and transport to district hospital on the same day.

3. There were instances of erroneous labeling – supervisor/ District coordinator were informed and mismatched labels substituted with correct labels.

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.

1. In Bangalore TSL, biological specimen were transported from field to district lab on the next day of collection. They were suggested to transport the samples on the collection day itself.
2. In all TSLs the district laboratories were very far (around 15-20 km or more) from the field clinic. One person from field team had to visit to the laboratory twice a day, once for collection of gel packs and ice boxes and again for delivery of samples at day end.
3. Most of the truckers were available in afternoon hours and by the time field work was over, some district labs get closed. Sometimes, traffic jams would further delay delivery of samples. The coordinator or the supervisor used to inform the district laboratory of the possible delays and would request them to keep the lab open for some more time to deliver the sample on the same day.
4. In Bangalore TSL, bio-waste were not segregated correctly and transported to district lab once every 2-3 days. The field technician and supervisor were informed how to segregate infectious, non-infectious and sharp waste properly into different colored bags and asked to transport potentially infectious and sharp wastes to district lab on daily basis.

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
SGTN, Trucker	Nil	35
Ghaziabad, Trucker	Nil	30
Kalomboli, Trucker	Nil	33
Neelamangala, Trucker	Nil	36
Narol Chowkadi, Trucker	Nil	5
Territy Bazaar, Trucker	Nil	37

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).

The biological samples from District Laboratories at Delhi, Kolkata, Ahmedabad and Bangalore were dispatched (after RPR testing) at 2° to 8°C with a temperature logger to the state laboratory, NARI at Pune by air through M/s World Courier. Samples from Mumbai were

transported at 2° to 8°C to the State Laboratory, NARI at Pune by road. Laboratory manager of IBBA-NH and laboratory coordinators of the district laboratories were responsible for storage, coordination and frequency of dispatch of samples.

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

1. In Bangalore TSL, biological specimens were transported from field to district lab on the following day of collection. They were suggested to transport the samples on the collection day itself.
2. There was lots of hemolysis in Bangalore when they started the mobile clinic. The reasons were blood samples were kept in the thermocol box with gel packs without allowing sufficient time to clot. Excessive stirring of samples during transport also contributed towards hemolysis and leaving blood samples outside for prolonged period (putting into thermocol boxes at day-end). LT from the district hospital was asked to visit the site and provide on-job training to LT on sampling, storage and transport to district hospital on the same day.

X. Laboratories

Survey TSL and Group	Name of District Lab
SGTN, Trucker	Institute of Pathology (ICMR), Safdurjung Hospital
Ghaziabad, Trucker	Institute of Pathology (ICMR), Safdajung Hospital
Kalomboli, Trucker	Microbiology Department, J.J. Hospital
Neelamangala, Trucker	TTK Blood Bank, BMST, Bangalore
Narol Chowkadi, Trucker	Microbiology Department, National Institute of Occupational Health (ICMR)
Territy Bazaar, Trucker	Laboratory of Public Health, National Institute of Cholera and Enteric Diseases (ICMR)

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

All the laboratories had all the required equipments which were functional. There was no shortage in the supply of logistics to the laboratories. Initially, the logistics were distributed considering the sample size of TSLs of Round 1 survey. During the Round 2 these numbers got slightly changed (based on SFD and sample size calculation of Round 2) and the lab logistics were reallocated before the beginning of field work.

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

1. At Bangalore TSL, Neelamangla while conducting the survey using mobile clinic, sufficient time was not given to allow the blood to clot before moving to another TE and therefore because of a long distant of travel blood collected from participants were agitated/stirred for a long time which led to hemolysis of the collected samples. However, this was corrected after providing proper training to the field technician and other allied staffs by the District Lab technician at the collection site.
2. At Bangalore TSL, Neelmangla, in the very initial stage, the biological samples collected on the day were being delivered on the following day to the District Laboratory. Later personal visits were made to correct the procedure of delivering the biological samples on the same day of collection.
3. In one of the TSL sites, the biological samples were not kept at 4 degree C as per the protocol which was corrected immediately by providing training to the technician.

XI. Data Confidentiality and Management**Briefly describe data confidentiality and management procedure from field staff to state level.**

After conducting each interview, the filled questionnaires and consent forms were delinked, checked by the team supervisor for correctness and kept under lock and key. On a weekly basis filled questionnaires and consent forms were transported to the CORT office at Vadodara. Data entry was done only by the designated trained data entry technicians at research agency under the supervision of the data entry manager. Data should be entered in designated computers and access to the computers should be limited to only data entry technicians and data entry manager. The questionnaires were transported to state ICMR Institute (NIMS) at regular intervals. At the completion of data entry for each route category, questionnaires, consent forms and the soft copy of the data set was personally carried to the ICMR Institute by a designated and responsible person from Research agency. After receiving the acknowledgement from the ICMR Institute, 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 ICMR institute all questionnaires and the soft copy of the data were kept in a designated locked cabinet. The second data entry at ICMR Institute was done by designated trained data entry technicians under the supervision of state data manager. Data was entered in designated computers and access to these computers

was limited to the data entry technician and data manager (the computer should not be used for other purpose and should be password protected). The database should be backed up daily at the end of the day and should also be stored in a locked place. After second data entry, hard copy of the questionnaires and consent forms were stored under lock and key in secured place for long-term storage. After entering the laboratory results, the dataset will be considered a complete dataset. Routine backup of the dataset should be ensured by the data manager. One copy of the complete dataset should be kept at the ICMR Institute as a security backup. Only the Principle Investigator from the ICMR Institute should have access to the backup dataset for the state. As much as possible confidentiality was maintained strictly at all levels from the IBBA clinic to the State ICMR Office.

XII. Adverse Events (AE)

Survey TSL/Group	No. of AE	Describe each event in one sentence *
SGTN, Trucker	0	
Ghaziabad, Trucker	0	
Kalomboli, Trucker	0	
Neelamangala, Trucker	1	Hemolysis of lot of blood samples and resulting shortage of PID stickers.
Narol Chowkadi, Trucker	0	
Territy Bazaar, Trucker	0	

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

XIII. Intervention

Survey District and Group	Intervention Partners
SGTN, Delhi Trucker	Khushi Clincis, (Kavach Program)
Ghaziabad, Trucker	Khushi Clincis, (Kavach Program)
Kalomboli, Mumbai Trucker	Khushi Clincis, (Kavach Program)
Neelamangala, Bangalore Trucker	Khushi Clincis, (Kavach Program)
Narol Chowkadi, Ahmedabad Trucker	None
Territy Bazaar, Kolkata Trucker	None

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.

Avahan, the India AIDS Initiative of the Bill & Melinda Gates Foundation (BMGF) provides trucker

populations with quality clinical services for STIs including counseling, diagnosis, and treatment, ensuring the availability of prevention commodities (condom, needles/ syringes), condom promotion, and behavior change communication.

Further, the Avahan programme works with the transport owners and managers to create a more supportive environment to encourage safe behavior among the trucking population. The Transport

Corporation of India Foundation (TCIF), a social sector wing of a major cargo transport company,

Transport Corporation of India (TCI) is the lead partner that manages the project and offers support for advocacy, capacity building, community mobilization, and inter-personal communication.

The Avahan program has a mandate of reaching out to long-distance truck drivers plying along the

National Highways. This is referred to as 'Kavach' program which is a comprehensive and integrated approach for reducing HIV/STI transmission among truckers at 38 halt points along the National Highways by providing diagnosis and treatment of STIs through project clinics; adopting behavior change communication strategies to encourage the trucking population to adopt safer sexual behavior and practices and promoting condom use among them.

High mobility of truck drivers was instrumental for locating Khushi clinics at 17 major truck halt points in nine Indian States by the Project Kavach. These sites were selected with the aim of reaching a target group of 1.4 million truckers (drivers and crew members) nationwide through clinics, peer education and condom distribution. In order to follow-up with the trucker who has been served by a Khushi clinic, the project provided a "Khushi passport"- a diary recording their medical history, diagnosis and medication which the trucker could present at any project clinic. The project was rolled out in January 2005.

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

Some of the partner NGOs (in Karnataka and Orissa) which were operational during R1 had stopped functioning during R2 survey.

V. Size Estimation

Survey District and Group	Size Estimation Methods
No size estimation was done for truckers	

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

NA

b. Unique Object Method: Not Applicable, as we did not do any size estimation.

Survey District and Group	Total number of objects distributed	Weighted proportion of objects reported received in IBBA2

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

NA

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

NA

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)

It was observed that in Ghaziabad and Ahmedabad TSLs, small TEs catering long distance trucks have reduced in numbers. They had either merged with larger TEs or catering short distances only.

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).

In Round 1, delay in field work was due to monsoon and festivals. In Round 2, it was mainly because of hemolysis of blood samples and festivals. There was no legal issue and resistance from any NGO during the survey.