IBBA ROUND 2
Process Document Format for Cluster Surveys

Name of the State: **Tamil Nadu**

Survey Group: **Clients of FSW**

Name of the District: **Chennai, Madurai, Salem**

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
Chennai	Clients of FSW	Men aged 18 years or older recruited from commercial sex access points that have paid cash in exchange for sex with a female at least once in the past one month.	Same as in round 1
Salem			Same as in round 1
Madurai			Same as in round 1

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

The eligibility criteria used for IBBA RII was the same as in Round I of IBBA. Similarly there were no major changes in the geographic boundaries between Round I and RII

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

Same as round1

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 R1	IBBA R2
Chennai	04-Jun-09 to 29-Jun-09	'Site' or 'Hotspot' is a place with a definite geographic boundary where HRG are found.	20-Aug-09 to 19-Sep-09	TLCS	Only TLCS	Only TLCS
Salem	05-Feb-09 to 21-Mar-09		08-Jun-09 to 09-Jul-09	"	Only TLCS	Only TLCS
Madurai	06-Feb-09 to 19-Mar-09		09-Jun-09 to 05-Jul-09	"	Only TLCS	Only TLCS

** 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.

Mapping data of hot spots of FSWs was used for creating sampling frame for clients of FSW. There was no separate field work taken for updating of sampling frame information prior to start of clients of FSW field work. The limitations of the FSWs mapping therefore also applied to this group, in terms of the estimated number of clients as well as operational hours, for fixing the timing of TLCs.

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.

1. The same sampling methodology as for FSW was applied for Clients of FSW. Identification and subsequently getting cooperation of clients was a challenge in the sampled sites in all districts. While the field team members had prior experience of sampling clients of FSW in IBBA I, we had to address issues of building rapport with potential respondents, during training, to ensure cooperation that would be acceptable. Yet, this was a key challenge faced. The strategies used to overcome this issue, were to identify beforehand good CLOs for sites, who would help to ID clients and in approaching potential clients. Training and refreshers for the field team members in the way of approach and rapport building was important to increase cooperation.

2. In large and busy sites had to be split into smaller sites for ease of field work and for getting count of denominator. This often required one or more CLOs, FSWs and / or pimps or brokers or even key informants who helped to identify clients in the hot spots.

3. In large sites / or sites such as bus stops, where mobility of clients of FSWs was very high and erratic, the field team had to spend considerable time to canvas among a larger number of potential clients of sex workers, to achieve desired sample size. Simultaneously, several CLOs were positioned in different sites on the same day and respondents were recruited for the survey. Shortfalls were covered in hitherto uncovered and similar sites.

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. Due to alcohol consumption among potential clients, field work in some sites were disturbed while recruitment of respondents.

2. Due to the compensation amount of Rs. 100, we had voluntary cases of men walking to IBBA clinic expressing interest in participating in IBBA. Supervisors picked up on these and it was clearly explained to them about the eligibility and method of selecting respondents and rejected them.

3. Sites selected at odd timings – both in the case of early morning sites and late night sites – exclusive staff had to be posted at the site one hour before the actual field work and sampling for observation of the site. Similarly, the counter had to be positioned at the site until the site timing was over and take a count of the number of clients visiting the site.

4. Several TLC sites had to be cancelled due to non-availability of sex workers and subsequently clients in the site at the appointed time though mapping information suggested sex workers (and their clients) would be present at that time. Concurrent updation of sites, discussion with CMB members and local NGO support was enlisted to determine why sex workers and their clients were absent and subsequently number of cancellations was reduced considerably.

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

We have taken help from concern CLO's & FSWs to increase the interest of Clients in participating in IBBA survey. We sensitized about the IBBA to community leaders. They have helped and created awareness among their community about IBBA in good manner.

Recruitment of CLOs from the community: Many CLOs who were recruited for the FSW survey also were well-versed with the movements of the clients. CLOs were recruited from several NGOs at the district level in each of the selected districts from among several prospective candidates. They were selected on the basis of their knowledge and awareness of locations, rapport with local FSWs and good understanding of the dynamics of the sex industry network in their respective areas within the districts.

Ethical issues, Consent and Benefits of the IBBA survey: All respondents were explained about the ethical considerations during the survey, including their participation in Behavioural & biological component. After obtained written informed consent, the willing participants were involved in the survey. They were explained the benefits of the survey, complete physical examination, syndromic management of STIs, referrals and compensation.

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)

The main problem with recruitment of clients was the potential clients were hurry and wanted to leave the hotspots either before sex or after sex with FSW. Screening of clients brought about increase in the refusal rates among clients and CLOs had to motivate clients about the importance of the survey and which helped at times.

Many younger clients such as students, unemployed youth, white and blue collared workers did not want to be identified by the research team and others in the vicinity of the brothel site. Thus, they had to be approached in nearby tea and 'paan' shops, small hotels and eating joints near brothels, bus stands, railway stations, parking lots of taxis and auto rickshaws.

The main strategies we used to address the refusal rates were: having trained CLOs who could help to identify clients by their movements / actions in sites and to explain about IBBA and in motivating potential respondents. Field team members were also motivated for building good rapport with potential respondents in sites and to become well versed in identifying clients of FSW in sites. Having more field team members in one site was also a strategy used, especially in busy or large sites, to ensure that as many as possible could be approached and sample size could be met at these sites.

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.

1. Activity in IBBA clinics were reported by neighbors which brought Police to the clinic. Once it was explained to the police the nature of the survey, things went smoothly, but until this time, there were some disturbance / brief halting in the field work. This happened mainly in Chennai District client's survey.

2. Local pimps and brokers were also main hindrance as they feared they would lose vital customers who may get recruited to the survey; this was a problem faced more in Madurai district, where there was a higher degree of rowdies problem in sites. In some instances, the field team had to, through the local leaders, key informants or gatekeepers, convince them and recruit clients in an amicable manner.

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

1. As with the other group surveys, local stakeholders were helpful in clinic identification
2. They also helped them in identification of CLO members, helped to locate hot spots and in recruiting IBBA doctors.
3. Involvement of the NGOs at the local level helped to get good cooperation of community members
4. More number of CLOs were used for better coverage and as each one of the CLOs had access to and they were able to convince community members against any fears/ inhibitions

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

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
Chennai, Madurai and Salem.	**Clients of FSW**	**Rs.100 per head with pick-up and drop**

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

1. The compensation amount had decided by Community Advisory board, to provide lunch if we do the interview in the afternoon.

There were no other concerns raised on compensation for the Clients survey by community members or other local stakeholders.

V. Community Involvement (CI)

Survey District and Group	No. of CAB members	No. of CMB members	No. of CL employed
Chennai	8	9	5
Salem	13	14	5
Madurai	11	25	8

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.

Through TAI staffs, Round1 CLO's and active community sex workers and community leaders were identified as CLOs.

Local NGOs provided information based on mapping data and proportion of FSWs in each area and thereafter, CMB members were selected and distributed area-wise. They also doubled up for addressing concerns pertaining to clients of FSW.

CMB meetings were conducted periodically in each of the study districts where the CMB members gave vital feedback on respondent's opinions and issues faced by them during these meetings.

b. List all activities that the CL worked on.

- Identification of eligible respondent at the selected site
- Approaching the prospective respondents and initial explanation to them about the survey
- Guiding the Field team members and introducing them to the respondents
- To explain survey procedure, consent and if required for clinic examination
- Accompanying field team and respondents from the pickup point to the clinics

- Arranging to drop respondents back at the hotspots or residence, especially during odd timings at night/ early mornings
- Helping the field teams in logistics related to the survey
- Other activities in the clinic and at the hotspots

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?

- Community Liaison Officers were chosen from among the FSW target community members who were not full-time employees of TAI/ Avahan programme, or brokers/ pimps identified through FSWs working in the district in the specific geographic areas where the survey was taking place.
- They were lead persons who were either ex-sex workers or active sex workers or brokers with good knowledge of the field – areas frequented and operational by FSWs and their clients, logistics and estimates/ numbers of target respondents in specific sites.
- Direct NGO employees were not engaged as CLOs but field level NGO workers helped in identification, selection and recruitment of CLOs in each of the districts. Few of the CLOs who were good in fieldwork were also employed as interviewers and part of the survey team.

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

* The Community liaison officers was the gateway to the community and they played an important role between survey group and community

- Identification of eligible respondent
- To assist supervisor for recruitment of the respondents
- To help to identify the complicated sits.
- To help in clinic for oral concern, interview, blood collection and referral to the NGO clinics
- To bring the respondent from field to clinic

CLOs were able to motivate respondents to take part in the survey mainly in both the behavioral and biological components even though respondents had some fears and were hesitant to participate in the clinical assessment.

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

There were no such incidents, the CLO involvement complicated in the implementation of the survey in the clients of FSW. In field work for clients of FSW, CLO involvement did not in any way complicate field work. In fact they were very important and without them, it was difficult to do the field work.

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

The CAB members were the spokespersons for IBBA in the district and they were key to clarify the doubts of community members and other local stakeholders about IBBA. They understood the importance of IBBA and encouraged the community's involvement in the survey.

The CAB members were helpful in the identification of field clinics and IBAA doctors.

In some districts the CAB helped to identify the appropriate solutions for trouble shooting during IBBA and to continue the field work. In some districts they also made field monitoring visits to ensure the quality of field work.

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

There were hardly any concerns raised by CAB members pertaining to the clients of FSW survey field work in any of the district. The CAB concerns as expressed for other survey groups, were incorporated by field team which implementing survey for clients of FSW.

1. CAB members suggested early on that all respondents brought to the IBBA clinic during day time should be provided with lunch and this was followed by the research teams.

2. The CAB members did suggest that IBBA clinics should be closer to the field sites to avoid traveling long distances to participate in the survey. It was difficult to implement this suggestion due to difficulty in setting up clinics locations. CAB members also suggested that clinic venues should not be setup in government hospitals. They suggested that clinic venues be located in residential buildings with adequate privacy.

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

During the period of the survey, initial CMB raised the blood being drawn in large quantity. Following this, discussions were held with CMB members and field team also visited important NGOs and CBOs across the district and explained to them about the quantity of blood being collected (10 ml) clinical tests, the need for this and how it is to be viewed. Thus, this problem was solved amicably.

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.

Different types of venues were used for clinics due to various reasons. The first criteria of establishment of the venue was to establish the same at a place where it is not very obvious for the general population and raise concerns about issues protecting the confidentiality of respondents. The other criteria were the convenience of the clinic in terms of logistics – distance from and to the hotspots and living areas of respondents as they had to be brought even at odd timings. Further, it was difficult to obtain permission from individuals and institution heads in

several districts to run a temporary clinic for screening high-risk groups. Spacious / Convenient buildings were not available for a continuous duration and cost factors also had to be considered.

Thus, Community hall, Religious community hall and Residential house were used for the behavioural and biological assessments for the survey. All were considered more 'respondent-friendly' venues as the respondents did not anticipate or have any fear of being observed or identified.

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

Minimum of one km to maximum of five km from most sites to the IBBA clinic; and in some places were the team could not arrange the temporary clinic maximum distance of travel from clinic to site was 20km

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
Salem	2	20	428
Madurai	2	27	438
Chennai	2	14	431

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).

1. We distributed the result in IBBA clinics due to non availability targeted Intervention programme for clients of FSWs by the NGOs in most of the districts; so we could not get the cooperation from government hospitals (STD Department of Gov. Hospitals), as they refused to accept the test result provided by IBBA. Therefore all respondents were referred back to IBBA clinic to be seen by IBBA clinic doctors.
2. Very few respondents were interested to know their result and hardly any came back to collect the result in all 3 districts.

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.)*

Transportation of samples to the district lab was carried out by designated personnel of the Research agency in a daily basis. Samples were transported in thermocol boxes with frozen gel packs (provided from the district lab prior to the start of each day's field activity).

1. Lab technician, Venue supervisor and District coordinator

2. End of the day or when survey was completed specimen were transported from the field clinic to district lab
3. All samples were stored in gel packs to maintain the 4'c to 8'c cold chain
4. Efforts were made to reach the district lab at the earliest (Auto, Bus, Two wheeler and call taxi, after sample collection.

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. Instances of improper filling up of submission forms – feedback provided to supervisor and Lab tech for rectification and adherence.
2. 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 handling and storage of the samples.
3. Instances of erroneous labeling – supervisor/ District coordinator were informed and mismatched labels substituted with correct labels. In case of USTT, there were a few instances of labels being affixed over the 'window' making it difficult for the technician to accept the sample as complete – those labels were removed and fresh label (of same PID) affixed.
4. There were issues regarding management of logistics, with material sent to one clinic being used at another clinic. The field supervisor/ coordinator were instructed to avoid such practices unless in case of emergency.

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

1. Transportation of blood samples from the IBBA clinics to the district labs was challenging especially at odd hours, having to cross district border check-posts and other routine security screening by local police. District Coordinators, Field Supervisors and Field Assistant responsible for transportation carried permission letters, Identity Cards and were in touch with senior field and research personnel during any such security concerns.
2. Owing to use of public transportation, there was sometimes a delay in sample delivery at the district lab especially during night.
3. There were some instances of lack of coordination between district and field personnel with respect to timely pickup of thermocol boxes at the start of the day's survey and at time of sample submission at the end of the day's survey.
4. Biowaste transportation not done properly (with 2-3 day old leaking waste bags being transported to district lab) – The field technician and supervisor were informed and asked to discard urine containers properly closed into the autoclave bags and all waste to be transported to district lab on daily basis.

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

Survey District and Group	No. of thermacol boxes where cold chain not maintained	Total number of thermacol boxes transported to district lab
Madurai Clients	0 (4)*	29
Salem Clients	0	27
Chennai Clients	0	25

* The numbers in parenthesis represent boxes where the thermometer reading were >8^0C. However all these boxes had gel packs in frozen state and samples were transported in cold chain. The erroneous readings could be attributed to instances of improper placement of thermometers/ delay in reading thermometer after opening the box/ faulty thermometer.

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

All samples collected at the end of the day's survey was checked by the supervisor and packed by the technician. The sample boxes are carried by a designated messenger (from Research agency) on the same day and handed over to the technician at the district lab along with submission forms and indents. Though ideally samples were required to be transported in a vehicle (auto/taxi) to ensure safety and timely transportation, they were mostly carried using a public transportation system. There were some instances of lack of proper coordination (due to lack of timely communication) between district staff and messenger regarding timing of handing over/ receipt of samples at the district lab.

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

The following are the issues regarding sample transportation from district to state lab

Shipment of samples from the district labs were done in a coordinated manner by a messenger (designated by NIE) in cold chain. But there were instances of submission forms being sent without proper and legible filling up, samples not arranged in sequential manner in the cryoboxes etc. These were promptly intimated to the concerned district lab technician for rectification and adherence. There were a few instances of samples being rejected at the state lab as they were lipemic/lyzed. The district lab technicians were instructed not to test lipemic/lyzed samples and to treat such samples as not-satisfactory.

X. Laboratories

Survey District and Group	Name of District Lab
Salem	Director of Public Health
Madurai	Private hospital
Chennai	Director of Public Health

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

Logistics supplied for round II were of satisfactory quality. However there were issues with certain material (leftover from Round I) such as gloves, alcohol swab etc. due to deterioration of quality and expiry. Due to malfunctioning of centrifuges, new centrifuges were provided for round II. Even with the new centrifuges there were instances of breakdown and difficulty in getting them repaired.

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

All districts had performed well in the EQAS & Proficiency testing.

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

Prior to initiating field work, all study team personnel signed a confidentiality undertaking with the field agency. The regular staff of the Field Agency also signed an undertaking to adhere to the policies on maintaining confidentiality in the data collected during IBBA. All study staff including investigators, supervisors, community liaison officers, district coordinators and other project staff were trained on data security and confidentiality regarding handling of data collected from study participants. The training clearly laid out who should have access to what study materials/data collection forms and how they should be stored and transported to maintain confidentiality – as per the Operational Guidelines for data specimen safety.

Data from sampling frame development fieldwork, i.e. available mapping data on locations where survey population members could be found were strictly maintained by designated persons at research agency, ICMR Institutes and FHI. No paper or electronic copies of these data were maintained by field team staff after they are turned into the central team. These data were only be shared with designated persons involved in sampling frame development at ICMR Institutes and FHI.

A detailed field plan describing the location, the timing, and the number of people to be recruited from each cluster was developed and given in soft copy to the Research Agency head and Field coordinator. In the field these plans were maintained by only by the team supervisor and not distributed to team members. The team supervisor was responsible for keeping the field plan in a secured place where other team members do not have access to it, until the time of field work.

In no circumstance was any field level information were shared or given to any unauthorized individual. In no circumstance was any data stored, opened reviewed and modified on public computers such as computers in internet cafes, or computers which have common access to authorized and unauthorized persons.

After conducting each interview, the filled questionnaires and consent forms were considered confidential documents and were maintained in a locked private place, such as IBBA clinic.

Instructions were given that filled questionnaire and consent forms should not be shown to, shared with, or given to anybody except the team leader.

On a weekly basis filled questionnaires and consent forms were bundled and safely transported to the State RA office. One designated team member personally carried the questionnaires and consent forms to the State office. Completed questionnaires and signed consent forms were delivered to only designated person in the State RA and not anyone else.

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 were limited to only data entry technicians and data entry manager. The questionnaires were transported to state ICMR Institute at regular intervals, at the completion of data entry for each group, the 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.

The second data entry at ICMR Institute was be done only by a designated trained data entry technician under the supervision of state data manager.

As much as possible Confidentiality was maintained strictly at all levels from the IBBA clinic to the State ICMR Offices.

In the field, while field teams were instructed to store the survey forms separately from consent forms in the IBBA clinic in a locked storage space, there were breaches in following this, identified by the monitoring teams, and were corrected in an ongoing manner throughout the survey period to ensure this aspect of the protocol.

Sometimes the field teams were found to be storing the survey forms in their hotel rooms where they were staying and instructions were provided to avoid this practice.

XII. Adverse Events (AE)

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

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

XIII. Intervention

Survey District and Group	Intervention Partners
Madurai	**TNSACS, PSI**
Salem	**PSI**

Chennai	TNSACS, PSI

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

There have been no sustained interventions for the Clients of female sex workers in any of the IBBA districts.

In 2006-2007, Population Services International was conducting interventions for male clients target group in various cities of Tamil Nadu, including Chennai, Salem and Madurai. This included IEC and BCC activities to address STI risk and also for the condom promotion. Part of the project was Key Clinics, franchised clinics for providing low cost STI services to male clients. After 2007, this program by PSI was closed down, and subsequently there are no programs with male clients.

During IBBA 2, there were no interventions in any of the districts for male clients. The only service for this group in terms of STI was available through the STI clinics in Government hospitals. We were also not able to identify any other efforts by TNSACS NGOS, specifically aimed at male clients or even migrant populations in any of the IBBA districts.

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

XIV. Size Estimation

No size estimation method was used for clients of FSW group in any of three districts

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)

Compared to the IBBA Round 1 Wave, during the IBBA Round 2 Wave, the dynamics of operation of high-risk groups and especially FSWs has changed slightly having a bearing on the fieldwork and concerned resources.

1. The diversity of clients has been increased and there are especially large cities and towns such as Chennai, Salem and Madurai where different profiles of clients visit the same hotspot as a wide range of sex workers are found in a given site.

2. Compared to the previous wave, while in the first wave clients were being approached for the first time, it was tedious to approach them at the hotspot and obtain their consent for the survey, during this wave it was difficult to capture clients due to other reasons – such as

hurry to leave for other work or late night and hence wanting to return to their residence, or peer pressure to visit a bar, etc.

3. Clients are also known to have increased in terms of mobility in tune with the trend among FSWs, they now tend to pickup customers through the mobile and hence reportedly fewer clients compared to the previous wave actually move in or near the sites waiting to select sex workers. This had posed a problem of waiting for longer durations in sites to achieve the minimum sample size in each site.

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).

The main contextual factors to keep in mind are the following:

- Chennai is a large metro city with high mobility; as such there were no major changes in environment in Chennai between R1 and R2, except for that Avahan Intervention was no more implemented in Chennai district, but transferred to TNSACS.
- Madurai city and surrounding areas are largely an agricultural capital / business center of Tamil Nadu and therefore having a high volume of transitory and mobile populations. There have been changes in Madurai since the last IBBA was conducted, a change in socio and political scenario, which was visible- increasing in rowdism in and around Madurai.
- Salem is also another business center in Tamil Nadu, with industries as well located in the district. There were no changes in Salem between R1 and R2.