



**INTEGRATED BIOLOGICAL AND BEHAVIORAL
SURVEILLANCE SURVEY (IBBS) AMONG TRUCKERS IN
22 TERAI HIGHWAY DISTRICTS OF NEPAL**

In Collaboration with

**STD/AIDS Counseling and Training Services (SACTS)
Pyukha, Kathmandu, Nepal**

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ACRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
AMDA	Association of Medical Doctors of Asia
DIC	Drop-in Center
FSW	Female Sex Worker
FHI	Family Health International
GWP	General Welfare Pratisthan
HIV	Human Immuno-Deficiency Virus
IBBS	Integrated Bio-Behavioral Survey
IEC	Information, Education and Communication
NCASC	National Center for AIDS and STD Control
NGO	Non-Governmental Organizations
NHRC	Nepal Health Research Council
NRL	National Reference Laboratory
NSARC	Nepal STD and AIDS Research Center
OE	Outreach Educators
PE	Peer Educators
PHSC	Protection of Human Subject Committee
RPR	Rapid Plasma Regain
SACTS	STD/AIDS Counseling and Training Services
SLC	School Leaving Certificate
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infections
VCT	Voluntary Counseling and Testing

Executive Summary

Background

The Integrated Biological and Behavioral Surveillance Survey among Truckers (IBBS 2009) was launched on February 20, 2009. A total of 400 truckers were recruited for the study at the Pathlaiya study site. Data for the study was collected between February 28, 2009 and April 25, 2009. The survey measured HIV and syphilis prevalence among truckers along with information on variables which are associated with a risk of HIV infection, such as condom use, sexual behaviors, knowledge of HIV/AIDS, reported cases of sexually transmitted infections (STI), STI treatment behaviors, exposure to HIV/AIDS messages and alcohol and drug habits

Study Objective

The objective of the study was to determine the prevalence of HIV and syphilis among truckers who drive on the East-West Highway and to assess their HIV/STI-related risk behaviors and to analyze trends by comparing the data obtained from the previous rounds of the IBBS.

Study Methodology

To allow comparison over time, the 2009 survey followed the same sampling procedure used in the IBBS with truckers in the previous rounds of study. ACNielsen's research team visited Pathlaiya to observe the flow of trucks and locate sites where the trucks stopped for new assignments, loading/unloading goods and for the night halt as well. Discussion with the local authorities dealing with the truckers revealed that almost all the truckers driving long distances on the terai highway passed through this point at least once or twice in a month, and most of them stopped for new assignments. So, as in the previous rounds, truckers were recruited from this point of the terai highway of Nepal.

To meet the criterion of covering at least 30 clusters to generate a representative sample for the survey, a total of 40 clusters were covered to achieve a sample of 400 truck drivers/helpers. Each day was considered a cluster. Looking at the average flow of truckers per day through the Pathlaiya point, every fifth truck passing through the highway was selected for the sample. To implement the above methodology, 3-4 interviewers were placed at 3-4 strategic points (one interviewer in each point) of the survey site. While selecting these strategic points, it was ensured that the entire truck traffic passed through the interviewers standing at their respective points. While selecting such locations, it was also ensured that the interviewers did not count the same truck twice. Every fifth truck passing through the Interviewer/counter was intercepted, and the truck numbers were recorded in the respondent selection sheet. Each of the listed trucks was traced at the parking locations, in and around the selected survey site. The drivers of the intercepted trucks were screened to ensure eligibility with respect to their age.

Once the truckers were randomly selected through the process mentioned above, they were approached for briefing about the objectives and methodology of the study. Then informed oral and witnessed consent was obtained from each trucker selected for the

interview. An informed consent form was administered by the interviewer in a private setting and witnessed by another staff to ensure that the study participants understood the questions well as well as the services that would be provided to them during the study, and that they were participating in the study with informed consent. Both the interviewer and the witness were required to sign the consent form and date it. This was followed by an interview with the full consent of the study participants. The interviewer administered the standard questionnaire in a private room.

Biological component

For collecting blood samples, a clinic was set up at Pathlaiya. After obtaining informed consent, blood samples were collected, and syndromic treatment was provided for STI problems after examination by a health assistant. All study participants were also provided pre-test counseling for HIV and STIs. Lab analysis included testing for HIV and syphilis among the truckers.

Key Findings

- ✓ The truckers were of the same age group as reported in 2003 and 2006, with their mean age being 27.2 years, and their ages ranging from 17 to 59 years.
- ✓ The major ethnic/caste group of the truckers were the same as in the 2006 study; Brahmin/Chhetri/Thakuri: 43.24 percent and Gurung, Magar, Tamang, Rai, Limbu and Newar: 39 percent.
- ✓ The truckers were away from their family for a mean duration of 19.5 days in a month. Altogether 47.1 percent of the married truckers reported that they spent around 15-21 days per month away from their families.
- ✓ The proportion of truckers who admitted ever having sexual intercourse with women (96.8%) was as high as in 2006. Among them, 64.1 percent had their first sexual encounter at the age of 15-19 years. Among the truckers having ever had sex with women, 62.8 percent mentioned having done so with a sex worker (63.9 in 2003 and 69.3% in 2006).
- ✓ A total of 117 truckers (48.2%) had had sex with sex workers in the year preceding the survey. Almost 42 percent of them had sex with 2-3 sex workers.
- ✓ Among the truckers who had sex with the sex workers, 13.6 percent of them had it with the sex workers in India at least once (18.8% in 2003 and 13.9% in 2006). Among them, 54.5 percent had visited one sex worker in India so far, while 15.2 percent had been to 4-5 sex workers.
- ✓ All truckers who had visited a sex worker in India in the past year had used a condom during their last sex and had also been consistent condom users.
- ✓ Among those who had sex with sex workers in the past year, 81.2 percent of the truckers had used condoms every time, and 74.1 percent of them who had sex with their female friends in the past year consistently used a condom. However, consistent use of condoms with girlfriends was 45.5 percent and with wives only 3.6 percent.

- ✓ Only 19.4% of the truckers said that it took them more than 15 minutes for them to get a condom from the nearest place. Majority of the truckers (94.1%) reported that they could get condoms from the pharmacies
- ✓ Some 17.1 percent of truckers reported that they obtained condoms from the NGOs/health workers/volunteers as compared to 48.9 percent in 2006.
- ✓ The pharmacy was reported to be the most popular source of information on condoms by 97.8% of the respondents. Other popular information sources as mentioned by them were newspapers/posters (95%), bill board/sign board (94.5%) and health post/health center (94.3%).
- ✓ Number One was the most popular brand for 34.8 percent followed by Jodi and Panther - 24.8 percent and 20.8 percent respectively. About half of the truckers reported always carrying a condom with them.
- ✓ Only 35.5 percent of the truckers were aware of all three HIV preventive measures - A (abstinence from sex), B (being faithful to one partner or avoiding multiple sex partners) and C (consistent condom use or use of condom during every sex act), and 45.7 percent of them rejected the common local misconception that mosquito bite transmitted the HIV virus. A total of 90.1 percent knew that a healthy looking person could be infected with HIV, and 84.3 percent said that sharing of meals with an HIV-infected person did not transmit the virus.
- ✓ About 60 percent of the truckers knew that they could have a confidential HIV test in their community. However, only around 37 percent of them had been tested.
- ✓ For around 44 percent of the truckers STI meant HIV/AIDS and 43.3 percent of them considered ulcer or sore around genital areas as STI symptoms.
- ✓ Only 11 among 400 truckers had experienced at least one STI symptom in the past year.
- ✓ Almost 43 percent of the truckers visited a pharmacy for the treatment of the STIs.
- ✓ Around 11 percent of the truckers had at least once met a peer/outreach educator from the various HIV/AIDS-related programs, and only 4.5 percent of them had visited a DIC in the past year. Of the truckers, 3.3 percent had visited a STI clinic and VCT center in the year preceding the survey.
- ✓ Of the peer/outreach educators whom the truckers had met, most of them were from AMDA. The DICs that most of the truckers had visited were run by GWP. For STI services, the truckers had visited private clinics and the AMDA clinic, and of the truckers who had visited a VCT site, most had visited a VCT center run by AMDA and GWP.

- ✓ The participation of the truckers in HIV/AIDS-awareness programs/community events was also minimal, with only 20 percent of them reporting to have ever been part of such events. Among them, 12.5 percent had participated in programs conducted by the NRCS.
- ✓ Among the 400 truckers who participated in the study, no one was found to be HIV positive. HIV prevalence rate was 1.8 percent in 2003 and 1 percent in 2006.
- ✓ Only 0.2 percent of the truckers were found to be currently infected with syphilis, and 1.8 percent of the respondents had a history of syphilis. The prevalence of syphilis history and current syphilis has decreased since 2003.

Recommendations

- The knowledge of the truckers about the causes of HIV/STI transmission was reported very poor. This may be due to the minimal participation of the truckers in HIV/AIDS awareness and prevention programs. More programs should be launched targeting this particular group on the highways, and coverage of the programs should be increased. Such programs may include visits by peer educators and outreach workers to raise awareness about HIV and STI and to promote condom use.
- The truckers do not use condoms consistently with familiar partners like their girlfriends and spouses. HIV/AIDS prevention programs should focus more on the need for consistent condom use for HIV/STI infection prevention purposes with all kinds of partners.
- Truckers should be encouraged to use a condom consistently through the expansion of free condom distribution programs by NGOs/health workers/volunteers as part of a HIV/AIDS awareness campaign.
- IEC materials like posters/pamphlets and billboards/signboards are found popular in disseminating HIV/AIDS awareness information to the truckers. Such activities should be continued and further extended to cover major highways.

Chapter 1: Introduction

1.1 Background

In countries like Nepal, the HIV epidemic is related to behaviors that expose individuals to the virus, thus increasing the risk of infection. Information on knowledge about HIV and the level and frequency of risk behaviors related to HIV transmission is important in identifying and better understanding populations most at risk of HIV.

Recent estimates show that 70,000 people in Nepal are living with HIV (NCASC, 2008). This report also further indicates that 10, 000 male clients of sex workers aged 15 and above are living with HIV in Nepal. The country's vulnerability to HIV has increased because of several socio-economic factors, including poverty, coupled with lack of employment opportunities, large-scale migration and 10 years of conflict. Sex work is rampant, and trafficking of women for sex work in the brothels of Indian cities is a perennial problem.

The first ever HIV and STI prevalence survey, which covered 16 districts in the terai along the East-West Highway, was conducted in 1999. The survey showed that 3.9% of the female sex workers (FSW) and 1.5% of the truckers were HIV-positive (FHI, 2000). Moreover, behavioral surveillance surveys conducted among FSWs and their clients on the East-West Highway and in the Kathmandu Valley revealed that the sex trade was on an increasing trend and that a greater number of younger FSWs were entering the business. HIV prevalence among truckers, one of the sub-groups of sex workers' clients, was estimated at 1.75% and 1.0% respectively in the 2003 and 2006 rounds of the IBBS.

Interventions targeted at different HIV/AIDS vulnerable groups have been intensified over the years. Such interventions basically aim at bringing about behavioral change. Promotion of condom use as safe sex practice is one of the chief components of these activities. The first, second and third rounds of the study of the FSWs and truckers in the terai highway districts were conducted in 1999, 2003 and 2006. ACNielsen conducted the fourth round of the IBBS study in 2009 among the FSWs and truckers in the terai with technical support from FHI.

1.2 Objectives of the Study

The objective of the study was to determine the prevalence of HIV and syphilis among the truckers who drive on the East-West Highway and to assess their HIV/STI-related risk behaviors, and to analyze trends by comparing the data obtained with the previous rounds of the IBBS.

The specific objective of the study was to measure the prevalence of HIV and syphilis infection, STI syndromes and behavioral correlates among the truckers:

- Measure the prevalence of HIV and syphilis infection.
- Collect syndromic information on STIs such as genital ulcers and urethral discharges.
- Measure knowledge and treatment of STI problems; knowledge and use of the condom; and exposure to available HIV/STI services.
- Collect demographic, behavioral and biological correlates of HIV and syphilis infection.

Chapter 2: Methodology

2.1 Study Population

This cross-sectional integrated biological and behavioral surveillance survey (IBBS) was conducted among truckers who are considered to be one of the high-risk sub-groups of the clients of female sex workers. The eligibility criterion used in the study was “male truck drivers aged 18 years or above or their helpers aged 16 years and above intercepted at the Pathlaiya truck stop along the Mahendra Highway”.

As in the previous rounds of the IBBS among truckers, the entire terai highway was the study area. However, all the recruitments were made from Pathlaiya, which is located in the central region of Nepal and lies 55 km southeast of Hetauda. Participants were recruited from here in the previous rounds as well. All trucks originating from the eastern and southern parts of the country, as well as neighboring parts of India across the eastern and southern border, must pass through Pathlaiya to reach Kathmandu or west Nepal. Almost all of them stop at least once or twice in a month at Pathlaiya for new assignments, loading/unloading goods and for the night halt. They arrive at the site, put their name on a list, and wait for an assignment. The recruitment site was selected, taking into consideration the convenience in establishing a mobile lab and also meeting the study population.

2.2 Sample Design

The IBBS requires meticulous and cautious sampling procedures since the surveys need to be conducted repeatedly over a period in order to measure changes in the prevalence rate of HIV and STIs and other knowledge and behavioral indicators. To allow comparison over time, the 2009 survey followed the same sampling procedure used in the previous IBBS rounds of studies with truckers. The ACNielsen research team visited Pathlaiya to observe the flow of trucks and locate sites where the trucks stopped for new assignments, loading/unloading goods and for the night halt at least once or twice in a month.

To meet the criteria of covering at least 30 clusters for the survey, a total of 40 clusters were covered to achieve a sample of 400 truck drivers/helpers. Each day was considered a cluster. Looking at the average flow of truckers per day through the Pathlaiya point, every fifth truck passing through the highway was selected for the sample. To implement the above methodology, 3-4 interviewers were placed at 3-4 strategic points (one interviewer in each point) at the survey site. While selecting these strategic points, it was ensured that the entire truck traffic passed through the interviewers who were standing at their respective strategic points. While selecting such locations, it was also ensured that the interviewers did not count the same truck twice. Every fifth truck passing through the Interviewer/counter was intercepted, and the truck numbers were recorded in the respondent selection sheet. Each of the listed trucks was traced at the parking locations in and around the selected survey site. The drivers of the intercepted trucks were screened to ensure that they were eligible with respect to their age.

2.3 Study Process

Once the truckers were randomly selected through the process mentioned above, they were approached and briefed about the objectives and methodology of the study. Then informed oral consent in the presence of a witness was obtained from each trucker selected for the interview. An informed consent form was administered by the interviewer in a private setting and witnessed by another staff to ensure that the study participants understood the study process well as well as the services that would be provided to them during the study, and that they were participating in the study voluntarily. Both the interviewer and the witness were required to sign the consent form and date it. This was followed by an interview administered with the consent of the study participants. The interviewer administered the standard questionnaire in a private room.

All selected truckers were provided pre-test counseling for HIV/syphilis, and their queries and concerns regarding STI/HIV/AIDS were answered by the trained medical staff working in the lab. The health assistant asked the respondents if they were currently suffering from any STI symptoms. They were also examined physically for any evidence of STI symptoms, and in case of any such sign, they were counseled accordingly. They were provided free medicines for syndromic treatment in accordance with the "National STI Case Management Guidelines 2001". As an incentive, a simple health check-up to measure the blood pressure, height and weight was done. The blood group and blood sugar levels were also determined. The decision to offer these tests as an incentives was based on the demand of the study participants in the previous survey. The study participants with high blood pressure and sugar level were counseled and referred to the local clinics or doctors. After the general examinations, a lab technician drew a venous blood sample from the respondents for HIV and syphilis testing. Additionally a small gift was also provided to the truckers as a token for their participation.

The blood samples were tested for syphilis and HIV. A laminated ID card with a unique ID number was also issued to each respondent. The same number was used in the questionnaire, medical records and blood specimens of the particular respondent. The names and addresses of the respondents were not recorded anywhere. All participants were informed about the date and venue where they could collect their test results. The study participants were informed that they themselves would have to collect their test results after producing their ID card. The participants were further informed that if they lost their card, the study team would not be able to identify their test results. The HIV and syphilis test results were distributed by trained HIV/STI counselors from General Welfare Pratisthan (GWP) Pathlaiya.

Fieldwork for the study started on February 28, 2009 and lasted till April 25, 2009

Refusal

All respondents participated voluntarily in the study. There were many truckers who refused to take part in the study. Their refusal, however, was also carefully documented. Refusals were recorded at two stages: (1) at the time when they were approached at different locations around Pathlaiya and (2) after their arrival at the study site, i.e., during the final stage of recruitment. More than 450 truckers refused to take part in the study. Their refusals were based on various grounds - paucity of time, scared of drawing blood for the test, not interested due to personal reasons, already had been to other Voluntary Counseling and Testing (VCT) centers/clinics or denied permission to spend duty time

for the study requirements by the truck owner. Three truckers who had come for the interview did not meet the eligibility criteria.

2.4 Implementation of the Study

This study was planned in the second-generation surveillance work plan of the National Center for AIDS and STD Control (NCASC). The NCASC was the lead organization conducting the study with technical assistance from FHI and USAID/Nepal. The NCASC staff monitored the study's implementation as well.

The study protocol for the truckers was approved by the Protection of Human Subject Committee (PHSC), an ethical committee of FHI. The Nepal Health Research Council (NHRC) also reviewed and approved the proposal. Fieldwork began only after obtaining the ethical approval from both the NHRC and PHSC.

ACNielsen was responsible for carrying out the study in close coordination with STD/AIDS Counseling and Training Services (SACTS). SACTS was responsible for the laboratory work (setting up a mobile lab at the field site) for the study, providing training to the lab technicians, supervising, collecting blood samples and conducting HIV and syphilis tests at their Kathmandu-based laboratory.

ACNielsen was responsible for developing the research methodology including the sampling plan, reviewing and updating the study tools developed for the previous rounds of the IBBS studies, distributing the STDs/HIV results to the study participants with pre/post test counseling and management of the entire study.

2.5 Research Instrument

A quantitative research approach was adopted for this IBBS study. The structured questionnaire that was used earlier in the IBBS was used with some additional questions.

Inputs received from the field team during the mock interview sessions conducted prior to the survey were also duly considered while giving final shape to the questionnaire. The questionnaire included questions on demographic characteristics and sexual behaviors - sexual history, use of condoms, risk perception, awareness of HIV/AIDS/STIs, incidence of STI symptoms, participation in HIV/AIDS awareness programs, and alcohol/drug habits (Annex 2). Apart from the structured questionnaire, questions related to STI symptoms were asked to the truckers by a health professional to verify the occurrence of such symptoms in the past or during the survey. The study participants were provided syndromic treatment for STI problems, while a lab technician collected blood samples for HIV/syphilis testing. Strict confidentiality about the laboratory results was maintained throughout the study period.

2.6 Recruitment and Training of Research Team

ACNielsen's research professionals, in association with the field executives, were responsible for the recruitment of supervisors and interviewers. The recruitment was made from the existing panel of supervisors and interviewers. Candidates having prior experience on similar issues were given preference. One supervisor, five interviewers, one health assistant, one lab technician and one runner were hired for the survey of truckers.

A week-long training was organized for all the field researchers/staff that included introduction to the study, administration of the questionnaire including characteristics of the target groups, methods of approaching them, rapport-building techniques, and sharing of previous experiences (problems and solutions). In addition, the training session also involved mock interviews, role plays and class lectures. Role-play practices were carried out assuming the actual field situation. Possible problems that could be faced while approaching the truckers and ways of overcoming such problems were discussed. The training also focused on providing a clear concept of informed consent, pre-test counseling and basic knowledge of HIV/AIDS and STIs to the research team. Field teams were also briefed about HIV/AIDS and STI by experts from FHI during the training.

2.7 Field Operation Procedures

Clinic Set-up

A clinic was set up at Pathlaiya , a centrally located site, for capturing the truckers driving along the terai highway of Nepal. As in the previous rounds of the IBBS among truckers, this was considered a convenient site for the study population. The clinic had a lab facility for drawing blood and centrifuging it for separating the serum. There was a separate room for each activity, including administration of the questionnaire.

There were altogether five to six rooms at the clinic site. There were refrigerators at all the sites to maintain the cold chain. There was also power backup facility. However, in case there were still power failures, the samples were transported to the General Welfare Pratisthan (GWP) at Pathlaiya for storage. The ACNielsen field staff had already built a relationship with all the concerned VCTs and had communicated to them about the help and support solicited from their side while carrying out the study.

Clinical Procedures

All the participants were offered clinical examination as an incentive to participate in the study. The clinical examination included a simple health check-up that measured their blood pressure, body temperature, weight, pulse, besides symptomatic examination for STI with syndromic treatment. The participants were asked whether they had any STI symptoms at the moment, such as genital discharge or ulcers. After the examination, they were sent to the laboratory room where 5 ml of blood was drawn from each participant from the vein in the arm. Those truckers with STI symptoms were provided syndromic treatment according to the national guidelines. Other over-the-counter medicines such as para-cetamol tablets, alkalizing agents and vitamins were also provided if necessary.

Laboratory Methods

Screening for HIV antibodies:

HIV antibody screening was performed using the serial testing approach. All the serum samples were tested using **Determine HIV-1/2** as a first test. All the negative samples by the first test were recorded as negative. All serum samples positive by the first test were retested using **Uni-Gold** as a second test. If the second test was also positive, the test was recorded as positive. If the test result was positive by the first test and negative by the second test, the sample was again retested by the third tie-breaker test **SD-Bioline**. If the third test was positive, the test result was recorded as positive and if

negative, it was recorded as negative. The used testing protocol was based on the National VCT Guidelines of Nepal revised by the NCASC in 2007.

Screening for syphilis:

All the serum samples were tested for syphilis infection using the BD..Micro-Vue RPR card test. All the samples negative for RPR were recorded as negative. All the positive samples for RPR were retested with serial serum dilution up to 64 times, and the test result was recorded with the dilution factor. All the RPR positive serums were also tested with the *Treponema Pallidum Particle Agglutination (TPPA)* test using Serodia TPPA as a confirmatory test. On the basis of the titre of RPR, all the specimens with RPR/TPHA positive results were divided into two categories.

- TPPA positive with RPR-ve or RPR +ve with titre < 1:8 were categorized as “history of syphilis or past syphilis”.
- TPPA positive with RPR+ve with titre 1:8 or greater were categorized as “current syphilis” requiring immediate treatment.

Storage and Transportation of Samples

Blood samples for the HIV/syphilis test were collected from each of the study participants using a 5ml disposable syringe. Serum samples were separated from the collected blood samples and stored in a fridge in the field. The specimens were handed over to the SACTS lab in Kathmandu twice a week in a cold box. The serum samples were stored at the SACTS laboratory at a temperature of -12 to -20°C.

2.8 Quality Control

Quality control was maintained throughout the process from collection of the specimens to their handling and testing. All the tests were performed using internal controls. These controls were recorded with all the laboratory data. Of the total serum collected, 10 percent was submitted for quality control assurance to the National Public Health Laboratory (NPHL) for the EQA test. The same test kit and the same testing principles were used for the EQA test also. The quality control samples were given a separate code number to ensure that the person who performed the quality control had no access to the test results.

2.9 Coordination and Monitoring

This IBBS was conducted under the National HIV Surveillance Plan of the National Centre for AIDS and STD Control (NCASC). The study was approved by the NCASC as a surveillance study. ACNielsen was responsible for the overall coordination for the implementation of the study. SACTS was responsible for setting up the field clinic and performing the laboratory and clinical part of the study including collecting, storing and testing samples for HIV and syphilis.

The key research team member conducted the monitoring and supervision of the field activities. ACNielsen’s study team members visited the field at least once a week to monitor the fieldwork and coordinated with various concerned organizations. Research assistants and field supervisors were responsible on a day-to-day basis to ensure that the study was implemented according to the protocol in the field. Team meetings were held every week to plan ahead and solve any problem in the field. The field research assistant reported to the senior research assistants or the project coordinator in

Kathmandu by telephone whenever necessary. ACNielsen coordinated with FHI to send an appropriate person to the field to deal with any problems reported from the field as and when necessary. In addition, the key research team member made periodic site visits throughout the fieldwork. The key research team members, in conjunction with the regional social research team Delhi, India were responsible for the overall monitoring. Occasional field visits were made by FHI as well. Besides occasional local *bandhs* (general strikes), no major problems were faced during the data collection fieldwork.

2.10 Ethical Issues

Ethical approval was obtained from the Nepal Health Research Council (NHRC), the government's ethical clearance body for health research, which reviewed and approved the protocol, consent forms and questionnaires. Additionally, the Protection of Human Subject Committee (PHSC) of Family Health International also reviewed the protocol and consent forms and approved the study.

The participants involved in the survey were fully informed about the nature of the study. They knew that their participation was voluntary and that they were free to refuse to answer any question or to withdraw from the interview at any time they wanted. Further, they were also told that such withdrawal or refusal would not affect the services they would normally receive from the study sites and other service delivery points. A consent form describing the objectives of the study, the nature of the participant's involvement, the benefits and confidentiality issues was read out to them.

Since names and addresses of the study participants were not mentioned in any documents, forms and the questionnaire, only the ID cards that were provided to the study participants with a unique/specific number identified them. HIV test results were provided to the individual participants in strict confidence if they approached personally with the ID issued at the time of study. The study team also maintained the confidentiality of the data collected through the survey.

2.11 HIV/STI Pre- and Post-Testing Counseling and Follow-up

After the collection of blood samples, all the study participants were informed about the date, location and place where they could have the test results. It was also informed that they could collect their test results only by showing the ID card bearing their study number. Pre- and post-HIV/STI test counseling was provided to the study participants when they returned for the test results. They were briefed about the importance of having the test result and when and where they could receive their HIV and STI results with post-test counseling. For follow-up services, the study participants were referred to the General Welfare Pratisthan (Pathlaiya) counseling center. Trained HIV/STI counselors distributed the test results.

The study participants had the choice of receiving either the HIV result or the syphilis result or both in written report format. They were well informed about their option during the pre-test counseling.

Post-test counseling and individual report dissemination were completed between March 15, 2009 and May 5, 2009. The respondents were requested to collect their test results within the specified period. Test results were provided by trained counselors of the VCT centers run by General Welfare Pratisthan (Pathlaiyaj), the implementing agency of FHI. Test results were provided by the same organizations assigned for follow-up service.

2.12 Control of Duplication

As the respondents were selected randomly from four distinct street corners, principally there was little chance of duplication in the sample. However, to avoid repeated interviews with the same respondent, several questions were asked to the participants in case there was any doubt regarding his participation in the study for the first time. Such questions included queries relating to his experience of undergoing a blood test, part of the body from where the blood was taken, his experience with the HIV test or test for other diseases, meeting with the peer educators for the blood tests, and the possession of an ID card with a study number.

2.13 Data Processing and Analysis

All filled-in-questionnaires were brought to ACNielsen's Kathmandu Office for scrutiny and coding before data compilation and analyses. Before data entry, the schedules were edited for consistency, accuracy and logic. In order to complete the data scrutiny of the filled-in quantitative forms, coding personnel and a coding supervisor were recruited. The coders and supervisor were trained about the study objectives. Research executives supervised the entire scrutiny operation to ensure quality output, and accordingly the tables were generated using Quantum software.

Entire data management and analysis operations were conducted using ACNielsen's in-house hardware and software facilities. A data entry program was prepared using CSPro with built-in checks (range checks, consistency checks and validation checks). There was also a double data entry system for each schedule to ensure correct data entry.

Statistical package, SPSS, was used to generate the univariate and bivariate tables. Appropriate analysis and tables were generated after close consultation with FHI.

Chapter 3: Findings

A total of 400 truckers participated in the study. All of them were recruited from Pathlaiya, where a mobile lab was established to collect blood specimens and to administer the questionnaire. The previous round in 2006 was conducted at the same location, whereas the first and second rounds in 1999 and 2003 were conducted at Hetauda, which lies at about 55 km from Pathlaiya. However, in 1999 and 2003, the Truck Park was at Hetauda, and all the trucks passing through used to halt there. Pathlaiya is located in the central region of Nepal. Pathlaiya was selected as the site for the recruitment of the study population due to the frequent turnover of a large number of truckers. All the trucks originating from the eastern part, including neighboring parts of India across the eastern border, must pass through it, and most of them stop at Pathlaiya on their way to Kathmandu or western Nepal. This is the site where truckers congregate to get assignments for various trucking jobs.

In this chapter, data are compared with the results from the previous rounds as well. As some questions were not asked in the earlier rounds, comparisons are made mostly between the 2006 and 2009 rounds of the results.

3.1 Socio-Demographic Characteristics

There were no significant differences in some socio-demographic characteristics of the truckers in the 2009 study compared to the 2003 and 2006 studies. The truckers were of the same age group as reported in 2003 and 2006, with their mean age being 27.2 years, and their ages ranging from 17 to 59 years. Only 4.8 percent were illiterate or had no formal schooling as compared to 11.0% in 2003 and 8.7% in 2006, and more truckers (25.7%) than in 2003 and 2006 had passed the SLC. Of the truckers, 64.3 percent were married (73% in 2003 and 78.8% in 2006), 0.5 percent were divorced/separated/widower (1.0% in 2003 and 0.5% in 2006) and 35.2 percent were unmarried (26% in 2003 and 20.7 % in 2006). The major ethnic/caste groups of the truckers were the same as in the 2006 study: Brahmin/Chhetri/Thakuri: 43.24 percent and Gurung, Magar, Tamang, Rai, Limbu and Newar: 39 percent.

Table 1: Socio-Demographic Characteristics of Truckers

Characteristics	2003 % (n=400)	2006 % (n=400)	2009 % (n=400)
Age of Respondent			
17 -19	2.8	1.7	4.0
20 - 24	29.5	29.0	40.5
25 - 29	29.0	29.0	25.5
30 - 34	19.5	20.0	15.5
35 - 59	19.2	20.2	14.5
Mean/Median Age:	28.9/27.0	28.9/27.0	27.2/25
Total	100.0	100.0	100.0

Table 1: Con'td...

Characteristics	2003 % (n=400)	2006 % (n=400)	2009 % (n=400)
Education	(n=400)	(n=400)	(n=400)
Illiterate	6.5	1.7	1.0
Literate, no schooling	4.5	7.0	3.8
Grade 1- 5	34.0	34.0	30.5
Grade 6 - 9	57.8	46.5	38.7
SLC and Above	1.2	10.7	25.7
Don't know	-	-	0.3
Total	100.0	100.0	100.0
Marital Status	(n=400)	(n=400)	(n=400)
Married	73.0	78.8	64.3
Divorced/separated/ widower	1.0	0.5	0.5
Never married	26.0	20.7	35.2
Total	100.0	100.0	100.0
Ethnic/Caste Group	(n=400)	(n=400)	(n=400)
Brahmin/Chhetri/Thakuri	-	51.0	43.25
Gurung,/Magar/Tamang/Newar/Rai/Limbu	-	34.8	39
Damai/Sarki/Kami	-	4.2	5
Terai Caste(Yadav/Tharu/Teli/Kusuwah/Musalman/Dhanuk/Chamar/Kanu/Paswan)	-	6.5	8
Others (Sanyasi, Majhi, Sunuwar, Gaine & Bhujel)	-	3.5	3.75
Total	-	100.0	100.0
Divorced/Separated/ Widower, Never Married, Married not Living with Wife, currently living with		(n=85)	(n=151)
Parents	-	75.3	82.8
Male friends	-	10.6	-
Others (Relatives)	-	9.4	4.6
Alone	-	3.5	11.9
Female friends	-	1.2	-
Helper	-		0.7
Total	-	100.0	100.0

3.2 Mobility of the Truckers

The truckers are considered a mobile population because their profession keeps them away from their homes and families for long intervals. Altogether 47.1 percent of the married truckers reported spending around 15-21 days a month away from their families; 51.7% in 2003 and 46% in 2006 had reported so. A substantial number (35.8%) also reported being away from their homes for as long as 22-29 days in a month (28.9% in 2006). The truckers were away from their family for the mean duration of 19.5 days in a month.

To obtain information regarding their mobility across the east-west regions of Nepal and their entry to India (which gives an added dimension to the study, with the international exposure of the truckers to STI and HIV/AIDS), truckers were also asked if they had ever driven a truck from Butwal further west to Mahendranagar. Butwal is the next important town to the west after Narayanghat, which is the intersection from where the highway to Kathmandu branches off. Mahendranagar is situated in the far western terai close to the border with India. Majority of them, i.e., 67.5 percent had driven their trucks from Butwal to Mahendranagar at least once (90% in 2003 and 87.8% in 2006). Almost 52 percent of them had driven trucks through the route in the past year. The proportion of truckers who had at least once driven their trucks on this route to India was much higher than in 2003. Altogether 44.5 percent of them reported that they had at least once driven their truck to India in 2009 (7.5% in 2003 and 17% in 2006). Almost half of them (49.4%) had driven their trucks to India last week preceding the survey (Table 2).

Table 2: Mobility of Truckers

Truck Driven to Different Parts of Nepal and to India	2003 % (n=400)	2006 % (n=400)	2009 % (n=400)
Married Truckers: Days per Month Away from Family	(n=292)	(n=315)	(n=257)
Up to 7 Days	6.5	12.7	6.6
8 - 14 Days	23.6	12.4	5.8
15 - 21 Days	51.7	46.0	47.1
22 - 29 Days	18.2	28.9	35.8
29 days +	-	-	4.7
Mean days away from family in a month	16.2	17.1	19.5
Total	100.0	100.0	100.0
Ever Driven Truck from Butwal to Mahendranagar	(n=400)	(n=400)	(n=400)
Yes	90.0	87.8	67.5
No	10.0	12.3	32.5
	100.0	100.0	100.0
Driven Truck from Butwal to Mahendranagar in the Past Year	(n=360)	(n=351)	(n=270)
Yes	64.4	52.4	51.9
No	35.6	47.6	48.2
Total	100.0	100.0	100.0

Table 2: Con'td...

Truck Driven to Different Parts of Nepal and to India	2003 % (n=400)	2006 % (n=400)	2009 % (n=400)
Have Ever Driven Trucks to India	(n=400)	(n=400)	(n=400)
Yes	7.5	17.0	44.5
No	92.5	83.0	55.5
Total	100.0	100.0	100.0
Last Time Truck Driven to India		(n=68)	(n=56)
Last week	-	4.4	49.4
1 - 2 weeks ago	-	2.9	5.6
3 - 4 weeks ago	-	11.8	4.5
1 - 2 months	-	-	9.0
2 - 3 months ago	-	10.3	8.4
More than 3 months ago	-	70.6	23.0
Total	-	100.0	100.0

3.3 HIV/STI Prevalence Among Truckers

Among the 400 truckers who participated in the study, no one was found to be HIV positive. HIV prevalence rate was 1.8 percent in 2003 and 1 percent in 2006.

Altogether 0.3 percent of the truckers were found to be currently infected with high titre syphilis (titre =>1:8) and 1.8 percent had a history of syphilis. The prevalence of both syphilis history and current syphilis has decreased since 2003 among the truckers.

Table 3: HIV and Syphilis Prevalence Among Truckers

HIV/Syphilis Infection	2006 % (n=400)	2006 % (n=400)	2009 % (n=400)
HIV+ve	1.8	1	0.0
Syphilis history (TPHA+RPR -ve or RPR with titre < 1:8)	8.7	8.5	1.8
Current syphilis (TPHA+ and RPR with titre higher than 1:8)	2.3	1.8	0.3

(Clinical Note: For prevalence study purpose, TPHA+RPR-ve or RPR with titre < 1:8 is regarded as history of syphilis and TPHA+ and RPR with titre higher than 1:8 are considered as having current syphilis requiring immediate treatment.)

3.4 Association Between STI and Demographic, Behavioral Variables

Table 4 shows the association of two categories of measured syphilis - syphilis history (TPPA+ve with RPR-ve or RPR titre < 1:8), and untreated/active syphilis (TPPA+ve and RPR with titre = or > 1:8) with demographic variables such as age, marital status, education and the sexual behavior of the truckers. There is slight association between prevalence of syphilis history and educational status of the truckers.

The survey found the prevalence of syphilis history to be 10 percent (2/20) among illiterate truckers or those truckers with no schooling and 1.3 percent (5/380) among those who had attended school. Similarly, there is a weak link between the prevalence of current syphilis and the education level of the truckers.

In 2006, 9.9 percent (27/274) of the truckers who had sexual contact with an FSW and 5.9 percent (7/119) who never had sex with them had syphilis history. In 2009, however, 1.4 percent (2/144) of the truckers who never had sex with an FSW and 2.1% (5/243) who had sex with them had a history of syphilis. There was no association between the prevalence of syphilis history and truckers going to the far western section of the highway (Mahendranagar) as 1.9 percent (5/270) of such truckers ever driving their trucks to the town and 1.5% (2/130) of those who had never been there had a history of syphilis. No significant association was found between untreated/current syphilis (TPPA+ve/RPR titre = or > 1:8) and demographic variables of the truckers.

Table 4: Association Between Syphilis and Demographic and Behavioral Variables

Variables	2006			2009		
	N=400	Syphilis History n(%)	Current Syphilis n(%)	N=400	Syphilis History n(%)	Current Syphilis n(%)
Age						
15-19	7	-	-	16	2 (12.5)	-
20-24	116	2 (1.7)	-	162	-	-
25-29	116	11 (9.0)	5 (4.3)	102	1 (1)	-
30-34	80	9 (11.3)	-	62	-	-
35-59	81	12 (14.8)	2 (2.5)	58	4 (6.9)	1 (1.7)
Educational Level						
Illiterate and literate with no schooling	35	8 (22.9)	-	20	2 (10.0)	
Schooling (Grades 1 to 10 and above SLC)	365	26 (7.1)	7 (1.9)	380	5 (1.3)	1 (0.3)
Marital Status						
Married+	317	31 (9.8)	5 (1.6)	259	5 (1.9)	1 (0.4)
Never married	83	3 (3.6)	2 (2.4)	141	2 (1.4)	
Ever Had Sex with a Woman						
Yes	393	34 (8.7)	7 (1.8)	387	7 (1.8)	1 (0.3)
No	7	-	-	13	-	-
Ever Had Sex with an FSW	n=393	%	%			
Yes	274	27 (9.9)	5 (1.8)	243	5 (2.1)	1 (0.4)
No	119	7 (5.9)	2 (1.7)	144	2 (1.4)	
Use of Condom During Last						

Table 4: Con'td...

Variables	2006			2009		
	N=400	Syphilis History	Current Syphilis	N=400	Syphilis History	Current Syphilis
Sex with an FSW in the Past Year	n=176	%	%	n=122	%	%
Yes	158	15 (9.5)	3 (1.9)	114	1 (0.9)	
No	18	2 (11.1)	1 (5.6)	8	-	-
Consistent Use of Condom with an FSW in the Past Year	n=176	%	%	n=117	%	%
Yes	146	14 (9.6)	3 (2.1)	95	-	-
No	30	3 (10.0)	1 (3.3)	22	1 (4.5)	
Had Sex with an FSW in India	n=274	%	%	n=243	%	%
Yes	38	1 (2.6)	-	33	-	1 (3)
No	236	26 (11.0)	5 (2.1)	210	5 (2.4)	-
Ever Driven Truck to Mahendranagar	N=400	%	%	N=400	%	%
Yes	351	27 (7.7)	5 (1.4)	270	5 (1.9)	1 (0.4)
No *	49	7 (14.3)	2 (4.1)	130	2 (1.5)	-
Driven Truck to Mahendranagar in the Past Year	n=351	%	%	n=270	%	%
Yes	184	12 (6.5)	3 (1.6)	140	2 (1.4)	-
No	167	15 (9.0)	2 (1.2)	130	3 (2.3)	1 (0.8)
Ever Married Truckers: Days per Month Away from Wife	n=315	%	%	n=315	%	%
1-14 days	79	7 (8.9)	2 (2.6)	28	1 (3.6)	-
15-30 days	236	22 (9.3)	3 (1.3)	225	4 (1.8)	1 (0.4)

3.5 Sexual Behavior

Some questions related to their sex partners and sexual practices were also asked with the truckers. The proportion of truckers who admitted ever having sexual intercourse with women (96.8%) was as high as in 2006. Among them, 64.1 percent had their first sexual encounter at the age of 15-19 years. Among the truckers who ever had sex with women, 62.8 percent mentioned that they had done so with a sex worker in 2009 (63.9 in 2003 and 69.3% in 2006).

A total of 117 truckers (48.2%) had sex with sex workers in the year preceding the survey (Table 5). As in the 2003 and 2006 studies, majority (64%) had met sex workers in places like a hotel, restaurant, *bhatti pasal*, and the sex workers' homes (Table 5). The truckers were also asked about the places where they had their last sex with a sex worker. The truckers reported such places as a hotel/lodge (47%), truck/bus (24.8%) and sex workers' house (15.4%) (Table 5). Most of the truckers (70.1%) had paid Rs. 101-500 to the sex worker for the last sex. The truckers had paid about Rs. 289 per visit to a sex worker on average (Table 5) for their last sex with the sex worker. The average amount of money paid to female sex workers for their last sex has increased over time (Rs. 138 in 2003 to Rs. 289 in 2009).

Table 5: Sexual Behavior of Truckers

Sexual Behavior of Truckers	2003 % (n=400)	2006 % (n=400)	2009 % (n=400)
Ever had Sex with a Woman	(n=400)	(n=400)	(n=400)
Yes	98.5	98.3	96.8
No	1.5	1.8	3.3
Total	100.0	100.0	100.0
Age at First Sex		(n=393)	(n=387)
Less than 11	-		0.3
11-14	-	7.4	6.2
15-19	-	63.9	64.1
20-24	-	26.7	26.4
25-31	-	2.0	2.8
31+	-		0.3
Mean/median	-	18.2/18.0	18.3/17
Total	-	100.0	100.0
Ever had Sex with a Sex Worker	(n=394)	(n=393)	(n=387)
Yes	86.3	69.7	62.8
No	13.7	30.3	37.2
Total	100.0	100.0	100.0
Place Where the Last Sex Worker was Met	(n=176)	(n=176)	(n=119)
Indoors (hotel, diner, <i>bhatti</i> , SW's home)	46.6	66.5	64.0
Outdoors (street, forest, truck, bus park, etc.)	51.7	31.8	34.7
Others	1.7	1.7	3.4
Total	100.0	100.0	102.1
Place Where the Truckers had Last Sex with an FSW		(n=176)	(n=117)
Sex worker's House	-	39.2	15.4
Truck/bus	-	29.0	24.8
Hotel/lodge	-	20.5	47.0
Forest/bushes/park/open field	-	10.2	11.1
Other people's house	-	1.1	0.9
Massage center			0.9
Total	-	100.0	100.0
Amount of Money Given to an FSW for the Last Sex		(n=176)	(n=117)
Not paid	5.1	0.0	6.8
Up to Rs. 50	30.7	10.2	4.3
Rs. 51 to Rs. 100	30.7	29.0	12.0
Rs. 101 to 500	31.2	54.5	70.1
Rs. 501 and above	2.3	6.3	6.8
Mean Rs. paid to an FSW	138	229	289
Total	100.0	100.0	100.0

The mean number of sex workers visited by the truckers in Nepal before the survey was 11.15 (23.5 in 2006). Out of the 400 truckers, 243 have had sexual contact with sex workers in Nepal. Altogether 42.4 percent of the truckers reported having sexual contact with more than five sex workers in Nepal. Also 48.2 percent of the truckers had visited sex workers in the past year, and almost 42 percent of them had sex with 2-3 sex workers. The truckers who had visited 4-5 and more than five sex workers in the past year were 10.3 percent and 15.4 percent respectively. Among them, 34.2 percent had their last sex with sex workers in 2-3 months before the survey (Table 6).

About half of them (49.6% or 58/117) did not have sex with sex workers in the past month, and 22.2 percent (26/117) had one such encounter. Six truckers (5.1%) also had more than six such sexual contacts in the past one month. Majority of the truckers (61.3%) had their last sex with their wives, and 14.7 percent of them had been to a sex worker for the last sex (Table 6).

Table 6: Sex Practices of Truckers

Sex Practices of Truckers	2006 % (n=400)	2009 % (n=400)
Had Sex with FSW in the Past Year	(n=274)	(n=243)
Yes	64.2	48.2
No	35.8	51.9
Total	100.0	100.0
Total Number of FSWs Visited in Nepal	(n=274)	(n=243)
1	2.6	9.5
2-3	15.4	26.7
4-5	19.0	21.4
>5	63.0	42.4
Mean/median	23.5/9.0	11.15/4
Total	100.0	100.0
Number of FSWs Visited in the Past Year	(n=176)	(n=117)
1	22.2	32.5
2-3	43.8	41.9
4-5	14.8	10.3
>5	19.3	15.4
Mean/median	6.4/3.0	3.8/2
Total	100.0	100.0
Frequency of Sex with FSWs During Past One Month	(n=176)	(n=117)
0	55.7	49.6
1	22.7	22.2
2	7.4	6.0
3-4	3.4	14.5
5-6	3.4	1.7
More than 6	7.4	5.1
Don't know/can't say		0.9
Total	100.0	100.0

Table 6: Con'td...

Sex Practices of Truckers	2006 % (n=400)	2009 % (n=400)
Last Sex Partner	(n=400)	(n=388)
Wife	74.3	61.3
FSW	16.3	14.7
Girl friend	3.8	12.6
Other female friend	3.5	5.7
Male friend	0.3	
No Sexual intercourse in the last 12 Months	0.3	5.2
Passenger of the truck	-	0.5
Never had sex	1.8	
Total	100.0	100.0
Last Sex with an FSW	(n=176)	(n=117)
Less than a week ago	13.1	6.8
1-2 weeks ago	17.6	19.7
3-4 weeks ago	13.6	17.1
2-3 months ago	39.2	34.2
More than 3 months ago	16.5	22.2
Total	100.0	100.0

Among the truckers who had sex with sex workers, 13.6 percent had sex with sex workers in India at least once (18.8% in 2003 and 13.9% in 2006). Among them, 54.5 percent had visited one sex worker in India so far, while 15.2 percent had been to 4-5 such sex workers. Altogether 51.5 percent reported having sexual contact with sex workers in India in the past year. Among them, 29.4 percent had visited them more than five months prior to the date of interview. All truckers who had visited a sex worker in India in the past year had used a condom during their last sex and had also been consistent condom users (Table 7).

Table 7: Sex Practices of Truckers in India

Sex Practices of Truckers	2003 % (n=400)	2006 % (n=400)	2009 % (n=400)
	%	%	%
Ever Had Sex with FSWs in India	(n=340)	(n=274)	(n=243)
Yes	8.8	13.9	13.6
No	91.2	86.1	86.4
Total	100.0	100.0	100.0
Total Number of FSWs Visited in India in Lifetime	(n=30)	(n=38)	(n=33)
1	46.7	50.0	54.5
2-3	26.7	18.4	30.3
4-5	16.7	10.5	15.2
>5	10.0	21.1	-
Mean/median	2.7/2.0	7.3/1.0	1.88
Total	100.0	100.0	100.0

Table 7: Contd

Sex Practices of Truckers	2003 % (n=400)	2006 % (n=400)	2009 % (n=400)
Sex with FSWs in the Past Year in India	(n=30)	(n=38)	(n=33)
Yes	26.7	31.6	51.5
No	73.3	68.4	48.5
	100.0	100.0	100.0
Condom Use with FSWs during Last Sex in India	-	(n=12)	(n=17)
Yes	-	91.7	100.0
No	-	8.3	
	-	100.0	100.0
Consistent Use of Condom with FSWs in the Past Year in India	(n=8)	(n=12)	(n=17)
Always	75.0	91.7	100.0
Not always	25.0	8.3	
	100.0	100.0	100.0

3.6 Condom Use with Different Partners

As in the previous rounds of the study, the truckers were also asked about their sex partners. It was reported that they had different sex partners in the year preceding the survey. These partners were their wives, girlfriends, other female friends, sex workers and male partners (Table 8).

An overwhelming majority (93.4%) of truckers reported that they had used a condom in the last sex with sex workers. However, only 6.5% of the married truckers had used a condom in their last sexual contact with their spouses. Condom use in the last sex with other female friends and their girlfriends was reported by 48.9 percent and 50 percent respectively. In most of these cases, the truckers themselves had suggested the use of a condom (Table 8).

They had consistently used condoms mostly with sex workers and other female friends in the past year preceding this survey. Among those who had sex with sex workers in the past year, 81.2 percent of the truckers had used a condom every time, and 74.1 percent of them who had sex with their female friends in the past year used one consistently. However, consistent use of condoms with girlfriends was 45.5 percent and with wives only 3.6 percent. This indicates that the truckers tended to neglect using a condom when having sex with known partners. Only one of the four respondents who had sexual contact with other male partners had consistently used condoms.

Among the truckers who had not been using condoms consistently, unavailability of condoms was the main reason mentioned for not using it every time. Altogether 63.6 percent of the truckers reported so. Most of the truckers also did not use a condom consistently with their wives (88.4%) and girlfriends (64.6%) because they did not consider it necessary.

Table 8: Truckers' Sex Behavior and Condom Use with Different Types of Sex Partners

Sex Behavior and Condom Use	2009									
	FSW		Wife		Girl Friend		Other Female Friend		Male Sex Partner	
	N	%	N	%	N	%	N	%	N	%
Had Sex in the Past Year with										
Yes	117	48.1	248	97.3	88	22.7	85	22.0	4	1.0
No	126	51.9	7	2.8	299	77.3	302	78.0	383	99.0
Total	243	100.0	255	100.0	387	100.0	387	100.0	387	100.0
Use of Condom During the Last Sex										
Yes	114	93.4	16	6.5	43	48.9	67	78.8	2	50.0
No	8	6.6	232	93.6	45	51.1	18	21.2	2	50.0
Total	122	100.0	248	100.0	88	100.0	85	100.0	4	100.0
Person to Suggest Condom Use During Last Sex										
Myself	109	95.6	14	87.5	39	90.7	64	95.5	2	100.0
My partner	5	4.4	2	12.5	4	9.3	3	4.5		
Total	114	100.0	16	100.0	43	100.0	67	100.0	2	100.0
Consistent Use of Condom in the Past Year										
Every time	95	81.2	9	3.6	40	45.5	63	74.1	1	25.0
Most of the time	12	10.3	5	2.0	2	2.3	9	10.6	2	50.0
Sometimes	5	4.3	24	9.7	10	11.4	3	3.5		
Rarely	1	0.9	25	10.1	6	6.8				
Never	4	3.4	185	74.6	30	34.1	10	11.8	1	25.0
Total	117	100.0	248	100.0	88	100.0	85	100.0	4	100.0

Table 8: Cont'd...

Sex Behavior and Condom Use	2009									
	FSW		Wife		Girl Friend		Other Female Friend		Male Sex Partner	
Reason for Not Using Condom Consistently										
Not available	14	63.6	1	0.4	12	25.0	7	31.8	1	33.3
Didn't like to use it	3	13.6	51	22.0	7	14.6	5	22.7		
Didn't think it was necessary	3	13.6	205	88.4	31	64.6	9	40.9	2	66.7
Have faith on sex partner	2	9.1	-	-			2	9.1	-	-
Didn't think of it	1	4.6	-	-	2	4.2	2	9.1	-	-
Too expensive	-	-	1	0.4					-	-
Partner objected	-	-	22	9.5	8	16.7	4	18.2	-	-
Using other means of family planning	-	-	24	10.3	-	-	-	-	-	-
Want to have a baby	-	-	11	4.7	-	-	-	-	-	-
Confirmed about not having any disease to wife	-	-	7	3.0	-	-	-	-	-	-
On the faith of both husband and wife	-	-	2	0.9	-	-	-	-	-	-
Feel safe thus not using condom	-	-	6	2.6	1	2.1	-	-	-	-
Wife is using means of family planning	-	-	3	1.3			-	-	-	-
Have faith upon sex partner	-	-	3	1.3	3	6.3	-	-	-	-
I didn't like to use it	-	-	-	-	1	2.1	-	-	-	-
Was not aware of this		-	1	0.4						
Total	23	*	337	*	65	*	29	*	3	100.0
Frequency of Sex in the Past One Month										
0	58	49.6	19	7.66	34	38.6	39	45.88	2	50
1	26	22.2	10	4.03	18	20.5	17	20	1	25
2	7	6.0	18	7.26	14	15.9	5	5.88	1	25
3-4	17	14.5	45	18.15	10	11.4	17	20	-	-
5-6	2	1.7	45	18.15	6	6.8	3	3.53	-	-
More than 6	6	5.1	111	44.76	5	4.1	3	3.53	-	-
Don't know/can't say	1	0.9			1	1.9	1	1.18	-	-
Mean		3.7		7.98		1.9		1.51	-	0.75
Total	248	100.0	248	100.0	88	100.0	85	100.0	4	100.0

*Note: The percentages add up to more than 100 because of multiple responses.

Table 9 below shows the condom use trend among truckers with their different partners in the year before the survey. In 2009, only 48.2 percent of the truckers had sexual contact with sex workers in Nepal in the year preceding the survey. The figure for 2006 was 64.2 percent. The proportion of truckers who had sex with sex workers in India during the period increased (51.5%) in comparison to (26.7 % in) 2006.

Condom use with sex workers in Nepal has decreased by 2.2 percent while it has increased by 9 percent with sex workers in India since 2006. However, condom use with familiar partners like girlfriends and spouses was still low this year also. Altogether 3.6 percent of the truckers had been consistent condom users with their wives, and 45.5 percent had used condoms consistently with their girlfriends (Table 9).

Table 9: Condom Use Trend with Different Types of Sex Partners

	2006			2009		
	N	N	%	N	N	%
Sex in the Past Year with						
FSWs (in Nepal)	274	176	64.2	243	117	48.2
FSWs (in India)	30	8	26.7	33	17	51.5
Consistent Use of Condom in the Past Year with						
FSWs (in Nepal)	176	146	83	117	95	81.2
FSWs (in India)	12	11	91.1	17	17	100.0
Wife	313	8	2.6	248	9	3.6
Girl friend	52	21	40.4	88	40	45.5

3.7 Availability of Condoms and their Brand Names

The respondents were also asked whether they usually carried condoms with them. Some 48.3 percent of the respondents mentioned that they usually carried one with them (58.7% in 2006). Almost 50% of the respondents mentioned that they could get condoms within five minutes from the nearest place. Only 19.4% of the truckers said that it took more than 15 minutes for them to get condoms from the nearest place.

As in the 2006 IBBS study, majority of the truckers (94.1%) reported that they could get condoms from pharmacies (96.4% in 2006). The general retail stores (73.4%) and Health Post/Health Center (69.5%) were other important sources for obtaining condoms (Table 10). Only 17.1 percent of the truckers reported obtaining condoms from NGOs/health workers/volunteers as compared to 48.9 percent in 2006. Almost 70 percent of the truckers mentioned the Health Post/Health Center while 47 percent mentioned the hospital as an important source for obtaining condoms. However, only 35.4 percent and 16.8 percent had reported the Health Post/Health Center and hospital respectively in the 2006 IBBS study.

When truckers were further asked how they got the condoms and from where, 62.5 percent said they always purchased them, 16.3 percent obtained them for free all the time and 5.2 percent got them through both ways. Among those respondents who

reported obtaining free condoms all the time or occasionally, 43.4 percent said that the Health Post/Health Center provided there for free. NGOs/health workers/volunteers and peers/friends were reported as the next important sources for obtaining free condoms by 31.3 percent of the truckers.

Among the truckers who purchased condoms all the time or occasionally, slightly more than three-quarters of them (77.5%) mentioned the pharmacy as the most important source. Some of them also got them from the general retail stores (22.5%) and paan shops (17.2%) (Table 10).

They were also questioned about the brand names of the most used condoms. The most popular condom brand was Number One reported by 34.8 percent, followed by Jodi and Panther - 24.8 percent and 20.8 percent respectively.

Table 10: Condom Obtaining Places and Brand Name of Most Used Condom Reported by Truckers

Condom Acquisition	2006 % (n=400)	2009 % (n=400)
Usually Carry Condoms	(n=400)	(n=400)
Yes	58.7	46.7
No	39.5	50.0
Never had sex	1.7	3.3
Total	100.0	100.0
Time Needed to Obtain Condoms from Nearest Place	(n=393)	(n=387)
Up to 5 minutes	55.5	49.6
6-10 minutes	23.2	24.0
11-15 minutes	6.9	7.0
16-20 minutes	5.3	7.2
21 and more minutes	7.4	12.1
Don't know	1.2	
Total	100.0	100.0
Places Where Condoms are Available	(n=393)	(n=387)
Pharmacy	96.4	94.1
General retail store (Kirana Pasal)	67.2	73.4
Paan shop	61.3	59.4
NGOs/health workers/volunteers	48.9	17.1
Health Post/ Health Center	35.4	69.5
Private clinic	17.0	26.6
Hospital	16.8	47.0
Check post (Nagdhunga & others)	8.4	4.7
Peer/friends	6.6	9.3
FPAN clinic	4.8	4.9
Bar/guest house/hotel	4.3	9.0
Others	3.4	6.0
Total	*	*

Table 10: Contd...

Condom Acquisition	2006 % (n=400)	2009 % (n=400)
Mode of Usually Obtaining Condom	(n=393)	(n=387)
Purchase	47.6	62.5
Always free of cost	13.2	16.3
Obtain both ways	17.3	5.2
Condom never used	21.9	16.0
Total	100.0	100.0
Usually Obtain free Condom from	(n=120)	(n=83)
NGOs/health workers/volunteers	70.0	31.3
Health Post/Health Center	40.8	43.4
Peers/friends	24.2	31.3
Check post (Nagdhunga & others)	13.3	3.6
Hospital	7.5	21.7
FPAN clinics	3.3	10.8
Others	5.8	16.8
Total	*	*
Places of Purchasing Condom	(n=255)	(n=263)
Pharmacy	94.9	77.5
Paan Shop	27.5	17.2
General retail store (Kirana Pasal)	23.9	22.5
Private clinic	4.3	19.1
Others	0.4	0.4
Total	*	*
Brand Names of Condoms Used Most	(n=400)	(n=400)
Number One	51.8	34.8
Panther	19.3	20.8
Jodi	13.0	24.8
Dhaal	11.8	11.0
Kamasutra	5.8	3.3
Black Cobra	5.5	19.8
Others	2.0	2.5
Brands not known (Condom without brand)	4.8	1.8
Not Used in the Past Year	37.5	25.8
Can't say	-	6.3
Total	*	*

**Note: The percentages add up to more than 100 because of multiple responses*

3.8 Source of Knowledge of Condoms

The pharmacy was the most popular source of information about condoms by 97.8% of the respondents (77.3% in 2006). Other popular sources of information mentioned by them were the newspapers/posters (95%), bill board/sign board (94.5%) and Health Post/Health Center (94.3%). Other sources of information on the condom are shown in Table 11.

Table 11: Sources of Knowledge of Condom as Reported by Truckers

Knowledge and Source of Knowledge of Condoms	2006 % (n=400)	2009 % (n=400)
Sources of Knowledge of Condoms		
Pharmacy	77.3	97.8
Newspaper/posters/pamphlets	85.0	95.0
Bill board/sign board	86.3	94.5
Health Post/ Health Center	54.5	94.3
Hospital	44.3	92.5
Friends/neighbors	83.8	92.3
Radio	97.7	91.5
TV	93.8	89.5
Health workers/volunteers	49.5	64.5
NGOs	51.0	52.3
Street drama	40.3	47.3
Cinema hall	34.5	35.5
Video van	13.0	16.3
Community event/Training	12.3	16.0
Community workers	16.3	13.5
Comic book	1.5	7.8

**Note: The percentages add up to more than 100 because of multiple responses*

3.9 Knowledge of HIV/AIDS

Nearly all of the truckers - 98.5 percent - had heard about HIV/AIDS. Most of the truckers reported pamphlets/posters (96.5%) as the main source of information on HIV/AIDS. Other reported important sources of information on HIV/AIDS were friends/relatives (87.3%), bill board/sign board (85.8%), radio (82.7%) and television (81%).

Table 12: Sources of Knowledge on HIV/AIDS Among Truckers

Sources of Knowledge of HIV/AIDS among Truckers	2006 % (n=400)	2009 % (n=400)
Ever Heard of an Illness Called HIV/AIDS		
Yes	100.0	98.5
Sources of Knowledge on HIV/AIDS:		
Pamphlets/posters	84.0	96.2
Friends/relatives	83.8	87.3
Bill board/sign board	85.8	85.8
Radio	96.5	82.7
Television	93.0	81.0
Newspapers/magazines	95.8	79.2
Work place	46.5	59.4
Health workers	44.8	55.8

Table 12: Contd...

Sources of Knowledge of HIV/AIDS among Truckers	2006 % (n=400)	2009 % (n=400)
Street drama	40.3	50.8
People from NGOs	48.5	43.7
School/teachers	7.3	36.6
Cinema hall	34.0	22.6
Video van	11.5	17.3
Community event/training	12.0	16.5
Community workers	16.8	6.9
Comic book	24.0	6.9
Other sources	1.8	1.8

**Note: The percentages add up to more than 100 because of multiple responses*

Table 13 shows the extent of knowledge of A (abstinence from sex) B (being faithful to one partner or avoiding multiple sex partners) and C (consistent condom use or use of condom during every sex act) among the truckers for avoiding HIV/AIDS. The proportion of the truckers reporting being aware of A, B and C as HIV preventive measures had significantly decreased in 2009 as compared to the 2006 IBBS study. The proportion of the truckers who reported being aware of A, B and C as HIV preventive measures were 50.5 percent, 71.8 percent and 86.6 percent respectively in 2009. But only 35.5 percent of the respondents correctly identified all three HIV preventive measures - A, B and C. In 2006, the percentage of truckers reporting knowledge about A, B and C was as high as 96.8 percent.

Altogether 90.1 percent of the truckers knew that a healthy looking person could be infected with HIV in 2009 (95.3% in 2006) and 84.3 percent rejected the notion that sharing of a meal with an HIV infected person would transmit HIV (88.8% in 2006). Altogether 45.7 percent of the respondents rejected the common local misconception that mosquito bite transmitted the HIV virus. In total, only 25.8 percent of the respondents were aware of all the five (B, C, D, E and F) major indicators of HIV transmission. In previous rounds of the study (2006), 50.5 percent of the truckers were aware of all five major indicators of HIV transmission.

Table 13: Percentage of Truckers Having Knowledge of Major Ways of Avoiding HIV/AIDS

HIV Preventive Measures	2006 % (n=400)	2009 % (n=400)
A Can protect themselves through abstinence from sexual contact	97.8	50.5
B Can protect themselves through monogamous sexual contact	98.5	71.8
C Can protect themselves through condom use every time during sex	98.3	86.6
D A healthy looking person can be infected with HIV	95.3	90.1
E A person cannot get the HIV virus from mosquito bite	52.3	43.4
F Cannot get HIV by sharing a meal with an HIV infected person	88.8	84.3
Knowledge of all three ABC	96.8	35.5
Knowledge of all five BCDEF	50.5	25.8

**Note: The percentages add up to more than 100 because of multiple responses*

The truckers were also asked if they knew any person who was infected with HIV or who had died of AIDS. Overall, half of the respondents (50.5%) replied positively. Of the total truckers who replied positively, 5.5 percent had a close relative while 25.6 percent had a close friend who had suffered from HIV/AIDS or had succumbed to it.

Understanding of HIV/AIDS and its different modes of transmission among the truckers was also tested with the help of certain sneaking questions. A large proportion of the respondents reported that HIV could be transmitted through the transfusion of blood from an infected person to another (99.2%), that a person can get HIV by using previously used needles/syringes (98.5%), and that HIV cannot be transmitted by holding the hand of a HIV positive person (40.4%). Additionally, 87.3 percent stated that an infected mother could transmit the virus to her unborn child and almost 45 percent mentioned that a woman with HIV/AIDS could transmit the virus to her newborn child through breastfeeding (Table 14).

Among those truckers who said that an infected mother could transmit the virus to her unborn child, 81.4% expressed their unawareness of any measure to minimize such a risk. A total of 15.7 percent of the truckers said that taking medicine in such cases could be helpful (Table 14).

Table 14: Truckers' Knowledge on Ways of HIV/AIDS Transmission

Statements related to HIV/AIDS	2006 %	2009 %
	n=400	n=394
Know anyone who is infected with HIV or who has died of AIDS	65.8	50.5
Have a close relative or close friend who is infected with HIV or has died of AIDS	n=263	n=199
Close relative	4.2	5.5
Close friend	15.2	25.6
No relation	80.6	68.8
Awareness on HIV/AIDS	n=400	n=394
A woman with HIV/AIDS can transmit the virus to her new-born child through breastfeeding	39.0	44.9
Cannot get HIV by holding an HIV infected person's hand	98.3	90.8
A person can get HIV by using previously used needle/syringe	98.5	98.5
Blood transfusion from an infected person to the other transmits HIV	99.8	99.2
A pregnant woman infected with HIV/AIDS can transmit the virus to her unborn child	94.8	87.3
Ways by which a Pregnant Woman can Reduce the Risk of Transmission of HIV to her Unborn Child	n=379	n=344
Take medicine	34.3	15.7
Follow doctor's advice	2.6	
Can't do anything	1.2	0.9
Others	0.3	1.2
Don't Know	61.2	81.4

3.10 Perception of HIV Test

When the truckers were questioned about the availability of a HIV test facility, almost 60 percent reported that it was possible to have a confidential HIV test in their community.

Altogether 78.5 percent of the sample population had reported so in 2006. However, only around 36.6 percent of them reported ever having undertaken the test (26.5% in 2006). Of them, 42.2 percent had taken the test within the last 12 months preceding the survey while 40.3 percent had done so 1-2 years before. Others had taken the test earlier. Among the truckers who had reportedly done the test, around 85 percent had taken the test of their own free will, while 15 percent of them had been either sent or advised for the test. Almost 87 percent had received the test results while the others had not collected them because they forgot about it, felt it was not necessary, had no time to obtain the result or did not get the report (Table 15).

Table 15: Perception of HIV Test

Perception of HIV Test	2006 %	2009 %
Possible to Have Confidential HIV Test in the Community	n=400	n=394
Yes	78.5	59.6
No	20.0	33.0
Don't know	1.5	7.4
Total	100.0	100.0
Ever had an HIV Test	n=400	n=394
Yes	26.5	36.6
No	73.5	63.5
Total	100.0	100.0
Voluntarily Underwent the HIV Test or because it was Required	n=106	n=144
Voluntarily	56.6	84.7
Required	40.6	15.3
No response	2.8	-
Total	100.0	100.0
HIV Test Result Obtained		
Yes	94.3	86.8
No	5.7	13.2
Total	100.0	100.0
Reason for Not Receiving the Test Result	n=6	n=19
Forgot to take the report	-	47.37
Felt unnecessary	-	26.32
Lack of time	100.0	15.79
Did not get the report	-	10.53
Total	100.0	100.0
Most Recent HIV Test	n=106	n=144
Within last 12 months	44.3	42.4
Between 1-2 years	26.4	40.3
Between 2-4 years	20.8	10.4
More than 4 years ago	8.5	6.9
Total	100.0	100.0

3.11 Access to FHI/Nepal Messages

Since the beginning of FHI intervention programs in Nepal to bring awareness about HIV/AIDS among high-risk groups of people, various messages regarding the use of condoms for the prevention of HIV/AIDS and STIs were aired through the radio and television. Elevated hoarding boards and posters were also put up with pictorial and rhetorical messages at different places, including Health Posts, highways and roadsides.

Table 16 below illustrates the FHI messages and the responses provided by the truckers regarding their awareness of the messages. The figures show that a large proportion of the truckers were aware of the different messages. For example, more than 80 percent of the truckers were found aware of messages like “Condom bata surakchhya, youn swasthya ko rakchhya”, “Youn rog ra AIDS bata bachnalai rakhnu parchha sarbatra paine condom lai”, “Ramro sangha prayog gare jokhim huna dinna, bharpardo chhu santosh dinchhu jhanjat manna hunna”, and “Jhilke dai chha chhaina condom”. A large proportion of the respondents were also aware of messages like “Condom kina ma bhaya hunna ra” and “HIV/AIDS bare aajai dekhi kura garau” (Table 16). The popularity of “Des Pardes” has increased this year as compared to the 2006 study. Altogether 23.6 percent reported having listened to this radio program.

Table 16: Seen/Heard FHI Character/Message in the Past Year by the Truckers

Heard/Seen/Read the Following Messages/Characters in Past One Year	2006 % (n=400)	2009 % (n=400)
<i>HIV/AIDS bare aajai dekhi kura garau</i>	83.8	73.75
<i>Condom bata surakchhya, youn swasthya ko rakchhya</i>	82	93.5
<i>Youn rog ra AIDS bata bachnalai rakhnu parchha sarbatra paine condom lai</i>	81.5	89.5
<i>Ramro sangha prayog gare jokhim huna dinna, bharpardo chhu santosh dinchhu jhanjat manna hunna</i>	81.5	88.5
<i>Jhilke dai chha chhaina condom</i>	67.8	82.5
<i>Condom kina ma bhaya hunna ra</i>	67.0	80.5
<i>Maya garaun sadbhav badaun</i>	44.3	63.5
<i>Ek apas ka kura</i>	29.5	36.0
<i>Des Pardes</i>	12.0	23.6
Others	1.0	0.0

Note: The percentages add up to more than 100 because of multiple responses

When the truckers were further queried about what information they derived from the FHI/Nepal messages, majority (97.2%) of them reported that the use of condoms prevented transmission of AIDS. Around 69.3 percent of them also said that these messages made them aware that using a condom helped prevent oneself from STIs while 43 percent came to realize that the condom was a family planning device (Table 17).

Table 17: Message Understood by Truckers

Meaning of Message to the Truckers as	2006 % (n=400)	2009 % (n=400)
Use condom against AIDS	98.8	97.3
Use condom against STI	61.3	69.3
Use condom for family planning	43.3	43.0
Use condom with multiple partners	1	0.8
Others	2.3	-
Don't know/can't say	-	0.3

Note: The percentages add up to more than 100 because of multiple responses

3.12 Knowledge and Treatment of Sexually Transmitted Infections (STIs)

Truckers who maintain sexual contact with multiple partners are at risk for sexually transmitted infection. To know the extent of the problem of STIs among the respondents and their perception of them, they were asked about their understanding of STIs and if they had experienced any STI symptom during the past year. For almost 44 percent of the truckers, STI meant HIV/AIDS. Altogether 43.3 percent considered a sore or ulcer around the genital areas as STI and 33.3 percent of them understood STI as syphilis/gonorrhea.

When the respondents were asked about the STI symptoms that they had experienced in the past year, 2.8 percent reported having experienced at least one symptom mentioned in Table 18. Reported STI symptoms experienced by the respondents in the past year were pain while urinating (2.3 %), ulcer or sore around the genital areas (2%) and genital discharge (0.8%). For treatment purposes, they had mostly visited the pharmacy (42.9 %). Other places visited for treatment are shown in Table 18.

Majority of the sex workers (96.6%) who had sought treatment had received counseling from the place that they had visited. Five who had sought treatment had received counseling from the place that they had visited. They were mostly counseled to consistently use a condom during sex (Table 18).

Table 18: Reported STI and Treatment

Perception of STI, Reported STI Symptoms and Treatment Among Truckers	2006	2009
	% n=400	% n=400
Truckers' Understanding of STI		
HIV/AIDS	59.8	43.8
Ulcer or sore around genital area	53.5	43.3
Syphilis (<i>Bhiringi</i>)/gonorrhea	48.8	33.3
White discharge/discharge of pus/ <i>Dhatu</i> flow	47.8	34.3
Burning sensation while Urinating	20.8	9.3
Pain during urination	10	5.5
Itching in genital areas	3.8	-
Impotence (Less sexual desire)	-	0.5
Swelling of penis	-	0.5
Don't know	4.3	23.0
Other	1.3	2.3
Total	*	*
Types of STI Symptoms Experienced in the Past Year	n=400	n=400
White discharge/discharge of pus	4.5	0.8
Burning sensation while urinating, ulcer or sore around genital area	4	0.8
Ulcer or sore around genital area	4	2.0
Pain during urination	1.3	2.3
Other	1	0.8
Any of the above symptoms	9.5	2.8
None of the above symptoms	90.5	97.3
Total	*	*

Table 18: Con'td...

Perception of STI, Reported STI Symptoms and Treatment Among Truckers	2006	2009
	%	%
	n=400	n=400
Treatment of STI Symptoms in the Past Year	n=38	n=7
Private clinic	26.3	14.3
Pharmacy	13.2	42.9
AMDA clinic	10.5	14.3
Hospital	5.3	-
FPAN clinic	2.6	-
No treatment	47.4	-
Traditional healer	-	14.3
Biswash	-	14.3
Total	*	*
Received Counseling During Treatment	n=20	n=7
Yes	65	42.9
No	35	57.1
Total	100	100.0
Type of Counseling	n=13	n=3
Was told to use condom	76.9	66.7
Was told to reduce number of sex partners	15.4	33.3
Others	30.7	66.7
Total	*	*

**Note: The percentages add up to more than 100 because of multiple responses*

3.13 Use of Alcohol and Drugs

Questions were asked to the truckers regarding the use of alcohol and oral and injecting drugs during sex. Approximately 68.5 percent of the truckers reported having consumed alcohol sometime during the past one month. Among them, almost 15 percent of the truckers admitted taking alcohol on a daily basis. Others drank less frequently (Table 19). Twenty-four of the 400 respondents (6.0%) had at least once tried some type of drug.

The percentage of truckers who consumed alcohol on a daily basis is much lower in 2009 (14.8%) than in 2006 (37%).

Table 19: Use of Alcohol and Drugs among Truckers

Consumption of Alcohol and Drugs	2006	2009
	%	%
	(n=400)	(n=400)
Consumption of Alcohol During Past One Month		
On a daily basis	37.0	14.8
Once a week	7.8	17.0
2-3 times a week	20.3	16.3
Less than once a week	11.3	20.5
Never	23.8	31.0
Don't know		0.5
Tried Any Types of Drugs During Past One Month		
Yes	8.0	6.0
No	92.0	94.0

**Note: The percentages add up to more than 100 because of multiple responses*

3.14 Exposure to STI and HIV/AIDS Awareness Programs

Questions on the exposure of the truckers to STI and HIV/AIDS awareness and prevention programs were asked to find out if they had ever used their services. STI and HIV/AIDS intervention programs are launched through peer and outreach educators (PEs and OEs) to educate the target population on HIV/AIDS/STI and their preventive measures. So the truckers were also asked if they had met any OEs or PEs in the last 12 months.

In response, around 11% of the 400 truckers reported having met or interacted with them in the last 12 months. Among them, 86.1 percent had participated in discussions on HIV transmission, 65.1 percent had participated in discussion on regular/non-regular use of the condom. Of those who had met the PEs/OEs, 48.8 percent had met them only once and 25.6 percent had met them 2-3 times in the past year (Table 20).

Table 20: Peer Educator/Outreach Educator Visit

Peer Educator/Outreach Educator Visit	2006 % (n=400)	2009 % (n=400)
Met/Discussed/Interacted with Peer Educators (PE)/Outreach Educators (OE) in the last 12 Months	n=400	n=400
Yes	11.5	10.8
No	88.5	89.3
Total	100.0	100.0
Activities Involved with PE/OE	n=46	n=43
Discussion on how HIV/AIDS is/isn't transmitted	89.1	86.1
Discussion on how STI is/isn't transmitted	58.7	60.5
Regular/non-regular use of condom	54.3	65.1
Demonstration on using condom correctly	45.7	58.1
STI treatment/cure after treatment	2.2	16.3
Counseling on reducing number of sex partner	4.3	11.6
Training on HIV and STI, Condom Day, AIDS Day, participation in discussions and interaction programs	6.5	4.7
Others	8.7	2.3
Total	*	*
Organizations Represented by PEs/OEs	n=46	n=43
AMDA	41.3	16.3
GWP	37.0	14.0
Sahara Nepal	-	7.0
Blue Diamond	-	4.7
NRCS	-	4.7
Others	2.2	7.0
Don't know	39.1	55.8
Total	*	*
Number of visits to PE/OEs	n=46	n=43
Once	43.5	48.8
2-3 times	32.6	25.6
4-6 times	10.9	11.6
7-12 times	8.7	2.3
More than 12 times	4.3	11.6
Total	100.0	100.0

**Note: The percentages add up to more than 100 because of multiple responses*

3.15 Drop-in Center

Drop-in centers (DIC) are an important component of HIV prevention programs. The DICs not only provide a safe place for the target communities to socialize in but also offer educational and counseling activities. Only 4.5 percent of the truckers had visited a DIC during the past one year. During their DIC visits, 38.9 percent of the respondents had participated in discussions on HIV transmission, STI transmission and also watched films on HIV/AIDS. About 28 percent of the respondents had visited the DICs mostly run by GWP. Approximately 50 percent had visited the different DICs once and 27.8 percent had visited them 2-3 times.

Table 21: DIC Visiting Practices of Truckers

Perception of STI, Reported STI Symptoms and Treatment among Truckers	2006 %	2006 %
Visited any DIC in the Last 12 months	n=400	n=400
Yes	6.0	4.5
No	94.0	95.5
Total	100.0	100.0
Activities Involved in at DIC	n=24	n=18
Participated in discussion on HIV transmission	70.8	38.9
Went to watch film on HIV/AIDS	66.7	38.9
Went to collect condoms	29.2	16.7
Went to learn the correct way of using condom	25.0	27.8
Participated in discussion on STI transmission	20.8	38.9
Participated in training, interaction and discussion programs on HIV/AIDS and STI	8.3	16.7
Took friend with me	12.5	11.1
Went for blood test	11.1	-
Others	11.1	-
Total	*	*
Name of Organizations that run DIC Visited	n=24	n=18
AMDA	50.0	11.1
GWP	45.8	27.8
Sahara Nepal	-	11.1
NRCS	4.2	
Others	4.2	16.7
Don't know	20.8	33.3
Total	*	*
Number of DIC visits	n=24	n=18
Once	33.3	50.0
2-3 times	37.5	27.8
4-6 times	20.9	11.1
More than 6 times	8.4	11.1
Total	100.0	100.0

**Note: The percentages add up to more than 100 because of multiple responses*

3.16 STI Clinic

Majority of the truckers (46.7%) had visited private STI clinics. Six out of the 15 truckers who had visited a STI clinic in the past one year had visited one run by AMDA (Table 22). Detection and treatment of STIs in the early stages may prevent many health hazards and HIV infection as well. Several STI clinics are being run today by different organizations, including FHI to facilitate such treatment. The truckers were also asked if they had visited any STI clinic in the past one year. Only 3.3 percent reported having visited a STI clinic in the past one year.

Among the truckers who had visited a STI clinic in the past one year, 61.5 percent had tested their blood for STIs and 31.5 had undergone a physical examination conducted for STI identification. Among the respondents, 69.2 percent had visited a STI clinic just once in the past year (Table 22).

Table 22: STI Clinic Visiting Practices of Truckers

STI Clinic Visiting Practices of Truckers	2006 %	2009 %
Visited any STI Clinic in the Last 12 Months	n=400	n=400
Yes	3.8	3.3
No	96.2	96.8
Total	100.0	100.0
Activities Involved in at STI Clinic	n=15	n=13
Blood tested for STI	66.7	61.5
Was advised to use condom in each sexual intercourse	33.3	15.4
Was advised to take complete and regular medicine	33.3	-
Was suggested to reduce number of sexual partners	26.7	-
Physical examination conducted for STI identification	20.0	38.5
Took friend	13.3	23.1
Others	20.0	-
Total	*	
Name of organization Running STI Clinic Visited	n=15	n=13
Private clinic	46.7	
AMDA	40.0	15.4
Others	6.7	
Don't know	13.3	46.2
Total	*	
Number of Visits to STI Clinics	n=15	n=13
Once	26.7	69.2
2-3 times	53.3	23.1
4-6 times	13.3	7.7
More than 12 times	6.7	
Total	100.0	100.0

**Note: The percentages add up to more than 100 because of multiple responses*

3.17 VCT Clinic

Voluntary Counseling and Testing (VCT) centers are established and run by different organizations to increase the access of different target groups to HIV test facilities and counseling services. Among the sample population, only 3.6 percent had visited a VCT during the past year. Most of these truckers (61.5%) who had visited a VCT center in the past one year had given their blood for HIV testing. Some (38.5 %) of them who had

been there had received pre-test counseling, received counseling on using the condom correctly during each sexual intercourse and gotten information on the HIV/AIDS window period. Near about 31 percent of the truckers had visited the VCT centers run by AMDA and GWP. Almost 54 percent of the truckers who had visited a VCT center did so once in the past year (Table 23).

Table 23: VCT Center Visiting Practices of Truckers

VCT Center Visiting Practices of Truckers	2006 %	2009 %
Visited any VCT Center in the Last 12 months	n=400	n=400
Yes	3.8	3.3
No	96.2	96.8
Total	100	100.0
Activities Involved in at VCT Center	n=15	n=13
Blood sample taken for HIV/AIDS test	93.3	61.5
Received HIV/AIDS test result	60	30.8
Received post-test counseling	40	23.1
Received pre-test counseling	26.7	38.5
Received counseling on using condom correctly in each sexual intercourse	26.7	38.5
Got information on HIV/AIDS window period		38.5
Others	13.4	30.8
Total	*	*
Name of the VCT Center Visited	n=15	n=13
AMDA	93.3	30.8
GWP		30.8
Others		15.4
Don't know	6.7	23.1
Total	*	*
Number of visits to VCT center	n=15	n=13
Once	40	53.9
2-3 times	53.3	38.5
More than 12 times	6.7	7.7
Total	100	100.0

**Note: The percentages add up to more than 100 because of multiple responses*

3.18 Participation in HIV/AIDS Awareness Program

Organizations working in the field of STI/HIV/AIDS care and support organize awareness programs involving different target groups. Questions were asked with the truckers if they had ever participated in such programs in the 12 months preceding the survey. It was reported that participation of the truckers in different HIV/AIDS awareness raising programs in the past 12 months had increased this year to 20 percent compared to 14.8 percent in 2006.

Some of the reported activities that the truckers had participated in were street drama (86.3%), video show (22.5%) and Condom Day celebrations (15%). Altogether 60 percent of the truckers cited not knowing who had organized those programs (Table 24). Majority (61.3%) of the truckers had participated only once in HIV/AIDS awareness-raising programs or community events while 33.8 percent had participated 2-3 times in such events in the past 12 months.

Table 24: Participation in HIV/AIDS Awareness Programs of Truckers

Participation in HIV/AIDS Awareness Programs of Truckers	2006 %	2006 %
Ever Participated in HIV/AIDS Awareness Raising Programs or Community Events in the Last 12 months	n=400	n=400
Yes	14.8	20.0
No	85.2	80.0
Total	100	100.0
Type of Activities Participated in	n=59	n=80
Street drama	67.8	86.3
Condom use demonstrations	22	2.5
Video shows	16.9	22.5
AIDS Day	13.6	6.3
Group discussions	11.9	5.0
Condom Day	6.8	15.0
HIV/AIDS-related training	6.8	3.8
HIV/AIDS-related workshops	3.4	-
Others	1.7	1.3
Total	*	*
Name of the Organizations that run Such Activities	n=59	n=80
NRCS	-	12.5
AMDA	13.6	6.3
GWP	10.2	10.0
SACTS	1.7	
Sahara Nepal	-	2.5
Others	6.8	8.7
Don't know	72.9	60.0
Total	*	*
Number of Participation	n=59	n=80
Once	45.8	61.3
2-3 times	35.6	33.8
4-6 times	6.8	3.8
7-12 times		1.3
Did not participate within past one year	11.9	-
Total	100	100.0

**Note: The percentages add up to more than 100 because of multiple responses*

3.19 Stigma and Discrimination

HIV/AIDS carries a stigma in Nepal, increasing the impact on the People Living with HIV/AIDS (PLHA) and those most at risk. Moreover, HIV-infected people are discriminated. A series of questions related to truckers' attitude towards HIV positive people and their perception of HIV/AIDS were asked to the truckers in the survey.

More than 90 percent of the truckers were willing to take care of any of their male or female relatives with HIV if the need arose. A total of 65.3 percent mentioned that if they had a HIV positive member in the family, they would maintain the confidentiality.

Table 25: Stigma and Discrimination

Stigma and Discrimination	2006 % (n=400)	2006 % (n=400)
Willing to Take Care of HIV Positive Male Relative in the Household	n=400	n=400
Yes	97	93.5
No	3	6.0
Don't know		0.5
Total	100	100.0
Willing to Take Care of HIV Positive Female Relative in the Household	n=400	n=400
Yes	95.8	90.3
No	4.2	9.0
Don't know		0.8
Total	100	100.0
Willing to maintain confidentiality of the HIV positive family member	n=400	n=400
Yes	28.5	34.5
No	71.5	65.3
Don't know		0.3
Total	100	100.0

Chapter 4: Conclusion and Recommendations

Conclusion

The study found that no respondent was HIV positive. Only one of the respondents was found to be currently infected with syphilis and 7 (1.8%) respondents had a history of syphilis. The prevalence of HIV and current syphilis has decreased since 2006. Other findings are summarized below:

- The age of the truckers ranged from 17-59 years, and the mean age of the truckers was 28.9 years. Most of them were married.
- The truckers were away from their homes for an average of 19.5 days in a month. Approximately 47.1 percent of the married truckers spent around 15-21 days per month away from their homes.
- Majority of the truckers, or 96.8%, have had sexual contact with women. A total of 64.1 percent of the truckers had their first sexual encounter at the age of 15-19 years. Almost 63 percent of the truckers had maintained sexual contact with sex workers, too.
- Among the 400 truckers, 33 have had sex with sex workers in India. Seventeen of them had visited them in the past year.
- All the truckers who had sexual contact with sex workers in India in the past year had been consistent condom users.
- Altogether 81.2 percent of the truckers had used condoms consistently with sex workers and around 74.1 percent of them with other female friends in the past year. Use of condoms was low with wives and girl friends.
- Only 16.3 percent of the truckers obtained free condoms all the time and 62.5 percent always purchased them.
- Number One was the most popular brand of condoms among almost 34.8 percent of the truckers.
- Pharmacy, newspapers/posters, radio, TV, bill boards/sign boards, Health Post/Health Center, hospital and friends/neighbors were the most popular information sources regarding condoms for more than 90% of the truckers.
- Altogether 98.5 percent of the truckers had heard about HIV/AIDS. Pamphlets/posters were the most important sources of information for 96.2 percent of them. Many had collected information on HIV/AIDS through friends/relatives, billboards/signboards, radio and TV.
- ✓ Only 35.5 percent of the truckers were aware of all the three HIV preventive measures - A (abstinence from sex), B (being faithful to one partner or avoiding multiple sex partners) and C (consistent condom use or use of condom during

every sex act). Also 45.7 percent of them rejected the common local misconception that mosquito bite transmitted the HIV virus. Altogether 90.1 percent knew that a healthy looking person could be infected with HIV, and 84.3 percent discarded the notion that sharing a meal with an HIV-infected person would transmit HIV.

- About 60 percent of the truckers knew that they could have a confidential HIV test in their community. However, only around 37 percent of them had been tested.
- For around 44 percent of the truckers, STI meant HIV/AIDS, and 43.3 percent of them considered ulcers or sores around the genital areas as STI symptoms.
- Only 11 out of the 400 truckers had experienced at least one STI symptom in the past year.
- Almost 43 percent of the truckers visited a pharmacy for the treatment of the STIs.
- Around 11 percent of the truckers had at least once met peer/outreach educators from the various HIV/AIDS-related programs, and only 4.5 percent of them had visited the DICs in the past year. Altogether 3.3 percent of the truckers had visited a STI clinic and VCT center in the year preceding the survey.
- The peer/outreach educators whom the truckers had met were mostly from AMDA. The DICs that most of the truckers had visited were run by GWP. For STI services, the truckers had visited private clinics and the AMDA clinic, and of the truckers who had visited a VCT site, most had visited the VCT centers run by AMDA and GWP.
- The participation of the truckers in HIV/AIDS awareness programs/community events was also minimal with only 20 percent of them reporting having ever been part of such events. Among them, 12.5 percent had participated in programs conducted by NRCS.

Recommendations

- The knowledge of the truckers on the causes of HIV/STI transmission was reported very poor. This may be due to the minimal participation of truckers in HIV/AIDS awareness and prevention programs. More programs should be launched targeting this particular group on the highways, and coverage of the programs should be increased. Such programs may include visits by peer educators and outreach workers to raise awareness about HIV and STI and promote condom use.
- The truckers do not use condoms consistently with familiar partners like their girlfriends and spouses. HIV/AIDS prevention programs should focus more on the need for consistent condom with all kinds of partners to prevent HIV/STI infection.

- Truckers should be encouraged to use condoms consistently through free condom distribution programs for the truckers through NGOs/health workers/volunteers. Such programs should be expanded further as part of the HIV/AIDS awareness campaign.
- IEC materials like posters/pamphlets and billboards/signboards have been quite effective in disseminating HIV/AIDS awareness information to the truckers. Such activities should be continued and further extended to cover major highways.

1.0 GENERAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
101	Respondent ID No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
101.1	Type of Respondent	Driver1 Helper2	
102	Interview Starting Time Interview Completion Time	_____	
103	Where were you born?	District _____ VDC/Municipality _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole _____	
104	Where do you live now?	Districts: _____ VDC/Municipality: _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole: _____	
105	Before you moved here, where did you live?	Districts: _____ VDC/Municipality: _____ Ward No. <input type="text"/> <input type="text"/> Village/Tole: _____	

2.0 PERSONAL INFORMATION

Q. N.	Questions and Filters	Coding Categories	Skip to
201	How old are you?	Age <input type="text"/> <input type="text"/> (write the completed years)	
202	What is your caste?	Ethnicity/Caste _____ (Specify) Code No. <input type="text"/> <input type="text"/>	
203	What is your educational status? (Circle '0' if illiterate, '19' for the literate without attending the school, and write exact number of the passed grade)	Illiterate0 Literate19 Grade <input type="text"/> <input type="text"/> (write the grade completed)	
204	What is your present marital status?	Married1 Divorced/Permanently separated2 Widower3 Never married4	207 207 207
205	What is the approximate number of days in a month that you stay away from your wife?	Days <input type="text"/> <input type="text"/> I always stay with my family0	
206	Are you presently living with your wife?	Yes1 No2	208
207	With whom are you staying currently?	With children1 With male friends2 With female friends3 Alone4 With parents5 Others (Specify)96	
208	Have you ever driven truck in Butwal- Mahendranagar section of the Mahendra highway?	Yes1 No2	210

Q. N.	Questions and Filters	Coding Categories	Skip to
209	During the past year, have you ever driven truck in Butwal-Mahendranagar section of the Mahendra highway?	Yes.....1 No2	210
209.1	Where and how many times did you drive truck within past one year?	To Times	
210	Have you ever driven truck to India?	Yes.....1 No2	301
210.1	If Yes, which place have you driven to?	Name of Places City Nearby City/ City	
210.2	When was the last time you had driven truck to India? (If it is today write "0")	Days ago..... Months ago	

3.0 INFORMATION ON SEXUAL BEHAVIOR

Q. N.	Questions and Filters	Coding Categories	Skip to
301	Have you ever had sexual intercourse with a woman before? (If answer is 'No' Probe)	Yes.....1 No2	501
302	How old were you at your first sexual intercourse? (In Completed years)	Year's old Don't know/Can't recall98	
303	Have you ever had sex with a sex worker? (If answer is 'No' Probe)	Yes.....1 No2	403

Sexual behavior with Female Sex Workers in Nepal

Q. N.	Questions and Filters	Coding Categories	Skip to
304	So far with about how many sex workers have you had sex in Nepal?	Number	
305	Have you had sex with a sex worker in the past year in Nepal?	Yes.....1 No2	312
305.1	During the past year, how many different FSWs did you have sexual intercourse with in Nepal?	Number	
306	In which places in Nepal have you had sex with sex workers in the past years?	Name of Places City/ Nearby City	

Q. N.	Questions and Filters	Coding Categories	Skip to
307	During the past one year when did you have the last sexual intercourse with a sex worker in Nepal? (Write '00' if the answer is less than a week)	Weeks ago	

308	Where did you find that last sex worker for sexual intercourse in Nepal?	Lodge/Hotel1 Eating-place (Restaurant).....2 Bhatti (Liquor shop)3 On the street4 Forest5 Others (Specify)96	
309	Where did you have sex with her?	Sex worker's own home1 Client's home/room.....2 Hotel/lodge3 Forest/Bush/Park4 Other private house5 Truck/bus6 Others (Specify)96	
310	How many rupees and/or other items did you pay the sex worker that time? (Ask the money spend for sexual intercourse only) (Note: If there is '0' in both 'cash and gift equivalent' mention the reasons)	Cash _____ Rs. Gift equivalent to _____ Rs. Total _____ Rs. Other (Specify)96	
311	Last one month how many times did you have sexual intercourse with sex workers in Nepal?	Times <input type="text"/> <input type="text"/>	

Sexual behavior with Female Sex Workers in India

Q. N.	Questions and Filters	Coding Categories	Skip to
312	Have you ever had sex with sex workers in India?	Yes1 No2	401
313	About how many sex workers have you had sex with in India in your lifetime?	Numbers <input type="text"/> <input type="text"/>	
314	Did you have sexual intercourse with sex workers in India in the past year?	Yes1 No2	401
314.1	Where?	Name of Places City/ Nearby City _____ _____ _____	
314.2	When did you have had the last sexual Intercourse with sex workers in India? (Write '00' if the answer is less than 7 days)	Weeks ago <input type="text"/> <input type="text"/>	

4.0 Use of Condom with Sex Partners
Note: If No responses in Q.305 and Q314 Go to Q403

Condom Use with Sex Worker

Q. N.	Questions and Filters	Coding Categories	Skip to
401	Did you use a condom when you had the last sexual intercourse with a sex worker?	Yes1 No2	401.2
401.1	Who suggested condom use that time?	Myself1 My Partner2 Don't know98	402 402 402

Q. N.	Questions and Filters	Coding Categories	Skip to
401.2	Why didn't you use a condom that time?	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	
402	How often did you use condoms while visiting sex workers in the last 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely4 Never5	402.2
402.1	Why didn't you use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	
	(Note: If there is 'No' in Q314 Go to 403)		
402.2	Did you use a condom when you had last sexual intercourse with a sex worker in India?	Yes1 No2	
402.3	In the past year, how often did you use condom with sex worker in India?	All of the time1 Most of the time2 Some of the time3 Rarely4 Never5	

Condom Use with Wife

Q. N.	Questions and Filters	Coding Categories	Skip to
403	the past one-year have you had sexual intercourse with your wife?	Yes1 No2	407
404	How many times did you have sexual intercourse with your wife over the last 30 days? (e is none sexual intercourse with wife in last 30 days write "00")	Number of time <input type="text"/> <input type="text"/> Don't know98	
405	The last time you had sex with your wife did you use condom?	Yes1 No2	405.2
405.1	Who suggested condom use that time?	Myself1 My Partner2 Don't know98	406 406 406
405.2	Why didn't you use a condom that time?	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	
406	How often did you use condoms with your wife over the last 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely4	407

Q. N.	Questions and Filters	Coding Categories	Skip to
		Never5	

406.1	Why didn't you use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	
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Condom Use with Girl Friend

Q. N.	Questions and Filters	Coding Categories	Skip to
407	During the past 12 months have you had sexual intercourse with your girl friend?	Yes1 No2	411
408	How many times did you have sexual intercourse with your girl friend over the last 30 days? (If there is none sexual intercourse with girl friend in last 30 days write "00")	Number of times <input type="text"/> <input type="text"/> Don't know98	
409	The last time you had sex with your girl friend did you use condom?	Yes1 No2	409.2
409.1	Who suggested condom use at that time?	Myself.....1 My Partner2 Don't know98	410 410 410
409.2	Why didn't you use a condom at that time?	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	
410	How often did you use condoms with your girl friend over the last 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely4 Never5	411

Q. N.	Questions and Filters	Coding Categories	Skip to
410.1	Why didn't you use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like them.....4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	

Condom Use with Other female Friend

Q. N.	Questions and Filters	Coding Categories	Skip to
411	During the past one-year, did you have sexual intercourse with your other female friends?	Yes.....1 No2	415
412	How many times did you have sexual intercourse with your other female friends over the last 30 days? (If there is none sexual intercourse with female friend in last 30 days write "00")	Number of time <input type="text"/> <input type="text"/> Don't know98	
413	The last time you had sex with your other female friends did you use condom?	Yes.....1 No2	413.2
413.1	Who suggested condom use that time?	Myself.....1 My Partner2 Don't know98	414 414 414
413.2	Why didn't you use a condom that time?	Not available1 Too expensive.....2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	
414	How often did you use condoms with your other female friend over the last 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely4 Never5	415
414.1	Why you did not use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive.....2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	

Use of Condom with Male Partner

Q. N.	Questions and Filters	Coding Categories	Skip to
415	In last 12 months did you have anal sex with male partner?	Yes.....1 No.....2	419
416	In past 30 days how many times did you have anal sex with male partner? (If there is none sexual intercourse with male friend in last 30 days write "00")	Number of time <input type="text"/> <input type="text"/> Don't know98	
417	The last time you had sex with your male friend did you use condom?	Yes.....1 No2	417.2
417.1	Who suggested condom use at that time?	Myself.....1 My Partner2 Don't know98	418 418 418
417.2	Why didn't you use a condom that time?	Not available1 Too expensive.....2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it.....6 Other (Specify)96 Don't know98	

418	How often did you use condoms with your male friend over the last 12 months?	All of the time1 Most of the time2 Some of the time3 Rarely4 Never5	419
418.1	Why you did not use condom always? (Multiple answers. DO NOT READ the possible answers)	Not available1 Too expensive2 Partner objected3 I didn't like to use it4 Didn't think it was necessary5 Didn't think of it6 Other (Specify)96 Don't know98	
419	With whom did you have the last sexual intercourse in the past year?	FSW1 Wife2 Lover/female friend3 Male friend4 No sexual intercourse in last 12 months5 Never had sexual intercourse6 Others (Specify)96	
419.1	Did you use condom at that time	Yes1 No2	

Condom Accessibility

Q. N.	Questions and Filters	Coding Categories	Skip to
420	Do you usually carry condoms with you?	Yes1 No2	421
420.1	At this moment, how many condoms do you have at-hand with you? (Observe and write)	Number <input type="text"/> <input type="text"/>	
421	Which places or persons do you know from where/whom you can obtain condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/ Health Center1 Pharmacy2 General retail store (Kirana Pasal) 3 Private Clinic4 Paan shop5 Hospital6 FPAN Clinic7 Peer/Friends8 NGO/Health Workers/Volunteers 9 Guest House/Hotel10 Other (Specify)96 Don't know98	
421.1	How long does it take for you to get condom from your work place or home?	Minute <input type="text"/> <input type="text"/>	
422	How do you usually obtain condoms? (Buy, obtain free of cost or both ways)	I get it free of cost1 I buy2 Both3 Never used condom4	423 501
422.1	From where do you usually get free condoms? (Multiple answers. DO NOT READ the possible answers).	Health Post/ Health Center1 Hospital2 FPAN Clinic3 Peer/Friends4 During Community Programme5 NGO/Health Workers/Volunteers6	

		Other (Specify) _____96	
422.2	Which would be the most convenient place/s for you to get free condoms? (Multiple answers. DO NOT READ the possible answers)	Health Post/ Health Center1 Hospital2 FPAN Clinic3 Peer/Friends4 During Community Programme5 NGO/Health Workers/ Volunteers6 Other (Specify) _____96	
	(Note: If response is '1' in Q 422, Go to Q 501)		
423	Where do you usually buy condoms? (Multiple answers. DO NOT READ the possible answers)	Pharmacy1 General retail store (Kirana Pasal)2 Private clinic3 Paan Shop4 Other (Specify) _____96	

Q. N.	Questions and Filters	Coding Categories	Skip to
423.1	What would be the most convenient place for you to buy a condom? (Multiple answers. DO NOT READ the possible answers)	Pharmacy1 General retail store (Kirana Pasal)2 Private clinic3 Paan Shop4 Other (Specify) _____ 96	
423.2	In the last 12 months have you been given condoms by any organization?	Yes - free1 Yes - on cash2 No.....3	

5.0 HIV/AIDS AWARENESS

Q. N.	Questions and Filters	Coding Categories		Skip to
501	Have you ever heard of HIV/AIDS?	Yes.....1	No2	601
502	Of the following sources of information, from which sources have you heard about HIV/AIDS within the past one year? (Multiple answers. READ THE FOLLOWING LIST)			
	Sources of Information	Yes	No	
	1. Radio	1	2	
	2. Television	1	2	
	3. Newspapers/Magazines	1	2	
	4. Pamphlets/Posters	1	2	
	5. Health Workers	1	2	
	6. School/Teachers	1	2	
	7. Friends/Relatives	1	2	
	8. Work Place	1	2	
	9. People from NGO	1	2	
	10. Video Van	1	2	
	11. Street Drama	1	2	
	12. Cinema Hall	1	2	
	13. Community Event/Training	1	2	
	14. Bill Board/Sign Board	1	2	
	15. Comic Book	1	2	
16. Community Workers	1	2		
96. Others (Specify) _____	1	2		

Knowledge, Opinion and Attitude on HIV/AIDS

Q. N.	Questions and Filters	Coding Categories		Skip to
503	Do you know anyone who is infected with HIV or who has died of AIDS?	Yes.....1	No2	505
504	Do you have a close relative or close friend who is infected with HIV or has died of AIDS?	Yes, a close relative1	Yes, a close friend2	
		No3		
505	Can people protect themselves from HIV by keeping sexual contact with only one uninfected faithful sex partner?	Yes.....1	No2	
		Don't know98		
506	Can people protect themselves from HIV, virus-causing AIDS, by using condom correctly in each sexual contact?	Yes.....1	No2	
		Don't know98		

Q. N.	Questions and Filters	Coding Categories		Skip to
507	Do you think a healthy-looking person can be infected with HIV?	Yes.....1	No2	
		Don't know98		
508	Can a person get the HIV virus from mosquito bites?	Yes.....1	No2	
		Don't know98		
509	Can a person get HIV by sharing a meal with an HIV infected person?	Yes.....1	No2	
		Don't know98		
510	Can a pregnant woman infected with HIV/AIDS	Yes.....1		

	transmit the virus to her unborn child?	No2 Don't know98	512 512
511	What can a pregnant woman do to reduce the risk of transmission of HIV to her unborn child?	Take Medication1 Other (Specify)96 Don't know98	
512	Can a woman with HIV/AIDS transmit the virus to her newborn child through breastfeeding?	Yes1 No2 Don't know98	
513	Can people protect themselves from HIV virus by abstaining from sexual intercourse?	Yes1 No2 Don't know98	
514	Can a person get HIV by holding an HIV infected person's hand?	Yes1 No2 Don't know98	
515	Can a person get HIV, by using previously used needle/syringe?	Yes1 No2 Don't know98	
516	Can blood transfusion from an infected person to the other transmit HIV?	Yes1 No2 Don't know98	
517	Is it possible in your community for someone to have a confidential HIV test?	Yes1 No2 Don't know98	
517.1	Do you know where can you go for HIV testing?	Yes1 No2	
518	I don't want to know the result, but have you ever had an HIV test?	Yes1 No2	801
519	Did you voluntarily undergo the HIV test or because it was required?	Voluntarily1 Required2 No Response99	
520	Please do not tell me the result, but did you find out the result of your test?	Yes1 No2	
521	Why did you not receive the test result?	Sure of not being infected1 Afraid of result2 Felt unnecessary3 Forgot it4 Other (Specify)96	
522	When did you have your most recent HIV test?	Within the past year1 Between 1-2 years2 Between 2-4 years3 More than 4 years ago4	

6.0 PROMOTION OF CONDOM

Q. N.	Questions and Filters	Coding Categories		Skip to
601	In the past one-year have you seen, read or heard any advertisements about condoms from the following sources? (READ THE FOLLOWING LIST)			
	Sources of Information	Yes	No	
	1. Radio	1	2	
	2. TV	1	2	
	3. Pharmacy	1	2	
	4. Health Post/ Health Center	1	2	
	5. Hospital	1	2	
	6. Health Workers/Volunteers	1	2	
	7. Friends/Neighbors	1	2	
8. NGOs	1	2		

Q. N.	Questions and Filters	Coding Categories		Skip to
	9. Newspapers/Posters	1	2	
	10. Video Van	1	2	
	11. Street Drama	1	2	
	12. Cinema Hall	1	2	
	13. Community Event/Training	1	2	
	14. Bill Board/Sign Board	1	2	
	15. Comic Book	1	2	
	16. Community Workers	1	2	
	96. Others (Specify) _____	1	2	
602	What message did you get from the advertisement? (Multiple answers. DO NOT READ the possible answers)	Condoms should be used to avoid HIV/AIDS1 Condoms should be used to avoid STI.....2 Condoms should be used for family planning, other family planning messages3 Other (Specify) _____ 96		
603	In the past one-year, have you ever seen, heard or read following messages?			
		Yes	No	
	Messages/Characters			
	1. Jhilke Dai Chha Chhaina Condom	1	2	
	2. Condom Kina Ma Bhaya Hunna Ra	1	2	
	3. Youn Rog Ra AIDS Bata Bachnalai Rakhnu Parchha Sarbatra Paine Condom Lai	1	2	
	4. Ramro Sanga Prayog Gare Jokhim Huna Dinna Bharpardo Chhu Santosh Dinchhu Jhanjhat Manna Hunna	1	2	
	5. Condom Bata Surakchhya, Youn Swasthya Ko Rakchhya AIDS Ra Younrog Bata Bachna Sadhai Condom Ko Prayog Garau	1	2	
	6. HIV/AIDS Bare Aajai Dekhee Kura Garau	1	2	
	7. Ek Apas Ka Kura	1	2	
	8. Maya Garaun Sadbhav Badaun	1	2	
	9. Des Pardes	1	2	
	96. Others (Specify) _____	1	2	

Q. N.	Questions and Filters	Coding Categories		Skip to
603.1	Besides above messages have you seen, heard or read any other messages?	Yes.....1	No.....2	604
603.2	What are they?	_____	_____	
604	During the past one-year what brand of condoms did you use most of the time? (Record first three)	_____.....1	_____.....2	
		_____.....3		
605	HAVE YOU MET OR DISCUSSED OR INTERACTED WITH PEER EDUCATORS (PE) AND /OR OUTREACH EDUCATORS (OE) IN THE LAST 12 MONTHS?	Yes.....1	No2	609
		No response99		

Q. N.	Questions and Filters	Coding Categories	Skip to
606	WHEN YOU MET/DISCUSSED/INTERACTED WITH PE OR OE IN WHAT KIND OF ACTIVITIES WERE YOU INVOLVED? (multiple answers. Do not read the possible answers)	Discussion on how HIV/AIDS is/isn't transmitted.....1 Discussion on how STI is/isn't transmitted.....2 Regular/non-regular use of condom.....3 Demonstration on using condom correctly.....4 STI treatment/cure after treatment.....5 Counseling on reducing number of sex partner.....6 Training on HIV and STI, Condom day, AIDS day, participation in discussions and interaction programs.....7 Others (Specify)96	
607	Do you know from which organization were they? (Multiple answers. DO NOT READ the possible answers)	AMDA BCI/STI1 GWP.....2 Trinetra3 WATCH.....4 ICH.....5 NSARC6 NRCS7 INF/Paluwa8 Siddhartha Club.....9 CAC10 SACTS11 NFCC12 NAPN.....13 SPARSHA.....14 Others (Specify) _____ 96 Don't know98	
608	How many times have you been visited by PE and/or OE in the last 12 months?	Once1 2-3 times.....2 4-6 times3 7-12 times4 More than 12 times5	

Q. N.	Questions and Filters	Coding Categories	Skip to
609	HAVE YOU VISITED OR BEEN TO ANY DROP IN CENTER (DIC) IN THE LAST 12 MONTHS?	Yes.....1 No2	613
610	WHEN YOU WENT TO THE DIC, IN WHICH ACTIVITIES DID YOU TAKE PART?	Went to collect condoms..... 1 Went to learn the correct way of using condom. 2 Went to watch film on HIV/AIDS..... 3 Participated in discussion on HIV transmission... .. 4 Participated in discussion on STI transmission... .. 5 Participated in training, interaction and discussion programs on HIV/AIDS and STI..... 6 Went to collect IEC materials 7 Went for STI treatment..... 8	

Q. N.	Questions and Filters	Coding Categories	Skip to
		Took friend with me..... 9 Other (Specify)_____ 96	
611	DO YOU KNOW WHICH ORGANIZATIONS RUN THOSE DICS? (Multiple answers. DO NOT READ the possible answers)	AMDA.....1 GWP.....2 Trinetra3 WATCH.....4 ICH.....5 NSARC6 NRCS7 INF/Paluwa8 Siddhartha Club.....9 CAC10 SACTS11 NFCC12 NAPN.....13 SPARSHA.....14 Others (Specify) _____ 96 Don't know98	
612	HOW MANY TIMES HAVE YOU VISITED DICS IN THE LAST 12 MONTHS?	Once1 2-3 times.....2 4-6 times3 7-12 times4 More than 12 times5	
613	HAVE YOU VISITED ANY STI CLINIC IN THE LAST 12 MONTHS?	Yes.....1 No2	617

Q. N.	Questions and Filters	Coding Categories	Skip to
614	WHEN YOU VISITED OR BEEN TO ANY STI CLINIC IN WHAT ACTIVITIES WERE YOU INVOLVED? (MULTIPLE ANSWERS. DO NOT READ THE POSSIBLE ANSWERS)	Blood tested for STI.....1 Physical examination conducted for STI identification.....2 Was advised to use condom in each sexual intercourse.....3 Was advised to take complete and regular medicine.....4 Was suggested to reduce number of sexual partners.....5 Took friend with me6 Other (Specify)_____ 96	
615	DO YOU KNOW WHICH ORGANIZATIONS RUN THOSE STI CLINICS? (Multiple answers. DO NOT READ the possible answers)	AMDA /STI.....1 NSARC2 NRCS3 INF/Paluwa4 Siddhartha Club.....5 SACTS6 NFCC7 WATCH.....8 Others (Specify)_____ .96 Don't know98	
616	HOW MANY TIMES HAVE YOU VISITED STI CLINIC IN THE LAST 12 MONTHS?	Once1 2-3 times.....2 4-6 times3 7-12 times4 More than 12 times5	

Q. N.	Questions and Filters	Coding Categories	Skip to
617	HAVE YOU VISITED ANY VOLUNTARY COUNSELING AND TESTING (VCT) CENTERS IN THE LAST 12 MONTHS?	Yes.....1 No2	621
618	WHEN YOU VISITED OR BEEN TO ANY VCT CENTER IN WHAT ACTIVITY WERE YOU INVOLVED? (multiple answers. Do not read the possible answers)	Received pre-HIV/AIDS test counseling.....1 Blood sample taken for HIV/AIDS test.....2 Received post HIV/AIDS test counseling3 Got information on HIV/AIDS window period.....4 Received HIV/AIDS test result.....5 Received counseling on using condom correctly in each sexual intercourse.....6 Took a friend with me.....7 Other (Specify).....96	

Q. N.	Questions and Filters	Coding Categories	Skip to
619	DO YOU KNOW WHICH ORGANIZATIONS RUN THOSE VCT CENTERS? (Multiple answers. DO NOT READ the possible answers)	AMDA /STI1 NSARC2 NRCS3 INF/Paluwa4 Siddhartha Club.....5 SACTS6 NFCC7 WATCH.....8 Others (Specify)96 Don't know98	
620	HOW MANY TIMES HAVE YOU VISITED VCT CENTER IN THE LAST 12 MONTHS?	Once1 2-3 times.....2 4-6 times3 7-12 times4 More than 12 times5	
621	HAVE YOU EVER PARTICIPATED IN OR INVOLVED WITH HIV/AIDS AWARENESS RAISING OR COMMUNITY EVENTS IN THE LAST 12 MONTHS?	Yes.....1 No2	701
622	IN WHAT ACTIVITIES HAVE YOU PARTICIPATED IN SUCH HIV/AIDS AWARENESS RAISING EVENTS OR COMMUNITY EVENTS? (multiple answers. Do not read the possible answers)	Street drama.....1 AIDS Day2 Condom Day3 Video Shows4 Group discussions5 Talk programs6 HIV/AIDS related training7 HIV/AIDS related Workshops.....8 Condom use demonstrations.....9 Others (Specify)96	
623	DO YOU KNOW WHICH ORGANIZATIONS ORGANIZED THOSE ACTIVITIES? (MULTIPLE ANSWERS. DO NOT READ THE POSSIBLE ANSWERS)	AMDA 1 GWP..... 2 TRINETRA 3 WATCH..... 4 ICH..... 5 NSARC..... 6	

Q. N.	Questions and Filters	Coding Categories	Skip to
		NRCS 7 INF/Paluwa 8 Siddhartha Club..... 9 CAC..... 10 SACTS 11 NFCC 12 NAPN..... 13 Sparsa..... 14 Others (Specify) _____ 96 Don't know 98	
624	HOW MANY TIMES HAVE YOU PARTICIPATED IN SUCH ACTIVITIES IN THE LAST 12 MONTHS?	Once1 2-3 times.....2 4-6 times3 7-12 times4 More than 12 times5	

7.0 STI (SEXUALLY TRANSMITTED INFECTION)

Q. N.	Questions and Filters	Coding Categories	Skip to
701	Which diseases do you understand by STI? (Multiple answers. DO NOT READ the possible answers)	White Discharge/Discharge of Pus/Dhatu flow1 Pain during urination2 Burning Sensation while Urinating.....3 Ulcer or sore around genital.....4 Syphilis (Bhiringi)/Gonorrhoea5 HIV/AIDS6 ther (Specify) _____ 96 Don't know98	
702	Do you currently have any of the following symptoms?		
	Symptoms	Yes	No
	1. White Discharge/Discharge of Pus	1	2
	2. Pain during urination	1	2
	3. Burning Sensation while Urinating	1	2
	4. Ulcer or sore around genital area	1	2
	96.Others (Specify) _____	1	2
	(If answer is "No" to all in the Q. No. 702 Go to Q. 710)		
703	Have you gone through medical treatment for any of these symptoms?	Yes.....1 No2	710
703.1	If yes, for how long did you wait to go for the treatment? (Write '00' if less than a week)	Week <input type="text"/> <input type="text"/>	
704	Where did you go for the treatment? (Multiple answers. DO NOT READ the possible answers)	Private Clinic1 AMDA Clinic2 FPAN Clinic3 Health Post/ Health Center.....4 Hospital5 Pharmacy6 Self Treatment (Specify)____7 Others (Specify) _____96	
705	For which symptoms did you get treatment? Specify the treatment.		
	Symptoms	Treatment	
	1. White Discharge/Discharge of Pus		
	2. Pain during urination		
	3. Burning Sensation while Urinating		

Q. N.	Questions and Filters	Coding Categories	Skip to
	4. Ulcer or sore around genital area		
	96.Others (Specify) _____		
706	Did you receive a prescription for medicine?	Yes1 No2	709
707	Did you obtain the medicine prescribed?	Yes I obtained all of it1 I obtained some but not all.....2 I obtained none3	709 709
708	Did you take all of the medicine prescribed?	Yes1 No2	709
708.1	If not, why did you not take all of the medicine prescribed?	Forgot to take1 Felt cured.....2 Medicine did not work properly3 Others (Specify)_____96	
709	How much did you pay for medicine you took? [If not paid mention the reasons]	Rs. _____ Reason _____	
710	Did you have any of the following symptoms in the past year?		
	Symptoms	Yes	No
	1. White Discharge/Discharge of Pus	1	2
	2. Pain during urination	1	2
	3. Burning Sensation while Urinating	1	2
	4. Ulcer or sore around genital area	1	2
	96.Others (Specify) _____	1	2
	(If answer is "No" to all in Q. No. 710, Go to Q. No. 801)		
711	Have you gone through medical treatment for any of these symptoms in the past year?		
	Symptoms	Yes	No
	1. White Discharge/Discharge of Pus	1	2
	2. Pain during urination	1	2
	3. Burning Sensation while Urinating	1	2
	4. Ulcer or sore around genital area	1	2
	96.Others (Specify) _____	1	2
	(If answer is "No" to all in Q. No. 711, Go to Q. No. 801)		
712	Where did you go for the treatment? (Multiple answers. Do not read the possible answers).	Private Clinic1 AMDA Clinic2 FPAN Clinic3 Health Post/ Health Center.....4 Hospital5 Pharmacy6 Self Treatment (Specify)____7 Others (Specify) _____96	
713	Did anyone from the place where you went for treatment counsel you about how to avoid the problem?	Yes1 No2	801
713.1	What did she/he tell you? (Multiple answers, DONOT READ the possible answers given below)	Told me to use condom1 Told me to reduce number of sexual partners2 Others (Specify) _____96	

8.0 USE OF DRUGS AND INJECTION

Q. N.	Questions and Filters	Coding Categories	Skip to
801	During the last 30 days how often have you had drinks containing alcohol?	Everyday1 2-3 times a week2 At least once a week3	

Q. N.	Questions and Filters	Coding Categories	Skip to
		Less than once in a week4 Never.....5 Don't know98	
802	Some people take different types of drugs. Have you also tried any of those drugs in the past 30 days? (Ganja, Bhang, Nitroson, Nitrovet E.)	Yes1 No2 Don't know98	
803	Some people inject drugs using a syringe. Have you ever-injected drugs? (Do not count drugs injected for medical purpose or treatment of an illness)	Yes1 No2 Don't know98	901 901
804	Have you injected drugs in last 12 months? (Drugs injected for medical purposes or treatment of an illness do not count)	Yes1 No2 Don't know98	901 901
805	Are you currently injecting drugs?	Yes1 No2	901
806	Think about the last time you injected drugs. Did you use a needle or syringe that had previously been used by someone else?	Yes1 No2 Don't know98	
807	Think about the time you injected drugs during the past one month. How often was it with a needle or syringe that had previously been used by someone else?	Every Time1 Almost Every Time2 Sometimes3 Never4 Don't Know98	
808	Usually how do you obtain a syringe/needle?	My friend/relative give it to me after use.....1 Unknown person give it to me2 I pick it up from a public place used and left by others3 I pick it up from a public place where I leave my syringes4 I use a new needle/syringe given by NGO/volunteer.....5 I purchase a new needle/syringe.....6 Others (Specify)96	

9.0 STIGMA AND DISCRIMINATION

Q. N.	Questions and Filters	Coding Categories	Skip to
901	If a male relative of yours gets HIV, would you be willing to take care of him in your household?	Yes1 No2 Don't know98	
902	If a female relative of yours gets HIV, would you be willing to take care of him in your household?	Yes1 No2 Don't know98	
903	If a member of your family gets HIV, would you want it to remain a secret?	Yes1 No2 Don't know98	

☞ Thank You. ☞

ANNEX-2
CLINICAL CARD
INTEGRATED BIO-BEHAVIORAL SURVEY (IBBS)
AMONG TRUCKERS IN 22 TERA HIGHWAY DISTRICTS-2009

Male Clinical/Lab Checklist

Clinic Location: _____

Name of Lab Technician _____

Name of Health Assistant _____

Respondent ID Number:

Date: 20__/__/__
 Time Hrs Min

(A) Clinical Information (Clinic) **Yes** **No**

(B) Specimen collection (Lab) **Yes** **No**

1 Clinical Information (Clinic)

1. Weight _____ Kg

2. Blood Pressure _____

Yes **No**

3. STI Symptom _____

4. Temperature _____

5. Pulse _____

Yes **No**

6. Vitamin Given _____

6.1 Name of the Vitamins
 Medicines given

Syndromic Treatment Information

8 Did you have discharge from your penis or burning sensation when you urinate in the past one month?	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	No response	<input type="text" value="3"/>
9. Did you have sore or ulcer around your genitals in the past one month?	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	No response	<input type="text" value="3"/>
10. Itching around urethra	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	No response	<input type="text" value="3"/>
11. Swelling of scrotal		<input type="text"/>		<input type="text"/>		<input type="text"/>
11. Pain during sex	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	No response	<input type="text" value="3"/>
12. Genital Warts or rashes	Yes	<input type="text" value="1"/>	No	<input type="text" value="2"/>	No response	<input type="text" value="3"/>
k.Others (Specify) _____						

[If yes to any of above, give vaginal discharge syndrome treatment]

Name of the Medicines Given :

Refer to VCT Center

Yes

No

ANNEX - 3
RESPONDENT ID CARD AND BIOLOGICAL COMPONENT CARD
INTEGRATED BIO-BEHAVIORAL SURVEY (IBBS)
AMONG FEMALE SEX WORKERS IN 22 TERAJ HIGHWAY DISTRICTS-2009

FRONT SIDE

RESPONDENT ID CARD	
ID Number:	
Needs to collect test result	YES NO
Test results will be available from _____ to _____	
(On any working days from 11AM to 4 PM)	
Provisional diagnosis:	
Treatment	
Signature of Staff Nurse / HA _____ Date	

REAR SIDE

Report Collection Centers			
S.No	Name of Report Collection Centers	Address	Tel. Numbers

Biological Component Card

ID _____

Date: _____

Consented for Laboratory Tests **Yes** **No**

Respondent wants consultation
With staff nurse **Yes** **No**

Interviewer name: _____

(To be filled by Lab technician and Staff nurse)

Filled by Lab Technician (select appropriate category):

Respondent gave only blood sample	
Respondent gave only urine sample	
Respondent gave blood and urine sample	
Respondent did not give any samples	

Filled by staff nurse (select appropriate category):

Physical examination undertaken	
Physical examination NOT undertaken	

Respondent Selection Sheet- Truckers

CLINIC LOCATION _____

NAME OF DISTRICT _____

DISTRICT CODE _____

CIUSTER NUMBER _____

DATE OF VISIT _____/_____/2009

TIME OF VISIT TO THE CLUSTER _____:

SAMPLE SIZE TO BE ACHIEVED: _____

SAMPLE SIZE ULTIMATELY ACHIEVED: _____

SHORT FALL/s: _____

STARTING TIME OF LOOKING FOR RESPONDENT _____:

ENDING TIME OF LOOKING FOR RESPONDENT _____:

SL NO	TRUCK NUMBER (To be recorded for every 5th truck passing by)	Driver AGE 16+ Y/ N	Helper Age 16+? Y/N	ELIGIBLE Y/ N	SELECTED- Y/ N	FINAL OUTCOME - Interviewed Y/ N	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

CLUSTER INFORMATION SHEET (CIS)

(CIS must be filled up for each and every selected Cluster)

FOR OFFICE USE ONLY									
Location Name									
Cluster Number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>								

GENERAL INFORMATION									
01 Date of visit	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%; text-align: center;">2</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">0</td> <td style="width: 12.5%; text-align: center;">9</td> </tr> </table>					2	0	0	9
				2	0	0	9		

MEASURE OF SIZE			
02 Total number of Eligible Respondents	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		
03 Total number of Eligible Respondents Selected	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		

DETAILS OF RESPONSES:			
04 Total number of completed behavioural and biological	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		
05 Total number of completed behavioural only	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		
06 Total number of <u>non-responses</u> (sum of 6.1 through 6.5)	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		

DETAILS OF NON-RESPONSES:			
6.1 Total number of respondents <u>not available</u> for interview	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		
6.2 Total number of respondents who <u>refused both behavioural and biological</u>	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		
6.3 Total number of respondents who <u>refused biological only</u>	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		
6.4 Total number of respondents who started but <u>could/did not complete the interview</u>	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		
6.5 Total number of respondents who <u>were interviewed earlier for IBBS in the present round</u>	<table border="1" style="width: 50px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>		

Name of the Supervisor _____	<table border="1" style="width: 30px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>			Date : _____

ANNEX - 4

Family Health International (FHI), Nepal Oral Informed Consent Form for Truckers

Title: Integrated Bio-behavioral Survey among Truckers in Terai Highway Districts of Nepal

Sponsor: ASHA Project- FHI/Nepal and USAID/Nepal

Principal Investigator/s: Satish Raj Pandey, MPH, FHI/Nepal
Laxmi Bilas Acharya, PhD, FHI/Nepal

Address: GPO Box 8803
Gopal Bhawan, Anamika Galli, Ward No4,
Baluwatar, Kathmandu, Nepal
Phone: +977 1 443 7173
FAX: +977 1 441 7475
Email: satish@fhi.org.np
lacharya@fhi.org.np

Introduction

We are asking you to take part in research study to collect information on knowledge of human immunodeficiency virus (HIV)/ sexually transmitted infections (STIs), HIV/STI related risk behaviors, STI treatment practices and to measure the prevalence of HIV and STI among the populations like you. We want to be sure that you understand the purpose of the research and your responsibilities before you decide to participate in the study. You will not be asked to sign this form, only to tell us you understand it. One person will explain you about the study and another person will witness the consent taking process. Both consent taker and the witness will sign the form. You can ask us to explain any words or information that you may not understand. This discussion is the process needed before the study occurs.

Information about the Research and Your Role

Study participants are selected using a random process. You are in the pool of possible candidates, but the final selection would be based on your choice. In total 400 truckers like you driving along 22 terai highway districts will be selected for interview from truck parking area on or near Hetauda Municipality of Nepal. Once you agree to participate in the study we will interview you using a structured questionnaire and then ask you to provide blood sample for HIV and syphilis test. We will draw about 5-7 ml blood by a disposable syringe from your arm. We provide medical examination also for syndromic treatment of any other STIs. You will be informed about the dates and place from where you can collect the results of HIV and STI tests. Test results will be provided with counseling by a qualified counselor.

You will have to spend about 60 minutes with us if you decide to participate in this research. We would like to inform that this is a research study and not health care providing service.

Possible Risks

The risk of participating in this study is the minor discomfort due to bleeding and or bruising during blood drawing. Providing blood sample does not put you at any other risk. Some of the questions we ask might put you in trouble or make you feel uncomfortable to answer them. You are free not to answer such questions and also to stop participating in the research at any time you want to do so. You might feel some mental stress after getting your test results. But you will get counseling before and after the test for HIV and STI through a qualified

counselor. They will provide information and address for seeking assistance for any mental stress you have.

Possible Benefits

You will be provided free treatment for the STI symptoms you may have now. You will be given lab test results and made aware of how STI/HIV is transmitted and how it can be prevented and controlled. If your syphilis test is positive and you are not treated for this, you will be offered free treatment when you come back for the test results. We will refer you for treatment if your HIV test result is positive but will not provide the treatment for HIV from the study team. Follow up treatment costs will not be paid by the research team. You will also be provided with information on safe sex. The information we obtain from this research will help to plan strategies to control and prevent further spread of HIV/AIDS and other sexually transmitted infections.

At the time of sample collection the study team members will give you the detailed address of the place and the dates where you can hear your test results of syphilis and HIV. Test results can only be obtained by presenting the study ID card with your code number on it. Such card will be issued before the interview. If you do not have the ID card when you return for the test results we cannot give you the results because we will not be able to recognize you without the study ID card.

If You Decide Not to Be in the Research

You are free to decide whether or not to take part in this research. Your decision will not affect in any way in the health services you are seeking now and you would normally receive.

Confidentiality

We will protect information collected about you and your taking part in this study to the best of our ability. We will not use your name in any reports. A court of law could order medical records shown to other people, but that is unlikely. We will not ask you to put your name on this form, but only ask you to agree verbally (with spoken words).

Payment

We will not pay you for your participation in the study but you will be given condom and reading materials about STI/HIV/AIDS as compensation for your participation in the research. Moreover, we will provide you a fixed amount of Nepalese Rupees (NRs.) 100.00 (approximately, US\$1.50) after completing the study requirements to cover the local transportation you may use to come to the study center for interview and for providing biological sample.

Leaving the Research

You may leave the research at any time. If you do, it will not change the healthcare you normally receive from the study clinic.

If you have a questions about the study

If you have any questions about the research, call:

Satish Raj Pandey, ASHA project-FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173;
OR

Laxmi Bilas Acharya, ASHA project - FHI/Nepal, Baluwatar, Kathmandu, Phone: 01-4437173.

We will not be able to pay for care for injuries that occur after the study.

Your Rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Family Health International and Nepal Health Research Council (NHRC). If you have any questions about how you are being treated by the study or your rights as a participant you may contact **Satish Raj Pandey**, Family Health International (FHI), Baluwatar, Kathmandu, Phone: 01-4437173 and/or **Mr. David Borasky**, Protection of Human Subjects Committee, PO Box 13950, Research Triangle Park, NC 27709, USA, phone number: [International Access Code]-1-919-405-1445, e-mail: dborasky@fhi.org

VOLUNTEER AGREEMENT

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Signature of witness
Date

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Signature of Person Who Obtained Consent

Date

ANNEX - 5
Sample Collection and Delivery Data
SACTS

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
1	801001	3-Mar-09	8-Mar-09	Pathlaiya
2	801002	3-Mar-09	8-Mar-09	Pathlaiya
3	801003	3-Mar-09	8-Mar-09	Pathlaiya
4	801004	3-Mar-09	8-Mar-09	Pathlaiya
5	801005	3-Mar-09	8-Mar-09	Pathlaiya
6	802001	4-Mar-09	8-Mar-09	Pathlaiya
7	802002	4-Mar-09	8-Mar-09	Pathlaiya
8	802003	4-Mar-09	8-Mar-09	Pathlaiya
9	802006	4-Mar-09	8-Mar-09	Pathlaiya
10	802007	4-Mar-09	8-Mar-09	Pathlaiya
11	802008	4-Mar-09	8-Mar-09	Pathlaiya
12	802009	4-Mar-09	8-Mar-09	Pathlaiya
13	802010	4-Mar-09	8-Mar-09	Pathlaiya
14	802011	4-Mar-09	8-Mar-09	Pathlaiya
15	803001	5-Mar-09	8-Mar-09	Pathlaiya
16	803002	5-Mar-09	8-Mar-09	Pathlaiya
17	803003	5-Mar-09	8-Mar-09	Pathlaiya
18	803004	5-Mar-09	8-Mar-09	Pathlaiya
19	803005	5-Mar-09	8-Mar-09	Pathlaiya
20	803006	5-Mar-09	8-Mar-09	Pathlaiya
21	803007	5-Mar-09	8-Mar-09	Pathlaiya
22	804001	6-Mar-09	8-Mar-09	Pathlaiya
23	804002	6-Mar-09	8-Mar-09	Pathlaiya
24	804003	6-Mar-09	8-Mar-09	Pathlaiya
25	804004	6-Mar-09	8-Mar-09	Pathlaiya
26	804005	6-Mar-09	8-Mar-09	Pathlaiya
27	804006	6-Mar-09	8-Mar-09	Pathlaiya
28	804007	6-Mar-09	8-Mar-09	Pathlaiya
29	804008	6-Mar-09	8-Mar-09	Pathlaiya
30	805001	7-Mar-09	8-Mar-09	Pathlaiya
31	805002	7-Mar-09	8-Mar-09	Pathlaiya
32	805003	7-Mar-09	8-Mar-09	Pathlaiya
33	805004	7-Mar-09	8-Mar-09	Pathlaiya
34	805005	7-Mar-09	8-Mar-09	Pathlaiya
35	805006	7-Mar-09	8-Mar-09	Pathlaiya
36	805007	7-Mar-09	8-Mar-09	Pathlaiya
37	805008	7-Mar-09	8-Mar-09	Pathlaiya
38	805009	7-Mar-09	8-Mar-09	Pathlaiya
39	806001	8-Mar-09	15-Mar-09	Pathlaiya
40	806002	8-Mar-09	15-Mar-09	Pathlaiya
41	806003	8-Mar-09	15-Mar-09	Pathlaiya
42	806004	8-Mar-09	15-Mar-09	Pathlaiya
43	806005	8-Mar-09	15-Mar-09	Pathlaiya
44	806006	8-Mar-09	15-Mar-09	Pathlaiya
45	806007	8-Mar-09	15-Mar-09	Pathlaiya
46	806008	8-Mar-09	15-Mar-09	Pathlaiya
47	807001	9-Mar-09	15-Mar-09	Pathlaiya
48	807002	9-Mar-09	15-Mar-09	Pathlaiya
49	807003	9-Mar-09	15-Mar-09	Pathlaiya
50	807004	9-Mar-09	15-Mar-09	Pathlaiya
51	807005	9-Mar-09	15-Mar-09	Pathlaiya
52	807006	9-Mar-09	15-Mar-09	Pathlaiya
53	807007	9-Mar-09	15-Mar-09	Pathlaiya

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
54	807008	9-Mar-09	15-Mar-09	Pathlaiya
55	807009	9-Mar-09	15-Mar-09	Pathlaiya
56	807010	9-Mar-09	15-Mar-09	Pathlaiya
57	808001	12-Mar-09	15-Mar-09	Pathlaiya
58	808002	12-Mar-09	15-Mar-09	Pathlaiya
59	808003	12-Mar-09	15-Mar-09	Pathlaiya
60	808004	12-Mar-09	15-Mar-09	Pathlaiya
61	808005	12-Mar-09	15-Mar-09	Pathlaiya
62	809001	13-Mar-09	15-Mar-09	Pathlaiya
63	809002	13-Mar-09	15-Mar-09	Pathlaiya
64	809003	13-Mar-09	15-Mar-09	Pathlaiya
65	809004	13-Mar-09	15-Mar-09	Pathlaiya
66	809005	13-Mar-09	15-Mar-09	Pathlaiya
67	809006	13-Mar-09	15-Mar-09	Pathlaiya
68	809007	13-Mar-09	15-Mar-09	Pathlaiya
69	809008	13-Mar-09	15-Mar-09	Pathlaiya
70	809009	13-Mar-09	15-Mar-09	Pathlaiya
71	809010	13-Mar-09	15-Mar-09	Pathlaiya
72	810001	14-Mar-09	15-Mar-09	Pathlaiya
73	810002	14-Mar-09	15-Mar-09	Pathlaiya
74	810003	14-Mar-09	15-Mar-09	Pathlaiya
75	810004	14-Mar-09	15-Mar-09	Pathlaiya
76	810005	14-Mar-09	15-Mar-09	Pathlaiya
77	810006	14-Mar-09	15-Mar-09	Pathlaiya
78	810007	14-Mar-09	15-Mar-09	Pathlaiya
79	810008	14-Mar-09	15-Mar-09	Pathlaiya
80	810009	14-Mar-09	15-Mar-09	Pathlaiya
81	811001	15-Mar-09	22-Mar-09	Pathlaiya
82	811002	15-Mar-09	22-Mar-09	Pathlaiya
83	811003	15-Mar-09	22-Mar-09	Pathlaiya
84	811004	15-Mar-09	22-Mar-09	Pathlaiya
85	811005	15-Mar-09	22-Mar-09	Pathlaiya
86	811006	15-Mar-09	22-Mar-09	Pathlaiya
87	811007	15-Mar-09	22-Mar-09	Pathlaiya
88	811008	15-Mar-09	22-Mar-09	Pathlaiya
89	811009	15-Mar-09	22-Mar-09	Pathlaiya
90	811010	15-Mar-09	22-Mar-09	Pathlaiya
91	811011	15-Mar-09	22-Mar-09	Pathlaiya
92	812001	16-Mar-09	22-Mar-09	Pathlaiya
93	812002	16-Mar-09	22-Mar-09	Pathlaiya
94	812003	16-Mar-09	22-Mar-09	Pathlaiya
95	812004	16-Mar-09	22-Mar-09	Pathlaiya
96	812005	16-Mar-09	22-Mar-09	Pathlaiya
97	812006	16-Mar-09	22-Mar-09	Pathlaiya
98	813001	17-Mar-09	22-Mar-09	Pathlaiya
99	813002	17-Mar-09	22-Mar-09	Pathlaiya
100	813003	17-Mar-09	22-Mar-09	Pathlaiya
101	813004	17-Mar-09	22-Mar-09	Pathlaiya
102	813005	17-Mar-09	22-Mar-09	Pathlaiya
103	813006	17-Mar-09	22-Mar-09	Pathlaiya
104	813007	17-Mar-09	22-Mar-09	Pathlaiya
105	814001	18-Mar-09	22-Mar-09	Pathlaiya
106	814002	18-Mar-09	22-Mar-09	Pathlaiya
107	814003	18-Mar-09	22-Mar-09	Pathlaiya
108	814004	18-Mar-09	22-Mar-09	Pathlaiya
109	814005	18-Mar-09	22-Mar-09	Pathlaiya

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
110	814006	18-Mar-09	22-Mar-09	Pathlaiya
111	814007	18-Mar-09	22-Mar-09	Pathlaiya
112	814008	18-Mar-09	22-Mar-09	Pathlaiya
113	814009	18-Mar-09	22-Mar-09	Pathlaiya
114	814010	18-Mar-09	22-Mar-09	Pathlaiya
115	815001	19-Mar-09	22-Mar-09	Pathlaiya
116	815002	19-Mar-09	22-Mar-09	Pathlaiya
117	815003	19-Mar-09	22-Mar-09	Pathlaiya
118	815004	19-Mar-09	22-Mar-09	Pathlaiya
119	815005	19-Mar-09	22-Mar-09	Pathlaiya
120	815006	19-Mar-09	22-Mar-09	Pathlaiya
121	815007	19-Mar-09	22-Mar-09	Pathlaiya
122	815008	19-Mar-09	22-Mar-09	Pathlaiya
123	815009	19-Mar-09	22-Mar-09	Pathlaiya
124	815010	19-Mar-09	22-Mar-09	Pathlaiya
125	816001	20-Mar-09	22-Mar-09	Pathlaiya
126	816002	20-Mar-09	22-Mar-09	Pathlaiya
127	816003	20-Mar-09	22-Mar-09	Pathlaiya
128	816004	20-Mar-09	22-Mar-09	Pathlaiya
129	816005	20-Mar-09	22-Mar-09	Pathlaiya
130	816006	20-Mar-09	22-Mar-09	Pathlaiya
131	817001	21-Mar-09	22-Mar-09	Pathlaiya
132	817002	21-Mar-09	22-Mar-09	Pathlaiya
133	817003	21-Mar-09	22-Mar-09	Pathlaiya
134	817004	21-Mar-09	22-Mar-09	Pathlaiya
135	817005	21-Mar-09	22-Mar-09	Pathlaiya
136	817006	21-Mar-09	22-Mar-09	Pathlaiya
137	817007	21-Mar-09	22-Mar-09	Pathlaiya
138	817008	21-Mar-09	22-Mar-09	Pathlaiya
139	817009	21-Mar-09	22-Mar-09	Pathlaiya
140	817010	21-Mar-09	22-Mar-09	Pathlaiya
141	817011	21-Mar-09	22-Mar-09	Pathlaiya
142	817012	21-Mar-09	22-Mar-09	Pathlaiya
143	817013	21-Mar-09	22-Mar-09	Pathlaiya
144	818001	22-Mar-09	29-Mar-09	Pathlaiya
145	818002	22-Mar-09	29-Mar-09	Pathlaiya
146	818003	22-Mar-09	29-Mar-09	Pathlaiya
147	818004	22-Mar-09	29-Mar-09	Pathlaiya
148	818005	22-Mar-09	29-Mar-09	Pathlaiya
149	818006	22-Mar-09	29-Mar-09	Pathlaiya
150	818007	22-Mar-09	29-Mar-09	Pathlaiya
151	818008	22-Mar-09	29-Mar-09	Pathlaiya
152	818009	22-Mar-09	29-Mar-09	Pathlaiya
153	818010	22-Mar-09	29-Mar-09	Pathlaiya
154	819001	23-Mar-09	29-Mar-09	Pathlaiya
155	819002	23-Mar-09	29-Mar-09	Pathlaiya
156	819003	23-Mar-09	29-Mar-09	Pathlaiya
157	819004	23-Mar-09	29-Mar-09	Pathlaiya
158	819005	23-Mar-09	29-Mar-09	Pathlaiya
159	819006	23-Mar-09	29-Mar-09	Pathlaiya
160	820001	24-Mar-09	29-Mar-09	Pathlaiya
161	820002	24-Mar-09	29-Mar-09	Pathlaiya
162	820003	24-Mar-09	29-Mar-09	Pathlaiya
163	820004	24-Mar-09	29-Mar-09	Pathlaiya
164	820005	24-Mar-09	29-Mar-09	Pathlaiya
165	820006	24-Mar-09	29-Mar-09	Pathlaiya

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
166	820007	24-Mar-09	29-Mar-09	Pathlaiya
167	820008	24-Mar-09	29-Mar-09	Pathlaiya
168	820009	24-Mar-09	29-Mar-09	Pathlaiya
169	821001	25-Mar-09	29-Mar-09	Pathlaiya
170	821002	25-Mar-09	29-Mar-09	Pathlaiya
171	821003	25-Mar-09	29-Mar-09	Pathlaiya
172	821004	25-Mar-09	29-Mar-09	Pathlaiya
173	821005	25-Mar-09	29-Mar-09	Pathlaiya
174	821006	25-Mar-09	29-Mar-09	Pathlaiya
175	821007	25-Mar-09	29-Mar-09	Pathlaiya
176	821008	25-Mar-09	29-Mar-09	Pathlaiya
177	821009	25-Mar-09	29-Mar-09	Pathlaiya
178	821010	25-Mar-09	29-Mar-09	Pathlaiya
179	821011	25-Mar-09	29-Mar-09	Pathlaiya
180	821012	25-Mar-09	29-Mar-09	Pathlaiya
181	822001	26-Mar-09	29-Mar-09	Pathlaiya
182	822002	26-Mar-09	29-Mar-09	Pathlaiya
183	822003	26-Mar-09	29-Mar-09	Pathlaiya
184	822004	26-Mar-09	29-Mar-09	Pathlaiya
185	822005	26-Mar-09	29-Mar-09	Pathlaiya
186	822006	26-Mar-09	29-Mar-09	Pathlaiya
187	822007	26-Mar-09	29-Mar-09	Pathlaiya
188	822008	26-Mar-09	29-Mar-09	Pathlaiya
189	822009	26-Mar-09	29-Mar-09	Pathlaiya
190	822010	26-Mar-09	29-Mar-09	Pathlaiya
191	822011	26-Mar-09	29-Mar-09	Pathlaiya
192	823001	27-Mar-09	29-Mar-09	Pathlaiya
193	823002	27-Mar-09	29-Mar-09	Pathlaiya
194	823003	27-Mar-09	29-Mar-09	Pathlaiya
195	823004	27-Mar-09	29-Mar-09	Pathlaiya
196	823005	27-Mar-09	29-Mar-09	Pathlaiya
197	823006	27-Mar-09	29-Mar-09	Pathlaiya
198	823007	27-Mar-09	29-Mar-09	Pathlaiya
199	824001	28-Mar-09	29-Mar-09	Pathlaiya
200	824002	28-Mar-09	29-Mar-09	Pathlaiya
201	824003	28-Mar-09	29-Mar-09	Pathlaiya
202	824004	28-Mar-09	29-Mar-09	Pathlaiya
203	824005	28-Mar-09	29-Mar-09	Pathlaiya
204	824006	28-Mar-09	29-Mar-09	Pathlaiya
205	824007	28-Mar-09	29-Mar-09	Pathlaiya
206	824008	28-Mar-09	29-Mar-09	Pathlaiya
207	824009	28-Mar-09	29-Mar-09	Pathlaiya
208	824010	28-Mar-09	29-Mar-09	Pathlaiya
209	825001	29-Mar-09	5-Apr-09	Pathlaiya
210	825002	29-Mar-09	5-Apr-09	Pathlaiya
211	825003	29-Mar-09	5-Apr-09	Pathlaiya
212	826001	30-Mar-09	5-Apr-09	Pathlaiya
213	826002	30-Mar-09	5-Apr-09	Pathlaiya
214	826003	30-Mar-09	5-Apr-09	Pathlaiya
215	826004	30-Mar-09	5-Apr-09	Pathlaiya
216	826005	30-Mar-09	5-Apr-09	Pathlaiya
217	826006	30-Mar-09	5-Apr-09	Pathlaiya
218	826007	30-Mar-09	5-Apr-09	Pathlaiya
219	826008	30-Mar-09	5-Apr-09	Pathlaiya
220	826009	30-Mar-09	5-Apr-09	Pathlaiya
221	826010	30-Mar-09	5-Apr-09	Pathlaiya

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
222	826011	30-Mar-09	5-Apr-09	Pathlaiya
223	826012	30-Mar-09	5-Apr-09	Pathlaiya
224	826013	30-Mar-09	5-Apr-09	Pathlaiya
225	826014	30-Mar-09	5-Apr-09	Pathlaiya
226	827001	31-Mar-09	5-Apr-09	Pathlaiya
227	827002	31-Mar-09	5-Apr-09	Pathlaiya
228	827003	31-Mar-09	5-Apr-09	Pathlaiya
229	827004	31-Mar-09	5-Apr-09	Pathlaiya
230	827005	31-Mar-09	5-Apr-09	Pathlaiya
231	827006	31-Mar-09	5-Apr-09	Pathlaiya
232	827007	31-Mar-09	5-Apr-09	Pathlaiya
233	827008	31-Mar-09	5-Apr-09	Pathlaiya
234	827009	31-Mar-09	5-Apr-09	Pathlaiya
235	827010	31-Mar-09	5-Apr-09	Pathlaiya
236	828001	1-Apr-09	5-Apr-09	Pathlaiya
237	828002	1-Apr-09	5-Apr-09	Pathlaiya
238	828003	1-Apr-09	5-Apr-09	Pathlaiya
239	828004	1-Apr-09	5-Apr-09	Pathlaiya
240	828005	1-Apr-09	5-Apr-09	Pathlaiya
241	828006	1-Apr-09	5-Apr-09	Pathlaiya
242	828007	1-Apr-09	5-Apr-09	Pathlaiya
243	828008	1-Apr-09	5-Apr-09	Pathlaiya
244	828009	1-Apr-09	5-Apr-09	Pathlaiya
245	829001	2-Apr-09	5-Apr-09	Pathlaiya
246	829003	2-Apr-09	5-Apr-09	Pathlaiya
247	829004	2-Apr-09	5-Apr-09	Pathlaiya
248	829005	2-Apr-09	5-Apr-09	Pathlaiya
249	829006	2-Apr-09	5-Apr-09	Pathlaiya
250	829007	2-Apr-09	5-Apr-09	Pathlaiya
251	829008	2-Apr-09	5-Apr-09	Pathlaiya
252	829009	2-Apr-09	5-Apr-09	Pathlaiya
253	829010	2-Apr-09	5-Apr-09	Pathlaiya
254	829011	2-Apr-09	5-Apr-09	Pathlaiya
255	829012	2-Apr-09	5-Apr-09	Pathlaiya
256	829013	2-Apr-09	5-Apr-09	Pathlaiya
257	829014	2-Apr-09	5-Apr-09	Pathlaiya
258	829015	2-Apr-09	5-Apr-09	Pathlaiya
259	829016	2-Apr-09	5-Apr-09	Pathlaiya
260	829017	2-Apr-09	5-Apr-09	Pathlaiya
261	829018	2-Apr-09	5-Apr-09	Pathlaiya
262	830001	3-Apr-09	5-Apr-09	Pathlaiya
263	830002	3-Apr-09	5-Apr-09	Pathlaiya
264	830003	3-Apr-09	5-Apr-09	Pathlaiya
265	830004	3-Apr-09	5-Apr-09	Pathlaiya
266	830005	3-Apr-09	5-Apr-09	Pathlaiya
267	830006	3-Apr-09	5-Apr-09	Pathlaiya
268	830007	3-Apr-09	5-Apr-09	Pathlaiya
269	830008	3-Apr-09	5-Apr-09	Pathlaiya
270	830009	3-Apr-09	5-Apr-09	Pathlaiya
271	830010	3-Apr-09	5-Apr-09	Pathlaiya
272	830011	3-Apr-09	5-Apr-09	Pathlaiya
273	831001	4-Apr-09	5-Apr-09	Pathlaiya
274	831002	4-Apr-09	5-Apr-09	Pathlaiya
275	831003	4-Apr-09	5-Apr-09	Pathlaiya
276	831004	4-Apr-09	5-Apr-09	Pathlaiya
277	831005	4-Apr-09	5-Apr-09	Pathlaiya

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
278	831006	4-Apr-09	5-Apr-09	Pathlaiya
279	831007	4-Apr-09	5-Apr-09	Pathlaiya
280	831008	4-Apr-09	5-Apr-09	Pathlaiya
281	831009	4-Apr-09	5-Apr-09	Pathlaiya
282	831010	4-Apr-09	5-Apr-09	Pathlaiya
283	832001	5-Apr-09	12-Apr-09	Pathlaiya
284	832002	5-Apr-09	12-Apr-09	Pathlaiya
285	832003	5-Apr-09	12-Apr-09	Pathlaiya
286	832004	5-Apr-09	12-Apr-09	Pathlaiya
287	832005	5-Apr-09	12-Apr-09	Pathlaiya
288	832006	5-Apr-09	12-Apr-09	Pathlaiya
289	832007	5-Apr-09	12-Apr-09	Pathlaiya
290	832008	5-Apr-09	12-Apr-09	Pathlaiya
291	832009	5-Apr-09	12-Apr-09	Pathlaiya
292	832010	5-Apr-09	12-Apr-09	Pathlaiya
293	832011	5-Apr-09	12-Apr-09	Pathlaiya
294	832012	5-Apr-09	12-Apr-09	Pathlaiya
295	833001	6-Apr-09	12-Apr-09	Pathlaiya
296	833002	6-Apr-09	12-Apr-09	Pathlaiya
297	833003	6-Apr-09	12-Apr-09	Pathlaiya
298	833004	6-Apr-09	12-Apr-09	Pathlaiya
299	834001	7-Apr-09	12-Apr-09	Pathlaiya
300	834002	7-Apr-09	12-Apr-09	Pathlaiya
301	834003	7-Apr-09	12-Apr-09	Pathlaiya
302	834004	7-Apr-09	12-Apr-09	Pathlaiya
303	834005	7-Apr-09	12-Apr-09	Pathlaiya
304	834006	7-Apr-09	12-Apr-09	Pathlaiya
305	834007	7-Apr-09	12-Apr-09	Pathlaiya
306	834008	7-Apr-09	12-Apr-09	Pathlaiya
307	835001	8-Apr-09	12-Apr-09	Pathlaiya
308	835002	8-Apr-09	12-Apr-09	Pathlaiya
309	835003	8-Apr-09	12-Apr-09	Pathlaiya
310	835005	8-Apr-09	12-Apr-09	Pathlaiya
311	835006	8-Apr-09	12-Apr-09	Pathlaiya
312	835007	8-Apr-09	12-Apr-09	Pathlaiya
313	835008	8-Apr-09	12-Apr-09	Pathlaiya
314	835009	8-Apr-09	12-Apr-09	Pathlaiya
315	835010	8-Apr-09	12-Apr-09	Pathlaiya
316	835011	8-Apr-09	12-Apr-09	Pathlaiya
317	835012	8-Apr-09	12-Apr-09	Pathlaiya
318	835013	8-Apr-09	12-Apr-09	Pathlaiya
319	835014	8-Apr-09	12-Apr-09	Pathlaiya
320	836001	9-Apr-09	12-Apr-09	Pathlaiya
321	836002	9-Apr-09	12-Apr-09	Pathlaiya
322	836003	9-Apr-09	12-Apr-09	Pathlaiya
323	836004	9-Apr-09	12-Apr-09	Pathlaiya
324	836005	9-Apr-09	12-Apr-09	Pathlaiya
325	836006	9-Apr-09	12-Apr-09	Pathlaiya
326	836007	9-Apr-09	12-Apr-09	Pathlaiya
327	836008	9-Apr-09	12-Apr-09	Pathlaiya
328	836009	9-Apr-09	12-Apr-09	Pathlaiya
329	836010	9-Apr-09	12-Apr-09	Pathlaiya
330	837001	10-Apr-09	12-Apr-09	Pathlaiya
331	837002	10-Apr-09	12-Apr-09	Pathlaiya
332	837003	10-Apr-09	12-Apr-09	Pathlaiya
333	837004	10-Apr-09	12-Apr-09	Pathlaiya

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
334	837005	10-Apr-09	12-Apr-09	Pathlaiya
335	837006	10-Apr-09	12-Apr-09	Pathlaiya
336	837007	10-Apr-09	12-Apr-09	Pathlaiya
337	837008	10-Apr-09	12-Apr-09	Pathlaiya
338	837009	10-Apr-09	12-Apr-09	Pathlaiya
339	837010	10-Apr-09	12-Apr-09	Pathlaiya
340	837011	10-Apr-09	12-Apr-09	Pathlaiya
341	837012	10-Apr-09	12-Apr-09	Pathlaiya
342	838001	11-Apr-09	12-Apr-09	Pathlaiya
343	838002	11-Apr-09	12-Apr-09	Pathlaiya
344	838003	11-Apr-09	12-Apr-09	Pathlaiya
345	838004	11-Apr-09	12-Apr-09	Pathlaiya
346	838005	11-Apr-09	12-Apr-09	Pathlaiya
347	838006	11-Apr-09	12-Apr-09	Pathlaiya
348	838007	11-Apr-09	12-Apr-09	Pathlaiya
349	838008	11-Apr-09	12-Apr-09	Pathlaiya
350	838009	11-Apr-09	12-Apr-09	Pathlaiya
351	838010	11-Apr-09	12-Apr-09	Pathlaiya
352	838011	11-Apr-09	12-Apr-09	Pathlaiya
353	838012	11-Apr-09	12-Apr-09	Pathlaiya
354	839001	12-Apr-09	17-Apr-09	Pathlaiya
355	839002	12-Apr-09	17-Apr-09	Pathlaiya
356	839003	12-Apr-09	17-Apr-09	Pathlaiya
357	839004	12-Apr-09	17-Apr-09	Pathlaiya
358	839005	12-Apr-09	17-Apr-09	Pathlaiya
359	839006	12-Apr-09	17-Apr-09	Pathlaiya
360	839007	12-Apr-09	17-Apr-09	Pathlaiya
361	839008	12-Apr-09	17-Apr-09	Pathlaiya
362	839009	12-Apr-09	17-Apr-09	Pathlaiya
363	839010	12-Apr-09	17-Apr-09	Pathlaiya
364	840001	13-Apr-09	17-Apr-09	Pathlaiya
365	840002	13-Apr-09	17-Apr-09	Pathlaiya
366	840003	13-Apr-09	17-Apr-09	Pathlaiya
367	840004	13-Apr-09	17-Apr-09	Pathlaiya
368	840005	13-Apr-09	17-Apr-09	Pathlaiya
369	840006	13-Apr-09	17-Apr-09	Pathlaiya
370	841001	14-Apr-09	17-Apr-09	Pathlaiya
371	841002	14-Apr-09	17-Apr-09	Pathlaiya
372	841003	14-Apr-09	17-Apr-09	Pathlaiya
373	841004	14-Apr-09	17-Apr-09	Pathlaiya
374	841005	14-Apr-09	17-Apr-09	Pathlaiya
375	841006	14-Apr-09	17-Apr-09	Pathlaiya
376	841007	14-Apr-09	17-Apr-09	Pathlaiya
377	841008	14-Apr-09	17-Apr-09	Pathlaiya
378	841009	14-Apr-09	17-Apr-09	Pathlaiya
379	842001	15-Apr-09	17-Apr-09	Pathlaiya
380	842002	15-Apr-09	17-Apr-09	Pathlaiya
381	842003	15-Apr-09	17-Apr-09	Pathlaiya
382	842004	15-Apr-09	17-Apr-09	Pathlaiya
383	842005	15-Apr-09	17-Apr-09	Pathlaiya
384	842006	15-Apr-09	17-Apr-09	Pathlaiya
385	842007	15-Apr-09	17-Apr-09	Pathlaiya
386	843001	16-Apr-09	17-Apr-09	Pathlaiya
387	843002	16-Apr-09	17-Apr-09	Pathlaiya
388	843003	16-Apr-09	17-Apr-09	Pathlaiya
389	843004	16-Apr-09	17-Apr-09	Pathlaiya

S.N	ID Codes	Blood Collected	Delivered to SACTS	Clinic Location
390	843005	16-Apr-09	17-Apr-09	Pathlaiya
391	843006	16-Apr-09	17-Apr-09	Pathlaiya
392	843007	16-Apr-09	17-Apr-09	Pathlaiya
393	843008	16-Apr-09	17-Apr-09	Pathlaiya
394	843009	16-Apr-09	17-Apr-09	Pathlaiya
395	843010	16-Apr-09	17-Apr-09	Pathlaiya
396	843011	16-Apr-09	17-Apr-09	Pathlaiya
397	844001	17-Apr-09	17-Apr-09	Pathlaiya
398	844002	17-Apr-09	17-Apr-09	Pathlaiya
399	844003	17-Apr-09	17-Apr-09	Pathlaiya
400	844004	17-Apr-09	17-Apr-09	Pathlaiya

ANNEX - 6
Monitoring and Evaluation Framework for HIV in Nepal

	National M&E	UNGASS	ASHA	PMP	
Prevention 1: HIV-related risk and transmission among truck drivers reduced					Results
Impact/Outcome Targets					
% of clients of female sex workers that are HIV infected (proxy: Truck drivers) (22 districts)	√	√	√	√	0.0%
% of clients of FSW (Truckers) reporting the use of condom at last sex (22 districts)	x	x	√	√	93.4%
% of clients of FSW (Truckers) reporting the consistent condom use over the last 12 months (22 districts)	x	x	√	√	77.9%
% of truckers who report commercial sex in the last year	x	x	√	x	30.5%
Average number of commercial sex partners in the last year (reported by truckers)	x	x	√	x	3.8
% of Truckers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	√	√	√	√	25.8%
Output/Coverage Targets					
% of clients of FSWs reached with targeted HIV prevention (eg. BCC with OE/PE or DIC or STI Clinics or VCT or community events)	√	x	x	x	32.0%
% of clients of FSWs reached with HIV prevention program (Knows where to receive HIV test result and received condom)	x	√	x	x	14.0%
% of Clients of FSWs that have received an HIV test in the last 12 months and who know their results	x	√	x	x	13.8%