

MIS USER MANUAL FOR TRUCKER'S INTERVENTIONS

NACO

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Introduction

Considering the vulnerability of the LDTs, NACO has recognized trucker's intervention as an important component for prevention & control of HIV in India. National AIDS Control Organisation, has contracted TCIF as the Technical Support Group to the truckers program for mainstreaming and scaling up the trucker's intervention to the national HIV prevention program (NACP-III). TCIF as a TSG for truckers is expected to act as the technical agency to oversee and support the truckers' interventions as a national strategy.

The national Truckers HIV prevention program would be implemented through 131 Transshipment locations (TSLs¹) across the country through 23 SACS.

As a technical support group, TCIF aims:

- *To building capacities through training programs and provide handholding support to implementing agencies to ensure standardization and quality in delivery of services*
- *To develop and implement monitoring mechanisms to track progress and measure the outcomes and quality of the national trucker program.*

To achieve these objectives, TCIF will carry the following activities; a).Monitor project performance through periodic field based mentoring and supervision, b). Training of implementing partners on Data capturing and reporting

Data captured will be used for two critical management functions:

1. Tracking the epidemic (i.e. to understand the magnitude, trajectory and potential for spread of HIV); and
2. Tracking the performance of the programme (i.e. to measure achievements against targets and to identify underperforming implementation units which require more support and supervision, identify strengths and weaknesses, share the lessons learnt and improvise)

¹ TSLs are re the only places where truckers congregate at large numbers for at least 2-3 days on a regular basis (With an average cycle time of 10-15days, meaning 2-3 visits per month to the TSL) for purposes of loading/unloading/parking.

Flowchart of the management information system for TIs

To achieve the above, the Management and Information System must be consistent and integrated at all levels. The MIS system at the NGO/CBO level needs to be linked to the SACS and to the National MIS system. Linkages and consistency at all levels are critical to ensure the efficiency of data management and the usefulness of information for decision making and programme planning, including assessing the progress of TIs. The flow chart below depicts the data flow from NGOs/CBOs to SACS and to NACO:

TI/NGO/Association

- MIS forms/reporting formats are filled in
- MIS forms edited for completeness and quality
- Information from MIS forms used for planning & monitoring by the Project Manager and team

TCIF

- MIS forms edited for completeness and quality
- MIS forms shared with SACS post validation
- Analyze the data for tracking programme performance
- Feedback provided to the NACO and SACS

SACS

- Data synchronization
- Data entry into CMIS
- Consolidation of MIS Reports from each District (monthly, quarterly and annual)

NACO

- Consolidation of MIS reports from each state (monthly, quarterly and annual)
- Analyze the data for tracking programme performance
- Feedback provided to each state

Data flow systems & Timelines

TI/NGO/ Association submits CMIS information
(Primary entry from data collection tools) in MS-XL
Timeline: 3rd of every month

PO-TCIF cross-checks the information and after
validation sends the sheet to SACS
Timeline: 6th of every month

SACS enters into CMIS & submits to NACO
Timeline: 8th of every month

NACO TI division compiles and shares with TCIF
Timeline: 10th of every month

Intended Users

This document is intended for SACS, TSUs, TI /NGOs/Association. It is specifically intended for the following officers:

SACS: Joint Director (TI), Deputy Director (TI), Assistant Director (TI)

TSU: Team Leader (TI), PO (TI)

TI /NGOs/Association: Project Director, Project Managers, Health Educator, Peer Educator and Clinical team (Doctor, Counselor, Nurse /ANM/Clinic Attendant)

Halt Point Number (to be used in Registration form)²

S. No.	State	Name of TSL	Halt Point No.
1	Andhra Pradesh	Vijaywada Autonagar	0
2	Andhra Pradesh	Vishakapatnam Port + Autonagar	1
3	Andhra Pradesh	Warangal	2
4	Andhra Pradesh	Rangareddy Gaganpahar	3
5	Andhra Pradesh	Rangareddy Kukatpally	4
6	Andhra Pradesh	Adoni, Kurnool	5
7	Andhra Pradesh	Khamman	6
8	Andhra Pradesh	Adilabad	7
9	Andhra Pradesh	Rajamundry (East Godavari)	8
10	Andhra Pradesh	Chitoor	9
11	Andhra Pradesh	Bhavanipuram	10
12	Andhra Pradesh	Auto Nagar, Hyderabad	11
13	Andhra Pradesh	Ichhapuram	12
	Sub Total	13	
14	Assam	Kamrup/Beltola	13
15	Assam	Barpeta	14
	Sub Total	2	
16	Bihar	Purnia Zero Mile Transport Nagar (Gulab-bagh)	15
17	Bihar	Patna	16
	Sub Total	2	
18	Chhattisgarh	Raipur TP Nagar	17
19	Chhattisgarh	Bhilai	18
	Sub Total	2	
20	Dadra N&H	Silvassa	19
21	Daman	Daman	20
	Sub Total	2	
22	Delhi	Azadpur Mandi	21
23	Delhi	Delhi Punjabi Bagh	22
24	Delhi	Delhi ICD Tuglakabad	23
25	Delhi	Sanjay Gandhi Transport Nagar	24
26	Delhi	Ghaziabad	25
	Sub Total	5	

² The Halt point number is subject to change. As of now they may be used for forming the unique id

27	Goa	Margao	26
28	Goa	Ponda	27
29	Goa	Murmogao port	28
	Sub Total	3	
30	Gujarat	Narol	29
31	Gujarat	Gandhidham Transport Nagar	30
32	Gujarat	Surat Transport Nagar	31
33	Gujarat	Vapi/Valsad	32
34	Gujarat	Surkhej	33
35	Gujarat	Jamnagar Refinery	34
36	Gujarat	Rajkot	35
37	Gujarat	Naroda (Aslali)	36
38	Gujarat	Vadodra	37
39	Gujarat	Porbandar	38
	Sub Total	10	
40	Haryana	Gurgaon/Manessar	39
41	Haryana	Ballabgarh/Faridabad	40
42	Haryana	Panipat	41
	Sub Total	3	
43	Jammu & Kashmir	Jammu Transport Nagar (Narwal, Near Mandi)	42
44	Jammu & Kashmir	Srinagar	43
	Sub Total	2	
45	Jharkhand	Bokaro	44
46	Jharkhand	Hazaribagh	45
47	Jharkhand	Dhanbad	46
48	Jharkhand	Jamshedpur	47
	Sub Total	4	
49	Karnataka	Mangalore (MRPL+Port)	48
50	Karnataka	Hubli	49
51	Karnataka	Bangalore DDUT	50
52	Karnataka	Belgaum	51
53	Karnataka	Attibele	52
54	Karnataka	Mysore	53
55	Karnataka	Gulbarga	54
56	Karnataka	Nelamangala	55
	Sub Total	8	
57	Kerala	Cochin (Port)	56
58	Kerala	Palghat/Palakkad Kanjikodu	57
59	Kerala	Wayanad(Sulthan Batthery)	58

	Sub Total	3	
60	Madhya Pradesh	Indore Dewasnaka	59
61	Madhya Pradesh	Gwalior Harishankarpuram	60
62	Madhya Pradesh	Jabalpur	61
63	Madhya Pradesh	Indore	62
	Sub Total	4	
64	Maharashtra	Bhiwandi	63
65	Maharashtra	Raigarh Nava Sheva JNPT/Dronagiri	64
66	Maharashtra	Vashi	65
67	Maharashtra	Ballarpur Paper Industries (Coal Mines)	66
68	Maharashtra	Kolhapur Shirol	67
69	Maharashtra	Sangli	68
70	Mumbai	Mumbai Wadala Truck Terminus	69
71	Mumbai	Cotton Green	70
72	Mumbai	Mumbai Port Trust	71
73	Maharashtra	Jalgaon/Malegaon Sagar Transport Nagar	72
74	Maharashtra	Aurangabad Waluj(Industrial Area)	73
75	Maharashtra	Sholapur	74
76	Maharashtra	Nagpur Pardi Naka (Kalapana)	75
77	Maharashtra	Nasik 8 No. Naka/Nasik Naka	76
78	Maharashtra	Pune (Pune Telco C site to be catered thru Kavach)	77
79	Maharashtra	Nagpur	78
80	Maharashtra	Kallamboli	79
	Sub Total	17	
81	Nagaland	Dimapur	80
	Sub Total	1	
82	Orissa	Paradip Truck Parking	81
83	Orissa	Mayurbhanj, Jamsola	82
84	Orissa	Bhubaneshwar	83
85	Orissa	Rourkela Birmitra	84
	Sub Total	4	
86	Pondicherry	Gorimedu	85
	Sub Total	1	
87	Punjab	Ludhiana Transport Nagar, Semrada Chowk	86

88	Punjab	Amritsar Transport Nagar	87
89	Punjab	Jalandhar	88
90	Punjab	Pathankot	89
	Sub Total	4	
91	Rajasthan	Ajmer (Kishangarh)	90
92	Rajasthan	Jaipur Transport Nagar	91
93	Rajasthan	Bhilwara Chittor Road, Transport Nagar	92
94	Rajasthan	Jodhpur	93
95	Rajasthan	Bikaner	94
96	Rajasthan	Alwar	95
97	Rajasthan	Pratap Nagar Transport Nagar Udaipur Retistand	96
98	Rajasthan	Shahpura Union	97
99	Rajasthan	Vatsalya, Jaipur	98
	Sub Total	9	
100	Tamil Nadu	Poonamalle	99
101	Tamil Nadu	Tuticorin (Port)	100
102	Tamil Nadu	Madhavaram	101
103	Tamil Nadu	Krishnagiri	102
104	Tamil Nadu	Namakkal	103
105	Tamil Nadu	Salem	104
106	Tamil Nadu	Pattanore	105
	Sub Total	7	
107	Uttar Pradesh	Gorakhpur Transport Nagar	106
108	Uttar Pradesh	Allahabad (Khanpur)	107
109	Uttar Pradesh	Meerut Transport Nagar	108
110	Uttar Pradesh	Lucknow Transport Nagar	109
111	Uttar Pradesh	Mathura (Near Refinery)	110
112	Uttar Pradesh	Moradabad Transport Nagar	111
113	Uttar Pradesh	Agra	112
114	Uttar Pradesh	Kanpur	113
115	Uttar Pradesh	Varanasi	114
116	Uttar Pradesh	Etawah	115
117	Uttar Pradesh	Jhansi	116
	Sub Total	11	
118	Uttarakhand	Dehradun Transport Nagar	117
119	Uttarakhand	Haldwani/Kathgodam Transport Nagar	118
	Sub Total	2	

120	West Bengal	Dhulagiri	119
121	West Bengal	Duburdih	120
122	West Bengal	Kona/Dankuni	121
123	West Bengal	Jalpaiguri/Siliguri	122
124	West Bengal	Haldia Port	123
125	West Bengal	Dunlop	124
126	West Bengal	Petropole	125
127	West Bengal	Territy Bazaar	126
128	West Bengal	Kashipur/Chitpur	127
129	West Bengal	Fulbari & Chengrabandha	128
130	West Bengal	Naihati Babbanpur	129
131	West Bengal	Jalgaon Check post	130
	Sub Total	12	
	Grand Total	131	

Note- Presently as per the Mapping study there are 131 TSLs for which the HP Codes have been assigned. However, in future more TIs may come up.

Steps to Assign Halt Point Code to a New TI:

- Let's say a TI has been added in the State of Rajasthan. Now pick the Halt Point Code of the last TI in Rajasthan. From this list above it is, Vatsalya - Jaipur whose HP code is 99.
- To this 99, suffix the word Extn. And further suffix A.
- So, the HP code for the new TI in Rajasthan will be 99 Extn. A.
- This can be extended in the same state by simply suffixing the alphabets in a series.

Operational definitions- Existing TI reporting format

4.Outreach Coverage:	Truckers	New	Repeat	Total
4.1 Number of Truckers registered/contacted individually through outreach activities this month by NGO staff/ORW using BCC materials				
4.2 Number of Truckers contacted by peer educators using counselling material				
		Number	Total Attendance	
4.3 Number of group meetings held with communication aids & Demonstration of Condoms.				

A. Outreach Coverage

4.1 Number of truckers registered/contacted individually through outreach activities this month by NGO staff/ORW using BCC materials –

Under this indicator; no. of truckers contacted through mid media activities (conducted by Health educator/ORW) such as street play, film show and Exhibition/health games will be reported. Also in cases, where counseling is done in the absence of a doctor, it will not be counted under counseling but under this indicator, as without diagnosis the counseling is presumptive. However the counselor is still creating awareness by having a discussion. These cases should be mentioned separately in the Counselling register.

4.2 Number of truckers contacted by peer educators using counseling material - NA

4.3 Number of meetings held with communication aids and demonstration of condoms - Under this indicator, IPC activities (conducted by Peer educator) will be reported.

Note: In all the above indicators under the attendance section, it says new and repeat truckers. Through mid media and IPC it is not possible to ascertain how many new and repeat truckers are attending. This information will not be authentic. The information can be counted under new section only.

B. Other IEC activities and advocacy									
Type of event	Number of events	Type of Participants * (Code1-7)							No. of Participants
		1	2	3	4	5	6	7	
Awareness camps									
Health camps									
Street plays									
Drama/Songs									
Exhibition									
Advocacy meetings									
Other									

B. Other IEC activities and advocacy

- **Awareness camp:** NA
- **Health Camp:** In case of ICTC camps, no. of people exposed or reached through this activity should be reported here. However, the subset of No. of people reached who have taken ICTC counseling etc. will be reflected in Linkages Section.
- **Street plays:** Number of street plays conducted during the month. The type of participants would be category 4. The number of participants figure would be part of number mentioned in 4.1 under Outreach Coverage.
- **Drama/Songs:** NA
- **Exhibition:** Health game kiosks/ exhibition kiosks set up under synchronized mid media process. The type of participants would be category 4. The number of participants figure would be part of number mentioned in 4.1 under Outreach Coverage.
- **Advocacy Meetings:** Meetings conducted with transport companies, RTO, brokers, etc.
- **Other:** Film shows to be reported here.

Note: The total in 4.1 would match the cumulative total of the following: Street play, Exhibition and Other (except in cases where counseling in the absence of doctor has been added to the 4.1 total).

C . Details of CBO formations							
	HRG Category						
	FSW	MSM	IDU	Truckers	Migrants	Clients of SW	Others
7. Number of groups functional							

C. Details of CBO formation

- Points 1 to 6: NA
- Point 7: Number of Groups functional; this is the total number of CBOs functional in the area.

D . Linkages with Facilities							
	HRG Category						
	FSW	MSM	IDU	Truckers	Migrants	Clients of SW	Others
2.1 No of individual attended at STD clinic this month							
a. NGO STD Clinic							
b. Govt. STD Clinic							
C. Any other (specify)							
2.1 No of individual treated at STD clinic this month							
a. NGO STD Clinic							
b. Govt. STD Clinic							
C. Any other (specify)							
2.2 No. of individual provided individual/ family counseling by counsellor this month							
2.3 No. of referrals to ICTC this month							
2.4 No. actual visiting ICTC this month							
2.5 No of Person Found Positive							
2.6 No of referred to other facility (mention)							
a. Drug de-addiction							
b. DOT Centre							
c. Drop in Centre of PLHA							
d. ART Centre							
f. Any other (specify)							

D. Linkages with Facilities

2. 1 No. of individual attended at STD clinic this month:

a) **NGO STD clinic:** This is the total footfalls (inclusive of both general and STI patients) at the TI/NGO clinic. Truckers will be mentioned in the truckers column and allied population will be reported under others section. **Count those patients also who came to clinic for service like for B.P. check up etc. but an encounter form should be there as source document.**

b) Govt. STD clinic: N.A.

c) **Any other (specify):** This will have the above information about any PPP clinics associated with the TI. By PPP clinics, reference is to the preferred medical service providers that have been trained and are associated with the program. Patients are also referred to their clinic through outreach activities. **The number reported here by the PPP clinic will be patients that reach him through program referrals.**

2.1 No of individual treated at STD clinic this month:

a) **NGO STD clinic:** This is the total number of patients provided treatment at the TI/NGO clinic (Inclusive of both General and STI patients). Treatment means the total number of patients that have been prescribed treatment after diagnosis. Truckers will be mentioned in the truckers column and allied population will be reported under others section.

b) Govt. STD clinic: N.A.

c) **Any other (specify):** This will have the above information about any PPP clinics associated with the TI. By PPP clinics, reference is to the preferred medical service providers that have been trained and are associated with the program. Patients are also referred to their clinic through outreach activities. **The number reported here by the PPP clinic will be patients that reach him through program referrals.**

2.2 No of individuals provided individual/family counseling by counselor this month: Number of patients counseled either individually or with partner/family if required. Also include the patients counselled (by the ICTC counselor) during the ICTC camps³, however integrate these camps with the Static clinic where the clinic counselor should also be present.

³ The mobile ICTC camps should be integrated with the Clinic, where ever possible the clinic counselor should be present. The patient coming to the camp must be counseled by the ICTC counselor before being referred for ICTC testing. The ICTC camp information should be recorded in a separate register.

2.3 Number of referrals to ICTC this month: The number of patients that are referred by counselor to ICTC. Also include the patients referred for ICTC testing during the ICTC camps.

2.4 Number actual visiting ICTC this month: The number of patients that actually reach the ICTC post referral. This information has to be collected by the TI partner from the ICTC. Also include the patients tested for HIV status during the ICTC camps.

2.5: Number of person found positive: The number of patients found positive from the ones referred to ICTC. This information has to be procured from the ICTC. Patients tested positive during the ICTC camps also need to be included.

2.6: Number referred to other facility: Number of patients referred to other facilities like Drug de-addiction centre, DOT centre, PLHA drop in centre, ART centre or any other.

Ea. Commodity Distribution: Condoms (For all HRGs)

Type	Opening Balance (1)	Received this month (2)	FSW	MSM	IDU	Truckers	Migrants	Clients of SW	Distribution through outlets (3)	Balance at the end of month (4)
Free										
Social Marketing						Tick mark this option				
Total										
Was there any stock out of condoms this month? (1=Yes/2=No)										

Free: At some places free condoms are distributed, so they should be reported wherever applicable.

Social Marketing: No. 1, 2, 3 4 would be filled for all outlets (Clinic, Non-traditional outlet, CVM and Traditional outlet). Number of condoms sold during the month from clinics and Information for Non-traditional outlet, CVM and Traditional outlet to be taken from each outlet and cumulatively reflected here.

It is to be noted that $(1+2) - 3 = 4$

Was there any stock out of condoms this month? (1=Yes/2=No): If the buffer is maintained, then say Yes otherwise No

Note: The quantity for buffer need to be equivalent to the average of last three months consumption/sale/stock received from SMO. Hence one month stock balance can be derived from the average.

Eb. Commodity Distribution: For IDUs

Not applicable

Ec. Commodity Distribution: For MSM

Not applicable

E.d Commodity Distribution: IEC Material		
3.1 Whether IEC Material available in adequate quantity? (Y/N)		
3.2 If not,has the request been sent ? (Y/N)		

Ed. Commodity Distribution: IEC Material

3.1 Whether IEC materials available in adequate quantity (Y/N)

3.2 If not, has the request been sent? (Y/N) – Report the request sent to SACS

Note: Trucker TSG will only give the design. The IEC material has to be procured from SACS only. So, request to be marked to SACS & TSG

E.e Commodity Distribution: STI Drugs		
3.1 Whether STI Drugs available in adequate quantity? (Y/N)		
3.2 If not,has the request been sent ? (Y/N)		

Ee. Commodity Distribution: STI Drugs

3.1 Whether STI Drugs available in adequate quantity? (Y/N) – If the drugs are available equivalent to buffer stock, then indicate Yes

3.2 If not, has the request been sent? (Y/N)

Note: The STI request has to be made to SACS.

** The quantity for buffer need to be equivalent to the average of last three months consumption/sale. Hence one month stock balance can be derived from the average.

F. Incidents of violence and discrimination during the month

NA

G. Details of trainings undertaken during the month

G. Details of trainings under taken during month					
Name of the training	Type \$*	Duration (days)	Participants Category	No. of Participants	

Name of trainings – Title of the training

Type - 1. Induction, 2.Refresher, or type -Type of Training as others

Duration (days) – duration of the training

Participant category – whether Project coordinator/manager, Peer, Health educator etc.

H.a Staff				
Staff	Position Senctioned	Position Filled	No.of trainings during month	Details of training
Project Coordinator				
Office Administrator/Assistant				
Outreach Staff				
Peer Educators				
Doctor				
Nurse				
Counsellor				
Any other--1(_____)				

Ha. Staff

- **Position Sanctioned:** Total positions sanctioned under the budget for that particular staff position
- **Position filled:** Total positions filled
- **No of trainings:** Report cumulative number of trainings attended by all the staff during the month. In remarks, mention the specific trainings attended by respective people
- **Details of training:** briefly mention the content of training

Hb. Programme Management

H.b Programme Mangement	
4.1 No. of Review Meeting held with staff:	
4.2 No. of Review Meeting held with staff in presence of NGO in charge (Director)	
4.3 No.of Supervisory visits Undertaken during the month	
a.Project Coordinator	
b.Supervisor (NGO)	
c.District Govt. Office	
d.SACS Officials	

4.1 Number of Review Meeting held with staff: Review meetings held during the month by the PC

4.2: Number of Review Meeting held with staff in presence of NGO in charge (Director): Review meetings held during the month by the Director

4.3 Number of supervisory visits undertaken during the month by Project Coordinator, Supervisor (NGO), District Government Office and SACS officials: No. of Supervisory visits by respective people reported together

STI CMIS - Definitions

A. No. of Patients Aailed STI services in this month															
Type of Patients	Age Group & Sex												Total		
	<20			20-24			25-44			>44					
	Male	Female	Other	Male	Female	Other	Male	Female	Other	Male	Female	Other	Male	Female	Other
First clinic visit (for the index STI/RTI complaint)															
First clinic visit (for no STI/RTI complaint)															
Repeat STI/RTI visit for the index STI/RTI complaint															
Total No of visits															

Row 19: First clinic visit (for the index STI/RTI complaint): The number of patients who have come to the clinic for the first time with a first time STI/RTI complaint but diagnosed with STI/RTI.

Row 20: First clinic visit (For no STI/RTI complaint): The number of new patients who have come to the clinic with no STI/RTI complaint but diagnosed with STI/RTI.

Row 21: Repeat STI/RTI visit for the index STI/RTI complaint: The number of patients who have come to the clinic for a repeat visit in the same month for the same STI/RTI complaint that they have visited for previously. However, if the patient visits for the same STI/RTI complaint but in the next month, then it is counted as new case.

If the same patient comes in the same month but with a new STI/RTI complaint than the earlier one, then this gets reported under the indicator mentioned in Row 19.

Section B : STI/RTI syndromic diagnosis				
(Should be filled by all STI/RTI service providers for first clinic visit only)				
Age Group & Sex				
Diagnosis	Male	Female	TS/TG	Total
1.Vaginal/ Cervical Discharge(VCD)				0
2.Genital Ulcer (GUD)-non herpetic				0
3.Genital ulcer(GUD) – herpetic				0
4.Lower abdominal pain(LAP)				0
5.Urethral discharge(UD)				0
6.Ano-rectal discharge (ARD)				0
7.Inguinal Bubo(IB)				0
8.Painful scrotal swelling (SS)				0
9.Genital warts				0
10.Other STIs				0
11. Serologically +ve for syphilis				0
Total No of cases	0	0	0	0
No of people living with HIV/AIDS (PLHAs) who attended with STI/RTI during the month				

Section B: STI/RTI syndromic diagnosis (Should be filled by all STI/RTI service providers for first clinic visit only)

For 1-11: The no. of cases in Section A (Row 19 & Row 20) to be filled in the Section above, as per the disease category they fall in.

No of people living with HIV/AIDS (PLHAs) who attended with STI/RTI during the month: Those patients who visit the Doctor for STI complaint, and mention that they have HIV/AIDS either to the doctor or to the counselor will get reported here.

Section C. Details of other services provided to patients attending STI/RTI clinics in this month				
To be filled in by all STI/RTI Service Providers				
Service	Male	Female	TS/TG	Total
1. Number of patients counseled				0
2. Number of condoms provided				0
3. Number of RPR/VDRL tests conducted				0
4. Number of patients found reactive				0
5. Number of partner notification undertaken				0
6. Number of partners managed				0
7. Number of patients referred to ICTC				0
8. Number of patients found HIV-infected (of above)				0
9. Number of patients referred to other services				0

Section C: Details of other services provided to patients attending STI/RTI clinics in this month (To be filled in by all STI/RTI Service Providers)

- Number of patients counseled:** Total number of patients counseled by the counselor. Patients counseled during ICTC camps should also be reported here. * - this would be same as reported in the TI CMIS.
- Number of Condoms provided:** These are number of socially marketed condoms dispensed from the NGO clinic, Non traditional outlets and CVMs.
- Number of RPR/DRL tests conducted: NA**
- Number of patients found reactive: NA**
- Number of partner notifications undertaken:** Those partners who were identified as being infected with an STI on the basis of information provided by the index (primary) patient and were advised to go for proper treatment.
- Number of partners managed:** Those partners for whom medicines were dispensed as per the treatment for STI on the basis of information provided by the index (primary) patient and were advised to go for proper treatment.
- Number of patients referred to ICTC:** The total number of patients referred to ICTC but only after the counseling by the counselor at the Clinic. All STI patients must be referred to ICTC. Patients referred for ICTC testing during the ICTC camps should also be reported here.

8. **Number of patients found HIV infected, of above:** The total number of patients that after testing at the ICTC centre were found positive. This information is to be collected from the ICTC. Patients tested 'HIV +ve' during HIV testing at the ICTC camps should also be reported here.
9. **Number of patients referred to other services:** The patients that were referred to services such as ART, DOTS (options given in the STI CMIS) to be mentioned above.

Section D : STI/RTI service for HRGs in the month (To be filled in by NGO STI Clinic)				
	Male	Female	TS/TG	Total
Number of new individuals visited the clinic				0

Section D: STI/RTI service for HRGs in the month (To be filled in by NGO STI Clinic)

All STI footfalls minus repeat will be mentioned here.

Section E: ANC syphilis screening in this month: Not applicable

Section F: Laboratory diagnosis of STI/RTI: Applicable to the TIs which are doing lab tests on site or referring syphilis cases for testing.

Section G : Human resource details at STI/RTI and /or Gynaecology clinics (Should be filled by all STI/RTI clinics)				
Details of Staff at the STI/RTI or Gynaecology clinics				
	Sex 1=Male 2=Female	Whether Specialised in skin and venereal disease (VD) (1=Yes 2=NO)	Whether received training on RTI/STI case management as per national guidelines (1=Yes 2=NO)	Month and year of Last training (MMYY) (0207)
Medical officer				
Medical officer				
Medical officer				
Laboratory technicians				
Laboratory Attendant				
Medico social worker				
Counselor (in house or attached to ICTC)				

Section G: Details of Staff at the STI/RTI or Gynaecology clinics (Human resource details at STI/RTI and /or Gynaecology clinics (Should be filled by all STI/RTI clinics)

- **Whether specialised in skin and venereal disease (VD) (1=Yes 2=NO):** mention 1 if the mentioned staff is trained in Skin & Venereal disease and 2 if not
- **Whether received training on RTI/STI case management as per national guidelines (1=Yes 2=NO):** mention 1 if the mentioned staff has received training on RTI/STI as per national guidelines
- **Month and year of Last training (MMYY) (0207):** mention the month & year of training

GUIDEBOOK TO DATA COLLECTION TOOLS FOR TRUCKERS' TI

Form Code	Data capturing tools	Content of the form	When to fill and Who has to fill	Usefulness of the Information	Staff Responsible and accountable	Frequency
Clinic						
1.	Registration Form (STI form)	<p>Contains information on basic profile of a Trucker. It gives comprehensive information of the trucker- e.g. name, age, category and location, route of the trucker, referred by, syndromic treatment, medicine purchased and amount paid. It also has information regarding counseling, condom details, referral to ICTC/DOTS Center and follow-up. Date of identification and registration. Name and location of the private practitioner, if applicable. This form is kept confidential.</p> <p>Imp.: All patients who come to clinic for any service like for B.P. check up need to have registered with encounter form filled and counted in footfall.</p> <p>FOR PPP: A duplicate copy of each registration form and the referral slip counterfoil in original has to be obtained by the ORW (or anyone else assigned this responsibility) from the PPP doctors.</p>	<ol style="list-style-type: none"> 1. Clinic attendant during the first encounter fills the basic details 2. The doctor fills the diagnosis and treatment 3. Counselor enters the nature and type of counseling service provided and condom details, referral to ICTC/DOTS Centre and follow-up. 4. Clinic attendant to fill the medicine details, whether purchased or not and if yes then the amount paid. 	The encounter form helps in tracking the basic details of the trucker diagnosis, treatment and referral to ICTC/DOTS Centre and follow-up.	<ol style="list-style-type: none"> 1. Clinic Attendant/ANM or staff made responsible for this work 2. Medical Officer 3. Counselor and to be verified by Project Coordinator 	Daily (separate encounter form to be filled for each trucker)
2A.	Daily Drug Record	This is a register of medicines in stock; date of purchase, rates, expiry date, critical stock and replenishment of the medicine stock.	Clinic attendant, at the end of the day	It helps in tracking the total medicine purchased and dispensed and also helps to track the levels of critical stock.	Clinic Attendant/ANM or staff made responsible for this work and to be verified by Project Coordinator	Daily
2B.	Daily patient register	<p>Patient wise diagnosis and treatment details at static, satellite clinic / network clinic. Advice for partner referral, reported completion of STI Medicine</p> <p>For PPP: Separate Patient register is to be maintained at the NGO office/Static Clinic for the PPP doctors. This is to be updated on a weekly basis.</p>	<p>Clinic Attendant in the static clinic and the counselor at the satellite clinic</p> <p>PPP forms to be updated on a register by clinic attendant</p>	Patient wise comprehensive clinical service details	Clinic Attendant/ANM or staff made responsible for this work and to be verified by Project Coordinator	<p>Daily (in case of health camp, on the specific day)</p> <p>Daily (in case of Network clinic)</p>

Form Code	Data capturing tools	Content of the form	When to fill and Who has to fill	Usefulness of the Information	Staff Responsible and accountable	Frequency
2C.	Patient wise Drug Distribution Register	This format gives details of the medicines dispensed to each patient and the cost recovered.	This has to be filled by the clinic attendant as and when medicines are given to the patients	This gives information about which medicines are being dispensed and the cost recovered	Clinic Attendant/ANM or staff made responsible for this work and to be verified by Project Coordinator	Daily
2 D.	Indent Register	It tells STI medicine critical stock position	This has to be filled by the clinic attendant	It helps in keeping track whether buffer stock of medicines is maintained	Clinic Attendant/ANM or staff made responsible for this work and to be verified by Doctor	As & when required
3A.	Counseling and ICTC referral Register	Type of counseling, number of patients counseled, number of follow-ups done, number of condoms sold, and number of patients referred to ICTC/DOTS/ART Centre and their follow-up and condom usage during last sexual act.	For each trucker, filled in by the counselor after the medical officer / doctor sends the patient to the counselor. ICTC referral – a drop box has to be maintained by the NGO/Association at the ICTC center and on weekly basis, the referral slips (which is given to the organization referred to) will be collected from the box by the Counselor Positive patient information – NGO to collect from the ICTC center on weekly basis. The Counselor will update this information (matching with the respective patient) in the Counseling register Each time a patient comes, both diary and register have to be filled.	It will help in tracking the total number of patients counseled and the type of counseling provided, it also helps in tracking the number of patients referred to ICTC/DOTS/ART Centre and the information regarding the condom usage during the last sexual act. Register is confidential and is accessible only to counselor and doctor.	Counselor/ANM or staff made responsible for this work and to be verified by Project Coordinator	Daily Weekly update in ICTC referral register (on patient turned up at ICTC)
3B.	Counselor diary	Unique ID number, whether patient is new or a follow up STI patient, the patient's complaint, important points in patient's sexual and personal history and interventions by the counselor	Each time a patient comes, both diary and register have to be filled. This has to be filled by the counselor/ANM or staff made responsible for this work.	This gives details of the complaints of the patients counseled and detailed description of discussions between the counselor and the patient. This can help to keep a track of the discussions done with STI patients. The diary is especially important in case of repeat or follow up patients, as this diary will capture what intervention has been done by counselor when the patient came for repeat visit The counselor's diary is not confidential and is easily accessible as opposed to the Counseling register (3A)	Counselor/ANM or staff made responsible for this work and to be verified by Project Coordinator	Daily

Form Code	Data capturing tools	Content of the form	When to fill and Who has to fill	Usefulness of the Information	Staff Responsible and accountable	Frequency
4.	Counselors' Referral Slip	This slip has information about the ID of the patient given at the implementing partners' clinic, where the patient has been referred to (the address), the history/findings of the patient, diagnosis, where the referral has been done, for which service and who has made the referral. The name and contact details of the clinic and the designation of the person referring are also provided.	<p>This is filled by the counselor. The referral slip has three parts with the same information. The slip is filled when the counselor refers the patient for any other services like TB/DOTS , ICTC, etc. One slip is retained at the clinic, one is given to the patient and the third is for the place where the patient is referred to.</p> <p>After regular intervals (A week or fortnight), the slips are collected from the ICTC centre to follow up on how many patients got themselves tested after referral. This has to be updated in the Counselling register on a weekly basis (for respective patients)</p>	<p>The referral slip gives information about where and for which purpose the patient has been referred. It helps the referral service provider in understanding the patient's requirement. The counterfoil of the referral slips can be subsequently collected from these service points to find out how many patients referred actually availed the services.</p> <p>This helps to find out how many patients actually got themselves tested after referral to these services.</p>	Counselor/ANM or staff made responsible for this work	Daily, for all patients counseled and referred for any services outside the clinic.
IPC						
5.	Peer Educator Monthly planning form	<p>Maintaining the record (Peer Educator wise) of month wise IPC sessions</p> <p>Number of trained active and allied population Peer Educators and Number of active and allied population Peer Educators who worked in a particular month</p> <p>It gives a clear understanding of the number of trained Peer Educators and the number of Peer Educators associated with the TI during a month</p>	Filled by Peer Educator at the beginning of the month and submitted to respective Peer Educator Coordinator/Health educator	Details of IPC sessions planned for the forthcoming month. It is a tool to streamline the planning process.	Peer Educator Coordinator / Health educator and to be verified by Project Coordinator	Monthly
6.	Peer Educator Session Format	IPC Conducted At, Name of Peer Educator, Locations,	After each session by Peer Educator	It informs total Sessions, Timing, Driver, Helper, Exposed, Refer to Clinic etc.	Peer Educator	Day to day basis by Peer Educator
7.	Daily IPC session record register	Number of IPC (intervention area and Highway) sessions done during the day and number of target population (Trucker) exposed during the session. No of patients referred and attended the clinic.	Maintained by the Peer Educator Coordinator / Health educator at the end of the day	It provides the information on the number of IPC (at intervention area and at Highway) sessions done during the day and number of target population (Trucker) exposed, referred and attended the clinic after the session.	Peer Educator Coordinator / Health educator and to be verified by Project Coordinator	Daily
8.	Individual Peer Educator referral slip	Number of referrals made to static, satellite and PPP/network clinic	After each IPC/Mid-media sessions referral slips given by Peer Educator/Health Educator and Peer Educator Coordinator and the counterfoil to be filed at the TI office by Peer Educator Coordinator/Health Educator	It informs the number of referrals from IPC/Mid-media sessions	Peer Educator and Peer Educator Coordinator/Health Educator	As and when required

Form Code	Data capturing tools	Content of the form	When to fill and Who has to fill	Usefulness of the Information	Staff Responsible and accountable	Frequency
10D.*	Peer Educator fortnightly meeting minutes register	Minutes of the fortnightly meeting conducted by Peer Educator Coordinator/Health Educator	Peer Educator Coordinator /Health Educator after every meeting	Details of meetings conducted during the fortnight and the field issues discussed	Peer Educator Coordinator/Health Educator	Fortnightly or as and when the meeting is conducted
Mid-Media						
9A.	Street play register	No. of events in a month, No of participants, themes, duration and location of the event, No of referrals to clinic and the Health Educator responsible.	Health Educator on the spot in the daily diary and transfers the same in the main register.	Total population reached in a particular month or time period through street plays	HEALTH EDUCATOR and to be verified by Project Coordinator	Weekly
9B.	Exhibition/IEC Booth register	No. of events in a month, No of participants, themes, duration and location of the event, No of referrals to clinic and the Health Educator responsible.	Health Educator on the spot in the daily diary and transfers the same in the main register.	Total population reached in a particular month or time period through exhibition/health games	HEALTH EDUCATOR and to be verified by Project Coordinator	Daily
Condoms						
9C.	Condom Sale/outlet register	<p>Total sale and stock status of condoms in the clinic and outlets (traditional, CVMs & Non-traditional) during the month or a given period and also the number of existing, new and functional outlets.</p> <p>Number of condoms sold during the month from clinics and through existing outlets.</p> <p>(Health Educator and PC to visit each outlet atleast once a month on a cycle of 30 to 30 or 31 to 31 and take stock status)</p>	<ul style="list-style-type: none"> • Condom Sale data at Clinic by Clinic attendant & counselor • Condom Sale, Opening stock, Stock received in the particular month and number of outlets data procured from each outlet on the 1st of every month and monthly entry by Project Coordinator • Outlets established, functional outlets information procured for a particular TSL on the 1st of every month and monthly entry by Project Coordinator 	Number of condoms sold during the month from clinics and through existing outlets (as collected from each outlet)	Functional outlets and Condom sales reporting to be checked by HEALTH EDUCATOR /PC and reported by Project Coordinator	Monthly
Programme Management						
10A.	Training Register	<ul style="list-style-type: none"> • No of trainings conducted against the trainings scheduled, Purpose of the training, participants. 	Project Coordinator, after the trainings	To know the status of capacity building activities	Project coordinator	As and when conducted
10B.	Staff Management register/file	<ul style="list-style-type: none"> • Human Resource management (Position sanctioned, filled and date of joining) 	Project Coordinator, after change in the status of the project staff.	It provides the status of the staff available against the no of staff required in the project	Project coordinator	As and when there is a change
10C.	Field Visit Report	<ul style="list-style-type: none"> • No. of days spent in the field for monitoring activities(IPC/BCC) by the project coordinator during the month 	Project Coordinator, during the preparation of monthly report	This provides the information about the project coordinator's visit	Project coordinator	As and when conducted (refer to the minimum defined visits to be made)

Form Code	Data capturing tools	Content of the form	When to fill and Who has to fill	Usefulness of the Information	Staff Responsible and accountable	Frequency
10D.	Meeting minutes register	<ul style="list-style-type: none"> No. of project review meetings conducted by project coordinator during the month 	Project coordinator, after the meeting	Provides the information of how many meetings were conducted against the required meetings.	Project coordinator	As and when conducted
10E.	Visitor's Book	<ul style="list-style-type: none"> Number of days spent in the field by the SACS/NACO officers for providing supportive supervision Number of days spent in the field by the TSG officers for providing supportive supervision 	By visitors during field visit days	It helps to keep a track of TSG and SACS/NACO officials visiting the field	Project Coordinator	As and when visits are done
10F.	IEC Material	<ul style="list-style-type: none"> This gives information about the amount of IEC material received and stock available at the end of the month 	This has to be maintained by the PC. It should be filled on the date the IEC material is received and at the end of the month to check stock availability.	This helps to keep a track of the available IEC material and to keep a check on whether sufficient quantity of the material is available	Project Coordinator	On the day material is received and at the end of each month

***The same minutes of the meeting format to be used for all meetings conducted and respective registers maintained.**

