TARGETED INTERVENTIONS FOR TRUCKERS

OPERATIONAL GUIDELINES

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INTRODUCTION

The purpose of these guidelines is to ensure delivery of quality HIV prevention interventions to the trucker population in India. The guidelines outline standardised operating procedures for implementing comprehensive HIV prevention services for the trucker population on a national scale.

These guidelines have been developed for the following audience:

- National consortium managing the National Structural intervention Programme (NSIP)
- National consortium managing the National Networked Targeted Intervention for Truckers (NNTIT)
- State AIDS Control Societies (SACS)
- Technical Support Units (TSU)
- Implementing partners

It is recommended that all organisations using these guidelines consider each of the proposed elements in the context of the organisation's current environment and other relevant guidelines such as *NGO/CBO Guidelines*, NACO, March 2007 and *Guidelines on Financial and Procurement Systems for NGOs/CBOs*, NACO, March 2007.

CHAPTER 1

Introduction to Targeted Interventions for Truckers Under NACP III

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1.1 RATIONALE FOR TARGETED INTERVENTIONS TO TRUCKERS

A central strategy of India's National AIDS Control Programme III (NACP III) is to reduce sexual transmission of HIV within high-risk sexual networks, and from these high-risk networks into the general population. Accordingly, NACP III prioritizes HIV prevention among truckers as a key programme component. Reaching truckers with effective HIV prevention programmes and services is important for a number of reasons:

- Evidence in India and elsewhere shows that the community of truckers is vulnerable to HIV due to a higher prevalence of risky sexual behaviour, which results from a variety of social and economic factors as well as their work patterns.
- Reportedly, close to 36%[1] of truckers are clients of sex workers and 15-20%[2] of clients appear to be truckers. Therefore, truckers represent a key "sub-segment" of the total male client population.
- Because long-distance truckers move throughout the country, those who are at higher risk of HIV can form transmission "bridges" from areas of higher prevalence to those of lower prevalence.

India has about 3.3 million km of road network, making it one of the largest networks in the world. This figure includes expressways, National Highways, State highways and major district roads and rural roads. It is estimated that 65%-70% of the nation's cargo handling is done by road, with the remaining 35% by rail. National Highways are the prime arterial route, covering about 65,559 km. Although National Highways constitute only 2% of the total road network, they bear approximately 40% of the total traffic.

The Ministry of Road Transport and Highways states that as of 31 March 2003, the total number of registered motor vehicles in India was 6,735,291, of which 2,159,824 were multi-axle/articulated vehicles (i.e. trucks and lorries).

The Asian Institute of Transport Development (AITD) gives a figure of around 5 million truck drivers in India. This estimate is based on the assumption that there are about 2.5 million trucks in the country and that each truck has two drivers. Similarly, the report of a study by the Indian Institute of Health Management Research quotes a figure of about 5-6 million truckers (i.e. truck drivers and other crew members) in India. Among them, about 40%-50% (or about 2-2.5 million) ply on long-distance routes. Given the rise in the number of trucks operated for goods transportation, the total number of truck drivers in the country is expected to double in the next ten years.

[1] Healthy Highways Behavior Surveillance Survey, First Round, 2000

[2] National Behaviour Surveillance Surveys among Clients of Sex workers

1.2 HIV RISK AMONG LONG-DISTANCE TRUCKERS

Long-distance truck drivers and their helpers spend months at a stretch on the highways and thus are away from their home family members for extended periods of time. These truckers are more likely to engage in high-risk sexual behaviour than short-distance truckers. They may have multiple sexual partners, including female sex workers (FSWs) on the highways, or have other fixed partners en route or at places where they stop for rest or food. This results in a higher prevalence of sexually transmitted infections among truckers than among the general population. Truckers are also reported to have sex with male sexual partners.

For truckers, immediate sexual needs appear to take precedence over the possible long-term consequences of unprotected sex.

The national BSS of 1999 indicates high-risk sexual contacts during transit (87%) and poor condom usage (11%) among truckers, making them vulnerable to STIs and HIV/AIDS. Surveillance studies indicate that the prevalence of HIV among truckers in general may be more than 10 times higher than in the general population (7.4% among truckers as compared to 0.7% with the general population). Given an estimated HIV prevalence of 11.16% among long-distance truckers in India, there could be an estimated 0.6-0.7 million HIV positive truckers by 2005 figures.

1.3 FACTORS WHICH MAKE TRUCKERS VULNERABLE TO HIV

The factors affecting truckers' **risk-taking behaviour** are varied, but are important in understanding the overall vulnerability of truckers to HIV.

- The harsh working conditions of truckers, including the risk of injuries, robbery, attacks and destruction of their vehicles, clearly contribute to their low perceptions of the seriousness of HIV infection.
- While the level of knowledge among truckers related to STIs and HIV/AIDS is relatively high, this knowledge is rarely converted into action. Lack of concern for self and a false sense of security due to improper understanding or interpretation of information about HIV/AIDS lead to risky behaviour.

Other factors which affect truckers' vulnerability to HIV include:

- Truckers are of an age to be sexually active but are separated from regular partners for extended periods of time
- Poor road conditions, long work hours and the urgency to reach their destination in the stipulated time cause stress
- In the absence of entertainment, consumption of alcohol leads to vulnerability
- Highly active and easily accessible sex networks operate along the highways and at halt points
- Truckers carry significant sums of cash to meet their travel needs, making them attractive customers to the sex work industry
- Limited sexual health services are available on the highways. Even if a trucker wishes to have himself treated for an STI or wants to collect condoms, he must wait until reaching his final destination or home.
- While the truck driver has money to access services of the sex networks, the cleaner/assistant is deprived of such privileges. But he may nevertheless take the opportunity to have sex when it arises. This can leave him or his partner vulnerable to infection if his information about sexual health is minimal.
- Senior truckers may use younger ones, especially cleaners, for sex. Power dynamics within the community are such that the cleaner or younger trucker is largely helpless, and ignorance about the risks of sex between men can lead to infection with STIs (including possibly HIV).

1.3.1 Related Groups at Risk for HIV

- A large number of FSWs operating on the highways are from villages nearby and offer sex to increase their income. Lack of information for self-protection among these women is a concern.
- With NHAI constructing new highways or upgrading the present highways, many migrant labourers have become involved in road construction, and female road workers often also sell sex to truckers.
- Mapping data on these two groups should be shared with the concerned TI agencies (FSW and migrants) to enable enhanced coverage of these populations.

1.4 STRATEGY FOR TRUCKERS INTERVENTION

An effective intervention for truck drivers, conductors and cleaners will comprise:

- Information services and Behaviour Change Communication (BCC) to increase their knowledge and motivate them change present unsafe behavioural practices and reduce their vulnerability
- Care facilities for STI infections, condoms and counselling
- Efforts to build an enabling environment and advocacy among the important influencers in their lives (secondary and tertiary stakeholders) to support the initiative

Under NACP III, the strategy for truckers intervention will operate at three levels:

- National Networked Targeted Trucker Intervention (NNTIT)
- Structural interventions at the national and State level
- Local interventions for high-risk truckers

These guidelines focus on the objectives, criteria for selection, required infrastructure, equipment, supplies, and human resources and financial guidelines for setting up and implmenting targeted interventions (TIs) with truckers.

1.4.1 National Networked Targeted Intervention for Truckers (NNTIT)

NACP III proposes a single national-level project to target long-distance truckers, named the National Networked Targeted Intervention for Truckers (NNTIT). This network of approximately 200 intervention sites along India's National Highway system will provide a coordinated set of education programmes for HIV risk reduction and STI and condom services, using intervention models that have been developed in previous trucker interventions.

The NNTIT will be led by an implementing consortium responsible for the overall design and management of the intervention and managed under the leadership of NACO. The consortium will engage the trucker community for leadership in the design and implementation of the intervention. It will also develop effective private partnerships and leverage resources from the trucking and allied industry partners for direct and in-kind support in setting up the networked services.

1.4.2 National Structural Intervention Programme (NSIP)

The National Structural Intervention Programme is the second component of the national response to the trucker epidemic. This programme will engage the trucking industry, Truckers Association and other allied organisations and structures in developing policies that reduce the vulnerability of truckers and promote accessibility of services. These structural interventions will occur at the national and State levels, with regional technical and managerial support for the development and implementation of appropriate programmes. Key activities include:

- Development of Healthy Workplace policies for truckers that reduce their vulnerability to HIV
- Advocacy with key stakeholders such as trucking companies and other associated industries to alter work conditions in ways that reduce truckers' vulnerability

- Incorporation of education programmes for truckers at the early stage of induction into the trucking industry to provide them with perspectives, information and skills to reduce HIV related vulnerability and risk

The structural intervention will be developed at the national level with implementation through the national consortium in partnership with NACO.

1.4.2.1 Advocacy goals

1.4.2.1.1 Fixed working hours and lengths of trips for truckers

The key factor influencing truckers' vulnerability is the long period of absence from their regular partners. Advocacy needs to be aimed at developing work policies which ensure shorter periods of absence from family and fixed times of work wherever possible.

1.4.2.1.2 Collectivising truckers on the State/National levels

Truckers have no national-level formal collective which can be used to facilitate the prevention programme. A formal structure with memberships from the truckers would support promotion of services, information delivery and monitoring of the quality of these services**.**

- The structural intervention programme should work closely with transport sector organisations (e.g.the All India Motor Transport Consortium, AIMTC) and their counterparts at the State/district level to explore the possibility of such an initiative
- The programme should, with the support of the national integrated network of interventions, develop a strategy to achieve this objective, including an implementation plan clearly spelling out the roles and responsibilities of different actors.
- The process of collectivisation of truckers should begin by the first year of the programme.

1.4.2.1.3 Establishment of improved and safe stay facilities

Advocacy should aim to ensure that adequate places for halt, refreshment, entertainment and safety of self and trucks are made available by transport companies at specific intervals along the highways. These points shall also be used for intervention activities.

The existing facilities created by HPCL, IOCL, BPCL should be listed and the possibility of using them for interventions explored, as well as the creation of more such facilities, to be linked with NNTIT. The goal will be the creation of information centres and service outlets in rest facilities for STI care, condom distribution and counselling through NNTIT implementing organisations.

1.4.2.1.4 Building pressure groups

Poor road conditions and regular harassment by officials on the highways are two factors which cause frustration in truckers, and this influences truckers' behaviour, including their sexual behaviour. A pressure group will be created involving the transport companies, highway authorities and truckers' representatives to study these problems and advocate for change.

1.4.2.1.5 Ensuring induction education for new truckers

A good number of organisations have facilities for training and induction of new truckers before they begin work. The opportunity to provide information and prevention options against HIV should be capitalised upon. The NSIP will:

- Map the training facilities already available in the country
- Train key staff in such facilities on HIV/AIDS and other services so that they can act as master trainers, and develop a manual will be developed and used for the trainings
- Ensure education on HIV/AIDS and STIs as part of the induction training
- Negotiate at national and State levels with transport authorities to include participation in trainings as a pre-requisite for renewing and issuing new licenses

1.4.2.1.6 Ensuring adoption of halt points

The halt points selected for intervention by the consortium need to be adopted by the large transport companies. The involvement of these companies in the work of the consortium, together with the consortium's advocacy activities, should ensure that at least 20% of the halt points are adopted within the first year.

The consortium should support the NNTIT implementing partners on the National Highways in identifying the possible key actors in the project area and initiating dialogue for taking up partnership in the projects. Key roles such as monitoring and providing logistical support to the projects should be indicators of the industries' participation in the projects.

1.4.2.1.7 Implementing a national-level IEC campaign supported by the transport companies

National level IEC campaigns utilising a variety of media, including hoardings and information boards on National Highways to provide information and promote services available on the highways, will support the NNTIT. The campaigns will use the national programme logo and will be sponsored by large transport houses and allied industries such as petroleum companies, oil and lubricant manufacturers, tyre and tube manufacturers and truck manufacturers.

These structural interventions will be developed at the state level by SACS in consultation with the State Transport Authorities, police and Truckers' Associations, where present.

1.4.3 Local Interventions for High-Risk Truckers

Many truckers do not work on the National Highway system, but only on the State highways. Their risk is variable, depending on their work circumstances and patterns. Since the NNTIT focuses only on the National Highways, it will not cover truckers who who work on State highways and who may be at high risk for HIV.

Current practice is for State programmes to develop separate TIs in certain locations for these truckers, but the strategic design of these TIs needs to be reconsidered. For one thing, such interventions cannot have the components and benefits of a network model, since local drivers do not necessarily have fixed routes. Therefore, interventions for these truckers should be highly focused on specific locations where truckers form an important client group for a cluster of FSWs/MSWs. Rather than establishing separate trucker TIs, outreach and education for truckers will involve a special "client add-on" component to sex work interventions in those locations. In locations where commercial sex networks involve many truckers as clients, the existing TIs will be redesigned to have special male outreach to truckers, and provisions for these client outreach activities and services will be made through existing sex work TI coverage.

It should be noted that in combination with the NNTIT, this composite strategy will replace existing State-level stand-alone TIs for truckers, which will be phased out over time.

1.5 IMPLEMENTATION MODEL – NATIONAL CONSORTIUM FOR NNTIT

NACO will be responsible for the selection and contracting of the national consortium, using its standard procedures. The consortium will consist of two or three organisations which together meet the following eligibility criteria:

- The capacity to operate on a national level/State level
- Representation of transport or allied sectors
- Good operational network across the country and experience in handling staffing and financing on a national scale
- The capacity and credibility to influence the large trucking companies
- The ability to appoint a pool of technical and managerial experts to manage the programme

1.5.1 Responsibilities of the National Consortium

1.5.1.1 Infrastructure and advocacy

1. Appoint a national coordinator who will be responsible for overall advocacy, policy planning and will also liaise between the consortium and NACO for programme development
2. Appoint a national programme manager who will report to the national coordinator, to oversee the implementation and performance of the national network and the State-level organisations
3. Appoint coordinators with designated responsibilities for BCC, IEC, STI care, condom management, research and design and finance
4. Appoint a panel of experts to support the intervention, covering:
   - Communication, with experience of designing strategies for BCC
   - Management, with a background in dealing with the development sector
   - STIs and condom management
   - IEC
5. Identify and contract implementing partners (NGOs/CBOs) at the selected intervention locations

1.5.1.2 Communications

- Create a national identity for the intervention by developing a mission statement and national logo
- Open and operationalise communication channels with the national structural intervention consortium

1.5.1.3 Monitoring and capacity building

- Open regional offices to provide monitoring and capacity building support to the intervention
- Monitor the projects implemented by the partners and provide technical and managerial support to the interventions
- Provide logistical support in different parts of the country, especially in metropolitan areas
- Ensure that all interventions use standardised operational systems for communication, STI care and condom management
- Develop a standardised documentation and reporting system, collect and collate information and report to NACO at quarterly intervals
- Work in coordination with the National Structural Intervention Programme and lend support to NSIP's advocacy activities
- Cooperate with periodic reviews and evaluations conducted by NACO

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The roles and responsibilities of the various organisations involved in NACP III implementation of truckers' programme are summarized in the responsibility matrix below:

Partner/Agency	Key Responsibilities
NACO	▪ Enable formation of NNTIT ▪ Commission assessment study (in partnership with NNTIT) ▪ Commission mapping study (in partnership with NNTIT)
SACS	▪ Coordinate with state implementing associations, if appropriate. ▪ Only select state SACS will have any major role with regard to truckers programmes, based on the findings of the NNTIT/NACO assessment and mapping studies
National consortium for NNTIT	▪ Appoint key staff at the national level ▪ Advocacy with key transport industry players ▪ Appoint a panel of experts to support the intervention ▪ Assist NACO in conducting assessment study and mapping ▪ Identify state level associations which could implement at the selected intervention areas ▪ Identify and contract implementing partners (NGOs/CBOs, other agencies) at the selected intervention locations ▪ Create a national identity for the intervention (logo development) ▪ Liaise with the national structural intervention consortium ▪ Monitor project performance (see details above in section 1.5.1.3) ▪ Cooperate with periodic reviews and evaluations conducted by NACO ▪ Provide capacity building support to state associations, implementing agencies
NSIP	▪ Provide Advocacy support to the NNTIT ▪ Create forums for industries involvement in the NNTIT ▪ Share and gather information from NNTIT and share and collect feedback from trucking industry
State associations of truckers and transport companies	▪ In select cases, implement interventions in key states ▪ Cooperate with periodic reviews and evaluations conducted by NACO and NNTIT
Implementing agencies (e.g., NGOs, CBOs)	▪ Implement TIs as per guidelines in Chapter 3 of this document o Hire peers o Conduct outreach o Promote condoms and STI services o Conduct advocacy

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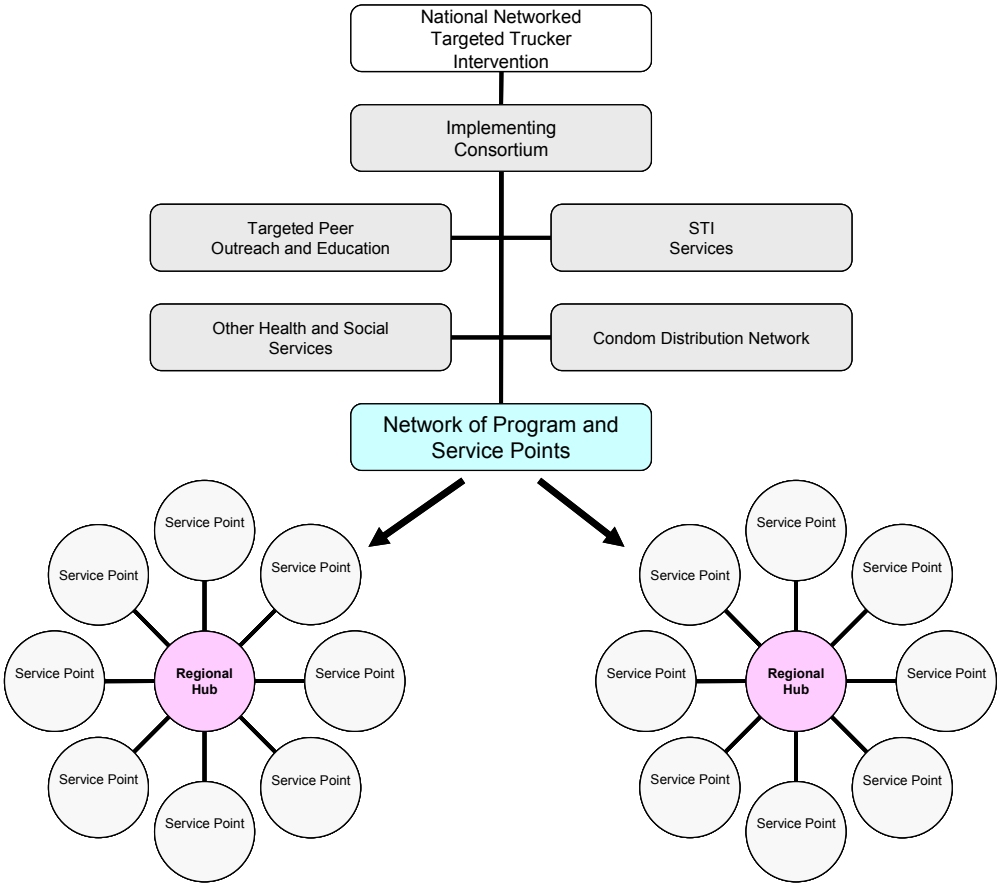
Figure 1. Overview of the Structure of NNTIT



CHAPTER 2

Operationalising Targeted Interventions for Truckers:

Guidelines for SACS and TSU

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2.1 NATIONAL ASSESSMENT

While there have been several assessments conducted in the past on truckers' vulnerabilities and HIV prevention needs, the fast-changing landscape of the national highways warrants a fresh study at the national level. To this end, a national assessment study will be conducted by NACO and the national consortium of NNTIT. The assessment will have three expected outputs:

1. Establish the key factors influencing truckers' vulnerability
2. Facilitate the development of an appropriate strategy for the NNTIT
3. Serve as the basis for future advocacy activities of the national and State structural interventions

The national consortium and NACO will contract the services of specialised organisations/institutions in conducting the study.

2.1.1 Timelines and Advocacy

As this study will support both the intervention and advocacy-related activities, it should be completed within three months from commissioning. The NSIP should develop the advocacy strategy within eight months of commissioning of the project and get the strategy approved by NACO. All key players such as NACO, the national consortium, their partner organisations, key transport companies, NHAI, AIMTC, etc. should be involved in the advocacy-related activities.

2.2 DEFINITION OF INTERVENTION LOCATIONS

Intervention locations for truckers will be more selective than under NACP II. Under NACP III, in order to achieve efficiency and effectiveness of coverage, there will be significantly fewer interventions than before. This is because two key factors will be considered in placing interventions for truckers:

- **Efficiency of coverage:** In order to optimize the utilisation of resources, it is necessary to access truckers at major catchment areas where they congregate in large numbers.
- **Quality of engagement:** From an intervention perspective, it is also important that the point of access provides an environment where the trucker has the time and inclination to engage in depth with the programme.

Truckers spend on average 55%-75% of their time on the road, so interventions and service delivery can only happen at places where they congregate.

2.2.1 Types of halt points

Halt points are places where a good number of trucks stop for various purposes. They can generally be classified under three types.

2.2.1.1 Forced halt points

Interstate checkpoints, RTO, CTO checkpoints, city entry checkpoints, etc., where the trucker is forced to halt for administrative purposes. Truckers are in a hurry to cross this point and most of the time will try to

get through as soon as possible. Under the NNTIT these halt points will therefore not be considered for intervention.

2.2.1.2 Refreshment and rest halt points

Dhabhas, line hotels, hotels, eateries, transport offices with rest facilities, highway motels or rest houses next to the IOCL, IPCL, BPCL petrol outlets, etc., where the trucker is more likely to be in a relaxed mood and spends time without being compelled by job considerations. Given the small number of truckers converging at these kinds of halt points, they will not be considered for service delivery but will be used for reinforcing information through IEC activities.

2.2.1.3 Business halt points or trans-shipment locations

Transport nagars, ports, trans-shipment points, loading and unloading points, transport offices, factory loading and unloading yards, ports, railway yards, etc. The primary concern of the trucker is to get the consignment offloaded and get a new consignment so that he can be on his return or onward journey. However, a few thousand truckers may be present at any given time, and they may spend from 8-48 hours at these locations.

2.2.1.3.1 Transport nagars

Transport nagars are commercial trans-shipment locations, usually on the outskirts of cities. These areas are demarcated for transport operations by the local municipality. Transport nagars are of the following types:

- **Transport nagars located at large metros and State capitals:** All major metros have one or more transport nagars. Typically, major transport companies and brokers operate out of such locations. These locations serve as points of access both for fleets owned by these transport companies and for independent operators attached to brokers. Each of these locations has a few thousand truckers present at any given time. 40%-60% of these are long-distance truckers; the remainder are regional and local truckers.
- **Transport nagars located in State interiors:** These transport nagars are smaller in size, with a few hundred truckers present at any given point of time. These locations offer access only to regional and local truckers.

2.2.1.3.2 Industrial yards/corporate premises

Approximately 6% of long-distance truckers, i.e. 300,000 truckers, do not operate out of transport nagars or ports. Instead, they work out of company-owned premises of the corporates they are attached to. This category includes the following:

- Trucks that work exclusively for major corporate enterprises (e.g. Maruthi Udyog, Birla Group, etc.). These truckers only move between the corporate hubs of the company they work for.
- Fleets of express cargo operators: Express cargo is a new and growing segment in the transportation industry. This category includes companies like DHL, Safe Express, etc. These companies have time-bound commitments and therefore do not operate out of the relatively crowded transport nagars. Instead they have company-owned premises for loading and unloading, and their fleet of trucks moves only between these premises.

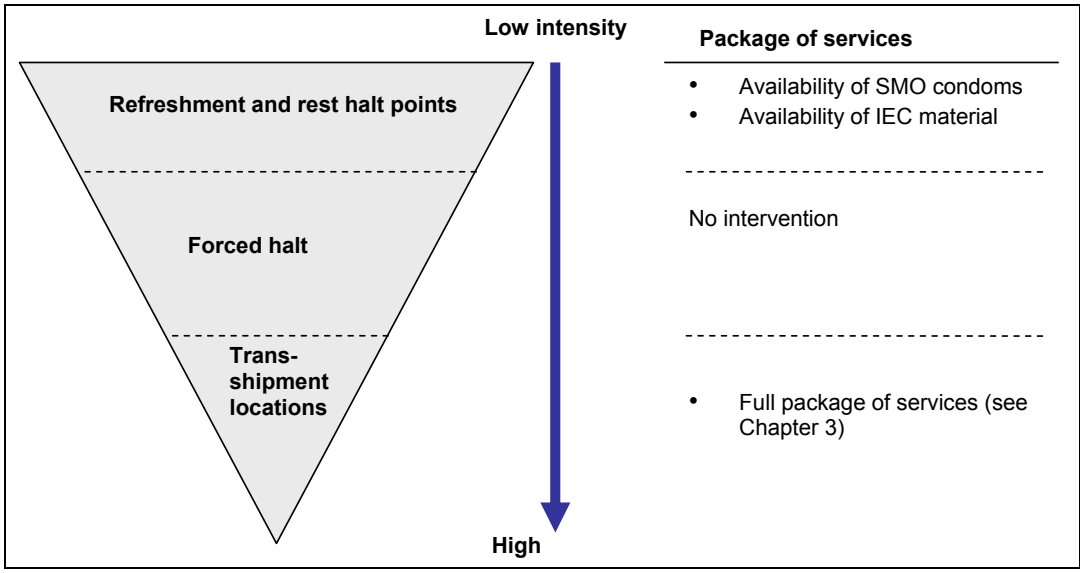
2.2.1.3.3 Ports

Major ports such as JNPT and Kandla with high volume container traffic have several thousand trucks continuously loading and unloading cargo and moving it across the country. Similar to trans-shipment locations, a large port will have several hundred brokers and transporters providing vehicles for transportation all over India. Ports therefore become an important location to access long-distance truckers in large numbers.

The following table summarizes the major segments of truckers, their corresponding industrial agents and their points of access:

Category of Trucker	Long-distance (independent operators attached to brokers, transport company owned)	Long-distance (part of exclusive corporate fleets, express cargo fleets)	Long-distance (ports)	Regional	Local
Estimated size	~30-40% i.e. 1.5-2 million	~6% i.e. 300,000	~4% i.e. 150,000	25%	25%
Point of access	Transport nagars at large metros, State capitals	Corporate-owned hubs	Ports	Transport nagars at large metros, State capitals, State interiors	Transport nagars at large metros, State capitals, State interiors, corporate owned hubs (for local distribution)
Industrial agents	Brokers, transport companies	Corporate enterprise	Brokers, transport companies	Brokers, transport companies	Brokers, transport companies, corporate enterprises

In summary, to achieve efficiency and impact, intervention intensity will also vary by type of intervention point:



2.3 MAPPING

A detailed mapping study must be commissioned by the national consortium in conjunction with the assessment study mentioned in Section 2.1 above prior to finalising the halt points for implementation of the NNTIT.

This study should be restricted to the major kinds of halt points listed in Section 2.2.1 above. However, it should cover all major national routes and focus on identifying high traffic volume routes along the National Highways.

2.3.1 Information to be Gathered Through Mapping

At each location, the mapping exercise should provide the following information:

- Volume of trucks moving through the location
- Major destinations of trucks being dispatched from the location
- Major source locations of trucks coming into the location
- The existence of sex networks (both male and female sex workers) and the support structures for these networks at the halt point
- Available facilities at the halt point which can be utilised by the project for effective implementation (e.g. clinics, HPCL, IOCL, rest houses, etc.)

2.3.2 Criteria for Network of Intervention Locations

In order to ensure a comprehensive network, the final list of halt points for the NNTIT must satisfy the following criteria:

- A total of 200 halt points, spread across the country
- All major national routes are covered
- Interventions are set up either at source or destination trans-shipment locations of all major national routes
- At least 80% of the long-distance trucking population is covered

Selection of trans-shipment points will be based on the following “cut-offs”:

Transport nagars at large metros, State capitals for long-distance truckers	**Corporate-owned hubs**	**Ports**	**Transport nagars at large metros, State capitals, State interiors (for regional truckers)**	**Transport nagars at large metros, State capitals, State interiors, corporate owned hubs (for local truckers)**	**Refreshment and rest points**
▪ At least 1,000 trucks available at the location at any given time ▪ At least 60% of those should be long-distance, i.e. travelling 800km or more in a single direction ▪ At least 100 transport establish-ments in the location (brokers, transport-ers) ▪ Average halt-time of 6-24 hours	▪ At least 500-800 trucks available at any given time ▪ Average halt time of 6-24 hours ▪ Corporate interest in contributing resources to HIV prevention with truckers	▪ At least 1,000 **inter-state** trucks available at any given time ▪ Average halt time of 6-24 hours	▪ At least 500 trucks available at any time ▪ At least 50 transport establish-ments ▪ Average halting time 6-24 hours	▪ At least 300-500 trucks available at any given time	▪ At least 80-100 trucks available at any given time ▪ Felt need for condom availability – truckers are willing / want to purchase condoms from the premises

2.4 RECRUITMENT AND CAPACITY BUILDING

2.4.1 Criteria for Selection of Implementing Organisations

A number of institutions may implement different kinds of programmes at the selected halt points. In general, attempts should be made to select truckers organisations as implementers where these exist. The success of the programmes largely depends on these implementing partners themselves, and thus utmost care should be exercised in their selection. **These selection criteria must conform to those set out by the *NACO NGO/CBO Guidelines* , whereby implementing partners**:

2.4.2 Selection Process

1. An advertisement requesting a letter of interest should be placed in national dailies, on the NACO website and in the local dailies of the particular region well in advance. The advertisement should clearly state programme objectives and key characteristics of the organisation.
2. Interested organisations will be short-listed in accordance with the criteria outlined in the *NGO CBO Guidelines*
3. Appraisal teams will be formed consisting of at least three members, one each to be nominated from the National Project Office, NACO, and the national consortium
4. The appraisal teams will select one organisation per halt point on the basis of the criteria set out in the *NGO CBO Guidelines*
5. Interested transport companies should be encouraged to take up the project if they meet specific criteria:
   - Prior successful experience running similar interventions or large-scale development projects
   - A separate body within the company to implement such programmes
   - A willingness to appoint staff dedicated to the project
   - A commitment to socially responsible corporate policies
   - An established, multi-state business presence
   - A willingness to contribute at least 25% of the cost of the project
6. Short-listed organisations for each halt point will be invited for a proposal-development workshop to learn technical inputs, proposal-writing skills and specific proposal formats.
7. Proposals will be reviewed by the national programme team and additional inputs made in consultation with the organisation, if necessary, to strengthen the proposal. If the organisation first on the list fails to submit a proposal, the second listed organisation will be invited to do so. In no case shall the criteria set out in the *NGO CBO Guidelines* be compromised.
8. Standardized budget guidelines will be followed in finalising the proposal
9. Prior to the signing of the contract, short-listed organisations must agree in writing to adhere to the NNTIT implementation plan, as advised by the technical team from time to time, and to use the programme logo on all programme-related activities and documents .
10. The organisations will be contracted by the consortium or the lead organisation for implementing NNTIT as per NACO contracting policies.

2.4.3 Capacity Building

Capacity building inputs at all levels of implementation, i.e. national consortium, implementing agencies, peers educators, other government departments and service providers should be planned for effective TIs for truckers.

The capacity building inputs should include:

- Training
- Exposure visits
- “Hand holding” or mentoring
- Knowledge- and experience-sharing workshops

Themes for Capacity Building
Basic information on HIV and STIs
Community development and strategies for personal development and empowerment of communities
Stigma and discrimination
Human rights and violence
Community participation and empowerment
HIV testing and counselling
BCC and development of IEC materials
Peer education and community outreach
STI management
Condom programming
Safer sex negotiation
Sex and sexuality
Advocacy
Dealing with myths and misconceptions
National AIDS Control Programme III & Targeted Intervention Programme
Reporting systems (CMIS)
Project management
Resource mobilisation
Counselling
Syndromic management of STIs

2.5 MONITORING AND EVALUATION

The overall strategy for trucker intervention will be monitored on the basis of the plan proposed by the implementing consortium at the time of contracting, based on the elements proposed in the operations manual.

2.5.1 Reviews

Reviews will be conducted by NACO and a NACO-appointed national review team from time to time to ensure that the proposed plan is being managed properly.

Key performance indicators will include:

- Number of trucker-related institutions and industries brought on board
- Number of key decisions made relating to policies to reduce the vulnerability of truckers
- Number of facilities set up in partnership with the trucking industry
- Number of National Networked Targeted Interventions for Truckers (NNTIT) implemented or supported directly
- Amount of resource support provided by the trucking and allied industries to the NNTIT

2.5.2 Reporting

All efforts and achievements of the programme will be documented adequately and the final reports will be submitted to NACO on a quarterly basis. The reports will also be shared with the NNTIT to enable them to follow up the efforts at the State and project levels.

CHAPTER 3

Implementing Targeted Interventions for Truckers:

Guidelines for NGOs

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3.1 STEPS IN IMPLEMENTATION

3.1.1 Step 1: NNTIT Logo/Brand

The NNTIT will have its own brand identity with a logo and colour scheme. This logo will saliently express the importance of the programme and its vision.

- An acknowledged advertising firm will be identified and contracted to develop the logo and colour scheme for the programme
- The national consortium will share the draft logo and colour scheme with NACO, transport companies, structural intervention team, a few NGOs in the field of intervention among truckers and with truckers themselves and collect feedback and make necessary corrections before finalising the national brand
- The NNTIT will use the brand identity in all documents, materials and reports, etc.
- At all halt points targeted for interventions, the partner organisation will prominently and adequately make use of the national logo and colour scheme as per the specifications provided by the national consortium
- All service delivery points and IEC/BCC materials developed (even if by partner organisations) will prominently and adequately use the national logo and colour scheme
- Non-agreement with, or failure to adhere to, this stipulation on the part of a partner organisation can be considered by the consortium as a reason to terminate agreements with the partner organisation and to hand over the project to another organisation.

3.1.2 Step 2: Behaviour Change Communication (BCC)

A study conducted by APAC indicates that about 90% of truckers have a good amount of information and knowledge about HIV and STIs. However, this has not translated into enhanced self-risk perception and desire for preventive action. NNTIT will therefore initiate an intensive peer-led communication model instead of the traditional non-peer outreach-led communication model. The peer-led approach has the advantage of reaching a larger number of the target population. NNTIT will adopt the model of peer-based interpersonal communication (IPC), incorporating necessary area-specific modifications without losing the core aspiration and efficiency.

The communication strategy of NNTIT will have the following communication approaches:

- **Dialogue-based peer-led Interpersonal Communication (IPC):** Peer-led IPC is critical to enhance the credibility of messaging in the field. The messaging should be dialogue-based as opposed to top-down flipbook-style messaging. Dialogue-based communication promotes critical thinking and self-reflection by the participants. These are necessary steps towards behaviour change.
- **Creative, synchronized and thematic mid-media:** Given the large numbers of truckers present at a single location, it is necessary to supplement IPC activities with mid-media (street plays, exhibitions, games, etc.). Mid-media serves to widen the exposure base of the programme, increase awareness of services and generate demand. Synchronizing mid-media activities across locations helps reinforce key messages and build sustained engagement with the truckers. Mid-media activities may be undertaken by outreach staff or in some cases outsourced to professional groups (e.g. local theatre troupes).
- **Selective mass media:** Mass media, particularly outdoor signage, radio and cassettes, provide a mechanism to promote programme services and expand awareness on a large scale. Mass media alone is unlikely to change behaviour, but it can plant the seed of a demand for services and a desire to learn more about HIV.

3.1.2.1 Peer-led dialogue-based IPC

Dialogue based IPC uses tools and methods that stimulate a discussion on an issue and enable the group to problem-solve and arrive at an agreed course of action. Peer-led IPC uses members of the population (present or ex-truckers) as facilitators to manage the discussion. The advantages of peer-led IPC are that it:

- Has greater credibility than outreach-led communication strategies
- Uses familiar language and the experience of having "lived the life" of a truck driver/helper to ensure better community mobilisation, reduced stigma and an environment of sharing
- Facilitates a higher degree of acceptance and ownership of the programme goals amongst the population

3.1.2.1.1 Types of peers

Peers may be of two types:

- Active peers: Truck drivers and helpers who are currently driving. Such peers are effective in mobilising trust and establishing credibility with in the key population.
- Anchored peers: These are ex-drivers and helpers who are currently employed within the trans-shipment location. Anchored peers also include service providers to the trucking community such as mechanics, tea shop owners, etc.

The IPC team must be a mix of 70% anchored and 30% active peers. Such an arrangement provides stability and continuity. This ratio could vary based on availability of active peers at any given location.

3.1.2.1.2 Criteria for selection of peers

- Be representative and true peers of key population (i.e. truck drivers and helpers)
- Must know the site well and be credible individuals at the halt point
- Must retain their existing profession and only contribute a portion of their time to project outreach (to be built into their contract)
- Be motivated to work with their peers on HIV/STI risk reduction
- Be available to participate in the entire IPC process (training, fieldwork, feedback/project design workshop)

3.1.2.1.3 Strategies for identifying and selecting peers

Within the trans-shipment location peers can be identified in the following ways:

- Contacting brokers, transporters and their assistants who have been truck drivers and helpers
- Directly approaching drivers interested in and committed to working with other truck drivers and helpers
- Contacting drivers who have settled in nearby villages or trans-shipment locations without any current assignment and who are looking for jobs
- Exploring the static population in and around the trans-shipment location (ex-drivers and helpers working as brokers' assistants, mechanics, petty shop owners, *dhaba* owners, barbers, etc.) who interact with and are will known within the community

3.1.2.1.4 Number of peers

Generally, in a medium to large trans-shipment location a team of 20-30 peers can provide effective and efficient population coverage apart from easy supervision by a team of two staff. The coverage achieved is between 3,000 and 4,000 contacts through intense one-to-group sessions lasting about 1.5 hours each.

3.1.2.1.5 IPC training

The IPC training module should consist of a mix of classroom sessions and fieldwork. It is recommended that the training be outsourced to an appropriate capacity building partner.

In classroom sessions, detailed IPC methods and tools are discussed and the facilitation and questioning skills of the peers are enhanced. IPC tools taught are put into practice during the fieldwork sessions, supervised by staff.

3.1.2.1.6 Scheduling/Benchmarking of IPC sessions

- A monthly roster can be maintained to schedule peer sessions. In order to maintain the active status of the trucker/peer, a maximum of 10 working days (i.e. 80 hours per month) can be utilised from his working schedule.
- It is useful to have dedicated staff to schedule, supervise and monitor activities of peers.
- A team of two peers facilitates each IPC session for at least 10 participants, touching upon diverse issues with different IPC tools for up to 90 minutes.
- Timing, location and frequency of sessions are synchronised with other programme elements such as mid-media and health services. Peers provide clinic referrals after the IPC session to those in need of medical attention.

See Annexure 1, Field Activity Reporting Form for Mid-Media/IPC

3.1.2.1.7 Reimbursement of peers

- Peers can be reimbursed for the time they spend on outreach activities to compensate for wage loss
- Weekly settlement is done with the entire peer team by the programme coordinators

Remuneration for peers is as per the NACO TI Costing Guidelines.

3.1.2.2 Mid-media

Mid-media serves to widen exposure, increases programme awareness and recall of programme services and helps generate demand. Synchronising mid-media activities across locations helps reinforce key messages and build sustained engagement with the mobile trucking population.

3.1.2.2.1 Designing a communication platform

In order to design a comprehensive communication platform for the national intervention, it is important to undertake research to determine the underlying causes of high-risk behaviour leading to vulnerability to HIV/AIDS among truckers. Such research should study and reveal gaps in knowledge, reasons for inaction, triggers for behaviour change and common myths and perceptions.

A professional agency will be hired by the NNTIT to conduct such research. The research must span major ethnicities and age groups. The programme's communication strategy and creative content for mid- and mass media must emanate from the results of the research.

3.1.2.2.2 Mid-media content

A composite menu of mid-media activity at an intervention location would contain the following:

Street Plays: Street plays focused on dispelling common myths and enhancing health-seeking behaviour are very effective in creating awareness about and demand for programme services. Multiple themes need to be enacted on a cyclic basis, changing every quarter. An intervention location may expose an audience of 50 to 100 per street play at least 12 times during a month to a minimum of three themes enacted four times each. The timing and location may be synchronised with the operation of satellite clinics in the intervention location. It is best to recruit local troupes accredited by the local SACS to present street plays, with time-bound contracts.

Health Games/IEC Booths: Co-located with the satellite clinic, IEC booths manned by two outreach staff are effective in attracting large numbers (about 50-100 truckers). Such games test individual skills and disseminate health messages. Low-cost gifts can be distributed to winners as prizes. Condom demonstration and dissemination of information through leaflets is also done. The programme can

meaningfully expose 2,000 truckers in a month to its messaging and create demand for nearby clinical services and IPC sessions.

Film Shows: To utilise the leisure time of truckers effectively, a weekly film show can be organised at the transporter/broker's premises or in a public area at the location. This serves to draw the crowd and post film IPC sessions may be scheduled to engage the community in dialogue.

Health Drives: Thematic health drives can be held on a fixed date every month at each intervention location to promote the programme's medical services. The location must be a static clinic. Specialists in eye/skin/orthho/gastric ailments may be invited from the local public health institutions around the theme for the month.

The health drive may be publicized at the IEC booths/IPC sessions so as to generate interest and traffic. Health drives are an important advocacy tool in positioning the programme clinics as meaningful health providers for an array of services for the local community.

Infotainment Events: Large-format infotainment events may be conducted on a quarterly basis at the intervention location to promote awareness and visibility for the programme and services offered. These events serve to attract large crowds and generate interest in programme services. The entertainment at the event can be "educative", e.g. street plays incorporating HIV and condom themes, musical performances interspersed with messages on programme services, etc.

Local stakeholders such as transporters/brokers should be involved with the implementing NGO to organise these activities, thereby fostering ownership and solidarity. If such events are synchronised across all intervention locations on the same day, a powerful impact is created and large corporates associated with the transport sector can be involved in the activity by way of creative promotions for the services they offer.

Infotainment events can be a powerful advocacy tool with large stakeholding organisations relevant to the trucking community. An infotainment event with proper pre-event publicity via IEC booths/IPC sessions/leaflets/invitations should aim to attract an attendance of 1,000 truckers or more. This forum may also be used to generate solidarity by appropriately thanking key stakeholders in the trucking community for their contributions to the programme.

3.1.2.3 Mass media

Mass media provides a means of expanding programme messages and creating demand beyond the boundaries of the intervention. It has the added advantage of reaching the population outside a formal intervention environment, at a time when truckers may be more receptive to behaviour change messaging.

Radio and Cassettes: Truckers listen to radio and cassettes frequently on their long journeys on the highway. This is the most effective method of meaningfully engaging them when outside the halt point. Appropriate and popular content for the cassettes can be developed with the help of the creative agency and distributed to the truckers. Cassettes may contain a mix of popular content and important health related messages. Innovative serial-based radio programmes may also be designed.

Signage: Since large volumes of trucks pass through major checkposts, visible outdoor signage there can significantly enhance programme awareness and recall.

3.1.2.4 Measuring communication impact

Annual behavioural surveys can be used to gauge the reach and impact of the communications package. The survey can establish the following:

- Exposure to various communication elements (participation in an IPC session, attendance at mid-media event, exposure to mass-media communication)
- Changes, if any, in knowledge (about HIV and programme services), beliefs (e.g. condoms reduce pleasure), societal attitudes (using condoms is normal) and behaviour (condom use, extent of non-spousal sex)
- Access to and utilisation of programme services

The role of volunteers
Volunteers from allied populations will work closely with outreach workers to help organise group meetings, make referrals to services such as condoms and STI care and distribute IEC materials to truckers. Volunteers will also be trained as educators over time. The NNTIT will develop a training manual for volunteers and the projects using these manual will build the capacities of the volunteers to carry out the above roles. The services of volunteers will be acknowledged through citation of their services once every year along with small gifts.

Tool
Annexure 1 ***Field Activity Reporting Form for Mid-Media/IPC***

3.1.3 Step 3: STI Care

The approach to service delivery for truckers will be to ensure that irrespective of their point of service access, truckers receive standardised, high-quality services and care. Branding of clinics and the development of logos will assist in this standardisation.

As information provided through BCC raises the awareness of truckers, they will seek access to services including STI care. **The implementing partner will provide STI care through facilities in its area. The approach will be Syndromic Case Management (SCM) as described in *NACO's STI Guidelines*.** As truckers are always in a hurry to move on, it may not be possible to wait to treat them until after they have had laboratory tests. Thus SCM is the most appropriate method of treating STIs in truckers.

The implementing partner will establish a combination of static clinics and referral STI care facilities in the project area.

3.1.3.1 Static clinic

The static clinic is the "anchor" for all health services at a project location. The static clinic can operate for 9 hours in a day, but timings should be decided in consultation with truckers, transporters, brokers, e.g. in 2 slots of 4½ hours each or 3 slots of 3 hours each, so that clients can make use of the services at their convenience.

3.1.3.1.1 Staffing and infrastructure of static clinic

- The static clinic will have one doctor, one paramedic and one counsellor
- Adequate space for a consultation room and for counselling will be made available

- The clinic will have adequate equipment and instruments. (The national consortium/lead organisation will prepare a list of equipment and instruments and the project will be restricted to this list.)

3.1.3.2 Clinics with fixed days and times

In large trans-shipment centres, such clinics can be used to supplement static clinic services. Such clinics should be located in and around premises of large brokers and transporters. The location of clinics should be planned so as to ensure comprehensive coverage of the major routes the trans-shipment location caters to. An additional full-time medical team is needed in large locations for such supplemental services.

3.1.3.3 Clinic service extensions at natural traffic areas

Service extensions at the premises of large transport establishments have two advantages:

- These are areas where truckers spend a lot of time and congregate in large numbers. Therefore such services are easy for truckers to access.
- As discussed earlier, transport establishments specialize in certain route clusters and therefore careful planning can ensure comprehensive coverage of truckers travelling on diverse route categories

Service extensions accessing truckers must operate at least 120 hours per month and be equipped to handle traffic of 6 patients per hour, or 720 per 120-hour monthly operation. The benchmark ratio for the number of STIs and general ailments treated is 1:3. Large interventions will require 2 full-time medical teams: one for the static and the other for the extension clinics.

3.1.3.3.1 Criteria for locating service extensions

- Ensure that the premises of the transport establishment are easily accessible by truckers of neighbouring establishments
- Premises should be clean and appropriate for clinical services
- It should be possible to maintain reasonable privacy for the patients

3.1.3.4 Mobile van clinics

For intervention sites which are geographically dispersed, particularly those organised along parking yards, mobile vans can be positioned at strategic locations in front of the selected “main broker” premises.

3.1.3.5 Clinic hours of extension/mobile clinics

The timings and days of operation of extension/satellite clinics and the mobile clinic should be decided with the help of field teams.

3.1.3.6 Referral services

Along with the above services, STI care services will be provided through a network of referral doctors, to ensure that services are available at all times and at all points at the selected halt points.

3.1.3.6.1 Criteria for referral doctors

- A minimum MBBS qualification
- Should have an operational clinic in the project area
- Should have already a good acceptance in the community
- Should be willing to treat truckers for STIs with a syndromic case management approach
- Should be willing to adhere to the NACO prescribed treatment guidelines
- Should be willing to document and report as per the project’s reporting system

- Should be willing to accept all truckers without having any biases about the origin of the trucker, the company he works with, etc.
- Should be willing to use and display the logo/colour scheme of the project

3.1.3.7 Clinic Operating Guidelines and Standards (COGS)

These should be developed to improve the overall quality of diagnosis and management of STIs and clinical service delivery. The following should be kept in mind:

- Clinics must provide general health treatment along with treatment of STIs. Exclusive STI treatment centres are stigmatizing for truckers and may lead to reduced attendance. Moreover, halt points located outside cities normally do not have alternate medical service providers, and truckers usually do not leave the confines of the halt point to access services in nearby cities. A benchmark ration for general health and STI load for the clinics should be 3:1.
- Medical service must:
    - be synchronized with outreach activities
    - include prevention activities, such as promotion of correct and consistent use of male condoms and safer sexual practices
    - provide professional counselling for persons with symptoms of STIs
    - include partner management programmes (i.e. contact referral) where appropriate
    - establish linkages and referrals to HIV testing and counselling services and HIV care services
- The project team, including the medical team, will be trained to be non-judgmental and to maintain confidentiality
- Regular trainings for the medical team and workshops for the field officers/supervisors ensure quality in service delivery and emphasise the necessity of integrating medical services with other programme elements, particularly referrals through outreach
- The projects will adhere stringently to NACO protocol on treatment and will not indulge in any other unnecessary medicating. For all STI consultations, treatment recommendations should be consistent with national STI clinical management guidelines, adapted over time in light of local epidemiological information including the etiology of common STI syndromes, prevalence of STIs in different populations and local patterns of anti-microbial susceptibility.
- The procurement of drugs will be on the basis of standardised lists as per NACO guidelines and the procedures for purchase/procurement will be strictly followed. (Three quotations must be invited, and the supplier offering the lowest rate while adhering to the quality parameters must be selected to supply the drugs.)

3.1.3.8 Cost-recovery

Whereas registration, consultation and counselling should be provided for free, the cost of medicines and surgical items like sutures, disposables, etc. must be recovered from the client.

Cost recovery is an excellent process to develop a sustainable programme and make the client value the treatment. Use of generic medicines or specially pre-packaged doses procured for the programme can further reduce the cost of STI medicines.

3.1.3.9 Counselling

The project counsellor will be adequately trained in counselling and will only perform STI counselling. The counsellor will counsel all truckers treated for STIs, but if the client is referred to a voluntary counselling and testing centre (VCTC) the pre- and post-test counselling will be done by a VCTC counsellor only.

The trucker will receive a treatment card so as to enable him to visit other clinics of the national chain part of the NNTIT.

3.1.3.10 Medical monitoring and facilitative supervision

This is necessary for identifying and rectifying any gaps between established standards and actual practice. The role of technical supervisors and managers is critical in STI case review, onsite mentoring and updates, and modelling client-provider interaction.

A third-party capacity building partner is crucial for capacity building of the technical staff. This is necessary to enhance the skills of the STI team, develop clarity about clinic operations, and have standard service quality across the country. **See also the three tools listed in the box below.**

Tools	
Annexure 2	***Medical Clinic Reporting Form***
Annexure 3	***Half-yearly Extension Clinic Assessment***
Annexure 4	***Monthly Extension Clinic Reporting Form***

3.1.4 Step 4: Condom Management

For the past fifteen years condoms have been distributed free of charge under various programmes. NNTIT will only provide social marketing of condoms under a specific NNTIT brand. For this purpose a social marketing organisation (SMO) will be contracted by NNTIT.

- The NNTIT consortium will asses the annual need of NNTIT programmes for condoms. The SMO will be charged with condom distribution, display and demand generation activities.
- The NNTIT consortium will ensure that there is an uninterrupted supply of condoms under the NNTIT programme.
- The implementing partner organisation(s) will work closely with the SMO to provide information on condom availability, demand, etc. The SMO will also be responsible for providing condoms at special events undertaken by the implementation partners (e.g. games, theatre on condom theme, infotainment events).
- The condoms for social marketing will be specifically branded and packed and will carry the NNTIT logo and colour scheme.
- The team of workers and peers will not be responsible for condom distribution. Field staff of the SMO will be charged with this function.
- The SMO will build a network of traditional and non-traditional condom retailers in the project area and stock condoms with these retailers for sale.
- The SMO will ensure that adequate IEC on condoms are made available to the retailers and prominently displayed in the outlets. The necessary IEC will be supplied by NNTIT.
- The SMO will also conduct condom demonstrations to clear misconceptions about condom usage.
- In addition to condom availability at the intervention location, the SMO will also be responsible for condom distribution and promotion at key sites along the highway – rest stops, restaurants, petrol pumps, etc. The placement of condoms must be based on data about trucker needs and purchasing habits.

3.1.5 Step 5: Creating an Enabling Environment

Implementing partners will build an enabling environment by involving different stakeholders in their activities at intervention locations. They will form a project support committee in the project area which will include the district's DHO/DLO. The implementing partners will conduct monthly review meetings of the programme with the help of this committee and report to the NNTIT. All activities of the project will be explained clearly to the committee members.

3.1.6 Linkages with Other HIV Services

Truckers should have access to additional HIV services through the TIs. This would include referrals to ICTC and ART, provision of resource directories of available services, and in select cases, the placement of ICTCs at high volume halt points, in conjunction with SACS.

3.2 RELATED INTERVENTIONS

3.2.1 National Highway Construction Workers

A large number of construction workers who build National Highways are also vulnerable to HIV/AIDS and have close proximity to truckers. The NSIP will facilitate:

- Advocacy with NHAI to initiate the programme for NH construction workers
- Techncial support for implementing the programme through sharing of tools and approaches
- Creating access to services by linking the programme with migrant TIs

3.2.2 Sex Workers in Village Communities Adjacent to National Highways

Since a large number of sex workers operating on National Highways are from adjacent villages, it is necessary to initiate programme in lines by the NNTIT. Advocacy support at State and district levels will be provided by the national structural intervention team. The following activities will be undertaken:

- Mapping of villages on the National Highways and listing those where there are sizable numbers of FSWs
- Sharing mapping information with the concerned SACS to ensure coverage of sizeable communities of village-based sex workers through the FSW TI component

3.2.3 Local Interventions (State Highways)

State-specific projects for local long-distance truckers will not have the components and benefits of a national network model, since local drivers do not necessarily have fixed routes. Therefore, interventions for these truckers should be highly focused on those specific locations where truckers form an important client group for a cluster of FSWs.

Rather than establishing separate trucker TIs for these locations, outreach and education for truckers will involve a special “client add-on” component to sex work interventions, as a composite activity. In locations where commercial sex networks involve sizable number of truckers as clients, existing TIs will be redesigned to have special male outreach to truckers, and provisions for these client outreach activities and services will made through existing sex work TI coverage. It should be noted that in combination with the NNTIT, this composite strategy will replace existing State-level stand-alone TIs for truckers.

The process for designing and implementing these expanded interventions involves the following:

- An assessment of all sex work locations on a district-by-district basis, identifying those locations which cater largely to a trucker clientele
- In key locations where the volume of sex worker-trucker client interactions is high (e.g. more than 50 encounters per day), the sex work intervention will be modified into a composite intervention incorporating special outreach, education and services (condoms and STI service referrals) for truckers
- The projects will use the NNTIT logo and colour scheme at all possible service delivery points
- In addition to the existing FSW outreach staff, the projects will appoint outreach staff for truckers at a ratio of 1:3,000 truckers
- The State interventions will also use the standardized communication materials and messages for intervention

- The SACS/SAPS will ensure that the outreach staff appointed under the project are also trained by NNTIT in carrying out the intervention
- The projects will not create separate service delivery mechanisms for the truckers but will ensure that existing services provided by the project for STI care and condoms are also available to the truckers
- The SACS/SAPS will develop specific documentation systems to capture the number of truckers served and services utilised and will analyse the data on a regular basis
- The projects will forward this information to NACO and NNTIT in the specific reporting formats provided by them

3.3 PROGRAMME MANAGEMENT

3.3.1 Documentation and Reporting

3.3.1.1 Documentation

- The project will maintain daily records of all outreach activities, STI treatment, counselling, enabling activities, and condom social marketing
- The project will maintain profiles of all staff and minutes of planning and review meetings
- All activities in the project will be documented as per a standardized documentation format

3.3.1.2 Reporting

- A monthly report will be sent in prescribed MIS formats or through the CMIS system described below, on or before the 5th of every month **(see Annexure 5, *Reporting Format for Outreach Work*)**
- The project will also submit quarterly progress report within 10 days from the completion of the quarter in the prescribed format
- The projects will also submit an annual report within 10 days of completion of the year; this will be considered as the base document for the following year's proposal development process

Tool
Annexure 5 ***Reporting Format for Outreach Work***

3.3.2 Staffing Criteria

- **Project manager** (1): post-graduate qualification in social work, sociology or psychology
- **Field supervisors:** graduation. Field supervisors will be appointed on a ration of 1:10 peers. The number of peers and supervisors working in each area will be based on the annual volume of traffic at the halt point.
- **Medical Officer** (1) to manage STI clinic: MBBS qualification
- **Counsellor** (1): post -graduation degree in counselling or psychology
- **Accountant** (1): degree in economics. Also supports the documentation and MIS responsibilities.

The NGO head who has signed the project contract or officially deputed by the organisation will act as the Director of the project and assumes responsibility for all technical aspects of the project.

See Annexure 6, *Staffing of Programme Implementing Partner.*

Tool
Annexure 6 ***Staffing of Programme Implementing Partner***

3.3.3 Monitoring and Evaluation

The projects will be monitored regularly by the NNTIT consortium and NACO. The robustness of data collection and the intervention level as well as at the national level (de-centralised and centralised levels) will aim to inform national intervention quality and design. **See Annexure 7, *Reporting Form for STIs Treated Across Clinics.***

- The officers/team visiting the projects will have a clear agenda for the visit which will be shared with the implementing organisation well in advance
- All evaluation visits will be documented and the suggestions/recommendations shared in writing with the implementing organisation, the support committee, NACO and structural intervention team
- Quarterly third-party audits should be undertaken to ensure line item variances are within 5% tolerance. **See Annexure 8, *Quarterly Expenditure Reporting Format.***
- Suggestions/recommendations made by the monitoring officer/team will be implemented by the organisation
- All documents, reports and plans maintained by the project will be open for scrutiny during these monitoring visits
- Staff reviews will be part of the monitoring process
- The CMIS/MIS data must be used to correlate the progress made by the project
- Quarterly reviews are to be used to evaluate trends and improvements. **See Annexure 9, *Project Management Dashboard* and Annexure 10, *Quarterly Review Format for Implementing Partner***
- The project will be evaluated annually by the eleventh month by an external agency/evaluator appointed by NACO, and on the basis of the evaluation report proposals for the project will be made
- NNTIT will also be subject to reviews and evaluations at intervals determined by NACO

Tools

Annexure 7	***Reporting Form for STIs Treated Across Clinics***
Annexure 8	***Quarterly Expenditure Reporting Format***
Annexure 9	***Project Management Dashboard***
Annexure 10	***Quarterly Review Format for Implementing Partner***

LIST OF ANNEXURES

NACO Guidelines and Tools referenced in these Guidelines

Guidelines on Financial and Procurement Systems for NGOs/CBOs, NACO, March 2007
Introduction
NGO/CBO Guidelines, NACO, March 2007
Introduction, Section 2.4.1
NACO TI Costing Guidelines
Section 3.1.2.1.7
NACO STI Guidelines
Section 3.1.3

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