



National AIDS Control Organisation
India's Voice against AIDS
Ministry of Health & Family Welfare, Government of India
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Ministry of Health & Family Welfare
Government of India



NATIONAL STAKEHOLDER CONSULTATION TOWARDS IDENTIFICATION OF PRIORITY AREAS FOR CAPACITY BUILDING OF COMMUNITIES & COMMUNITY GROUPS

UNDER COMMUNITY SYSTEM STRENGTHENING

10-11 DECEMBER, 2021, BHOPAL, MP

Credits

This document has been made possible by the active participation and contribution of community representatives, members from CSS National Working Group, civil society organisations and bilateral/developmental partners (list attached in annexure) who joined the National Stakeholder Consultation.

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Acronyms

ANC	Ante-Natal Care
CAB	Community Advisory Board
CBO	Community-Based Organization
CLM	Community-Led Monitoring
CRG	Community Resource Group
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CSS	Community System Strengthening
DACS	District AIDS Control Society
DAPCU	District AIDS Prevention & Control Unit
DISHA	District Integrated Strategy for HIV/AIDS
DLN	District Level Network
EpiC	Epidemic Control
FCRA	Foreign Contribution Regulation Act
FSW	Female sex workers
HRG	High Risk Group
IDU	Injecting Drug User
KP	Key Population
LMS	Learning Management System
MMD	Multi Month Dispensing
MSM	Men Who Have Sex with Men
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non-Government Organization
NWG	National Working Group
PEP	Post-Exposure Prophylaxis
PLHIV	People Living with HIV
PNC	Post Natal Care
PrEP	Pre-Exposure Prophylaxis
SACS	State AIDS Control Society
SHGs	Self Help Groups
SOP	Standard operating procedure
SRHR	Sexual and reproductive health and rights
TI	Targeted Intervention
TOR	Terms of Reference
TRG	Technical Resource Group
TSU	Technical Support Unit
TWG	Technical Working Group

Executive Summary



India's commitment to end AIDS by 2030

India is one of the countries in the Asia Pacific region that have recorded significant decreases in new infections among the key populations (KP) and significant increase in providing access to treatment among people living with HIV infection. The strategies adopted by the National AIDS Control Organization (NACO) for prevention, treatment and care have predominantly worked because the National AIDS Control Program (NACP) has kept the key populations (KP) and people living with HIV (PLHIV) at the center of its response. India in its' fight to end AIDS is at a critical juncture as the fast-track targets and India's commitment to end AIDS by 2030, warrants focused and stronger response from the key players. Participation and leadership of the key players from KPs in tandem with a well-integrated national program will take India towards achieving the global goals of ending AIDS by 2030. Towards this purpose, the NACP V focuses on Community System Strengthening (CSS) and empowerment and calls for community engagement at different level including cadre of health delivery system, at both NACO and State AIDS Control Society (SACS) level. Community System Strengthening aims to achieve improved health outcomes of NACP specifically for strengthening targeted interventions (TI) program, reducing stigma and discrimination, enhancing treatment literacy, greater involvement of communities in decision making and finally developing structured systems of community-led monitoring (CLM).

One of the main approaches under Community System Strengthening is to develop the capacities of communities and Community Based Organizations (CBO). In order to develop the capacities of individuals and community-based organizations, the idea of module-based training was envisaged after much deliberations with participation from majority of national level stakeholders.

Towards achieving this goal, a national stakeholder consultation was organized in Bhopal on December 10th and 11th, 2021. The participants included senior officials from NACO, MPSACS officials, key NGO/CBO partners and community experts, community representatives, CSS National Working Group members and technical consultants with expertise in module development for key populations (Annexure 1).

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The key objective of the above consultation was to identify the core capacity building needs of the community for which the modules for the community individuals and CBO needed to be prepared. Along with, it also included deliberations among key experts to build consensus on specific activities under CSS & CLM for NACP as envisioned.

The inauguration of the consultation was graced by Ms. Nidhi Kesarwani, Director, NACO; Dr. Shobini Rajan, CMO SAG, DDG, NACO; Dr. Bhawani Singh, DD-TI from NACO; Dr. Rita Prasad, USAID; Dr. Sangita Pandey, HLPPT; Dr. Sudhir Chawla, CDC; Dr. K. D. Tripathi, PD, MPSACS and Mr. Manoj Pardesi from NCPI. Each of these dignitaries provided their views and guidance for the two-day workshop. The community members who were present in person and virtually, emphasized on the need to embark on the CSS without any further delays.

After the inauguration an overview of the CSS and SOP for community champions was provided by the NACO and HLPPT officials respectively. Post these presentations, the workshop participants expressed their views and opinions on the same. While the need of having CSS was recognized, greater clarity on the role and position of the community champions and CBOs was sought.

Representatives from Swasti, Alliance India and the Humsafar Trust made shared their experiences on CLM and PLHIV needs assessment and MSM, FSW community needs assessment respectively. These presentations highlighted the experiences of CLM pilots, community champions and CLM tool as well the PLHIV, MSM and FSW community specific needs which ranged from policy level inclusion, organizational development and governance to resources and capacity building.

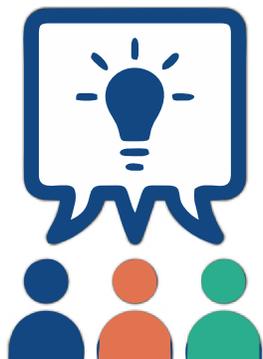
After the presentations on frameworks, practical learning and needs assessments, the participants were organized into five groups viz

Group 1: Consensus on CSS, CLM and Key Areas (CSS Framework, SOP for Identification of Community Champions, TOR - CAB); group 2: Priority Areas for Capacity Building for MSM (Community mobilization and advocacy, leadership and knowledge development); group 3: Priority Areas for Capacity Building for FSW (Community mobilization and advocacy, Leadership and knowledge development);

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group 4: Priority Areas for Capacity Building for PLHIV (Community mobilization and advocacy, leadership and knowledge development) and group 5: Priority Areas for Capacity Building for CBO (Organizational governance & financial management, resource mobilization for sustainability). Each of these groups were assigned moderators who facilitated discussions and guided the group-work. Virtual participants were able to participate and share their inputs in their respective groups via zoom. Post the group work, day-1 of consultation culminated into a cultural program and a gala dinner.

The day-2 of the consultation was primarily focused on the group work which was presented by chosen group representatives.



Group 1: (Consensus on CSS, CLM and Key Areas) accepted the idea of community champions and signaled moving ahead with it. They also recommended remuneration, piloting the championship model and change of nomenclature of community advisory board to community resource group.

Group 2: (Priority Areas for Capacity Building for MSM) The working group for MSM community identified the capacity building needs that could be covered under the modules as (1) Community Mobilization and Advocacy (2) Leadership and Knowledge Development, (3) CBOs and Community Champions. Each of these topics had several sub-topics under that the group aspired to be trained on.

Group 3: (Priority Areas for Capacity Building for FSW) The working group for FSW community identified the capacity building needs that could be covered under the modules: Community mobilization and advocacy, financial and legal literacy, resource mobilization, leadership skill development, CBO development, crisis management, mental health, demand generation for PrEP, PEP, self-test and MMD, Community led monitoring

Group 4: (Priority Areas for Capacity Building for PLHIV) The working group for PLHIV community identified the capacity building needs that could be covered under the modules : Selection of PLHIV Champion, module on PLHIV champions, module on community

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mobilization, module on advocacy and knowledge development, module on knowledge development, priority Areas for capacity building for CBO

Group 5: (Priority Areas for Capacity Building for CBO) The working group identified following topics; pre training needs assessment and classification exercise, modules on organisational governance, board management and HR policy, modules on financial management, modules on resource mobilization and sustainability, module to be available on learning management system (LMS) portal and resources to be combined with service delivery activities and outcomes, mentoring of CBOs provided by TSU/DAPCU.

Ms. Nidhi Kesarwani,
Director NACO
emphasized on the need
for easy adaptability and
comprehensiveness
of the modules.

After the presentations, key NACO officials and community representatives gave their remarks. Ms. Nidhi Kesarwani, Director NACO emphasized on the need for easy adaptability and comprehensiveness of the modules. Ms. Nidhi highlighted on the symbiotic relationship between SACS, DACS, DAPCU and the CBO and hoped that this relationship will continue to flourish and the CSS will be further strengthened under the NACP-V. Dr. Shobini Rajan, DDG, NACO appreciated the concept of "championship program". She expressed that the suggested nomenclature of Community Resource Group [CRG] for CAB was a plausible recommendation. She stressed upon CAB to be featured as governing body by the community, for the community and of the community. She stated that these suggestions would be an integral part of the 'Disha' and 'Sampoorna Suraksha Strategy' under the NACP-V.

Community experts and representatives too emphasized on strengthening the networks, leadership development, communication training for advocacy, issues of FSW beyond HIV, balancing the roles of CBO and community champions and strengthening and leveraging unique strengths of CBOs for CSS. They hoped that the CSS training modules will be able to look into each of these unique needs of the key populations in India.

The consultation closed with the felicitation and a vote of thanks by Dr. Sangita Pandey. She thanked the community representatives, community experts, NACO officials for encouraging the participants with their valuable comments and inputs and contributing to this consultation.

Background

India is one of the countries in the Asia Pacific region that have recorded significant decreases in new infections among the key populations (KP) and significant increase in providing access to treatment among people living with HIV infection. The strategies adopted by the National AIDS Control Organization (NACO) for prevention, treatment and care have predominantly worked because the National AIDS Control Program (NACP) has kept the key populations (KP) and people living with HIV (PLHIV) at the center of its response. Working with the key groups, consulting and respecting them as the stakeholders have supported immensely in advancing the response to combat HIV/AIDS and the social ramifications of the epidemic. India in its' fight to end AIDS is at a critical juncture as the fast-track targets and India's commitment to end AIDS by 2030, warrants focused and stronger response from the key players. The key players in this regard are the community members from the key populations such as the female sex workers (FSW), men having sex with men (MSM) and PLHIV. Participation and leadership of the key players from KPs in tandem with a well-integrated national program will take India towards achieving the global goals of ending AIDS by 2030. Towards this purpose the NACP V focuses on Community System Strengthening (CSS) and empowerment and calls for community engagement at different level including cadre of health delivery system, at both NACO and State AIDS Control Society (SACS) level. Community System Strengthening aims to achieve improved health outcomes of NACP specifically for strengthening targeted interventions (TI) program, reducing stigma and discrimination, enhancing



treatment literacy, greater involvement of communities in decision making and finally developing structured systems of community-led monitoring (CLM). One of the main approaches under Community System Strengthening is to develop the capacities of communities and Community Based Organizations (CBO). In order to develop the capacities of individuals and community-based organizations, the idea of module-based training was envisaged after much deliberations with participation from majority of national level stakeholders.

Towards achieving this goal, a national stakeholder consultation was organized in Bhopal on December 10th and 11th, 2021. The participants included senior officials from NACO, MPSACS officials, key NGO/CBO partners and community experts, community representatives, CSS National Working Group members and technical consultants with expertise in module development for key populations (Annexure 1).

The key objective of the above consultation was to identify the core capacity building needs of the community for which the modules for the community individuals and CBO needed to be prepared. Along with, it also included deliberations among key experts to build consensus on specific activities under CSS & CLM for NACP as envisioned.

The expected outcome was to strengthen and clearly define the components under CSS, the identification of community champions in SoP along with terms of reference and CLM with the larger objective of strengthening community engagement for improvement of HIV Program and comprehensive service delivery under NACP V.

Session I: Inauguration of National Stakeholder Consultation (Day 01)

The consultation was inaugurated by Ms. Nidhi Kesarwani, Director, NACO and provided her views and guidance for the two-day workshop. She further reiterated that the CSS was in line with the long history and traditional India's HIV program towards which consensus could be built. She hoped that with under the CSS, not only reorganizing and strengthening of CBOs and community representatives will happen but also scattered CBOs will be brought together to work on the existing HIV/AIDS interventions.

Dr. Bhawani Singh (NACO) set the context, shared the objectives and expected outcomes of the consultation. He reiterated that the communities in India had played key role in the HIV prevention programs and could make even greater contribution to meet the national and global goals to end AIDS. He emphasized that community participation as well as representation was necessary in order to achieve these goals. He emphasized on the need to build the capacity of the CBOs as well as Community Champions for encouraging testing, linkage to care and removing any barriers in the way of testing and treatment. He shared that the SOP for the community champions shall be presented for further feedback and modifications.

Ms. Ayesha Rai (Community Representative) who joined via virtual platform expressed the need to promote and expedite the process of increasing the involvement of community in order to protect the vulnerable communities from HIV/AIDS.

Mr. Yadavendra Singh (Community Representative) who joined via virtual platform urged that the process of community systems strengthening be started without any further delays.

Mr Manoj Pardesi (NCPI+) highlighted the historic journey of India's national program and communities coming together in which communities engaged in activism for their rights and were supported by the national program. While the networks of positive people even formed their own CBOs and are working tirelessly on the ground, a lot of capacity building was required as all the CBOs were not at the same level of capacity. He appealed to the development partners to support the voice of the community and empowering them to lead the initiatives.

Session I: Inauguration of National Stakeholder Consultation (Day 01)

Dr. Rita Prasad (USAID) shared that USAID was a steady partner in the national program's journey to strengthen the community systems. She lauded Swasti's community led monitoring (CLM) efforts and hoped that it would eventually strengthen the program further. She hoped that the key learnings of the programs such as USAID supported epic project will also contributing to the CSS interventions.

Dr. Sudhir Chawla (CDC) highlighted India as a role model in HIV prevention programs as well as in community led interventions. He highlighted the need for solution-oriented approaches as well on the need to work with those who were outside the system. He reiterated CDC's commitment towards the community led interventions and the national program. He hoped that CSS and CLM will lead to successful implementation of the NACP V.

Dr. David Bridger (UNAIDS) who joined virtually emphasized on leveraging new technology to enhance the HIV response and also to use technology to overcome the challenges experienced in the conventional targeted intervention (TI) programs. He also drew attention to the hard-to-reach populations who difficult to identify and the challenge of reaching out to such groups.

Dr. Sundaraman (Community Expert) who joined virtually, congratulated NACO for community involvement and institutionalizing capacity and investing in the community systems strengthening. He has urged the SACS to include the representatives of PLHIV and KP community in the respective state executive committee for effective partnership. He emphasized that between the partnership between NACO, SACS, PLHIV and KP members should be for a shared purpose not only for mere implementation.

Dr. Shobini Rajan (NACO) highlighted the background of this consultation and the purpose of community strengthening as envisaged in the Global Fund project and NACP V. She stated that across the globe there was a renewed enthusiasm in incorporating and implementing the CSS and in India we already had an edge as various developmental partners through their respective projects were already engaging in the community strengthening. Dr. Shobini emphasized that the steering mechanism at national and state level along with the community advisory board (CAB) at all the levels of program was to represent the voice of the community.

Session I: Inauguration of National Stakeholder Consultation (Day 01)

The National Steering Mechanism when constituted will guide and recommend on the implementation of activities for strengthening community systems under NACP at the national level. While the CAB at the state level would also proactively support the processes of CLM and let the treatment and care reach to the community members, therefore these were also an integral part of the CSS. She further mentioned that for guiding on the capacity building of CBOs and community champions, a national working group co-chaired by Ms. Mona Mishra and Ms. Ayesha Rai would work to identify what needed to be done in CSS and CLM. In that respect, national working group was also like a placeholder for the CSS. She emphasized that the voice of the community should reach from the bottom level to higher level for bringing impact to the interventions and that's where communities role was critical. As the national consultation offered an opportunity to deliberate on the capacity building modules, CSS framework and the SOP for the community champions, she further hoped that a consensus could be built on these key issues.

Dr. K D Tripathi (MPSACS) posed a question to the forum if there were sufficient CBOs or community led organisations to promote and guide the community champions in the country. If there were inadequate CBOs, then it was imperative to find, train representatives and CBOs towards the set goal.

Ms. Nidhi Kesarwani, Director, NACO remarked that NACO led HIV program was one of those unique programs that was flexible and continuously evolved as per the requirements and challenges from the field. She cited this to be the program that listened to the community needs and proactively addressed those needs in the program which in turn immensely benefitted the overall HIV program of the country.

Dr. Sangita Pandey (HLFPPT) gave her vote of thanks to all the dignitaries on the dais for their views that set the tone for this two-day workshop. She also thanked representatives from the development partners, CBO and community members for their presence in the workshop.

Session I: Inauguration of National Stakeholder Consultation (Day 01)



Session I: Key Takeaways

1. Community participation as well as representation through community systems strengthening approach is crucial towards achieving the national and global goal to end AIDS.
2. Voice of the community and empowering them to lead the initiatives was emphasized.
3. Leveraging new technology to enhance the HIV response and also to use technology to overcome the challenges experienced in the conventional targeted intervention (TI) programs should be explored.
4. The steering mechanism at national and state level along with the community advisory board (CAB) at all the levels of programs to represent the voice of the community (PLHIV and KP) was emphasized.
5. Identify and strengthen CBOs wherever there is inadequacy and bring them together towards achieving the common goal.

Session II: Overview of Community System Strengthening

Sessions

Presenters

Community System Strengthening under NACP	Dr. Bhawani Singh , NACO
Standard Operating Procedure on Identification of Community Champions	Dr. Narendra Jangid, HLPPT
Learnings from CLM pilot implementation	Ms. Shama Karkal, Swasti
Findings of Community Needs Assessment - PLHIV	Mr. Firoz Khan, Alliance India
Findings of Community Needs Assessment (MSM & FSW)	Mr. Yashwinder Singh, The Humsafar Trust



1. Presentation: 1 Community System Strengthening under NACP by Dr. Bhawani Singh

Dr Bhawani conducted a detailed session on the CSS under NACP (Annexure 2). The following points were covered in his session:

CSS was defined as interventions that support the development and reinforcement of informed, capable, coordinated and sustainable structures, mechanisms, processes and actors through which community members, organizations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities.

- CSS examples in Indian settings since the year 2009 were shared.
- The National Steering Mechanism at the national level was explained. The role of Community groups, NACO, CBOs/NGOs and bi-lateral / multilateral partners was highlighted in CSS.
- Capacity building and leadership development were cited as the core components. Mobilization, Linkages, Collaboration and Coordination were the key components and respective SACS played significant role in the entire processes.
- Community Led Monitoring (CLM) was presented as a core component of the CSS.
- Community System Strengthening Framework was presented by Dr. Bhawani who emphasized on the need for systematic processes.
- The overview of CSS implementation, progress and expected outcomes were presented by Dr. Bhawani.
- He shared the work plan and requested and emphasized on the stakeholder's support and adherence to the timelines.

Session II: Overview of Community System Strengthening



2. Standard Operating Procedure on Identification of Community Champions by Dr. Narendra Jangid

Connecting to the session on CSS processes envisaged under NACP by Dr. Bhawani, Dr. Narendra presented the SOP on identification of Community Champions (Annexure 3). Following points were covered in his session:

- Overall expected outcomes of CSS were reduction of stigma and discrimination, enhanced treatment literacy, greater involvement of communities in decision making, developing structured systems of community monitoring and finally strategies to achieve these outcomes.
- Role and engagement of community champions was to create awareness within community and advocate further on behalf of their communities, to perform the key role of effectively promoting activities related to HIV; to engage with the existing or newly formed CABs/DLN and address local needs and finally engage with key officials and community at large to provide relevant support and services.
- Under the selection process, essential criteria were set as being a community member either KP and PLHIV above the age of 18 years of age and a number of criteria were set as desirable.
- The proposed method of selection of the community champions was three step process - nomination which took places after the release of expression of interest by SACS, selection process by the selection committee and finally methods of selection by draw/ lottery method, voting or interview/ rating sheet. This process was expected to be accomplished in 40 days from the time expression of interest were floated by the SACS.
- Terms of reference of the community champions in brief was to participate in district level CAB, identify and escalate issues, support SACS/TI in KP mobilization, engage/guide in CLM, advocacy and work to redress the community issues.
- An expression of interest proforma on Community Champions was also shared.

Comments on the CSS presentations: Dr. Shyamla Natrajan (Community Expert)

- Community systems have already been there however they are being utilized fully.
- Vision of CSS is not just meeting HIV targets of the local funders but much broader than at.

Session II: Overview of Community System Strengthening

- In its' current form, the issues of social capital, legal issues like criminalization of sex worker are not acknowledged. How are resources allocated to the issues of criminalization of sex workers because that this causes them to be left behind?
- Introduce a vision statement of CSS which also includes a statement of HIV/AIDS.
- Community champions could create alternate power centers therefore anchor them in the existing CBOs. If there were no new CBOs then anchor them in the existing networks.
- There needs to be greater clarity on the funds and remuneration of the community champions and CBOs.

Dr. Shyamala shared her points in a presentation form (Annexure 4).

Ms. Mona Mishra (Community Expert – CSS NWG)

- Ms. Mona Mishra lauded the efforts taken to identify the processes of selection of community champions. She recommended freezing the proposed process then piloting it at least two districts before rolling it out pan India.
- Limiting 10 Champions per district needed to be considered from the perspectives of optimization and duplication of the resources.
- There should be a provision for at least travel and phone allowance for the community champions.

Mr. Palash Bora who had joined virtually agreed to the comments of Ms. Mona and also suggested to have the training and resource materials for community champions in various languages.

Mr. Yadvendra Singh recommending rolling out the program, instead of piloting.

Mr. Ashok Rowkavi asked if there was upscaling of existing MSM CSS and how this upscaling will take place? He drew attention to the inequities within KP groups which had not been addressed by the CSS framework.

Ms. Shama Karkal opined that the selection committee mechanism appeared to be complex and questioned whether a formal selection process was required or any other mechanism could be followed? She opined that the Community Champions could be anchored in CBOs but can be independent.

Session II: Overview of Community System Strengthening

Mr. Naresh suggested preparing a sustainable plan as GFATM was slowly limiting the support therefore CSS needed to have a long-term vision. He asserted that the CSS should cater to the needs of the people for whom it has been created and their systems needed to be strengthened to sustain and work in the long run.

Ms. Kusum Nagar expressed that the women from the KP community were looking forward to becoming community champions and forming their own CBOs. The capacity building of the CBOs and champions needed to be initiated early, otherwise they would get demotivated. She appealed that community members be allowed to come forward to work for their people.

Mr. Manoj Pardesi suggested that strong CBOs should groom and strengthen weaker CBOs and all the KP groups could jointly engage in the advocacy to mobilize funds. Development Partners should not stop in investing in the projects even if it has failed once but trust community's ability to learn and improve from that experience.

Dr. Shyamla Natrajan added that all the communities were equal and no-one should be left behind. The community which was left behind should be brought in the front under the CSS.

Ms. Kausalya desired for a clarity regarding how the Community Champions model would work, whether Asha worker kind of model was going to be adopted? She expressed that there needed to be provision of some honorarium as well as motivation for the Community Champions. She also recommended a course completion certificate or a fellowship model for the Community Champions.

Dr. Vijay Raman suggested if there were CBOs, individual champions could be identified, selected and trained and wherever there were no CBO, new ones could be formed. Honorarium for the champions had to be essentially considered.

Session II: Overview of Community System Strengthening



3. Learnings from CLM pilot implementation by Ms. Shama Karkal

Ms. Shama made a presentation on lesson from CLM round 1 (Annexure 5). Following points emerged from her presentation:

- There were 5 stages of the CLM piloted. In stage 1 & 2 CCs were identified, oriented and trained; service providers mapped, data collected and analyzed and community report card was prepared. Stage 3 & 4 focused on the solution generation, recommendations, sharing of results with SACs and DAPCU for follow action and mechanisms. Stage 5 focused on tracking, showcasing success of service providers, recognizing and sharing best practices.
- Mobilization of community champions in all districts, participation from all KPs (except IDU) and Support from SACS TSU and DAPCU worked on the ground.
- There were challenges like the retention of Community Champions, difficulty in identifying and engaging with the IDU champions and finally inadequate time for analysis and presentation.
- Ms. Shama also explained the criteria used for selection of Community Champions and the processes followed. She also added that Community Champions being active at the district level could form a bridge between the programs and community.
- CLM tool could be simplified further; assisted and app-based tools for various KP groups could be considered.



4. Findings of Community Needs Assessment: PLHIV by Mr. Firoz

Mr. Firoz made a presentation (Annexure 6) underling the main priorities for community systems strengthening interventions:

- Systematic approach to CSS focus on the core components of community systems.
- Enabling environments for community-led advocacy and research, improving the policy, legal and governance environments and affecting the social determinants of health.

Session II: Overview of Community System Strengthening

- Resources and capacity building including human resources with appropriate personal, technical and organizational capacities, financing (including operational and core funding) and material resources (infrastructure, information and essential medical and other commodities and technologies); social mobilization, building community linkages and coordination.
- Institutional capacity building, planning and leadership development.
- Community-based monitoring; build a sustainable accountability system
- Monitoring and evaluation and planning including M&E systems, situation assessment, evidence-building and research, learning, planning and knowledge management.

Alliance India had partnered with NCPI+ for preparing the needs assessment and identified the needs of not just the PLHIV networks at the national level but these could also be the needs of district and state level networks. The capacity building needs were as under:

- **Organizational development.**
- **Good Governance.**
- **Strengthening communications systems for effective governance.**
- **Financial system strengthening.**
- **Statutory compliance.**
- **Conflict resolution.**
- **Effective advocacy and partnership.**
- **Resource Mobilization and sustainability.**
- **Identification of the state/district where community network needed to be formed.**

Session II: Overview of Community System Strengthening



5. Findings of Community Needs Assessment (MSM & FSW) by Mr. Yashwinder Singh

In the month of September and October, 2020 two in person community needs assessment (MSM & FSW) for CSS were conducted by the Humsafar Trust. Mr. Yashwinder shared the findings of these consultations (Annexure 7). The key findings from these consultations were as under:

- Key issues of the MSM Community: Policy level inclusion and mainstreaming, equal civil rights, access to stigma-free healthcare and mental health issues.
- Key issues of the FSW Community: non-recognition of FSW as workforce, lack of legal protection, unsafe working and living conditions, lack of other livelihood skills and literacy, intimate partner and domestic violence, unstable livelihood, especially during the pandemic; women on virtual networks who are not connected to testing and care.

The MSM & FSW community members expressed the need to receive training in the following area:

- **Enabling environment & advocacy.**
- **Community Networks, linkages & coordination.**
- **Resources & capacity building.**
- **Organizational development.**
- **Community activities & service delivery.**
- **Organizational & leadership strengthening.**
- **Monitoring & evaluation.**



Session II: Overview of Community System Strengthening



Session II: Key Takeaways

1. CSS was defined in the context of NACP- community steering mechanism, core components including CLM, CSS framework-importance, progress, expected outcomes and workplan.
2. SOP was shared on the following issues- identifying community champions, role and engagement of community champions, essential criteria for selection, terms of reference, proforma for expression of interest.
3. The issues that need special attention were:
 - a. Broadening the vision of CSS.
 - b. Acknowledge legal issues like criminalization of sex work.
 - c. Clarity on rolling out process.
 - d. Anchoring CSS within existing CBOs for cascading effects of capacity building.
 - e. Piloting initiatives in few districts.
 - f. Address inequity within KP groups.
 - g. Simplify CLM tools.
4. Broad capacity building needs of PLHIV, MSM, FSW were identified.

Session III: Group Work



The participants were divided into 05 different groups and each group assigned with particular topics to discuss. Each group was assigned a moderator and facilitator. A board topic list was shared with the moderators to help facilitate the discussion. The discussions continued till evening and all the members of the group actively participated and contributed with valuable suggestions and recommendations. The thematic areas for the discussions were the following:

Group 1: Consensus on CSS, CLM and Key Areas (CSS Framework, SOP for Identification of Community Champions, TOR - CAB)

Group 2: Priority Areas for Capacity Building for MSM (Community mobilization and advocacy, leadership and knowledge development)

Group 3: Priority Areas for Capacity Building for FSW (Community mobilization and advocacy, Leadership and knowledge development)

Group 4: Priority Areas for Capacity Building for PLHIV (Community mobilization and advocacy, leadership and knowledge development)

Group 5: Priority Areas for Capacity Building for CBO (Organizational governance & financial management, resource mobilization for sustainability)

Day 1 of consultation culminated into a cultural program and a gala dinner.

Session III: Group Work



Session III: Key Takeaways

1. Thematic areas for group work were identified as- consensus on CSS, CLM and key areas and priority areas for capacity building of PLHIV, MSM, FSW and CBOs.

Session IV: Group Work Presentations (Day 02)

Day 02 started with the recap on the first day and the respective groups were given time to fine tune the presentations before they were shared with the forum.

1. Presentation 1 Meeting Targets and Maintaining Epidemic Control (EpiC): CSO Institutional Capacity Strengthening by Sumita Taneja, FHI 360 - EpiC

Ms. Sumita Taneja presented a PEPFAR-USAID supported project EpiC India which was currently getting implemented in 7 PEPFAR priority districts in Telangana and Maharashtra (Annexure 8). The salient features of this project were as under:

- The project goal was to improve organizational capacity of local CBOs, PLHIV networks and NGOs for self-reliance and sustained engagement in HIV response for key populations.
- Technical assistance was provided in the area of organization development and systems strengthening, building sustainability through innovative financing and resource mobilization.
- Results have shown CBOs, PLHIV networks and NGOs supported through EpiC show enhanced organizational capacity and demonstrate readiness to raise and manage funding from diverse sources.

Ms. Taneja suggested that the EpiC training resources may be looked into while preparing training modules for the capacity building for CBOs and the community champions.

Session IV: Group Work Presentations (Day 02)

Group Presentations



Group 1: Consensus on CSS, CLM and key areas (CSS Framework, SOP on Identification of Community Champions, TOR - CAB)

Moderator:
G. Shreenivas

Facilitator:
Ms. Ira Madan

Presenter:
Mr. Amit Singh Gusain

Recorder:
Dr. Narendra Jangid

Dr. Sundar Sundaraman, Ms. Mona Mishra, Mr. Ashok Row Kavi, Dr. Srikala Acharya, Ms. Ayesha Rai, Mr. Manoj Pardesi, Mr. Amit Singh Gusain, Ms. Shama Karkal, Mr. Yadavendra Sing, Ms. Kusum Nagaar

The salient features of this presentation (Annexure 9) were as under:

- **Recommendations on CSS framework:** The proposed outline needs to be redrawn for cross cutting championship roles and outcome to be a part of this framework.
- **Community Championship:** Under the guidance of national and state level steering committee, community resource group, CBO and community networks and vulnerable sub-groups to be a part of this championship.
- **Community Champions:** Idea of community championship is well accepted and group signalled moving ahead with the nomination and selection process. A strong recommendation was made for remuneration before which a national scale up was not recommended.
- **Community Advisory Board:** Nomenclature to be changed to Community Resource Group (CRG) and State Resource Group and District Resource Group may be considered. CRG to be of, by and for the community. Inclusion of non-community members recommended for institutionalization.

Session IV: Group Work Presentations (Day 02)



Group 2: Priority Areas for Capacity Building for MSM (Community mobilization and advocacy, leadership and knowledge development)

Moderator:
Kaveesher Krishnan

Facilitator:
Rohit Sarkar

Presenters:
Atul, Tulsi and Apurba

Recorder:
Mr. Vikash Singh

Mr. Atul Shengde, Mr. Apurba Ray, Mr. Sylvester Merchant, Mr. Palash Bora, Mr. Murgesh Subramaniam, Ms. Tulsi Nagavera, Ms. Priya Babu, Mr. Gyan Thapa

- **Community Mobilization and Advocacy-** Leadership, knowledge and skills pertaining to HIV related services, integration of HIV services with other services, demand generation in the virtual spaces (dating apps/social media platforms. Under advocacy- rights based advocacy and crisis management.
- **Leadership and Knowledge Development-** modules on leadership for community champions and CBOs focusing on sexual orientation and gender diversity, leadership for CBO formation and management, networking, and communication skills. Under knowledge development - documentation and proposal writing, data/ evidence management, research aptitude (qualitative research), public governance system, internships and fellowships.
- **CBOs and Community Champions-** Organisational Governance including statutory/ due diligence, compliances, organizational development and components, resource mobilization and management. Financial management including financial documentation and audit procedures, financial policies, registration, FCRA/CSR processes, financial planning and budgeting. Resource mobilization and sustainability including diversification and investment plans, development of social entrepreneurs, grant writing, generating seed fund and corpus funding.

Session IV: Group Work Presentations (Day 02)



Group 3: Priority Areas for Capacity Building for FSW (Community mobilization and advocacy, Leadership and knowledge development)

Moderator:

Dr. Sudhir Chawla

Facilitator:

Dr. Benu Bhatia

Presenter:

Ms. Radhika

Recorder:

Ms. Shweta Srivastatva

Ms. Bharti Dey, Ms. Dipika Patel, Ms. Payal Jaiswal, Ms. Arti Zodpe, Ms. Sayra Khan, Ms. Sheela Chauhan, Ms. Babli Khan, Ms. Mamta Rajak, Ms. Reena Vishwakarma, Ms. Radhika

The working group for FSW community identified the capacity building needs (Annexure 11) that could be covered under the modules as under:

- **Community mobilization and advocacy** including documentation, human rights, sex workers rights, legal advocacy, children's education issues, social benefits and entitlements. Advocacy for other causes and social media skills, communication skills.
- **Financial and legal literacy**
- **Resource Mobilization**
- **Leadership skill development**
- **CBO development**
- **Crisis management**
- **Mental Health**
- **Demand generation for PrEP, PEP, self-test and MMD**
- **Community led monitoring**

Session IV: Group Work Presentations (Day 02)



Group 4: Priority Areas for Capacity Building for PLHIV (Community mobilization and advocacy, leadership and knowledge development)

Moderator:

Dr. Sampath Kumar

Facilitator:

Mr. Archit Sinha, Mr. Rajeev Sindhu

Presenter:

Ms. Shabana Patel

Recorder:

Mr. Dayanand Gupta

Ms. Sadhana Jadon, Mr. M. Rammanohar, Mr. U. Anjameya, Mr. Rajeev Kumar, Mr. Dinesh Kumar, Mr. Naresh Yadav, Dr. T. L. N. Prasad, Dr. Vijayraman, Ms. Shabana Patel

The working group for PLHIV community identified the capacity building needs that could be covered under the modules as under (Annexure 12):

- Selection of PLHIV Champion to be drawn from adults - male, female and KP, young and adolescent PLHIV (wherever possible).
- Module on PLHIV Champions to focus on leadership skills including skills on communication, motivation, counselling and negotiation. Problem solving skills including decision making and network formation. Enhanced knowledge on treatment education, PrEP and PEP and support to the national programs.
- Module on community mobilization including demand generation and networking, legal rights and social entitlements.
- Module on Advocacy and knowledge development including networking with the govt. departments on the cross-cutting issues of stigma and discrimination.
- Module on knowledge development including information and data generation, collation analysis and utilization, replicating best practices.

Session IV: Group Work Presentations (Day 02)



Group 5: Priority Areas for Capacity Building for CBO (Organizational governance & financial management, Resource mobilization for sustainability)

Moderator:
Dr. Bitra George

Facilitator:
Ms. Nidhi Rawat

Presenters:
Dr. Girija Thankur and Anupriya Singh

Recorder:
Mr. Binoy

Mr. P. Santosh Kumar, Mr. Anand Chandrani, Ms. Kousalya, Ms. Anupriya Singh, Dr. Sumita Taneja, Dr. Rita Prasad, Dr. Girija Thakur, Ms. Anupriya Singh

- Prior to capacitating CBOs, a baseline assessment of organisations was required in order to divide CBO into nascent/ growing/ mature Stages.
- Modules on organisational governance, board management and HR policy.
- Modules on financial management.
- Modules on resource mobilization and sustainability.
- Module to be available on learning management system (LMS) portal and resources to be combined with service delivery activities and outcomes.
- Mentoring of CBOs provided by TSU/ DAPCU.

Session IV: Group Work Presentations (Day 02)

Key Remarks on Group Presentations



Remarks by Ms. Nidhi Kesarwani, Director, NACO

Ms. Nidhi Kesarwani encouraged all the groups by appreciating their hard work seen in the group presentations. She recognised the identified gaps in capacity building and recommended that modules should be approached with a focus on needs of an individual. She drew attention to the longlist of topics on which community aspired to be trained and capacitated, however for the reason of adaptability, these modules had to be simple and easy to learn from.

Ms. Nidhi highlighted that there was a symbiotic relationship between SACS, DACS, DAPCU and the CBO therefore the identified interventions should look upon on how SACS and DAPCU can play the role to support them. She hoped that this relationship will continue to flourish and the CSS will be further strengthened under the NACP 5.

Remarks by Dr. Shobini Rajan- DDG, NACO

Dr. Shobini appreciated the quality of content and presentations by all the working groups and appreciated the role played by the experts and moderators in each of these groups.

She reiterated that the terms of reference needed to be defined and the concept was shaping up better due to the discussion and suggestions. She appreciated the concept of "championship program". She highlighted that the program has to run through all the systems and the group's suggestion was very much in line with this though process. She expressed the suggested nomenclature of Community Resource Group [CRG] for CAB was a plausible recommendation. She stressed the importance of constitution of the National Steering Mechanism under GFATM grant for CSS to steer the implementation of activities under NACP. She also stressed upon CAB to be featured as governing body by the community, for the community and of the community. She stated that these suggestions would be an integral part of the 'Disha' and 'Sampoorna Suraksha Strategy' under the NACP-V.

Session IV: Group Work Presentations (Day 02)

Key Remarks on Group Presentations



Remarks by Dr. Sundaraman, (Community Expert – CSS NWG)

Dr. Sundaraman appreciated the group work and hoped for inclusion of these core concepts under the NACP V. He recommended that the community championship model should not only be urban based and should have the scope of implementation and expansion in rural settings as well. He emphasized upon strengthening the networks at the district level. On community champion's selection process, he recommended selecting individuals who possessed experience in interventions but did not necessarily belong to the TIs. He also recommended that specific capacity needs as well as the personal life support to the PLHIV community champions deserved attention for them to be able to perform effectively. On leadership, he recommended that strong communication skills related training as well as developing second line and third line leadership was a necessity and needed to be included in the capacity building.

Remarks by Ms. Shama Karkal - Swasti

Ms. Shama acknowledged that while CBOs had their limitations, they were playing an important role in establishing linkages on the ground with the national program, therefore their opportunities to work with NACO could be explored further. As reference, she quoted participant Ms. Radhika's example of network health model and recommended that such models may be expanded further. She emphasised on the inter developmental working and suggested that the community champions may be trained in the same. She reiterated that the issues of FSWs were beyond HIV and deserved attention in the programs as well as in the capacity building programs. She also condemned the violence against FSW and demanded that the violence against all KPs should be stopped.

Remarks by Dr. Vijayaraman, VHS

Dr. Vijayaraman recommended that the CSS model should be so developed in such a way that places where there was no presence of CBO, the community champions could be given bigger roles and eventually make CBOs in those locations. He further suggested that CBOs can be graded and regular training programs should be practiced. He reiterated that the training programs should be designed to keep the community in focus. He emphasized that advocacy had to go beyond being single point based therefore needed to identify policy level changes to be brought about by the community advocacy.

Session IV: Group Work Presentations (Day 02)

Key Remarks on Group Presentations



GROUP PRESENTATIONS

Remarks by Mr. Manoj Pardesi, NCPI+

Mr. Manoj Pardesi shared that there were four stages of any new organization in the field which was forming, norming, storming and performing of which the stage of storming was the challenging stage. This stage also determined if that organization would survive or not. Manoj urged that organization needed support in this phase therefore the funders should focus on the skills and unique selling propositions of each organization, invest in those area and help them take to the level 4, performing. He was hopeful that in the upcoming CSS, these aspects will be looked into.

Session IV: Group Work Presentations (Day 02)



Session IV: Key Takeaways

1. FHI highlighted the findings, learnings and results of Epic project in Telangana and Maharashtra.
2. Group 1:
 - a. Inclusion of outcomes in CSS Framework.
 - b. It was suggested to include few members within "Community Championship" program under the guidance of national and state level steering committee.
 - c. Remuneration for community champions was proposed.
 - d. Change of nomenclature was suggested from Community Advisory Board to Community Resource Group.
3. Groups 2, 3, 4 and 5
 - a. Key areas of capacity building needs of PLHIV, MSM, FSW and CBOs were identified.
4. Key remarks on group presentations
 - a. Modules should be simple and easy to learn.
 - b. Increase scope from urban to rural setting with special focus on second- and third-line leadership and selection of champions beyond Targeted Interventions.
 - d. Training module should keep community in focus with special emphasis on policy advocacy.
 - e. Focus should be more on the 3rd phase (storming) phase of CBO capacity building.

Consolidation of Modules and Topics of Group Work

Each of the group has been assigned a topic for group work and the group members who were participating physically and virtually including CSS – NWG Members, Community Experts, representatives of developing and implementing partners, community representatives, and officials from NACO have given their inputs / comments and feedbacks to prepare the presentation. Group members presented the findings of the group work on assigned topics and some more inputs received which were further incorporated after discussion followed by the discussion in larger group. This has enabled us to collect the take aways in form of developing capacity building modules for communities and community groups with consensus of all participants present physically or connected virtually.

A. Community Mobilization

1. Demand generation for service uptake.
2. Learning about issues of KP and PLHIV- prevention, testing, treatment, adherence and care-cascade.
3. Support groups and SHGs- approaches.
4. Orphan and vulnerable children support.
5. Linkage to Care - addressing barriers, facilitators to treatment and adherence.
6. Key elements- PrEP, PEP, self-testing awareness and access.
7. Mental Health awareness and access.
8. Substance abuse awareness and rehabilitation.
9. Access to comprehensive SRH-contraception, abortion ANC, PNC services, gender reassignment processes.
10. Access to Social entitlements, linkage to livelihood programs, basic documentation, gender identity documents.
11. Community led monitoring, training for tool and data analysis.
12. Issues related to virtual network.
13. Techniques of community mobilization.

Consolidation of Modules and Topics of Group Work

B. Advocacy

1. Key elements and steps of organization level advocacy (techniques to raise issues)- stigma, discrimination, policy, legal, health, shelter, crisis management, grievance redressal, basic steps of networking with various departments and with DAPCU, DACS/SACS.
2. Key elements of community level advocacy- testing, treatment adherence, SRHR, Implementation tools for accountability and community feedback.
3. Rights based advocacy - legal, human, key population specific, social entitlements and benefits.
4. Media advocacy.

C. Leadership

1. Advocacy training for rights and sexual orientation, gender, diversity and inclusion.
2. CBO formation and management.
3. Leadership training for community champions and CBO leaders for engaging in CSS- personality development, communication skills, negotiation skills, counselling, problem solving, decision making, networking, relationship management, managing community dynamics.
4. Networking and relationship management.
5. Public relations and visibility.
6. Social Media management.

D. Knowledge Management

1. Process of knowledge creation and management.
 2. Training to generate evidence, strategic information and data management.
 3. Developing community researchers.
 4. Building alliances for strategic information and research.
 5. Opportunity scanning- internship/fellowship.
 6. Documentation- projects, programs and resource directories.
 7. Grants writing.
 8. Process of best practice/cross learning replication.
 9. Legal literacy.
 10. Financial literacy.
-

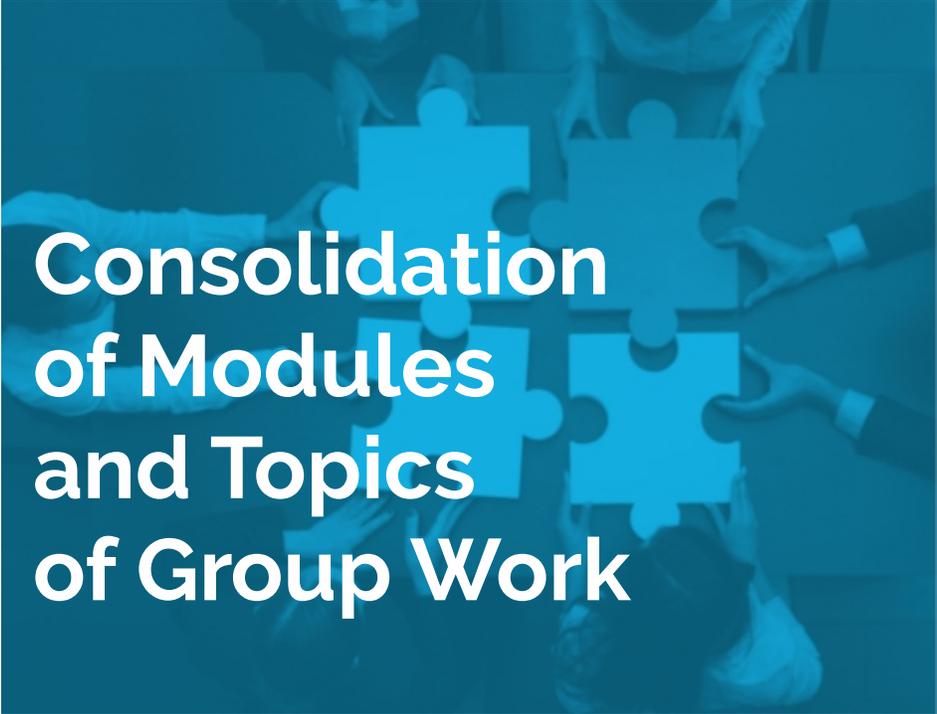
Consolidation of Modules and Topics of Group Work

E. Organizational Governance

1. Statutory Compliances and due diligence.
2. Human resource management and key policies.
3. Development of second line of leadership.
4. Financial Management- Banking and accounting systems, finance policy, audit and annual budget.
5. Registration-charity commissioner, FCRA, CSR, Income Tax.

F. Resource Mobilization for Sustainability

1. Resource mobilization strategy.
2. Leveraging resources.
3. Corpus, seed funding.
4. Diversifying investment



**Consolidation
of Modules
and Topics
of Group Work**

Workshop Closure



Dr. Sangita Pandey on behalf of HLPPT, congratulated the community representatives who participated and performed in the cultural evening held on previous evening. Ms. Nidhi Kesarwani, Director, NACO and Dr. Shobini Rajan, CMO (SAG) NACO felicitated the performers.

Towards the end, Dr. Sangita thanked the community representatives, community experts, NACO officials for encouraging the participants with their valuable comments and inputs and contributing to this consultation.

Conclusion and Way Forward

Conclusion

Considering the addresses from the senior officials of NACO, panel members, development partners and representatives of community groups, one of the key takeaways were well defined priority areas for capacity building for community champions from FSW, MSM, PLHIV and CBOs identified, as well as clear recommendations on the SoP on identification of community champions, ToR for community resource groups at state and district level and CSS guidance document. The national stakeholder consultation was successful in bringing out issues, defining the “asks” and expected outcomes from the two-day consultation as it saw consistent participation from all the participants for the duration of the consultation. Some of the key messages that came out clearly and with consensus, are summarized as below:

- The process of the community championship initiative and the SoP on identification of community champion to be finalised and implemented throughout by the partners through State CRG and SACS. The community championship initiative to be revisited within the stipulated amount of the time for the review and course correction if required by partners, CSS NWG and NACO.
- The inputs and outline of the CSS Guidance document to be defined, as the document would also be considered as a living document, to ensure changes are incorporated based on learnings.
- The CAB to be re-considered as a Community Resource Group (CRG) at the state and district level, with clearly defined ToR and role and responsibility of various stakeholders including the community members.
- The Draft report of the Consultation to be provided along with the framework of the Capacity Building Modules by end of December, 2021.

ANNEXURES

ANNEXURE 1



National Stakeholder Consultation On Community System Strengthening

Date: 10th – 11th December, 2021

Venue: Bhopal (MP)



AGENDA

Objectives of the Consultation:

- To develop Capacity Building Modules for the community individuals and CBO based on inputs.
- Along with, the consensus has to be built on specific activities under CSS & CLM for NACP as envisioned.

DAY 1: 10 th December, 2021			
Time	Agenda Items	Presenter	
Session I – Inaugural for the National Stakeholder Consultation			
09:00 - 09:30	Registration		
09:30 - 09:40	Welcome Address & Context Setting	Dr. Bhawani Singh, DD-TI, NACO	
09:40 - 10:10	Voices from Community	Ms. Ayesha Rai, Mr. Manoj Pardeshi Mr. Yadavendra /	
10:10 - 10:10	Remarks	Dr. Rita Prasad, USAID, Delhi Dr. Sudhir Chawla, CDC, Delhi	
10:20 - 10:30	Guiding Remark	Dr. Shobini Rajan, CMO SAG, DDG, NACO	
10:30 - 10:40	Key Address	Mr. K. D. Tripathi, PD, MPSACS	
10:40 - 10:50	Inaugural Address	Ms. Nidhi Kesarwani, Director, NACO	
10:50 - 11:00	Vote of thanks	Dr. Sangita Pandey, HLPPT	
Group Photo			
11:00 - 11:15 Tea Break			
Session II: Overview of CSS			
11:15 – 11:30	Community System Strengthening under NACP	Dr. Bhawani Singh & Ira Madan	
11:30 - 11:45	Standard Operating Procedure on Identification of Community Champions	Dr. Narendra	
11:45 - 12:05	Learnings from CLM pilot implementation	Dr. Shama Karkal - SWASTI	
12:05 - 12:25	Findings of Community Needs Assessment –PLHIV	Mr. Firoz - Alliance India	
12:25 - 12:50	Findings of Community Needs Assessment (MSM & FSW)	Mr. Yashvinder - Humsafar Trust Dr. Rajesh Rana – PLAN India	
12:50 - 13:00	Introduction to Group work	Mr. Vikash and Mr. Dayanand	
13:00 - 14:00 Lunch Break			
14:00 – 17:00			
Session III Group Work			
	Thematic Areas	Moderator	Facilitator
	Priority areas for capacity building – PLHIV • Community mobilization and advocacy • Leadership and knowledge development	Dr. Sampat Kumar	Mr. Archit Sinha
	Priority areas for capacity building – MSM • Community mobilization and advocacy • Leadership and knowledge development	Mr. Kaveesher Krishnan	Mr. Rohit Sarkar
	Priority areas for capacity building – FSW • Community mobilization and advocacy • Leadership and knowledge development	Dr. Sudhir Chawla	Dr. Benu Bhatia
	Priority areas for capacity building – CBOs • Organizational governance & financial management • Resource mobilization for sustainability	Dr. Bitra George	Ms. Nidhi Rawat
	Consensus on CSS, CLM and Key Areas	Mr. G. Shreenivas	Ms. Ira Madan



DAY 2: 11th December, 2021

Time	Agenda Items	Moderator
09:30 – 10:15	<i>Group Work continued</i>	
10:15 – 11:00		
Tea Break 11:00 - 11:15		
11:15 - 12:55 Session IV Presentations based on group work (presentation followed by Q&A)		
11:15 - 11:35	Group 1	Chair: Ms. Nidhi Kesarwani, Director, NACO Panel: Dr. Shobini Rajan, DDG, NACO Dr. Sundar Sundararaman, Expert Mr. Vijayaraman, VHS Ms. Shama Karkal, Swasti
11:35 - 11:55	Group 2	
11:55 - 12:15	Group 3	
12:15 - 12:35	Group 4	
12:35 - 12:55	Group 5	
Session V- Valedictory Session		
12:55 - 01:05	Summary	Dr. Shobini Rajan, DDG, NACO
01:05 - 01:15	Guidance Remarks & Way Forward	Ms. Nidhi Kesarwani, Director, NACO
01:15 – 1:20	Vote of Thanks	Dr. Sangita Pandey, National Lead, HIV & TB, HLPPT
Lunch		

ANNEXURE 2

India's Voice Against AIDS
NACO National AIDS Control Organisation

Community System Strengthening (CSS) in National AIDS Control Programme (NACP)

National Stakeholder Consultation for CSS
Bhopal | 10 – 11 December 2021

National AIDS Control Organisation (NACO)
Ministry of Health and Family Welfare
Government of India

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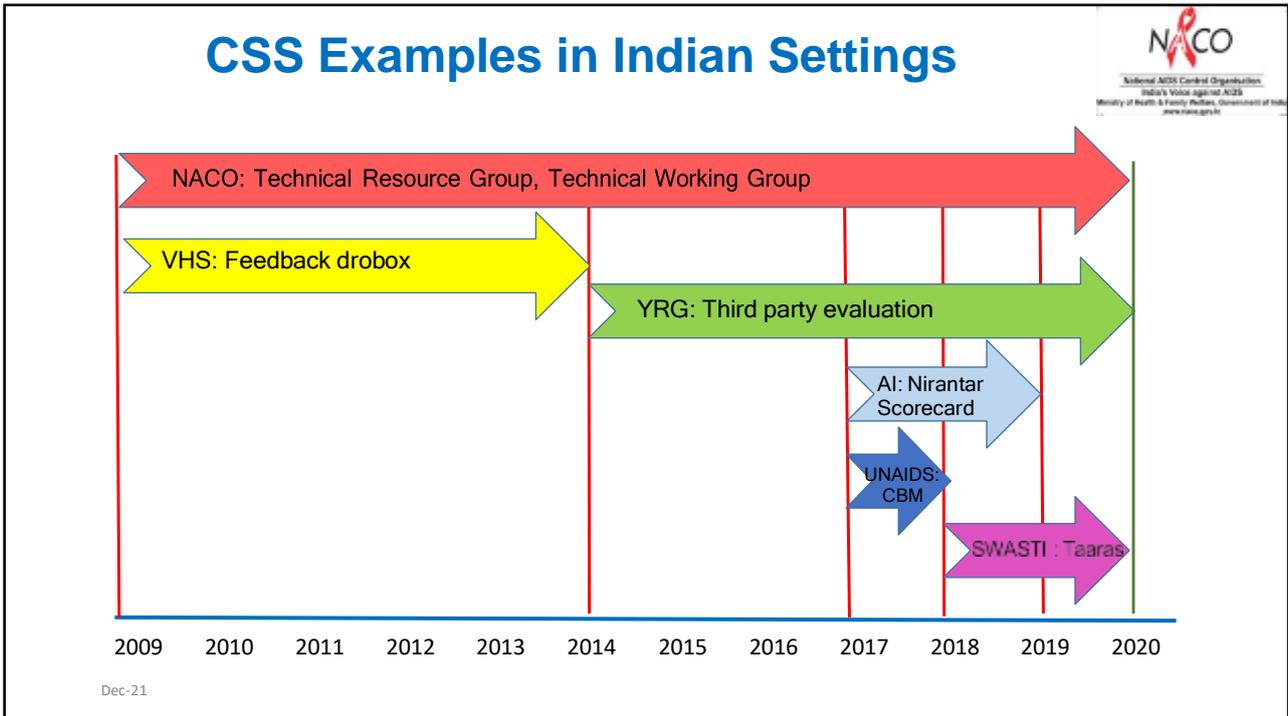
Community Systems Strengthening (CSS)

NACO
National AIDS Control Organisation
India's Voice Against AIDS
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

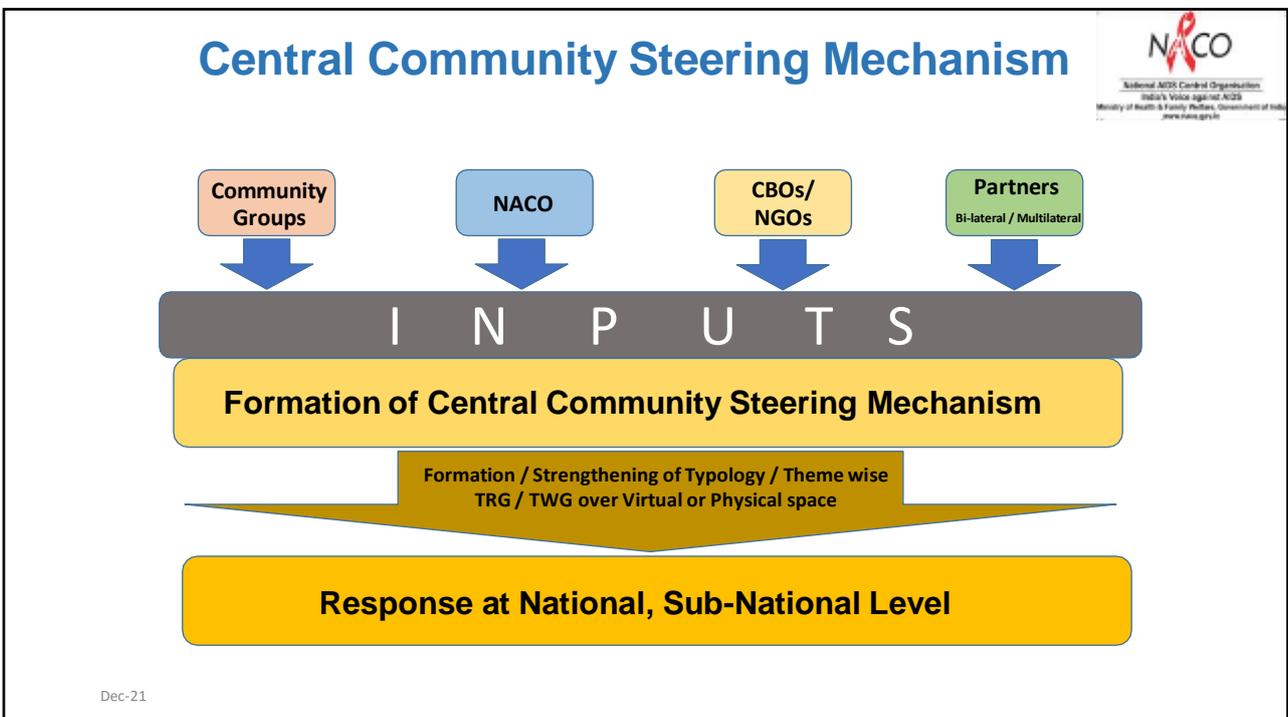
“Community systems strengthening’ refers to interventions that support the development and reinforcement of informed, capable, coordinated and sustainable structures, mechanisms, processes and actors through which community members, organizations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities”

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graph TD; CRP((Community Resource Pool)) --- CSS((CSS)); SCLM((Strengthening Community Led Monitoring (CLM))) --- CSS; SSG((Strengthening Stakeholder Linkages)) --- CSS; SCBOG((Strengthening CBO Governance)) --- CSS; CRP --- SCLM; SCLM --- SSG; SSG --- SCBOG; SCBOG --- CRP;
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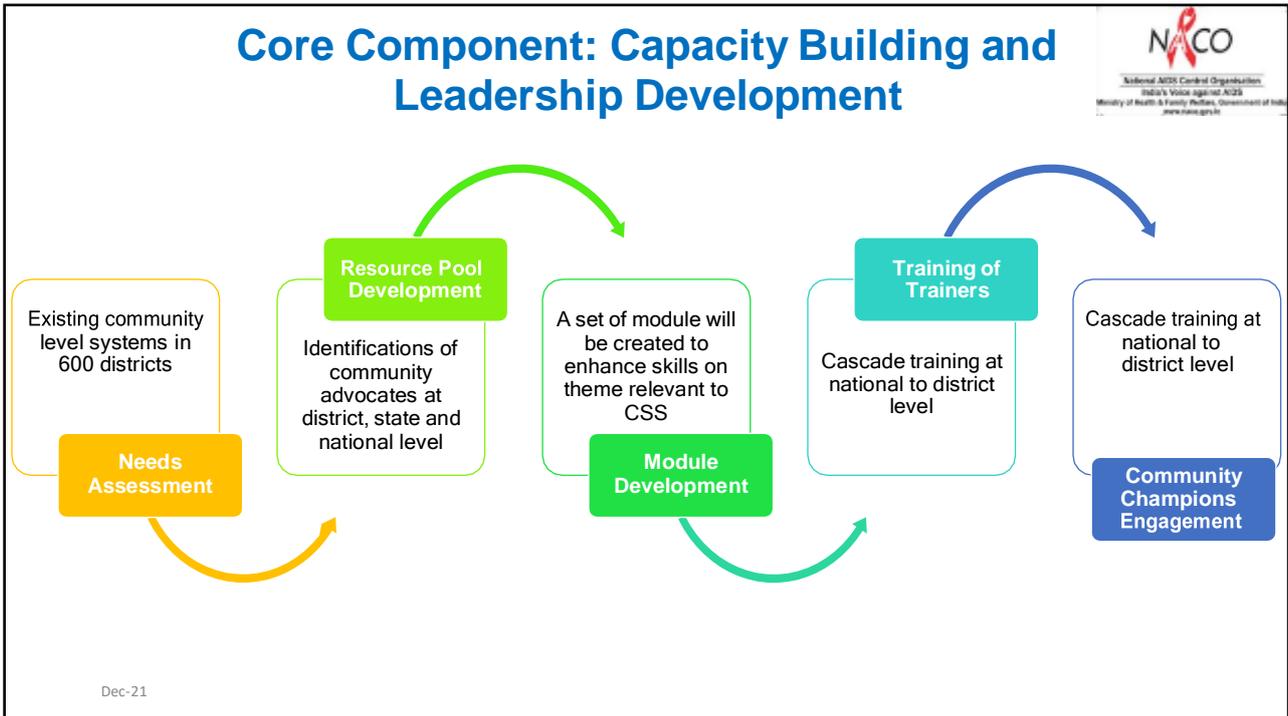
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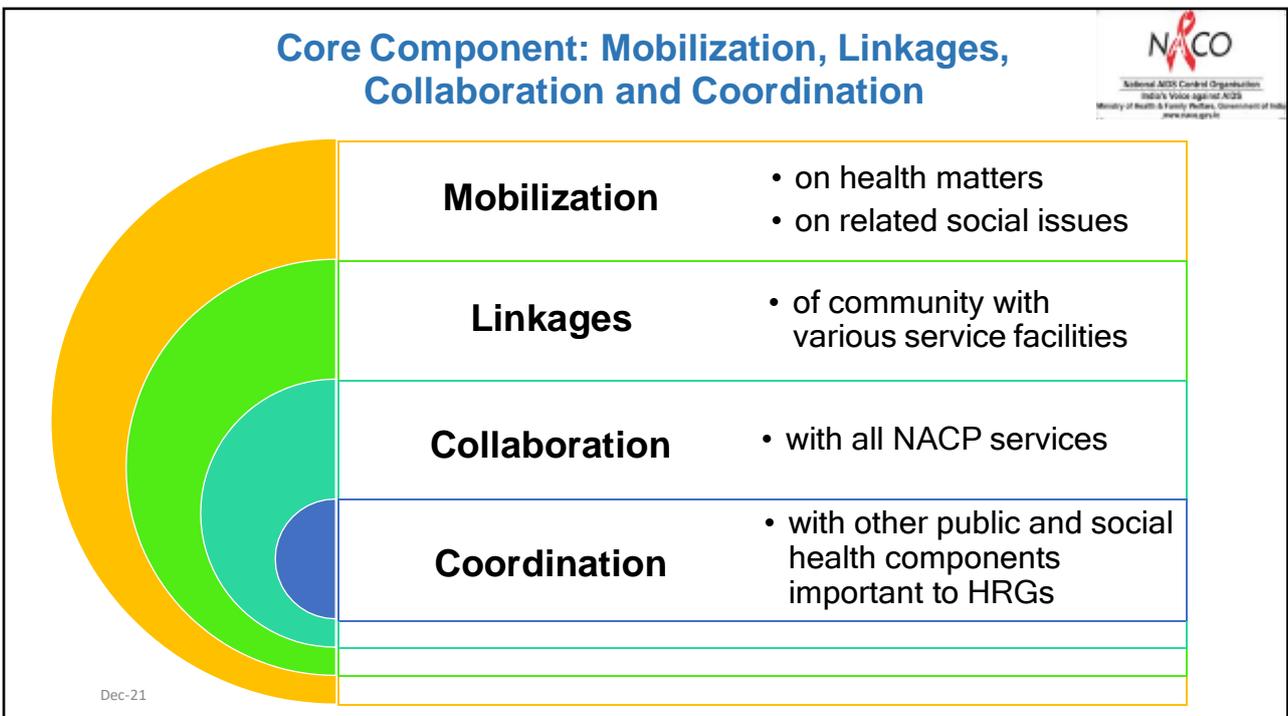
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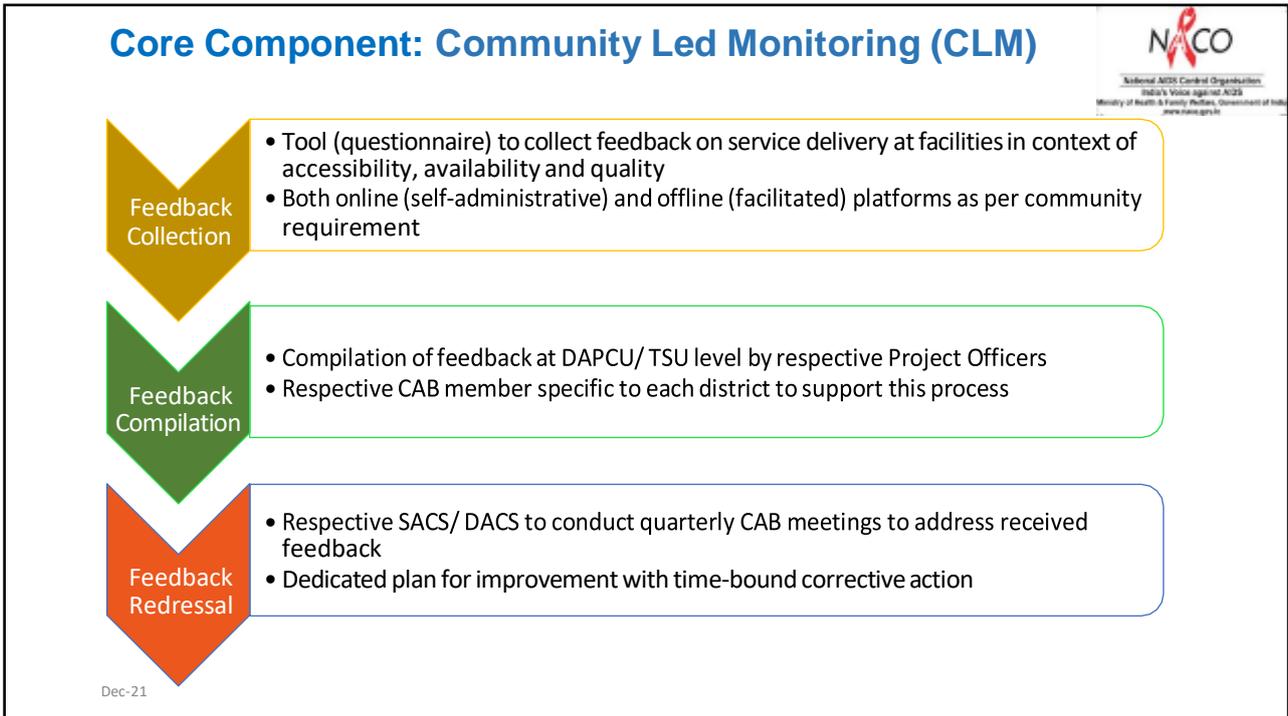
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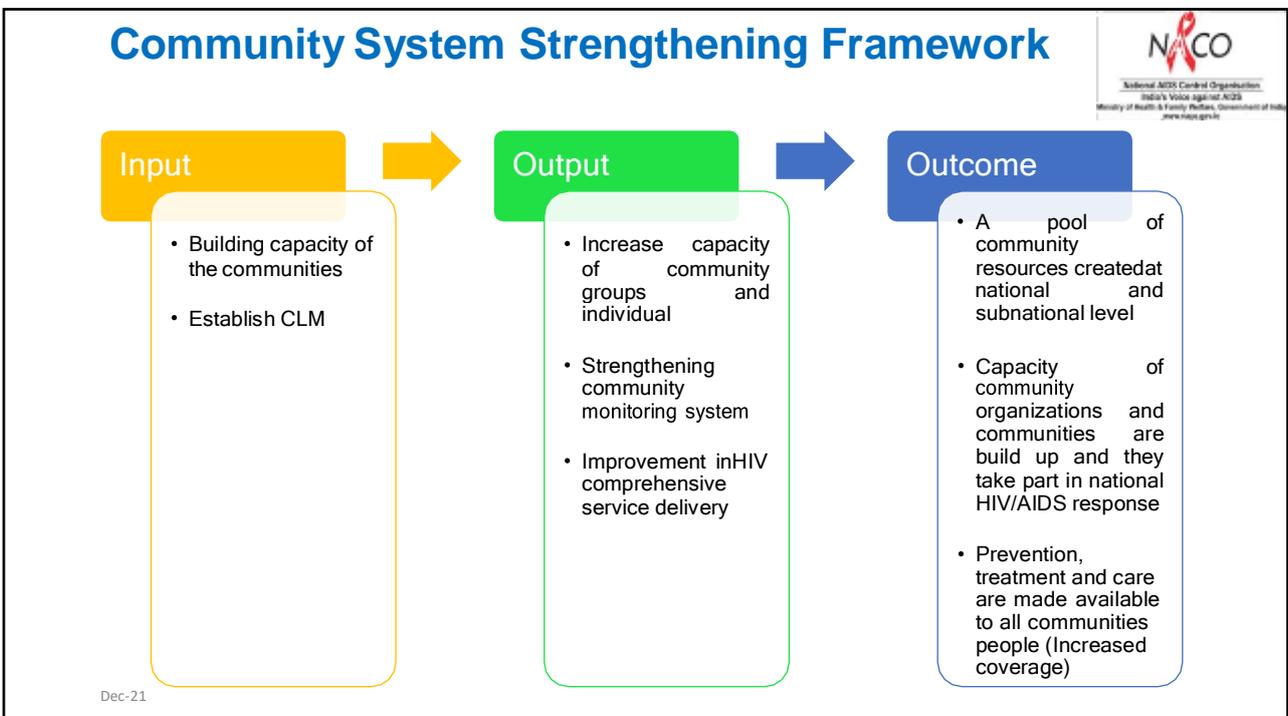
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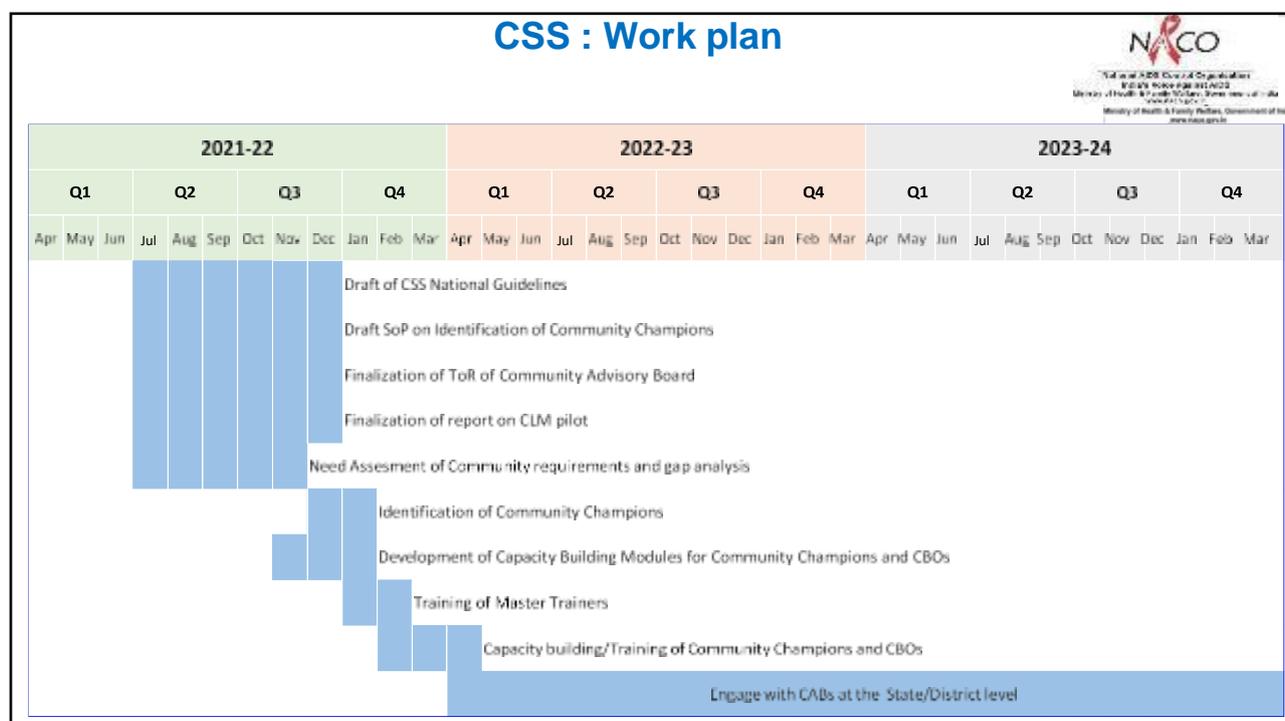
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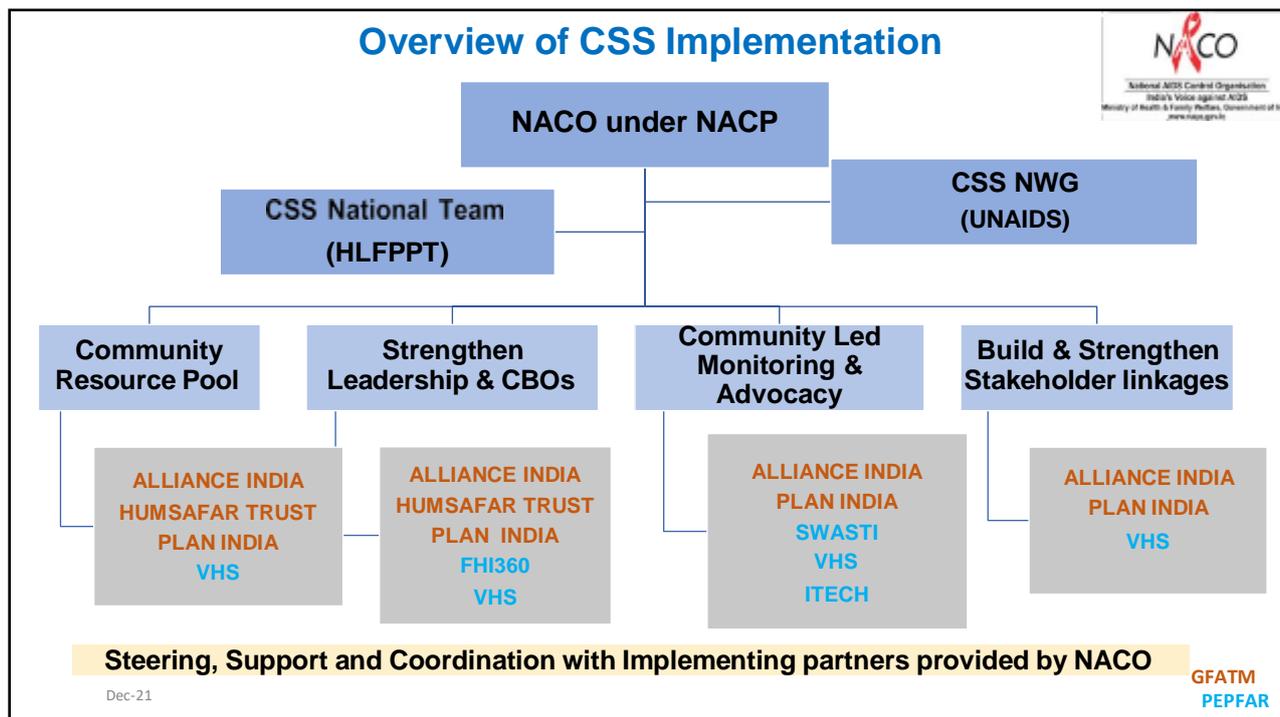
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Proposed timelines: Progress so far (1/2)			
			
S No	Activity	Timeline	Status
1	Virtual stakeholder consultation at National level to finalize field testing modality, SOP and concept note of Community Systems Strengthening	By 31st January 2021	Completed
2	Presentation to NACO leadership and approvals	End March 2021	Completed
3	Creation and notification of a National coordination mechanism for CSS	30th June 2021	Completed
4	Engagement of CSS National Team through SR under GFATM *	By 31st May 2021	Completed
5	Field validation of CLM tool and compilation of end line findings through PEPFAR partners	Three months	Ongoing
6	Finalization and dissemination of CSS Operational Framework	By 31st May 2021	Ongoing
7	Quarterly and National monitoring through the CSS National Team	Every quarter	Ongoing
8	Module development for various Community Health Workers and Community based organizations	Ongoing	Work in progress
9	Roll out of field level activities through the PEPFAR partners and NG PRs under GFATM	From 1st October 2021	
10	Integration of CMS tools into NACO's SOCH system	By 31st March 2022	

9



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Progress so far (contd.) 2/2

- **CSS National Working Group (NWG):**
 - 10 meetings for CSS NWG
 - Feedback and review exercise on CLM SoP, CLM tools and SoP on identification of Community Champions
 - Review of National Technical Guidelines
 - Review of CSS implementing partners work plan
- **Onboarding and engagement of CSS National Team at NACO through SR under GFATM**
 - Work plan developed for coordination with CSS implementing partners
- **The CLM Pilot Implementation by SWASTI** is completed in 7 districts in Telangana and Maharashtra
- **Roll out of field level activities** through the PEPFAR partners and NG PRs under GFATM (Community needs assessment, consultation meetings, SoP development)
- **Quarterly and National monitoring through the CSS National Team :**
 - Review for finalization of CLM SoP and tools
 - Fortnightly CSS implementing partners meeting

Dec-21

12

Expected outputs		
Objectives	Outputs	Time
Create & build capacities of community resource pool	CSS National Guidelines	Dec 2021
	SoP on Identification of Community Champions	Dec 2021
	ToR for Community Advisory Board (CAB)	Dec 2021
Strengthen leadership and capacities of CBOs	Development of capacity building modules for Community Champions and CBOs	Jan 2021
	Identification of Community Champions & CBOs	Jan 2022
	Capacity building of Community Champions & CBOs	Mar 2022
Community led monitoring and advocacy	Finalization of inputs received from CLM pilot intervention	Dec 2021
	Finalization of digital tool for CLM	Mar 2022
	Implementation of CLM in all identified states for all typologies	Apr 2022

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India's Voice Against AIDS
NACO National AIDS Control Organisation

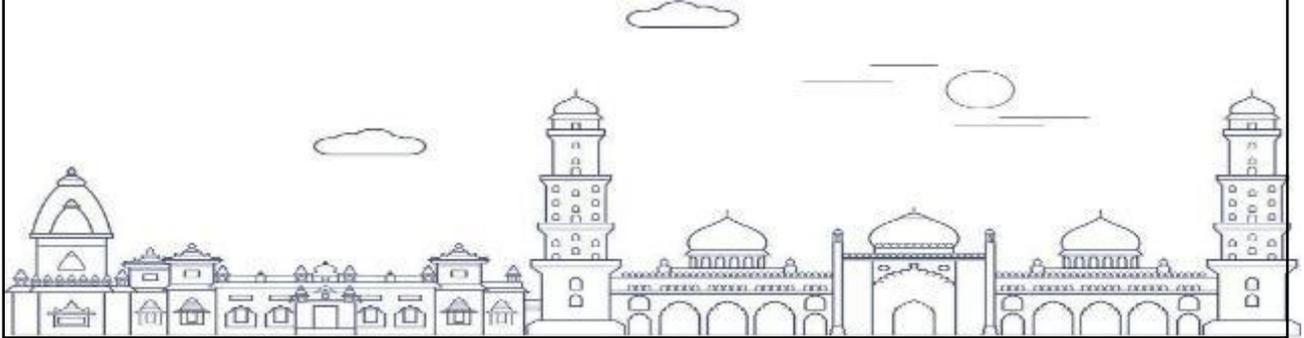
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ANNEXURE 3



SoP on Identification of Community Champions



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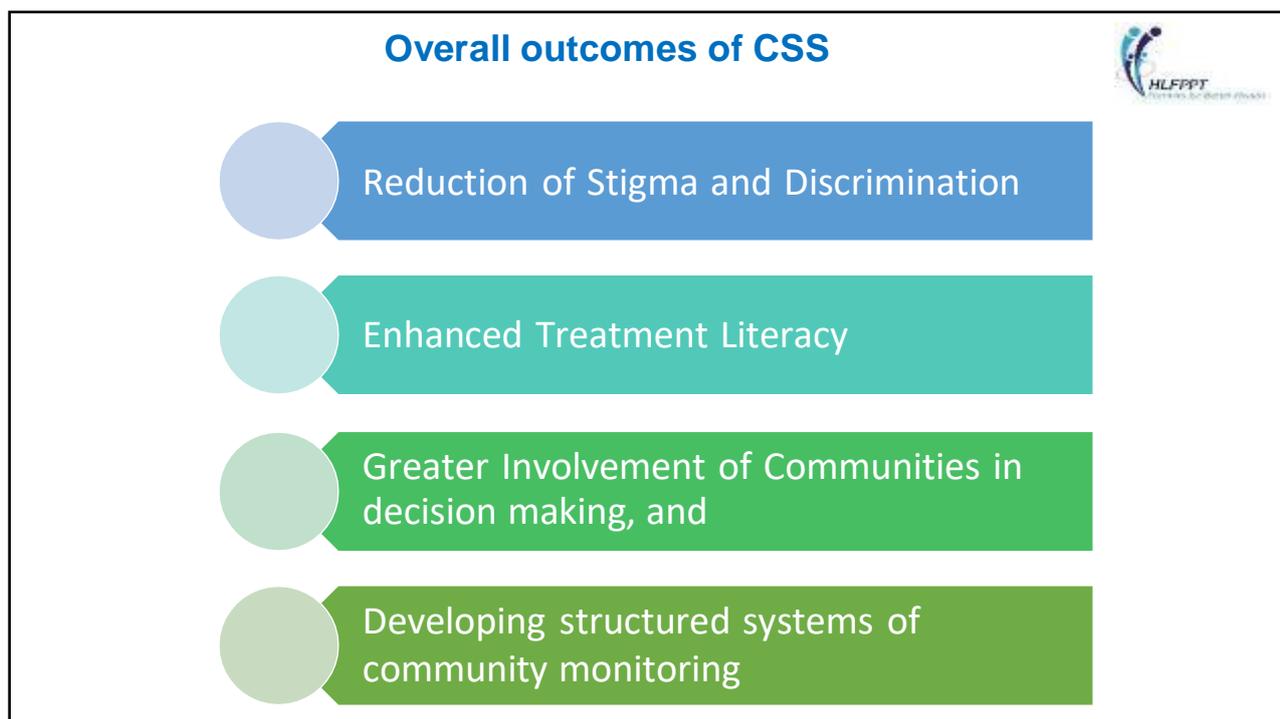
Community Systems Strengthening (CSS)



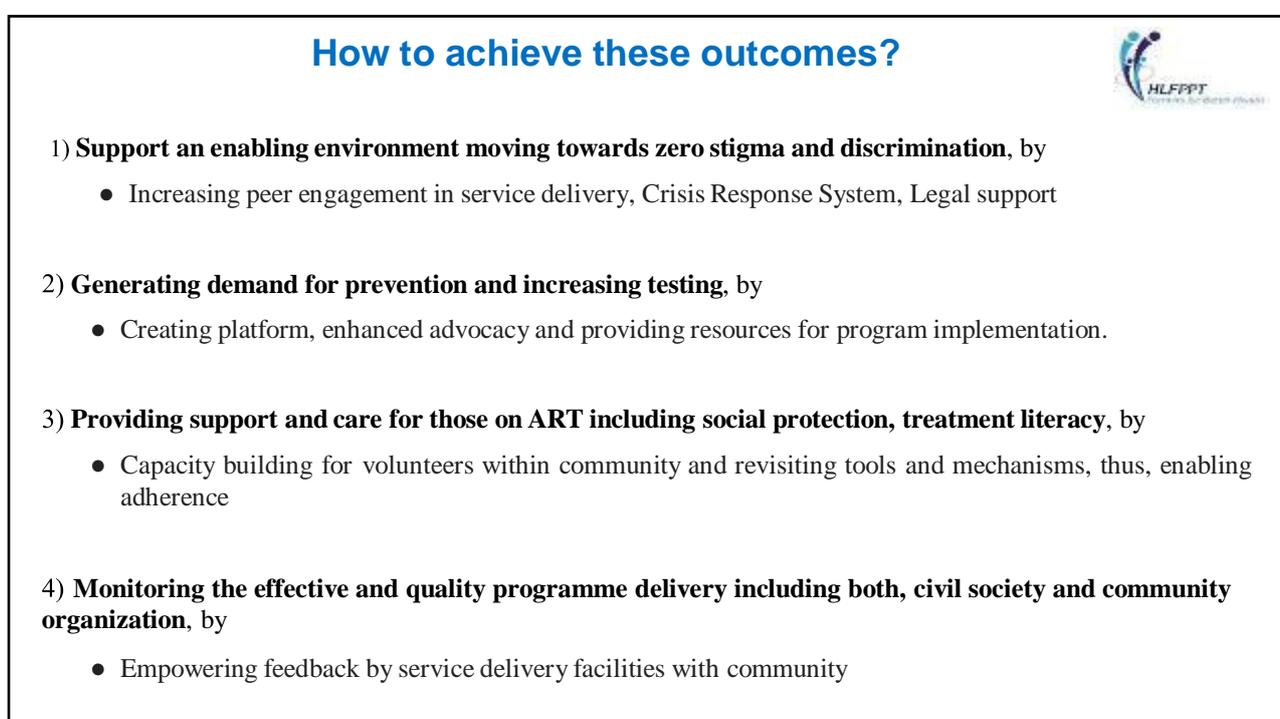
'Community systems strengthening' refers to interventions that support the development and reinforcement of informed, capable, coordinated and sustainable structures, mechanisms, processes and actors through which community members, organizations and groups interact, coordinate and deliver their responses to the challenges and needs affecting their communities.



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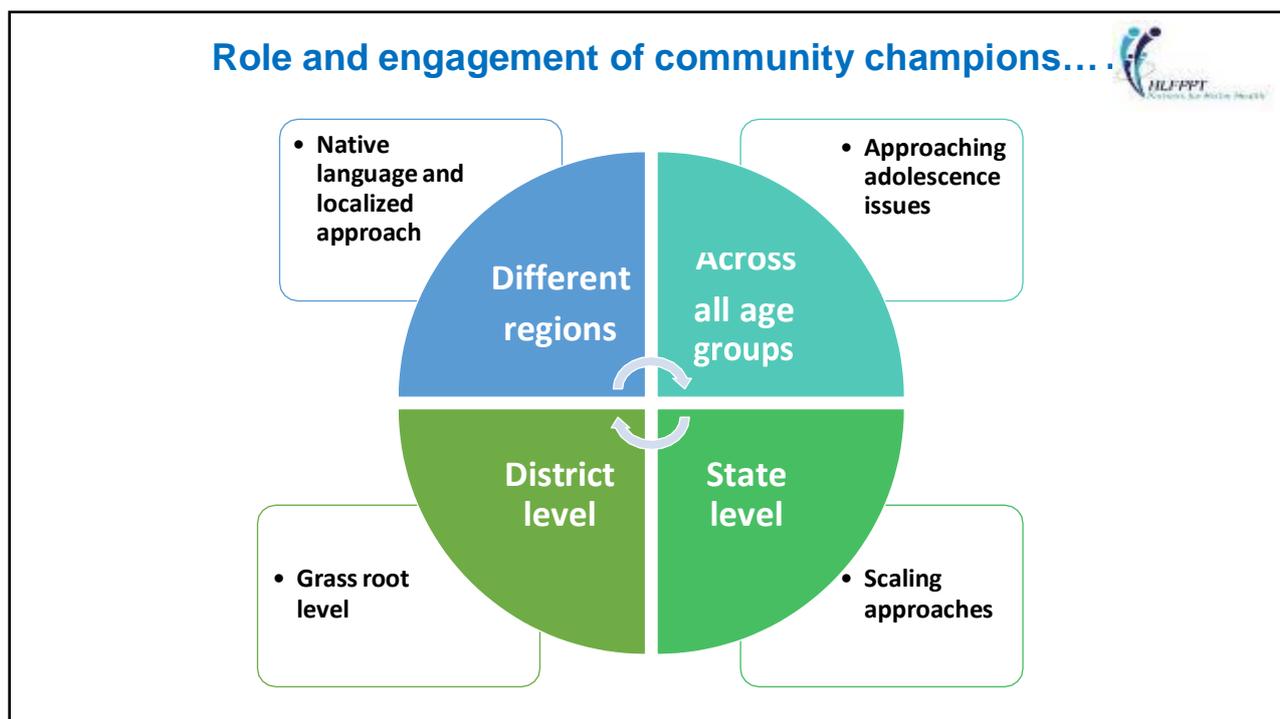
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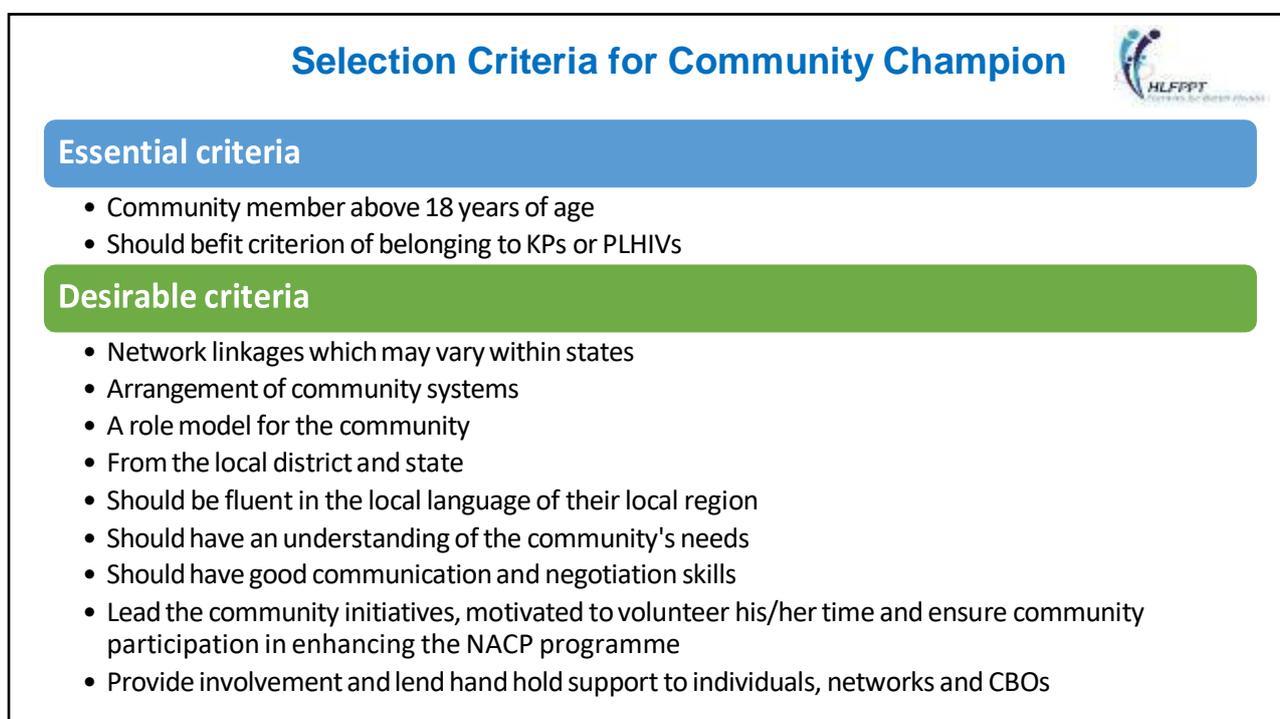
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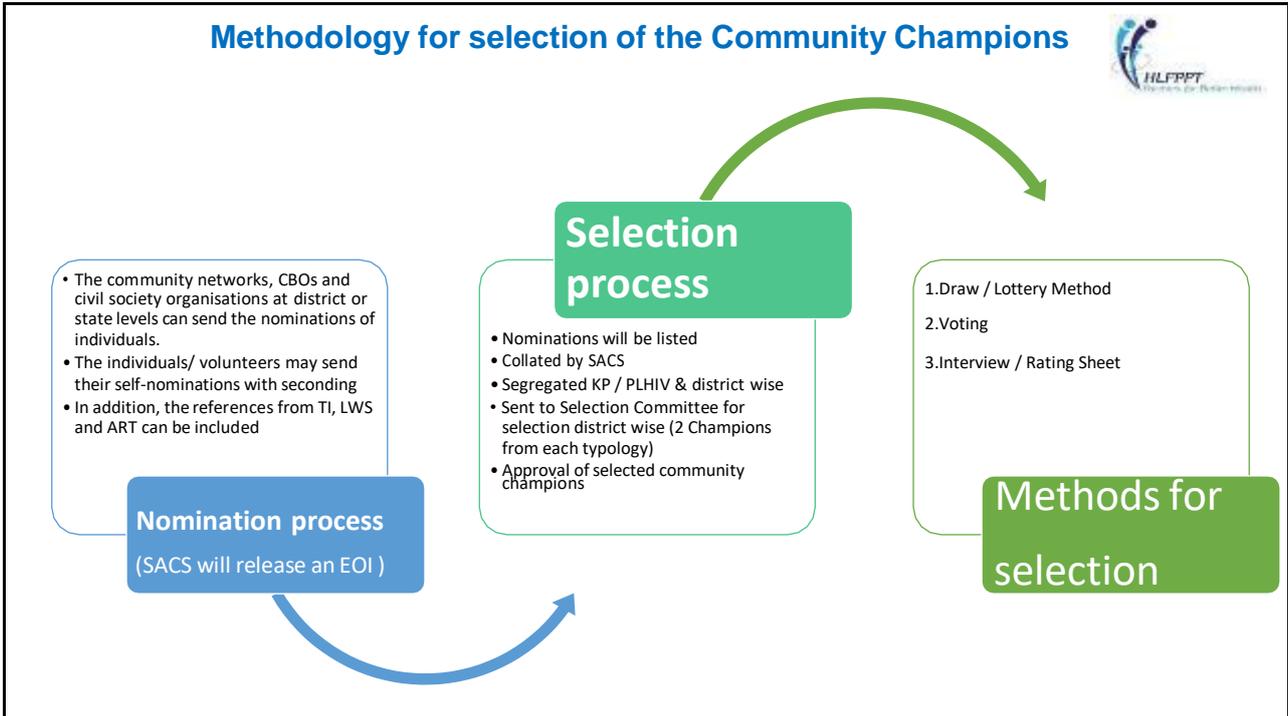
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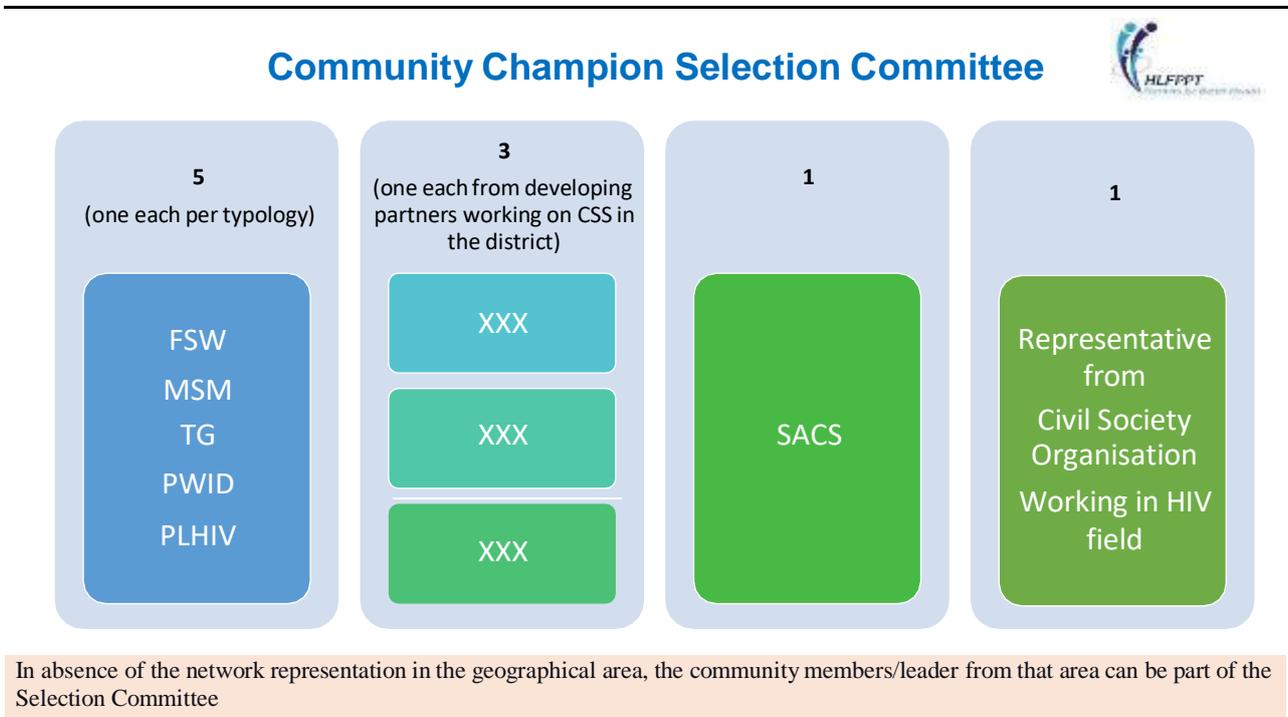
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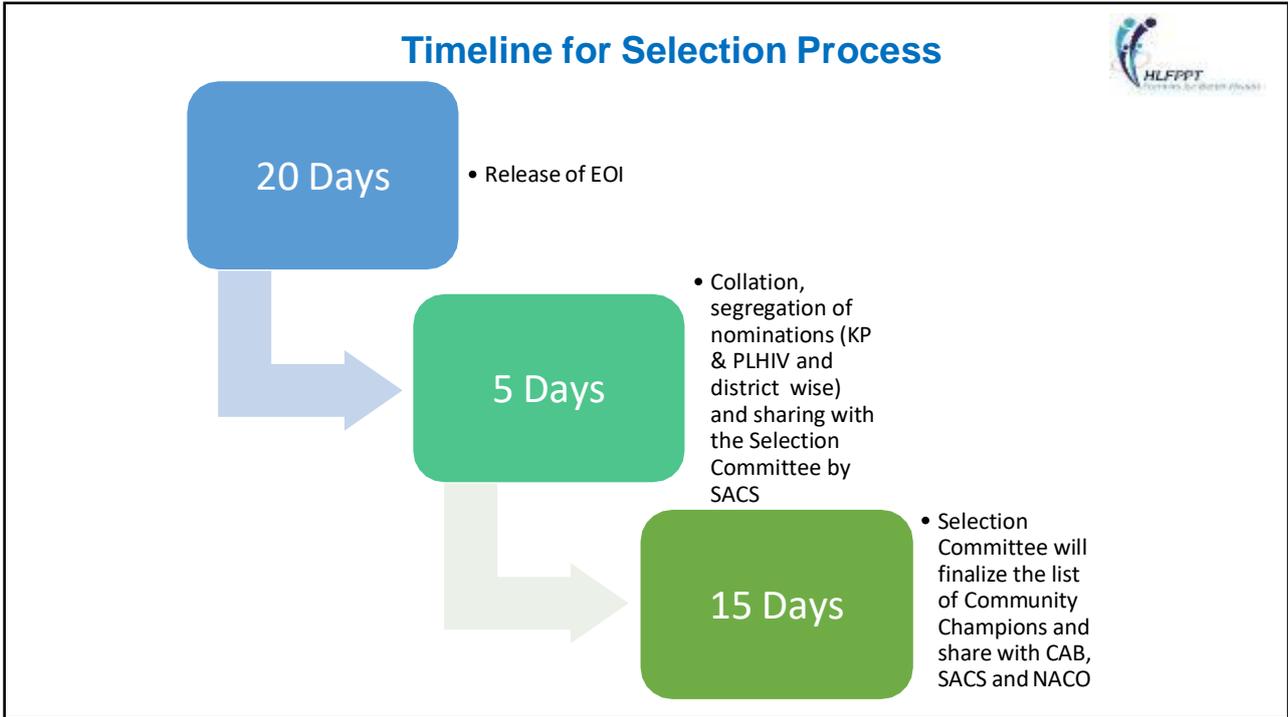
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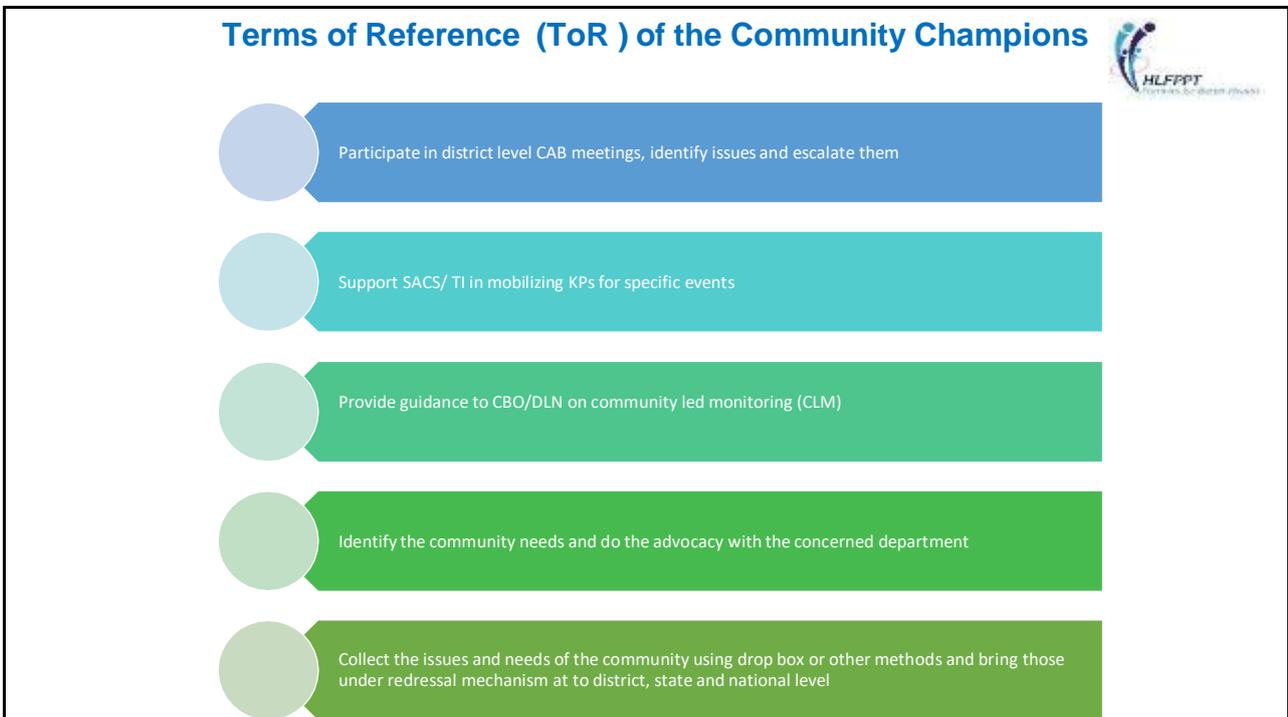
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13

Expected Key Outcomes



A district wise list of Community Champions.

The capacity of Community Champions will be built on Community System Strengthening

The issues and needs of the community will be raised at appropriate levels for redressal

14

EOI Proforma



Annexure 1: EOI Sample Proforma:

State AIDS Control Society (SACS)

Nominations are invited from eligible candidates in prescribed format for appointment of Community Champion from each of the Key Programmes (NRM, ITRG, IRL & TG) & FLEUV Committee on voluntary basis under the Community System Strengthening at district level supported by National AIDS Control Organization (NACO), Ministry of Health and Family Welfare, Government of India. Community System Strengthening aims to achieve improved outcomes of National AIDS Control Programme specifically strengthening targeted interventions programme, reducing stigma and discrimination, enhancing treatment literacy, greater involvement of communities in decision making, and developing structured systems of community-led monitoring.

Nominations of interested/eligible candidates in all respects must reach the SACS office latest by 30 days after the EOI through any of the methods (email / post / by hand).

Nomination form prototype:

Nomination for the District

Name of Applicant: _____

Father's Name: _____

Date of Birth: _____

Belongs from which/ky population or FLEUV: _____

Language known: _____

Exposure in the field of HIV & AIDS (type of exposure and duration): _____

Current Address: _____

Permanent Address: _____

References:

Name: _____	Name: _____
Designation: _____	Designation: _____
Address: _____	Address: _____
Contact Details (Phone no. & e-mail id): _____	Contact Details (Phone no. & e-mail id): _____

I hereby declare that the above mentioned information is accurate to the best of my knowledge and belief.

Candidate's Signature with date: _____

15



Thank you



ANNEXURE 4

Foundational aspects	Concerns	Suggestions
<p>Currently framed entirely as a way to meet commitment to “end AIDS”</p> <p>Makes assumption that all affected communities are “equally affected”</p>	<p>Using communities already severely vulnerable as a means to end AIDS without ack and addressing basic inequalities related to social capital, gender, and discriminatory laws and policies; e.g., criminalization of SW and IDU</p> <p>Huge inequalities in rights and access within communities that must be addressed for communities left behind</p>	<p>Introduce vision statement encompassing promotion of dignity and ability to claim citizenry rights & entitlements, as well HIV prevention & care.</p> <p>Include components that specifically address 1 as prongs of the framework</p> <p>Acknowledge left behind comm- e.g SW, IDUs</p> <p>Apportion resources to address related prongs</p> <p>Include components related to decriminalization</p>

1

Foundational aspects	Concerns	Suggestions
<p>Rationale for independent Community champions in the midst of multiple CBOs at this late stage</p> <p>Budgets and allocations to CC , CSO strengthening</p>	<p>Accountability cannot be linked to outcomes but only activities</p> <p>Alternate power centres and potential conflict with CBOs</p> <p>Diverting scarce resources from CBOs, networks</p>	<p>Nominated champions to be associated with specific CBO/network program and build capacity of existing systems</p> <p>Major proportion of budgets allocated to CBOs, networks</p> <p>Discussed earlier</p>

2

ANNEXURE 5

NACO
National AIDS Control Organisation
India's Prime partner for HIV
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

USAID
FROM THE AMERICAN PEOPLE

PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Lesson from CLM Round 1

June to September 2021

National CSS Meeting, Bhopal
10 & 11 December 2021

NACO
National AIDS Control Organisation
India's Prime partner for HIV
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in

USAID
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U.S. President's Emergency Plan for AIDS Relief

Swasti
THE HEALTH CHANGEMAKER

1

Contents

1. **Overview of CLM**
2. **Lessons**
3. **Challenges**
4. **Way Forward**

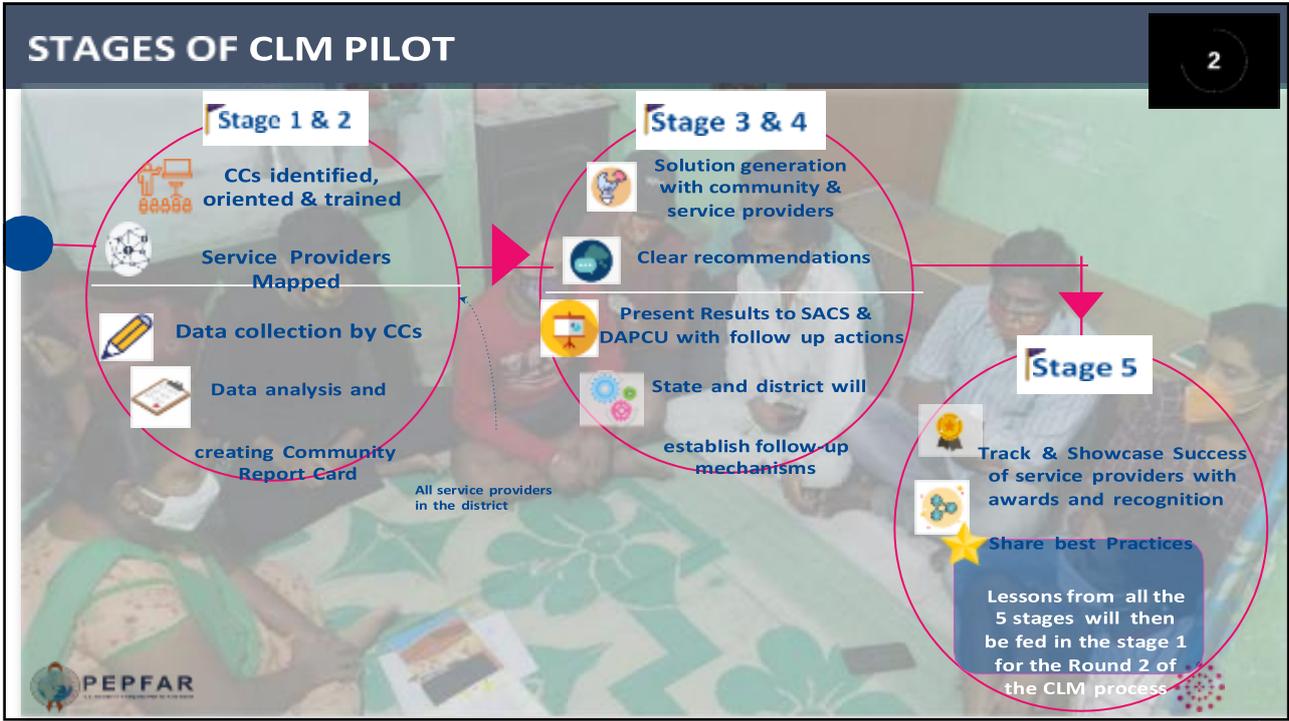
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www.naco.gov.in

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2



3

Lessons

USAID **PEPFAR**

Swasti

NACO

4

What went well and what did not



1. Mobilization of community champions in all districts
2. Participation from all KPs (except IDU)
3. Support from SACS TSU and DAPCU



1. Retention of Community Champions
2. IDU were difficult to identify and engage
3. Time needed for analysis and presentation






5

5

COMMUNITY CHAMPIONS




Criteria used for selection of CCs are as follows:

- a) not employed full time or part-time with any current HIV intervention
- b) from one of the KP groups in the district
- c) can read and write in the local language – are able to follow and complete tools developed
- d) are willing to give time for the CLM process and are interested in learning and contributing to the community empowerment process

Process followed:

- a) Nominations from all stakeholders in the district including CBOs, networks, CAB, NGOs etc
- b) The list of all names were shared with DAPCU, CSS National Working Group for feedback
- c) All nominated persons were oriented (virtually due to COVID) and then invited for training

Only those who completed the training were then part of the CLM process






6

6

Community Champions



# of CCs	Maharashtra	Telangana
Identified	70	201
Trained	62	163
Engaged	31	133

- Community Champions being active at the district level can form a bridge between programmes and community



7

7

FOCUS GROUP DISCUSSION

- Analysis of quantitative data can take time and hence planning of FGDs gets delayed
- Facilitation of FGDs requires additional skills set
- Documentation and Analysis of FGDs requires additional skills



8

8

TOOLS AND MODALITY



Simplification of tools

1. Simplification of Tools is possible – focus on 95-95-95 and 0-0
2. Assisted mode is likely needed for FSW , IDU and PLHIV; phone or app-based tools for TG and MSM may be possible



9

9

TOOLS AND MODALITY



- Facility Assessment can be simplified and integrated into existing MIS/SOCH
- Focus Group discussions to be incorporated with the district level action planning
- Data analysis of client feedback will be done on excel and automated. The same can be shared with all partners to make it simpler



10

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CHALLENGES

- Ongoing COVID19 pandemic
- Very low proportion of KP's as members of PLHIV Networks
- District level status of 95-95-95 and 0-0; without this focus of CLM is diffused



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11

WAY FORWARD

- CLM to be led by Community Champions for ensuring actions post collection of information. Any other modality may not generate trust in actions.
 - Self or assisted mechanisms (phone/app etc) maybe added as per the need and resources availability.
 - We are currently learning and working with champions. Once CLM is set up in the system and enables action at district level, then it can evolve over time to become more digital.
- Community Champions and Community Advisory Board at District Level will play a critical and essential role
 - The CAB needs to be an independent functional unit with 50% of members being changed annually. They work as a nodal agency between SACS/TSU/DAPCU and Community and service providers.
 - CAB should be empowered to initiate local solutions for local problems under the guidance of DAPCU.
 - Guidance or CB on problem solving and how to escalate issues will be required



12

12

QUESTIONS?

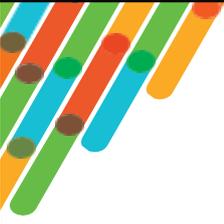
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ANNEXURE 6



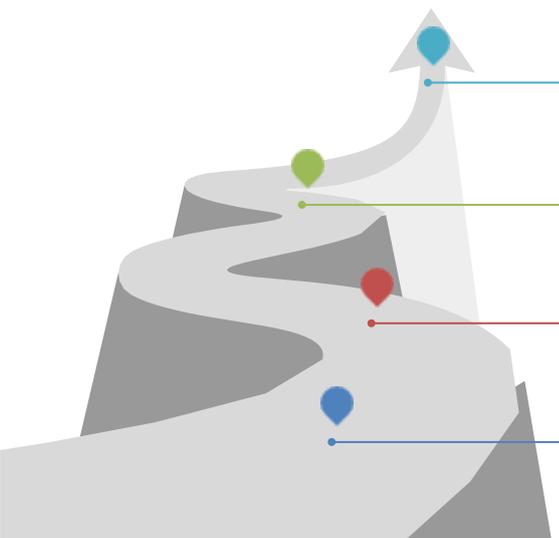
Community System Strengthening

Need Assessment-PLHIV



1

Goal The goal of CSS is to **develop the roles** of KPs and communities, CBOs and networks, and public or private-sector actors that **work in partnership** with civil society at the **community level**



- 01 Improve Health
- 02 M&E Services & activities
- 03 Delivery
- 04 Design

CSS has a strong focus on capacity building human and financial resources, with the aim of enabling communities and community actors to play a full and effective role alongside health and social welfare systems to sustain the momentum in gained from last 19 years of hard work



2

CSS priorities



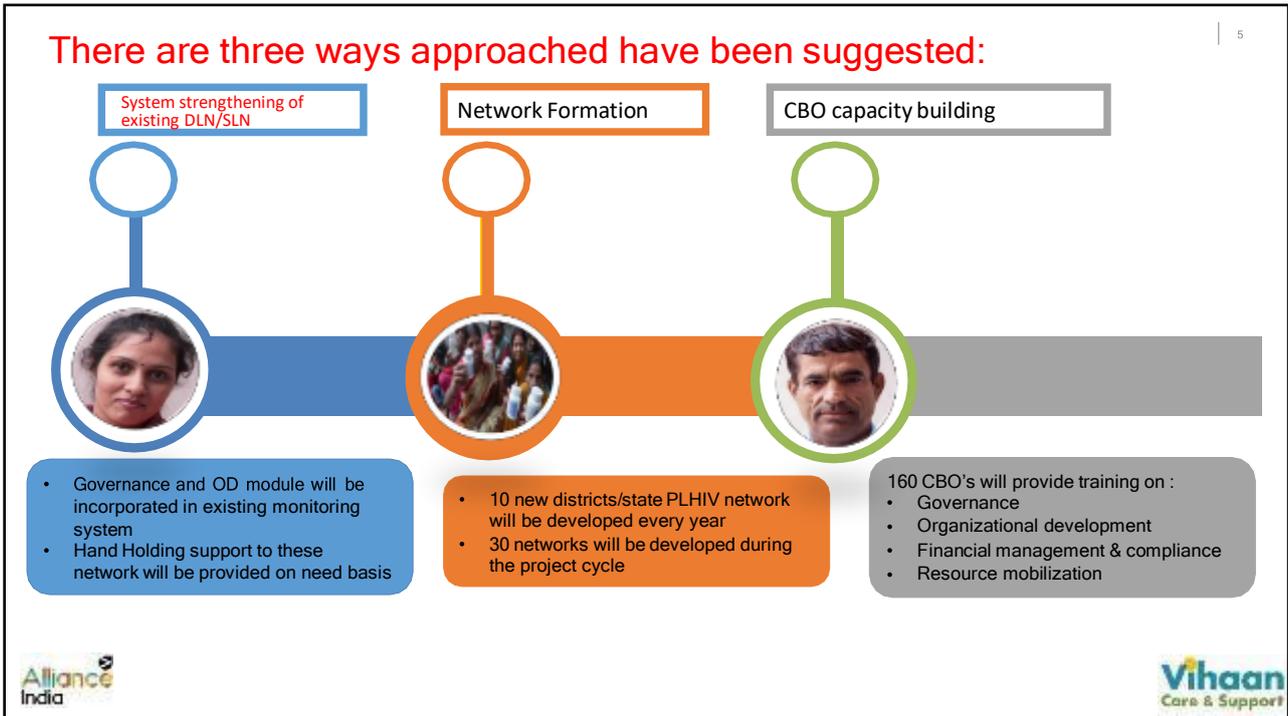
The are main priorities of community systems strengthening interventions:

- **Systematic approach** to CSS, and focuses on the core components of community systems
Enabling environments for Community-led advocacy and research, improving the policy, legal and governance environments, and affecting the social determinants of health
- **Resources and capacity building** – including human resources with appropriate personal, technical and organizational capacities, financing (including operational and core funding) and material resources (infrastructure, information and essential medical and other commodities and technologies). Social mobilization, building community linkages and coordination
- **Institutional capacity building**, planning and leadership development.
- **Community-based monitoring; build a sustainable accountable system**
- **Monitoring and evaluation and planning** – including M&E systems, situation assessment, evidence-building and research, learning, planning and knowledge management.

Need Assessment-PLHIV community

Alliance India partnered with NCPI+ prepared the plan of action for affective implementation the CSS component, there are several needs of PLHIV networks in need assessment exercise for PLHIV community as well as DLN/SLN, the following are some of the broad areas as identified as “needs” to be undertake in CSS components;

- Organizational development
- Good Governance
- Strengthening communications systems for effective governance
- Financial system strengthening
- Statutory compliance
- Conflict resolution
- Effective advocacy and partnership
- Resource Mobilization and sustainability
- Identification of the state/district where community network need to be formed



5

Need Assessment-PLHIV community

<p>Organizational development</p> <ul style="list-style-type: none"> Organization's Value, Importance of network to develop the organization Strategic planing and plan of sustainability A check list for essential documents that strengthen systems in an organisation Community mobilization Stakeholder engagement 	<p>Good Governance</p> <ul style="list-style-type: none"> Governance and accountability, Structure of the organization the board is the principal governing body, Decisions should be make collectively, Individual board members have specific duties The board is distinct from the staff The concept of board governs and the staff manages Delegation of responsibility Board meeting and AGM as per By-Laws The board evaluates regularly and activity should be mission-based of organizations. The network promote the highest professional and ethical standards. Established and practice conflict-of-interest policy Oversees the financial affairs and internal controls of the organization Involvement of youth and new community members in the existing and new CBOs
--	---

6

Need Assessment-PLHIV community

Financial system strengthening and Statutory compliance

- Essential Registration
- Section 12A (is it important)
- Benefits of 80G
- Importance of having a PAN card or a TAN number
- Why have FCRA? What is the process to apply.
- Organisational policies
 - HR policy
 - Finance Policy
 - Conflict of interest etc.
 - Internal controls?
- Filing of ITR
- Submission of compliance report to registrar of society
- Return under FCRA

Strengthening communications systems

- Understand the importance of specific and clear instructions when guiding other team members towards achieving organization goal
- Disseminate work done by PLHIV network

Need Assessment-PLHIV community

Conflict resolution

- Following types of conflict and process of resolutions;
- Intra-personal conflict
- Inter-personal conflict
- Inter-group conflict
- Individual-group conflict.
- Organisational-level conflict.

Effective advocacy and partnership

- Evidence or need based advocacy
- The efforts need to be persistence and concluded with lesson learnt
- Take likeminded people/organsiton support to amply the effect of advocacy
- build a new partnership

Need Assessment-PLHIV community

Conflict resolution

- Following types of conflict and process of resolutions;
- Intra-personal conflict
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Effective advocacy and partnership

- Evidence or need based advocacy
- The efforts need to be persistence and concluded with lesson learnt
- Take likeminded people/organsiton support to amply the effect of advocacy
- build a new partnership

Need Assessment-PLHIV community

Resource Mobilization and sustainability

- Identification of resources gaps
- Mapping of possible donor in the locality of issues
- Development of strategies for resource mobilization
- Conversion of HIV/Health with other community/issues
- Develop Sustainability Plan
- Building capacity on the proposal writing/concept note development

Inclusiveness

- The second line leadership need to be build to sustain the network
- Representation of Women, key population, youth will be make a clause in PLHIV network by-laws

Thank you



ANNEXURE 7

NACO
National AIDS Control Organisation
India's Voice against AIDS

Community Needs Assessment Findings (MSM & FSW)

Community Systems Strengthening !

10 Dec 2021
Bhopal

Presentation by:
Yashwinder Singh
CSS- Lead
The Humsafar Trust
New Delhi

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1

Components of CSS – GFATM

- Needs Assessment
- Community Champions
- Technical Assistance - CBOs
- Innovative Seed Grants

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India's Voice against AIDS

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National MSM Central Organizations
India's Voice against HIV

HST CSS – Needs Assessment Consultations

Virtual Consultations

S.No	Consultation	Population	Date	Attendees
1	West Zone	MSM	28 June	22
2	North Zone	MSM	03 July	28
3	South Zone	MSM	14 July	27
4	East Zone	MSM	28 July	18
5	NE Zone	Mix group	30 July	19
6	Astha Parivar	FSW	31 July	14
7	Central Zone	Mix group	07 Aug	13
8	National Consultation	FSW	27 Aug	29

National Consultations (Physical Space)

1	National Consultation – Delhi	MSM	17-18 Sept	62
2	National Consultation– Mumbai	FSW	29-30 Sept	75

3



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India's Voice against HIV

Inputs from Needs Assessment Consultations – MSM

Enabling Environment & Advocacy


Community Networks, linkages & coordination


Resources & capacity building


Organizational Development


Community Activities & Service Delivery


Organizational & Leadership Strengthening


Monitoring & Evaluation


4

2



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Enabling Environment & Advocacy – MSM Group

1. **Addressal of Stigma & Violence** - National level crisis management strategy (helpline) & robust reporting mechanism
2. **Sensitization workshops** – both in public and private sectors
3. **Civil Rights** – The community is still deprived of the civil rights granted by constitution, advocacy for civil rights
4. **PIL** – To grant the civil rights in Hon'ble High and Apex Court
5. **Policy level inclusion and mainstreaming** – Policies are required to ensure mainstreaming of the community
6. **Enhance the visibility of community** – There is need to organize events and enhance the visibility of community.

5



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NACO
National MSM Central Organization
India's Voice against HIV

Community networks, linkages and partnerships - MSM

1. **Partnerships** - Strengthened partnerships & focus on intersectionality
2. **Targeted Planning** – The country has vast geographical area, there is need to have micro planning e.g. NE states visibility of MSM remains a bigger challenge.
3. **Engagement with non-community actors** – Engage politicians, policy makers, celebrities.
4. **Strengthening the networks** - The networks needs attention and support, most of the networks work on advocacy and right based approaches and usually there are no direct funding support in this regard. The networks needs support in developing, nurturing the second line leaderships.

6



Resources & Capacity Building - MSM

1. **Capacity Building** – At each level on emerging topics for for stakeholders and community:
 - Virtual spaces outreach
 - Adaptation to COVID 19 world
 - Thematic areas
 - Skill specific e.g. mental health etc.
 - Sensitization workshops for stakeholders
2. **Sustainable response to capacity enhancement programs:**
 - Follow-up workshops
 - Outcome orientated workshops
3. **Quality control** - The quality control needs to be enhanced, there is need to develop a robust system to capture these vital parameters.
4. **Innovations** – There should be scope for innovations.

7



Organizational Development - MSM

1. **HR development** - strengthen the Human Resources, and capacitate them on new innovations and program implementation, R&D and social accounting/ auditing.
2. **Organizational development** - The collectives need handholding in registration process. The registered CBOs needs support in 12A, 80G and FCRA documents. The audited statements, ITR, including financial management.
3. **Financial strengthening** - in terms of audit , filing returns , IT filing should be enhanced. Exposure visits and a field visit to other organizations as cross learning experience.
4. **Registration** – The registration on govt portals like NITI Aayog, Ministry of Social Justice & Empowerment and DALSAs is required, and CBOs need support on it.
5. **Social media visibility** - Resource capacity should be built for social media reach. Workshop on training on all virtual platforms how to navigate and the functionality.

8



Community activities & service delivery - MSM

1. **Service delivery** – It needs enhancement on hybrid model
2. **IEC** – innovative IEC to address the needs of younger population
3. **HIV & beyond** – The focus should be on services beyond HIV, like TB, HPV, HCV and other health issues.
4. **Intersectionality** – To address issues of KPs with more than one vulnerability.
5. Single **window** approach
6. Availability of **self test kits, lubricants** etc.
7. Address the **impact of COVID 19** and its lockdown related to **service delivery**.
8. **Innovative approaches** for SD

9



Organizational & leadership strengthening - MSM

1. **Leadership development** - focus on developing second line leadership The existing projects focus more indicators and leadership aspect is less focused.
2. **Enhancing engagement of youth** - The engagement of younger community members providing exposure visits to these emerging leaders.
3. **Best practices dissemination** - The documentation of the best organizational practices needs to be recorded and disseminated.
4. **Engagement in governance structures** – enhancing community in existing systems such as CAB, District health Committees, DAPCU and SACS. The local leadership should be engaged in national level workshops.
5. Strengthening the leadership at **collectives, unregistered groups** and **networks** need focus, as **existing programs** only cater to **registered bodies**. HST in one of the projects supported the collectives and helped them to get registered, such models needs to be replicated at large level.

10



Monitoring, evaluation & planning - MSM

- 1. Monitoring & Evaluation:** The recording and reporting is an important component, CBOs expressed they are good in activities but when it comes to reporting. The handholding support is required.
- 2. Research** - The research and development are the key areas, and have a lot of scope. The CBOs need exposure and support on research. Especially the virgin areas needs more focus, such as tribal MSM, rural areas etc.
- The **engagement of the community members** in M&E of the existing programs, the leaders needs capacity building on **community led monitoring concept and tool**.
- The concepts of **social auditing** and **value for money** needs to be introduced to the community, as most of the **CSR projects focus on such processes**.
- 5. Planning** – The community should be part of the planning, implementation and monitoring processes.

11



Key needs of MSM community

1. The lack of Govt to address the community issues, focus is on health but not on other social issues.
2. Forced hetero-sexual marriages of gay men remains a challenge for the community.
3. The lack of jobs for community members especially feminine gay men faces more stigma due to gender expression.
4. The availability of PrEP & PEP at most of the parts is a challenge and its prices are unaffordable.
5. The lack of safer spaces for community members, except urban areas.
6. The vaccination access was one of the concerns raised by the participants.

12



Enabling Environment & Advocacy – FSW Group

1. **Addressing the Impact of COVID19** – Loss of livelihood, shelter & family.
2. **Self-help groups** – reduces risk behaviour, helps community-led interventions to address financial insecurity among sex workers.
3. **Addressal of Stigma & Violence** - Crisis have gone up drastically during lockdown, Intervention required with support from CBOs, network & DLSA.
4. **Sensitization workshops** – both in public and private sectors
5. **Legal barriers** – The current legislations pose as barrier, police & goons tries to exploit the community.
6. **PIL to support sex workers rights** – There is need to file PIL in Hon'ble courts to take up the issue of criminalization of the community and ensuring rights to the community.
7. **Policy level inclusion and mainstreaming** – Policies are required to ensure mainstreaming of the community
8. **Enhance the visibility of community** – There is need to organize events and enhance the visibility of community.

13



Community networks, linkages and partnerships - FSW

1. **CBO development and nurturing** – support for strengthening & initiating community- based organizations.
2. **Strengthening partnerships** -There is need to build strategic partnerships along other sector players such as CSO working on trafficking, police, legal services, women & child development department, and human rights. It will help to mainstream the issues of the community. There is need to pay special attention on the children of sex workers.
3. **Partnerships:** There is need to build partnerships along other sector players such as CSO working on trafficking, police, legal services, women & child development department, and human rights. It will help to mainstream the issues of the community. There is need to pay special focus on the children of sex workers.
4. Engagement with **politicians, policy makers & celebrities for advocating rights of sex workers.**
5. **Strengthening the networks & long term sustainability** - The networks needs support & sustainability, most of the networks work on advocacy and right based approaches and usually there are no direct funding support in this regard. The networks needs support in developing, nurturing the second line leaderships.

14




Resources & Capacity Building - FSW

1. **Capacity Building** – CBOs/unregistered collectives, needs skill set, especially in COVID-19 world has changed and adaptation to the new normal needs extensive capacity building.
 - Virtual spaces outreach
 - Adaptation to COVID 19 world
 - Thematic areas
 - Skill specific e.g. mental health etc.
 - Proposal writing workshops
2. **Counselling & program implementation skill building:** Counselling needs to go beyond HIV & STIs. The ICTC counsellors are overburdened, not sensitized.
3. **Sustainable response to capacity enhancement programs:**
 - Follow-up workshops
 - Outcome orientated workshops
4. **Quality control** - The quality control needs to be enhanced, there is need to develop a robust system to capture these vital parameters.
5. **Innovations** – There should be scope for innovations.
6. Sensitization workshops for stakeholders

15




Organizational Development - FSW

1. **Leadership development** - strengthen the Human Resources, and capacitate them on new innovations and program implementation, R&D and social accounting/ auditing.
2. **Organizational development** - The collectives need handholding in registration process. The registered CBOs needs support in 12A, 80G and FCRA documents. The audited statements, ITR, including financial management.
3. **Financial strengthening** - in terms of audit , accounting , IT filing should be enhanced. Exposure visits and a field visit to other organizations as cross learning experience.
4. **Policies** - Policies should be in place, updated and reviewed on timely basis. The SWOT analysis, SOPs and other systems are the need of the hour and should be built in program components. E.g. COVID-19 lockdown was a shock at the organisational level hence there is need to document these for further steps and be prepared as much as possible.

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Leadership strengthening - FSW

1. **Leadership development** - focus on developing second line leadership The existing projects focus more indicators and leadership aspect is less focused.
2. **Enhancing engagement of youth** - The engagement of younger community members providing exposure visits to these emerging leaders.
3. **Best practices dissemination** - The documentation of the best organizational practices needs to be recorded and disseminated.
4. **Engagement in governance structures** – enhancing community in existing systems such as CAB, District health Committees, DAPCU and SACS. The local leadership should be engaged in national level workshops.
5. Strengthening the leadership at **collectives, unregistered groups** and **networks** need focus, as **existing programs** only cater to **registered bodies**. HST in one of the projects supported the collectives and helped them to get registered, such models needs to be replicated at large level.

17



Community activities & service delivery - FSW

1. **Service delivery** – It needs enhancement of skills on hybrid model
2. **IEC** – innovative IEC to address the needs of younger population and who with limited literacy.
3. **HIV & beyond** – The focus should be on services beyond HIV, like TB, HPV, HCV and other health issues & intersectionality.
4. Single **window** approach for ease of the client.
5. Availability of **self test kits & PrEP** as prevention tool.
6. Address the **impact of COVID 19** and its lockdown related to **service delivery**.
7. **Innovative approaches** for SD
8. Impact of COVID-19 on service delivery was devastating, still the **DICs are not open**. The **condom demands, ICTC visits** dropped significantly during 2020 and 2021.
9. **Vaccination** remains an issue, there is **vaccine hesitancy**, which needs to be addressed.

18



Monitoring, evaluation & planning - FSW

- 1. Monitoring & Evaluation:** The recording and reporting is an important component, CBOs expressed they are good in activities but when it comes to reporting. The handholding support is required.
- 2. Robust M&E system** - is required and CBOs needs support on it. The research and development are the key areas, and have a lot of scope. The CBOs need exposure and support on research. Especially the virgin areas needs more focus, such as tribal MSM, rural areas etc.
- 3. The engagement of the community members** in M&E of the existing programs, the leaders needs capacity building on **community led monitoring concept and tool**.
- 4. The concepts of social auditing and value for money** needs to be introduced to the community, as most of the **CSR projects focus on such processes**.
- 5. Planning** – The community should be part of the planning, implementation and monitoring processes.

19



Key issues - FSW community

- Recognition of sex workers as workforce like any other profession, benefits extended and laws protecting the workforce. Sex worker who operates in unsafe environments, most of them do not have access to clean and safe housing, as they are refused outrightly by owners or the society.
- The linkages to skill building schemes, microfinance schemes, financial literacy remains a challenge, there is need to focus on these critical issues. As previously mentioned,
- The Intimate partner violence has gone up, the issues needs to be addressed. There are many community members who faced domestic violence and even financial losses. There is need to generate awareness programmes.
- Special welfare schemes for elderly sex workers, who face both societal, family ostracization and unstable financial conditions.
- Women on virtual networks need to be strongly connected to linkage to testing & care.

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NACO
National MSM Coordination Organisation
India's Voice against HIV

Glance

- Policy level inclusion and mainstreaming
- After abolition of Article 307: Civil rights: the rights of equality, marriage, inheritance rights etc.
- Services to the health care providers (both in public and private sector)
- Targeted Planning
- Counseling and mental health issues

MSM

FSW

- COVID-19 impacted livelihoods in a manner
- Rights of Sex workers, intimate partner violence, Abuse and Exploitation
- Awareness and Availability of PrEP
- Knowledge about alternative livelihood options
Microfinance/Skill Building
- Discrimination of Sex Workers Rights of Sex work

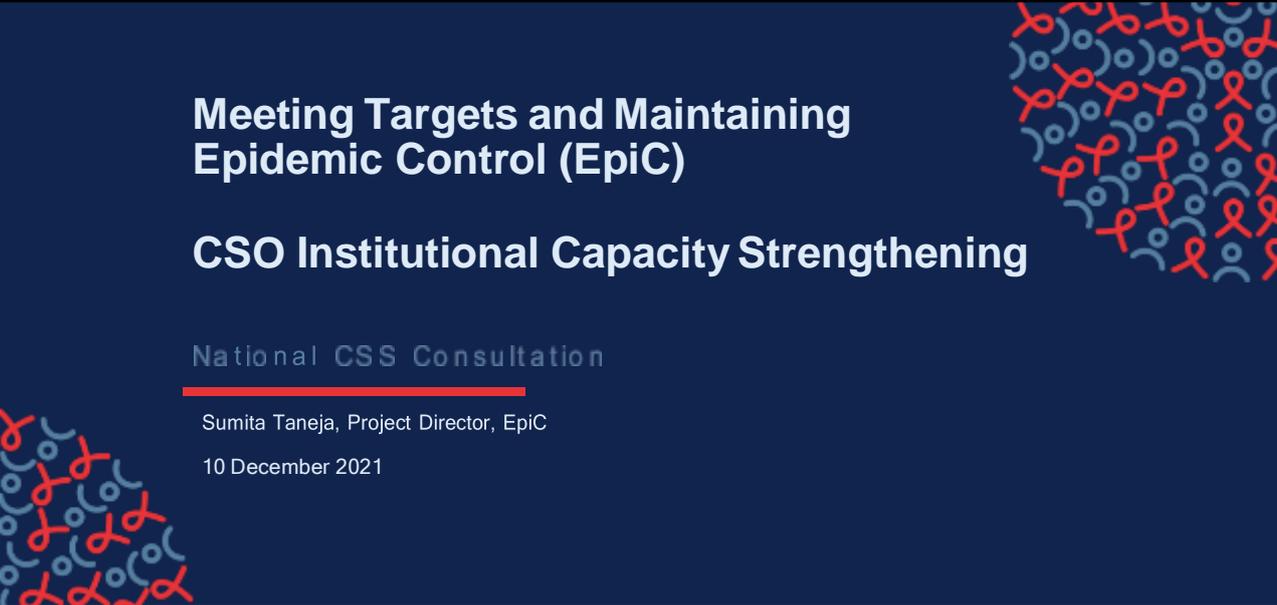
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Any questions....!

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ANNEXURE 8



Meeting Targets and Maintaining Epidemic Control (EpiC)

CSO Institutional Capacity Strengthening

National CSS Consultation

Sumita Taneja, Project Director, EpiC

10 December 2021



PEPFAR USAID EpiC

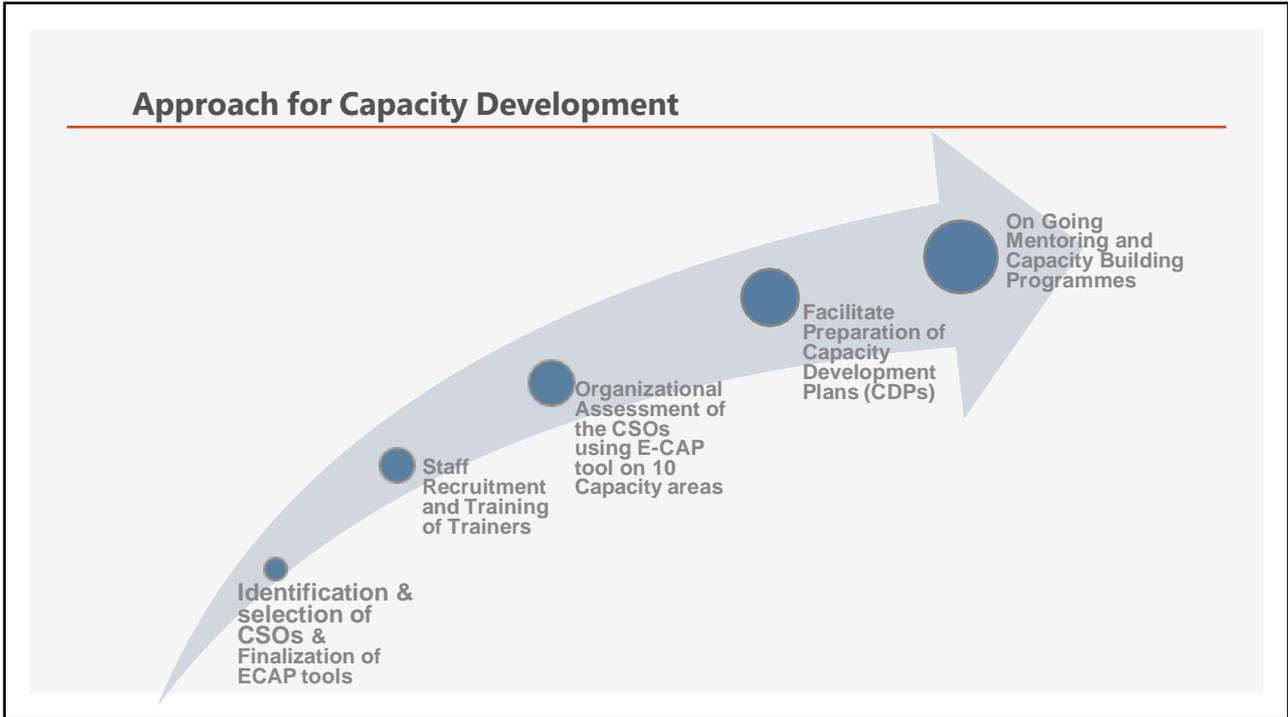
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EpiC India – Project Summary

<p>Funding Source</p> <p>USAID through PEPFAR</p>	<p>EpiC India – Goal</p> <p>Improve organizational capacity of local CBOs, PLHIV networks and NGOs for self-reliance and sustained engagement in HIV response for key populations</p>	<p>Result</p> <p>CBOs, PLHIV networks and NGOs supported through EpiC show enhanced organizational capacity and demonstrate readiness to raise and manage funding from diverse sources (government, CSR, social enterprise, philanthropy etc.)</p>
<p>Period of Performance</p> <p>Oct 2020 - Sept 2022 (2 years)</p>	<p>Areas of Technical Assistance</p> <ul style="list-style-type: none">• Organizational development and systems strengthening• Build sustainability through innovative financing and resource mobilization	
<p>Geography</p> <p>5 PEPFAR priority districts in Telangana and 2 districts in Maharashtra</p>		
<p>Target Group</p> <p>KP-led CBOs, PLHIV networks and local NGOs</p>		

2



3

Capacity Development Pathways and Categorization

Categorization of agencies	Total	FSW	MSM/TG	PLHIV	Core Composite
Foundation	4	1	3	0	0
Growth	16	5	2	7	2
Maintain and Diversity	4	0	2	0	2
Total	24	6	7	7	4

FOUNDATION

CSOs to be supported to have effective organizational systems to maintain operations, or to become self-reliant through identification of domestic funding opportunities.
(4 Organizations)

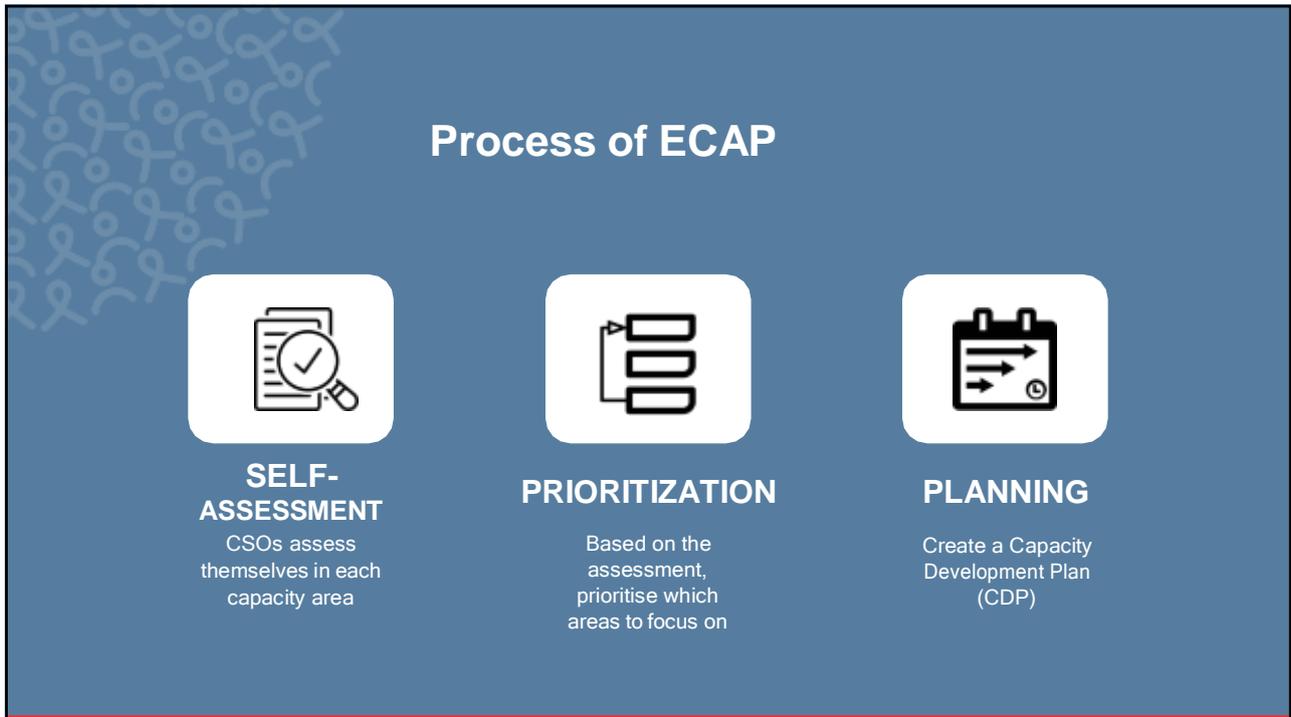
GROWTH

CSOs are supported to identify opportunities that grow or diversify their portfolio, with primary focus directed to the identification of domestic resource opportunities –
(16 Organizations)

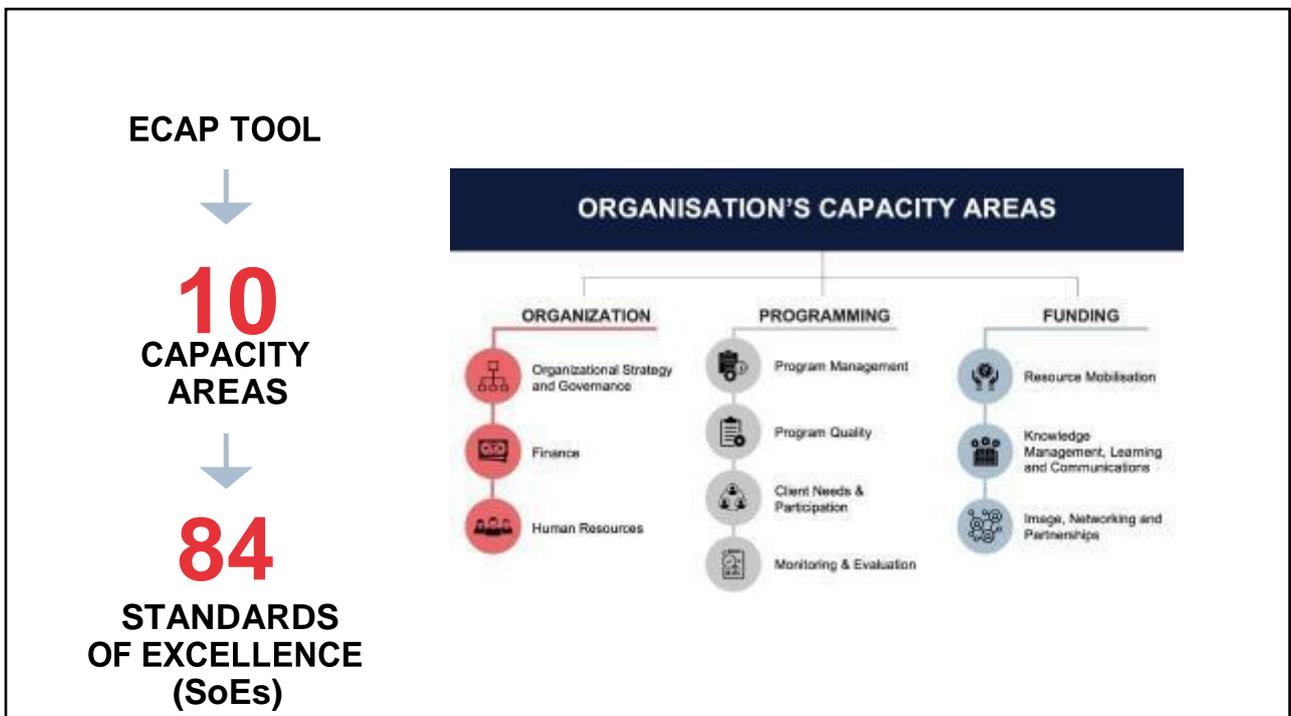
MAINTAIN & DIVERSIFY

Designated CSOs may be identified to receive customized TA to not just strengthen their organizational systems but can play a twinning role to mentor other KP CBOs; and be supported for outcome-based financing or other innovative domestic financing options (4 Organization)

4

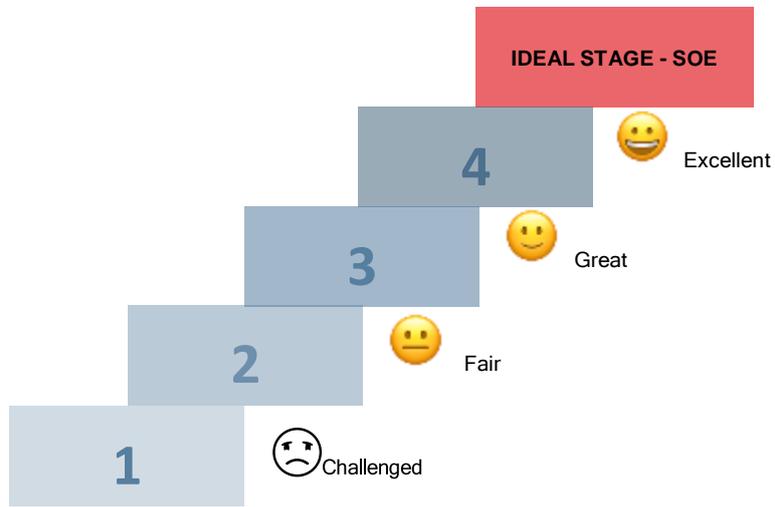


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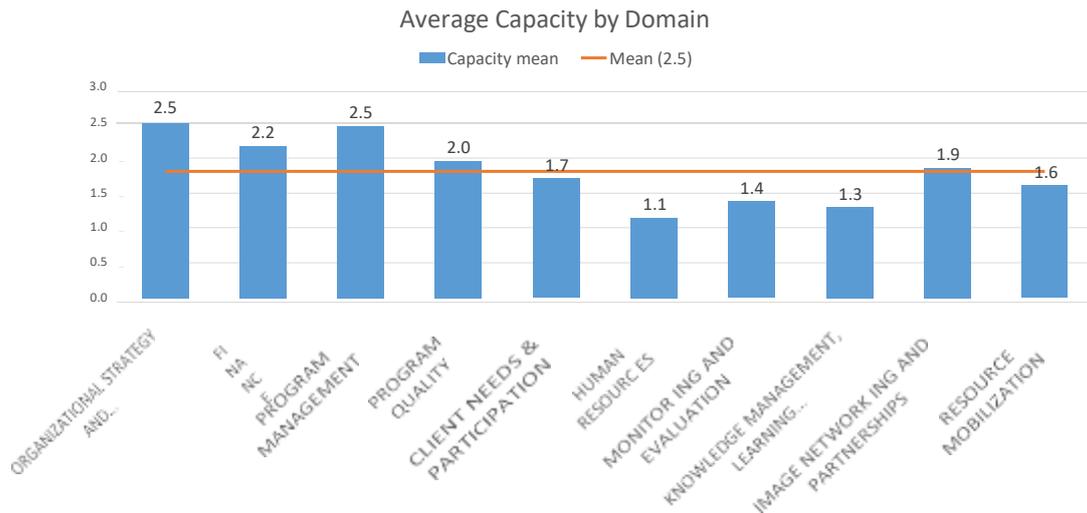
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SCORING BY ORGANISATIONS ON EACH SoE

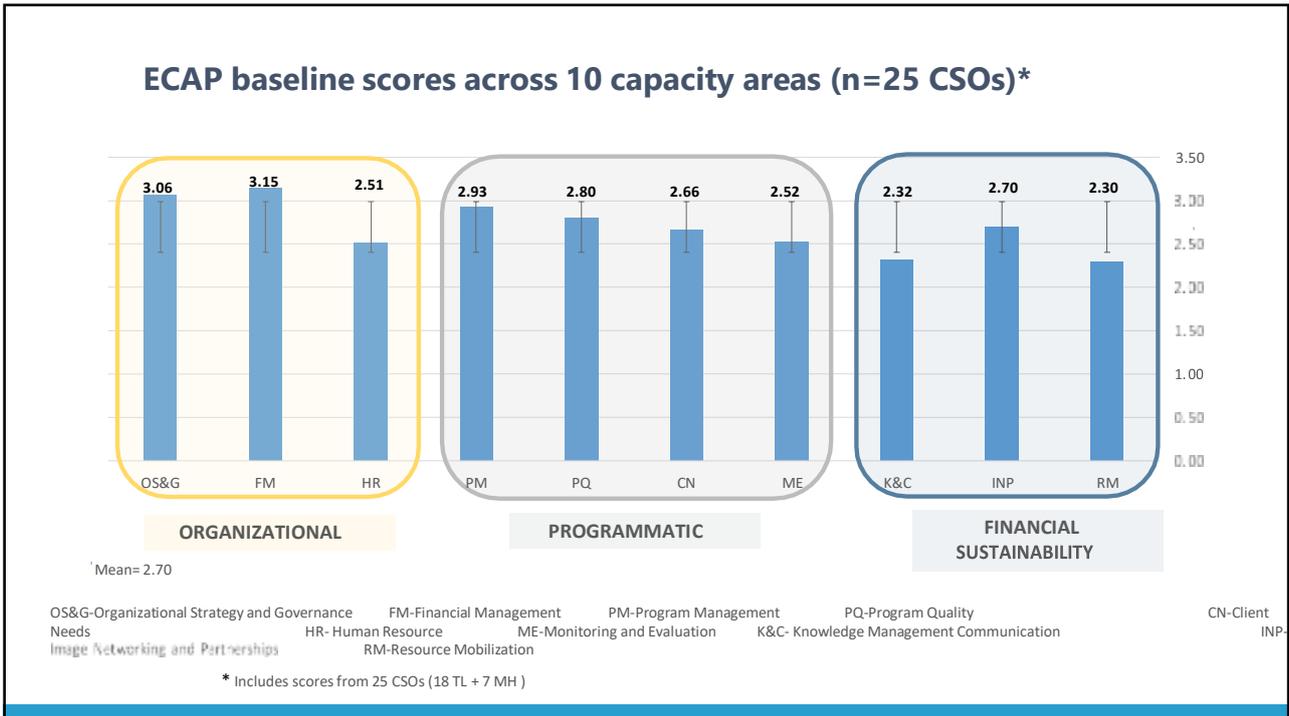


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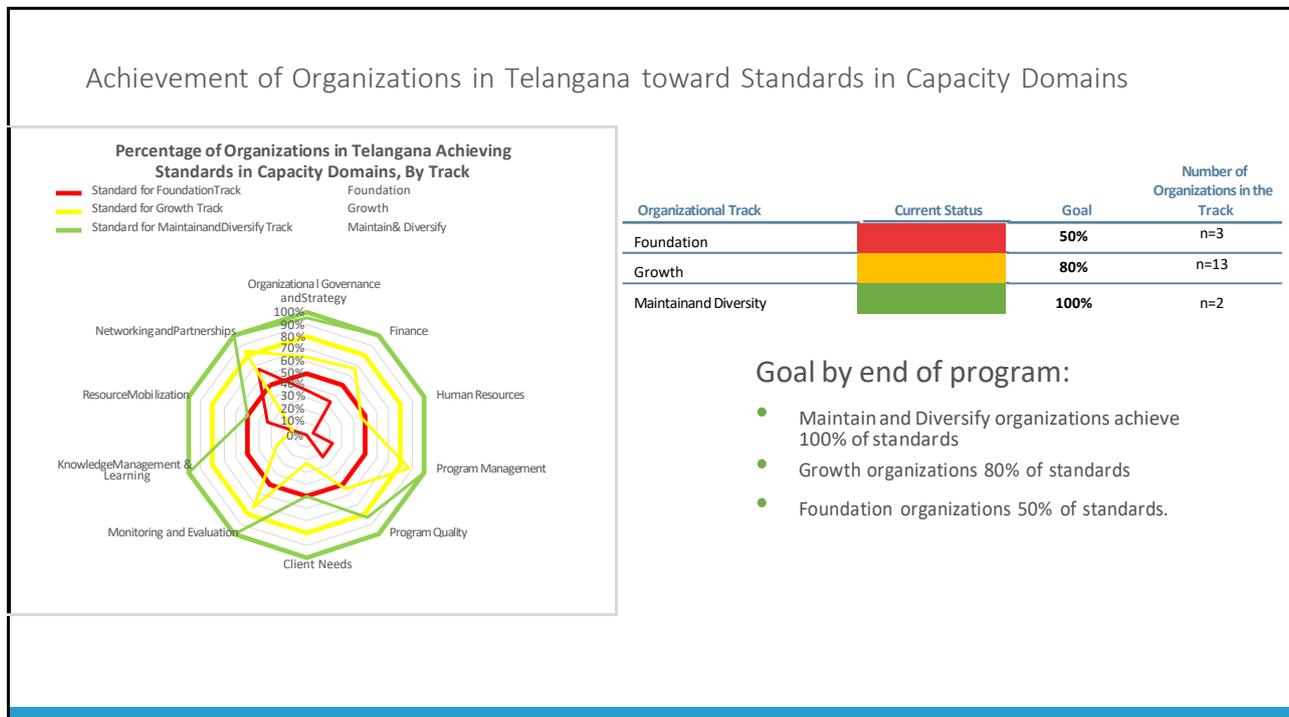
Sample scores – MSM TG CBO in Karimnagar



8



9



10

CSO self-assessment using the ECAP Tools



Participatory sessions during ECAP assessment



Participant from Spandanasri giving scores to different statements of excellence (SoE) using the ECAP tool shared on Microsoft Forms



Prioritization of SOE by Spandanasri Maythri Sri Public Welfare Society, FSW CBO, Karimnagar District, Telangana (July 27-29, 2021)

11

Mentoring support to CSOs



INFOCEM board members and staff are engaged in a discussion to update their vision and mission statements and to undertake local donor mapping during mentoring visit by Lepira Society EpiC project staff



Donor mapping exercise being facilitated with a Telangana CBO as part of mentoring visit

12

Financial Management Workshop in Maharashtra

- 2 days residential training workshop in financial management organized at Hotel Novotel, Pune from 27-28 September 2021
- 20 participants from six CSOs attended. These included the Board members, project managers and finance/admin officer and accountants from the organizations
- Sessions were facilitated by senior staff from FHI 360 (Shared Services Director, Senior Accounts Officer), STAPI (CEO, Senior Finance Officer) and External Consultant (Chartered Accountant)
- *“All sessions were very important like Accounting Processes, Supporting Documents, Cash Flow, Annual Returns were very useful. Thank You for organizing this.”*
- *“Very good training, we learned lot of new things. As an NGO we will definitely implement what we have learnt”*



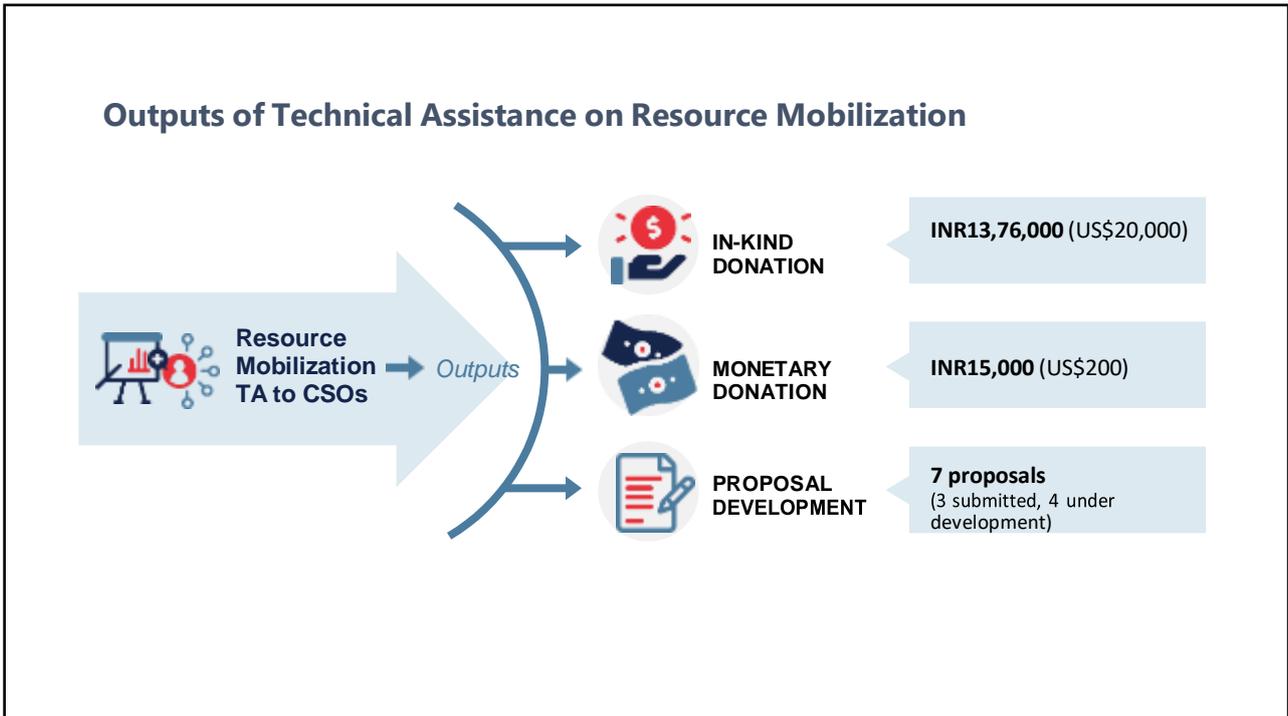
13

Resource Mobilization Training and Leveraging in Telangana

- 2 days Resource Mobilization Strategy Planning workshop conducted in August 2021 attended by 32 participants from 16 Telangana CSOs
- 2 days Proposal Writing, and Fundraising Training conducted in September 2021 attended by 34 participants from 18 Telangana CSOs
- Sessions facilitated by Head, Resource Mobilization of Lepira and other team members
- Sessions included
 - Strengths, Weakness, Opportunities and Challenges (SWOC)
 - Use of social media platforms for crowd sourcing, importance of organizational branding and marketing (website)
 - Peer learning from Cheyutha (FSW NGO) with sharing of success story on leveraging corporate social responsibility (CSR) funding from Azim Premji Foundation
 - Hands-on session on proposal writing
 - Ideas for local fund raising (in-kind and monetary)



14



15

Success Story from Maharashtra

Manthan Foundation gets 12A and 80G with support from EpiC partner STAPI

12A registration is a one-time, necessary registration which is granted by the Income Tax Department to trusts and other not for profit organizations. This registration assists the NGO to get organizational income exempted from Tax. Registration under Section 80 G enables the person or the organization making a donation to the NGO to get a deduction of 50% from his/its taxable income. Registration under 12A and 80g is required for an NGO to apply for any government funding.

Manthan Foundation from Pune had applied for 12A and 80G registration two years ago but due to lack of proper documents and the lack of skills to upload it online, the application had been rejected twice by the Income Tax (IT) Department. This was highlighted by Manthan during the ECAP assessment and was given the highest priority in their CDP.

STAPI provided the list of all documents that are required for filing the application. STAPI’s Program Officer assisted them to organize and digitize the documents and to upload them through the online application portal. Manthan Foundation President informed STAPI that they were granted the 12AB and 80G Certification on October 2, 2021.

16

Progress Update

- Finalized tools - both online and offline
 - Facilitator's Guide - (English and Telugu)
 - Self Assessment Tool (ECAP) - (English and Telugu)
 - Scoring Tool - (English and Telugu)
- Capacity Development Plans - template
- Mentoring tools - 6 modules

17



EpiC is a global cooperative agreement dedicated to achieving and maintaining HIV epidemic control. It is led by FHI 360 with core partners Right to Care, Palladium, Population Services International (PSI), and Gobe Group.

18

ANNEXURE 9

CSS Framework Community Champions TOR, CAB

Group – 01

Ms. Mona Mishra - Co Chair, NWG - Virtual
Ms. Ayesha Rai, Co-Chair, NWG – Virtual
Dr. Sundar Sundaraman, Community Expert – Virtual
Dr. Shrikla Acharya, APD, MDACS – Virtual
Mr. Manoj Pardeshi, Member, NWG
Mr. Yashwinder – Lead – CSS, Humsafar Trust
Mr. Amit Singh Gusain, Uttarakhand Positive Network
Ms. Samaran Desai, Swasti
Dr. Shama Karkal, Swasti
Mr. Shreenivas - I-TECH (Moderator)
Ms. Ira Madan (Facilitator)
Dr. Narendra - (Recorder)

Dec-21

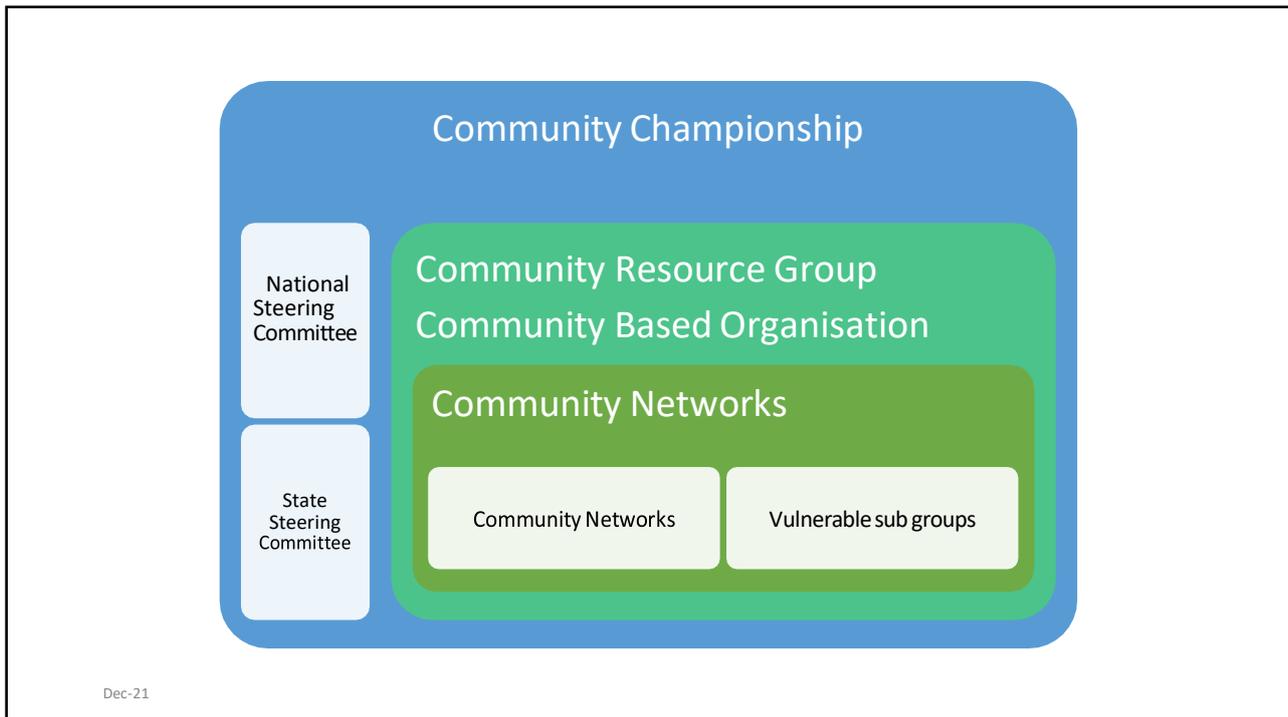
1

Recommendations on CSS Framework

- The outline envisaged for CSS needs to be re-drawn as a framework with crosscutting championship roles.
- The outcome of the championship role needs to be part of the framework

Dec-21

2



3

Community Champions

- The idea of community championship is well accepted and the group felt a need to invest in such a system.
- A strong recommendation for compensation for their time and efforts. Additionally remuneration for CSS-NWG may be considered
- Till a decision on compensation is made national scale up plan should be thought through carefully.
- Nomination and selection process move forward as described in the SoP which needs to be re-visited for any changes.

Dec-21

4

Community Advisory Board

- The CAB nomenclature may be changed with Community Resource Group (CRG)
- The CRG should be of, by and for the community, however the purpose of institutionalization inclusion of non community members might be needed.
- For this purpose it was suggested that the nomenclature may be re-worked. State Resource Group, District Resource Group may be considered.
- A quorum needs to be decided for the conducting CRG Meetings.
 - Presence of two thirds members
 - Representation of each KP typology present in the district
 - Presence of PLHIV in the district
- Existing Institutional structures like DAPCC, Grievance Redressal Cell, SACS EC, etc. may be used to strengthen CRG voices.

Dec-21

ANNEXURE 10

Priority areas for Capacity Building MSM

Key Discussion Points

1

Presentation Highlights

Community Mobilization & Advocacy

- Community Mobilization
- Advocacy

Leadership & Knowledge Development

- Leadership
- Knowledge Management

CBOs

- Organizational Governance
- Financial Management
- Resource Mobilization for Sustainability

2

Priorities areas for Capacity Building - MSM Community Mobilization Module for Community Champions

At end of the session, Community Champions will have understanding and skills on:

- HIV related services – prevention, testing/ screening, treatment (delivered through public and private facilities)
- Linkage to treatment, adherence and follow ups

Integration with other Services

- Issues related to sex and sexuality, gender, stigma and discrimination, gender based violence etc
- Integrate with STI & TB services/ other non-health services (mental health, social entitlements etc)
- Concept of CSS & Community Led Monitoring System

Demand Generation

- Integrate virtual intervention spaces (dating apps/social media platforms), where MSM are active
- Reach to uncovered and remote population: SOA/EPOA (including rural/ non TI hotspots, young MSM population, children below 18 years)
- Use of social media for HIV service demand creation
- Peer Influence/ support in managing gateways to same sex communities
- Access to **gateways/ spaces** (integrate services through hybrid approach- virtual, physical, party based spaces, helplines, how to organise community events)

3

Priorities areas for Capacity Building - MSM Advocacy Module for Community Champions

At end of the session, Community Champions will have understanding and skills on:

Rights based Advocacy strategies - Organisational Advocacy, Community based advocacy with Law enforcement agencies, judiciary, health care providers

Rights of Communities (RTIs, HIV/AIDS Act, Right to Health- testing and treatment, social entitlements)

How to engage with Media ?

Managing Crisis (physical and virtual - cyber crime)

How to represent in various governance structures ? (tiers) at SACS, Local Self Govt bodies, etc

4

Priorities areas for Capacity Building - MSM

Leadership Module for Community Champions

At end of the session, Community Champions will have understanding and skills on:

- Sexual Orientation and Gender diversity
- CBO Leadership for formation and management
- Networking - Relationship Management
- Public Speaking (personality development)
- Communication skills & creating value systems

5

Priorities areas for Capacity Building - MSM

Knowledge Development Module for Community Champions

At end of the session, Community Champions will have understanding and skills on:

- Documentation & Proposal Writing
- Data/ evidence management
- Research aptitude (qualitative research)
- Public governance system
- Information about Internships and Fellowships

6

Priorities areas for Capacity Building - MSM CBO – Organizational Governance Module for Community Champions

At end of the session, Community Champions will have understanding and skills on:

- Statutory / due diligence compliances
- Organisational Development and components
- Resource mobilization & Management (HR policies, Financial Management policies, assets etc)

7

Priorities areas for Capacity Building - MSM CBO – Financial Management Module

At end of the session, Community Champions will have understanding and skills on:

- Financial documentation and audit procedures
- Financial policies, registrations (FCRA/CSR) processes
- Financial planning and budgeting

8

Priorities areas for Capacity Building - MSM

Resource Mobilization for Sustainability Module

At end of the session, Community Champions will have understanding and skills on:

- Diversification and Investment plans
- Development of social entrepreneurs
- Grant writing (Schemes/ Grants)
- Generating seed funding / corpus funding

9

Team Members

- ▮ Murugesh Subramaniam
- ▮ Atul Shendge
- ▮ Apurva Ray
- ▮ Sylvester Merchant
- ▮ Palash Bora
- ▮ Tulsi Nagavera
- ▮ Priya Babu

Moderator

Kaveesher Krishnan

Facilitator

Rohit Sarkar

Recorder

Vikash Singh

10

Thank You

ANNEXURE 11

FSW Capacity Building

Moderator- Dr. Sudhir Chawla
Facilitator- Mr. Rajiv Sindhu

Participants:
Ms. Bharti Dey
Ms. Dipika Patel
Ms. Payal Jaiswal
Ms. Arti Zodpe
Ms. Shayra Khan
Ms. Sheela Chauhan
Ms. Babli Khan
Ms. Mamta Rajak
Ms. Reena Vishwakarma

1

Community Mobilization and Advocacy

- ▣ Documentation
- ▣ Human rights/ Sex worker rights.
- ▣ Legal advocacy.
- ▣ Social benefits / Entitlement.

2

Capacity Building

- Capacity building in local language by community members.
- Financial literacy
- Social entitlement documentation :
 - CBO recommendation should be considered, eg:
Name/address correction in AADHAR/RATION/PAN CARD/ELECTION COMISSION ID.
- Legal literacy
- Recourse mobilization
- Social media use
- Communication skill development
- Leadership skill development

3

Capacity Building contd...

- Education of children- motivation for school dropout young and adolescent for continuation of education and skill building.
- Education of orphaned and vulnerable children.
- CBO development-cross learning- best practice sharing.
- Crisis management on:
 - Legal issue
 - Medical crisis(non availability of SRH services / shelter /facility or support not available.)
- Mental health.

4

Awareness Generation

- ▮ Awareness on tobacco and alcohol use among female and children.
- ▮ Social media
- ▮ Financial support.

5

Demand generation

- ▮ PrEP
- ▮ PEP
- ▮ Self testing
- ▮ Combined approach for community- through CBO's within community in physical environment .
- ▮ Information on self testing and PrEP is relatively low among community, and as suggested by members, a mechanism need to develop for sustainability of the product and arrange discussion on demand generation in community
- ▮ MMD-as suggested multi-month dispense of ART along with education of community on MMD.

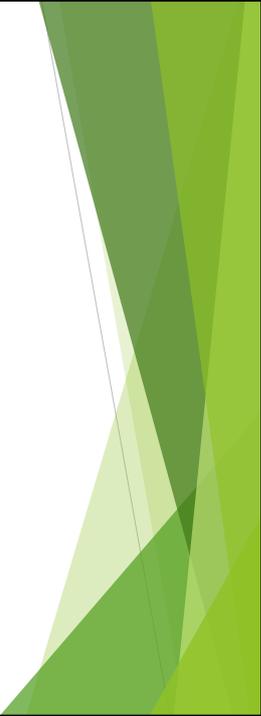
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Community Led Monitoring

Members of the group felt that there is a need of capacity building of community members on concept of community lead monitoring and involvement of community in CLM.

7



THANKYOU

8

ANNEXURE 12

PLHIV-Capacity Building

Member: Dr. Sampath (moderator), Dr. TLN Prasad, Ms. Shabana Patel, Ms. Shadna Jadon, Naresh Yadav, Ram Mohan, U Anjiyana Reddy, Rajiv Kumar, Dinesh Kumar, Dr. Vijayraman, Mr. Archit Sinha, Rajeev Sindhu

Dec-21

1

PLHIV Champions

Suggest PLHIV champions to be drawn from

Adult (male and female)

Young and adolescent PLHIV
(where feasible)

KP PLHIV-typology wise, young and
adolescent (where feasible)

Dec-21

2

Module on PLHIV Champions

Dec-21

At the end of the training the PLHIV Champions will

- Discuss/demonstrate the basic steps/skills on leadership
- Discuss the steps of community mobilization
- State the key elements of advocacy
- Explain the process of knowledge development

3

Discuss/demonstrate the basic steps/skills on leadership

Dec-21

At the end of the training the PLHIV champions will

- Explain/demonstrate the concepts/skills on communication, motivation, counselling, negotiation skills
- Demonstrate skills on problem solving, decision making, facilitate community for network formation, and managing community dynamics
- Knowledgeable/informed: Explain key elements on treatment education and prevention (PrEP-PEP)
- Support national HIV programme to achieve 95.95.95 goals

4

Discuss the steps of community mobilization

Dec-21

At the end of the training the PLHIV champions will

- Demonstrate basic skills on community mobilization- demand generation and networking
- Explain the key features of the acts (legal rights)
- List the available HIV, health and social services
- Demonstrate approaches for mobilizing community to improve service uptake

5

State the key elements of advocacy

Dec-21

At the end of the training the PLHIV champions will

- Explain the basic steps of networking with various line departments
- Discuss the steps in raising issues of stigma/discrimination in various settings (health setting, police and community settings)
- Implement steps for accountability- demonstrating simple tools on community feedback

6

Explain the process of knowledge development

Dec-21

At the end of the training the PLHIV champions will

- Demonstrate basic skills on documenting information generation and data collation
- Support in developing a resource directory
- Support in replication of best practices

ANNEXURE 13

Group Work – CBO Capacity Building

Members:

Santosh Kumar; Anand Chandrani; Koushalya; Anupriya; Sumita Taneja; Dr Rita Prasad; Nidhi Rawat; Binoy; Dr.Girija Thakur , Dr Bitra George

1

Capacity Building of CBOs: General Principles

- Conduct baseline assessment of organizations (Tools – SWASTI; FHI 360/EpiC India)
- Divide CBOs into (a) Nascent/new (b) Growing (c) Mature
- Develop specific capacity building plans based on specific gaps identified in the baseline assessment and the stage of the organization
- Areas identified for Capacity Building of CBOs:
 - (a) Organizational Governance
 - (b) Financial Management
 - (c) Resource Mobilization and sustainability

2

Organizational Governance

- Most important for nascent or new organization
- Mission and Vision statement
- Governing Body
 - Membership and term of Governing body members
 - Revolving term for Governing body members/Trustees to ensure that there is no vested interests
 - Ensure that community members function as observers within the Board and get mentored for second line leadership
 - Develop criteria for selection of Governing body members
 - Explore opportunities for funding Governing/Board members (beyond project funded activities) as resource persons/trainers to keep members motivated
 - **Unpaid leadership cannot be sustained**

3

Organizational Governance

- Training of governing members on a periodic basis (3 -6 monthly) basis; mentors selected to support new Board members for skill building
- Exposure visit to mature CBOs for immersion training of Governing members and second line leadership
- Governing Body members should have different skills sets (finance; advocacy)
- HR policies
 - 🕒 Organizational rather than project specific
 - 🕒 Organogram; job descriptions; time sheets
 - 🕒 Inclusion; gender
 - 🕒 Sexual harassment committee
 - 🕒 Whistle blower committee
 - 🕒 Child protection policy
- SACS/DAPCU – Promote volunteers and interns to visit CBOs rather than mature NGOs

4

Financial Management

- Most CBOs have weak systems for finance management
- Even if system exists, it is seldom followed by CBO staff
- Finance point person – usually a part time person; cannot handle multiple projects
- Ability to maintain book of accounts; external audits; Tally software and renewal; computerized system (upgraded every five years) and prepare financial reports
- 12 A; 80 G certification; FCRA for external funding
- Develop minimum standards of financial management for CBOs
- System of internal audit within mature CBOs
- Build corpus funds which is rotated – seed money required in government supported projects
- System for procurement and purchases of goods and services

5

Resource Mobilization for Sustainability

- Poor documentation skills – capturing life stories in documents; video clips; annual reports and case studies
- Advocacy and networking skills
- Proposal development; stakeholder management and PR
- Social enterprise models (Dostanasafar) – TG population in Bihar
- Resource mapping and resource directory (health, social entitlements and other schemes of government, private sector and individuals)
- Lobby with Ministry of Corporate Affairs to keep HIV/AIDS program support as part of CSR priorities
- Advocacy with FICCI/ASSOCHAM on funding for MSM issues; HIV positive children and families; women living with HIV
- Inclusion policy within corporate to employ LGBTQI+ within their companies

6

Resource Mobilization for Sustainability

- Innovative fund raising – crowd funding
- Skill development of KPs especially TGs – Skill Development Council
- In kind support for KPs – nutrition; education support for children; sewing machines
- Marketing of CBOs – corporates, private companies and PSUs with broader Vision and Mission (Women, children, gender issues beyond HIV/AIDS)
- Social media campaigns/updating web sites of CBOs

7

Additional Areas of Capacity Building

- Program Management
- M&E and reporting
- Conflict management (within organization)
- Negotiation skills
- Advocacy skills
- Process of setting up and sustaining a CBO

8

Suggested Operational Plan

- Assessment of CBOs using SWASTI or EpiC tool
- Module developed on CBO Capacity building and available on LMS portal for all CBOs
- Resources for capacity building of organizations to be combined with service delivery activities and outcomes
- Mentoring of CBOs provided by TSU/DAPCU

ANNEXURE14

Consultation Participants: Community Representatives

SN	Name	Organisation	E-mail ID
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21	Ms. Sayra Khan	CARD Bhopal	
22	Ms. Babli	Community	
23	Ms. Sheela Chauhan	Community	
24	Ms. Reena	Community	
25	Ms. Mamta	Community	
26	Ms. Priyababu	Community	
27	Mr. Tulsi	Community	
28	Ms. Smaran	Community	
29	Ms. P. Radhika	Community	

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19	Mr. Awanish Awasthi	TL-HR, HLPPT	aawasthi@hlppt.org
20	Mr. Ajay Kr. Sharma	Manager-HR, HLPPT	ajaysharma@hlppt.org
21	Mr. Ajay Jha	Manager-Finance, HLPPT	
22	Ms. Shweta Srivastava	Dy. Manager-HIV/AIDS, HLPPT	shwetass@hlppt.org
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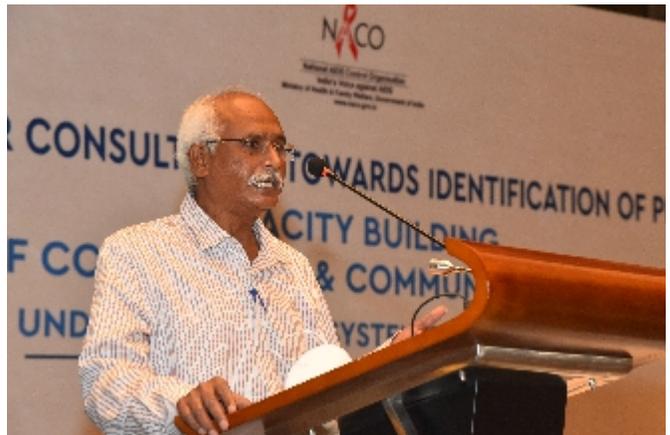
Inaugural Session



Presentations and discussion on Community Need Assessment and CSS



Group Work on Identification of Priority Areas for Capacity Building



Interactive Sessions



Felicitation _ Valedictory

