



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



# STANDARD OPERATING PROCEDURE ON IDENTIFICATION OF COMMUNITY CHAMPIONS UNDER COMMUNITY SYSTEM STRENGTHENING

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# Acronyms

AGW:	Adolescent Girl and Women
AIDS:	Acquired Immunodeficiency Syndrome
ANC:	Antenatal Care
ART:	Antiretroviral Therapy
CAB:	Community Advisory Board
CBO:	Community Based Organizations
CLM:	Community Led Monitoring
CSS:	Community System Strengthening
DAPCU:	District AIDS Prevention and Control Unit
DLN:	District Level Network
EOI:	Expression of Interest
FSW:	Female Sex Worker
HIV:	Human Immunodeficiency Virus
HRG:	High Risk Group
HSS:	HIV Sentinel Surveillance
IDU:	Injecting Drug User
KP:	Key Population
LWS:	Link Worker Scheme
MSM:	Men who have Sex with Men
NACO:	National AIDS Control Organization
NACP:	National AIDS Control Programme
NGO:	Non-Government Organization
PLHIV:	People Living with HIV
PWID:	People Who Inject Drugs
SACS:	State AIDS Control Society
SoP:	Standard Operating Procedure
TG:	Transgender
TI:	Targeted Interventions
ToR:	Term of references
TSU:	Technical Support Unit

## Objective of the Document

The Standard Operating Procedure (SOP) for Identification of Community Champions has been developed to provide guidance on the process of identifying Champions from the Community of PLHIV and KPs, the criteria for selection of the Champions as well as their roles and responsibilities envisioned under CSS.

The main objective of this document is to ensure that a systematic, effective, and standardized process is employed to identify the Champions from the Community across the country. It is also intended that the SOP will be utilized by Community Systems Strengthening (CSS) implementing partners, State AIDS Control Societies (SACS), District AIDS Prevention and Control Unit (DAPCU), Technical Support Unit (TSU), Non-government organizations (NGOs)/ Community based organizations (CBOs).

## Background of National AIDS Control Program



Since the inception of the National AIDS Control Programme (NACP) under the National AIDS Control Organisation (NACO), the Community has been at the centre of the HIV/AIDS response in India.

India is one of the countries in the Asia Pacific region that have recorded a significant decrease in new infections among Key Populations (KP) and significant increase in providing access to treatment among people living with HIV infection. The HIV Sentinel Surveillance Report of 2017, however, shows that the HIV epidemic continues to be concentrated with relatively higher prevalence among high-risk groups comprising Female Sex Workers, Men who have sex with men, Hijra/Transgender, Injecting drug users, and bridge population groups. The highest prevalence recorded in the 2017 rounds of HSS was among injecting drug users at 6.26%, Hijra/Transgender at 3.14%, Men who have sex with men at 2.69% and Female Sex Worker at 1.56%, while the observed HIV prevalence among ANC clinic attendees, considered a proxy for general population, was 0.22% as per the India HIV Estimates 2019 report.

Since the inception of the National AIDS Control Programme (NACP) under the National AIDS Control Organisation (NACO), the Community has been at the centre of the HIV/AIDS response in India. The strategies adopted by NACO for prevention, treatment and care have predominantly worked because the National Program has kept the centrality of its response with key populations as well as PLHIV, such that the program is in constant consultation and conversation with them in advancing the response. NACO has an integrated system to ensure involvement of High-Risk Group and People living with HIV in program development, implementation and sharing feedback on the service through National level Technical Resource group and Technical working group. State level Community Advisory Board (CAB), representation in NACO ethics committee, research studies, surveillance activities are some examples of Community engagement at every level.

The fast-track targets and India's commitment to end AIDS by 2030, warrant focused and stronger attention of Community involvement in the prevention response in India. The NACP V focuses on Community system strengthening (CSS) and empowerment and calls for Community engagement at different levels including cadre of health delivery system, at both NACO and SACS level. Community Systems 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 monitoring.

## Background of Community System Strengthening:

Community Systems Strengthening (CSS) is an approach that promotes the development and reinforcement of informed, capable, coordinated, and sustainable structures, mechanisms, processes, and actions through which Community members (KPs and PLHIV), their organizations, and groups interact, coordinate, and deliver their responses to the challenges and needs affecting their communities. It increases both the reach and sustainability of programs.

The objective of Community Systems Strengthening is to achieve the goals of National AIDS Control Programme (NACP), viz.,

- Greater meaningful involvement of Communities (and their organisations) in planning, monitoring, evaluation and implementation of the NACP.
- Developing structured systems of Community engagement within NACP

**There are four core strategies under Community system strengthening namely:**

- 1. Community mobilization (social mobilization):** This is the first step towards reaching all KPs and PLHIV and developing Community systems. Through the earlier phases of NACP, while several formal and informal groups have formed, there is a need to ensure that the diversity of the KPs and PLHIV are able to engage with the NACP. There is a lack of focused interventions for women living with HIV, women who belong to key populations (women who inject drugs, transwomen), adolescent girls and women (AGW), children living and affected with HIV along with young people living with HIV. Hence, there is also a need for these vulnerable groups that do not fall in any of the NACP defined high risk groups to be mainstreamed in the HIV intervention to ensure better outcomes in the overall HIV response.
- 2. Institutional capacity building and leadership development:** Establishing and enhancing capacities of Community-led institutions has been a proven strategy to empower communities to be able to contribute to the National Programme. These institutions include Community-based organisations, and Community networks at district, state and national levels, as appropriate. While many institutions exist, there has been variable support available to them and not all play a strong role within the National Programme.
- 3. Community led planning, monitoring and redressal:** Strengthened communities are equal stakeholders in planning, implementation, monitoring and improvements to the National Programme. This has been a mainstay of the National Programme over many decades but it is time to revitalize this by ensuring that there are structured mechanisms for participation and accountability - of organisations to their members, of programmes to the users.
- 4. Community led advocacy and research:** The contexts and needs of the different KPs and PLHIV groups across the country are diverse and require localized understanding and response. Towards this, sustained evidence generation through Community led research is planned to adapt existing programmes and implement innovative solutions as per local needs.

## Rationale for establishing the Community Championship Initiative

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NGOs, Community organisations and Networks, at District, State and National level have largely been the mechanisms through which participation of the Community in the National Programme has been possible over the last few decades. While NACP remains a programme with the most engagement of the Community, there is recognition that the goals of the programme will be achieved only if we were to further develop mechanisms and pathways that enable increased and meaningful Community participation, especially from the States where previous efforts in developing Community organisations and networks has not received much attention.

In order to adequately represent the estimated 23 lakh PLHIV as well the 0.22% of the adult population who are at risk (key populations and vulnerable groups), the need to try different approaches to build Community capacity as well as mechanisms for participation is acknowledged. Community Championship is one mechanism that is being adopted as part of the CSS strategy to bring forth Community voices, create opportunity across different typologies of key populations, vulnerable groups and PLHIV to engage as per their strengths and create structured engagement processes within the NACP.



## Role and engagement of Community Champions

Community Champions are individuals from the Community (key population, PLHIV and vulnerable groups) who are willing to play an active role with the National Programme and actively support or defend the cause of their Community.

Champions are unlikely to play a uniform role since each person will come with their strengths and represent their local context and Community.

### The expectations from the Champions are as follows:

- 1) Increase their understanding of the various components of the National Programme and communicate the same with their peer networks
- 2) Provide inputs to the National Programme through the various mechanisms available and encourage their peers to participate as well. All Champions will undergo capacity building in collaboration with partners engaging in implementation of CSS including under Global Fund Grant 2021- 2024. Resources required by Champions will be developed as per the needs of the Champions and the various activities under CSS (Community-led monitoring, leadership development etc)

In the long term, we expect the Champions to emerge as a local resource pool who are available to their own Community as well as to the National Programme. The Championship model is currently being rolled out by various partners and there is likely to be significant evolution of this concept over the course of the next few years. As learning from the Champions and from various partners supporting them becomes available, the learning will be incorporated into the Championship model and expanded across the country.

## Terms of Reference for Community Champions

### Terms of Reference (ToR) of Community Champions:

The Community Champions will bring the voice and needs of the Community to the NACP and work with other stakeholders at the district level, including district level networks, CBOs and NGOs.

The Champions's role is voluntary, each Champions will take up some of the following work in their districts, without any additional remuneration.

1. Strengthen the concept of 'Community Championship' to include Community representatives in all aspects of program planning, implementation, and monitoring.
2. Identify the Community needs and support CRG in advocating for their addressal with multiple stakeholder
3. Support SACS/ TI in mobilizing KPs / PLHIVs for specific events (supported by SACS)
4. Engage with CBO/DLN on CSS related Activity
5. Attend training programs as and when required under the Community Championship Program.



## Selection Criteria for Community Champions

The selection criteria will be determined by two factors primarily, viz.,

### Essential criteria:

The following are non-negotiable

- Community member above 18 years of age
- Belonging to KPs or PLHIVs or specific sub-groups (adolescent PLHIV, youth women, transmen etc.) ●
- Fluent in the local language of the local region.

### Desirable criteria:

In addition, the following are desirable characteristics

- Have a large network of peers
- From the local district and state.
- Able to understand and communicate the Community's needs.
- Is active within Community initiatives, is motivated to contribute to Community empowerment and ensure Community participation in enhancing the NACP programme
- Are not employed full-time within the NACP program (within TI, ART centres etc.) to prevent conflict of interest

## Selection methodology for the Community Champions

The selection process of Community Champions will be a two-step approach. The overall monitoring of the Championship model will be done at the national level, though the selection will be conducted at the district level.

### 1. Nomination process

SACS will release the EOI<sup>1</sup> calling for nominations for Community Champions.

- A). The Community networks, CBOs and civil society organisations, as well as TI, LWS and ART can send their nominations of individuals
- B). Individuals can send in their self-nominations

### 2. Selection process:

The nominations/EOIs<sup>2</sup> will be listed and further, collated by the SACS.

The collated nominations are shared to the Selection Committee for finalization.

## Community Champions Selection Committee:

The selection committee will be formed at the State level with a maximum of 10 members.

1. Equal representation of communities will be undertaken in the state level selection committee.  
**(5-7 members)**

This will consist of 1 member representation each from: FSW network, MSM Network, TG Network, PWID network & PLHIV network<sup>3</sup>.

2. One member from anyone GFATM or other implementing partners  
**(1 or 2 member)**
3. One member either from SACS/DAPCU  
**(1 member)**
4. Representation from civil society organisations working in the field of HIV  
**(1 Member)**

*1 The SACS will publish the EOI and ensure its circulation to the Community level especially in Non-TI and Non-CBO settings. CSS Team will also ensure its circulation.*

*2 There is no limit to the number of nominations that can be sent to the SACS for the position of Community Champions from districts and from each typology.*

*3 In absence of the network representation in a geographical area, the Community members from that area can be part of the selection committee. If there are specific sub-groups to be included, then Community representation can be increased*

## Role of Selection Committee

The nominations will be listed and further, collated by the SACS. The collated nominations will be segregated KP / PLHIV & district wise and shared to the Selection Committee for district wise selection process of the Community Champions (2 Champions from each typology). The selection committee may adopt the suitable method for selection of the Community Champions from the nominated list. The Selection Committee is entitled to choose any one or more alternative options as tools for selection of Community Champions. This may include -

- 1. Draw / Lottery Method**
- 2. Voting**
- 3. Interview / Rating Sheet**

This may be based on 1) fluency in local language, 2) ability to deliver the messages, 3) information about Community networking and needs, and 4) their knowledge or understanding about HIV & AIDS. The Selection Committee should ensure adequate representation of PLHIV & KPs (minimum 2 Community Champions from each typology) and should also ensure the geographical representation into consideration (rural - urban / district headquarter - blocks).

### Timeline for Selection Process

The selection process will have a fixed timeline of 40 calendar days from release of EOI to finalization of the selection list.

- The release of EOI would mention filing of nomination within 15 days.
- 5 days are advised for collation, segregation of nominations (KP & PLHIV and district wise) and sharing with the Selection Committee by SACS.
- The Selection Committee may choose any of the methodology listed above for the selection process and finalize the list of Community Champions in 20 days. The list of selected Community Champions will be shared with SACS and NACO. (and further with the implementing partners)

# Annexure 1: EOI Sample Proforma:

## State AIDS Control Society (SACS)

Nominations are invited from eligible candidates in prescribed format for engagement of Community Champions from each of the Key Populations (MSM, FSW, IDU & TG) & PLHIV Communities on volunteer 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 Systems 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 15 days after this EOI through any of the methods (email / post / by hand).

**Please note: This is a volunteer position**

**Nomination for the District:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Belongs from which key population or PLHIV:** \_\_\_\_\_

Self-attested  
Passport size  
photograph

\_\_\_\_\_  
**Languages known:** \_\_\_\_\_

**Exposure in the field of HIV & AIDS (type of exposure and duration) :** \_\_\_\_\_

\_\_\_\_\_  
**Current Address:** \_\_\_\_\_

\_\_\_\_\_  
**Permanent Address:** \_\_\_\_\_

## References:

### References:

Name:

Designation:

Address:

Contact Details (Phone no & e-mail id):

**Name:**

Designation:

Address:

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.

**Candidates Signature with date**

## Credits

This Standard Operating Procedure on Identification of Community Champions has been finalised in guidance of Shri Alok Saxena, Additional Secretary & Director General, NACO, Ms. Nidhi Kesarwani, Director, NACO, Dr. Shobini Rajan CMO SAG, NACO, with the active participation, contributions and inputs of CSS NWG, Community Representative, Development and Implementing Partners, CSS Team NACO. The names of the contributors are as -

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