

## State Community Resource Group (S-CRG)

### Terms of reference

Community engagement is a fundamental preparatory process for program implementation under NACP, wherein NACO engages and involves key local stakeholders and community members to foster a sense of ownership among community members and creating conducive environment for a smooth and successful implementation of the program activities. As a part of community preparation, the formal structure of CRG will be established in each state to identify, understand, resolve and address the community's concerns. This structure will have representation from KPs (FSW, MSM, H/TG, PWID) & PLHIV communities.

### Objectives

- Facilitation of activities and interventions to be implemented under NACP to facilitate and augment the community participation in planning, implementation and supportive supervision across the care continuum.
- Meaningful engagement and involvement of KPs & PLHIV community members by establishing formal structures within the state.
- Facilitation of maximum support and cooperation from the community during the implementation of interventions.
- Timely identification and redressal of issues of stigma and discrimination escalated from District CRGs.

The State CRG will be formed in each of the state with a majority of community representation. The State CRG will be constituted before initiation of the implementation irrespective of number of population groups being planned for HIV interventions in the state.

- The State CRG will comprise key persons from the KPs, PLHIV and youth Communities and stakeholders under the chairpersonship of Project Director, SACS and a representative from the community will be selected as a Co-Chair on a rotational basis.
- The nodal officer of National AIDS Control Program (usually the Additional Project Director or Joint Director nominated by PD) will be responsible for facilitating and monitoring of the CRG at the state level.
- The S-CRG will meet on a Quarterly basis (& as and when required) on HIV service provision and activities envisaged under NACP.
- **The member's tenure of the CRG will be maximum for a period of two years and can be extended based on consensus from the group.**
- A quorum is required for conducting CRG Meetings, with the presence of two thirds members (to ensure representation of each KP typology as applicable and of PLHIV and youth representation in the state).
- The expenditure for functioning of the S-CRG will be undertaken by SACS in consultation with NACO and will be regulated in accordance with the instructions issued from time to time by NACO.

**Key Stakeholders of State Community Resource Group (S-CRG): maximum number 12.**

<b>Chair</b>	Project Director, SACS
<b>Co-Chair</b>	Community representative
<b>Members</b>	One each from Population under NACP programs—PLHIV, FSW, MSM, H/TG, PWID and youth representative <sup>1</sup> .  SACS/TSU <sup>2</sup>
<b>Member Secretary</b>	Nodal officer of National AIDS Control Program (Additional Project Director or Joint Director nominated by PD)
<b>Special Invitees</b>  (Based on the involvement or need concerned)	From all NACP facilities <sup>3</sup> , and CSOs/NGOs working in the state, State Authorities from department of Health, Health Education, Social Justice and Empowerment, Social Welfare, Panchayati Raj Institutions, Rural Development, Public Distribution, Prison/Jail, Skill Development & Entrepreneurship, SALSA, appropriate NGO working in development sector in the non-covered locations.  <b>Institutions:</b> Research Institutions such as Universities, Department of PSM, Medical College, Department of Social Work / Sociology / Anthropology / Psychology, etc. Health Research Institute, etc.

*\*The Chair may co-opt the chair position as 2 Co-Chair to aid him/her in the CRG proceedings.*

**Terms of Reference:**

1. To work as an advisory body for appropriate redressal of identified / escalated issues including stigma and discrimination from District Community Resource Groups (D-CRGs), provide probable solutions with timelines and engagement with relevant stakeholders. To also escalate issues/concerns/etc with NACO directly in case of non-resolution of issues raised and highlighted.
2. To review the existing guidelines for HIV comprehensive services in the state and recommend for better implementation of NACP.

<sup>1</sup> Youth population: up to 29 years of age (Source: NACO Red Ribbon Club Guidelines 2015) and from PLHIV and KP group.

<sup>2</sup> In the absence of TSU in a particular state, any one of the agencies providing technical support to SACS will be considered

<sup>3</sup> For TIs: TI representative should be from CBO TI, and in the absence of a rep from CBO TI, the representative to the CRG should be accompanied by a community member.

3. To support SACS / D-CRG for technical inputs and guidance on planning, monitoring & evaluation, and implementation of NACP and facilitate discussion for redressal of issues concerned with various departments / agencies for service provisions in the state.
4. Provide recommendation to SACS/NACO on community led initiatives like CSS, SSS, virtual intervention, One Stop Centers, etc as and when applicable.
5. To review reports on “action taken” and CLM implementation reports at the state and district level on a quarterly basis.
6. Any other engagement as required and deemed appropriate by SACS and/or NACO.

**Note:** *the existing structure of State Steering Committee formed under pMPSE may be reconstituted and renamed as State Community Resource Group (S-CRG) that would engage as advisory body at state for various interventions under NACP.*

# District Community Resource Group (D-CRG)

## Terms of Reference

Community engagement is a fundamental preparatory process for program implementation under NACP, wherein NACO engages and involves community members and key local stakeholders to foster a sense of ownership among the community to create a conducive environment for smooth and successful implementation of the program activities. As a part of community preparation, the formal structure of CRG will be established in each district where intervention and implementation activities are planned, to identify, understand, resolve and address the community's concerns. This structure will have representation from HRG and PLHIV community.

### Objectives

- Facilitation of activities and interventions to be implemented under NACP to facilitate and augment the community participation in planning, implementation and supportive supervision across the care continuum.
- Meaningful engagement and involvement of HRGs and PLHIV community members by establishing formal structures within the districts.
- Facilitation of maximum support and cooperation from the community during the implementation of interventions.
- Timely identification and redressal of any issues of stigma and discrimination raised through the community.

The district CRG will be formed in each of the relevant districts before the initiation of implementation of NACP program activities. The district CRG will be constituted where interventions and activities are planned under comprehensive HIV services. Also, irrespective of number of population groups being planned for HIV interventions in the district, there will be only one CRG in the district concerned.

- The CRG will comprise key persons from the KPs, PLHIV and youth communities and stakeholders under the chairpersonship of the District Collector/ District Magistrate (or persons nominated by DC) of the district and a representative from the community will be selected as a Co-Chair on a rotational basis. **In case, the District Collector/ District Magistrate deposes an alternate to the Chair, a review/briefing meeting on agenda points after each CRG meeting by the Nodal Officer.**
- The nodal officer of National AIDS Control Program (usually the District Officer) will be responsible for facilitating and monitoring of the CAB at the district level. The nodal officer will also be responsible for sharing the D-CRG reports including action taken reports, CLM implementation report, etc to the S-CRG on a monthly basis.
- **The member's tenure of the CRG will be maximum for a period of two years and can be extended based on consensus from the group.**
- The CRG will meet on a monthly basis (& as and when required) under the chairmanship of the chairperson or co-chair on HIV service provision and activities envisaged under NACP.
- A quorum is required for conducting CRG Meetings, with the presence of two thirds members (to ensure representation of each KP typology as applicable and of PLHIV and youth representation in the district)

- It is also required for the names of the D-CRG members to be displayed at the DAPCU office.
- The expenditure for functioning of the D-CRG will be undertaken by SACS in consultation with NACO and will be regulated in accordance with the instructions issued from time to time by NACO.

**Key Stakeholders of District Community Resource Group (D-CRG) *maximum number 10.***

<b>Chair *</b>	District Collector (or a person nominated by the DC)
<b>Co-Chair</b>	Community representative
<b>Members</b>	One each from Population under NACP programs—PLHIV, FSW, MSM, H/TG, PWID and youth representative <sup>4</sup> .  SACS/TSU <sup>5</sup>
<b>Member Secretary</b>	DACO
<b>Special Invitees</b>  (based on the involvement or need concerned)	From all NACP facilities <sup>6</sup> , District administrative authorities, District Medical and Health Officers (DMHOs), MSJE nodal officers, MSJE NGOs, appropriate NGO working on development sector in the non-covered locations as well as appropriate prison authority at the district level. Community gatekeepers <sup>7</sup>

*\*The Chair may co-opt the chair position as 2 Co-Chair to aid him/her in the CRG proceedings.*

**Terms of Reference:**

1. To work as an advisory body for community led monitoring implementation and appropriate redressal of identified issues including of stigma and discrimination, provide probable solutions with timelines and engagement with relevant stakeholders.
2. To support SACS/DAPCU/Clusters with community inputs on their implementation plans and service provisioning activities under NACP, prior to submission to NACO for approval and ensuring information flow to the communities on approval of the interventions.

<sup>4</sup> Youth population: up to the age of 29 years. (Source: NACO Red Ribbon Club Guidelines 2015) and from PLHIV and KP group.

<sup>5</sup> In the absence of TSU in a particular state, any one of the agencies providing technical support to SACS will be considered

<sup>6</sup> For TIs: TI representative should be from CBO TI, and in the absence of a rep from CBO TI, the representative to the CRG should be accompanied by a community member.

<sup>7</sup> They are not from the HRGs population but include anyone with influence and who work closely with the community. It includes a range of stakeholders, such as madams, brokers, lodge owners, pimps, community activists, local political figures and other opinion leaders from the HRG community

3. Periodic monitoring towards providing supportive supervision to ensure guidance based on information from the grassroots to the SACS.
4. Provide recommendation to SACS/NACO on community led initiatives like CSS, SSS, virtual intervention, One Stop Centers, etc. as and when applicable.
5. Any other engagement as required and deemed appropriate by SACS and/or NACO.