

**MEMORANDUM OF UNDERSTANDING**

**This Memorandum of Understanding (MoU)**

**signed on**

**26<sup>th</sup> day of August, 2019**

**Between**

**Department of Social Justice and Empowerment**

**Ministry of Social Justice and Empowerment**

**&**

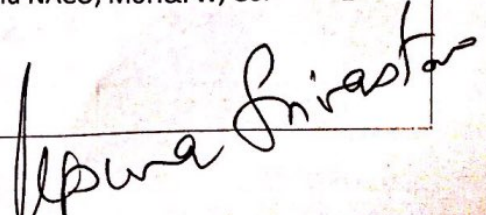
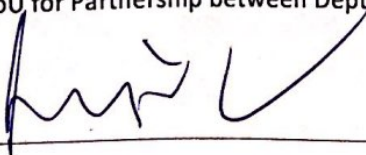
**National AIDS Control Organisation**

**Ministry of Health and Family Welfare**

**Government of India**

MoU for Partnership between Dept. of Social Justice & Empowerment and NACO, MoH&FW, Gol

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## Introduction

India has one of the largest numbers of population living with HIV/AIDS in the world. Given the adult (15-49 yrs) prevalence rate of 0.22 percent, 21.4 lakh people are estimated to be living with HIV/AIDS in the country<sup>1</sup>. HIV is driven by a number of socio-economic factors; therefore, health interventions alone are not sufficient to address causes and consequences of the epidemic. It requires a multi-faceted and multi-sectoral response. Mainstreaming approaches to HIV have increasingly gained ground with the realization that the non-health sector can play an important and meaningful role in reducing vulnerability to HIV and mitigating its impact on those infected and affected.

Drug and substance abuse is a serious problem adversely affecting the social fabric of the country. Addiction to drugs not only affects the individual's health but also disrupts their families and the whole society. Regular consumption of various drugs and psychoactive substances leads to drug dependence of the individual. Some drug compounds may lead to neuro-psychiatric disorders and other diseases such as cardiovascular diseases, as well as accidents, suicides and violence. Therefore, drug abuse needs to be viewed as a psycho-social-medical problem. This requires a multi-sectoral collaboration so that the affected individuals are brought back into the mainstream society.

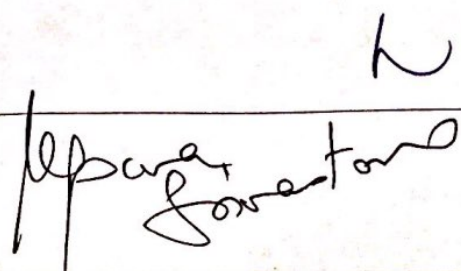
National AIDS Control Organisation (NACO), Ministry of Health & Family Welfare and Department of Social Justice and Empowerment (DoSJE), Ministry of Social Justice and Empowerment are hereinafter referred to together as "the parties".

### Article 1

#### 1. NATIONAL AIDS CONTROL ORGANISATION (NACO)

- 1.1 National AIDS Control Organisation (NACO) is nodal agency for coordinating response with respect to Human Immuno Deficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) in India. National AIDS Control Organisation (NACO) has initiated several measures towards mainstreaming and partnership with various relevant Ministries/Departments in the country.
- 1.2 The National AIDS Control Programme (NACP) is implemented through 38 State AIDS Control Societies (SACS)/Municipal AIDS Control Societies in states and union territories. NACP places importance on mainstreaming HIV/AIDS by a) enhancing coverage and reach by awareness generation on STI/HIV prevention and services through large population in urban and rural areas, especially informal settings consisting of migrants b) providing STI/HIV related information and services through existing health infrastructure available in various ministries/departments an autonomous bodies and c) facilitating inclusive scheme for social protection for people infected and affected with HIV/AIDS.

<sup>1</sup> India HIV Estimations 2017 Report NACO



## Article 2

### 2. DEPARTMENT OF SOCIAL JUSTICE AND EMPOWEMENT (DoSJE)

- 2.1 The Department of Social Justice and Empowerment (DoSJE) is the nodal Department for the overall policy, planning and coordination of programmes for the welfare, social justice and empowerment of disadvantaged and marginalized section of the society viz. Scheduled Caste, Backward Classes, Senior Citizens, Victims of Drug Abuse, Transgenders, Persons engaged in Begging etc.
- 2.2 As per the National Policy on Narcotic Drugs and Psychotropic Substances, 2012, different Departments/Ministries have been allocated different roles. While the Ministry of Social Justice and Empowerment is the nodal agency for drug demand reduction, the aspect of supply reduction is looked after by various enforcement agencies under Ministry of Home Affairs, Ministry of Finance and State Governments and harm reduction by the Ministry of Health and Family Welfare.
- 2.3 The Department has been implementing a Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance (Drugs) Abuse since 1985-86 for identification, counselling, treatment and rehabilitation of addicts through voluntary and other eligible organizations. Under this scheme, financial assistance is given to the voluntary organizations and other eligible agencies for, inter-alia, running and maintenance of Integration Rehabilitation Centres for Addicts (IRCA's).
- 2.4 A National Action Plan for Drug Demand Reduction (NAPDDR) has recently been prepared to focus on preventive education, awareness generation, identification, counselling, treatment and rehabilitation of drug dependent persons and training and capacity building of the service providers through collaborative efforts of the Central and State Governments and Non-Governmental Organizations. It is envisaged that the NAPDDR will be implemented both through the States and directly by the Department of Social Justice and Empowerment through the National Institute of Social Defence (NISD).
- 2.5 NISD is an autonomous body under the Ministry of Social Justice and Empowerment which is the nodal training and research institute for interventions in the area of Social Defence. NISD is currently focusing on human resource development in the areas of drug abuse prevention, welfare of senior citizens, beggary prevention, transgender and other social defence issues. A National Centre for Drug Abuse Prevention (NCDAP) has been set up in the NISD since 1998 to provide technical support to the Government on policies relating to substance abuse prevention and facilitate a wider and improved coverage of services throughout the country for substance demand reduction. The NISD carries out programmes for capacity building and training of functionaries of de-addiction centres through NCDAP. NCDAP in the NISD has been identified as a nodal agency which would be responsible for conceptualizing, framing and implementing the activities of the NAPDDR across the country and liasoning with various stakeholders for conduction of programmes covered under the NAPDDR.

*Mona Misra*

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### Article 3

#### 3. RATIONALE FOR MAINSTREAMING HIV

- 3.1 The epidemic in the country is changing according to emerging vulnerability factors related to poverty, migration, marginalization and gender. Realizing that larger contextual factors and social marginalization have a significant relationship with vulnerability to HIV/AIDS, the need for collaboration between sectors, structures and systems those deal with these issues becomes important. Some of the high risk groups like Female Sex Workers (FSW), Injecting Drug Users (IDUs), Men who have sex with men (MSM), Persons engaged in begging, Hijra and Transgender which are more vulnerable to HIV are also target groups of DoSJE. The Department of Social Justice and Empowerment (DoSJE) can play a crucial role in prevention of new infection and mitigation of its impacts.
- 3.2 The target groups of NACO and DoSJE are quite similar. The vulnerable groups which are at high risk of HIV infection are Transgender, Injecting Drug Users (IDUs), Female Sex workers (FSW), Men who have sex with Men (MSM), Truckers, Persons engaged in begging etc. These groups are also at greater risk of alcohol and drug use.
- 3.3 Also the nature of the problems/issues faced are similar as far as the target groups are concerned. The stigma, discrimination and social exclusion issues faced by persons infected / affected by HIV/AIDS and HIV High Risk Groups are similar in nature to those faced by vulnerable populations targeted by welfare schemes of Department of Social Justice and Empowerment (DoSJE).
- 3.4 Therefore, Department of Social Justice and Empowerment (DoSJE) and National AIDS Control Organisation (NACO) need to work together in close coordination and cooperation with each other. Department of Social Justice and Empowerment (DoSJE) can support the national goals and objectives of HIV prevention and impact mitigation by a) enhancing coverage and reach by information on HIV, STI prevention and services to the population, b) Help mitigate the impact of HIV/AIDS on families and the society by ensuring greater access of population vulnerable to HIV, children affected by HIV/AIDS, infected (People Living with HIV/AIDS) and affected communities to social welfare scheme of the ministry c) Help to reduce social stigma and discrimination associated with HIV/AIDS through its work on mass awareness generation of People Living with HIV/AIDS (PLHIV) and affected individual/ groups.
- 3.5 Similarly, NACO can support the objectives and activities of National Action Plan for Drug Demand Reduction and DoSJE may support the objectives and activities of harm reduction strategy for Injecting Drug User (IDU) in terms of enhancing awareness, capacity building establishing linkage of Integration Rehabilitation Centres for Addicts (IRCA) with Opioid Substitution Therapy (OST) Centres and targeting vulnerable groups for de-addiction and rehabilitation.

*Mona Singh*

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#### Article 4

#### 4. RATIONALE FOR MAINSTREAMING VICTIMS OF DRUG ABUSE, TRANSGENDER AND PERSONS ENGAGED IN BEGGING

- 4.1 Surveys indicate the rising incidence of drug abuse in children and youth and the lack of adequate facilities for rehabilitation. The vulnerability of injecting drug users (IDUs) to get co-infected with HIV/AIDS, due to sharing of needles and syringes and risky sexual behaviour makes the problem of drug abuse even more serious.
- 4.2 Drug abuse has a negative impact on every aspect of user's life – physical health, social and family life, occupation, finances etc. It contributes to the burden of disease and is a risk factor for premature deaths and disabilities. Therefore, drug abuse has to be viewed as a psycho-socio-medical problem, which requires a combination of medical treatment and psycho-social intervention
- 4.3 To tackle the problem of drug abuse, coordinated and consistent efforts of DoSJE and NACO are required so as to minimise the harmful health and social consequences of the drugs consumed as well as reduce the demand for drugs by those using them. DoSJE is making efforts to improve evidence and information on the extent, pattern and trends of drug abuse in the country. The evidence and information gathered by the department can be strategically used for planning appropriate targeted interventions. While on the other side, the existing framework of NACO can be utilized to identify vulnerable population and undertake community based programmes for maximum outreach. Capacity building programmes can also be carried out through State/District AIDS Control Societies of NACO to train peer educators for implementation of these programmes. Awareness generation programmes of NACO for HIV prevention can include message against ill-effects of drug abuse.
- 4.4 Further, the landmark judgment of Supreme Court of India has recognised the transgender community as a 'Third Gender' along with male and female. This benchmark judgment has given a new identity and raised new hopes for the transgender community for mainstreaming in the society.
- 4.5 The target groups of Department of Social Justice and Empowerment also include Persons engaged in begging and the Department is carrying out skill development programmes for their rehabilitation and re-integration into mainstream society. Since Transgenders (TG) and Persons engaged in begging are at a greater risk of alcohol and drug use, they require special attention in respect of awareness and comprehensive treatment programme for drug abuse. NACO can provide technical assistance to DoSJE to devise scientific evidence based programmes for vulnerable groups such as IDU, Transgender (TG) and people living in prisons. In addition to carrying out awareness generation activities against drug abuse in its community based programmes, DoSJE should establish drug de-addiction centres in all central prisons across the country (134) to treat inmates who are dependent on drugs. DoSJE should also establish referral and

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linkage mechanism in coordination with NACO for Opioid Substitution Therapy (OST) services.

- 4.6 The ministry is providing detoxification and rehabilitation, inter-alia, for the Injecting drug users through NGOs running the Integrated Rehabilitation Centers for Addicts (IRCA) spread across the country. NACO is represented in the National Consultative Committee on De-addiction and Rehabilitation (NCCDR) constituted by the MoSJE. MoSJE is represented in the National Technical Resource Group on Injecting Drug Use constituted by NACO. This collaboration needs to be sustained and strengthened.

Now, therefore, in consideration of the foregoing rationale and scope, the parties Department of Social Justice and Empowerment, Ministry of Social Justice and Empowerment and National AIDS Control Organisation, Ministry of Health & Family Welfare have mutually agreed to cooperate and collaborate in the overall goal of halting and reversing of HIV epidemic and tackling problem of drug abuse in the following areas as specified in Articles 5 to 8 of the MoU.

#### Article 5

##### 5. OBJECTIVE OF MOU

- 5.1 Inclusion of target groups of NACO and NAPDDR in the programmes of NAPDDR and NACO for awareness generation.
- 5.2 Enhanced linkages and effective co-ordination between Injecting Drug Users Targeted Intervention (IDUs-TI) supported by NACO and Integrated rehabilitation Center for Addicts (IRCA) supported by DoSJE.
- 5.3 Create awareness and educate people about the ill-effects of drugs abuse on the individual, family, workplace and the society at large and reduce stigmatization of and discrimination against, groups and individuals dependent on drugs in order to integrate them back into the society;
- 5.4 Develop human resources and build capacity in order to strengthen the service delivery mechanisms for drug addiction treatment.
- 5.5 Developing welfare scheme aiming at social inclusion and empowerment of Hijras-Transgenders which face extreme social alienation enhancing their vulnerability to HIV and drug abuse.
- 5.6 Address risk of HIV transmission among all substance users through preventive risk reduction messaging on HIV/STI and linkages with Integrated Counselling and Testing Centres (ICTC) and other services.

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- 5.7 Working towards empowerment of discriminated and vulnerable groups like People Living with HIV/AIDS (PLHIV), victims of drug abuse, female sex workers, Persons engaged in Begging , Hijras and Transgenders by nurturing a supportive and congenial environment which promotes human development by safeguarding human rights of all, providing social protection and rendering psycho-social care.

#### Article 6

#### 6. KEY DELIVERABLES

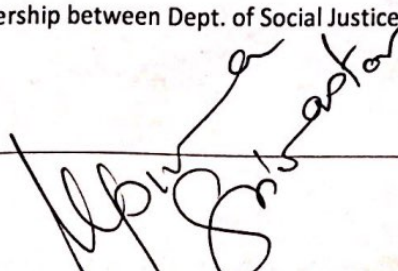
- 6.1 Issue directives or circulars to State and UTs to prioritize HIV/AIDS/Drug Demand Reduction programmes in various activities and schemes of the NACO and DoSJE.
- 6.2 Enhanced linkage and effective co-ordination between IDUs-TI supported by National AIDS Control Organisation and Integrated Rehabilitation Centers for Addicts (IRCAs) supported by DoSJE for harm reduction, socio-psycho and legal protection to victims of drug abuse including Injecting Drug Users for using Opioid Substitution Therapy (OST) as a treatment procedure for holistic recovery.
- 6.3 Include female sex workers and transgenders as target group for social defence and drug addicts as a target group for NACO.
- 6.4 Reduced incidence of social stigma and discrimination against victims of drug abuse and Children and People Living with HIV/AIDS through programme education setting.
- 6.5 Enhanced accessibility and benefits on rehabilitation to Children Affected By AIDS (CABA), People Living with HIV/AIDS (PLHIV) and target groups of DoSJE.

#### Article 7

#### 7.1 Role of Department of Social Justice and Empowerment -

##### 7.1.1 Directive

- Issuance of directive to depute a nodal officer for initiative on HIV/AIDS prevention activity with the support of State AIDS Control Society in States and UTs.
- Issuance of directive for Inclusion of HIV/AIDS prevention programmes in all Central Sector Scheme for Drug Demand Reduction for victim of substance use and other schemes of DoSJE.



### 7.1.2 Information Education and Communication

- Promotion of HIV/AIDS prevention activities through National Institute of Social Defence (NISD) and Regional Resource and Training Centre (RRTCs).
- Promotion of HIV/AIDS awareness through schemes related with Scheduled Caste Welfare and Welfare of Backward Classes
- Promotion of risk reduction activities by Integrated Rehabilitation Center for Addicts (IRCAs) for victim of substance abuse.
- Inclusion of information on STI/HIV prevention and services in all printed materials for dissemination.
- Observation of World AIDS Day, National Voluntary Blood Donation Day, World Blood Donor Day to strengthen national response against HIV/AIDS.

### 7.1.3 Trainings

- Issuance of directive for inclusion of HIV/AIDS in the training manuals of major programme/ scheme offered by Department of Social Justice and Empowerment.
- Inclusion of HIV/AIDS prevention in the capacity building activities conduct by all Regional Resource Training Centre (RRTCs) under the Scheme of Assistance for Prevention of Alcoholism and Substance (Drug) Abuse.
- Capacity building of staff of Integrated Rehabilitation Center for Addicts (IRCAs) on STI/HIV counseling, testing, and treatment.

### 7.1.4 Integration of Services

- Referral linkages for counselling and testing from Integrated Rehabilitation Center for Addicts (IRCAs)
- Referral linkages for ART services from Integrated Rehabilitation Center for Addicts (IRCAs)

### 7.1.5 Social Protection

- Issuance of advisory and directive by DoSJE for inclusion of People living with HIV/AIDS, their family and other most at risk population under its programmes of Social Defence.
- Including high risk groups in context of HIV (like Female Sex Workers, Injecting Drug Users, Men who have sex with Men, Transgenders, Persons engaged in Begging) and People Living with HIV/AIDS as priority groups for social defence programme, which will enable them to avail various opportunity for empowerment and mainstream.

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### 7.1.6 Stigma and Discrimination Reduction

- Promote enabling environment based on no stigma and discrimination to people infected and affected with HIV in all residential facilities available through various schemes by MSJE.
- Reflections of activities on HIV/AIDS carry out by MoSJE in annual report and Ministry's website. Provision of sharing of weblinks of MoSJE in NACO portal for sharing of information and vice-versa.
- Developing Hijra-Transgender specific welfare schemes after reviewing the socio cultural and human rights aspects of discrimination faced by transgender populations.

### 7.1.7 Sharing of Information

- Sharing of information on the activities carried out on HIV/AIDS prevention, reflection of activities in annual report and Ministry's website. Provision of sharing of web links of MSJE in NACO portal for sharing of information and vice-versa.

## 7.2 Role of National AIDS Control Organisation

- 7.2.1 Provide technical assistance to DoSJE in identifying vulnerable population who are highly prone to drug addiction and devise scientific evidence based drug demand reduction programmes for vulnerable groups such as IDU, prisoners, Transgender, Persons engaged in Begging, Female Sex Workers etc.
- 7.2.2 Technical assistance and infrastructural support of State/District AIDS Control Societies of NACO for conducting capacity building programmes to train peer educators and functionaries of Outreach and Drop in Centres (ODICs) for focused intervention programmes under NAPDDR.
- 7.2.3 State AIDS Control Societies of NACO would recommend suitable proposals of eligible agencies/organizations for Focused Intervention Programmes in Vulnerable Areas under the Implementation Framework of NAPDDR and also carry out regular monitoring visits of the existing programmes.
- 7.2.4 Provide technical support and assistance for building capacity of functionaries of IRCAs for treatment of drug addicts including Injecting Drug Users (IDUs).
- 7.2.5 Provide technical support and assistance for establishing de-addiction centers in closed settings such as prisons, hospitals etc.

MoU for Partnership between Dept. of Social Justice & Empowerment and NACO, MoH&FW, GoI

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- 7.2.6 Develop scientific evidence based treatment programme for de-addiction of prisoners so as to reduce transmission of infectious diseases within prison setting.
- 7.2.7 Develop mechanism for enhanced linkages and coordination between Opioid Substitution (OST) centres and Injecting Drug Users Targeted Intervention (IDUs-TI) of the NACO and IRCAs of Department of Social Justice and Empowerment.
- 7.2.8 Provide technical assistance to DoSJE in identifying vulnerable population who are highly prone to drug addiction and devise scientific evidence based drug demand reduction programmes for vulnerable groups such as Transgender, Persons engaged in Begging, Female Sex Workers etc.
- 7.2.9 Undertake consistent and coordinated efforts in liaison with NISD to ensure widespread outreach of preventive education programmes under NAPDDR.
- 7.2.10 Share nationally approved treatment protocols, guidelines and standards pertaining to STI/HIV/AIDS /ART
- 7.2.11 Strengthen inclusion of HIV prevention component under Integrated rehabilitation Center for Addicts (IRCAs)
- 7.2.12 Provide technical support and assistance in capacity building on HIV/AIDS for staff and representative of institutions affiliated with DoSJE.
- 7.2.13 Technical support and assistance to build capacity of NISD and RRTCs for integration of HIV/AIDS and initiation of harm reduction activities.
- 7.2.14 Provide technical support for preparation of relevant communication/training material for the target groups under NAPDDR.
- 7.2.15 Provide technical support and assistance in capacity building on HIV/AIDS prevention targeted to IDU, prisoners, Transgender, Persons engaged in Begging, Female Sex Workers etc.

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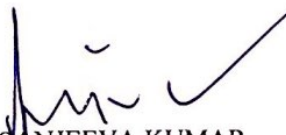
## Article 8

### 8 EXECUTION OF MOU

- 8.1 Parties will set up a Joint Working Group for drawing up an action plan for Department of Social Justice and Empowerment (DoSJE).
- 8.2 Parties would decide the modalities for execution of the proposal contained in the MOU based on the recommendations of the Joint Working Group.
- 8.3 Parties agree to collaborate and work closely for fulfillment of objectives set in the MOU.
- 8.4 Both the parties would consult each other and review the progress for implementing objectives of this MOU on quarterly basis.
- 8.5 This MOU will be operative with effect from the date 26<sup>th</sup> August, 2019 and any alteration /modifications can be carried out with the consent of both parties.

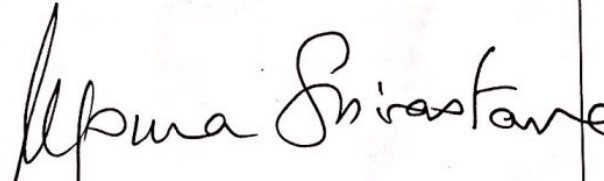
The parties herein have appended their respective signatures the day and the year above stated.

SIGNED FOR AND ON BEHALF OF  
NATIONAL AIDS CONTROL  
ORGANISATION, MINISTRY OF HEALTH  
& FAMILY WELFARE



SHRI SANJEEVA KUMAR  
SPECIAL SECRETARY & DIRECTOR  
GENERAL  
NATIONAL AIDS CONTROL  
ORGANISATION & RNTCP  
MINISTRY OF HEALTH AND FAMILY  
WELFARE,  
GOVERNMENT OF INDIA

SIGNED FOR AND ON BEHALF OF  
DEPARTMENT OF SOCIAL JUSTICE AND  
EMPOWERMENT, MINISTRY OF SOCIAL  
JUSTICE AND EMPOWERMENT



MS. UPMA SRIVASTAVA  
ADDITIONAL SECRETARY,  
DEPARTMENT OF SOCIAL JUSTICE AND  
EMPOWERMENT,  
MINISTRY OF SOCIAL JUSTICE AND  
EMPOWERMENT,  
GOVERNMENT OF INDIA

## List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Clinic
ART	Antiretroviral Therapy
DoSJE	Department of Social Justice and Empowerment
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
HSS	HIV Sentinel Surveillance
IDUs	Injecting drug users
IEC	Information, Education & Communication
IRCA	Integrated Rehabilitation Centre for Addicts
MARPs	Most at-risk Populations
MSM	Men who have sex with Men
MoHFW	Ministry of Health and Family Welfare
MoSJE	Ministry of Social Justice and Empowerment
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NAPDDR	National Action Plan for Drug Demand Reduction
NCCDR	National Consultative Committee on De-addiction and Rehabilitation
NISD	National Institute of Social Defence
NSAP	National Social Assistance Programme
PLHIV	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission
RRTC	Regional Resource and Training Centre
SACS	State AIDS Control Societies
TI	Targeted Intervention
TG	Transgender
ToT	Training of Trainers
VBDD	Voluntary Blood Donation Day
WAD	World AIDS Day