MEMORANDUM OF UNDERSTANDING

This memorandum of understanding (MOU) signed on 8\textsuperscript{th} day of March, 2019

Between

North Eastern Council
Ministry of Development of North Eastern Region

&

National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India
Introduction

India has one of the largest numbers of people living with HIV/AIDS in the world. Given the prevalence rate of 0.22 percent, 21.40 lakh people are estimated to be living with HIV/AIDS in the country\(^1\). 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-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.

National AIDS Control Organisation (NACO), Ministry of Health & Family Welfare and North Eastern Council (NEC), Ministry of Development of North Eastern Region are hereinafter referred to together as “the parties”

Article 1

1 NATIONAL AIDS CONTROL ORGANISATION, MINISTRY OF HEALTH & FAMILY WELFARE

1.1 The National AIDS Control Organisation (NACO), MoH&FW is nodal agency for implementing National AIDS Control Programme in India. National AIDS Control Organisation has initiated several measures for mainstreaming and partnership with various relevant Ministries 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 information 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 and its departments and autonomous bodies and c) facilitating inclusive scheme for Social protection for people infected and affected with HIV/AIDS.

1.3 The North East Technical Support Unit (NETSU) set up by NACO at Guwahati is the result of National response to intensify the effort of HIV prevention, treatment and care services providing technical support in eight north eastern states. District AIDS Prevention and Control Units (DAPCU) have been operationalized in 25 districts as follow; Assam (1)- Sonitpur; Nagalnd (10)- Dimapur, Kiphire, Kohima, Mokokchung, Mon, Peren, Phek, Tuensang, Wokha and Zunheboto; Mizoram (3)- Aizawl, Champai and Kolasiv; Manipur (9)- Bishunpur, Chandel, Churachandpur, Imphal East, Imphal West, Senapati, Tamenglong, Thoubal and Ukhrul; Arunachal Pradesh (1)- Lohit and Tripura (1)- North Tripura

\(^{1}\) India HIV Estimations 2017 Report NACO

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Article 3

3 Rationale for mainstreaming HIV

3.1 The contextual factors such as poverty, urbanization, migration and social marginalization have a significant relationship with vulnerability to HIV/AIDS. As far as North Eastern Region is concerned, it is more vulnerable in context of HIV infection particularly for Injecting Drug Users. The adult HIV prevalence in states of north east region like Mizoram (2.04%), Manipur (1.43%), Nagaland (1.15%) etc. is much higher than average national prevalence (0.22%) in India. As per National Integrated Biological and Behavioural Surveillance (IBBS) 2014-15, the HIV prevalence among Injecting Drug Users (IDUs) in Manipur (12.1%), Mizoram (10%) HIV prevalence of more than 10% has been recorded (among HRGs prevalence of more than 5 is considered high prevalence). Also it is evident from various studies that the IDU epidemic has a tendency of quickly shifting to general population, thus intensive effort have to be taken in this area.

Brief scenario of HIV/AIDS prevalence and services in North East states is shared below

<table>
<thead>
<tr>
<th>Key indicators</th>
<th>Arunachal Pradesh</th>
<th>Assam</th>
<th>Manipur</th>
<th>Meghalaya</th>
<th>Mizoram</th>
<th>Nagaland</th>
<th>Sikkim</th>
<th>Tripura</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult HIV Prevalence</td>
<td>0.06</td>
<td>0.06</td>
<td>1.43</td>
<td>0.11</td>
<td>2.04</td>
<td>1.15</td>
<td>0.05</td>
<td>0.09</td>
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<tr>
<td>(in %) in 2017</td>
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</tbody>
</table>

Source: As per "India HIV Estimation 2017"

3.2 Nearly 98% of NER's border is bounded by India's international neighbours, which in spite of best efforts are porous giving rises to problems of drug trafficking and human trafficking which exacerbates vulnerability to HIV/AIDS. The HIV epidemic in the NE Region of the country is largely driven by use of HIV infected syringes and needles by Injecting Drug Users (IDUs) and increasing transmission of HIV through sexual mode in the region.

3.3 The North Eastern region of India has difficulties of access, due to hilly and mountainous terrain, which poses a great challenge the delivery of health services. The health infrastructure is itself sparse and sketchy in remote areas, thus reaching pregnant women and high risk groups in these areas become very difficult.

3.4 Poor connectivity of roads & scattered habitations is a major reason for lack of access to Public health facilities in North east Region. This lack of connectivity and lack of transport infrastructure, poses special challenge for persons living with HIV. People Living with HIV (PLHIV) in NE areas face the double burden of treatment as well as travel expenses. Number of PLHIV find it difficult to adhere to ART, which is very critical for successful for regiment to be successful.

Article 4

4. Scope of Mainstreaming HIV

4.1 NER Vision document - 2020 has laid great emphasis on capacity building particularly, human development and manpower planning. It also aims to create enabling legal, social and policy frameworks in national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support. Capacity building is a key strategy for the promotion, delivery and sustainability of HIV prevention programs. Thus MoU for Partnership between North Eastern Council and NACO, MoHFW, Govt. of India
Article 2

2. NORTH EASTERN COUNCIL (NEC) MINISTRY OF DEVELOPMENT OF NORTH EASTERN REGION

2.1 The Ministry of Development of North Eastern Region or M/o DoNER, as it is commonly known, is a unique Ministry in the Union Government as its activities are regional and more importantly advocating the special needs of the region to the other Ministries/Departments and policy makers. The Ministry of Development of North Eastern Region is responsible for the matters relating to the planning, execution and monitoring of development schemes and projects in the North Eastern Region. Its vision is to accelerate the pace of socio-economic development of the Region so that it may enjoy growth parity with the rest of the country.

2.2 Ministry of DoNER coordinates with various Ministries/Departments primarily concerned with development and welfare activities in NER, the respective Ministries/Departments are responsible in respect of subjects allocated to them. M/o DoNER is the only Ministry which has a territorial jurisdiction.

2.3 The primary role of Ministry of DoNER is advocacy with Central Ministries/Departments, Planning Commission and the States, the Ministry is addressing the State specific Infrastructure gaps of the region. Concerted efforts of the Central and the State Governments are helping in providing a thrust to the process of socio-economic development of the region with properly defined targets, clear outcomes, strategies and coordinated planning for the region.

2.4 North Eastern Council (NEC) was constituted as a statutory advisory body under the NEC Act 1971 (84 of 1971) and came into being on the 7th November, 1972 at Shillong. The North Eastern Council which was created to complement and supplement the developmental efforts of the States has already contributed immensely in terms of institution building, transport and communication, power generation and transmission and creation of different kinds of infrastructural facilities with a view to positioning the States to launch themselves into a self-sustaining growth trajectory. Its vision is to accelerate the pace of socio-economic development of the Region through NEC Regional Plan, so that, it may enjoy growth parity with the rest of the country.

2.5 North Eastern Council (NEC) is the nodal agency for the economic and social development of the North Eastern Region which consists of the eight States of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. The constitution of the Council has marked the beginning of a new chapter of concerted and planned endeavour for the rapid development of the Region. The North East Council Secretariat at Shillong coordinates with various Ministries/Departments as well as State Government with development and welfare activities in NER.

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capacity building on HIV prevention programs, the programs to mainstreaming HIV into existing special programmers of NER.

4.2 NER Vision Document – 2020 mentioned that ‘Proliferation of HIV/AIDS’ major public health problem especially in the state of Manipur and Nagaland\(^2\). Prevention and spreading awareness has given priority that it is further mentioned that awareness on HIV/AIDS needs to be spread through all possible agencies. HIV care and support should be mainstreamed into the PHS system (refer. Page 214, NER Vision 2020).

4.3 In association with M/o DoNER and NEC, efforts are to make multi-sectoral response, strengthen preventive activities in collaboration with State AIDS Control Societies (SACS) concerned’ expansion of services in existing health infrastructure wherever it may possible and advocacy for HIV sensitive social protection for mitigating the impact of HIV among infected and affected population.

Now, therefore, in consideration of the foregoing rationale and scope, the parties North Eastern Council (NEC), Ministry of Development of North East Region (M/o DoNER) and National AIDS Control Organisation (NACO), Ministry of Health & Family Welfare are mutually agreed to cooperate and collaborate in the overall goal of Ending AIDS Epidemic in North East Region.

5 Objective of MOU

5.1 Reaching out to the large number of population with information on STI/HIV/AIDS/TB and related services.

5.2 Build capacity of functionaries in all departments to address HIV preventions and control activities in all the programmes and schemes of respective departments

5.3 Expansion of services on ICTC/STI/HIV/TB in existing health infrastructure/ schemes and strengthening its linkages through public private partnership

5.4 Extending Social protection to People Living with HIV/AIDS and affected family through existing scheme.

5.5 Reduce social stigma and discrimination to People Living with HIV/AIDS and other affected groups.

\(^2\) NER Vision 2020 Document, M/o DoNER, NEC
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Article 6

6.1 Enhanced coordination with State Governments of North Eastern Region (NER) for participation in HIV/AIDS awareness programme.

6.2 Directive or advisories issued for social protection schemes for PLHIV and MARPS.

6.3 Enhanced capacity of policy planners, administrators and programme officials to design and implement HIV sensitive policies and schemes.

6.4 Enhanced involvement of SHGs in reaching out to High Risk Group and Youth in accessing prevention and testing services through IEC intervention, Multi-Media Campaign (Sports & Music) etc.

6.5 Enhanced coordination and advocacy with State Governments in North Eastern Region for garnering political and administrative support through major meetings like State Council on AIDS (SCA) and Legislative Forum on AIDS (LFA).

6.6 Sharing of information with National AIDS Control Organisation and North East Regional Office.

Article 7

7.1 Role of North Eastern Council (NEC)

7.1.1 Information Education & Communication

- Coordinate with State Governments for participating in HIV/AIDS awareness, prevention activities on HIV/AIDS/TB in North Eastern Region.

- Coordinate for awareness activities through multi-media campaign (Sports & Music activities), activities in local haat bazaar, mela, local festivals on HIV/AIDS/TB and available services.

- Coordinate for awareness activities on HIV/AIDS/TB through inclusion of the topic in regular activities of SHGs and other local institutions.

- Promotion of HIV/AIDS awareness among adolescent through Adolescence Education Programme.

7.1.2 Capacity Building

- Coordination with State Government for capacity building of policy planners, administrators and programme officials to design and implement HIV Sensitive policies and schemes

- Inclusion of HIV/AIDS and TB training in the regular training programmes of staff of Department of NER and under the Capacity Building and Technical Assistance Program.

- Inclusion of HIV/AIDS and TB prevention in all the training programme for Self Help Group (SHGs)

- Inclusion of session on HIV/AIDS and TB in all training for officials of Panchayati Raj, Tribal Councils, Rural Development and Urban Development officials.

- Coordinate to organize special training, Training for Trainers (ToT) for officials of law and enforcement agencies to be address the issue HIV in view of trafficking and drug abuse.

- Inclusion of an agenda on HIV/AIDS in major planning/ review meeting undertaken by NEC, M/o DoNER.

7.1.3 Inclusion of Service

- Inclusion of HIV/AIDS related service like STI Clinic, ICTC or mobile ICTC for HIV counseling and testing and ART centre in all the planned and existing Public and Private health infrastructures.

- Discourage any incidence of social stigma and discrimination against People Living with HIV and affected family.

7.1.4 Social Protection and enabling environment

- Advice states to plan and implement inclusive and exclusive social protection schemes for PLHIV and those vulnerable to it.

- Facilitate access to social protection benefits by People Living with HIV/AIDS and their family under existing social welfare schemes of North East Council.

- Support North East Region Office of National AIDS Control Organisation to build enabling environment through effective grievance redressal system and legal AID mechanism to reduce stigma and discrimination for PLHIV and MARPS.

7.1.5 Sharing of information

- Sharing of information on HIV/AIDS activities with National AIDS Control Organisation or North East Region Office.
EXECUTION OF MOU

8.1 Parties will set up a Joint Working Group for drawing up an action plan for North Eastern Council (NEC).

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 8th March 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

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

SIGNED FOR AND ON BEHALF OF NORTH EASTERN COUNCIL,

SHRI RAM MUIVAH
SECRETARY
NORTH EASTERN COUNCIL,
MINISTRY OF DEVELOPMENT OF NORTH EASTERN REGION
GOVERNMENT OF INDIA
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Anti Retroviral Treatment</td>
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<tr>
<td>FSW</td>
<td>Female Sex Worker</td>
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<td>DAPCU</td>
<td>District AIDS Prevention and Control Unit</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HRG</td>
<td>High Risk Group</td>
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<td>ICTC</td>
<td>Integrated Counselling and Testing Centre</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<td>IEC</td>
<td>Information, Education, Communication</td>
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<td>MARP</td>
<td>Most at-Risk Population</td>
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<td>PLHIV</td>
<td>People Living with HIV</td>
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<td>Prevention of Parent to Child Transmission</td>
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<td>SACS</td>
<td>State AIDS Control Society</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>ToT</td>
<td>Training of Trainers</td>
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