MEMORANDUM OF UNDERSTANDING

Memorandum of Understanding (MoU)
signed on 10\textsuperscript{th} day of June, 2015

Between
Department of Rural Development
Ministry of Rural Development,
&
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 0.27 percent, 21 lakh people are estimated to be living with HIV/AIDS in the country. HIV is driven by a number of socio-economic factors; therefore, health interventions alone are not sufficient to address causes and consequences. It requires a multi-sectoral response. Mainstreaming approaches to HIV have increasingly gained ground with the realization that the non-health sectors can play an important and meaningful role in reducing vulnerability to HIV and mitigating its impact on those infected and affected.

National AIDS Control Organization (NACO) under the aegis of Department of Health & Family Welfare and Department of Rural Development are thereafter referred to together as “the parties”

Article 1

1. National AIDS Control Organization (NACO)

1.1 National AIDS Control Organization (NACO) is the nodal agency for coordinating response with respect to Human Immuno Deficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) in India. The National AIDS Control Programme (NACP) is implemented through State AIDS Control Societies (SACS)/Municipal AIDS Control Societies (MACS).

1.2 National AIDS Control Organization (NACO) has initiated several measures towards mainstreaming and partnership. NACP places importance on mainstreaming HIV/AIDS for (a) enhancing coverage and reach of information on HIV prevention and services (b) reducing risk of HIV among high risk groups, vulnerable and bridge population like migrants (c) facilitating schemes for social protection of people infected and affected with HIV/AIDS/ widows and children infected and affected with HIV.

1.3 Stigma and discrimination associated with HIV/AIDS are major barriers that prevent access to prevention, treatment, care & support services. The NACP Guiding Principles lays emphasis on creation of an enabling environment wherein those infected and affected by HIV could lead a life of dignity.

1 HSS NACO, 2011

MoU between DoRD and NACO
2. DEPARTMENT OF RURAL DEVELOPMENT (DoRD)

2.1 DoRD is the nodal department for planning and implementation of a wide spectrum of programmes aimed at poverty alleviation, through employment generation, infrastructure development and social security. It is implementing a number of programmes in rural areas through the State governments/Union Territories for poverty reduction, employment generation, rural infrastructure, habitat development and provision of basic minimum services. The important programmes being implemented by DoRD are:

- Aajeevika - National Rural Livelihoods Mission (NRLM)
- Deen Dayal Upadhyay Gramin Kaushalya Yojana (DDU-GKY)
- National Social Assistance Programme (NSAP)
- Indira Awaas Yojana (IAY)
- Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)

2.2 National Rural Livelihoods Mission (NRLM) aims at creating efficient and effective institutional platforms for the rural poor, enabling them to increase their household income through sustainable livelihoods enhancement and improved access to financial services. NRLM has an agenda to cover 8 to 10 crore rural poor households, across 652 districts, 6835 blocks, 2,49,810 Gram Panchayats and 6 lakh villages in the country.

2.3 Deen Dayal Upadhyay Gramin Kaushalya Yojana (DDUGKY) is the initiative for skill and placement of rural poor youth. It evolved out of the need to diversify incomes of the rural poor and to cater to their occupational aspirations.

2.4 National Social Assistance Programme (NSAP) aims at providing social assistance to poor households in case of old age, disability and death of the breadwinner. At present, it comprises of the following five schemes for BPL persons:

- Indira Gandhi National Old Age Pension Scheme (IGNOAPS);
- Indira Gandhi National Widow Pension Scheme (IGNWPS);
- Indira Gandhi National Disability Pension Scheme (IGNDPS);
- National Family Benefit Scheme (NFBS); and
- Annapurna
2.5 Indira Awaas Yojana (IAY) aims at helping the weaker sections in rural areas by granting financial assistance for construction of a dwelling unit or upgradation of Kutch or dilapidated house.

2.6 Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) aims at enhancing livelihood security by providing up to 100 days of guaranteed wage employment in a financial year to every rural household. In view of the large reach of this programme, there is scope for dissemination of correct information and knowledge about prevention of HIV through peer approach at work sites. Besides the prevention effort, the employment provided under the programme is important.

2.7 DoRD provides support for capacity building of rural development functionaries at all levels through the network of training institutes like National Institute of Rural Development & Panchayati Raj, State Institute of Rural Development, Extension Training Centres and NGOs on rural development programmes.

Article 3

3. RATIONALE FOR MAINSTREAMING PEOPLE INFECTED & AFFECTED WITH HIV/AIDS

3.1 The spectre of HIV is changing according to emerging vulnerability factors related to poverty, migration, gender and social marginalization. These contextual factors have a significant relationship with vulnerability to HIV/AIDS. DoRD aims at reaching out to the most disadvantaged sections of the society in its efforts toward poverty alleviation; and provision of livelihood opportunities and employment through its inclusive approach. Since the high risk groups of HIV/AIDS are mostly poor and marginalised, there is scope to reach out to them through this inclusive approach.

3.2 Recent evidences clearly point out to migration and mobility as being the key factor contributing to the spread of HIV infection which is moving from urban areas to rural areas. DoRD has a major role in reaching out to potential migrants and spouses of migrants with information on prevention of HIV.

3.3 The high risk and vulnerable population for HIV/AIDS are female sex workers, men who have sex with men, drug users, transgender, truckers and migrants and their spouses. Given the societal structure in rural areas, all these groups are most often amongst the marginalised and disadvantaged groups. Thus DORD can support -
- **Prevention of HIV**: DoRD can help in reaching high risk groups and bridge population with information on prevention and services related to HIV/AIDS.

- **Reduction of stigma and discrimination against People Living with HIV (PLHIV) and Most at Risk Populations (MARPS)**: DoRD has an important role in ensuring that there is no stigma and discrimination against PLHIV in all schemes and programmes. This would result in an enabling environment wherein more people would opt to know their status and increasing number of PLHIV would come forward to disclose their status to get benefits from development schemes.

- **Facilitation of social protection**: A study on Socio-economic impact of HIV in India (2006) indicates that PLHIV and their households face severe socio-economic consequences including exclusion, marginalization, and poverty. They are acutely burdened by increased psychological stress and related morbidity, loss of jobs and income, rising medical expenses, depletion of savings, food insecurity etc. The provision of skills, livelihoods and housing for PLHIV provides invaluable support to them. Further, their prioritisation in rural development schemes would improve their access to entitlements of employment, livelihoods, nutrition, pension and social security.

**Article 4**

4. **SCOPE FOR MAINSTREAMING PEOPLE INFECTED & AFFECTED WITH HIV/AIDS**

Department of Rural Development (DoRD) aims for sustainable and inclusive growth of rural India through a multipronged strategy for eradication of poverty by increasing livelihood opportunities, providing social safety net and developing infrastructure for growth. It is the nodal ministry for development and welfare activities in rural areas with the vision and mission to alleviate rural poverty and ensure improved quality of life.

4.1 DoRD may consider PLHIV for entitlement of the benefits under the Rural Development Schemes. This would facilitate social protection to PLHIV and MARPS and improve their access to the schemes pertaining to livelihoods, employment, housing and social assistance without fear of stigma and discrimination.
4.2 National Rural Livelihoods Mission (NRLM) is implemented through self-managed Self Help Groups (SHGs) and federated institutions which support them for livelihoods collectives in a period of 6-8 years. There are 26 lakh SHGs reaching out to 250 lakh rural households. The poor are facilitated to achieve increased access to their rights, entitlements and public services, leading to diversified risk and better social indicators of empowerment. NRLM believes in harnessing the innate capabilities of the poor and complements them with capacities (information, knowledge, skills, tools, finance and collectivization) to participate in the growing economy of the country. Thus, it becomes an appropriate vehicle for creating awareness for prevention of HIV and facilitating livelihoods support to PLHIV and MARPS for social protection and vulnerability reduction.

4.3 Deen Dayal Upadhyay Gramin Kaushalya Yojana (DDU-GKY) is a component of NRLM, which aims to provide training and placement to poor rural youth. Though there is no restriction on inclusion of PLHIV in training and placement, there is scope to enhance inclusion of PLHIV and MARPS under the scheme to be conducted in partnership of respective State AIDS Control Societies (SACSs).

4.4 Indira Gandhi National Widow Pension Scheme (IGWPS) under NSAP. Widows infected by HIV/AIDS may be considered for entitlement under IGWPS.

Now, in consideration of the foregoing rationale and scope, the Department of Rural Development and National AIDS Control Organisation under the aegis of Department of Health & Family Welfare mutually agree to cooperate & collaborate with the overall goal of mainstreaming HIV/AIDS in the schemes and programmes of Rural Development for accelerating the reversal of epidemic of HIV and mitigating the impact of HIV/AIDS
Article 5

5 Objectives of MoU

5.1 Facilitate capacity building and livelihoods option for PLHIV under NRLM.
5.2 Provision of widow pension benefit to widows infected with HIV/AIDS under IGWPS.
5.3 Facilitate access of People Living with HIV to decent housing under IAY.
5.4 Provide employment to PLHIV under MGNREGA without stigma & discrimination.
5.5 Build capacity of rural development functionaries through state and district level training centres.

Article 6

6 Key Deliverables

6.1 Access of PLHIV under NRLM
6.2 Access of PLHIV under DDU-GKY
6.3 Access of PLHIV to decent housing under IAY
6.3 Access of PLHIV and MARPS under MGNREGA
6.4 Capacity building of rural development functionaries to integrate information on HIV/AIDS in existing programme
6.5 Skill development of people living with HIV and key populations at risk
6.6 Widows infected with HIV/AIDS eligible for benefit under IGWPS

Article 7

7 ROLE OF DEPARTMENT OF RURAL DEVELOPMENT

7.1 Facilitation of Social Protection

- Inclusion of PLHIV and most at risk population under NRLM
- Provide skill development to PLHIV and MARPS under DDU-GKY
- Inclusion of widows infected with HIV under IGWPS
- Inclusion of PLHIV under IAY
- Provide employment to PLHIV and those vulnerable to it under MGNREGA
7.2 Information, Education & Communication

- Creating awareness about prevention of HIV through peer approach at work sites of MGNREGA, amongst Self Help Groups of NRLM and beneficiaries of DDU-GKY.
- Facilitate distribution of IEC material on STI/HIV prevention, counselling and treatment, especially focussing on women & youth, at village level and work sites of MGNREGA
- Inclusion of information on STI/HIV prevention & services in printed material like newsletter, annual report etc, wherever required.

7.3 Capacity Building

- Provide guidance to states for inclusion of HIV/AIDS in the curriculum of training for officials of different Departments.
- Wherever required, NRLM will also facilitate capacity building of various resource persons on HIV/AIDS prevention and control.

7.4 Reducing stigma and discrimination

- Include a statement on “Non stigmatisation of PLHIV in the operational guidelines, training manuals and site material of various programmes and schemes of Department of Rural Development, as appropriate.

7.5 Sharing of information

- Reflection of activities on HIV/AIDS, whenever carried out by the Department of Rural Development, in Annual Report, newsletters etc.
- Sharing of weblink of National AIDS Control Organisation in the website of Department of Rural Development.
8. ROLE OF NATIONAL AIDS CONTROL ORGANISATION

8.1 Facilitation of social protection
- Improve the access of widows infected and affected by HIV/AIDS to IGWPS through SACS/ DAPCUs and networks of HIV positive people
- Mobilise PLHIV for improving their access to the schemes of NRLM, DDU-GKY, IAY, MGNREGA

8.2 Information, Education & Communication
- Help to provide prototype of necessary communication material which can be replicated and displayed at key offices and work sites of NRLM, DDU-GKY, IAY, MGNREGA etc
- Disseminate information about the provisions for PLHIV under various schemes.

8.3 Capacity Building
- Jointly work with NIRD & PR and SIRDs for preparation of training modules and material for inclusion of HIV/AIDS in the training modules of rural development functionaries.
- Support the creation of cadre of trainers and resource persons at NIRD & PR, SIRDs and Extension Training Centres.

8.4 Reduction of stigma & discrimination
- Provide technical support for inclusion of necessary information related to HIV/AIDS in the guidelines, training manual, field publicity and other IEC materials of programmes and schemes of Department of Rural Department.

8.5 Sharing of information
- Sharing of weblink of Department of Rural Development in the website of National AIDS Control Organisation.
Article 9

9. IMPLEMENTATION OF MoU

9.1 Parties will set up a joint working group for drawing up an action plan for implementation of partnership.

9.2 Parties would identify nodal officer for implementation and monitoring the progress under each of the scheme/ programme.

9.3 Parties agree to collaborate and work closely for fulfilment of objectives set in the MoU.

9.4 Both the parties would consult each other and review the progress for implementing objectives of this MoU on biannual basis.

9.5 This MoU will be operative with effect from the 10th June, 2015 and any alteration / modifications can be carried out with the consent of both parties.

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

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<tr>
<th>SIGNED FOR AND ON BEHALF OF NATIONAL AIDS CONTROL ORGANISATION, MINISTRY OF HEALTH &amp; FAMILY WELFARE</th>
<th>SIGNED FOR AND ON BEHALF OF DEPARTMENT OF RURAL DEVELOPMENT, MINISTRY OF RURAL DEVELOPMENT</th>
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<tr>
<td>SHRI BHANU PRATAP SHARMA SECRETARY, MINISTRY OF HEALTH &amp; FAMILY WELFARE</td>
<td>SHRI J.K. MOHAPATRA SECRETARY, MINISTRY OF RURAL DEVELOPMENT</td>
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MoU between DoRD and NACO
**List of Acronyms**

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>DDU-GKY</td>
<td>Deen Dayal Upadhyay Gramin Kaushalya Yojana</td>
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<td>DoRD</td>
<td>Department of Rural Development</td>
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<td>BPL</td>
<td>Below Poverty Line</td>
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<td>District AIDS Prevention and Control Unit</td>
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<td>High Risk Group</td>
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