

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU) signed on  
1<sup>st</sup> day of September, 2017

Between

Department of Internal Security

Ministry of Home Affairs

&

National AIDS Control Organization

Ministry of Health & Family Welfare

Government of India

*MCA*  
*07/09/17*

## Introduction

India has one of the largest numbers of population living with HIV/AIDS in the world. Given the prevalence rate of 0.26 percent, 21.17 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 for reducing vulnerability to HIV, integrating HIV/AIDS in the existing services and providing social protection for those infected and affected to mitigate the impact. The halt & reversal of the epidemic, which is goal of National AIDS Control Programme, is only possible when response becomes multi-sectoral with active and meaningful involvement of all stakeholders.

National AIDS Control Organisation and Department of Internal Security, MHA are hereinafter referred to together as "the parties".

## Article 1

### NATIONAL AIDS CONTROL ORGANISATION (NACO)

- 1.1 National AIDS Control Organisation is the nodal agency for coordinating response with respect to HIV (Human Immuno Deficiency Virus) and AIDS (Acquired Immuno Deficiency Syndrome) in India. NACO has initiated several measures towards mainstreaming and partnership with various relevant ministries in the country.
- 1.2 The National AIDS Control Programme 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 of information on STI/HIV prevention and services to large workforce, especially informal settings consisting of migrants b) providing STI/HIV related services through existing health infrastructure available in various ministries and its departments and autonomous bodies and c) facilitating Social protection inclusive schemes for people infected and affected with HIV/AIDS.

---

<sup>1</sup> India HIV Estimations , 2015

*WJ*  
*21/11/12*

*h*

## Article 2

### 2. Department of Internal Security

- 2.1 The Ministry of Home Affairs (MHA) is one of the key Ministries with wide spectrum of responsibilities, the principal being internal security of the country, the management of Central Armed Police Forces, border management, Centre-State relations, administration of Union of Union Territories, disaster management, the administration of the Foreigners Act and allied matters, Census and Human Rights. It has six departments and 18 divisions.
- 2.2 Department of Internal Security under the administrative control of Ministry of Home Affairs deals with the issues related to welfare of Central Armed Police Forces and Assam Rifles.
- 2.3 India has one of the largest armed forces in the world with total strength of Central Armed Police Force, Assam Rifles and NSG is more than 09 lakh.
- 2.4 Central Armed Police Forces (CAPFs) means Border Security Force (BSF), Central Reserve Police Force (CRPF), Central Industrial Security Forces (CISF), Indo - Tibetan Border Police (ITBP) and Sashastra Seema Bal (SSB) plus Assam Rifles (AR) and National Security Guards (NSG).
- 2.5 Geographically this force provides the most elaborate and organized setting for mainstreaming HIV among uniformed personnel through the network of its field units as spread across the country both urban and rural settings through large networks of Police Zones, Police Ranges, Police Districts Police Stations and Police Posts.

WJaw  
01/11

h



## **Article 3**

### **3. Rationale for Mainstreaming HIV among Police personnel**

#### **3.1 Integration of HIV/AIDS in police training**

- 3.1.1 Violence or insensitive handling of high risk groups (sex workers, or drug users MSM and transgender) and vulnerable populations such as truck drivers, migrants, marginalises them further and makes them more vulnerable to HIV. High-risk individuals who fear public exposure are harder to reach with HIV interventions. Thus, prevention efforts are weakened due to Marginalisation & prejudice against the most at risk population groups.
- 3.1.2 Police personnel regularly deal with High risk groups and vulnerable populations as they occasionally come face to face with law enforcement agencies due to their acts which may be contrary to societal norms.
- 3.1.3 Thus a sensitised police force with humane touch has a major role in supporting creation of an enabling environment for targeted HIV prevention, care & support interventions among key affected populations. With hierarchical order, disciplined lifestyles and large audience in an organized setting, there is a unique opportunity for incorporating HIV prevention among the uniformed personnel. Police force being responsible for maintaining law and order also becomes the strong option for potential role models for positive behaviours.

#### **3.2 Prevention and Control of HIV/AIDS in the Central Armed Police Force**

- 3.2.1 Uniformed personnel all over the world are more vulnerable to HIV because of their age (youth is the centre of epidemic globally and nationally) because of the fact that they are staying away from their families for long durations and lastly because they are mobile and continually exposed to emotionally and physically tough situations with

low access to health services.

- 3.2.2 Combating HIV/AIDS in the uniformed services is not a moral issue but a question of achieving maximum effectiveness. HIV/AIDS impairs readiness, valuable experience and skills may be lost, a shortage of officers and troops may result, and less experienced personnel may have to take on more responsibility. Raising awareness of HIV/AIDS and encouraging behavioral change among members of the uniformed services will save lives and improve effectiveness. If left unchecked, HIV/AIDS can impact on the readiness of personnel and compromise national and internal security. Mortality and morbidity can reduce total troop strength, deployment strength and the recruitment pool for enlisted personnel.
- 3.2.3 Increased costs: Turnover in personnel not only creates a loss of continuity of command but increases the costs of recruiting and training replacements. The increased health-care costs alone can be substantial, including additional health-care staff, medical insurance, life insurance premiums and disability payments. Absenteeism increases and productivity decreases as more people infected with HIV become ill.

#### **Article 4**

#### **4. Scope for Mainstreaming**

- 4.1 **Integration of HIV/AIDS prevention in Central Armed Police Forces training:** Regular and adequate training of police personnel at all levels is necessary to upgrade the professional skills. The induction and refresher trainings also provide opportunity for building up of their social sensitivity in coherence with the changing needs and social paradigms.

There are large numbers of Central Training Institutes functioning in the country. These Training Institutes provide Basic training to new recruits, in-service training to working police personnel and specialized and state of art training to Special Task Forces, special investigation squads, commandoes etc. There is scope of integrating HIV/AIDS in the training curriculum of these institutions.



## **4.2 Prevention and Control of HIV/AIDS in the Central Armed Police Force.**

### **Prevention**

- CAPF has eight Common Training Centres, which impart training as per training syllabus to all CT/SO/Officers.
- The training institutes impart training to the troops. It needs to include sensitization for awareness generation and training for prevention of STI/HIV.
- Installation of Condom vending machines at strategic points

### **Integrate HIV/AIDS services in the available Health infrastructure.**

- Staff nurses / Para medical staff & Pharmacists need to be trained on counselling and testing.
- Advance /special training may be given to the doctors on management / treatment of HIV/ AIDS.
- There are 180 ICTC centres with RDK facilities in CAPFs, 40 centres with Elisa Reader facilities, 38 Composite Hospitals, 1 Referral Hospital in Greater Noida, linkages with ICTC centres located throughout country for diagnostic and counselling purpose; link to the ART Centres for treatment access has been established. Internally 5 ART (Anti Retroviral Treatment) Centers have been established to provide treatment and follow up treatment to HIV/AIDS cases.

*W. J. Singh*  
21/4

*h*

Now, therefore, in consideration of the foregoing rationale and scope, the Department of Internal Security and National AIDS Control Organization mutually agree to cooperate and collaborate with the overall goal of mainstreaming HIV/AIDS prevention in the schemes and programmes of Ministry for accelerating the reversal and mitigating the impact of HIV/AIDS

#### **Article 5**

##### **5 Objectives of the MOU**

- 5.1 Provide information and services to the large number of police personnel to reach Zero new infection among uniformed personnel
- 5.2 Reach large number of Central Armed Police Forces with information on preventions and control of STI/HIV/AIDS.
- 5.3 Facilitate building of humane perspective and appropriate skills among police force to reduce stigma and discrimination against PLHIV and MARPs.
- 5.4 Integrate STI/ HIV/AIDS services in the medical and health services under the control of Department of Internal Security, Ministry of Home Affairs.
- 5.5 Direct all forces under purview of Department of Internal Security to include the issue of HIV/AIDS in the training.

#### **Article 6**

##### **6 Key Deliverables**

- 6.1 Regular meetings of police personnel may be used to discuss the issues related to high risk groups and vulnerable population
- 6.2 Communication and Welfare activities conducted in police colonies include information on prevention of STI/HIV/AIDS
- 6.3 Induction trainings and refresher training of police force to include appropriate information about issues of Most at risk Population for STI/HIV and AIDS.

*WJ*  
*21/4*

*L*

- 6.4 All doctors in the health and medical services under the ministry are trained on providing care support and treatment to PLHIV as per national treatment protocols and guidelines.
- 6.5 All Staff nurses / Para medical staff & Pharmacists are trained on counselling and testing as per national treatment protocols and guidelines.
- 6.6 All Health services under the Department provide counselling & testing services for PPTCT/STI/ HIV in accordance with National protocols and guidelines.
- 6.7 Decentralize ART services based on need to composite hospitals in accordance with National protocols and guidelines.
- 6.8 Sharing of information with National AIDS Control Organisation.

## **Article 7**

### **7. Roles and responsibility**

#### **7.1 Department of Internal Security**

##### **7.1.1 Directives**

- Issue Directive to all armed forces under purview of Department of Internal Security to integrate appropriate information regarding prevention of HIV/AIDS, in the training curriculum and regular meeting of all police personnel.
- Designate a nodal officer for guiding and coordinating HIV/AIDS related services in the Ministry and in the state level.

##### **7.1.2 Capacity Building**

- Integrate appropriate information regarding prevention of HIV/AIDS, in the training curriculum of all police personnel.
- Build and strengthen capacity of Doctors/staff nurses and para medical staff on counselling, testing and treatment of HIV/AIDS as per national treatment protocols and guidelines.

*WJaw  
20/11/12*

*L*



- Support skill building of all police personnel to deal with HRG and most at risk population in non-stigmatising and non-discriminatory manner.

#### **7.1.3 Integration of Services**

- Include STI/HIV prevention and awareness generation in the welfare activities being undertaken for police personnel and their family members.
- Facilitate inclusion and dialogue on the issues related to people living with HIV/AIDS and most at risk population in the monitoring meetings.

#### **7.1.4 Sharing of Information**

- Provide web link of National AIDS Control Organisation on the Department of Internal Security website for information on HIV/AIDS prevention and services.
- Provide Linkages of National AIDS Control Organisation in weblink of all CAPF force.

### **7.2 Role of National AIDS Control Organisation**

- 7.2.1 Strengthen the on-going initiatives of Department of Internal Security on prevention and control of HIV/AIDS among police personnel.
- 7.2.2 Share National protocol and guidelines for preventions, care support and treatment of HIV/AIDS.
- 7.2.3 Share prototype of IEC communication materials for awareness generation activities.
- 7.2.4 Provide technical support to Department of Internal Security in integrating HIV/AIDS in the training modules of each category of personnel.
- 7.2.5 Provide training to medical personnel of CAPF on National protocol and guidelines for preventions, care support and treatment of HIV/AIDS.

*WJ  
2/14*

*R*


## Article 8

### 8. Execution of MOU


- 8.1 Parties will set up a Joint Working Group for drawing up an action plan for implementation of partnership.
- 8.2 This working group may constitute of heads of relevant divisions in Department of Internal Security, Ministry of Home Affairs & National AIDS Control Organisation
- 8.3 Parties would identify nodal officer for implementation and monitoring the progress under each of the scheme/ Programme
- 8.4 Parties agree to collaborate and work closely for fulfilment of objectives set in the MOU
- 8.5 Both the parties would consult each other and review the progress for implementing objectives of this MOU on bi-annual basis
- 8.6 This MOU will be operative with effect from the date 1<sup>st</sup> day of September, 2017 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  
DEPARTMENT OF INTERNAL  
SECURITY, MINISTRY OF HOME  
AFFAIRS

  
Dr. MUKESH SAXENA  
ADDITIONAL DIRECTOR GENERAL,  
(MEDICAL)  
CAPFs, NSG & AR  
DEPARTMENT OF INTERNAL SECURITY  
MINISTRY OF HOME AFFAIRS,  
GOVERNMENT OF INDIA

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

  
SHRI SANJEEVA KUMAR  
ADDITIONAL SECRETARY & DIRECTOR  
GENERAL,  
NACO,  
MINISTRY OF HEALTH & FAMILY  
WELFARE,  
GOVERNMENT OF INDIA



## List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AR	Assam Rifles
ART	Antiretroviral Therapy
BSF	Border Security Force
CAPFs	Central Armed Police Forces
CISF	Central Industrial Security Forces
CTCs	Common Training Centres
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
ICTCs	Integrated Counselling and Testing Centres
IEC	Information, Education, Communication
ITBP	Indo- Tibetan BorderPolice
MARPs	Most at-risk Populations
MSM	Men who have sex with men
MHA	Ministry of Home Affairs
MoHFW	Ministry of Health and Family Welfare
MoU	Memorandum of Understanding
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NSG	National Security Guard
PLHIV	People Living with HIV
PPTCT	Prevention of Parent to Child Transmission
RDK	Rapid Diagnostic Kits
SACS	State AIDS Control Societies
SSB	Sashastra Seema Bal
STI	Sexually transmitted infection
ToT	Training of trainers
UT	Union Territory

WJai  
9/11/12

L