

MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (MOU)  
signed on 9<sup>th</sup> day of September, 2013

BETWEEN

MINISTRY OF COAL,  
GOVERNMENT OF INDIA

&

DEPARTMENT OF AIDS CONTROL,  
MINISTRY OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA

## **INTRODUCTION**

India has one of the largest numbers of population 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<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.

Department of AIDS Control (DAC) and Ministry of Coal are hereinafter referred to together as "the parties"

### **Article 1**

#### **1. DEPARTMENT OF AIDS CONTROL**

- 1.1 Department of AIDS Control is nodal agency for coordinating response with respect to HIV (Human Immuno Deficiency Virus) and AIDS (Acquired Immuno Deficiency Syndrome) in India. Department of AIDS Control 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.

### **Article 2**

#### **2. MINISTRY OF COAL**

- 2.1 The Ministry of Coal is concerned with exploration and development of coal and lignite reserves in India. Coal is the most important and abundant fossil fuel in India. It accounts for 55% of the country's energy need. These key functions are exercised through its public sector undertakings, namely Coal India Limited (CIL) and Neyveli Lignite Corporation Limited (NLC) and Singareni Collieries Company Limited (SCCL).

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<sup>1</sup> HSS NACO, 2011

2.2 **Coal India Limited (CIL)** is the apex body in Coal Industry under the administrative control of the Ministry of Coal. Coal India Limited is a Maharatna status company and has following 8 subsidiary Public Sector undertaking companies under its control:

- (i) Bharat Coking Coal Limited (BCCL), Dhanbad, Jharkhand
- (ii) Central Coalfields Limited (CCL), Ranchi, Jharkhand
- (iii) Eastern Coalfields Limited (ECL), Sanctoria, West Bengal
- (iv) Western Coalfields Limited (WCL), Nagpur, Maharashtra
- (v) South Eastern Coalfields Limited (SECL), Ballarpur, Chhattisgarh
- (vi) Northern Coalfields Limited (NCL), Singrauli, Madhya Pradesh
- (vii) Mahanadi Coalfields Limited (MCL), Sambalpur, Orissa
- (viii) Central Mine Planning & Design Institute Limited (CMPDIL), Ranchi, Jharkhand.

2.3 **Neyveli Lignite Corporation Limited (NLC)**, with registered office at Chennai and Corporate office at Neyveli in Tamil Nadu is engaged in exploitation and excavation of lignite, generation of thermal power and sale of raw lignite. It is a Navratna Company; NLC has been delegated with vast financial powers and greater autonomy in its functioning.

2.4 **Singareni Collieries Company Limited (SCCL):** A Joint Sector Undertaking of Government of Andhra Pradesh and Government of India with equity capital in the ratio of 51:49.

### **Article 3**

#### **3 RATIONALE FOR MAINSTREAMING HIV**

3.1 As per HIV Sentinel Survey 2011 report, 86% of those infected are in the age group of 15 to 49 years, which is one of the most productive segments of the society. There is an urgent need to protect the working force from the epidemic as well as provide optimum care & support services to affected and infected population. Thus, HIV/AIDS needs to become a part of workplace health promotion policies because the Workplace has a vital role to play in the wider struggle to control the epidemic, as it affects workers and their families, enterprises and the communities which depend on them. HIV has negative effects amongst the workplace in terms of loss of income & benefit, loss of skills and experience, falling productivity and reduced profit. Ministry of Coal has huge workforce engaged in drilling, mining, grading, loading and transporting with total manpower of 4.5 lakhs in PSUs. (CIL 374650, NLC 17867 and SCCL 66,754). Workplace programmes can raise

awareness, support prevention, expand access to information and health services and prevent discrimination of workers infected or sick.

- 3.2 The epidemic in the country is changing according to emerging vulnerability factors related to poverty, migration, marginalization and gender. Therefore the need for collaboration between sectors, structures and systems those deal with these issues, especially migratory and floating population becomes imperative. The latest findings from HIV Sentinel Surveillance (HSS) 2011 also clearly highlight the linkages of HIV with Migration. Hard coal deposit spread over 27 major coalfields, are chiefly located in Jharkhand, Odisha, Chhattisgarh, West Bengal, Madhya Pradesh, Andhra Pradesh, Maharashtra, Rajasthan and Gujarat. All these states have high migration rates, which require focused efforts for prevention of HIV.
- 3.3 Thus lack of awareness, difficult work situations and limited access to services and inadequate mechanism to address the challenge at mining areas heighten the vulnerability to HIV/AIDS. Ministry of Coal can contribute significantly towards limiting the spread of HIV and mitigate the impact of the epidemic by help prevention through education and peer support, offer care, support & treatment, ensuring job security and rights and ensure social protection.

#### Article 4

#### 4 SCOPE FOR MAINSTREAMING HIV

- 4.1 Due to remote location of coalfields, all the PSUs under Ministry of Coal have established their own Medical services consisting of Dispensaries, Colliery hospitals and Regional hospitals in the coal belt to provide a standard and effective medical facility at the door steps of the employees. These medical services are useful resources in terms of health infrastructure and manpower.
- 4.2 Coal India Limited and its subsidiaries are extending medical facilities to its employees and their families through various medical establishments from the Dispensary level to the Central and Apex Hospitals in different parts of the coalfields. There are 85 Hospitals with 5,806 Beds, 424 Dispensaries, 667 Ambulance and 1477 Doctors including Specialists in CIL and its subsidiaries to provide medical services to the employees. **Out of these 65 hospitals are providing ICTC services and 4 hospitals are providing ART Services.** In addition, Special emphasis has also been given on Occupational Health, HIV/AIDS awareness programme for the employees and their families. There are 149 master trainers and 2812 peer educators.

- 4.3 Central Coalfields Limited (CCL), a subsidiary of Coal India Limited had established three-tier system of healthcare. Dispensaries for each project as primary healthcare; colliery and regional hospital as secondary health care and for tertiary care there are well equipped modern Central Hospitals to provide better and specialized medical facilities to its employees as part of its welfare activities.
- 4.4 All the PSUs under CIL have focus on Welfare Activities of employees and their families in order to create a sense of belonging and involvement in work, priority is given by the management to provide housing, medical, educational facilities etc. This includes Group Accident Insurance Schemes, Free Medical Treatment to Employees & their Dependents, Post-Retirement Medical Benefit Scheme and Death Relief Scheme.
- 4.5 As per the revised guidelines for Corporate social responsibility, all the PSUs allocate funds for CSR, which can be used for prevention activities and social protection of those infected and affected by HIV.

**Now, therefore, in consideration of the foregoing rationale and scope, the parties mutually agree to cooperate and collaborate with the overall goal of integration of HIV/AIDS in the health services of the Ministry of Coal for contributing to the national response accelerating the reversal of HIV epidemic and mitigating the impact of HIV/AIDS.**

#### **Article 5**

##### **5 OBJECTIVES OF THE MOU**

- 5.1 Reaching out to the large number of employees in all PSUs with information on HIV through integration in human resource training.
- 5.2 Reaching out to all contractual workers/ migrant workers through risk reduction for migrant's population in labor colonies and work sites through communication and mid media activities.
- 5.3 Providing package of services on ICTC/PPTCT/STI/HIV through integration in existing health infrastructure of PSUs.
- 5.4 Adoption of National Policy on HIV/AIDS and World of Work by all PSUs.
- 5.5 Provision of social protection to people living with HIV under Corporate Social Responsibility.

## Article 6

### 6 KEY DELIVERABLES

- 6.1 Ministry/PSUs integrate HIV/AIDS in the HR training for ensuring HIV sensitive human resources and non stigmatizing environment.
- 6.2 Ministry/PSUs include HIV prevention and risk reduction for migrant's population in labor colonies and work sites through communication and mid media activities.
- 6.3 Ministry/PSUs provide package of STI/HIV/AIDS services in the Health and medical facilities to provide counseling, testing and treatment services for STI/HIV/AIDS as per National protocols and guidelines for all its employees including contractual and informal workers.
- 6.4 Adoption and implementation of "National Policy on HIV/AIDS and the World of Work" by all PSUs.
- 6.5 Ministry/PSUs have a designated nodal officer for HIV/AIDS.
- 6.6 Ministry/PSUs Public Sector Undertakings share information with Department of AIDS Control.

## Article 7

### 7.1 ROLE OF MINISTRY OF COAL

- Issue advisory/directive to Ministry/PSUs to integrate STI/HIV/AIDS in the Human Resource trainings.
- Issue advisory/directive to PSUs for including HIV prevention and risk reduction for migrant's population in labour colonies and work sites through IEC activities.
- Issue guidance to PSU to integrate HIV/AIDS in the Health and medical services.
- Issue advisory for adoption and implementation of workplace policies by PSUs.
- Deputation of a nodal officer from Ministry of Coal for coordination with Department of AIDS Control.

## **7.2 ROLE OF PSUs UNDER MINISTRY OF COAL**

### **7.2.1 Information Education & Communication**

- Inclusion of HIV prevention and risk reduction for migrant's population in labour colonies and work sites through communication and mid media activities.
- Ensure display of information on prevention and services in appropriate locations including work site, labour colonies and health service area.
- Promote Awareness generation through health camps and display of IEC materials like panels, hoardings etc. in the strategic locations.
- Inclusion of information on STI/HIV prevention & services in all printed materials for dissemination.
- Observation of WAD, VBDD, Voluntary Blood Donor Day.

### **7.2.2 Training**

- Inclusion of HIV/AIDS in the human resource training systems for creating awareness about prevention and ensuring non stigmatizing environment for PLHIV.
- Ensure information on STI/HIV prevention and services through capacity building and peer educators to employees, especially informal and contractual employee/ workers.
- Capacity building of medical and paramedical staff on STI/HIV counseling, testing and treatment.

### **7.2.3 Integration of Services**

- Inclusion of HIV counseling and Testing services in existing health services of PSUs and providing mobile services for HIV counseling and testing in remote locations
- Inclusion of STI/ART treatment services in existing health services of PSUs and build referral linkages, where ever required.

#### **7.2.4 Social protection**

- Inclusion of STI/HIV specific initiatives/projects under its health/medical care through the welfare fund/CSR
- Facilitate schemes and entitlements for social protection of PLHIV through labour Welfare association.

#### **7.2.5 Sharing of information**

- Sharing of information on HIV/AIDS activities with DAC at least quarterly basis.
- Reflection of activities on HIV/AIDS carried out by the Ministry of Coal in Annual report and Ministries website and provision of sharing of weblink of DAC in the website of Ministry of Coal.

### **7.3 ROLE OF DEPARTMENT OF AIDS CONTROL**

- 7.3.1 Providing technical support / training material for inclusion of HIV/AIDS in the human resource training systems.
- 7.3.2 Build capacity of health personnel to facilitate integration of HIV/AIDS in the Health Services. Doctors, nurses, laboratory technicians on syndromic case management of STI, which could be direct training or training of trainers as per the number of personnel.
- 7.3.3 Provide technical support for implementation of IEC and awareness activities in the mining areas and townships around mines.
- 7.3.4 Coordinate and provide necessary technical support to Ministry of Coal to integrate STI/HIV/AIDS services in the health services.
- 7.3.5 Share Nationally approved treatment protocols, guidelines and standards pertaining to STI/HIV/AIDS /ART.
- 7.3.6 Sharing reporting formats and monitoring mechanisms.

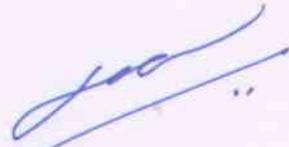
Article 8

8 EXECUTION OF MOU

- 8.1 Parties will set up a joint working group for drawing up an action plan for PSUs.
- 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 9<sup>th</sup> September, 2013 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 AIDS CONTROL,  
MINISTRY OF HEALTH & FAMILY  
WELFARE



SHRI LOV VERMA  
SECRETARY,  
DEPARTMENT OF AIDS CONTROL,  
MINISTRY OF HEALTH & FAMILY  
WELFARE, GOVERNMENT OF INDIA

DATED: 9<sup>th</sup> SEPTEMBER, 2013

SIGNED FOR AND ON BEHALF OF  
MINISTRY OF COAL



SHRI S. K. SRIVASTAVA  
SECRETARY,  
MINISTRY OF COAL,  
GOVERNMENT OF INDIA

DATED: 9<sup>th</sup> SEPTEMBER, 2013

### List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BCCL	Bharat Coking Coal Limited
CCL	Central Coalfields Limited
CIL	Coal India Limited
CMPDIL	Central Mine Planning and Design Institute Limited
COILA (Project)	Collieries Outreach Intervention for Limiting HIV/AIDS
CSR	Corporate Social Responsibility
DAC	Department of AIDS Control
ECL	Eastern Coalfields Limited
HIV	Human Immunodeficiency Virus
HSS	HIV Sentinel Surveillance
ICTCs	Integrated Counselling and Testing Centres
IEC	Information, Education, Communication
MARPs	Most at-risk Populations
MoHFW	Ministry of Health and Family Welfare
MCL	Mahanadi Coalfields Limited
NACP	National AIDS Control Programme
NCL	Northern Coalfields Limited
NLC	Neyveli Lignite Corporation Limited
PLHIV	People Living with HIV
PPTCT	Prevention of Parent to Child Transmission
PSU	Public Sector Undertaking
SACS	State AIDS Control Societies
SCCL	Singareni Collieries Company Limited
SECL	South Eastern Coalfields Limited
STI	Sexually transmitted infection
ToT	Training of trainers
VBDD	Voluntary Blood Donation Day
WAD	World AIDS Day
WCL	Western Coalfields Limited