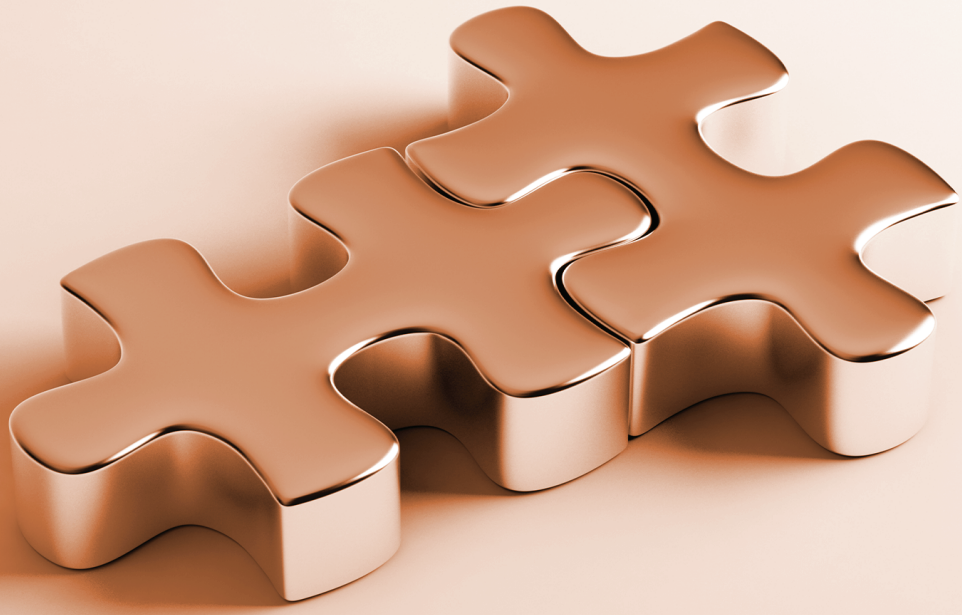
सत्यमेव जयते
Ministry of Health & Family Welfare
Government of India

NACO
National AIDS Control Organisation
India's response to HIV & Sexually Transmitted Infections
Ministry of Health & Family Welfare, Government of India
www.naco.gov.in



Mainstreaming and Partnerships

under
National AIDS & STD Control Programme (NACP)

आज़ादी का अमृत महोत्सव

सत्यमेव जयते

NACO

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अपर सचिव एवं महानिदेशक

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भारत सरकार

National AIDS Control Organisation
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Foreword

India's HIV epidemic remains low, with an estimated adult prevalence of 0.20% in 2024. However, due to its large population, the country is home to approximately 2.56 million people living with HIV (PLHIV) - the second-largest PLHIV population globally. The Government of India's National AIDS & STD Control Programme (NACP) is widely recognized as a global success for reversing the trajectory of the epidemic.

Launched in 1992, the programme is currently in its fifth phase (NACP-V). A central objective of this phase is achieving the 95-95-95 targets: ensuring that 95% of PLHIV know their HIV status, 95% of those diagnosed receive antiretroviral therapy (ART) and 95% of those on treatment achieve viral suppression. Significant progress has been made toward these goals over the course of NACP-V.

Reaching these targets is essential for achieving Sustainable Development Goal (SDG) 3.3 - ending AIDS as a public health threat by 2030. While notable gains have been achieved, further efforts are needed to address persistent gaps and challenges. The scale of both prevention and care required remains substantial.

To strengthen the national response, the National AIDS Control Organisation (NACO) has been actively partnering with government ministries, the private sector and civil society under its mainstreaming initiatives. These collaborations support activities such as HIV awareness programmes, expanded testing and improved linkage to care. NACO and State AIDS Control Societies (SACS) are also working to extend social protection benefits to PLHIV and vulnerable populations. Additional focus has been placed on promoting HIV and AIDS Policy for Establishment 2022 and appointing Complaints Officers across institutions.

Despite progress in testing and treatment access, there is a growing need to scale up risk reduction and impact mitigation efforts. This includes improving access to sustainable livelihoods, reducing stigma and discrimination and strengthening legal and social protection mechanisms for affected populations. Ensuring a life of dignity and well-being for every individual affected by HIV requires a strong, coordinated, multi-sectoral response. Continued collaboration across sectors is critical to sustaining progress and addressing emerging needs.

This document aims to provide a roadmap for a coordinated national response to HIV and AIDS. It reaffirms the commitment to multi-sectoral collaboration and seeks to guide and inspire future efforts in mainstreaming HIV across sectors. By fostering collective action, it aspires to reduce vulnerability, scale up impact mitigation interventions and accelerate progress toward ending the epidemic in India.

I hope this document will motivate and guide all ministries, departments, civil society and the private sector to join hands in working towards an AIDS-free society.

(Dr. Rakesh Gupta)

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आज़ादी का अमृत महोत्सव

भारती सहाय
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सत्यमेव जयते

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स्वास्थ्य और परिवार कल्याण मंत्रालय
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Preface

A range of socio-economic factors significantly influence HIV, making it more than just a health issue. Addressing the epidemic, therefore, requires far more than health-sector interventions alone. It calls for a comprehensive, multi-sectoral response in which mainstreaming and partnerships play a central role.

Over the years, mainstreaming of HIV and AIDS has gained increasing importance, with the recognition that non-health sectors can significantly contribute to reducing vulnerability and mitigating the impact on those infected and affected. This approach is particularly relevant in a country like India, where HIV prevalence remains relatively low and often less visible. In such a context, it is neither feasible nor necessary to rely solely on HIV-specific infrastructure. Instead, optimal utilization of existing systems—across public and private sectors and in both urban and rural settings—is essential to strengthen the national response.

It is important to underscore that mainstreaming complements, rather than replaces, the core pillars of prevention, treatment, care and support for people living with HIV. Its purpose is to ensure that all stakeholders—government departments, civil society organizations and the corporate sector—integrate HIV-related concerns into their policies, programmes and routine functions. This requires coordinated action characterized by inclusiveness, innovation, responsiveness and sustained engagement.

Prevention of new HIV infections remains the primary goal of the National AIDS and STD Control Programme (NACP). The programme continues to focus on high-risk and bridge populations, including female sex workers, men who have sex with men, people who inject drugs, transgender persons, inmates in prisons and other closed settings, migrants and transport workers. Through targeted interventions, link worker schemes, opioid substitution therapy centres, and focused initiatives in prison settings, NACP has ensured that these vulnerable groups have access to essential prevention and care services.

These sustained efforts have yielded encouraging results. Between 2010 and 2024, annual new HIV infections in India declined by 48.7%, surpassing the global reduction of 40% during the same period. This progress reflects the strength of India's integrated and inclusive approach.

Moving forward, it is imperative to further strengthen partnerships and foster shared ownership among all stakeholders to achieve the goal of ending HIV as public health threat by 2030. By leveraging their respective technical, financial and human resources strengths in a coordinated manner, we can build a more resilient and effective response to HIV and AIDS.

Mainstreaming is not a one-time effort but a continuous process of learning, collaboration and innovation. Together, through sustained partnerships and collective commitment, we can accelerate progress towards ending the HIV epidemic in India.

B. sahai

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Message

The remarkable progress achieved in India's HIV response has been made possible through strong partnerships that extend far beyond the health sector. Government agencies, communities, civil society organizations, development partners and the private sector have each played a vital role in ensuring that services reach those who need them most.

As the programme moves forward, partnerships must become deeper, more innovative and increasingly responsive to emerging needs. Workplace initiatives, digital communication platforms, corporate social responsibility, community-led interventions and collaborations with educational institutions and local bodies offer immense opportunities to strengthen HIV prevention promote early testing and improve continuity of care.

India's response is further strengthened by a robust rights-based legal framework. The HIV and AIDS (Prevention and Control) Act, 2017 safeguards the rights of people living with and affected by HIV by prohibiting discrimination, ensuring informed consent and confidentiality, and facilitating equitable access to HIV prevention, testing, treatment and care services. The Act also provides for a grievance redressal mechanism through designated Ombudsman in every State and Union Territory, enabling individuals to seek timely redressal of complaints related to discrimination or denial of services, thereby promoting accountability and protecting the dignity and rights of all individuals.

This publication highlights the importance of leveraging existing platforms, resources and expertise to create an inclusive ecosystem where every institution contributes according to its strengths. Such an approach not only expands access to services but also fosters greater public awareness, reduces stigma and empowers communities to become active partners in the national response.

The collective experiences documented here reaffirm that sustainable progress is achieved when partnerships are based on trust, shared responsibility and a common commitment to improving people's lives. By building on these collaborations and embracing innovation, we can further strengthen our efforts towards ending HIV as a public health threat.

I congratulate the IEC and Mainstreaming Division, NACO, for developing this comprehensive guidance document and extend my best wishes for its effective implementation across the country.

Tanzin Dikid

(Dr. Tanzin Dikid)

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Message

The response to HIV and AIDS has evolved significantly over the past three decades. Today, success depends not only on strengthening health services but also on embedding HIV-related concerns within the routine functioning of institutions across sectors. Mainstreaming is, therefore, an essential governance strategy that enables Ministries, Departments and organizations to contribute through their existing mandates and programmes.

This document provides a practical framework for institutionalizing a coordinated response to HIV by promoting convergence among government departments, strengthening inter-sectoral collaboration and encouraging shared ownership. Integrating HIV awareness, prevention, testing, treatment linkages and social protection into existing systems will improve efficiency, optimize resources and ensure sustainability of interventions.

An equally important aspect is the creation of enabling institutional environments that uphold dignity, equality and non-discrimination. Adoption of the HIV and AIDS Policy for Establishments, capacity building of officials, designation of nodal officers and regular coordination through Joint Working Groups will further strengthen accountability and collective action across sectors.

The examples presented in this publication demonstrate that mainstreaming is both feasible and impactful when institutions align their strengths towards a common objective. I am confident that this document will serve as a valuable reference for policymakers, programme managers and partner organizations in expanding a coordinated national response to HIV and AIDS.

I believe this document will inspire wider participation and renewed commitment from every stakeholder in this important national endeavour.

(Dr. Bhawna Rao)

CONTRIBUTERS

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Content

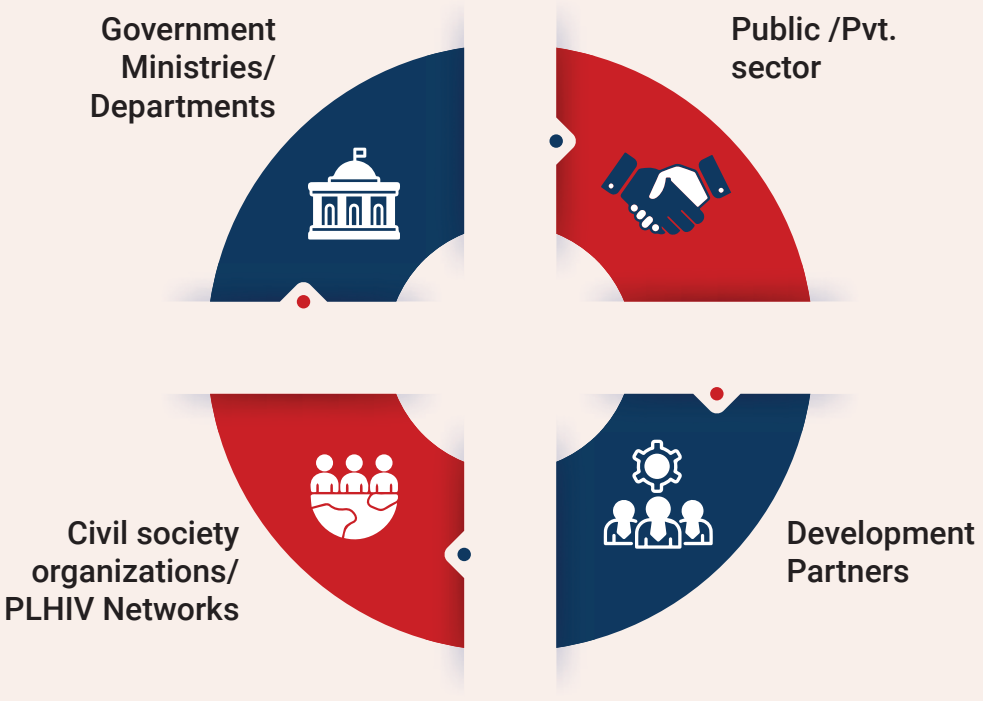
WHY MAINSTREAMING ?

- The HIV epidemic in India is influenced by a range of socio-economic, behavioural and structural determinants, beyond health factors alone.
- Accordingly, HIV prevention and control require a coordinated, multi-sectoral approach, with contributions from both health and non-health sectors.
- In the Indian context, mainstreaming and partnerships are particularly relevant due to:
  - Low prevalence and limited visibility of the epidemic.
  - The need to leverage existing systems and infrastructure rather than creating parallel mechanisms.
- This approach also contributes to reducing stigma and discrimination associated with HIV by engaging multiple sectors and normalizing HIV-related services within existing systems.
- It is aligned with the 'One Health perspective', which recognizes the interconnected nature of social, environmental and occupational determinants.

'Mainstreaming and partnerships complement, rather than replace, core HIV interventions related to prevention, treatment, care and support. Mainstreaming refers to integrating HIV-related interventions into existing policies, programmes and institutional systems of non-health sectors. NACO has signed 18 MoUs with Ministries/Departments to strengthen a multi-sectoral response to HIV/AIDS.'

Vision

An integrated, inclusive and multi-sectoral approach that fosters ownership and empowers stakeholders-including Government, Civil Society and the Private Sector-to respond effectively to HIV and AIDS by leveraging their core competencies and resources, leading to a comprehensive and effective national response.



Objectives

I. Promote convergence and coordination across sectors to strengthen a comprehensive and integrated HIV response.

II. Enhance awareness and knowledge on HIV prevention, testing, treatment and other NACP services through sustained communication and outreach efforts.

III. Leverage existing institutional platforms to expand access to HIV prevention, treatment, care and support services.

IV. Strengthen access to social protection for people infected and affected by HIV through advocacy for exclusive and HIV-sensitive inclusive schemes and by facilitating effective linkages with existing services.

V. Reduce stigma and discrimination associated with HIV by promoting inclusive policies, sensitization and rights-based approaches across communities, healthcare settings and institutions.

WHAT IS MAINSTREAMING ?

1. Multi-Sectoral Convergence & Institutional Integration:

- Integrate HIV prevention, testing, treatment and care into non-health sector systems (education, labour, transport, etc.)
- Leverage existing institutional platforms instead of creating parallel structures.

2. Service Integration & Expanded Access:

- Embed HIV services within existing health service delivery platforms.
- Improve early detection, treatment initiation and retention in care.
- Promote cross-referrals and continuum of care.

3. Social Protection & Inclusive Systems:

- Promote exclusive social protection schemes for people infected and affected by HIV and facilitate linkages of PLHIV to existing welfare schemes (health, nutrition, pension, livelihood, etc.).

4. Stigma Reduction & Enabling Environment:

- Adopt and institutionalize HIV and AIDS Policy for Establishment 2022.
- Promote rights-based and inclusive approaches across sectors.

5. Strategic Partnerships & Resource Leveraging:

- Enhance collaboration with government, civil society, private sector and development partners.
  - Leverage CSR platforms of PSUs and the private sector.
  - Engage private healthcare and community networks to expand service delivery.

Key Stakeholders & Roles

Sl. No.	Stakeholder	Description	Key Roles
1	**Government**	i) Ministries and Departments across Central, State and local levels. ii) Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs). iii) uniformed services including Armed Forces, Police and Paramilitary Forces. iv) Public Sector Undertakings (PSUs) and other institutions.	• Participate in JWG meetings. • Integrate HIV into staff training. • Conduct HIV awareness programmes. • Mainstream HIV through existing departmental programmes. • Promote testing and NACO linkages. • Implement HIV anti-stigma policy. • Enable social protection access. • Leverage CSR funds of PSUs.
2	Civil Society	NGOs, CBOs, FBOs, PLHIV networks	• Community mobilization and outreach. • Awareness and sensitization. • Demand generation and linkage to services. • Reduce stigma and support PLHIV. • Sensitization and awareness generation.
3	Private Sector	Industries (organized and un-organized), small and medium enterprises (SMEs), private hospitals, CSR platforms, employer/ employee associations and trade associations	• Implement workplace HIV awareness and testing. • Expand outreach. • Partner with SACS to enhance services. • Enforce non-discrimination and adopt HIV policy for establishments.
4	Development Partners	Bilateral and multilateral organisations, partner NGOs.	• Technical assistance and innovation.

HOW TO IMPLEMENT MAINSTREAMING APPROACH ?

a) Convergence with other programmes:

- Operationalize partnerships through MoUs led by NACO with participating Ministries/Departments.
- Strengthen integration with national programmes such as NHM, NTEP, Viral Hepatitis and other public health initiatives.
- Promote cross-referrals and co-location of services where feasible, leveraging shared service delivery platforms.
- Enhance early case detection, linkage to care and continuity of treatment, with special focus on vulnerable populations.
- Improve coordination with the health establishments and initiatives of other Ministries to ensure seamless service delivery.

b) Social Protection:

- Facilitate convergence with existing social protection schemes across sectors.
- Focus on key areas such as health, nutrition, pension, housing and livelihood support for people infected and affected by HIV.
- Strengthen awareness, access and tracking of benefits to ensure effective uptake and coverage.

c) Engagement with Elected Representatives:

- Sensitization and capacity building of elected representatives at National, State and local levels.
- Strengthen political commitment and promote community ownership of the HIV response.
- Support efforts to reduce stigma and discrimination and improve access to services at the community level.

d) Strengthening State Councils on AIDS (SCA) and Joint Working Group (JWG):

- Strengthen State Councils on AIDS as key platforms for multi-sectoral coordination and policy convergence.
- Ensure leadership and oversight at the highest level (SCAs to be chaired by the Hon'ble Chief Minister/ Health Minister/Chief Secretary).
- Enhance accountability, regular review mechanisms and inter-departmental coordination.
- Conduct regular Joint Working Group meetings, ensuring active participation of all MoU departments and relevant stakeholders.

e) Adoption of Workplace Policy (2022):

- Promote adoption and implementation of the HIV and AIDS Policy for Establishments, 2022 across sectors.
- Facilitate non-discriminatory and supportive workplace environments.
- Expand access to HIV-related services through workplace platforms by engaging both public and private sector institutions.

Expectations from the Ministries and Departments

- Nominate a Nodal Officer to coordinate and facilitate HIV-related activities.
- Integrate HIV into training curricula to build institutional capacity and sustain staff knowledge.
- Organize awareness and sensitization programmes to enhance understanding of HIV prevention, testing, treatment and services.
- Promote HIV testing and strengthen linkages to NACO services for timely diagnosis, treatment and continuity of care.
- Facilitate access to social protection schemes for people affected by HIV through effective convergence and service linkages.
- Address stigma and discrimination by adopting the HIV policy in establishments.
- Participate actively in the Joint Working Group (JWG) to coordinate, review progress and strengthen multi-sectoral collaboration.
- Promotion of NACO's 1097 helpline, Breakfree virtual outreach and IEC materials via official websites and social media to increase public engagement.

Best Practices on leveraging CSR funds of Public Sector Undertakings (PSUs) to support HIV/AIDS prevention, awareness, care and support initiatives:

Comprehensive HIV/AIDS Prevention and Care Initiatives Across Ports in India

A robust HIV/AIDS prevention and care model has been implemented across port authorities in Maharashtra, West Bengal and other States. Similar also undertaken at Kolkata Port Authority and Haldia Dock Complex include counseling, testing and awareness services. The model has also been implemented in ports in Gujarat, Odisha and Tamil Nadu, promoting workplace-based HIV prevention, care and support.

Free bulk SMS support by BSNL & other Telecom operators

Through strategic coordination with BSNL and other telecom service providers, free bulk SMS services have been leveraged across multiple States to disseminate HIV/AIDS awareness messages and promote preventive behaviors.

PSUs under Ministry of Coal advancing HIV Prevention

Following the MoU between the Ministry of Coal and NACO, PSU-led initiatives have strengthened HIV prevention across several States. In Chhattisgarh, South Eastern Coalfields Limited (SECL) established PPP-mode ICTCs at Gevra and Manendragarh, conducting over 30,000 HIV tests and linking all positive cases to ART services. In West Bengal, collaboration with Eastern Coalfields Ltd. enabled ICTCs at Kalla and Sanctoria hospitals. In Madhya Pradesh and Jharkhand, coal PSUs conduct awareness programmes, health camps, HIV screening, counseling, staff training and blood donation drives, promoting early detection and stigma-free workplaces.

Integrated HIV Prevention and Healthcare Initiatives for Transport and Highway Workers across States

NHAI is supporting HIV prevention initiatives in Punjab and Haryana through sensitization and testing camps for truckers, migrants and highway workers, with awareness activities reaching over 10,000 people annually. Haryana SACS also sensitized around 6,000 drivers and conductors through Driver Training Institutes. In Uttar Pradesh, workplace health camps at bus depots reached over 16,000 transport workers and conducted 15,800+ screenings for HIV, STI, TB and Hepatitis, ensuring counseling, referrals and zero loss-to-follow-up. In Maharashtra, BEST has implemented a comprehensive HIV/AIDS workplace policy since 2005, covering over 13,000 drivers and conductors through prevention, treatment and social support initiatives.

Best Practices for leveraging existing departmental initiatives to integrate HIV-related activities:

Promoting inclusive Skill Development for PLHIV through Labour department collaboration in Nagaland

A State-level Joint Working Group (JWG) with the Labour Department was formed in 2018 in Nagaland. A key achievement is the reservation of seats for People Living with HIV/AIDS (PLHIV) in Labour Department training institutes since 2022, enabling access to skill development in tailoring, knitting and embroidery. The initiative promotes inter-departmental convergence, social inclusion and livelihood opportunities for vulnerable groups. HIV-related information is also included in the Labour Department's Annual Administrative Report.

Empowering Women Living with HIV through 'SWAYAM SHGs' under National Urban Livelihoods Mission (NULM) in Mumbai

The Government of Bihar, through its Social Welfare Department, implements the 'Bihar Shatabdi AIDS Pidit Kalyan Yojana' to provide financial assistance of ₹1,500 per month to People Living with HIV (PLHIV). Fully State-funded, the scheme currently benefits over 67,000 individuals, ensuring social security and improved quality of life. For the financial year 2025–26, a budgetary provision of approximately ₹146 crore has been allocated, reflecting the State's strong commitment to supporting PLHIV.

Financial Support for PLHIV by the Social Welfare Department, Bihar

In collaboration with NULM, MDACS and Brihanmumbai Municipal Corporation (BMC) developed a model to empower Women Living with HIV (WLHIV), especially widows facing stigma and economic hardship. Antiretroviral Therapy Centres (ARTCs) were used to mobilize women into "SWAYAM SHG" Self-Help Groups through sensitization at KEM and JJ Hospitals. With NULM support, including training, technical guidance and ₹10,000 revolving funds, five SHGs have been formed. The initiative promotes financial independence through savings, loans and livelihoods, while strengthening peer support, improving ART adherence, reducing stigma and enhancing decision-making and psychosocial well-being.

ANNEX: 1 Social Security benefits accessed by people infected & affected by HIV (Cumulative till March 2026)

Sl. No.	Details	Total
1	Financial Scheme	353,702
2	Nutrition Support	263,404
3	Travel Support	202,098
4	Livelihood	69,277
5	Health	171,733
6	Housing	3,902
7	Insurance	110,028
8	Legal Aid	8,212
9	Education support	17,387
10	Other schemes	68,655
	Total	12,68,398

ANNEX: 2 NACO's partnership with key ministries & departments.

Sl. No.	Ministry/Department	Date of MoU Signed
1	Ministry of Shipping	14 February 2013
2	Department of Higher Education	6 August 2013
3	Ministry of Coal	9 September 2013
4	Department of Youth Affairs	29 December 2013
5	Department of Sports	29 December 2013
6	Ministry of Petroleum & Natural Gas	5 December 2013
7	Ministry of Housing & Urban Affairs	11 December 2013
8	Department of Defence	18 February 2014
9	Ministry of Road Transport & Highways	9 June 2014
10	Department of Telecommunications	23 July 2014
11	Department of Electronics & Information Technology	23 July 2014
12	Dept. of Empowerment of Persons living with Disabilities	27 January 2015
13	Department of Commerce	8 June 2015
14	Department of Rural Development	10 June 2015
15	Department of Internal Security	1 September 2017
16	Ministry of Labour & Employment	26 December 2017
17	North Eastern Council	8 March 2019
18	Dept. of Social Justice & Empowerment	26 August 2019

ANNEX: 3 Update on mainstreaming activities undertaken with the MoU Ministries/departments

1. Ministry of Shipping

NACO signed MoU with Ministry of Shipping on 14th February, 2013 with an objective of strengthening HIV/AIDS prevention, care, support and treatment programme in all the major ports under the jurisdiction of Ministry of Shipping. This partnership is aimed at reaching for ports workers, fisherman, seafarers, truckers, single male migrants as well as surrounding communities at port areas with HIV/AIDS information and services.

Key updates:

- **Nodal Persons designated across PSUs and States/UTs including:** Andaman & Nicobar Islands, Dadra & Nagar Haveli and Daman & Diu, Goa (Mormugaon Port Trust), Gujarat (Kandla & Mundra Ports), Maharashtra (JNPT), Mumbai Port Authority, Tamil Nadu (Kamarajar Port, Ennore Port, Chennai Port), West Bengal (Shyama Prasad Mukherjee Port & Haldia Dock Complex).
- **Complaints Officers designated in States/UTs and Port Authorities including:** Andaman & Nicobar Islands, Goa, Maharashtra (JNPT), Mumbai Port Authority and Tamil Nadu (Kamarajar Port, Ennore Port, Chennai Port).
- **Capacity building, training and sensitization of port workers, truckers and staff conducted at scale including:** Andaman & Nicobar Islands, Gujarat, Mumbai, Odisha, Tamil Nadu, West Bengal and Maharashtra.
- HIV testing, screening and health services strengthened at all major port locations.
- **Awareness programmes and IEC dissemination conducted across port ecosystems including:** Andaman & Nicobar Islands (audio messages/posters on ferries), Goa (port employee awareness), Gujarat (folk shows, IEC, counselling), Maharashtra & Mumbai (port-based campaigns), Tamil Nadu (port trust collaborations), West Bengal (folk media campaigns).
- **Use of CSR and innovative outreach approaches for vulnerable groups including:** Tamil Nadu (nutritional support to HRGs through TI-NGOs), Maharashtra (digital linkage to NACO services via port website), Andaman & Nicobar Islands (IEC in ferry systems), Gujarat (community outreach through trained master trainers).

Key expectations:

- Designate Complaints Officers across various offices, Port Trusts and institutions and adoption of HIV & AIDS Policy for Establishments 2022 under the Ministry of Shipping.
- Inclusion of HIV prevention modules in training curricula for departmental staff and other workers.
- Capacity building through training of Master Trainers in collaboration with State AIDS Control Societies (SACS).
- Organization of workshops for Medical Officers of the port hospitals in collaboration with SACS.
- Conduct awareness generation activities and early testing among employees, workers and communities at the catchment areas in collaboration with SACS.
- Promotion of NACP services and platforms, including the toll-free helpline (1097) and Breakfree Virtual Outreach.


हल्दिया गोदी परिसर / Haldia Dock
श्यामा प्रसाद मुखर्जी पोर्ट, कोलकाता
Syama Prasad Mookerjee Port, Kolkata
NACO
Discriminating people with HIV is a punishable offence
Let Communities Lead
Ignorance cannot be your excuse
WORLD AIDS DAY
DEC 01, 2023
AIDS Healpline
1097


CANTEEN
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MDACS
मुंबई जिल्हे एड्स नियंत्रण संस्था
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आजच तपासणी करुन घ्या व तुमचे स्टेटस जाणून घ्या
WWW.mdacs.org.in
AIDS 1097

2. Department of Higher Education

NACO signed MoU on 6th August, 2013 with Department of Higher Education Ministry of Human Resource Development with the objective of reaching large number of students with information on prevention of HIV/AIDS and promotion of blood donation through Red Ribbon Clubs in educational institutions under the Department and encourage State Higher Education Department to undertake HIV/AIDS prevention programme in State Education Institutions including private universities with the technical assistance from State AIDS Control Societies.

Key updates:

- UGC (Promotion of Equity in Higher Education Institutions) Regulation 2012 was amended with regard to bringing person with HIV/AIDS under coverage of the regulation like equal opportunities and no discrimination.
- MoHRD had issued directives to AICTC and UGC to include topic of HIV/AIDS and messages on reduction of stigma and discrimination in the education settings.
- **Nodal Officers identified/designated in States/UTs including:** Andaman & Nicobar Islands, Andhra Pradesh, Arunachal Pradesh, Bihar, Chhattisgarh, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Delhi, Gujarat, Himachal Pradesh, Haryana, Jammu & Kashmir, Jharkhand, Karnataka, Maharashtra, Meghalaya, Mizoram, Odisha, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttarakhand and West Bengal.
- **Complaints Officers designated in States/UTs including:** Andaman & Nicobar Islands, Arunachal Pradesh, Chhattisgarh, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Himachal Pradesh, Jammu & Kashmir, Madhya Pradesh, Punjab, Tamil Nadu and Uttarakhand.
- Over 14,500 Red Ribbon Clubs (RRCs) established/expanded in colleges & universities across State/UTs.
- Awareness programmes conducted widely across educational institutions in all States/UTs.
- Capacity building & training of nodal officers, teachers, and peer educators conducted across States.
- Integration of HIV/AIDS into curriculum, training modules, and institutional systems in States.
- Community outreach and grassroots campaigns undertaken in States such as: Haryana (18,206 households reached by 235 NSS students of 8 Universities), Uttar Pradesh (village-level campaigns), Punjab (mass awareness activities) and Tripura (weekly awareness periods in institutions).
- **Special policy initiatives and inclusion measures implemented in many States such as:** Arunachal Pradesh (Fee concessions for Children infected and affected by HIV), Rajasthan (anti-discrimination cells & free education for transgender persons), Tripura (mandatory weekly awareness periods), Jammu & Kashmir (integration with NSS) and Odisha (multi-department collaboration with Red Cross).

Key expectations:

- Nominate nodal officer at the Department of Higher Education for coordination with NACO.
- Directive to State Education Departments, State Technical Departments, Universities and associate offices for:
  - Appointing a Nodal officer for coordination with State AIDS Control Societies (SACS).
  - Designate Complaints Officer, as mandated in the HIV and AIDS (Prevention & Control) Act 2017.

- To include HIV/AIDS awareness programmes/ activities in colleges, technical institutions & universities.
- Establishment of the Red Ribbon Clubs (RRCs) in the private colleges and universities.
- Provide space for HIV/AIDS information dissemination during the youth festivals.
- NSS, NCC and Scouts & Guides to include specific hours in their activities for HIV prevention
- Suggest that all RRCs in Colleges and Universities to adopt one village each and organize HIV awareness activities.

3. Ministry of Coal

NACO signed MoU with Ministry of Coal on 9th September, 2013 with the objective of reaching larger number of workforce engaged in coal mines and allied industries including migrant workers, truckers and surrounding communities with information on STI/HIV/AIDS, integration of HIV related services in existing health infrastructure as well as adoption of National Policy on HIV/AIDS and World of Work by coal PSUs.

Assam:

- Chief Medical Officer from Coal India Ltd. Margherita, Tinsukia has been designated as Nodal Officer to coordinate the work with SACS.
- A total of 18 workshops conducted till date at Coal India Ltd. Margherita for workers, truckers and employees.

Chhattisgarh:

- South Eastern Coalfields Ltd. (SECL), designated Nodal Person and Complaints Officer.
- Awareness conducted regularly for workers, employees and other nearby communities.
- 26 Complaints Officers designated in all dispensaries and hospitals under SECL.

Jharkhand:

- Nodal Person has been designated in Central Mine Planning & Design Institute Limited (CMPDI).
- HIV screening for workers was conducted alongside awareness sessions.
- HIV/AIDS-related IEC materials were displayed at office premises and hospitals.
- Blood donation camps were also organized.

Madhya Pradesh:

- Nodal Officers have been designated across key institutions, including NCL Singrauli and WCL areas in Pench (Chhindwara), Kanhan (Chhindwara) and Pathakheda (Betul).
- A total of 150 testing camps were organized till date.

Maharashtra:

- Nodal Officer has been designated in Western Coalfields Ltd.
- One Complaints Officer has been designated.
- Regular awareness, training, and sensitization programmes are being conducted.
- FICTC has been established to support HIV testing services.
- Workplace HIV programmes for mining workers are improving access to testing and health services, particularly for migrant and high-risk groups.

Tamil Nadu:

- A Nodal Person and a Complaints Officer have been designated in Neyveli Lignite Corporation, Cuddalore.
- Regular awareness programmes and testing camps are being conducted for workers and labourers of Neyveli Lignite Corporation, Cuddalore Dist.
- Total 10 testing camps organized in which 500 people tested and total 20 awareness programmes conducted in which 1240 people sensitized.
- TANSACS has established a SA-ICTC and a Link ART Centre at NLC Hospital.

Telangana:

- A Nodal Officer has been designated.
- Awareness and sensitization programmes are being conducted regularly.

West Bengal:

- Nodal Persons from Eastern Coal Fields (ECL) and Coal India Ltd. have been designated and have attended Joint Working Group (JWG) meetings conducted by SACS.
- Awareness sessions have been conducted regularly alongside testing camps at mining areas.
- Two stand-alone ICTCs are operational within ECL.
- A total of 22 Complaint Officers have been designated in ECL.

Key expectations:

- Designate Complaints Officers across various offices, PSUs and institutions and adoption of HIV & AIDS Policy for Establishments 2022 under the Ministry of Coal.
- Organization of workshops for Medical Officers of PSUs in collaboration with State AIDS Control Societies (SACS).
- Inclusion of HIV prevention modules in training curricula for departmental staff.
- Capacity building through training of Master Trainers at training academies in collaboration with SACS.
- Promotion of NACP services and platforms, including the toll-free helpline (1097) and Breakfree Virtual Outreach.
- Issuance of directives to PSUs to leverage CSR funds and undertake HIV prevention activities, including awareness generation and promotion of early testing among employees, workers and surrounding communities.


SECL
1st दिसम्बर


रीजनल अस्पताल

4. Department of Youth Affairs

NACO signed MoU with the Department of Youth Affairs on 29th November, 2013 with the objective to prevent the spread of HIV infection among the youth through inclusion of youth specific HIV information and services, reduce the vulnerability of special category of young women and migrants and enhance the capacity of policy planners, researchers and trainers in the institutions under the control of Department of Youth Affairs to address the issue of HIV/AIDS.

Key updates:

- **Nodal Officers designated in States/UTs including:** Andaman & Nicobar Islands, Andhra Pradesh, Arunachal Pradesh, Bihar, Chhattisgarh, Chandigarh, Dadra & Nagar Haveli and Daman & Diu, Delhi, Gujarat, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Kerala, Maharashtra, Meghalaya, Puducherry, Punjab, Rajasthan, Sikkim, Telangana, Uttarakhand and West Bengal.
- **Complaints Officers designated in States/UTs including:** Andaman & Nicobar Islands, Chhattisgarh, Jammu & Kashmir, Uttarakhand and Dadra & Nagar Haveli and Daman & Diu.
- Awareness programmes conducted extensively across States/UTs through NYKS, NSS, NCC, youth clubs and educational institutions, including outreach to out-of-school youth.
- Capacity building and Training of Trainers (ToT) conducted for nodal officers, NYKS/NSS/NCC officials and volunteers in States.
- HIV testing camps and health outreach activities organized in several States.

Key expectations:

- Nominate a Nodal Officer in the Department of Youth Affairs for coordination at the national level.
- Designate Complaints Officers across various offices and institutions under the Department.
- Inclusion of HIV prevention modules in the training curricula for departmental staff and youth.
- Capacity building in collaboration with State AIDS Control Societies (SACS) through training of Master Trainers.
- Issuance of directives to State-level line offices (Youth Services/Affairs, NYKS & others) for provision of space during major youth events for HIV/AIDS awareness activities and inclusion of HIV prevention topic in youth festival across country.
- Promotion of NACP services and platforms, including the toll-free helpline (1097) and Breakfree-Virtual Outreach through departmental programmes and youth initiatives.

5. Department of Sports

NACO signed MoU with the Department of Sports on 29th November, 2013 with the objective to reach out large number of youth engaged in sports activities with information on STI/HIV/AIDS prevention and related services, build the capacity of sports educators, administrators and coaches on "Minimizing the risk of HIV transmission on and outside the sports field" and Promote awareness generation through hoarding and banners at eminent places and sports infrastructure during state / national events and tournaments.

Key updates:

- A directive was issued to DG (SAI)/DG (NADA)/NDTL/VC (LNIPE) for facilitating nomination of sportsperson as goodwill ambassador for HIV/AIDS, incorporation of HIV/AIDS information in training module for sports person for HIV/AIDS awareness, voluntary blood donation and to reduce stigma and discrimination against people infected & affected by HIV in 2019.
- **Nodal persons/officers designated in States/UTs including:** Andaman & Nicobar Islands, Andhra Pradesh, Bihar, Chhattisgarh, Chandigarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Meghalaya, Odisha, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu, Uttarakhand and West Bengal.
- **Complaints Officers designated in States/UTs including:** Andaman & Nicobar Islands, Chhattisgarh and Haryana.
- **Joint Working Group (JWG) meetings conducted/attended across States including:** Andaman & Nicobar Islands, Andhra Pradesh, Assam, Bihar, Chhattisgarh, Chandigarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Meghalaya, Odisha, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu and West Bengal.
- **Capacity building, training and sensitization activities conducted in States such as:** Andaman & Nicobar Islands (20 trainings; 1,680 personnel trained), Chhattisgarh (38 officials sensitized), Himachal Pradesh (training of coaches), Uttarakhand (3 trainings; 150 peer educators trained), Puducherry (2,240 sports persons sensitized) and West Bengal (training at SAI complex).
- **Sports-based outreach initiatives undertaken for HIV awareness including:** State level Red Run and the National Level Red Run is being undertaken in close coordination with the Department of Sports and Sports Authority of India.
- Odisha SACS organized an awareness programme on HIV AIDS in coordination with the Department of Sports and Youth Services and Hockey India. The event created the 'Largest Human Red Ribbon Chain' at the Kalinga Stadium in Bhubaneswar during 'World Cup Hockey'.

Key expectations:

- Identify a nodal officer at the Department of Sports for coordination at National level.
- Designate Complaints Officer at the various offices under the department.
- Promote Toll free 1097 Helpline, Breakfree Virtual Outreach and NACP services in various programmes undertaken by the Dept. of Sports.
- Provision of space for HIV/AIDS awareness at stadium/play ground during major sport events and initiatives.
- Directives to State Sports Department, SAI and Sports Associations/Federations to include messages on HIV prevention in during tournaments/matches, recommending popular sports persons as goodwill ambassadors and coordination with SACS.


128
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6. Ministry of Petroleum & Natural Gas

NACO signed MoU with the Ministry of Petroleum & Natural Gas on 5th December, 2013 with the objective to reach out large workforce including migrants with information on HIV/AIDS and integration of HIV related services in the existing health infrastructure of Public Sector Undertakings.

Key updates:

- **Nodal Persons designated across PSUs and States/UTs including:** Bihar (HPCL), Chandigarh (HPCL offices), Chhattisgarh (HPCL), Delhi (BPCL), Gujarat (BPCL), Haryana (HPCL & IOCL Panipat Refinery), Jharkhand (HPCL & BPCL), Maharashtra (ONGC), Mumbai (IOCL, BPCL, HPCL), Puducherry (ONGC, Karaikal), Punjab (IOCL), Rajasthan (IOCL), Tamil Nadu (ONGC, BPCL, CPCL, IOCL), Uttarakhand (ONGC), and West Bengal (IOCL).
- **Complaints Officers designated in PSUs/States including:** Chhattisgarh (3 officers – HPCL, BPCL, IOCL), Haryana (IOCL Panipat Refinery), Maharashtra (ONGC), Mumbai (IOCL, BPCL, HPCL), Tamil Nadu (ONGC, BPCL, CPCL, IOCL) and Uttarakhand (ONGC).
- **Capacity building, training and sensitization of workers, truck drivers and staff conducted at scale including:** Bihar (419 workers + 420 truck drivers sensitized; 89 staff trained), Chhattisgarh (1,807 workers & drivers; 969 additional drivers sensitized), Gujarat (364 workers/truckers/staff), Punjab (2,080 truckers & staff), Tamil Nadu (4 trainings; 200 personnel trained), Rajasthan (111 officials trained), Maharashtra (regular programmes) and West Bengal (staff sensitization).
- **HIV testing, screening and health outreach initiatives conducted in States including:** Bihar (215 truck drivers tested through 3 camps), Haryana (5 days testing camps every month at IOCL Panipat Refinery), Maharashtra (screening at ONGC plants), Mumbai (testing drives during campaigns), Punjab (~1,500 tested out of ~2,000 reached in 4 camps), Tamil Nadu (9 camps; 442 tested) and West Bengal (screening camp).
- **Awareness programmes and IEC dissemination conducted across workplaces and fuel retail networks including:** Chandigarh (petrol pump operators sensitized; condom boxes installed), Himachal Pradesh (petrol pump workers), Jharkhand (IEC at petrol pumps), Punjab (hoardings & IEC at pumps), Delhi (IEC at HPCL pumps), Haryana (banners, wall writings, flex in IOCL refinery area) and West Bengal (during WAD).
- **Integration of HIV/AIDS into institutional systems, training and CSR initiatives including:** Rajasthan (HIV included in training agenda), Maharashtra (CSR-supported mobile health van), Tamil Nadu (nutritional supplements via BPCL & CPCL), Gujarat (coordination meetings) and Delhi (IEC integration).
- **Observance of national campaigns and large-scale outreach activities including:** Chhattisgarh (World AIDS Day human chain), Haryana (WAD observance), Maharashtra/Mumbai (WAD campaigns, hoardings, outreach), Punjab (WAD, IEC campaigns) and West Bengal (WAD sensitization programmes) in association with PSUs.

Key expectations:

- Nominate a nodal officer for coordination at national level.
- Designate Complaints Officers across various offices of PSUs and institutions and adoption of HIV & AIDS Policy for Establishments 2022 under the Ministry of Petroleum and Natural Gas and concerned PSUs
- Inclusion of HIV prevention modules in training curricula for departmental staff and other workers.

- Capacity building through training of Master Trainers in collaboration with State AIDS Control Societies (SACS).
- Organization of workshops for Medical Officers of PSUs in collaboration with SACS.
- Issuance of directives to PSUs to leverage CSR funds; undertake HIV prevention activities, including awareness generation and promotion of early testing among employees, workers and communities at the refineries/depots/plants/petrol pumps/catchment areas, hoardings/panels display at petrol pumps, observance of World AIDS Day; support to PLHIV/CABA; and coordination of state PSU offices with State AIDS Control Societies.
- Promotion of NACP services and platforms, including the toll-free helpline (1097) and Breakfree Virtual Outreach.

7. Ministry of Housing and Urban Affairs

NACO signed MoU with the Ministry of Housing & Urban Poverty on 11th December, 2013 with objectives to reach out PLHIV and affected population with enhanced accessibility in the livelihood schemes and programmes of Ministry of Housing & Urban Poverty Alleviation through inclusive approach as well as improve social protection to PLHIV and HRGs through existing schemes and programmes for urban employment, poverty alleviation and housing.

Key updates:

- **Nodal Persons designated in States/UTs including:** Arunachal Pradesh, Bihar, Chandigarh, Chhattisgarh, Himachal Pradesh, Karnataka, Kerala, Maharashtra, Sikkim, Punjab, Rajasthan, Tamil Nadu, Telangana and Uttarakhand.
- **Complaints Officers designated in States/UTs including:** Chandigarh, Chhattisgarh, Maharashtra, Madhya Pradesh and Sikkim.
- **Capacity building, training and sensitization of SHGs, urban workers and officials conducted across States including**: Bihar, Madhya Pradesh, Nagaland, Punjab, Tamil Nadu, Chhattisgarh and Uttarakhand.
- **HIV testing camps and health outreach initiatives conducted in States including:** Daman & Diu and Dadra & Nagar Haveli, Punjab, Tamil Nadu and Uttarakhand.
- **Inclusion of PLHIV and vulnerable groups in housing and livelihood schemes implemented in States such as:** Arunachal Pradesh (skill development inclusion), Nagaland (PMAY inclusion), Mizoram (14 PLHIV provided housing under BSUP), Tamil Nadu (inclusion in Green Housing Scheme), Karnataka (priority housing through digital system) and Punjab (urban shelters as short-stay homes).
- **Social protection and inclusive policy measures undertaken including:** Chandigarh (25% fee exemption for PLHIV street vendors), Chhattisgarh (2% reservation for PLHIV & HRGs), Rajasthan (2% reservation for transgender persons in plots) and Punjab (directives for social protection convergence).

Key expectations:

- Designate Complaints Officers across various offices, programmes and institutions and adoption of HIV & AIDS Policy for Establishments 2022 under the Ministry of Housing and Urban Affairs.
- Inclusion of HIV prevention modules in training curricula for departmental staff and programme beneficiaries including skill development programmes.
- Capacity building through training of Master Trainers under NULM in collaboration with SACS.
- Promotion of NACP services and platforms, including the toll-free helpline (1097) and Breakfree Virtual Outreach.
- Awareness and testing camps for street vendors under NULM and sanitation workers under Swachh Bharat Mission by the State Departments in coordination with State AIDS Control Societies (SACS).
- Prioritizing PLHIV and their dependents under various schemes by of the Ministry.
- Special skill building programmes for PLHIV and the affected population.
- Messaging in public facilities under Swachh Bharat Mission and in other events.


Sensitization Program on
HIV & STI with ALFs
under DUDA, Kohima
Organized by:Fe Nagaland State AIDS Control Society (NSACS)
in collaboration with the State Urban Development Agency (SUDA), Urban Development Department
21 AUGUST 2025 | 11:30 AM | CONFERENCE HALL, DIRECTORATE OF URBAN DEVELOPMENT
NACO
To know more about HIV,
call national toll free
Helpline: 1097

8. Department of Defence

NACO signed MoU with Department of Defence on 18th February, 2014 with the objective to reach out to large number of defence personnel with information and services on STI/HIV/AIDS; Integrate ICTC/STI/HIV services in existing health infrastructure and reduce social stigma and discrimination against People Living with HIV/AIDS and other affected groups.

Key updates:

- The Department of Community Medicine, Armed Forces Medical College (AFMC), Pune, conducts regular exposure visits for its officers and students to NACO.
- Station Health Officer at Colaba Military Station, Mumbai has been designated as Complaints Officer.
- Sensitization programmes are being organised for Army, Air Force and Navy personnel, officer cadets at OTA, NCC cadets, trainees at regimental centres and employees in repair depot etc. in Arunachal Pradesh, Bihar, Chandigarh, Haryana, Himachal Pradesh, Kerala, Maharashtra, Meghalaya, Odisha, Puducherry, Rajasthan, Sikkim, Tamil Nadu and Uttarakhand.

Key expectations:

- Designate Complaints Officers and adoption of the HIV/AIDS Policy for Establishments, 2022, across various offices under the Department.
- Issue directive to office/institutions under the department to extend support to State AIDS Control Societies (SACS) for organizing awareness programmes.
- Support to SACS in organizing training programmes for medical officers and paramedics on the National Guidelines on HIV/AIDS.
- Sharing of HIV epidemiological and programme data with NACO to facilitate tracking and achievement of SDG targets related to HIV/AIDS.

9. Ministry of Road Transport & Highways

NACO has signed MoU with the Ministry of Road Transport & Highways (MoRT&H) on 9th June, 2014 with the objective to spread awareness among truck drivers, transport workers and other key population with information on STI/HIV/AIDS and related services. MoU aims to reach out to the large number of drivers with information on HIV through integration in human resource training, reach out large number of transport and highway builder workers with information on STI/ HIV through counselling, Provision of social protection to people living with HIV and Adoption of National Policy on HIV/AIDS and World of Work.

Key updates:

- **Nodal Person designated across States/UTs,** including Andaman & Nicobar Islands, Bihar, Chhattisgarh, Delhi, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Kerala, Maharashtra, Mumbai, Mizoram, Odisha, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttarakhand, Uttar Pradesh and West Bengal.
- **Complaints Officers designated across States/UTs,** including Andaman & Nicobar Islands, Arunachal Pradesh, Chhattisgarh, Goa, Haryana, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Mumbai, Rajasthan, Sikkim, Tamil Nadu, Uttarakhand and West Bengal.
- **Awareness and IEC activities undertaken extensively** through display of messages on buses, e-ticketing, toll plazas and bus depots, IEC vans, bus branding, jingles, street plays and outreach during major events.
- **Capacity building and sensitization of transport workers conducted,** including drivers, conductors and staff, with coverage such as Haryana (~6,000 personnel annually), Chhattisgarh (1,050 personnel), Gujarat (498 personnel), Uttarakhand (90 personnel), West Bengal (330 personnel), Mumbai (90 personnel), Madhya Pradesh (116 personnel) and Andaman & Nicobar Islands (393 personnel).
- **HIV testing and screening camps organized at scale** across transport hubs and highways, including Assam (46 camps), Dadra & Nagar Haveli and Daman & Diu (13 camps), Telangana (695 individuals screened), Uttar Pradesh (~14,800 individuals tested) and Punjab (~2,000 drivers tested).
- **Integration of HIV awareness with transport systems and infrastructure,** including activities at toll plazas, bus depots, driver training schools and collaboration with NHAI, State Transport Corporations and toll operators.
- **Enhanced social protection and facilitation of access to ART services for PLHIV**, including provision of free and concessional bus passes in multiple States/UTs. And in Gujarat, including one-time financial assistance of ₹30,000 in Gujarat for treatment support to PLHIV staff.

Key expectations:

- Designate Complaints Officers and adoption of HIV & AIDS Policy for Establishments 2022 across various offices and institutions under the MoRTH.
- Strengthen highway intervention through display of hoardings and messages at toll gates.
- Awareness and HIV screening facility for all the workers under NHAI concessionaries.
- Awareness activities under CSR framework by NHAI concessionaries.
- Issue directive to offices and State Transport department to include the topic of HIV/AIDS in the training of staff, drivers and appointment of Complaints Officer in various offices and institutions and insertion messages in commercial vehicles during passing of vehicles.
- Promotion of NACP services and platforms, including the toll-free helpline (1097) and Breakfree Virtual Outreach.


TRIDENT HILLS
GMR
DAPS
WORLD AIDS DAY
1st DEC, 2025
THEME: OVERCOMING DISRUPTION, TRANSFORMING THE AIDS RESPONSE.
GMR AMBALA CHANDIGARH EXPRESSWAYS PVT. LTD
TOLL PLAZA DAPPAR, MOHALI-PUNJAB

10. Department of Telecommunication

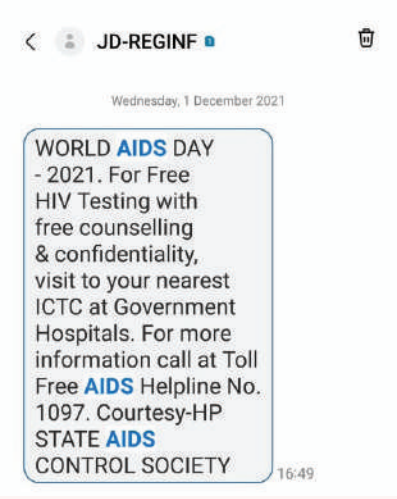
NACO signed MoU with the Department of Telecommunications on 23rd July, 2014 with the objective to reach out large number of people through the network of BSNL & MTNL. This will also facilitate display of information at strategic locations up to village level and also HIV/AIDS messages in the promotional material for general awareness.

Key Updates:

- Directives were issued by the Department of Telecommunication to MTNL, BSNL, TCIL in 2015.
- **Nodal persons/officers designated in States/UTs including:** Andaman & Nicobar Islands, Arunachal Pradesh, Chandigarh, Chhattisgarh (BSNL & Vodafone-Idea), Dadra & Nagar Haveli and Daman & Diu, Delhi, Gujarat, Haryana, Himachal Pradesh, Maharashtra, Punjab, Rajasthan, Tamil Nadu and Uttarakhand.
- **Capacity building, training and sensitization activities conducted in States such as:** Andaman & Nicobar Islands, Bihar, Chhattisgarh, Tamil Nadu, Maharashtra and Himachal Pradesh.
- **Large-scale awareness dissemination through telecom networks (SMS campaigns) undertaken across States including:** Chhattisgarh (over 2.5 crore free SMS annually on key days), Haryana (13.5 crore free SMS sent), Maharashtra (~2.5 million users reached), Delhi (Airtel campaigns), Himachal Pradesh (free SMS by Jio, Vodafone-Idea, Airtel), Punjab (Airtel free SMS campaigns), Tamil Nadu (during major events) and Mumbai (MTNL campaigns).

Key expectations:

- Designate Complaints Officer at the various offices/institutions under the department.
- Inclusion topic on HIV prevention in curriculum of induction training of staff under the department.
- Support State AIDS Control Societies (SACS) in organizing awareness programme for the staff.
- Support in awareness generation activities (messages in bills, special messages through SMS, billboards).
- Directive to DoT Regional/State Offices to issue instructions to BSNL and all Private Telecom Operators to coordinate with SACS and support for free SMS and messages in bills, billboards, outreach activities and other digital activities.



11. Department of Electronics & Information Technology

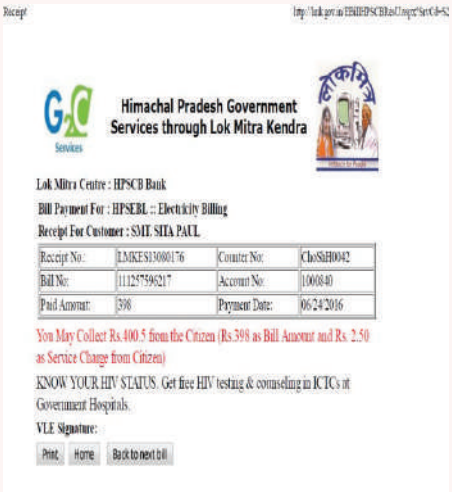
NACO signed MoU with Department of Electronics & Information Technology on 23rd July, 2014 with the objective of reaching out to large numbers of people through Common Service Centres with information on prevention and services of HIV. This will also encourage voluntary blood donation and also facilitate access to Social Protection schemes.

Key updates:

- **Nodal persons designated in States/UTs including:** Arunachal Pradesh, Bihar, Chhattisgarh, Delhi, Haryana, Kerala, Maharashtra, Nagaland, Odisha, Puducherry, Punjab, Rajasthan and Uttarakhand.
- **Complaints Officers designated in States/UTs including:** Arunachal Pradesh, Bihar, Chhattisgarh, Chandigarh, Punjab and Uttarakhand.
- **Capacity building, sensitization and awareness activities conducted across several States including:** Bihar, Chhattisgarh, Chandigarh, Puducherry and Punjab.
- **Use of Common Service Centres (CSCs) for HIV awareness and service delivery across States including:** Nagaland (HIV messages, helpline 1097 displayed in CSCs), Punjab (Social Protection Camps via CSCs) and Himachal Pradesh (HIV prevention message on CSC receipts).
- **Digital platforms leveraged for HIV awareness and service integration in States such as:** Uttarakhand (websites, social media, mobile platforms, e-health systems for testing, counselling & ART tracking; collaboration with SACS and IT companies under CSR).

Key expectations:

- Nominate a nodal officer at Department of Electronics & Information Technology for coordination with NACO.
- Designate Complaints Officer in various offices and institutions under the department.
- Issue directive to concerned offices including State Government Offices for awareness; prevention messages on HIV through CSC (display of messages at CSCs, messages in receipts, awareness through mobile units and others) and CSCs to support for prioritizing easy access of social benefits /entitlements to PLHIV/HRGs and their associates in coordination with State AIDS Control Societies (SACS).
- Support and coordinate with SACS in organizing sensitizing programme for staff and CSC managers.


Himachal Pradesh Government
Services through Lok Mitra Kendra

Lok Mitra Centre : HPSCB Bank
Bill Payment For : HPSEBL :: Electricity Billing
Receipt For Customer : SMT. SITA PAUL

Receipt No:	LMKES13080176	Counter No:	CloSiH0042
Bill No:	11125796217	Account No:	10008840
Paid Amount:	398	Payment Date:	06/24/2016

You May Collect Rs.400.5 from the Citizen (Rs.398 as Bill Amount and Rs. 2.50 as Service Charge from Citizen)

KNOW YOUR HIV STATUS. Get free HIV testing & counseling in ICTCs at Government Hospitals.

VLE Signature:

Print Home Back to next bill

12. Department of Empowerment of Persons with Disabilities

A MoU was signed between Department of Empowerment of Persons living with Disabilities (DoWPwD) and NACO on 27th January 2015. This partnership aimed at spreading awareness and HIV/ AIDS prevention activities through a) Reaching large number of persons with disabilities with information on STI/HIV/AIDS and related services; b) Strengthen HIV and AIDS prevention initiatives for persons with disabilities; c) Reduce social stigma and discrimination to persons with disabilities living with HIV/AIDS and their family or other affected groups; d) Reaching out to large number of persons with disabilities with the messages on safe blood transfusion and voluntary blood donation.

Key updates:

- The Rehabilitation Council of India (RCI) issued a directive to all RCI approved institutions for dissemination of information related to HIV/AIDS in 2019.
- The DePwD sent a communication to Member Secretary, RCI and Directors of all National Institutions under DePwD for appointment of Complaints Officer in all offices/institutions under the department and to implement the HIV & AIDS Policy for establishments and incorporate the topic of HIV/AIDS in their respective training curriculum in 2023.
- SACS conducted ToT at the National Institute of Empowerment of Persons with Multiple Disabilities (NIEPMD) and National Institute for the Empowerment of Persons with Visual Disabilities (NIEPVD).
- **Nodal Officers designated in States/UTs including:** Chandigarh, Bihar, Jammu & Kashmir, Maharashtra, Punjab, Tamil Nadu and Uttarakhand.
- **Complaints Officers designated** under HIV/AIDS Act, 2017 in States/UTs including: Andaman & Nicobar Islands, Chandigarh, Haryana, Jammu & Kashmir, Madhya Pradesh, Sikkim, Tamil Nadu and Uttarakhand.
- Awareness programmes on HIV/AIDS conducted across institutions and special schools in States such as: Andaman & Nicobar Islands, Goa (special schools), Jammu & Kashmir, Tamil Nadu, Uttarakhand and other States through departmental platforms.
- Capacity building and training programmes conducted for officials, caregivers, and stakeholders in States.
- In Uttar Pradesh, HIV/AIDS awareness content developed in Braille.

Key expectations:

- Sharing of details of Complaints Officer designated and activities related to HIV/AIDS undertaken by the National Institutions/offices under DePwD.
- Share the training calendar with respective State AIDS Control Societies (SACS) and support for training of mater trainers of the National Institutes under DePwD.
- Support linkage of PwDs to testing, treatment, counselling and care services under the National AIDS & STD Control Programme.

Department of Empowerment of Persons with Disabilities (Divyangjan)

Subject: Minutes of meeting of NACO with key Departments/ Ministries of Govt. of India held on 20.06.2023 - reg

13. Department of Commerce

The MoU was signed on 8th June, 2015 and aims to a) reaching out to the large number of employees and workers of Plantation Boards and PSUs with information on STI/ HIV prevention and care services through sensitization program b) Integration of STI/HIV services in the existing health infrastructure of various units of commodity plantation and PSUs under the Department of Commerce and c) Adoption of "National Policy on HIV/AIDS and World of Work" in all the units of plantation boards and PSUs of Department of Commerce.

Andhra Pradesh:

- Joint Director has been designated as the nodal person from the Industries and Commerce Department.

Assam:

- A total of 36 workshops organized for workers of private Industries and Tea garden.
- 10 testing camps have been organized at Tea gardens with the help of Tea association. 136 workers of tea garden were screened for HIV/ Hepatitis B & C, malaria and TB.

Bihar:

- Under Secretary, Industry Department, has been designated as the nodal officer.
- 482 individuals were sensitized on HIV/AIDS in coordination with industry departments and business houses.
- 7 training programmes were conducted in industries.
- A total of 186 workers were tested at construction sites through 4 camps.

Chhattisgarh:

- Nodal officer & Complaints Officer has been designated by Industries department.
- 464 officials & workers of industries were sensitized through awareness sessions.
- A directive was issued to private industries for HIV& TB awareness.
- 147 industries have initiated HIV awareness programmes and 18 industries are supporting in Targeted Intervention (TI) activities.

Haryana:

- Nodal officer & Complaints Officer has been designated in Commerce and industries department.
- Awareness activities conducted in collaboration with industrial associations.
- Awareness-cum-testing camps organized in industries.
- Directive issued by CII (as part of the State Executive Body meeting agenda) to adopt the Establishment Policy.

Jammu & Kashmir:

- Nodal officer and 1 Complaints Officer have been designated in Udyog department.
- 2 training sessions conducted for officials along with workers of private industries.

Jharkhand:

- Joint Secretary, Department of Industries has been designated as the nodal officer.
- 19 officers have been designated as Complaints Officers.
- Public-private partnerships leveraged CSR platforms to integrate HIV awareness, workplace policy adoption, and regular testing camps. Engagement with PSUs and private sector improved stigma reduction, service uptake, and referral linkages to ICTC and other NACP facilities.

Madhya Pradesh

- Nodal officers designated from the Directorate of Commerce & Industry, Bhopal.
- 1,104 employees & industrial workers were sensitized.
- Under the Department of Commerce, Industry & Employment, all self-employment schemes include a 30% allocation for women, with reservation for women affected by HIV/AIDS.

Meghalaya:

- Nodal officer designated in industries department.

Mumbai:

- Export Credit Guarantee Corporation of India (ECGC) provided educational support of ₹2000 to 60 Children Living with HIV (CLHIV).

Nagaland:

- Nodal person has been designated from the Industries and Commerce Department.
- A one-day sensitization programme on HIV & AIDS was conducted for staff, trainers and trainees of the Nagaland Tool Room and Training Centre, with 133 participants.
- Provision for reservation for People Living with HIV (PLHIV) in each district under the PMEGP scheme, as per instructions issued by the Joint Secretary, Government of Nagaland, Department of Industries & Commerce (Ref: Circular / Notification No. IDB / KVI/4-1/2008 (Vol-I), dated 16 August 2018).
- One seat earmarked for PLHIV in each training centre, in accordance with Circular No. IND/DEV/NP/1/96 (Pt)/2052, dated Kohima, 29 August 2018.

Rajasthan:

- Joint Commissioner (Industries), has been designated as the nodal-cum-Complaints Officer.

- A letter has been issued to all DICs and federations to appoint Complaints Officers.
- A support letter has been issued by GM IDC for conducting HIV prevention programmes.

West Bengal:

- Nodal officer & Complaint Officer nominated in the Industries department.
- A sensitization meeting conducted with All India Tea Associations, Kolkata.
- District level training conducted at Tea gardens with tea workers.
- Folk performances conducted at every tea garden.

Key expectations:

- Identify a nodal officer at the Department of Commerce and Commodity Boards (tea, coffee, rubber, spices, tobacco etc.) for coordination.
- Designate Complaints Officers across various offices, PSUs and institutions and adoption of HIV & AIDS Policy for Establishments 2022 under the Ministry of Commerce.
- Issue a directive to the Commodity Boards and offices under the Department of Commerce
  - for appointment of Complaints Officer
  - support SACS for HIV prevention activities including sensitization of workers working in these industries
  - support in testing for HIV among the workforce under the commodity board.
  - Include the topic of HIV/AIDS in the training programmes.
  - Capacity building through training of Master Trainers in collaboration with SACS.
  - Promotion of key HIV/AIDS services and platforms, including the toll-free helpline (1097), Breakfree Virtual Outreach and NACP services.

14. Department of Rural Development

MoU was signed on 10th June, 2015. The MoU aims to a) Facilitate capacity building and livelihoods option for PLHIV under National Rural Livelihoods Mission, b) Provision of widow pension benefit to widows infected with HIV/AIDS under Indira Gandhi National Widow Pension Scheme, c) Facilitate access of People Living with HIV to decent housing under Indira Awaas Yojana, d) Provide employment to PLHIV under MGNREGA without stigma & discrimination and e) Build capacity of rural development functionaries through State and district level training centres.

Key updates:

- **Nodal persons/officers designated in States/UTs including:** Andaman & Nicobar Islands, Andhra Pradesh, Bihar, Chhattisgarh, Dadra & Nagar Haveli and Daman & Diu, Gujarat, Himachal Pradesh, Haryana, Jammu & Kashmir, Jharkhand, Karnataka, Maharashtra, Meghalaya, Mizoram, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Uttarakhand and West Bengal.
- **Complaints Officers designated in States/UTs including:** Andaman & Nicobar Islands, Chhattisgarh, Dadra & Nagar Haveli and Daman & Diu, Himachal Pradesh, Haryana, Madhya Pradesh, Meghalaya, Tamil Nadu and Uttarakhand.
- **Capacity building, training and sensitization of PRI members, SHGs and officials conducted across States including:** Bihar (827 SHG members oriented), Gujarat (376 PRI personnel + 2,182 others sensitized), Haryana (42 BDOs + 6,234 Sarpanches trained), Madhya Pradesh (2,656 PRI members sensitized), Punjab (~20,000 frontline workers; 1,600 PRI members, 75 BDPOs, 50 CDPOs trained), Tripura (1,600 PRI members sensitized), Uttar Pradesh (~4,500 PRI members trained), West Bengal (8,700 PRI members trained), Uttarakhand (2 trainings; 250 personnel trained), Andaman & Nicobar Islands (3 trainings; 80 personnel trained) and Himachal Pradesh (BDOs, DRDA staff & SRLM staff sensitized).
- Training on HIV is incorporated by State Institute of Rural Development (SIRD) in States like Tamil Nadu, Kerala, Meghalaya, Jharkhand and Punjab.
- Regular sensitization programmes being conducted for Pradhan, GP secretary, SHG members, BDO, Gram Sevaks and Sevaks in States.
- **Large-scale IEC, awareness and community outreach campaigns** conducted by State AIDS Control Societies in States in coordination with the Departments including Rural development.
- **Integration of HIV/AIDS into institutional training systems and PRI frameworks in States including:** Gujarat (PRI training centres), Jharkhand (training modules integrated), Sikkim (PRI training programmes), Tamil Nadu (SIRD/RIRD training & skill programmes), Rajasthan (Panchayati Raj training) and Haryana (integration into training programmes).
- **Livelihood, social protection and welfare support extended to PLHIV and vulnerable groups in States including:** Maharashtra, Uttarakhand, Tamil Nadu, Bihar, Jharkhand and Punjab.
- **Interventions through SHGs and community institutions implemented in States such as:** Bihar, Jharkhand, Manipur, Puducherry and Maharashtra.
- **Policy directives, institutional orders and inter-departmental convergence mechanisms implemented in States including:** Chhattisgarh (Government orders & NGO engagement), Haryana (directives to districts), Punjab (IEC display, harm reduction directives, scheme convergence), Rajasthan (training directives) and Himachal Pradesh (departmental directives**).**

Key expectations:

- Nominate a nodal officer at the Department of Rural Development for coordination at National level.
- Designate Complaints Officer at the various offices/institutions under the department at Central and State level.
- Include topic on HIV prevention in curriculum of all training institutes and trainings (including skill building trainings) associated with Rural Development Department of both Central and State Government.
- Support State AIDS Control Societies (SACS) in training of Master Trainers and conducting large scale awareness campaign in rural areas.
- Enhanced access for PLHIV and High Risk Groups (HRGs) to benefits under various schemes and programme of the Department of Central Government and State Governments.
- Support SACS for integrating HIV prevention messaging in the various events at village level.

15. Department of Internal Security

NACO signed MoU with Department of Internal Security on 1st September, 2017 with the objective a) to reach to large number of Central Armed Police Forces (CAPFs) with information on prevention and control of STI/HIV/AIDS; b) Facilitate building of humane perspective and appropriate skills among police force to reduce stigma and discrimination against People Living with HIV (PLHIV) and High Risk Groups (HRGs), c) Integrate STI/ HIV/AIDS services in the medical and health services under the control of Department of Internal Security, Ministry of Home Affairs and d) Direct all forces under purview of Department of Internal Security to include the issue of HIV/AIDS in the training.

Key updates (incl. activities with State Police departments):

- **Regular Continuing Medical Education (CME) programmes conducted** for Medical Officers of Central Armed Police Forces (CAPFs), Assam Rifles and NSG to strengthen technical capacity on HIV/AIDS prevention, treatment and care by the department.
- **Nodal Officers designated in States/UTs and forces including:** Andaman & Nicobar Islands (CISF, Anti-Corruption Unit), Andhra Pradesh, Bihar, Chhattisgarh (Home Guards), Daman & Diu and Dadra & Nagar Haveli, Delhi, Goa, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, West Bengal (CRPF), Jammu & Kashmir, Mumbai, Puducherry, Punjab, Rajasthan, Telangana, Tamil Nadu and Sikkim.
- **Complaints Officers designated under HIV/AIDS Act, 2017 in States/UTs including:** Andaman & Nicobar Islands, Assam, Chhattisgarh, Daman & Diu and Dadra & Nagar Haveli, Delhi, Goa, Haryana, Jammu & Kashmir, Madhya Pradesh, Sikkim, Uttarakhand, Uttar Pradesh and Mumbai.
- **Capacity building, training and sensitization programmes conducted extensively for police, CAPFs and prison staff across States including:** Andaman & Nicobar Islands (53 trainings; 133 personnel), Assam (17 workshops), Bihar (1,000+ personnel sensitized), Gujarat (3,094 inmates & officials + 780 Home Guards trained), Madhya Pradesh (2,128 personnel sensitized), Rajasthan (1,000+ officials trained), Sikkim (State Police, SSB and ITBP), Tamil Nadu (600 police + 500 CRPF personnel sensitized), Uttarakhand (7 trainings; 210 personnel), Uttar Pradesh (~4,000 personnel trained across 22 workshops), West Bengal (850 CISF personnel sensitized), Himachal Pradesh (5000 SSB, ITBP, Police sensitized), Haryana (5000+ CRPF, ITBP, NSG, Police & Home Guards sensitized) and Punjab (1270 personnel).
- **Integration of HIV/AIDS into training curriculum and institutional systems across forces including:** Puducherry (Police Training School curriculum), Punjab (6 training institutes), Rajasthan (RPA, RPTC, PTS, PMDS + CAPFs), Sikkim (State Police/ITBP/SSB training) and Maharashtra (institutionalized sensitization in police training).
- **Awareness programmes, campaigns and observance of key days conducted across States/ UTs including:** Andaman & Nicobar Islands, Chandigarh (CISF/CRPF/ITBP units), Haryana (WAD observance), Himachal Pradesh, Jammu & Kashmir, Karnataka, Tamil Nadu, Punjab (WAD observance) and West Bengal (CRPF HQ activities).
- **HIV testing, screening and blood donation initiatives conducted across forces including:** Bihar (297 personnel tested; 297 blood units donated), Goa (testing at Police Training School), Punjab (13 camps; 812 tested), Tamil Nadu (mobile ICTC testing camps), Uttar Pradesh (screening in CRPF, PAC & prisons), West Bengal (testing camps + ICTC at BSF Hospital), Haryana (2000+ CRPF, ITBP, Police personnel screened) and Telangana (350 person screened).
- ICTCs and 5 ART centres are established by Dept. of Internal Security.

Key expectations:

- Designate Complaints Officers across various offices and institutions under the Department.
- Continuation of Continuing Medical Education (CME) workshops for Medical Officers of CAPFs, Assam Rifles (AR) and NSG.
- Inclusion of HIV prevention modules in training curricula for departmental staff and uniformed personnel.
- Training of Master Trainers at training academies in collaboration with State AIDS Control Societies (SACS).
- Promotion of key HIV/AIDS services and platforms, including the toll-free helpline (1097), Breakfree Virtual Outreach and NACP services.
- Issuance of directives to all offices/Composite Hospitals for conducting HIV prevention activities in coordination with SACS.

16. Ministry of Labour & Employment

NACO signed MoU with Ministry of Labour & Employment on 26th December, 2017 with the objective of reaching large number of workforce engaged in both organized and unorganized sector with information on STI/HIV/AIDS, integration of HIV related services in existing health infrastructure as well as adoption of National Policy on HIV/AIDS and World of Work.

Key updates:

- Letter dated 26th February 2026 from the AS & DG (Employment), Ministry of Labour & Employment was sent to DG (ESIC) to continue and further strengthen sensitization programmes for Medical Officers and other healthcare workers of ESIC across all regions, in coordination with NACO and respective State AIDS Control Societies (SACS) and to ensure promotion of stigma-free, non-discriminatory access to HIV/STI testing, counselling and treatment services at ESIC health facilities.
- **Nodal Persons designated in States/UTs including:** Andaman & Nicobar Islands, Bihar, Chandigarh, Chhattisgarh, Delhi, Goa, Gujarat, Himachal Pradesh, Haryana, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Maharashtra, Madhya Pradesh, Meghalaya, Mumbai, Punjab, Puducherry, Rajasthan, Sikkim, Tamil Nadu, Telangana and Uttarakhand.
- **Complaints Officers designated in States/UTs including:** Andaman & Nicobar Islands, Assam, Chandigarh, Chhattisgarh (33 officers), Delhi, Goa, Haryana, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Mumbai, Odisha, Sikkim, Tamil Nadu and Uttarakhand.
- **Capacity Building and Awareness Initiatives across States including:** Andaman & Nicobar Islands; Assam; Bihar; Chhattisgarh; Gujarat; Punjab; Uttarakhand; Nagaland; Haryana; Delhi; Goa; Himachal Pradesh; Jammu & Kashmir; Jharkhand; Karnataka; Maharashtra; Tamil Nadu; Telangana; West Bengal.
- **HIV testing, screening and health services strengthened in States including:** Haryana (ICTCs at ESIC hospitals and also 3245 workers tested), Odisha (standalone ICTC at ESIC Hospital), Maharashtra (screening in industrial zones), Uttarakhand (35 camps; 3,250 workers tested), Nagaland (47 tested; TB screening for 43) and Chandigarh (testing activities).
- **Integration of HIV/AIDS into training systems and workplace mechanisms including:** Gujarat (integration into CBWE curriculum), Puducherry (Workplace Coordination Committee), Tamil Nadu, Kerala (training for labour officers), Goa (training of Labour Inspectors) and Maharashtra (industrial sensitization systems).
- **Interventions for migrant, unorganized and high-risk workers implemented including:** Kerala (Mega Migrant Camp), Bihar (migrant worker data for screening), Chandigarh (labour cards for HRGs/PLHIV), Uttarakhand and Punjab (BOCW linkage and social protection camps).
- **Social protection and welfare linkages for workers and PLHIV strengthened including:** Bihar (social security scheme for unorganized workers), Punjab (BOCW scheme linkages) and Uttarakhand (improved access to schemes via labour cards).
- NACO organized a training programme for Medical Officers of ESIC, Delhi region in Sep, 2022. Officers from Department of Labour and Central Board for Worker Education had participated in various national and five regional workshops organized by NACO.
- V. V. Giri National Labour Institute Noida (VVGNLI) has included the topic of HIV/AIDS in their training curriculum.

Key expectations:

- Nominate a nodal officer at the ministry to coordinate at national level.
- Designate Complaints Officers across various offices, programmes and institutions and adoption of HIV & AIDS Policy for Establishments 2022 under the Ministry of Labour and Employment.
- Inclusion of HIV prevention modules in training curricula in the training institutes.
- Capacity building through training of Master Trainers in collaboration with State AIDS Control Societies (SACS).
- Extend support SACS for organizing awareness programme for the labour inspectors and workers.
- Extend support SACS for organizing awareness programme for the workers engaged in unorganized sector.
- Promotion of key HIV/AIDS services and platforms, including the toll-free helpline (1097), Breakfree Virtual Outreach and NACP services.
- Inclusion of HIV screening facilities in Occupational Health Centres & other health set ups of all PSUs, industries & factories in coordination with SACS.
- Prioritizing inclusion of PLHIV and their dependents in social protection schemes under the Ministry.

17. Department of Social Justice & Empowerment

The Memorandum of Understanding (MoU) signed between NACO and Department of Social Justice & Empowerment (DoSJE), Ministry of Social Justice & Empowerment on 8th March 2019. The partnership between NACO and DoSJE aims at reaching out to vulnerable and most at risk population with awareness and prevention messages on HIV, Harm Reduction, Prevention of Illicit Use of Drugs and Alcohol and linking them with services provided under National AIDS Control Programme and Central Sector Scheme of Assistance for Prevention of Alcoholism and Substance Abuse as well as reducing Social Stigma and Discrimination associated with HIV and AIDS & garnering mutual support to develop specific strategies and action plan to deal with subject related to HIV and AIDS prevention and mechanisms for drug addiction treatment and extending social protection schemes to the vulnerable populations.

Key updates:

- **Nodal Persons designated in States/UTs including:** Andaman & Nicobar Islands, Andhra Pradesh, Arunachal Pradesh, Bihar, Chhattisgarh, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Kerala, Maharashtra, Odisha, Puducherry, Rajasthan, Sikkim, Tamil Nadu, Telangana and West Bengal.
- **Complaints Officers designated in States/UTs including:** Andaman & Nicobar Islands, Chhattisgarh, Haryana, Himachal Pradesh, Jammu & Kashmir, Kerala, Madhya Pradesh, Puducherry, Rajasthan, Sikkim and Uttarakhand.
- Awareness programmes and outreach activities including HIV screening conducted across institutions, rehabilitation centres for addicts, shelter homes, correctional institutions and community settings in several States.
- Strengthening of social protection and financial assistance for PLHIV and vulnerable groups, including provision of monthly pensions, scholarships, caregiver support, medical aid and ration support across States such as Bihar, Gujarat, Maharashtra, Jharkhand, Puducherry, Tamil Nadu, Tripura and Rajasthan.

Key expectations:

- Nominate a nodal officer for coordination at national level.
- Designate Complaints Officers and adoption of HIV & AIDS Policy for Establishments 2022 across various offices and institutions under the Department.
- Expansion of social protection coverage for people infected and affected by HIV through linkage to welfare and support schemes under DoSJE.
- Inclusion of the topic of HIV prevention and control in the training curricula for departmental staff and other workers.
- Capacity building through training of Master Trainers in collaboration with State AIDS Control Societies (SACS).
- Promotion of NACP services and platforms, including the toll-free helpline (1097) and Breakfree Virtual Outreach.


Training on 'HIV/AIDS Act 2017'
Intensified Campaign 2025
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Ministry of Health & Family Welfare,
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