



HIV & AIDS POLICY -2023

Table of Contents

Sl. No.	Chapter	Page Number
1.	Chapter 1: Background and Indian Situation	3 - 4
2.	Chapter 2: Rationale, Aim and Scope of the Policy	5 - 6
3.	Chapter 3: Guiding Principles for NEIGRIHMS	7
4.	Chapter 4: Non-Discrimination	8 - 9
5.	Chapter 5: Confidentiality related to HIV status and HIVrelated data	10 - 13
6.	Chapter 6: Grievance Redressal Mechanism	14 - 16
7.	Chapter7: Key Strategies, Role & Responsibility of the Stakeholders in NEIGRIHMS	17 - 20
8.	Appendix A: Form for making Complaint to Complaints Officer	21

Abbreviations

Sl. No.	Short Form	Full Form
1.	AIDS	Acquired Immuno-Deficiency Syndrome
2.	ART	Anti-Retroviral Therapy
3.	CSR	Corporate Social Responsibility
4.	DALSA	District Legal Services Authority
5.	DAPCU	District AIDS Prevention and Control Unit
6.	DMC	Data Management Committee
7.	HIV	Human Immunodeficiency Virus
8.	ICTC	Integrated Counseling and Testing Centers
9.	IEC	Information, Education and Communication
10.	LFA	Legislative Forum on AIDS
11.	NACO	National AIDS Control Organization
12.	NACP	National AIDS and STD Control Program
13.	PEP	Post Exposure Prophylaxis
14.	PLHIV	People Living with HIV
15.	SACS	State AIDS Control Society
16.	SCA	State Council on AIDS
17.	SDG	Sustainable Development Goals
18.	SOP	Standard Operating Procedures
19.	STI	Sexually Transmitted Infections

Chapter 1: Background and Indian Situation

Background

Health is one of the priorities for assuring perceptible economic and social development in today's fast-growing world. Health and economy have been hands in gloves with one another, countries who have aimed at ensuring universal access to health, equity and raising quality of care have excelled. Strong and able workforce contributes to national prosperity by increasing overall productivity and helping the government and the country to thrive via positive economic outcomes.

HIV and AIDS is a threat to productive workforce. It has affected many lives where people face discrimination due to either their known or perceived HIV positive status. They lose their jobs, thus, are forced to live in abject poverty with immediate ripple effect on their close family members and children in terms of poor expenditure on education and health. Thus, HIV affected person is compelled to face double jeopardy of losing income and livelihood on one hand and facing discrimination on the other.

People living with HIV are greatly impacted by multifarious discrimination (societal, workplace, healthcare setting, educational institutions), loss of livelihood, inequality, and infringement of rights. Since HIV infection is lifelong, People Living with HIV have to live with it for the rest of the life.

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 is a landmark legislation to provide a conducive environment to people infected with and affected by HIV and AIDS. The Act aims to address stigma and discrimination so that people infected with and affected by HIV and AIDS are not discriminated in household settings, establishment settings and healthcare settings. Their right to insurance, movement, holding public and private office, residence etc. should be maintained as per the prevailing laws and policies. The Act also reinstates constitutional, statutory, and human rights of people infected with and affected by HIV and AIDS. It also provides for a robust grievance redressal mechanism in form of Complaints Officer at establishments and Ombudsman at state level.

Situation in India

According to India HIV Estimates 2021, at the national level, estimated adult HIV prevalence (15-49 years) has declined since the epidemic's peak in 2000 where prevalence was estimated at 0.55% in 2000, through to 0.32% in 2010, and 0.21% in 2021. The north-east region States have the highest adult HIV prevalence (2.70% in Mizoram, 1.36% in Nagaland and 1.05% in Manipur), followed by southern States (0.67% in Andhra Pradesh, 0.47% in Telangana and 0.46% in Karnataka). The number of People Living with HIV (PLHIV) are estimated at around 24 lakhs. Southern States have the largest number of PLHIV viz. Maharashtra, Andhra Pradesh and Karnataka being the top three.

Annual New Infection (ANI) are estimated at 62.97 thousand in 2021 in India. There is an estimated 46.3% decline in ANI at national level from 2010-2021. A declining trend is noted in most States. Top 3 States with most rapid decline are Himachal Pradesh (with around 73% decline from 2010-2021), Tamil Nadu (around 72% decline), Telangana (nearly 71% decline). An increasing trend is estimated in the northeast States of Tripura, Meghalaya, Arunachal Pradesh, Assam, Sikkim, Mizoram, and the Union Territory of Dadra and Nagar Haveli and Daman and Diu.

AIDS Related Deaths (ARD) are estimated at 41.97 thousand in 2021 in India. A decline of 76.5% in ARD has been estimated at national level from 2010-21. The declining trend is noted in all States/UTs excluding Puducherry, Arunachal Pradesh, Meghalaya, and Tripura. The highest decline in ARD is estimated in Chandigarh, Telangana, and West Bengal.

PMTCT need are estimated at 20,612 in 2021 in India. Top 3 states accounting for the highest need are Maharashtra (12.9%), Bihar (11.9%) and Uttar Pradesh (10.6%).

Chapter 2: Rationale, Aim and Scope of the Policy

The chapter outlines the rationale, aim and scope of the Policy along with basic facts about HIV and AIDS.

Rationale

Chapter II of the HIV and AIDS (Prevention and Control) Rules, 2018 mandates the Central Government to notify a model HIV and AIDS Policy for Establishments. The model HIV and AIDS policy applicable to an establishment, engaged in the provision of healthcare services and every other establishment where there is a significant risk of occupational exposure to HIV shall provide for a safe working environment and for informed consent for testing, treatment and research in accordance with the provisions of the Act.

Under sustainable development goal 3 of Good Health and Well Being, target of 3.3 states ending the epidemic of AIDS by 2030. Furthermore, elimination of stigma and discrimination related to HIV is a prerogative to achieve this goal.

Aim

The policy aims to: -

1. Generate awareness on HIV and AIDS in NEIGRIHMS.
2. Prevent transmission of HIV infection amongst workers.
3. Protect rights of those infected with and affected by HIV and AIDS.
4. Ensure safe, non-stigmatized and non-discriminatory environment assuring equity and dignity at NEIGRIHMS.
5. Standardize the obligation of NEIGRIHMS in providing conducive working environment and maintaining the confidentiality of HIV-related data for protected persons.

Scope

The policy is applicable to entire NEIGRIHMS. All the employees at NEIGRIHMS are mandated to implement this HIV and AIDS policy at their respective place(s) of work.

The Policy is based on following facts about HIV and AIDS:

1. The known routes of transmission of the Human Immunodeficiency Virus are through:
 - a) Unprotected sexual contact with a HIV infected person.
 - b) Sharing of HIV infected needles or syringes.
 - c) From HIV infected mother-to-child during pregnancy, childbirth or breast feeding.
 - d) Transfusion of HIV infected blood or blood products.

2. With the advent of Anti- Retroviral Therapy, HIV is now a chronic manageable disease like many other non- communicable diseases, including diabetes, hypertension and asthma. There is no scientific or epidemiological evidence to suggest that HIV can be transmitted through ordinary workplace contact (talking to or touching the person, using the same office equipment, tools, utensils or bathroom as a person infected with HIV). In special situations where there may be a potential risk of exposure, for example healthcare workers who may be exposed to blood or blood products, there are specific and appropriate infection-control measures known as Universal Precautions that ought to be followed. Transmission is therefore not likely in the regular workplace setting.

3. People with HIV who are regular on Anti- Retroviral Therapy remain healthy and fit to work for several years despite their infection.

4. With the availability of Anti- Retroviral Therapy, the life of people living with HIV has prolonged substantially and they lead a normal productive life.

Chapter3: Guiding Principles for NEIGRIHMS

Guiding principles

The HIV and AIDS Policy for NEIGRIHMS, adopts three key principles mentioned in the HIV and AIDS (Prevention and Control) Act, 2017. These principles are to be adopted by all in this institute, in the spirit in which they are mentioned.

These principles include:

1. Non-discrimination against people infected with and affected by HIV and AIDS.
2. Confidentiality related to ones' HIV status and HIV-related data.
3. Grievance redressal mechanism in the form of Complaints Officer in NEIGRIHMS.

These tenets have been deduced from the Act and are pivotal to provisioning of an enabling environment to people infected with HIV.

Chapter 4: Non-discrimination

Non-discrimination is a fundamental principle of all international and human rights laws. There should be no discrimination in NEIGRIHMS on the basis of perceived or real HIV status. This protection is provided not only to an HIV positive person, but also extends to immediate family members and progeny who reside or have resided in the same house of HIV infected person too.

Here discrimination is prohibited not only against people infected with HIV and AIDS but also against people affected by HIV and AIDS. This may include other people living, cohabiting, and residing with an HIV positive person. It also encompasses other people who have lived, resided, or cohabited with an HIV positive person in the past.

A person cannot be discriminated on the basis of HIV status at any setting and the following tenets require compliance:

1. **Absence of discrimination at Employment and Occupation:** A person should not be discriminated in the institute on the basis of HIV status. Discrimination here includes the denial of, or termination from, employment or occupation and also unfair treatment in the institute. The institute may also provide a reasonable accommodation to people living with HIV if need be. Reasonable accommodation means minor adjustments to a job or work that enables an HIV positive person who is otherwise qualified to enjoy equal benefits or to perform the essential functions of the job or work, as the case may be.

Termination without reasonable accommodation should be an exception and should require furnishing of various documents by the healthcare provider as well as the employer.

A qualified and independent healthcare provider who is competent should submit a copy of the written assessment stating that the person poses a significant risk of transmission of HIV to other person in the establishment or is unfit to perform the duties of the job. Employer should also submit a copy of a written statement stating the nature

and extent of administrative or financial hardship for not providing the person reasonable accommodation.

2. **Availing healthcare facility:** A person should not be discriminated in this institute on the basis of HIV status for availing healthcare facilities. Discrimination here includes unfair treatment, denial or discontinuation of services.

3. **Public utilities and resources:** A person should not be discriminated against using public utilities and sharing resources on the basis of HIV status. Discrimination here includes denial or discontinuation of access and usage of goods, accommodation, shops, cafeterias, guest house, sports facilities, e.t.c. within this institute.

4. **Holding public offices:** Irrespective of HIV status, a person can hold public offices and cannot be discriminated. Discrimination here includes the denial, discontinuation or unfair treatment in the opportunity to stand for or hold public offices.

5. **Right to Movement:** Right to movement is a fundamental right entrusted under article 19 of Fundamental Rights of Part- III of the Constitution. No person should be denied or subjected to discontinuation or unfair treatment with regard to the right to movement.

6. **Segregation:** A person should not be segregated on the basis of HIV status. Thus, she or he or others cannot be isolated and ostracized on the basis of HIV status.

7. **HIV testing as a pre-requisite for obtaining employment or accessing healthcare services or for the continuation of the same is completely prohibited.**

In case of contravention of the aforesaid rights, a robust grievance redressal mechanism should be provided in terms of Complaints Officer in the institute. Aggrieved person has a choice to file a complaint either with Complaints Officer or the Ombudsman. There is no hierarchy with respect to filing of the complaint. Cognizance of offences under the Act will be taken by the court of Judicial Magistrate of the first class.

Chapter 5: Confidentiality Related to HIV Status and HIV Related Data

1. **Confidentiality related to HIV status:** HIV positive person cannot be forced to disclose her or his or their status or any other HIV-related information. HIV-related information means any information relating to the HIV status of a person and includes: (a) information relating to the undertaking given for performing the HIV test or result of an HIV test; (b) information relating to the care, support or treatment of that person; (c) information which may identify that person; and (d) any other information concerning that person, which is collected, received, accessed or recorded in connection with an HIV test, HIV treatment or HIV-related research or the HIV status of that person.

No person should be compelled to disclose the HIV status except by an order of the court that the disclosure of such information is necessary in the interest of justice for the determination of issues in the matter before it.

There is a disclaimer in context with relationship of fiduciary nature. Here no person should disclose the HIV status, or any other private information of the other person imparted in confidence or in a relationship of a fiduciary nature except by informed consent. The informed consent can be taken from the person themselves or through their representatives. There are exceptions where informed consent for disclosure of HIV-related information is not required:

- a) In case the disclosure is made by a healthcare provider to another healthcare provider who is involved in the care, treatment, or counselling of such person.
- b) By an order of a court that the disclosure of such information is necessary.
- c) In suits or legal proceedings between persons, where the disclosure of such information is necessary and authorized legally.
- d) In relation to statistical information that could not be expected to lead to the identification of that person.
- e) For screening purposes in any licensed blood bank.
- f) Officers of the Central Government or the State Government or State AIDS Control Society of the concerned State Government for the purposes of

monitoring, evaluation or supervision.

2. **Disclosure of status to partner of HIV positive person:** In case of disclosure of status to partner of HIV positive person, no healthcare provider, except a physician or a counsellor, shall disclose the HIV positive status of a person to their partner. This kind of disclosure can be made if:

- a) The healthcare provider believes that the partner is at the significant risk of transmission of HIV from such a person.
- b) The HIV-positive person has been counselled to inform the partner.
- c) The healthcare provider is satisfied that the HIV positive person will not inform the partner.
- d) The healthcare provider has informed the HIV positive person of the intention to disclose the HIV- positive status to the partner.

One more very important pre-condition is that the disclosure has to be made in person and after proper counselling. The healthcare provider shall have no obligation to identify or locate the partner of an HIV- positive person.

It is the responsibility of the institute to ensure that, all health care & allied health care professionals are oriented on the concepts of consent, disclosure and confidentiality related to HIV and AIDS and that they don't disclose HIV-related information. It is also the moral responsibility of all health care & allied health care professionalsof this institute to not engage in activities which breach confidentiality.

3. **Confidentiality of data related to HIV:** HIV-related information is sensitive in nature and every establishment within this institute keeping the records of HIV-related information should adopt data protection measures to ensure prevention of unintended or unwanted disclosure and breach of confidentiality of the data. Data protection measures includes protecting information from disclosure, procedures for accessing information, provision for security systems to protect the information stored in any form and mechanisms to ensure accountability and liability of persons in the establishment.

HIV-related information includes:

- a) Information relating to the undertaking performing the HIV test or result of an HIV test.
- b) Information relating to the care, support or treatment of that person.
- c) Information which may identify that person.
- d) Any other information concerning that person, which is collected, received, accessed, or recorded in connection with an HIV test, HIV treatment or HIV-related research and the HIV status of that person.

Protecting information from disclosure of HIV-related information: Confidentiality and privacy is to be maintained while collecting HIV-related information. For each establishment within this institute which has collected/ is desirous of collection of HIV-related information pertaining to protected persons, authorized persons or staff should sign an undertaking for confidentiality of the information.

Access to HIV-related information: Access should be granted only to authorized persons or staff. There should be provision of signing a formal undertaking for confidentiality of the information from the authorized person.

Provision for security systems for HIV-related information: There should be secured almirahs or cabinet for physical records like registers, reports etc. and it should be carefully locked when left unattended. Personal computers or mobiles or tablets or any other hardware should be password protected and should be logged off or locked when left unattended for protecting electronic records.

Data Management Committee: Data Management Committee should be constituted at NEIGRIHMS to review and provide appropriate recommendation regarding the data security measures and the Data Management Committee should be responsible to ensure the same. In case NEIGRIHMS does not have the Data Management Committee, Medical Superintendent should be entrusted with the responsibility and function of the Data Management Committee.

Disposal of HIV-related information: NEIGRIHMS should have standard operating procedures in place regarding disposal of physical and electronic records or files

containing HIV-related information of protected persons.

Accountability and liability of security of HIV-related information: It should be with Data Management Committees or the Medical Superintendent. For additional information, Ministry of Health and Family Welfare (National AIDS Control Organization's) guidelines and official website may be referred to from time to time.

Chapter 6: Grievance Redressal Mechanism

Grievance redressal mechanism is vital in order to provide a holistic non-discriminatory environment to people infected with and affected by HIV and AIDS. The Act also proposes a robust mechanism in the form of Complaints Officer at establishments and Ombudsman at State level.

It is obligatory for the establishment, having one hundred or more persons to designate a person, as it deems fit, as the Complaints Officer who shall dispose of complaints of violations of the provisions of this Act in the establishment. NEIGRIHMS shall designate a complaints officer. The person could be an employee of NEIGRIHMS. It must be noted that there is no hierarchy in terms of filing of complaint; if the establishment has a Complaints Officer, it is at the discretion of the aggrieved person to file the complaint to the Complaints Officer or Ombudsman.

Complaints Officer: Duties, Powers and Responsibilities of the Complaints Officer is mentioned vide infra:

1. **Acceptance of complaints:** Complaints Officer has to register the complaint. The complaint has to be made within three months from the date that the person making the complaint became aware of the alleged violation of the Act in the establishment. If the complaints officer is satisfied of circumstances that prevented the complainant from making the complaint within the stipulated period, extension of another three months should be granted.
2. **Assistance in filing complaint:** Every complaint would be made to the Complaints Officer in writing in the Form annexed at Appendix A. Where a complaint cannot be made in writing the Complaints Officer shall render all reasonable assistance to the complainant to file the complaint in writing.
3. **Acknowledgement and registration of complaints:** The Complaints Officer on receipt of a complaint should provide an acknowledgment to the complainant and record the complaint in electronic form. The time of the complaint and the action taken on the complaint should also be recorded. Every complaint should be numbered sequentially. The Complaints Officer should act in an objective and independent manner while deciding complaints made under the Act.

4. **Timeline for decision making:** The Complaints Officer should arrive at a decision of the complaint promptly and in any case within seven working days. In case of emergency or in the case of healthcare establishments where the complaint relates to discrimination in the provision of, or access to health care services or provision of universal precautions, the Complaints Officer should decide the complaint on the same day on which he receives the complaint.
5. **Decision making powers:** The Complaints Officer, if satisfied that a violation of the Act has taken place as alleged in the complaint, should firstly, direct the establishment to take measures to rectify the violation; secondly, counsel the person who has committed the violation and require such person to undergo training in relation to HIV and AIDS, provisions of the Act, rules, guidelines and aspects of stigma and discrimination.
6. Additionally, social service should be done for a fixed period, which should include working with a non-governmental organization working on HIV and AIDS. For this, assistance from respective District AIDS Prevention and Control Unit or State AIDS Control Society should be undertaken. Upon subsequent violation of the Act by the same person, the Complaints Officer may recommend the establishment to take disciplinary action in accordance with the law.
7. **Informing the complainant:** The Complaints Officer should inform the complainant of the action taken in relation to the complaint and of the complainant's right to approach the Ombudsman or to any other appropriate legal recourse in case the complainant is dissatisfied with the action taken.
8. **Reporting mechanism:** The Complaints Officer shall ensure that the complaint, its nature and number and the action taken are reported to the appropriate authority under the Central Government (Deputy Director General, Information Education and Communication or Director Administration, National AIDS Control Organization) every six months. In case there are no complaints in last six months, submission of a nil report is not a compulsion.
9. **Confidentiality:** The Complaints Officer if requested by the complainant should ensure the protection of the identity of the protected person in the following manner, namely:
 - (a) The complaints officer should file one copy of the document bearing the full

name, identity and identifying details of such protected person which shall be kept in a sealed cover and in safe custody with the complaints officer.

(b) The complaints officer shall provide pseudonyms to protected person involved in complaints before them.

(c) The identity and identifying details of the complainant should not be revealed by any person or their representatives including assistants and staff.

10. **Data management:** The Complaints Officer shall comply with the data protection measures in accordance with the section 11 of the HIV and AIDS (Prevention and Control) Act, 2017 and Guidelines on Confidentiality of Data of protected persons there under. Section 5.3 of the HIV and AIDS Policy for Establishments may also be referred to.

Chapter 7: Key Strategies, Role & Responsibilities of Stakeholders in NEIGRIHMS

In order to ensure effective implementation of this Policy, all the stakeholders in NEIGRIHMS have a pivotal role to play.

1. Key strategies

- a) Prevention of HIV transmission and care and support to HIV infected workforce.
- b) Awareness generation or training on basics of HIV, routes of transmission, undoing myths and misconceptions, behavior change, Universal Precaution, Post Exposure Prophylaxis.
- c) Integration of HIV component at trainings of human resource in the institute.
- d) Zero-discrimination policy on the basis of HIV status. Adapt flexibility and provide reasonable accommodation for People Living with HIV.
- e) Grievance redressal mechanism to look into cases of discrimination.
- f) Enhance access to condoms, treatment of sexually transmitted infections, Universal Precautions and Post Exposure Prophylaxis for HIV.
- g) Undertake epidemiological surveillance at the institute to gather data or information for taking informed policy and programmatic decisions.

2. Role & Responsibilities of stakeholders in NEIGRIHMS

(a) Implementation of guiding principles defined in the policy: NEIGRIHMS will have to ensure that PLHIV are not discriminated on the basis of HIV status and that all the five guiding principles are being implemented in spirit. NEIGRIHMS has to ensure access of the policy to wider public by uploading it on the website. NEIGRIHMS also has to ensure that no person is denied or terminated from employment because of HIV status. Any other form of discrimination like avoiding talking to that person, sharing of meals, travelling etc. is also fully prohibited. If need be, NEIGRIHMS should ensure provisioning of reasonable accommodation where minor adjustments at work would enable HIV positive person to enjoy equal benefits at work. Here discrimination free behavior is not limited to person infected with HIV and AIDS but also includes the families affected by it. NEIGRIHMS will also have to take appropriate steps for

implementing other principles including confidentiality, Universal Precautions and grievance redressal mechanism. NEIGRIHMS has to make sure that no HIV testing is done without informed consent, except for reasons mentioned under the HIV and AIDS (Prevention and Control) Act, 2017 (16 of 2017).

(b) Regular capacity building of staff members on basics of the HIV and AIDS (Prevention and Control) Act, 2017:

NEIGRIHMS has to make provisions for training of staff members on the basics of HIV and AIDS, transmission of HIV, myths and misconceptions, three guiding principles with focus on non-discrimination and the HIV and AIDS (Prevention and Control) Act, 2017 (16 of 2017). NEIGRIHMS will have to take appropriate measure for informing and educating people on use of Universal Precautions and Post Exposure Prophylaxis to people who are at significant risk of occupational exposure to HIV. The institute can contact nearby District AIDS Prevention and Control Units or State AIDS Control Society for further necessary help.

(c) Designation of Complaints Officer:

- (i) NEIGRIHMS to designate a person of appropriate seniority, as it deems fit, as the Complaints Officer.
- (ii) Complaints Officer shall dispose of the complaints with regard to violation of the provisions of the HIV and AIDS (Prevention and Control) Act, 2017 in the establishment.

(d) Training of Complaints Officer

- (i) NEIGRIHMS has to ensure that the designated Complaints Officer is trained for carrying out the responsibilities efficiently.
- (ii) NEIGRIHMS may seek assistance from State AIDS Control Society for conducting training.
- (iii) HIV and AIDS Module developed for Complaints Officer by Ministry of Health and Family Welfare, Govt shall be made available to the Complaints Officer through State AIDS Control Society.

(e) Maintenance of confidentiality

- (i) The institute is obligated to maintain confidentiality in terms of identity and identifying details of the protected person involved in a complaint before the

Complaints Officer and any information shall not be revealed by any person or his representatives including staff.

(ii) The institute has to ensure that no person shall print or publish any matter in relation to a complaint before a Complaint Officer unless the identity of the complainant in the complaint is protected.

(iii) The institute and Complaints Officer shall comply with data protection measures in accordance with the provisions of section 11 of the HIV and AIDS (Prevention and Control) Act, 2017 (16 of 2017) and Guidelines on Confidentiality of Data of protected persons there under. Section 5.3 of the Model Policy may also be referred to.

(f) Functioning of the office of Complaints Officer

(i) The institute shall establish a method for receipt of complaints in electronic form either through dedicated website, webpage or by providing an official email address for the submission of complaints to the Complaints Officer.

(ii) In addition, the institute shall also provide necessary facilities for the Complaints Officer for deciding the complaint; and also make available such information as the Complaints Officer may require addressing the complaint.

(g) Awareness generation: NEIGRIHMS shall on an annual basis, organize workshops and awareness programs for sensitizing its employees with the provisions of the Act and Policy. Sensitization to also include functioning of grievance redressal mechanism including who can file a complaint, on what basis complaint can be filed, how the complaint can be filed etc. Contact details of the Complaints Officer to be made available to the people at the establishment.

(h) Role of employees & co-workers

(i) As a co-worker it is the responsibility of the person to not discriminate against colleagues on the basis of HIV status.

(ii) Employees also have to ensure that the HIV status if known to them is not disclosed to anyone without informed consent of the HIV positive person.

(iii) If they are witness to any form of discrimination against person on the basis of HIV status, they should discourage such behavior and advise the person to file a complaint with Complaints Officer at the organization level or Ombudsman at the State level.

(iv) Employees cannot disclose the personal details including name and address of the person living with HIV to anyone including the employer, family members, other employees or media agencies.

(i) Role of person infected with HIV

(i) Person infected with HIV, if discriminated, should file a complaint either with Complaints Officer at establishment where the person is working at or with the Ombudsman at State or District level.

(ii) Every complaint should be made in writing in the Form set provided on respective establishment or State website. Complaint can also be made via post, telephonically, or in electronic form, but at the end it has to be translated to the Complaint Form. Where a complaint cannot be made in writing, it is the responsibility of the Complaints Officer to render all reasonable assistance to the complainant to file the complaint in writing.

(iii) The complaints should be made within three months from the date the complainant became aware of the alleged violation of the Act in the establishment. If the complaints officer is satisfied that circumstances prevented the complainant from making the complaint within the stipulated period, then the time limit to make the complaint may be extended by a further period of three months.

(iv) Person infected with HIV has a duty to prevent transmission of HIV. Every person, who is HIV positive and has been counselled in accordance with the guidelines issued or is aware of the nature of HIV and its transmission, shall take all reasonable precautions to prevent the transmission of HIV to other persons. The person should adopt strategies for the reduction of risk or informing in advance his HIV status before any sexual contact with any person or with whom needles are shared with.

Appendix-A

Form for making Complaint to Complaints Officer
[Refer Rule 10 of HIV and AIDS (Prevention and Control) Rules, 2018]

Sl. No.	Parameters	Details
1.	Date of Incident	
2.	Place of Incident	
3.	Description of incident	
4.	Person/ institution responsible for the incident	

Signature/ Thumb Impression of Complainant*

Name:

Address:

Contact No:

Date:

For Official Use only:

Complaint Number:

**Where the complaint is received orally or telephonically and reduced to writing by the Complaints Officer, the Complaints Officer shall sign and date the Form.*

