

Link Worker Scheme (LWS) in India:

A successful model in addressing health needs of rural vulnerable and high risk populations to HIV/AIDS and gender equality

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Back Ground:

The Link Worker Scheme (LWS) is a rural focused HIV prevention programme in India started since 2008(NACP-III) .This has a mandate to work in high prevalence and highly vulnerable districts of the country. It's specific goal is to reduce rural India's vulnerability to HIV as it was evidenced that HIV was no longer restricted to urban areas. The impact of HIV in rural areas is enormous due to stigma and discrimination surrounding HIV, resulting in poor access to healthcare, gender inequality and above all infections going undetected or treated by unqualified practitioners. The link worker programme aimed to reach the targeted group in rural areas with information, knowledge, skills on STI/HIV prevention and risk reductions. The targeted groups are the rural high risk groups(HRGs) like female Sex worker, Men Having Sex with Men, Injecting Drug Users, bridge groups like migrants, truckers and also under the vulnerable category such as youth, school drop outs, widows, spouses of migrants and truckers etc. A large cadre of link workers are the back bone of the programme and out which 50% of them are females. A considerable number of PLHA and community members were roped into the programme and become link between the community and general population to address different needs in the rural areas including the issue of stigma and discrimination.

Description & Findings:

The Link worker scheme was operational in 163 high priority districts as on 31st March 2015. Identifying HRGs and vulnerable populations in the rural areas who are mobile and hidden in nature and are marginalized, was one of the core activities of the Scheme. The above populations were linked to the public health services for STI, ICTC, ART and are followed up by the link worker and the volunteers created in the villages. Further, the community based approach was adopted thereby establishing Red Ribbon Clubs (RRCs) in the target villages and liaisoning was made with the existing health systems, Panchayati Raj Institutions for sustainability of the programme.

As a result of this programme, the services has reached to the maximum populations over the years.

In 2012-13, 1.48 Lakhs rural HRGs, 12 lakhs bridge population and 31819 PLHA provided services. In 2013-14, 1.79 Lakhs rural HRGs, 41 lakhs bridge populations and 47, 408 no of PLHIV are identified and provided services. Similarly in 2014-15, 1.99 Lakhs HRGs, 46 Lakhs bridge populations and 48,439 PLHA have been provided services.

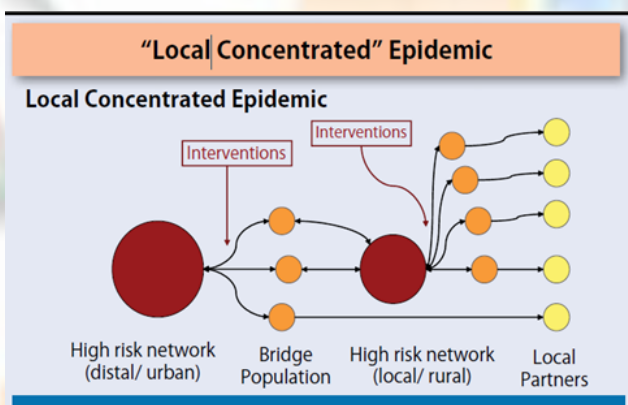


Table showing coverage of target groups under Link Worker Programme for the period 2012-2015

Category	FY 2012-13	FY 2013-14	FY 2014-15
HRG	1.48	1.79	1.99
Bridge & Vulnerable Population	37.96	41.11	46.85
PLHIV contacted and given services	31819	47408	48439
HIV testing	92222	179393	220666
STI Referrals	93709	127369	137060
Village Information Centre established	15437	18177	Not Available
Red Ribbon Club made functional	12391	15359	Not Available

Objectives:

Reach out to HRGs and vulnerable men and women in rural areas with information, knowledge, skills on STI/HIV prevention and risk reduction.

Methods:

The published annual reports of National AIDS Control Organisation (NACO) for three year (2012 to 2015) have been reviewed and an attempt has been made to see the programme coverage and linkages made in the reporting period in the following area;

- ◆ Total HRG covered
- ◆ Total vulnerable /bridge population covered
- ◆ Total PLHIV given services
- ◆ Total volunteers and village support structure created

There has been an increase in no of HRGs and bridge & vulnerable population covered in the programme in the rural areas. The no of PLHIV contact has also been increased over the years. The HIV testing of target groups and referral for STI treatment has also increased. The programme has also created support structure by establishing Village Information Centre and Red Ribbon Clubs to provide services and awareness in the rural areas.

Recommendations:

The programme may be expanded to other districts where in new infections among ANC has witnessed as per the recently published IBBS data. More coordination with other department like Rural Development, PRI and W&CD is required to address the non-health issues of the target groups in the rural areas.

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