

INTRODUCTION LINK WORKER SCHEME

Under NACP-III, the Link Worker Scheme (LWS) is launched to saturate the reach of the HIV related services to the high risk group vulnerable population based in the rural areas. It has been Estimated on the base of HSS 2007, that 57 percent of the HIV positive persons in India were living in rural areas (2007). This reinforced the requirement of an intensive rural-based intervention (Fig 4.1) for reaching the marginalized groups which remaining covered even after the expansion of urban based prevention programs. In order to achieve the NACP-III goal of halting and reversing the epidemic, the Link Worker Scheme was formulated for the rural areas of 187 highly vulnerable districts of the country. This short term scheme aims at capacitating the rural community and equipping them with HIV related knowledge to combat the epidemic. At present, the scheme is being implemented in 126 districts with support from GFATM, UNDP, UNICEF and USAID.

A comparison of urban-rural data reveals that rural areas account for 59% of the total infection. According to the national HIV sentinel surveillance, 2006, HIV prevalence among antenatal clinic Attendees were 0.6%, and there was no marked difference in the urban-rural prevalence rate¹. However, in many states, rural areas either have a higher HIV prevalence rate than their urban Counterparts' or at the very least are at par with the prevalence rate in urban areas. There is growing evidence that HIV is no longer restricted to urban areas. Mau is among the List "A" in the context of HIV prevalence.

As per the NACO Link Worker program, the Organization **Center for Advanced Research and Development , Distt.- Ujjain(M.P.)**, with the support of **MPSACS, Bhopal** is Implementing **Link workers scheme** for enhancing AIDS Knowledge, Skills and services amongst High Risk Groups, Youth and Adults in the **villages of District-Ujjain, from March 1st /2013. Link workers scheme** is aimed at reducing the vulnerability of the most at risk adolescents, especially vulnerable adolescents and high risk groups in the rural areas as well as mitigating the impact of HIV on those who are already living with the virus.

OBJECTIVE

- Create an enabling environment for PLHAs and their families by reducing stigma and discrimination through work with existing community structures/group, e.g. village health community, SHG
- Reach out to HRGs and vulnerable young people in rural area with information knowledge and skills on STI/HIV prevention and risk reduction.

- Promote increased and consistent use of condoms to protect against STIs and unwanted pregnancy.
- Generate awareness and enhance utilization, care and support programme and services(STI,ICTC,ART,DOT)
- Facilitate the delivery of youth friendly health and counseling service through existing public health services/service delivery points.
- Facilitate the reintegration of HRGs into the community and work with families against trafficking of woman and children.

Rational and Target Group:-

- ❖ Rural-based Sex Work.
- ❖ High Economic Differentials and Mobility.
- ❖ Gender and Youth.
- ❖ Migrants and Truckers with spouse.
- ❖ People Living with HIV and AIDS (PLHA).
- ❖ Community Based Workers.

Intervention Areas:-

State- Madhya Pradesh
District- Ujjain
Blocks- 6
Villages- 100