

LINK WORKER SCHEME

LWS-NACP IV Working Group Meeting



RATIONALE

- High prevalence of HIV in rural areas.
- Feminisation of the disease
- There are no other schemes to address the HRGs and vulnerable population in rural areas.
- Sensitivity and Rights based issues handled better by Link worker.



RATIONALE

- Link worker as a specialized trained work force at grass root level.
- De-stigmatization of HIV infection can be done only through effective community dialogue and participation.
- Grassroot level community empowerment on issues related to HIV.



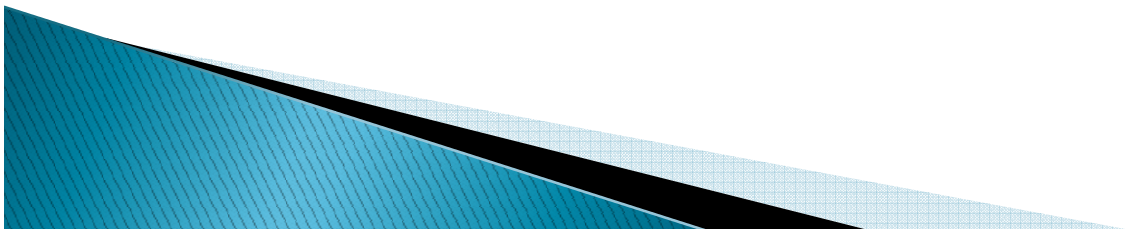
LWS UNDER NACP-III

- LWS is being implemented in 219 Districts across 20 States
- The LWS implementation involves SACS and Lead Agency at the State level and District Implementing Agency at District Level
- The LWS is focusing of the following target populations:
 - HRGs
 - Bridge Population
 - Migrants
 - Vulnerable Population
 - PLHIVs



GAPS AND CHALLENGES

- Vertical programme within NACP-III
- Absence of value addition by majority of Lead Agency
- Cost intensive programme
- Lack of customized service package for various segments of the target population
- Limited service delivery points



KEY RECOMMENDATIONS

Continuation of LWS with structural re-adjustments.

Under the recommendation, following changes were suggested by the Working Group:

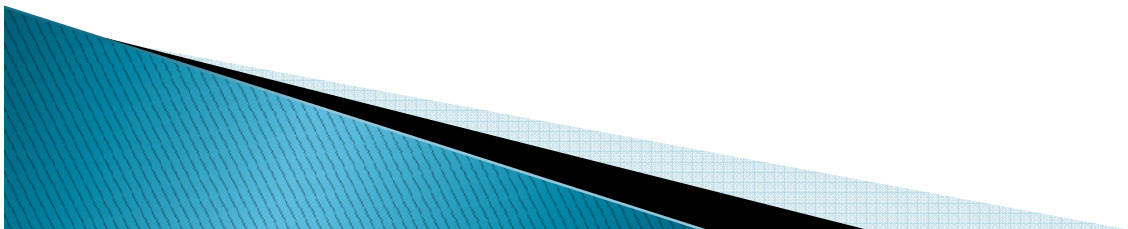
- Focus on IDU and MSM specific services
- Rationalization of the Human Resource
- Flexibility needs to be given for selecting number of villages (should not be restricted to only 100 villages)
- Strong linkages with health and non- health departments



RECOMMENDATIONS contd..

The modifications suggested under the LWS can be divided into:

- Integration within NACP-IV
- Integration with other Health and non- Health Departments.



INTEGRATION WITHIN NACP-IV

- ▶ **Trainings:** Since the STRC is already present for capacity building of the TI NGOs/ CBOs, the training component of LWS may be merged with STRC
- ▶ **IEC:** Major IEC component to be mainstreamed through the IEC division with minimum budget at the District level for specialized Mid- Media activities
- ▶ Coordination and planning with other IEC/BCC programmes to avoid duplication
- ▶ **Condom-** Involve SMO in condom promotion



INTEGRATION WITHIN NACP-IV

- Distribution of Needle and Syringes to the IDUs in coordination with TI
- Procurement of lubes for the MSM population in coordination with TI and if possible, link them with CBOs.
- Optimum utilization of ICTC Mobile Vans for increased service delivery.
- Involvement of DAPCU for monitoring of LWS
- Provide extra work- force at SACS level for LWS in place of Lead Agencies



INTEGRATION WITH OTHER AGENCIES

MoHFW

- Link Worker to be an integral part of VHSC
- Link Worker to regularly take part in the VHND
- Promote Link Workers / Supervisors as mentors for ASHAs in the long run

PRIs

- Strong linkages and coordination with PRIs especially for strengthening RRCs and VICs



INTEGRATION WITH OTHER AGENCIES

Ministry of Youth Affairs and Sports:

- Implement youth friendly services in coordination with NYKS/ Ministry of Youth Affairs
- Utilize Youth Groups registered with NYKS for RRC activities

Ministry of WCD

- Avail welfare schemes for the infected and affected women and children.



KEY RECOMMENDATIONS contd..

Pilot Study

As part of integration, Pilot Study need to be conducted to assess whether Link Worker can act as a quality catalyst between ASHA and PHC level and as a mentor during village health planning process.

Convergence of LWS with NRHM

LWS to be converged with NRHM in the time- bound period (3-5 yrs)



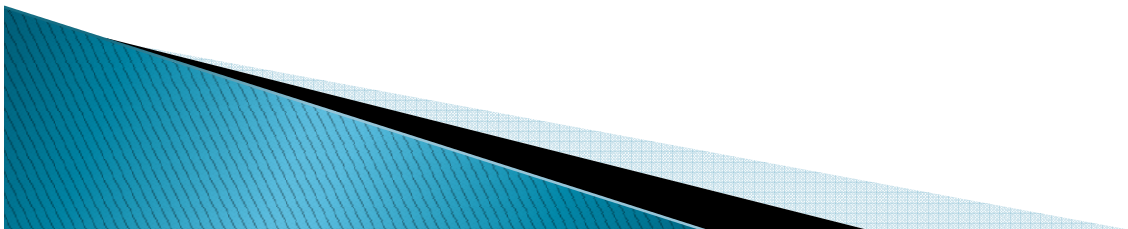
KEY RECOMMENDATIONS contd..

Expansion Plan

- Deepening of the LWS in existing Districts
- Expansion of LWS in A&B category and highly vulnerable Districts in a phased manner

Horizontal expansion of the LWS :

- Out of School Youth component
- Adolescent Health Education
- Source Migrant Intervention



THANK YOU

