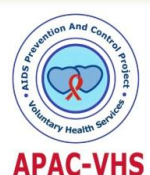


# 'Good Practices' Report

## Program for Link Worker Scheme in TAMIL NADU



*Published by*  
**AIDS Prevention And Control (APAC) Project**  
**Link Worker Scheme (LWS)**  
**Voluntary Health Services (VHS)**  
**Tamil Nadu, India**







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## ACKNOWLEDGEMENT

<b>Overall Guidance</b>	:	<b>Dr. Bimal Charles, Project Director, APAC</b>
<b>Overall Coordination</b>	:	Ms. S. Santhya, Senior Programme Manager, LWS Ms. S. Nimma Shanthini, Project Officer, LWS Ms. T. Sudha, Project Officer, LWS Mr. P. Baskar, M & E Officer, LWS
<b>Technical Support</b>	:	<b>NACO:</b> Ms. Aradhana Johri, Additional Secretary Dr. Sunil D.Khaparde, Deputy Director General (STI&LWS) Ms. Smrity Kumar, Programme Officer (LWS) Ms. Nidhi Dubey, Technical Officer (LWS) Ms. Pragya Mishra, Technical Officer (LWS)  <b>TANSACS:</b> Ms. Malathy C, Joint Director (Targeted Intervention) Mr. K. Pramod, Team Leader and Head, TSU-TN  <b>APAC:</b> Dr. T. Ilanchezhian, Director – Programme Operations
<b>Financial Assistance</b>	:	Mr. P. Arvind Kumar, Project Management Specialist, PHN, USAID
<b>Finance &amp; Admin Advice</b>	:	Mr. P.M. Rajaram, Director – Finance & Contracts, APAC Mr. S.T. Emmanuel Franklin, Admin & Accounts Officer, LWS
<b>Facilitation</b>	:	Dr. Raviraj Williams, Consultant, APAC Mr. Benjamin Franklin, Consultant, APAC Ms. Chitra George, Consultant, APAC
<b>Documentation</b>	:	Ms. Padmavathi Vasanthan, Consultant, APAC
<b>District Support</b>	:	LWS Implementing partners (21 districts) DAPCU Officials (21 districts)
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## FOREWORD

### ***LWS HAS GONE BEYOND 'TI' PARAMETERS.....***

AIDS Prevention and Control (APAC) Project was launched in 1995 through a tripartite agreement between Voluntary Health Services (VHS), United States Agency for International Development (USAID-donor agency) and Government of India - National AIDS Control Organization (NACO), with the objective of preventing and controlling the spread of HIV/AIDS through sexual mode.



In 2008, the Government of India (GOI) had received a grant from the Global Fund for TB, AIDS and Malaria (GFATM)-Round VII towards implementing HIV Prevention, Care, Support & Treatment services of Link Workers in Tamil Nadu. AIDS Prevention and Control (APAC) Project – Voluntary Health Services (VHS) has been selected as Lead Agency to implement it in Tamil Nadu

APAC has a rich experience in executing innovative “TI” (Targeted Intervention) programmes. It gives me great pleasure to state that APAC has set a milestone in its successful implementation of the Link Workers Scheme in 21 districts of Tamil Nadu – by reaching out to the high risk groups (HRGs), by introducing community participation and ownership and by converging with government programmes.

There are many factors that led to the success of the Link Workers Scheme. First and foremost is the teamwork we witnessed at the field level where, the Link Workers and our network of grassroots organizations worked in sync with the APAC team creating a magnetic synergy to make a rapid impact.

Secondly, the full cooperation of the government machinery at all levels that reached every single citizen of the country, breaking social and cultural barriers. In effect, this programme has gone beyond the walls of its health parameters. **It promoted equitable distribution of information, generated awareness in every citizen their right in accessing government services and moulded communities which recognize the importance of clean living standards for building a healthy nation.**

Although there are many pointers to the success of this programme, I am delighted to anchor this Foreword as a note of gratitude to those who wholeheartedly supported us. The list is not limited, but it definitely includes the National AIDS Control Organization, State Department of Health and Family Welfare, Tamil Nadu State AIDS Control Society (TANSACS), District Government authorities and the Population, Health and Nutrition (PHN) Department of USAID. Thank you all for the faith and confidence you have bestowed on us during the past years and especially for the Link Worker Scheme implementation.

With these words, I proudly present the documentation of ‘Good Practices of the Link Worker Scheme in Tamil Nadu’.

**Dr. Bimal Charles**  
**Project Director**  
**APAC-VHS, USAID**

## ***Project Directors' special thanks and acknowledgements.....***

My special thanks to **Dr. A.C. Mohandoss, IAS, Member Secretary & Project Director, TANSACS** and to the TANSACS team for extending all support towards executing the activity.

I thank **Mr. P. Arvind Kumar, Project Management Specialist-PHN, USAID** for providing the financial support and suggestions for developing this documentation.

I am grateful to **Dr. Ennapadam S Krishnamoorthy, Honorary Secretary, Voluntary Health Services (VHS)** for his valuable guidance and support in all our endeavors.

The LWS team, led by **Ms. S. Santhya, Senior Programme Manager** proudly presents the Documentation of 'Good Practices in Link Worker Scheme'. They have put a lot of effort in developing this book. The good practices can be replicated in any part of the country for other health programmes as well. We are presenting this book to state that an enabling environment has been created for People Living with HIV (PLHIV) and Orphans and Vulnerable Children (OVC) along with consistent condom usage and community ownership towards sustainability of the programme.

My sincere thanks to **Dr. T. Ilanchezian, Director – Programme Operations, APAC** for sharing his experiences about the successful implementation of LWS.

I further thank the entire **LWS team Ms. S. Nimma Shanthini, Ms. T. Sudha and Mr. P. Baskar** for their tireless and committed efforts to bring out these good practices.

My thanks to all the **Consultants**, specially Dr. Raviraj Williams, Mr. Benjamin Franklin and Ms. Chitra George for their contribution and valuable inputs in strengthening the LWS team both at district and lead agency.

I extend my thanks to all the senior **NGO Directors**, Dr.K.Govindaraju-SEVAI, Dr.Bennet Benjamin-CRHSE, Dr.Lucas Babu-RIDO, Mr.Renganathan-VRDP, Mr.Berlin Jose-RUSS Foundation, Mr.Alphonse Raj-ISLAND TRUST, Sr.Swathi-CSST KRUPALAYA, Ms.Radha-LEAD, Mr.Charles Prabhu-CARE, Mr.A.J.Hariharan-ICWO, Mr.Bakthavatchalam-ARM, etc., of the district implementing NGOs for sharing their valuable experience.

I further wish to thank the **District implementing Staff**, District Resource Person-Programs, District Resource Person-Trainings, M&Es, Supervisors and Link Workers of the entire 21 district implementing NGOs for sharing their valuable experience.

Besides this, a word of appreciation to **Dr. Joseph D Williams, Project Director-CHARTERED**, for his significance inputs to LWS. I also thank to **Mr. Jacob Varghese, Consultant** who edited this document.

## Experiences shared by NGO Partners

### *Link Workers Scheme of APAC will have a Ripple Effect.....*

It is my pleasure to share our experience of working with targeted intervention for HIV/AIDS prevention and control programmes in Tamil Nadu. It was a matter of grave concern to me that the rural folks were not sensitized about the transmission and prevention of HIV. I had expressed this concern in many local and state level meetings. Finally the day has come when this has been addressed through the Link Worker Scheme of NACO.



It is indeed a feather on the cap of APAC-VHS that it took a lead and succeeded in implementing this scheme creating waves in global disease control strategy. I commend APAC for using its partner NGO organizations network in rolling out this special scheme.

Although APAC has taken many innovative and path-breaking strides in controlling the spread of HIV in Tamil Nadu, the best of all is the Link Workers Scheme that enabled the message and service to touch the hard-to-reach areas of villages and small hamlets in the remote parts of the state. The LINK VOLUNTEERS identified new HIV and STI cases and provided a humane approach in care and referral services. They accompanied the identified persons for counseling and testing and later to ART care centres for treatment.

APAC and its partner NGOs are proud to say that, the prevalence rate has come down substantially. Our organization RIDO has immensely gained experience through this programme and built better rapport with District Officials. I wish the programme continued success.

**Dr. Lucas Babu**  
**Director**  
**Rural Integrated Development Organization (RIDO)**  
**Dharmapuri District**

## ***LWS: An innovative way to tackle a stigmatized issue.....***

Since 2009, the Russ Foundation has been implementing the Link Workers Scheme (LWS) in Theni district, with financial and technical support from APAC-VHS, Chennai, under the guidelines of NACP III through TANSACS.



The focus areas of LWS are preventing STI/ HIV and providing care and support for people living with HIV (PLHIV). This is done by creating an enabling environment by linking various government services and developing community ownership. LWS reached out to HRGs and vulnerable adults in rural areas with information, knowledge and skills on STI/HIV prevention and risk reduction.

Prior to the implementation of the LWS there were many issues which were unaddressed and thus, people were less informed. The awareness level on HIV/AIDS/STI was so low that stigma and discrimination was high. People affected and infected were isolated and ostracized. Major issues such as myths and misconceptions on sex, sexuality and HIV, and reluctance to talk on these topics were felt as we launched the programme three years ago.

After the implementation of the scheme there was an innovative and systematic way of approaching the village with assistance from the existing government departments of health, revenue and rural development. This paved the way for an easy introduction of the scheme in villages. Advocacy through the Panchayat Raj Institutions (PRIs) led to the formation of Village Health Committees (VHCs), Red Ribbon Clubs (RRCs) and volunteer groups. Together with this, the involvement of self help groups (SHGs) helped the scheme to create rapid awareness on health and hygiene, HIV/AIDS, STI and RTI.

Through constant and consistent approach through LWS, the awareness level on HIV/AIDS and STI has increased among all categories of the village population. Today, PRIs are more involved in eradicating stigma and discrimination by giving priority to PLHAs in availing government schemes such as free housing, free distribution at fair price shops, guaranteed employment scheme, supporting the infected and affected children for education and career development. The village youth are involved in developmental initiatives on health and hygiene, total sanitation, education, blood donation, creation of green and clean environment by planting trees, etc.

Over the years, Russ Foundation has been creating an impact in the villages through awareness on ownership of programmes and inculcating voluntarism among youth for creating an environment with the sole aim of reaching the goal of 'No New HIV infection' in Theni district.

**Mr. Berlin Jose**  
**Founder & Secretary**  
**RUSS Foundation**  
**Theni District**



## List of Abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ART	Anti Retroviral Therapy
AWW	Anganwadi Worker
BCC	Behavioural Change Communication
DAPCU	District AIDS Prevention and Control Unit
DRP	District Resource Person
HIV	Human Immunodeficiency Virus
HRG	High Risk Group
IEC	Information, Education & Communication
ICTC	Integrated Counseling and Testing Centre
LW	Link Worker
LWS	Link Worker Scheme
MSM	Men having Sex with Men
M &E	Monitoring & Evaluation
NACO	National AIDS Control Organization
NACP	National AIDS Control Programme
NFHS	National Family and Health Survey
NGO	Non-Governmental Organization
NRHM	National Rural Health Mission
PHC	Primary Health Centre
PLHA	People Living with HIV/AIDS
PPTCT	Prevention of Parent to Child Transmission of HIV
PRI	Panchayat Raj Institution
RRC	Red Ribbon Club
SACS	State AIDS Control Society
SHG	Self Help Group
STI	Sexually Transmitted Infection
TB	Tuberculosis
TI	Targeted Intervention
VHC	Village Health Committee
VHSC	Village Health and Sanitation Committee
VIC	Village Information Centres
VIB	Village Information Board

## Overview of Link Worker Scheme in Tamil Nadu

### Introduction:

**N**ational AIDS Control Organization (NACO) implements “Link Worker Scheme (LWS)” through Global Fund for TB, AIDS and Malaria (GFATM) – Round VII. The program focuses on the rural areas of the country. Reports and research findings on HIV / AIDS status demonstrated that the HIV/AIDS prevalence is almost equal in urban and rural settings. However, most of the HIV/AIDS interventions had been urban and semi-urban based, neglecting or under serving rural populations. Studies have reported that the rural population was vulnerable due to several factors, including but not limited to socio-economic status, low knowledge about STIs and HIV/AIDS, migration for occupation, less and/or no availability of job opportunities, lack of education, and nature of occupation. Considering the NACP-III goal to halt and reverse the epidemic, the rural based intervention has been implemented to assist the national goal. NACO identified VHS/APAC to implement LWS in 21 districts in Tamil Nadu. 100 villages in each district were identified for the intervention through a process that included mapping of villages, determination of key population size and vulnerability of the villages. This is the documentation of good practices adopted during the implementation of LWS by APAC-VHS since 2008.

### Objectives of LWS:

- **Reach out to HRGs** and vulnerable young people (men and women) **in rural areas** with information, knowledge and skills on STI/HIV prevention and risk reduction.
- Establish inter-linkages between gender, sexuality and HIV and bring into focus factors that enhance the vulnerability of young people and women, both in HRGs and the general population.
- Promote increased and **consistent use of condoms** to protect against STIs and unwanted pregnancy.
- Create an **enabling environment** for PLHIVs and their families by reducing stigma and discrimination through work with existing community structures/groups, e.g. Village Health and Sanitation Committees, SHG, PRI, etc.

- **Generate awareness** and **enhance utilization of prevention, care and support programmes and services** (especially STI, ICTC, PPTCT, ART, DOT and other health services).
- Facilitate the delivery of **youth friendly health and counseling services** through existing public health services/service delivery points.
- Facilitate the **reintegration of HRGs** into the community and work with families against trafficking of women and children.

### Expected Outcome of LWS:

- A cadre of trained local people as Link Workers and Volunteers.
- Increase in knowledge on HIV transmission, risk behaviors, HIV prevention and available health services among HRGs, vulnerable young people and women.
- **Increase in knowledge** about HIV transmission, risk behaviors, HIV prevention including ABC messages and available health services among general community members (SHGs, PRI, VHSC, etc.).
- **Increased use of condoms** by HRGs, their partners and clients (VPs & BPs).
- Increased utilization of STI management, ICTC, PPTCT and ART services by PRIs/HRGs, their partners and clients.
- **Increased access** for young men and women to **health services** (e.g. STI management, VCTC, ICTC & PPTCT).
- **Reduced stigma and discrimination** against PLHIV and their families.

## Focus Areas of Implementation of LWS:



## Principles of LWS implementation:

During Phase I & Phase II of LWS implementation, three main principles were followed by the project team and the stakeholders. They are as follows:





## Scope of 'Good Practice' Documentation:

Link Workers Schemes has been implemented in 21 districts of Tamil Nadu by the district level project team through different innovative initiatives and strategies. The project has experimented with innovations beyond the national framework. Some of those activities have helped to achieve the project deliverables. The core principles of the project have been embedded in three innovations. The good practices documented here are classified under the following broad headings:

1. Reach out to rural HRGs and other vulnerable individuals/groups with health services, with a specific focus on STI/HIV.
2. Promotion of health concerns as a top agenda among PRI institutions.
3. Promotion of condom use.
4. Formation and strengthening of volunteers and RRC on health concerns.
5. Linkages of existing government health services.
6. Capacity building of existing community structures such as SHG, youth forums and VHSC.
7. Creation of an enabling environment for PLHIV / OVC.
8. Ensuring convergence with all development sectors.
9. Promotion of community participation, contribution and ownership.

The Good practices of LWS in Tamil Nadu have been reviewed by analyzing the role of different stakeholders in making it a successful initiative. Stakeholders from different districts have followed different ideas to achieve the same result. The following good practices can be replicated in other LWS programmes to enhance and strengthen the prevention of HIV / AIDS in rural areas.

## 1. Reach out to Rural HRGs

### Introduction:

One of the primary objectives of the Link Worker Scheme is to facilitate HRGs to access HIV/AIDS prevention education and health services. LWS faced several challenges and evolved innovative strategies to reach out to HRG. LWS has tapped the resources at PRI institutions, oriented the Panchayat President and Village Health and Sanitation Committee to identify and reintegrate HRG in villages. This case study is a model of reintegration of HRG with the general community.

### Challenges faced in Initial stages of LWS implementation:

During the initial stage of the project, the community was resistant and firm in saying that there were no HRG in the village. Even after identifying HRG, they did not have the courage to come forward to receive STI, HIV and AIDS messages from the link workers.

#### Issues faced by LWS:

- Non acceptance of HRG & HRB by the villagers.
- Identification of HRG.
- Resistance to open condom outlets.
- Non acceptance of risk for STI, HIV and AIDS.

Identifying, reaching out and, enabling HRGs to access health services and promoting condom outlets were big challenges during the initial stages.

### Activities carried out in addressing the issues:

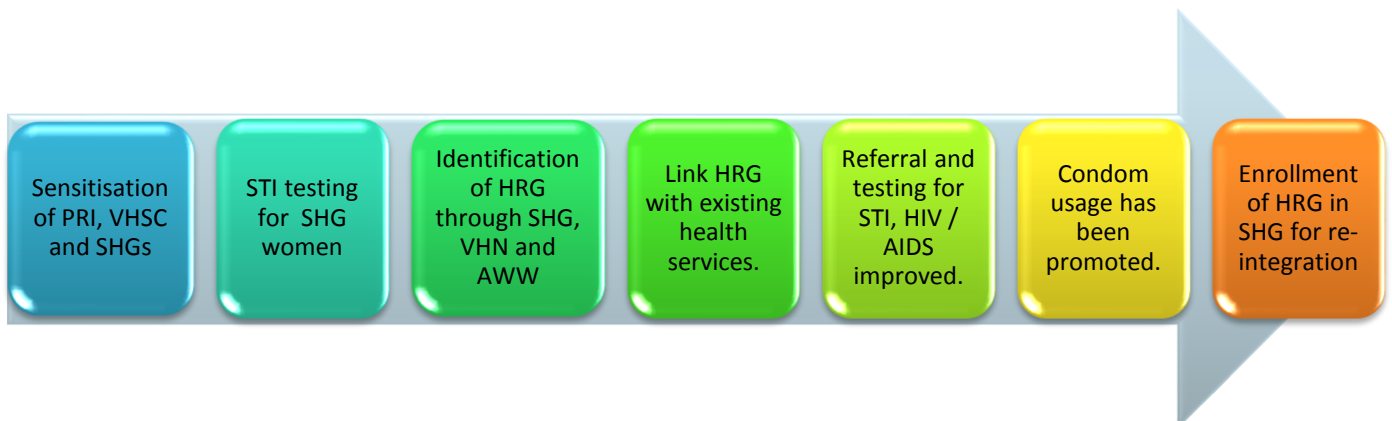
Village Health and Sanitation Committee (VHSC) was the first community structure strengthened in PRI institutions in all LWS villages.

The objectives of LWS slowly penetrated into the minds of the community, empowering them to take up the moral responsibility of protecting the villagers from STI and HIV infection. Subsequent trainings and sensitization of VHSC have resulted in changes in attitude and increased cooperation.

SHGs were also used as a prime source for identifying HRG and in delivering services. The link worker capacitated SHGs on HIV/AIDS to identify women with STI complaints and subsequent referral to nearby health facility for treatment.

One-to-one discussions were effective in identifying HRGs. Link Workers also addressed NREGA workers in all LWS districts of Tamil Nadu.

The following process was adopted due to a higher degree of marginalization and stigmatization of HRGs in rural areas than those in the urban:



### Reaching out to HRG:

#### *SHG – an opportunity for HRG to reintegrate.....*

Ms. Chitra (name changed) is the wife of a trucker, living in Deviyakurichi village, Salem district. Her husband, a lorry driver, used to travel to other states and return home after several days. Her husband developed affairs with other women both inside and outside the village and stayed away from the family. Ms. Chitra was forced to choose sex work as the only means of her survival, to support her two children.

She regularly got clients from her own village, earned her livelihood that helped her meet the educational expense of her children. Knowing about her sex trade, the villagers excluded her family from regular social activities of the village. The children could not continue their education due to discrimination. Even though Ms. Chitra was involved in sex work, she was unaware of basic information regarding condom use, STIs, and HIV.

After implementation of LWS in her village, she was approached by the supervisor and the link worker. They educated her about condom usage, life saving messages about HIV/AIDS and STI infections. The link worker motivated her to undergo HIV testing and took her to ICTC. She tested negative. After the intervention, she started using condoms. She tested for HIV every 6 months and was found negative in the past three tests. The link worker has enrolled her in SHG that helped her to reintegrate herself with the rest of the people in the village. This has enabled Ms. Chitra to gain her identity as a woman and enabled her to access benefits from the SHG, which is available to all other women in the village. Now, Ms. Chitra is no longer a neglected woman. She has obtained access to all resources and health services in the village and could once again send her children to school, without fear of discrimination.

## 2. Promoting Health Concerns at PRIs

Considering the difficulties encountered in entering rural villages and addressing HIV messages to rural communities, APAC-LWS conducted orientation meetings and trainings for the Panchayat presidents. This strategy was intended to sensitize local authorities and community to get involved in HIV/AIDS prevention activities. Voluntary support of the Panchayat presidents at every stage of the LWS implementation promoted community ownership.

### Comparative analysis:

#### Challenges faced in the area:

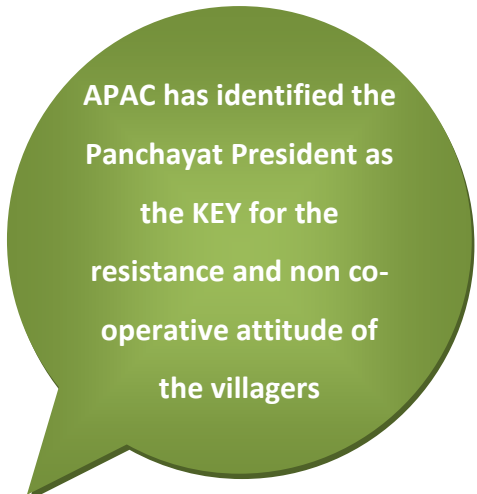
During the initial stages of implementation of LWS in the village, there were continuous obstacles faced by the project team in accepting the programme. Some of the challenges were:

- The community showed an unwelcoming attitude
- They refused to cooperate with the project team
- Baseline data was not available at the village level
- Due to low risk perception even entry was restricted in a few villages.
- HIV intervention was not the felt need of the community and PRI

#### Interventions to address the challenges:

Identifying PRI as a catalyst at the initial stages of implementation of LWS is the best strategy adopted by APAC LWS. Panchayat Presidents were the key for overcoming resistance and non cooperation of the villagers.

- Provided orientation to PRI members on the objectives and expected outcomes of LWS.
- All LWS activities were carried out with the concurrence and full cooperation of PRIs.
- Motivated the panchayat presidents to sponsor several education materials towards the project activities.



APAC has identified the Panchayat President as the KEY for the resistance and non cooperative attitude of the villagers



## Advantages:

- Even before commencing the outreach activity, the PRI members were sensitized on the issues of HIV/AIDS and programme implementation process in the village. This has created a platform for the DRP and the team to get the help of PRI members for recruiting Link Workers. This has paved the way for easy identification of the target group and the Vulnerable Populations in the village, thereby making the programme implementation process effective.
- The rapport built with the PRI members has helped in involving the community in the process of implementation and community ownership in the programme. PRI members have been entrusted with the responsibility as chair persons for convening the VHSC meeting and implementing the programme. This made them involve themselves in every process of LWS implementation.
- Involvement of PRI in every activity, such as identification of location for establishing information board, condom depot/ box and for conducting trainings to SHGs, have helped the acceptance of HIV programming in the village and people's participation without hesitation was ensured.

## Highlights of PRIs' initiatives in LWS:

- PRI members have contributed towards the erection of the **Name board, Flex boards on VHC, RRC membership details, Information boards** and **wall writing** in strategic locations. The entire cost was borne by the Panchayat from the allocated seed money.
- Community buildings such as meeting hall of BDO office, panchayat office, AWW center, SHG centers, and village libraries) were provided for conducting reviews and meetings of the Link Worker Scheme.



- Refreshments and accommodations for the folk media troops (during folk media campaign) were organized by the PRIs in few districts.

- VHSC's proactive roles have promoted an enabling environment for PLHIV. In some districts, PLHIV are positioned as VHSC members and involved in the decision making process of village improvement plans.
- Resources have been mobilized from the villages to support PLHIV and their children.
- Identification of HRGs and referrals for VPs has improved with the support of PRIs.
- Employment opportunity for the village volunteers and RRC has been created with PRI's support.

### Sharing of Mr. Ramachandran, Panchayat President, Naganallur village, Trichy.

One very poor PLHIV has started a petty shop with support from the panchayat. People of the village refused to buy things from the shop. After orientation by the link worker on the mode of non spread of the disease, now they get things from the shop.

Previously many people committed suicide in my panchayat. We were not able to understand the reason. Later on we understood the reason for it. With the help of LWS, we understand that an HIV positive person can survive with regular ART like any other manageable disease.

When the Link Worker approached me at the time of inception, I just mocked her by saying that she herself looked like an AIDS patient. Her confidence and her repeated interactions with me has made me lend my ears to her and help her.

Death due to AIDS was high before 2 years. On an average around 4-5 PLHIV die because of AIDS. Now for the past 2 years there has been no new infections found in the village and the identified PLHIV are healthy and on ART.

LWS has sensitised me to be more responsive towards the health aspects of my people. We conducted a blood testing camp and I gave the first blood sample and motivated my people to come forward. Slowly, I took an oath to myself that there should not be any new HIV infections in my village. VHSC members also rendered their co-operation and we jointly strove to create awareness amongst our people.

### 3. Promoting Condom Use

#### Introduction:

Promotion of condom use among HRGs and other vulnerable populations is one of the high focus areas in LWS. Condom outlets were fixed in strategic locations identified by the community themselves with their co-operation and contribution. Volunteers are taking up the responsibility of maintaining condom outlets. Link workers are directly communicating to HRGs and distribute condoms directly, based on their needs. Contributions from panchayats, corporate people and volunteers have been obtained in the process of procuring condom boxes and in promoting condoms in rural areas. The major objective of promoting condoms and obtaining community contributions is to create a sustainable system and a prevention mechanism against HIV/AIDS among the rural community.

#### Challenges faced:

- Initially people were not ready to talk about condoms.
- Resistance from shop keepers to place condom boxes near their shops.
- People damaged condom outlets to show their aversion.
- Denial of high risk behavior by the community.
- HRGs did not know condom utility and they did not have access to it.

#### Interventions towards addressing the challenges:

Sensitisation of community structures	Reaching out to vulnerable population	Proving the need for condom in the village	Sensitising HRGs
<ul style="list-style-type: none"><li>•VHSC &amp; SHG members were provided training on condom utility.</li><li>•Volunteers &amp; RRC members were oriented on condom usage.</li></ul>	<ul style="list-style-type: none"><li>•Vulnerable Population from the village, who are the potential clients of HRGs were educated about condom use by the volunteers.</li></ul>	<ul style="list-style-type: none"><li>•Resistance to condom outlet was broken by enabling series of observation on the movement of condom in strategic locations and proved that there is a need for condoms for the people in the village.</li></ul>	<ul style="list-style-type: none"><li>•Link Workers identified and sensitised the HRGs on the use of condoms and distributed the same to them. This has motivated the HRGs to use condoms consistently.</li></ul>

## Highlights of Condom promotion:

- So far 4008 condom outlets have been placed and maintained by volunteers with their full co-operation and contribution.
- 281 condom outlets were sponsored by Panchayat presidents which cost around Rs.350 per outlet.
- In Thoppur and Kanikarahalli villages of Dharmapuri district, condom boxes were fixed in share autos with the permission of the auto drivers.
- Rotary Club of Salem sponsored condom depots for 105 LWS villages.
- 50 metal condom boxes were sponsored by Mark Aluminum Company at Erode.





## 4. Formation and Strengthening of Volunteer Groups and Red Ribbon Clubs [RRC]

### Introduction:

Community participation and people's ownership are guiding principles of the Link Workers Scheme. It has been realized through formation and strengthening of community structures at the village level in the form of volunteers and Red Ribbon Club (RRC) among women and men. The scheme mobilized adults from the village to form teams of volunteers and oriented on STI, HIV / AIDS. Adolescent boys and girls created RRCs in villages and received orientation on prevention messages, care and treatment of STI, HIV / AIDS. Volunteers and RRC members made voluntary commitment to disseminate HIV / AIDS messages among the general public and act as a catalyst to others.

### Strategies of motivation and appreciation:

- Extended opportunities for different capacity building trainings to Volunteers and RRC members through government programmes.
- Distributed certificates and awards of appreciations to deserving volunteers and RRC members
- Conducted competitions for youth on HIV / AIDS messages.

### Innovative Strategies adopted to motivate Volunteers and RRC members:

- Certificate of Appreciation and Awards were presented to Volunteers and RRC members for the committed services, by LWS - Trichy. RRC members have obtained part time employment opportunities by conducting evening Tuition classes in the village through the initiatives of LWS, Trichy.
- In majority of the districts, Volunteers and RRC members were given preference in availing skill trainings through convergence with Women Development Corporation, DRDA, *Pudhu vazhvu* (New Life) schemes, etc.
- Employment opportunities were generated through self employment options and placement at corporate sector / government sector

## Village Information Centre :

A Village Information Centre has been established in every LWS implementing village where people got information related to STI, HIV/AIDS and TB. The Village information centre has created a platform for the youth to discuss issues related to health and HIV. Establishing Village Information centre is one of the major innovative strategy / structure for dissemination of information to the public and address myths and misconception. Keeping of question boxes in the center has evoked many queries for which the right answers were being provided by the Link workers through the information boards.

## Challenges faced in the area:

- Acceptance of book on HIV / AIDS and displays related to HIV/AIDS in the village library were very challenging. In the initial stages, people thought that placing such books would restrict people from coming into the library. Sometimes people might also look down on those who read such books.
- Librarians played a vital role in the information centre. Challenges were faced, wherever there were women librarians who refused to display IEC on HIV prevention.



## Innovative strategies adopted:

The main strategy adopted was that the importance of Village Information Centre was discussed in the Village Health and Sanitation Committee meeting. Link workers sensitized the leaders that people could get all type of information, especially, on their personal health behavior, awareness on HIV/AIDS and STI through the information centre. Myths and misconceptions related to STI, HIV/AIDS could be resolved through the information centre.

### Sensitizing the librarians:

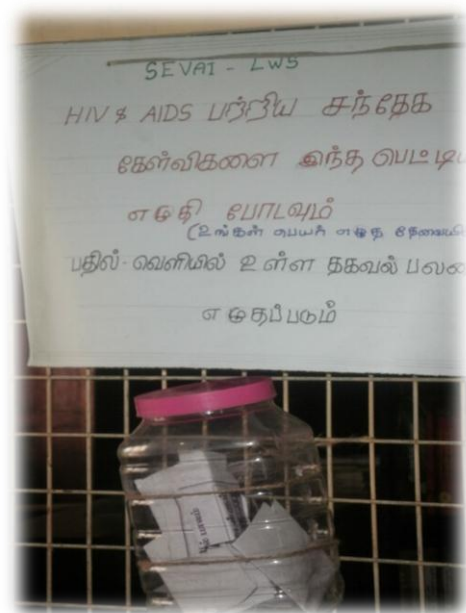
Volunteers of LWS were classified as educational volunteers, special volunteers and intervention volunteers. All librarians were promoted as education volunteers. They were given focused training on STI, RTI, HIV/AIDS and TB. They took up the responsibility of clarifying the doubts of the people.

### District Level Advocacy:

In some districts, the District Library Officer (DLO) was given the responsibility for placing IEC materials in the library. The purpose of establishing information centre in a village through LWS was explained.

### Setting up of Question Box and FAQ register:

Village Information Centers have question boxes (QB) and Frequently Asked Questions (FAQ) registers. The main purpose of QB and FAQ was to address the myths and misconceptions of the villagers and disseminate information to the public. The question box was placed in the village library. People wrote their questions, doubts about STI, HIV and AIDS and dropped it in the question box without mentioning their name and identity. The answers for the questions were written in the information board outside the library, by the librarian with the support of a Link Worker. A separate register had been maintained to register the questions asked and answers provided.



### Registers and feedback:

A separate register was kept in the library, to write feedback from readers of IEC materials they had read. This enabled the link worker to identify the need for information and dissemination of information among the people.

## Advantages of the Village Information Centre:

- A platform for the youth to discuss issues related to health and HIV has been established.
- It helped dissemination of information that addressed myths and misconception.
- Utilized available resource in the village, for instance, the library.
- Mobilized RRC members effectively could be possible at Village information centre.
- Some of the village libraries placed free condom outlets also.
- Established 3173 village information centres by LWS throughout Tamil Nadu.
- All Librarians were enrolled as one of the important members in Village Health and Sanitation Committees
- Increased the number of visitors in all libraries especially youth.
- Women getting knowledge through information centre has increased.
- Through VIC, self referrals for ICTC and STI were reported.

## 5. Linkages with existing Health Services

### Introduction:

Another focus area of Link Worker Scheme is to link the rural community with the existing systems and services provided by the government. The trend of HIV spreading to rural areas envisaged the need to educate the vulnerable and high risk population about STI, HIV / AIDS and to get access to health services.

### Challenges faced in rural areas:

- Lack of awareness among the rural on the existing health services available in Govt.
- Reaching out to the rural community by the health systems posed a major hurdle.
- Distance played a great role in accessing health services by remote villages.
- Stigma and Discrimination forced people in HRGs to avoid LWS at the initial stages.

### Innovative strategies to address the challenges:

- Wall Paintings were exhibited at appropriate locations by the Panchayats with information about service points.
- Information boards were maintained by volunteers. It carried information about health services as well as myths and misconceptions on HIV/AIDS.
- Dissemination of information about available health services was made simultaneously by Volunteers, RRC members and SHG members. Repeated information was passed on to the community at different levels consistently.
- Volunteers were taken to health service points for exposure visit.
- ICTC camps have been organized in inaccessible villages in which panchayat presidents, VHSC members, Link Workers and volunteers provided the first blood samples for testing.
- Peer motivation by the volunteers and SHG members encouraged people to go for voluntary testing
- Women introduced giving horoscope for marriage to families along with HIV test report.

## Advocacy with service providers:

- Periodical staff reviews were conducted in the premises of PHC, Sub Centers, STI, ICTC premises which results in mutual continuous rapport between LWS team, health care providers and counselors.
- Planning of outreach camps and other special programmes were conducted every month in the presence of service providers.
- LWS reintegrated 'Lost to Follow Up' (LFU) cases of ART Centers, which increased the credibility of LWS with ICTC / ART centers.
- Coordinated special health programmes such as Leprosy screening, Polio drops campaign, DOT administration in TB control programmes, TB screening camps, eye camps, general camps and Inclusive Education for Differently-abled (IED) children identification and linkage programme.
- Mutual support between Link worker and VHN has been established in rendering services.



## 6. Capacity Building of existing Community Structure

### Introduction:

Interventions of Link Workers Scheme have entered into every segment of the rural community addressing the needs of different section. One of the prominent, vibrant and integrated community structures in rural areas is women's self help groups (SHGs). Trained SHG members took messages to the door step of every household in rural settings.

### Challenges faced at the initial stages:

- SHG members were averse to discuss STI, HIV / AIDS and Condom.
- There was Stigma & Discrimination over HIV / AIDS.
- Myths and misconceptions on HIV / AIDS were also prevalent

### Innovative Interventions:

Conducted meeting with Self Help Group Members on condom, HIV / AIDS as a series of activities through Women Development Corporation

Conducted Voluntary HIV Testing camps for all SHG members

Encouraged membership of SHG and PLF in VHC

Motivated SHG members to talk about HIV / AIDS with their children especially to adolescent girls

Talking about health concerns of villagers became one of the agenda in SHG / PLF meetings

## 7. Promotion of an Enabling Environment

### Introduction:

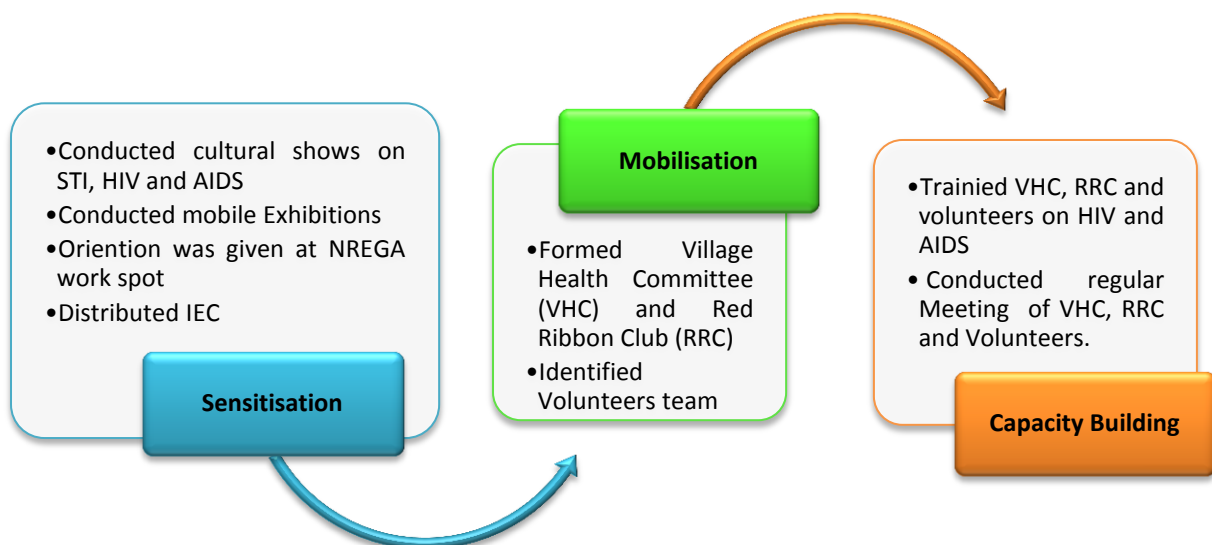
Promoting an 'enabling environment' is one of the key objectives of Link Worker Scheme. During the first and second phase of implementation of LWS, it was visible, that an enabling environment for PLHIV had been created at different levels in the various districts of Tamil Nadu. The support of the Village Health and Sanitation Committee (VHSC), PLF (HIV Positive Women), SHG members, PRI institutions, Volunteers, RRC and the general public are enormous in the process of removing stigma and discrimination and promoting an enabling environment.

### Problems related to HIV/AIDS:

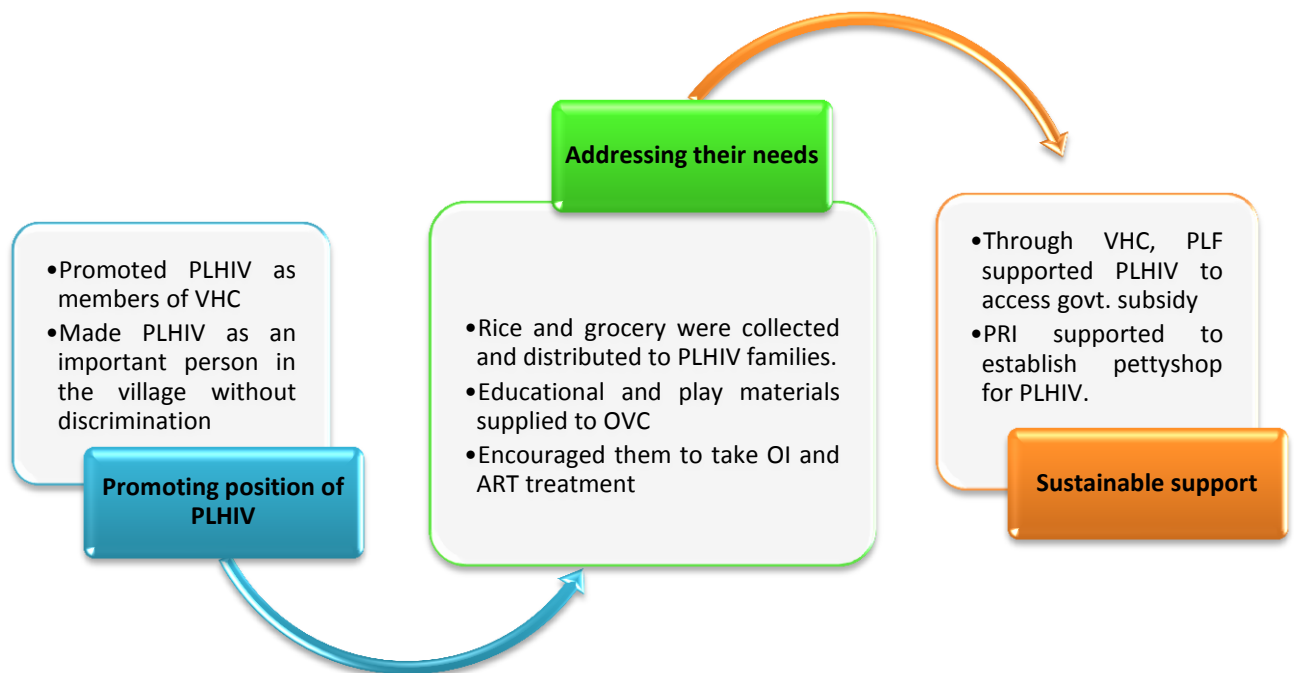
- Awareness on STI, HIV/AIDS was very low
- Stigma and discrimination of PLHIV was very high
- There were myths and misconception related STI, HIV/AIDS.
- There was a high incidence of suicides due to HIV
- There were single-parent orphaned and vulnerable children (OVC).

### Process of promoting Enabling Environment – interventions and innovations:

#### *Process of preparing the Community to bring Enabling Environment*



## Process of community members in promoting an enabling environment



## Advantages of Enabling Environment - Udhavuvom and Uyarthuvom – Let's Help and develop:

With the initiative of Village Health and Sanitation Committee members, Naganallur village, Trichy and SHG "UTHAVUVOM, UYARTHUVOM" concept was initiated. Two barrels were placed at the Panchayat office. One barrel was for rice and the other for grocery. The villagers regularly contributed rice and other things as per their capacity. The collected materials are distributed at the end



of every month to 2 PLHIV families in the village. A separate co-ordination committee has been established for managing this activity, and Link Workers are one of the members in the committee. SHG members played a crucial role in making the support a sustainable one.

## Sustainable support to PLHIV, Dombucherry village, Theni:

Link Worker Scheme has brought tremendous changes in the minds of target villagers. They could openly talk about HIV/AIDS and consider the disease as any other disease such as cancer, diabetics, ulcer etc. Continuous intervention of the Village Health and Sanitation Committee has made Dombucherry Panchayat to evolve new ways of supporting PLHIV. Under India Awaas Yojna (IAY) Scheme, the panchayat allotted two houses for the PLHIV and extended support to the tune of Rs.75,000/- each.

Mrs. Rani (name changed), is one of the beneficiaries under IAY scheme from Bathrakalipuram, Dombucherry village. She has successfully completed the house construction with the financial support of her relatives after getting motivation from the Link Worker Scheme. Now she is residing in her own house. Another house was allotted to Ms. Malliga (name changed) from the same village.

- PLHIV in Dombucherry village received 35 Kg. of rice and grocery every month.
- LWS supported PLHIV by way of facilitation to get widow pension, ration card, bus pass, and linkage with Positive Network.
- Link worker has taken the effort to get support for the funeral expenses of the PLHIV through the Pudhu Vazhvu Thittam of Tamil Nadu Government from their Village Poverty Reduction Committee (VPRC) fund.



Ms. Rani (name changed),  
PLHIV, Pathrakalipuram

• I was in a dying condition in a hut; nobody was there to take care of me. People avoided me and there was no support from my neighbours or relatives. After the Link Worker programme, I got enrolled in ART, I got tablets at home for TB and stayed at the Community Care Centre for three months and recovered. Now I am regularly taking ART and living in my own house. My social status in the society and identity has changed through Link worker scheme. I am able to interact with experts and I am considered by others as an important person in the village.

## Highlights of Enabling Environment in other districts:

Female PLHIV in Lakkapuram panchayat of Erode district enrolled in VHSC and received support for their employment.

3 PLHIV in Nilgiris got Tea Land worth of Rs.1.5 Lakh with the support of Life All Project (NGO).

LWS at Thiruvallur and Vellore district formed PLHIV groups, which received nutrition support and Education support to OVC.

LWS - Trichy has ensured the following activities.

- Panchayat President distributed Educational materials to 8 children of PLHIV.
- Provided training and employment opportunities Orphan and Vulnerable Children.
- Mobilized educational materials to the children in general and OVC in particular through Qwait Raja welfare organization at Dombuchery.

OVC children in Theni districts have been enrolled into Tuition centres supported by other organisations

## 8. Convergence with existing Government Schemes & Programmes

### Introduction:

Link Worker Scheme was initiated for a sustainable intervention solution through convergence with other development activities of the government. The ignorance of the community over the availability of services had developed a gap between the people in need of the services on one side and providers of the services on the other. The Link workers have brought the government schemes to the potential recipients and enabled them to access benefit.

### Challenges:

- Due to lack of awareness, rural people were not able to access the government benefits.
- The complexity in the modalities in accessing benefit from the schemes made the situation worse.

### Innovative strategies adopted:

- Link worker facilitated other government programmes as a volunteer.
- They motivated the corporate sector to sponsor specific / special programmes and need-based services to the rural people.
- Link Worker assisted in many procedural formalities for availing government schemes and followed them up.
- They involved government officials in all events / programmes of LWS.
- They formed Advisory committee of LWS with representation from various schemes.



## Convergence with Different Departments of Government:

<b>Women Development Corporation (MaThi)</b>	<ul style="list-style-type: none"> <li>• Conducted training of SHG members in all LWS villages on HIV and AIDS.</li> <li>• Formed Special SHG for PLHIV.</li> <li>• Made linkages with banks for economic activities to PLHIV and HRG</li> <li>• Encouraged testing of SHG members for HIV.</li> </ul>
<b>NREGA</b>	<ul style="list-style-type: none"> <li>• Link workers disseminated information on STI, HIV/AIDS, TB and condom usage</li> <li>• Conducted ICTC camps at NREGA WORKSPOT</li> <li>• Referral services initiated for STI, HIV at NREGA</li> <li>• Differently abled &amp; PLHIV were given preference in NREGA work allotment through the effort of LWS.</li> </ul>
<b>Inclusive Education for Differently Abled</b>	<ul style="list-style-type: none"> <li>• Link workers supported the Differently abled to get ID cards</li> <li>• Facilitated the process of getting aids and appliances for differently abled.</li> <li>• Care takers of differently abled were enrolled as volunteers in some LWS villages and enabled them to access support.</li> <li>• OVC children with disability were linked with ART and other health services</li> <li>• Special educator of IED-SSA were made as a member of Village Health and Sanitation Committee.</li> </ul>
<b>Poverty Allievation scheme - Pudhu vazhvu Thittam</b>	<ul style="list-style-type: none"> <li>• Facilitated volunteers &amp; VPs to get trainings through the project.</li> <li>• Facilitated credit linkages to SHGs, especially to HRGs.</li> <li>• Enabled educational support to OVC children through VPRC fund.</li> <li>• Provided medical expenses and cremation expenses for the PLHIV</li> </ul>
<b>Panchayat Raj Institutions</b>	<ul style="list-style-type: none"> <li>• Facilitated housing for PLHIV through IAY scheme</li> <li>• Established Information boards, condom outlets.</li> <li>• Promoted educational support to OVC.</li> <li>• Provided ration card and rice to PLHIV</li> <li>• Took resolutions to protect the community against HIV / AIDS during Grama Sabha meetings.</li> </ul>
<b>CBO, NGOs and corporate</b>	<ul style="list-style-type: none"> <li>• Promoted educational support and livelihood support to OVC and PLHIV</li> <li>• Enabled tuition centres for the rural children including OVC.</li> <li>• Promoted medical support to PLHIV.</li> <li>• Sponsored condom outlets</li> </ul>
<b>Library</b>	<ul style="list-style-type: none"> <li>• Effectively used village library to eliminate myths and misconceptions and create awareness on HIV / AIDS.</li> </ul>
<b>Nehru Yuva Kendra</b>	<ul style="list-style-type: none"> <li>• Identified potential volunteers from NYK</li> <li>• Conducted cultural programmes and awareness programmes in the villages with the support of NYK.</li> <li>• Link Workers and Supervisors worked closely with the officials of NYK and youth team.</li> <li>• LWS enabled the training programmes of NYK to reach out to the volunteers and link workers.</li> </ul>

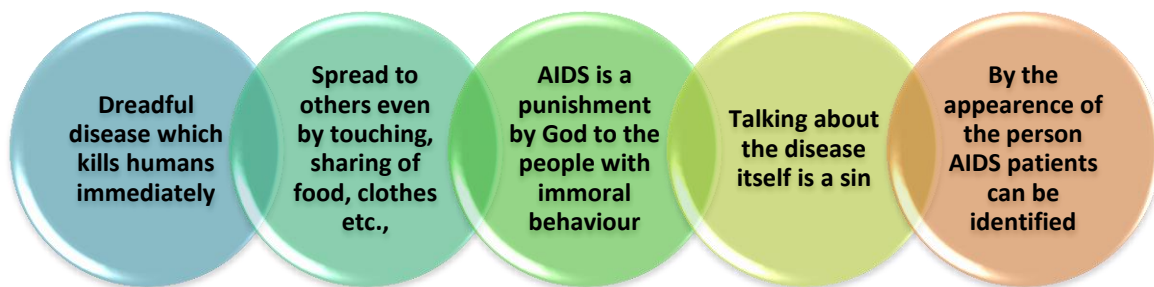
## 9. Community Ownership / Sustainability of LWS

### Introduction:

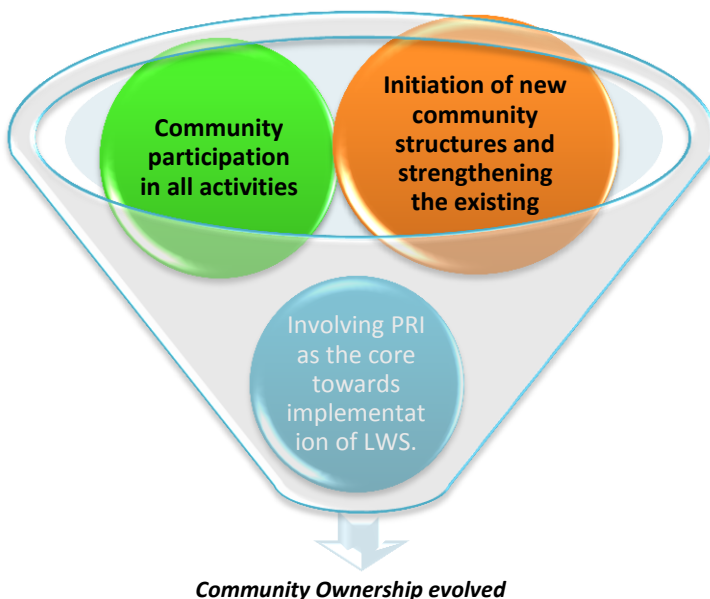
Initially, all LWS villages had HIV related stigma and discrimination, negative attitudes, abuse and maltreatment to people living with HIV and AIDS. The impact of stigma and discrimination at the PLHIV level were wide-ranging: They were shunned by their own families, peers and the wider community, experienced poor treatment at healthcare and educational settings, were denied citizen's rights, underwent psychological trauma, and had a negative attitude towards HIV testing and treatment.

### Problems due to Stigma and Discrimination in the start of LWS:

#### *Misconceptions of rural people on HIV and AIDS during inception*



### Strategies followed to promote Community ownership:

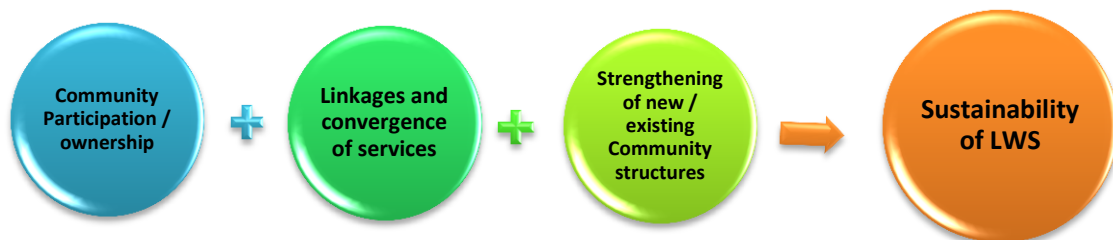


Need based strategies have been evolved from time to time and applied in LWS projects at different districts during the course of implementation of the project. Some of the well planned strategies to address stigma and discriminations have been replicated in other districts and there is existence of same strategies being adopted by different districts based on the needs of the community.

Apart from the common strategies adopted by APAC – LWS, some districts have adopted special and innovative programmes to break the stereo type values and stigma and discrimination among the villagers which has enabled mainstreaming of HRG, motivation to undergo testing and so on.

### **Process of sustainability:**

The principles of Link Workers envisage sustainability through community ownership. Deliverables of LWS have been built on these principles as mentioned below. Initially community participation and ownership was sought through different campaigns and programmes. Linkages and convergence of existing health services have been made to effectively utilize the existing infrastructure and making those systems accessible to the community. People gained confidence in the programme and started tapping the resources around them and understood the power of community ownership. Apart from the existing community structures, new structures were also promoted to take up the responsibility of sustaining the programme. The diagram shows the process by which sustainability has been enforced in LWS.



### **Guidance and comfort centre (Alosanaiyum Aruthalum):**

Thatianguarpettai block consists of 12 villages of which Paithamparai is one of the highest vulnerable village. The village is located 17 kms away from Musiri and 62 kms away from Trichy central. Mrs. Shanthi Dhanapaul is the president of the village. The total population of the village is 5340 of which 2500 are male and 2840 are female. Estimated HRG volume is FSW 18 and MSM-2. Ms. Padmalochini is the supervisor and Ms. Latha is the link worker of the village. The villagers are mainly farmers and truckers.

The scheme introduced a centre called 'Alosanaiyum Aruthalum' (Guidance and Comfort). This centre explains the success of establishing community ownership and initiative of the villagers. This centre contributed highly in removing stigma and discrimination, and promoted an enabling environment in the village.

Even though the guidance centre has been established by the community on their own, it incurs an expenditure of Rs. 60,000/- to Rs. 1,00,000/- (based on the locality) towards rent, electricity and refreshment charges for the volunteers involved in the guidance service.

### Comparative analysis:

### Challenges faced in the area:

Link worker scheme started its intervention during December 2008. Before the establishment of the guidance centre, there were a lot of myths and misconceptions among the people about HIV and AIDS. People who suffered from the disease were not socially accepted and there was discrimination towards the family and the individuals. People did not get the right information about the virus and could not understand the reality. Talking about condoms, HIV and AIDS were considered as immoral in the village.

### Interventions / Innovations of LWS:

General interventions of LWS included formation of Village Health and Sanitation Committee, Red Ribbon club and Volunteers, erection of information centre / board and condom outlets. The LWS team has followed different innovative strategies to address the issues faced from the community. They are as follows:

- With the support of the Panchayat President, a public address was made during Grama Sabha meeting to educate villagers on HIV and AIDS.
- Sensitizing SHG members in the village on HIV and AIDS.
- A Question box was placed in



the information centre for addressing myths and misconceptions. The answers for the same would be written on the information board the next day.



The Village Health and Sanitation Committee members and volunteers have identified the need for counseling related to STI, HIV/AIDS. They established a STI, HIV/AIDS counseling and information centre. One of the VHSC members sponsored a room for the centre. Three trained volunteers have taken charge of the centre. The centre was inaugurated by the model village evaluator's team in June 2011.

### **Advantages of the counseling centre:**

The counseling centre was operational between 5 pm to 8 pm in the evening. Three volunteers provided counseling (guidance) to the villagers who came to the centre. Telephone numbers of the volunteers were displayed for further clarification. One to one interaction, distribution of IEC, clarification of doubts of villagers which were very specific to their personal context was clarified to them. IECs were displayed in the room. Three to five villagers had been visiting the counseling centre regularly.

### **Highlights of Community ownership and Sustainability in LWS:**

- People talked about HIV/AIDS in all village level meetings such as VHSC, Grama sabha, SHG, PLF etc.
- Volunteerism had been evolved among the villagers to render their contribution to any of the community structures
- Identification of HRG has become easy and the villagers came forward to reintegrate HRG in all social activities.
- A system had been established at the local governance to implement LWS to enable the successors to follow them up.
- Effective continuous linkages with the existing health systems and other government departments had been established.
- Locally available corporate, CBOs, NGOs and positive networks had been linked effectively for continuous support.
- People started contributing resources in the form of human, material, space and finance.



## LWS District Implementing Partners

<p><b>Mr. P. Sakthivel, Secretary,</b> <b>Mahathma Gandhi Elaingar Narpani Mandram (MGENM),</b> Sri Palaniappa Complex (II Floor), Maruthi Nagar, Trichy Main Road, Namakkal – 637 001. Ph.: 094434 63574 E-mail ID : ngo_mgenm@rediffmail.com Website : <a href="http://www.mgenm.org">www.mgenm.org</a></p>	<p><b>Mr. A. Renganathan, Director,</b> <b>Village Reconstruction and Development Project (VRDP),</b> 1335-A Kurinchi Illam, Kurinchi Ngr, Near Sathya Ngr, Kondapanakanpaty Salem – 636 008. Ph.: 0427-4002192 E-mail ID: vrdpslm@yahoo.com Website: <a href="http://www.vrdp.org">www.vrdp.org</a></p>	<p><b>Mr. Berlin Jose,</b> <b>Founder &amp; Secretary,</b> <b>RUSS Foundation,</b> 37/34, Thiruvalluvar Colony, Karuvellaickanpatti, Theni district – 625 531 Ph.: 04546-250523 E-mail ID: russlinkwork@gmail.com Website: <a href="http://www.russfoundation.org">www.russfoundation.org</a></p>
<p><b>Dr. K. Govindaraju,</b> <b>Executive Secretary,</b> <b>Society for Education Village Action and Improvement (SEVAI),</b> SEVAI Centre, 133, Karur Main Road, Allur, Trichy- 620 101 Ph.: 09443156731, Fax: 0431 - 2742958 E-mail ID : try_sevai@airtelmail.in Website : <a href="http://www.sevai.in">www.sevai.in</a></p>	<p><b>Dr. Maa Gurudasi,</b> <b>Project Head - LWS</b> <b>Isha Outreach,</b> 23/7 Raja Nagar, 2<sup>nd</sup> Street, Sowripalayam, Coimbatore - 641 028 Ph.: 0422-2580155 E-mail ID: maa.gurudasi@gmail.com Website : <a href="http://www.ishaoutreach.org">www.ishaoutreach.org</a></p>	<p><b>Dr. Lucas Babu, Director,</b> <b>Rural Integrated Development Organization (RIDO),</b> No. 1/946, Virupatchipuram, Vennampatti Road, Collectorate (P), Dharmapuri – 636 705. Ph.: 04342-2285337, Fax: 04346-263261 E-mail ID: ridodpilws@rediffmail.com Website : <a href="http://www.ridocr.org.in">www.ridocr.org.in</a></p>
<p><b>Mr. A. Bakthavatchalam,</b> <b>Executive Director,</b> <b>Association for Rural Mass India (ARM)</b> 4/253, Thilagar Street, Gandhi Nagar, Valuthareddy, Villupuram - 605 401. Ph.: 04146-258605 E-mail: armbaktha_baktha@yahoo.co.in Website: <a href="http://www.arm.org.in">www.arm.org.in</a></p>	<p><b>Mr. Antony. A, Executive Director,</b> <b>We Care Social Service</b> <b>Society (WCSSS),</b> 4/98 Nethaji St., Singaperumal koil, Chengalpet T.K, Kanchipuram - 603 204 Ph.: 044-27464037, Fax: 27464037 E-mail ID: wecarelws@gmail.com / Website : <a href="http://www.wecareindia@gmail.com">www.wecareindia@gmail.com</a></p>	<p><b>Ms. N. Radha,</b> <b>Executive Director,</b> <b>League for Education And Development (LEAD),</b> 1189 - Krishna Nagar, 3<sup>rd</sup> Street, South Gandhi Gramam, Karur Ph.: 04324-244010, Fax: 0431-2432521 Email ID: lwskarur2010@gmail.com Website: <a href="http://www.lead.ngoindia.org">www.lead.ngoindia.org</a></p>
<p><b>Sister Francis Amenda Murphy,</b> <b>Owner &amp; Trustee,</b> <b>Teddy Trust,</b> Teddy Hospital Upstair, 290, Virudhunagar Road, Thirumangalam, Madurai Ph.: 04549 – 284500 Fax: 04549 - 280674 E-mail ID: Teddy@Teddy Exports.Net Website: <a href="http://www.TeddyExport.Net">www.TeddyExport.Net</a></p>	<p><b>Mr. M.L. Alphonse Raj,</b> <b>Managing Trustee,</b> <b>Indo Srilankan Development Trust (ISLAND TRUST),</b> 14/56 - 58, Club Road, Kothagiri – 643 217. Ph.: 04266 - 274926 / 273926 E-mail ID: islandtrust84@gmail.com Website: <a href="http://www.islandtrust.org">www.islandtrust.org</a></p>	<p><b>Mr. C. Charles Prabhu,</b> <b>Director,</b> <b>Centre for Action and Rural Education (CARE),</b> No.9, Bharathi Street, Opp. to Sengunthar High School compound, Erode – 638 001. Ph.: 0424 – 2274667 / 2224622 E-Mail ID: carecharles@gmail.com / erodedrpls@gmail.com / erodelws@gmail.com Website: <a href="http://www.caretn.org">www.caretn.org</a></p>
<p><b>Sr. Swathi,</b> <b>Project Holder,</b> <b>KRUPALAYA,</b> C/o. Mt. St. Joseph Convent, Avalurpet Road, Thiruvannamalai Pincode: 606 601 Ph.: 09487534539 E-mail ID: krupalaya_csst@yahoo.co.in</p>	<p><b>Dr. Bennet Benjamin, Secretary,</b> <b>Centre for Rural Health and Social Education (CRHSE),</b> 94, Thiruvalluvar Nagar, Church Street, Gudiyatham (via), Pallikonda, Vellore - 635 809 Ph.: 04171 - 240014 E-mail ID: crhsrediffmail.com / lwsvellore@gmail.com</p>	<p><b>Mr. A.J. Hariharan,</b> <b>Secretary,</b> <b>Indian Community Welfare Organization (ICWO),</b> STI Department, Thiruvallur GH. Ph.: 044 -26184392 / 65515742 Fax: 044-45536392 E-mail ID: fieldmaster2000@gmail.com / icwolws@gmail.com Website: <a href="http://www.icwoindia.org">www.icwoindia.org</a></p>
<p><b>Mr. K. Baskar,</b> <b>Managing Trustee,</b> <b>Venkateswara Educational and Rural Development Trust (VERDT),</b> Plot No. 477 Bank Staff Colony, 11<sup>th</sup> Cross, Thanjavur – 613 005 Ph.: 04362-228844 / 09443275753 E-mail ID: verdt_tvr@yahoo.co.in</p>	<p><b>Mr. J. Mohamed Hussain,</b> <b>Director,</b> <b>Indian Development Organization (INDO TRUST),</b> 1383, Kamban Nagar, Gopalapuram, Pudukkottai. Ph.: 9150427745 E-mail: lws@indotrust.org</p>	<p><b>Mr. V.R. Keshavraj, Executive Director,</b> <b>Association for Rural Community Development (ARCOD),</b> No. 5/514, 1<sup>st</sup> Street (3<sup>rd</sup> Cross), Pudhuvalvu Nagar, Kamarajar Colony, Melur Rd., Sivagangai – 630561. Ph.: 04348 – 232451 (Head Office - Krishnagiri) Fax: 04348 – 232241 / 232242 E-mail ID: arcodlws@arcodindia.net Website: <a href="http://www.arcod.in">www.arcod.in</a></p>
<p><b>Dr. Joseph Vincent,</b> <b>Secretary, Association for Rural Development (ARD)</b> V/Subbaiah Nadar Building, Santhai Pettai Near, New Bus stand (Opp), Ramanathapuram, Ph.: 9791907702 / 9003478610. E-mail ID: ardramnad2011@gmail.com</p>	<p><b>Ms. S.Kalaiarasi, Executive Director,</b> <b>Saraswathi Women Education Service Training Improvement Centre (SWESTIC),</b> Jai petrol bank opp. Lakkaiyankottai, Salaipudur (PO), Oddanchatram, Dindigul. Ph.: 09442641104 / 09842695555 E-mail ID: swestic1990@yahoo.co.in</p>	<p><b>Mr. S.F. Amalraj,</b> <b>Secretary,</b> <b>Gramodhaya Social Service Society (GSSS),</b> No. 19, 1<sup>st</sup> Floor, Villa Jeya Compound, Daniel Thomas Street, Palayamkottai, Tirunelveli . Ph.: 0462 – 2585125 / Fax: 0462 - 2582079 E-mail ID: gramodhayalwstvl@gmail.com Website: <a href="http://www.gramodhaya.org">www.gramodhaya.org</a></p>









***AIDS Prevention and Control (APAC) Project***

***Link Worker Scheme (LWS)***

***Voluntary Health Services (VHS)***

*Rajiv Gandhi Salai, T.T.T.I Post, Adyar, Chennai – 113. Tamil Nadu*

*Ph. 044 – 2254 1048 / 1965, fax: 044 – 2254 2018.*

APAC Email: [apacvhs@gmail.com](mailto:apacvhs@gmail.com)

APAC Website: [www.apacvhs.org](http://www.apacvhs.org)

LWS Email: [lwsleadtn@apacvhs.org](mailto:lwsleadtn@apacvhs.org)

LWS Website: <http://www.linkworkerscheme.webstrarts.com>