Training of health workers on KP prevention in districts of Luwero, Nakasongola, Masaka, Kalungu Mubende and Mityana regions and mobilisation of KP/ MSM in fighting stigma and discrimination and best way to voluntarily test for HIV/Aids and access health support.



Course:	**Kp Prevention & health access**
Conducted by:	**Mildmay Uganda**
Supported by:	**Centres for Disease Control and Prevention (CDC)**
Compiled by:	**Kyohairwe Kay for COHRE in partnership with Mildmay**
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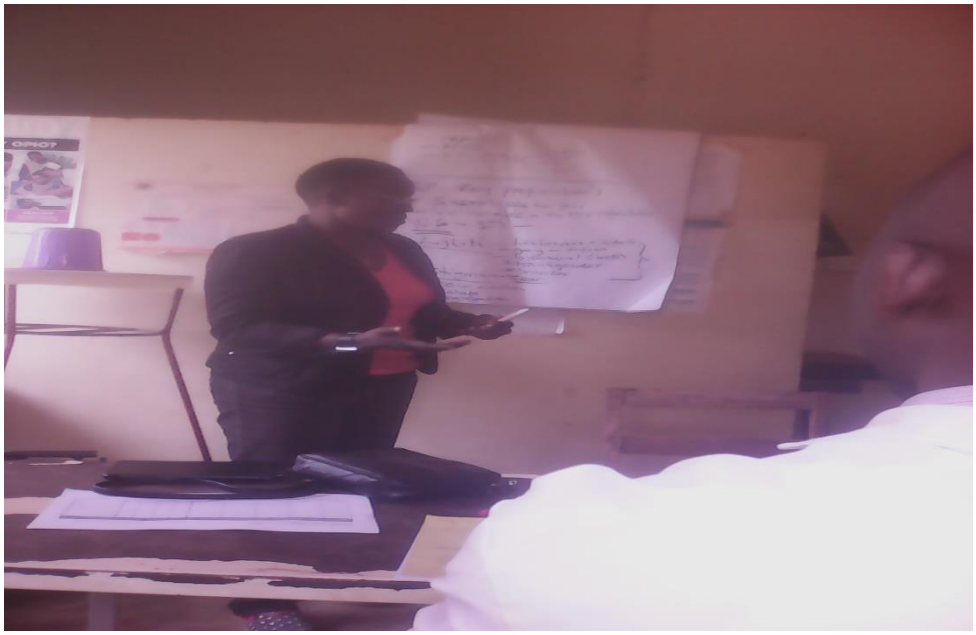
ACKNOWLEDGEMENT:

Coalition for Human Rights Education would like to take this opportunity to thank Mildmay and all Mildmay staff involved in community Mobilisation for this continued partnership. As A KP I appreciate my and COHRE involvement in these trainings because I know how much they mean to many of KP communities and more especially the MSM for this wonderful inclusive care, treatment and health support.

I personally would like to thank the medical personnel who always give their time off their busy schedule to sit with us and learn more about key population issues. I thank every administration team and all the individuals and social networks that have rendered their support and care and utter determination in reaching those areas that seem completely off the reach. They have taught me and at the same time I have added a lot of Knowledge about humanity issues and health needed by

so mean yet so far from the health facilities. Every time I work towards these community mobilisations and helping someone make a decision to test for HIV I feel that I have contributed to saving a life. And this wouldn't be possible minus MILMAY Uganda and the support from CDC. So for this and more I would like to say thank you.

Lastly I cannot fail to thank the team I have worked with in these various districts in the remotest places you can never imagine. One may say that after all it's a job and one gets paid, but believe me without a heart and dedication some of these mapped places would not be reached. To all thank you.



kay demonstrates to health workers at Bukuya Health centre 111

Executive Summary

These mobilisations were in different places in Luwero and Nakasongola district I was under Abdul Sebagala and support team combing various areas that included health centre 3 and 4 and various hot spots and landing sites in our effort to reach and mobilise key population and train health personnel on how to effect inclusive health support for kp**.** In Masaka and Kalungu districts I worked under Kiganda and a team of medical support, testing, and mobilising MSN for a talk on ways to deal with stigma and voluntarily test for HIV and other STD's and help them to confidently access health care without fear of intimidation and harassment The training was attended by various participants from different health facilities within the region and outreaches conducted with MSM, Sex workers, Fisher Folks, Truck drivers and other groups. In Mubende and Mityana the team headed by Deogratius incredibly managed to mobilise MSM this wasn't easy as there was a vacuum on issues with this group. Many seemed sceptical on what kind of inclusive care would they receive. We worked hard reaching to individuals and assuring them security and support with their health needs. Slowly and surely we got their will. We reached gold mines where we realise a need to have a

talk before we could engage any numerous youth and a high number of mobile sex workers but eventually we reached a common ground and many were mobilised to understanding a need for voluntary testing and a positive behavioural change. Where ever we reached the need for testing after explaining details and how best to save our communities and prevent HIV infections was humbling.

Key care principles and condom usage were demonstrated and HIV treatment mythical issues like thinking that Alcohol makes ARVs go down well, like rigidity on female condom, desire and needs issues being preferred to insisting on condom use, thinking that ARVs kill you faster and many uninformed held opinions about prevention were discussed and the explanations given saw many voluntarily testing and those found infected referred to care and started on Medicare and ART

In some areas like some landing sights inhibited high level of STD infection especially in Mityana landing sites of maanyi.



SW in Migyera eagerly await HIV testing after an informative chat with kay

1.0 Introduction

1.1 Community mobilisation objective

The overall objective was to train health workers on handling key population prevention initiative and mobilising KP groups for vct and refer the infected to care and more to identify rare kP groups to have then sensitised on dealing with stigma and how and where to access care.

This objective was greatly achieved through discussions, training of Health workers and free discussions on challenges and possible ways of dealing with KP challenges. These included adherence and how to make follow ups especially with sex workers who change locations, MSM who still show high social stigma and rarely come out to medical personnel, individuals who claim they are not yet ready to be referred or claim

they will go on ART when they get to their permanent places. Open talks and consultations were given one on one and though some isolated cases of individuals resisted a lot more took our advice.



Community members line up to register before HIV testing

1.2 Mobilise, sensitise, and talk security with MSM/LGBT members on prevention and inclusive care.

We managed to reach out to various groups in Masaka, Lukaya and Mityana and a few various places. Through COHRE facilitation and the great MILDMAY staff this confidence was instilled in many members. And many calls for more talks are being initiated to meet those that we might have missed. I am confident that unless otherwise unaware and not approached there is no MSM and other would feel intimidated to consult at MILMAY UGANDA.

nationality. The session looked at how inclusive treatment is needed for HIV prevention and treatment and discussed the impact of equitable health service.

1.3 Condom dispenser in hot places

Various key centres received Condom dispensers and this will be a great means to access a condom in desperate times that is mostly happens around bars at night



Above: A condom dispenser being set up in Mubende. Below: HIV testing gets on in mamba landing site.



Health workers at kalungi Health centre 3 grab a moment on Kp inclusion talk.



2.0 Observations:

Health workers need a thorough training on Kp and get serious guidelines on how to deal with KP especially MSM/LGBT

There should be clear guidelines for health workers on dealing with SW follow up and retention on care.

Engagement on community sensitisation programs of KP in their regions required to ensure proper treatment

There should be more peer educator workshops as these seem effective in reaching grassroots.

Continuous engagement and follow up visits needs more specially to engage with healthy centres.

3.0 Conclusion

These mobilisation outreaches are of great importance as they reach people who wouldn't otherwise get to access hospitals. The partnership Mildmay extends to grassroots organisations and the use of our peer leaders is very beneficial. I hope that Mildmay could bring back the peer education and health work training the effect is wonderfully beneficial.

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