



## **A REPORT ABOUT MENTORING CBO IN LUWERO**

Training and mentoring of community based organizations on handling KP effective prevention, treatment and care in the district of Luwero. Two organizations; Team Uganda and Bukuma located in Luwero town suburb and kasana villages.



A demonstrated condom dispenser.

<b>Training:</b>	<b>Key population Health Access</b>
<b>Conducted by:</b>	<b>Mild may Uganda</b>
<b>Supported by:</b>	<b>Centres for Disease Control and Prevention (CDC)</b>
<b>Partnership Training:</b>	<b>Betty Nakibuka &amp; Kyohairwe Kay</b>
<b>Reporting Date:</b>	<b>November, December &amp; January</b>

## SUMMARY

Mentoring of CBO in Luwero region was handled by Betty Nakibuka and Kyohairwe Kay and was aimed at guiding the identified CBOs to becoming friendly by identifying priority gaps, assist in tracking kp for and in care and to help in improving service and effect prevention and treatment and mostly improve peer outreach for effective follow up.

### 1.0 Introduction

#### 1.1 CBO AND KP prevention

In mentoring Community based organizations the aim was a key population (KP) friendly initiative where access to health can easily be tracked via monitoring. The team was first taken through the concept of KP and scaled down to identifying KP at a community level in their day today services to the community. We demonstrated key areas and elaborated on material distribution, HIV/Aids testing, STI/STD treatment aimed at peer driven prevention, care, treatment through an intensified CBO involvement programs.

ED at Team Uganda offices (blow):



## **2.0 Key Population and improved health**

### **2.1 Key Population concept**

The team at Bukuma and Team Uganda were mentored on how to deal with key population to improve access to health and treatment. They were introduced to the clients in focus areas and these included understanding the key population groups in HIV/Aids care and how to help reach the grassroots. The challenges of each KP group and how to improve collaboration through confidentiality, friendliness and trustworthiness was identified as best means to reaching these KP groups without stigma.

Among the groups included sex workers, transgender, men who sleep with men, Boda – boda, fisher folks, Truckers and any other group that may be identified as needing immediate sensitisation and HIV information access. This initiative is intended as a means of focus to HIV/Aids prevention means.

### **3.0 Material Distribution**

#### **3.1 Access to Condom use**

We discussed tracing hot spots where condom dispensers would be put up for easy community use and guided them on what kind of spots: sex worker regions, outgoing places like bars and close to Boda-boda (motorbike riders) stages. The teams welcomed the idea and were happy to be involved by Mild may Uganda in key population prevention efforts.

#### **3.2 Access to information and voluntary testing**

Both Team Uganda and Bukuma CBOs were given information on how to mobilise target groups for voluntary testing services. They were told on maintaining confidentiality and being approachable by the key population groups as a means to encourage them to want to come willingly for HIV testing without fear of retribution, stigma or harassment.

#### **3.3 HIV/Aids prevention and reduced infection for all.**

Information on where to refer those needing help, how to reach the key groups and how to be peer oriented in reaching grassroots in their communities was highlighted and given mandates that Mild may would still keep monitoring their activities.

Explanations as to why treatment for all, testing for all and identifying any situations that may put anyone member of community at risk was explained. They were also told that the community organisation would act as an immediate link to health services for community members.

## **CONCLUSION**

Mentoring and monitoring should go on as a means of effective service delivery. The leadership at Bukuma demonstrated knowledge of dealing with KP but Team Uganda had limited information and would require more mentoring. Apart from dealing with sex workers they were very inclined to dealing with school children in the area who face dangers of HIV due to economic challenges.