Effectiveness of Community Based Learning Networks (CBLNs) in Provision Of Integrated HIV/AIDS And Reproductive Health Services To Cross Boarder Mobile Population Case Study Of Busia Hot spot.

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By

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FOC-REV uses Community Based Learning Networks (CBLNs) in Provision Of Intergraded HIV/AIDS And Reproductive Health Services To Cross Boarder Mobile Population.

Introduction
CBLN mobilizes cross border mobile population and the host communities for the access of:

• Comprehensive HIV/AIDS prevention, care, treatment
• Social support services including HIV Counseling and Testing
• Health education
• TB screening and referrals for treatment
• Safe Male Circumcision (SMC)
• STI/STD Case management and treatment at the wellness centre
• Family Planning
Description of intervention

- CBLNs works with Union of truck drivers, association of Commercial sex workers (CSWs) and health units existing within the Hot spot.

- CBLN works with church leaders, Opinion leaders, peer educators and clubs in the community to disseminate messages for prevention of HIV/AIDS, testing and treatment.
Goal, Objectives of CBLN

Goal:

To foster collaboration, dialogue and learning among HIV/AIDS and Reproductive Health Services CSOs for improved delivery of services for mobile population and the host communities.
Objectives:

- To improve information sharing among HIV/AIDS and Reproductive Health Services CSOs;
- To strengthen the collective voice of HIV/AIDS, STIs and Reproductive Health Services CSOs in the hot spot;
- To strengthen referral mechanisms for HIV/AIDS, STIs and Reproductive Health Services in the hot spot.
Objectives cont.

• To improve coordination among CSOs and other service providers for enhanced service delivery for mobile population and the host communities.

• To create an avenue for resource mobilization strategies and sharing both human and logistical resources.
Description of intervention

As a result,

• 130 Home based care givers
• 255 peer educators
• 106 condom distributors were trained in peer education, HIV/AIDS prevention strategies and Moon light HIV Counseling and testing.
Cont’d Description of intervention

Between July 2013 and June 2014

• total 4,006 individuals were reached with HCT
• 425 referred for different services including SMC, TB treatment, cotrimoxazole prophylaxis, STI treatment and other HIV related services among others in different health units including Busia Health Centre IV
• 2,732 Cross boarder mobile population (CBMPs)
Cont’d Description of intervention

• Long distance truck drivers
• Boda-boda riders
• Commercial sex workers
• 8,780 youths and married/cohabiting couples were reached with ABC and AB interventions.
Cont’d Description of intervention

- CBLN focuses on the direct and indirect consequences of HIV/AIDS and STIs on the host communities
  
  As a result:

- 3,200 People living with HIV/AIDS have been identified and provided with Home based care services.
## IMPACT OF CBLN

### TREND OF HIV SERVICES BEFORE CBLN

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Count</th>
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<tbody>
<tr>
<td>CSWs</td>
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<tr>
<td>Drunk Drivers</td>
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<tr>
<td>Peer Educators</td>
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<td>Condom Distributors</td>
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<tr>
<td>HBC Caregivers</td>
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<tr>
<td>TB</td>
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<td>SMC</td>
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<td>HCT</td>
<td>183</td>
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<td>SMC</td>
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<td>Peer Educators</td>
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<tr>
<td>CSWs</td>
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IMPACT OF CBLN

Bar chart showing the impact of CBLN on various groups:
- CSWs
- Druck Drivers
- Peer educators
- Condom Distributors
- HBC Caregivers
- TB
- SMC
- HCT

Series 1 data:
- HCT: 4,006
- SMC: 368
- TB: 156
- HBC Caregivers: 3,200
- Condom Distributors: 215
- Peer educators: 255
- Druck Drivers: 1,850
- CSWs: 300
Reproductive Health/Family Planning Method

• CBLN has engaged in Mobilization of Busia community for Health Education talk and Family Planning Methods.

• CBLN teams has continuously engaged with community Opinion leaders, Church leaders, VHTs, Expert clients

• Dialogue meetings are conducted to share experiences among church leaders, Opinion leaders and community Volunteers
Reproductive Health/Family Planning Method

• Male involvement in Reproductive health has Increased

• CBLN has seen Men take lead in mobilization and sensitization of communities for Family Planning methods.

• CBLN has advocated for improved access, affordable FP services and a wide rage of contraceptive methods.
Mothers Under a reproductive age (15–49) served with Family Planning

- IUD, 623
- CONDOM, 261
- PILLS, 811
- INJECT PLAN, 641
- IMPLANT, 484
- TUBALIGATION, 81
Trained CBLN Providing FP services to Mobile Population in the Hot spot of Busia.
Lessons Learnt

• Moon light VCT offered from 6.0-10pm at the wellness Centre at the border point is accessible to truckers, CSWs and other cross border mobile population.

• Use of peer educators in information disseminations, referral’s and mobilization is an effective way of reaching out to cross border mobile populations.

• Stake holder's dialogue meetings have helped in advocacy and community mobilization.
Challenges faced

• Poor coordination mechanism among CBLN team and Other CSO (HIV/AIDS and SRH Service Providers)
• Social and Cultural Stereotypes
• Poor Male Involvement
• Inadequate Financial support
• Political interference (local authorities)
Recommendations

• Community HCT outreaches should be complemented by moon light VCT.
• Harmonization of protocols in testing, treatment and referral for cross border mobile populations is required
• Involvement of community structures and local leadership promotes sustainability
• Male Involvement in HCT, FP and SRH should be emphasized during dialogue meetings