

## Inappropriate HIV/AIDS services

HIV/AIDS organisations and interventions are present in all districts but mainly static. Outreach services never or seldom visit the study communities hence communities lack of knowledge of their existence.

A few communities receive govt services such as VCT but no follow up support is provided for those who test positive. This has resulted in cynicism and anxiety.

Communities are aware of NGOs e.g. CRS, GTZ, Oxfam, Children-UK, Goal and UNICEF. However, these NGOs visit the communities infrequently and for short periods.

Those NGOs who provided micro-finance had inappropriate schemes for communities level of income, including short-time frames for re-payment.

## Lack of clean water & sanitation

50% of communities around Lake Victoria have access to clean drinking water yet national average is 55% in rural areas.

Access to improved sanitation in all communities visited was lower than the national average of 79% .

Around Lake Victoria less than 20% of the communities visited had access to latrines. Human excreta was visible around houses, shoreline and landing sites

General lack of sanitation & clean water affects health within communities.

Cholera, Malaria, Dysentery, Diarrhoea, Bilharzia are frequent causes of illness. This reduces resistance to opportunistic HIV/AIDS related infections.

## Fisheries activities & HIV/AIDS

Formation of co-management institutions, such as BMUs has resulted in improved law enforcement and increased catches.

BMUs are viewed differently by different fishing communities. Some are viewed as increasing the burden of taxation or enforcement. In other communities, BMUs are addressing fishermen welfare problems e.g. providing education support to orphans, paying medical bills for the sick bariaas, organizing transport for the sick to travel back home, and replacing lost gears. Where BMUs are supportive to the community they are suggested a potential entry point for HIV/AIDS interventions.

## Summary

Diminishing fish stock may in the short time have greater economic consequences for Uganda than the loss of an apparently easily replaceable generally unskilled labour force. However, the long-term direct and hidden costs of continuing high levels of HIV/AIDS in fishing communities will also carry a substantial cost for the Ugandan economy through:

- Loss of skilled labour
- Loss of women's productive time through caring for the ill
- Increased illegal fishing practices
- The cost of providing health care



# Situation Analysis Summary

## The Impact of HIV/AIDS on Fishing Communities in Uganda



## Lake Victoria

Ministry of Agriculture,  
Animal Industry and  
Fishing



## Background

The Department of Fisheries Resources (DFR) is concerned that there are higher rates of HIV and AIDS in fishing communities than in nearby agricultural areas.

In 2004 teams of field-workers worked with women and men in 21 fishing communities around lakes Victoria, Kyoga, Albert, George and Edward, and the Albert Nile to find out how HIV and AIDS were affecting people's lives and livelihoods.

The aims of the study were to review existing knowledge and understanding of HIV/AIDS in fishing communities, to assess the situation within fishing communities and to use the information to inform the formulation of a national strategic response

## Characteristics of communities

Eight landing sites were visited on Lake Victoria including: Kamuwunga (Masaka); Kasensero (Rakai); Nakatiba (Kalangala); Ggaba (Kampala); Gorofa (Lolwe Island in Bugiri); Koko (Wakiso); Bwondha (Mayuge); and Majanji (Busia).

Characteristics of the communities included:

- Higher levels of mobility than other lakes: The residence time of 4-5 years compared to more than 10 years on the smaller lakes
- High level of female headed households
- High % of respondents between 20-40 yrs: the most sexually active group
- Low levels of education

## Key Findings

### Impact of HIV/AIDS

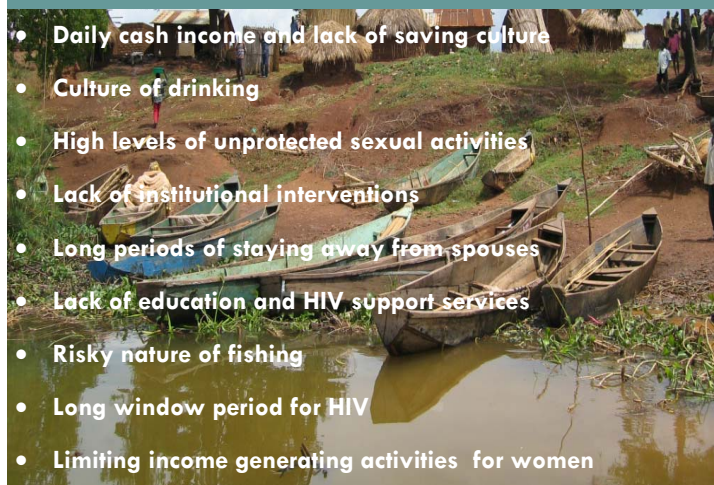
Evidence suggests the HIV/AIDS prevalence is three times higher in fishing communities than surrounding agricultural communities. The four key areas of impact of AIDS on fishing communities on Lake Victoria are:

- Loss of skills
- Reduced time spent fishing due to ill health
- Reduction in the quantity of fish caught due to reduced fishing and change of fishing time from night to day
- Reduction of fisher's ability to invest in gear

In order to cope with HIV/AIDS communities have the following coping strategies:

- Changing fishing practices
- Sale of assets including boats, nets and livestock
- Increasing engagement in illegal activities (unauthorized gears and unlicensed boats)
- Giving small items like ground nuts for sale to orphaned girls with intentions they may get husbands.

### Risk Factors



### Inability to cope

However there are a number of factors that make it difficult for fishing communities to cope:

- Lack of access to health services
- Inadequate HIV/AIDS Services
- Declining levels of income
- Lack of social support network
- Lack of clean water and sanitation
- Mobility and lack of social cohesiveness

### Lack of Health Care

Lack of access to health care made it difficult for people to have voluntary counselling and testing (VCT).

*We test people who have AIDS by our eyes because there are no blood testing services in the community' (Baria, Lake Victoria)*

No communities other than those close to Kampala and Entebbe were able to access a basic package of PMTCT and no respondents from the community had received this package of care.

#### Landing site community

Kamuwunga  
Kasensero  
Nakatiba  
Ggaba  
Gorofa  
Koko  
Bwondha  
Majanji

#### Distance to nearest Health Centre

6 Km  
8 Km  
3 Km  
5 Km  
6 hrs boat ride  
15 Km  
No data  
20 Km