

Situation Analysis Summary

The Impact of HIV/AIDS on Fishing Communities in Uganda



Lake Albert

Ministry of Agriculture,
Animal Industry and
Fishing

Lack of Access to Health Care

Only the wealthiest people in the communities can reach other services because of the time and cost involved in reaching them:

'We only have a drug store, not even an aid post. Most die on the way to the 10-km-away health centre where people pay for health services ... This is too far given the bad terrain and roads that go through an escarpments, cliffs that are bushy and with wild animals' (Men's focus group, Lake Albert).

Lack of access to health care make it difficult for people to have voluntary counselling and testing (VCT). Generally, supplies of drugs are frequently unavailable due to wider distribution problems as the result of limited budget.

Lack of social networks

The highly individualistic means of income generation in the study communities meant that strategies such as labour pooling or sharing child care arrangements, which are frequently seen in the agricultural communities, were not present.

High levels of AIDS

55% percent of deaths in the communities over the last year were a result of AIDS. The impact of ill-health, death, funeral attendance and caring for orphans is substantial.

Inappropriate support

Communities seldom benefit from HIV/AIDS support services. When they are visited the information or help provided is not considered suitable for the special needs of fishing communities.

'They (NGOs) come and lend money... But the time of grace is so short you cannot pay back the loan.' (Women's focus group, Lake Albert).

Fisheries activities & HIV/AIDS

Formation of co-management institutions such as BMUs have 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 others, they are addressing fishermen welfare problems e.g. providing education support to orphans, paying medical bills for the sick bariaas, organizing transport for the sick back home, and replacing lost gears, Where BMUs were supportive to communities they were 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



Background

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

This Summary is part of the larger study taken in Lakes, Victoria, Kyoga, Albert, George and Edward and the Albert Nile, covering 12 fishing communities that was undertaken in 2004.

The main objectives of the study on the impacts of HIV/AIDS in Ugandan fishing communities were to review existing knowledge and understanding of HIV/AIDS in fishing communities and to assess the situation in a number of such communities.


The study helped DFR develop a national strategy to support fishing communities in coping with the problems caused by HIV and AIDS, and to help men and women protect themselves from becoming HIV positive.

Characteristics of communities

- Communities ranged in size from approximately 280 to 15,000 inhabitants.
- Between 5 and 16 different ethnic groups were represented in the situation analysis. Among these, Lake Albert had the highest number.
- There are a few marriages in the communities around Lake Albert. Some women stay in marriages for 2 years, but leave if household income falls.
- Women's income earning opportunities are limited to processing, trading, or commercial sex work.

Key Findings

Risk Factors

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- Daily cash income and lack of saving culture
 - Culture of drinking
 - High levels of unprotected sexual activities
 - Lack of institutional interventions
 - Long periods of staying away from spouses
 - Lack of education and HIV support services
 - Risky nature of fishing
 - Long window period for HIV
 - Limiting income generating activities for women

Daily cash income

The majority of men in fishing communities earn cash on a daily basis. The lack of social or structural permanence within the communities means that there is little incentive, or opportunity, to save for the future.

Culture of Drinking

The lack of recreational facilities for men, together with long periods of inactivity during the day leads to drinking as one of the few recreational activities available in the communities. Fishing often takes place at night and is a risky livelihood. When men return they are keen to reward and warm themselves with alcohol.

High levels of unprotected sex

Transactional and commercial sex works are among the few income generating activities available to women within the fishing communities. The ready availability of cash and disposable income of baria encourages CSWs to migrate into and between fishign communities.

Inability to cope

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

Poor Health & Sanitation

Vulnerability to the effects of ill health, for the entire community, is due to the inadequacy of primary health care, sanitation and access to clean drinking water. There are high incidences of cholera, dysentery and malaria.

Only 20% of all the communities had access to improved sanitation compared to a national average of 79%. Poor levels of general health make people less able to cope with the illnesses related to HIV and AIDS such as diarrhoea and chest infections:

'...The problem of disasters has persisted over the years because of poor hygiene and sanitation linked to outbreak of the epidemics. The children bear the brunt of the consequences especially due to lack of medical care and insecurity ... that makes people vulnerable' (Self-settled refugee mother, Lake Albert)