

Inappropriate HIV/AIDS services

Few communities, except for those close to Kampala and Entebbe, 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, especially for women living and working in them.

Fisheries management

Some BMUs are viewed as increasing the burden of taxation. In others, they are addressing fishermen welfare problems e.g. providing education support to orphans, paying medical bills for the sick *barias*, organising 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

What is happening as a result of the study?

Because no single organization can tackle the difficulties faced by fishing communities a National Strategy was produced which will involve a wide range of Government ministries.

- Local NGOs and civil society organizations are being encouraged to work with fishing communities to help set up 'beach banks', and provide practical support and information, e.g training members of communities to advise on how to get treatment and care.
- BMUs are being encouraged to spend some of the money they receive from taxes and licence fees on improving services and implementing activities in parish development plans, such as maintaining boreholes, building pit latrines.
- Fishers, BMUs and women who process and sell fish can help their own communities. On lakes George and Edward BMUs, Boat Owners Associations and Associations of *Barias* are already helping their communities. One group is supporting 57 orphans through school by giving up the price of one fish per boat per catch. Other groups are giving sick *barias* food, paying for health care, or forming 'social friendship bonds'.



Situation Analysis Summary

The Impact of HIV/AIDS on Fishing Communities in Uganda



Lake Kyoga

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.

Key Findings

Cash Incomes and Poverty

Many women and men earn money every day, but are still poor because they cannot save money and do not own gear or other possessions that can be sold to pay for medicines. Poverty makes it difficult for people to cope with the effects of illness. In fishing communities people who can no longer work often have no one to look after them, and they cannot pay for the help they need:

'... so you can go home to seek treatment or die. Nobody has the time to look after you. If you can't be cured you die. If you are cured, you come back' (Men's focus group discussion, Lake Kyoga)

High levels of AIDS related illness

Fifty-five percent of deaths in the communities over the last year were reported to be as a result of AIDS. The impact of ill-health, death, funeral attendance and caring for orphans is substantial.


Impact of HIV/AIDS

Evidence suggests 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 are:

- Loss of skills
- Reduced time spent fishing due to ill health
- Reduction in quantity of fish caught due to reduced fishing
- Reduction of fisher's ability to invest in gear.

Impacts of HIV/AIDS were also found on fishing activities. As a coping strategy those suffering from HIV/AIDS increase their use of illegal fishing with undersized nets and fishing close to the shore. This is also common amongst orphans.

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

Lack of Clean Water & Sanitation

None of the communities visited on lakes Kyoga had access to safe drinking water. Although 50% of communities on lakes Victoria and Albert could access safe water this is less than the national average of 55%.

Only 20% of all the communities had access to improved sanitation compared to a national average of 79%. This is resulting in high levels of illness and frequent outbreaks of cholera and dysentery in many communities. Poor levels of general health also make people less able to cope with the illnesses related to HIV and AIDS such as diarrhoea and chest infections.

Lack of Health Care

Access to health services is very poor in most communities. Only 18%-35% of the communities visited on lakes Kyoga, George and Edward had government health centers. These were under-staffed and often ran out of drugs. Private drug dispensaries were not seen as providing good care and advice:

'They are conversant with the price of the medicines but not what they are treating' (Key informants, Lake Kyoga).

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

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