

LAKE VICTORIA FISHERIES ORGANIZATION

EAST AFRICAN COMMUNITY



IMPLEMENTATION OF A FISHERIES MANAGEMENT PLAN FOR LAKE VICTORIA

EDF PROJECT NO. 8 ACP ROR 029

REPORT OF THE REGIONAL WORKSHOP ON DEVELOPING A REGIONAL HIV/AIDS STRATEGY FOR IMPROVING THE HEALTH STATUS OF FISHING COMMUNITIES ON LAKE VICTORIA

23rd – 24th March, 2006, Ridar Hotel, Seeta , Uganda

LVFO Secretariat
P.O. Box 1625, Jinja, UGANDA
Tel: +256 43 120206/120206
Fax: +256 43 123123
Lvfo-sec@lvfo.org

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1. OPENING

The Regional Workshop on Developing a HIV/AIDS Regional Strategy for Improving the Health Status of Fishing Communities on Lake Victoria was held from 23rd to 24th March 2006 at the Ridar Hotel, Seeta, Uganda, organized by the Lake Victoria Fisheries Organization (LVFO). The programme for the workshop is given in **Annex 1**. The meeting was attended by representatives of the national AIDS councils/commissions in the three partner states, District Medical and Fisheries Officers, representatives from the fisheries departments and research institutes, NGOs and CBOs working with on HIV/AIDS in fishing communities, members of the IFMP LTTA team and the LVFO Secretariat staff. The full list of participants is given in **Annex 2**.

1.1 Remarks by Executive Secretary

Mr. T. W. Maembe, the Executive Secretary of LVFO, welcomed participants to the workshop and elaborated on the purpose of the workshop and the impacts of HIV/AIDS pandemic on fisher communities around Lake Victoria. He invited the workshop to consider including the following in the HIV/AIDS strategy:

- Promotion of health policies that will sensitise and create awareness of fishers of the dangers of HIV/AIDS and the measures for prevention and treatment. This could include availing help to those affected. They should continuously be reminded on how to protect themselves.
- Initiate campaigns to fight HIV/AIDS by sensitizing and educating fishers to promote positive living with affected fisher community members.
- Introduce free or subsidised anti-retroviral drugs for sick fishers to help them to continue fishing.
- Promotion of partnerships with a network of Health Institution/Health Management Organisations to avail AIDS treatment packages to fisher communities.
- Training organized for fishers should have an AIDS component.
- Promotion of awareness on AIDS prevention mechanisms and introduction of measures to reduce the spreading of AIDS among fishers.
- Establishing counselling and voluntary HIV/AIDS testing facilities in areas where fisher communities live.

The ES urged participants to sensitise policy-makers and health management planners, national HIV/AIDS Commissions and Ministries of Health in the Partners States, as well as health related NGOs. He wished the participants fruitful deliberations. The full text of the speech is given in **Annex 3**.

1.2 Remarks by the Project Manager

Dr Fiona Nunan, the Community Development Specialist of the Implementation of the Fisheries Management Plan (IFMP) of the LVFO, spoke on behalf of the Project Manager, IFMP. She welcomed participants to the workshop and informed them that more would be said about LVFO and IFMP, as she recognised that some participants were new to LVFO and IFMP and not familiar with the work being undertaken. Dr Nunan explained to the participants that there would be two sets of presentations, the first

set reviewing what is known about HIV/AIDS in fishing communities in the three countries, and the second looking at national strategic responses, identifying what can be learnt for interventions targeted at fishing communities. She further explained that the HIV/AIDS strategy would be part of a broader strategy to improve the health of fishing communities and the strategy would be implemented by LVFO, with many partners in the three countries.

1.3 Opening speech by the Chair, LVFO Executive Committee

The Chair of the LVFO Executive Committee, and Director of Fisheries, Kenya, Mrs Nancy Gitonga, welcomed the participants and noted the cross-section of occupations at the workshop, including NGOs, Medical Officers and Fisheries Officers. In her opening speech, Mrs Gitonga outlined the importance of Lake Victoria fisheries resources and the need to take care of the fishers, the primary custodians of the resource. She noted that the infection rate is believed to be around 30-40% and that the number of orphans is high. She cited some of the reasons for the trend, as the migratory nature of fishers, multiple partners and heavy drinking among fisher communities. The negative impacts include the loss of labour force, hampering technology transfer and resource sustainability. Mrs Gitonga stated that mitigation measures are based on the principles of ABC, i.e. abstinence, being faithful to a single partner and condoms. With these few remarks, the workshop was duly opened. The full text of the speech is given in **Annex 4**.

2. Showing of the film ‘Deadly Catch’

A short film was shown, ‘Deadly Catch: Lake Victoria’s AIDS Crisis’. The film was shot in Bondo District of Kenya in October 2005 by IRIN (Integrated Regional Information Networks, part of the United Nation’s Office for the Coordination of Humanitarian Affairs). The film shows how HIV/AIDS has affected one fishing community and suggests reasons why the impacts are so severe.

Discussion

- What is in place to ensure that children are protected? Something should be in place to ensure that adults support and sensitize them.
- The figure on the prevalence of HIV amongst fishermen cited in the film is not authentic. There is no proof that there is such a high infection rate in Bondo District. The children in the film should not have been exposed to the filming.
- The film should have been more balanced, explaining what Bondo District has done to address HIV/AIDS.
- Whilst it is recognised that the Church has a big role to play in raising awareness and fighting HIV/AIDS, it can also give misleading messages. There is no cure for HIV/AIDS, but some Churches say otherwise.

3. Developing a HIV/AIDS Strategy for Lake Victoria Fisheries

Dr Fio na Nunan gave a presentation on the purpose and objectives of the workshop. She explained that the purpose of the workshop was to:

- Agree an outline of the strategy for improving the health status of fishing communities on Lake Victoria, focusing on HIV/AIDS.

- Identify priority action areas/plans to be incorporated where possible into IFMP plans.
- Identify action areas/plans to be implemented by LVFO and other stakeholders, with sources of funding outside IFMP.

She then set out the workshop objectives, as:

- Review, and learn from, what is known about the prevalence and impact of HIV/AIDS in fishing communities on Lake Victoria and about the national responses to this challenge.
- Generate and share information on best practice.
- Begin the process of developing a strategy for improving the health status of fishing communities to be implemented by LVFO with partners, with focus on HIV/AIDS.
- Raise awareness of organisations and government agencies about co-management and the structure and functions of Beach Management Units (BMUs) in East Africa, and how BMUs can be entry points to fishing communities.
- Initiate the formation of a network of organisations and government agencies working with fishing communities around Lake Victoria on HIV/AIDS to facilitate exchange of experience, information and lesson learning, and solicit for further support.

Dr Nunan briefly explained about the purpose and structure of LVFO and IFMP, and then identified a number of opportunities that exist within the LVFO Fisheries Management Plan for integrating HIV/AIDS interventions. The presentation can be found in **Annex 5**.

Discussion

- (a) The operations of BMU should be formalized within village governments in Tanzania and should report to Village Governments, rather than working autonomously. There is a risk of having another organization representing the community.
- (b) Since HIV/AIDS has become a challenge among fisher communities, LVFO should make several relevant documentaries, or document case studies, to inspire behavioural change. Case studies of success stories depicting different aspects and attitudes towards the pandemic should be identified.
- (c) LVFO should have a work-based policy on HIV/AIDS.
- (d) LVFO should have a higher profile within the EAC (East African Community) Strategy, currently being developed. LVFO should mainstream HIV/AIDS and should influence the Regional Framework on HIV/AIDS, as reference to fisheries communities is lacking.
- (e) There was an appeal for participants to accept the reality on the ground, as shown in the film. There are many NGOs, but there is little support for fishing communities.
- (f) When people talk about fishing communities, which community is being referred to? How does the beach relate to the rest of the mainland? Culture can mean many things.
- (g) The fisher communities in the islands ought to have access to medical facilities available to land-based communities.
- (h) When developing a gender framework for fisher communities, it is prudent to consider both sexes to avoid undue marginalization of either sex.
- (i) National AIDS Commissions have individual strategies, but how will they support this process of developing a strategy for HIV/AIDS in fishing communities.

- (j) From the available information, it seemed that sensitisation strategies are not working, hence the need to identify the bottleneck which probably lies in the information dissemination methodology. In which case, there is a need for training people involved in extension services.
- (k) It was recognized that several studies have been undertaken and the onus was on LVFO to review, analyse and identify positive intervention measures which could be up-scaled and disseminated to other areas. Success stories should be followed up.

The points made were summarized as including the need for behavioural change, which could be affected through films that emphasise positive intervention measures. The entry point for cultural change should target the youth since culture is difficult to change over a short period of time. There is a need to develop standard operating procedures (SOPs) for selling fish catch at the beaches as a strategy to eliminate “Jaboya” or transactional sex.

4. Feedback from women’s workshop on HIV/AIDS

The workshop organizers explained that a two-day workshop had been held prior to this workshop, for women of the fishing communities. Pamela Odero, a fish trader from Bondo District, spoke on behalf of the women at the workshop and identified some key points raised by the film ‘Deadly Catch’ and from the women’s workshop. She highlighted the plight of the womenfolk at Bondo landing sites and concurred with the facts that were portrayed in the film. Transactional sex was prevalent not only in Bondo, but at other landing sites within the lake basin. She called upon responsible individuals or institutions to intervene in the plight of fisher communities and especially the womenfolk. She informed the participants that the women’s workshop had agreed that the film should be shown at landing sites as soon as possible, because the film portrays reality.

5. Presentations on national HIV/AIDS status in fishing communities

A series of presentations were made on the status of HIV/AIDS in fishing communities within the Partner States, drawing on research and national reports.

5.1 Key findings from Merlin Baseline Survey with beach/island communities in Bondo and Suba Districts of Nyanza Province, Kenya

A presentation on a recent study in Nyanza Province of Kenya was provided by the Technical Co-ordinator of Merlin, Emma Llewellyn. Ms Llewellyn explained that the study had been conducted to inform the design of future interventions for fishing communities and that the full report of the study would be available within the next week. She emphasized that the study, and experience of Merlin on the ground, highlighted the need for approaches that are designed for specific communities, rather than a generic approach. The survey captured information on knowledge and cultural practices, as well as on individual’s sexual behaviour over the last year. The full presentation can be found in **Annex 6**.

5.2 The experience of TASO (The AIDS Support Organization, Uganda)

Mary Kakeeto-Lukubo, Programme Officer/HIV Counsellor of The AIDS Support Organization (TASO), Uganda, gave a presentation on the background to, and work of,

TASO, with particular reference to fishing communities. She explained that TASO's experience of working with fishing communities related to Bussi Island and Kiyindi landing site. Ms Lukubo set out some of the challenges faced in supporting the island fishing communities, particularly in getting a boat and finding people willing to travel to the islands. Following people on ART on the islands is particularly difficult. TASO trained community volunteers to carry out sensitization, basic community counselling and home visiting, condom education and distribution. The full presentation can be found in **Annex 7**.

Discussion

- (a) It was clarified that sero-prevalence was not established because TASO does not conduct HIV tests. That is the preserve of Uganda AIDS Commission in collaboration with referral hospitals.
- (b) It was explained that people trained to conduct support and counselling services in fisher communities were from within the community. However, the drama group was land based as the criteria for selection require that the individual must be HIV positive and people on the island were not always willing to reveal their status.
- (c) It emerged that TASO was not making use of the BMUs because they were not aware of their existence and therefore could not use them to conduct training programmes within the community.
- (d) There is a strong link between TASO and UAC.
- (e) The study findings showed that the number of women who tested for HIV was higher than the males because they tended to visit hospitals more often since they brought children for medical attention

In summary, the need for safe water transport for TASO workers intending to travel to the islands was emphasized and it was agreed that TASO should work closely with the Department of Fisheries Resources to facilitate interventions that reach the island communities. The results also confirmed the geographical isolation of fisher communities on islands as one of the factors influencing HIV prevalence.

5.3 The status of HIV/AIDS in fishing communities in Tanzania and recommendations for responding to the challenge

Dr Japheth Ng'weshemi gave an overview of the status and response to HIV/AIDS in Tanzania. He gave an outline of the Tanzania Multi-Sectoral AIDS Project (TMAP) and of other national policies and initiatives. Dr Ng'weshemi explained the impact of HIV/AIDS on fishing communities and gave an example of best practice in tackling HIV/AIDS in fishing communities. He observed that packages of interventions can be developed drawing on available knowledge, technologies, experience and lessons learnt. He advised that more research and disease surveillance is needed where there are knowledge gaps and that in the development of the LVFO strategy, available resources should be capitalized. The full presentation can be found in **Annex 8**.

Discussion

- (a) It was observed that fisher communities knew exactly what they wanted. For example, they wanted ARVs availed within the landing site or close by.

- (b) Better nutrition was identified as an intervention measure/strategy to combat impacts of HIV/AIDS. There is a need to open up land in the vicinity of beaches for growing fruit trees and vegetables as alternative income generating activities as well as ensuring a balanced diet.
- (c) Promotion of health education to remedy the erroneous perception with regard to condom use as a family planning tool in addition to its preventative role.
- (d) Best intervention practices should be planned and implemented against targeted and verifiable indicators.

5.4 Situation analysis: HIV and AIDS in fishing communities in Uganda

Ms Nite Tanzarn, Development Management Specialist, Uganda, reported on research in Uganda on HIV/AIDS in fishing communities, carried out in 2004, with fieldwork on all of the main lakes. The presentation gave an overview of fisheries in Uganda, identified the risk factors and drivers of vulnerability, and the impacts of HIV/AIDS. The factors increasing the susceptibility of fishing communities were identified as neglect by government and the service sector, relatively high levels of mobility, easy access to cash, the culture of drinking, gender inequalities and risky livelihoods (deep-water fishing at night in small boats). The full presentation can be found in **Annex 9**.

5.5 Strategy for reducing the impact of HIV/AIDS on Fishing Communities (MAAIF, Uganda)

Ms Nite Tanzarn presented on behalf of the Department of Fisheries Resources (DFR), Ministry of Agriculture, Animal Industry and Fisheries (MAAIF). The Strategy was developed after the situation analysis was completed and draws on consultative workshops, as well as the situation analysis. The Strategy uses the framework of the the National Strategy Framework and adopts a multi-sectoral approach for tackling HIV/AIDS. The Strategy includes HIV/AIDS specific interventions and measures to reduce the vulnerability of fishing communities. It was emphasised that the national strategy cannot be implemented by the Department of Fisheries alone, hence DFR is promoting the Strategy for integration and support from other organizations from health, education and works. The full presentation can be found in **Annex 10**.

6. Presentations on national strategies on HIV/AIDS

6.1 The National Strategic Framework: reviewing the response in the fishing communities (Uganda)

Rose Nalwadda of the Uganda AIDS Commission gave a presentation on the National Strategic Framework (NSF), outlining the status of HIV/AIDS in Uganda, the components of the NSF and how it is being revised, and the way forward. She informed the participants that although Uganda has registered considerable success in tackling HIV/AIDS, there are significant differences between groups of people. Women, middle aged and the urban population have been identified as more adversely affected. Uganda has adopted a multi-sectoral response and has incorporated the 'three ones' principle, of one coordinating body (UAC), one national action framework (NSF) and one M&E framework. Key challenging areas were identified as prevalence in conflict areas and

hard to reach populations (including people who move frequently and fishing communities). The NSF is currently being revised and the process should be completed by the June 2006. Ms Nalwadda assured participants that the NSF would address fishing communities through the line Ministries, national NGOs and the private sector. She advised the meeting that the vision for HIV/AIDS strategies in fishing communities should be to ensure universal access to prevention, care and support. The full presentation can be found in **Annex 11**.

6.2 The HIV/AIDS situation among the fishing communities in the Lake Victoria Basin: The Kenyan Strategic Intervention to improve their livelihoods

Ursula Sore-Bahati of the National AIDS Control Council, Kenya, provided a background to the HIV/AIDS epidemic in Kenya, the national response and HIV/AIDS within the fisheries sector. She explained that the NACC was established in 1999, when the Government declared HIV/AIDS a national disaster. She outlined the roles of the NACC as including developing policies, mobilizing resources, advocacy, generating and sharing information and providing awareness raising and training. Ms Sore-Bahati informed the participants that Nyanza Province, which borders Lake Victoria, experiences the highest level of HIV prevalence in the country, estimated at 15%, 9% higher than the national figure. Even within Nyanza, there is higher prevalence in the districts bordering the lake compared to those away from the lake. She set out some of the factors contributing to the vulnerability of the fishing communities and the impacts of HIV/AIDS. She then outlined the key components of the second country strategic plan, 2005/06 – 2009/10 and advised that the following should be focused on within fishing communities: behaviour change and communication; production and distribution of targeted information; condom promotion; and, scale up provision of VCT (Voluntary Counselling and Testing), PMTCT (Prevention of Mother to Child Transmission), home-based care and access to anti-retroviral drugs (ARVs). The full presentation can be found in **Annex 12**.

6.3 Lake Victoria basin Initiative on HIV/AIDS

Opiyo Makoude, Project Manager of the Lake Victoria Basin Initiative with AMREF, Kenya, provided an outline of the initiative, as involving AMREF, the East African Commission (EAC), the Lake Victoria Basin Commission and SIDA. Mr Makoude explained that the project had only recently started and will be working with mobile populations within the lake basin. The presentation can be found in **Annex 13**.

6.4 The Tanzania AIDS Commission: strategies and actions for the fishing communities

Dr Japheth Ng'weshemi gave a presentation on the Tanzania AIDS Commission (TACAIDS) and the National Multi-sectoral Strategic Framework (NMSF) for 2003-2007. He explained the background to the national response and confirmed that Tanzania also complies with the 'three ones' approach. Dr Ng'weshemi set out the way forward as intensifying the district and community response, giving more emphasis to primary prevention of new infections and promoting accountability within the public sector. The full presentation can be found in **Annex 14**.

6.5 Presentation by TANESA

Mr Deuseddit E. Mayunga of Tanzania Essential Strategies for HIV/AIDS (TANESA), based in Mwanza, presented the approach that TANESA has taken in working with the fishing communities on Lake Victoria. The presentation was based on the publication “Bwana Kiko Story: An Interacting Health Education Method to Promote Safe Sexual Behaviour for Controlling the Spread of STD/HIV”.

The approach involves discussion between facilitators and around 25 fishermen. The group is shown a series of pictures and are asked probing questions, and a way forward is developed. The decision to use pictures was informed by experience in health education. Mr. Mayunga identified factors that contribute to the vulnerability of fishing communities, for example, daily cash, sexual behaviour, and lack of health seeking behaviour. He then showed the participants the posters which tell a story of how a fisherman leaves his family to go to an island to fish. His wife worries about how long he will be away and that she is left with her child. The husband joins a fishing crew and changes, forgetting his cultural norms and his family. He meets other women, takes drugs and alcohol, and does not care about sanitation. The pictures also look at gender relations regarding access to fish and who makes decisions about safer sex. The husband gets sick and worries about why he is sick and how he will manage. A further picture illustrates the inter-relationships between people and how HIV is passed on through multiple partners. The pictures finish by encouraging the fishing communities to think about what fishermen, women and fishing communities should do.

When the pictures are taken to the communities, they are asked questions about each picture. Their answers tell the story from the pictures and enable them to understand how behaviour within the fishing communities is exacerbating the spread of HIV/AIDS. From the discussion, the communities identify actions that should be taken and help they need. Mr Mayunga finished his presented by advising participants that a copy of the booklet can be obtained from TANESA in Mwanza.

Discussion

- (a) The practice of testing of children would enable them to be helped
- (b) Implementation of the national strategies requires substantial funding
- (c) Identification of success stories, such as TASO, should be promoted.
- (d) Has the ‘three ones’ principal really worked? Has full co-ordination been achieved?
- (e) There is a need to identify the priority drivers of change.
- (f) What are the views of the presenters on mainstreaming vs. a sector-wide approach? Is mainstreaming really happening?
- (g) Why is behaviour change left out of KNACC?
- (h) Among the impacts of HIV/AIDS is the increasing number of orphans and vulnerable children. Such children are leaving school and getting involved in work. What strategies are there to help these children?
- (i) KNACC was urged to mobilise the Fisheries Officers to raise awareness of communities. KNACC must develop plans to make sure that everyone knows about the pandemic. NGOs and CBOs were urged to come up with quick actions to deal with this issue.

- (j) There are gaps in strategies, plans and policies. How effective is behaviour change, when there are still myths, like having sex with young girls?
- (k) Little has been said about the success of such strategies. This information is needed to make sure that the LVFO strategy is appropriate and effective.
- (l) Little was said about the role of indicators in the national strategies.
- (m) It was said that some areas are too remote and there is little funding available. Yet, it also known that fisheries is a sector that contributes to the national GDPs, so the fishing communities should get more assistance.
- (n) It was reported at the Women's Workshop that there are many negative attitudes to condoms. Communities do not like to go to the VCT Centres as they feel stigmatised and would prefer to be tested in private.
- (o) There are quite a number of partners within government that can work together to tackle the challenges within fishing communities. Home affairs, health, education, fisheries. Harmonisation of activities is needed.
- (p) Child testing was originally seen as not a good idea, as there were no options other than knowing your status. Now, there is assistance, in paying for school fees, providing medication and care, etc., therefore a policy for testing children has been drafted in Uganda, with guidance for different age groups and specially trained counsellors.
- (q) As the Department of Fisheries Resources has a strategy, this should be used by the LVFO.

Responses

- (a) The term 'three ones' was coined by UNAIDS in 2003, recognising one co-ordinating body (AIDS Commission/Council), one strategic plan (where all players are supposed to derive their priorities) and one M&E framework (guide stakeholders).
- (b) The issue of financing the strategy is still being debated in Kenya. KNACC has no funds itself. It is the co-ordinating body.
- (c) Mainstreaming is challenging, especially when there are other approaches (e.g. the Sector Wide Approach - SWAp).
- (d) BCC is under one of the priorities, so it has not been left out of the NSF in Kenya.
- (e) Role of Fisheries Officers is to internalise local programmes and activities and reach out to communities. It should be part of their day to day work.
- (f) The new NSF in Kenya picks up on gaps that were identified in the previous framework and, as it is a rolling plan and is being revised annually, there are plenty of opportunities for revision.
- (g) The ACU (AIDS Co-ordinating Unit) within the Ministry of Livestock and Fisheries Development (MoLFD), Kenya, should be invited to future meetings. They receive funding from the NACP and this should be trickled down.
- (h) M&E indicators are highlights all of the indicators needed within HIV/AIDS interventions. They can be tailored to specific situations.
- (i) Testing goes with counselling, so it is tricky to test children.
- (j) Regarding the debate about whether mainstreaming or sector-wide approaches are most appropriate in the response to HIV/AIDS, all sectors are called to produce their own HIV/AIDS strategies in order to mainstream HIV/AIDS within their sectors.

- (k) Partnerships are needed to support Fisheries Officers in undertaking any work on HIV/AIDS, as it is not within their remit.
- (l) Strategies and plans are gathering dust, without sufficient funds for implementation. Perhaps the priorities are not always appropriate?
- (m) The plan in Uganda has indicators, which fit within the national M&E framework.
- (n) TACAIDS has limited human resources, so there has been a slow start in Tanzania.
- (o) NACP is undergoing a Mid-Term Review in Tanzania and the issue of M&E is still being discussed.
- (p) Interventions for BCC are not being given enough attention. When IEC activities have been carried out, it is assumed that BCC has been achieved.
- (q) Sustainability of interventions remains a challenge.
- (r) AMREF has built health facilities and trained communities so that the centres can be run. They have a programme with long-distance truck drivers, which has been successful, with VCT services available within companies and stopping points, insurance policies for drivers and training HIV+ drivers as peer educators.
- (s) AMREF have still not yet reached the remote and distant islands.
- (t) Government departments do need to advocate for other departments to support them (e.g. lobby for funds for HIV/AIDS within fishing communities).

7. Presentation on LVFO structures and working groups

Mrs C. T. Kirema-Mukasa, the Senior Economist of LVFO, gave a presentation on LVFO, explaining the structures of the organization and the type and functions of national and regional working groups. She informed the participants that the HIV/AIDS strategy will be implemented by LVFO and that it may be necessary for a regional group to finalize the strategy. Implementation would then be led at national level. The presentation is attached as **Annex 15**.

Discussion

- (a) A proper strategy or actions should be proposed that can be incorporated into a strategy within an East African Community framework.
- (b) There are draft strategies in each country. Is there a draft regional strategy that is going to be built on in the group work?
- (c) As there are already 'three ones', should we adopt what is already there and try to harmonize them?
- (d) In the development of the strategy, people who are willing to go onto the lake to the islands should be identified.
- (e) Studies have been conducted in both Kenya and Uganda on HIV/AIDS and fishing communities. Can these be made available for consultation in the development of the strategy?

Response

- (a) The development of the LVFO strategy will give due recognition of the existing strategies and the development of the EAC strategy.
- (b) It was reaffirmed that the participants were brought together to generate ideas, focusing on fishing communities.

- (c) The meeting was informed that the taskforce that was set up to develop a regional paper on the health status of fishing communities in 2005 has not been very active. The taskforce undertook a literature review of health and fishing communities, with a focus on HIV/AIDS, and prepared a paper, which was presented at the stakeholders' conference in February 2005. The taskforce members have separately represented LVFO at national and regional fora.
- (d) Issues of HIV/AIDS had been brushed over in the development of the EAC Strategy. The EAC was urged to develop a framework for addressing HIV/AIDS. LVFO should continue raising the issue of HIV/AIDS within fishing communities with the EAC to ensure this is incorporated into the Strategy.

8. TASO Drama Group

A performance by the TASO Drama Group, who are based at Mulago Hospital, Kampala, was given. The drama demonstrated how complex sexual relationships at a beach landing site can be portrayed and challenged through drama. The drama group is made up of HIV positive members, who are keen to challenge the stigma of HIV/AIDS, raise awareness and encourage people to change their behaviour. The drama enabled the participants to see the effectiveness of drama in raising awareness and changing attitudes, and of encouraging people who know they are HIV positive to become actively involved in HIV/AIDS interventions.

9. Group work

Dr Fiona Nunan, IFMP Community Development Specialist, introduced the group work and reiterated that the purpose of the group work is to share experiences and ideas, to contribute to the drafting of a strategy for LVFO. Guidance was provided for the group work and the participants were asked to identify:

- (a) The key challenges for tackling HIV/AIDS in fishing communities.
- (b) The priority actions need to address HIV/AIDS in fishing communities.
- (c) Who should undertake them – who are the key players?
- (d) How to ensure that the strategy fits within the regional and national frameworks.
- (e) Potential sources of funds beyond IFMP and how to access the funds (identify process and steps).
- (f) The way forward

Groups were formed for each Partner State. Each group completed a table, with issues, actions and responsible actors. Each group also identified key documents that should be referred to in the drafting of the LVFO Strategy, potential sources of funding and the way forward. Each group then gave a presentation. These can be found in Annex 16 (Uganda), 17 (Tanzania) and 18 (Kenya). A summary of the actions proposed in the presentations is given in Table 1.

Summary of the presentations

The Chair, Nancy Gitonga, provided a summary of the presentations of the group work.

- (a) There is need for a change in attitude (away from a fatalistic attitude).
- (b) Sensitization is needed including films and drama.
- (c) Health care services are inadequate: VCT and ARVs are not always available, but are essential
- (d) HIV/AIDS awareness – how much do people really know?
- (e) Youth are in the majority at many landing sites, aged between 25 and 40. How are they targeted?
- (f) Programmes on HIV/AIDS – is there a problem with co-ordination at national level?
- (g) Every country has a national strategy, but many people move between countries, not just within a country.
- (h) Resource poor fishers, but cash rich. They have no resources when tragedy occurs.
- (i) Savings schemes, e.g. beach banks, are needed.

There must be a strong message to policy-makers that HIV/AIDS is a big challenge in fishing communities because of multiple factors. The economic importance of fisheries in national economies should be stressed and the impact of HIV/AIDS on the economy. There are already unsustainable fishing practices, with the transfer of skills now in jeopardy.

Action needed by LVFO includes:

- (a) Make an inventory of existing players and find a formula to work together.
- (b) Develop a strategy of advocacy
- (c) Work to change attitudes and create awareness is the first priority. What do we do to help people not infected to avoid being infected and how do we help those who are positive to live positively?
- (d) Increase health care facilities and lobby AIDS Councils to get involved in fishing communities. Lobby to get fishing communities recognised as a vulnerable group.
- (e) How to get services to islands, such as VCT? Boats may need to be bought.
- (f) Attract donors to persuade them to fund interventions for fishing communities.

Discussion

- (a) The targeted behaviour change strategy that included drama and changing attitudes of leaders, discussed by Merlin, needs to be targeted to each beach, which is why community participation is so critical.
- (b) Co-ordination of mobile services is needed, even between sectors.
- (c) A group of people at the LVFO Secretariat should harmonize presentations and make a draft strategy.
- (d) Strategy should be financed at the LVFO level, rather than at national level as there are too many limitations at national level, e.g. MTEF ceilings cited as a reason for not allowing government departments to seek further sources of funding.
- (e) Behaviour change should be sought through persuasive means, such as awareness raising, use of law and regulations, including by-laws, e.g. drinking and entertainment times.
- (f) Commercial sex workers should be either accepted and identified, or say that at this place we don't want commercial sex workers.

- (g) In AMREF's experience there are methodologies available for raising awareness to address fatalistic attitudes.
- (h) The existing health working group should be broadened and made into a taskforce, with representation from the three countries. The group would then be responsible for ensuring that the strategy is finalized.
- (i) Laws used to work very well, and they were respected.
- (j) The draft strategy should be circulated for comments.
- (k) All participants should give feedback about the workshop as soon as they get back, rather than wait until the report and strategy are disseminated.
- (l) Regarding changing attitudes and behaviour, many fisherfolk give a low value to life. They need to start appreciating themselves and their lives. How long has someone been doing fishing, therefore can they really say they might die so soon?
- (m) Basic survival skills should be taught, such as swimming and survival skills when someone gets into an accident. Do they have the skills, or do fishermen need training?
- (n) The LVFO strategy would have to fit into the national strategies.
- (o) It may not be necessary to make more films, as there are already many films around that could be used.
- (p) The use of radio should be considered, especially as fishers may be on the water for many hours and listen to radio programmes. Community theatre is also needed.

10. Way Forward

The following actions were identified as the way forward:

- (a) LVFO needs a HIV/AIDS sensitization strategy.
- (b) All key players should be identified.
- (c) Media is one of the stakeholders and should be brought on board in implementing the Strategy through the ICO RWG.
- (d) Identify development partners and hold a meeting, at which they should give commitments.
- (e) LVFO should write to the Directors of Fisheries and ask for their strategies.
- (f) LVFO should look at the strategies of the three countries and identify common strategies.
- (g) Advocate for prioritisation of fishing communities within HIV/AIDS interventions.
- (h) The membership of the Health Regional Working Group of LVFO should be expanded.
- (i) LVFO Secretariat should follow up on the development of the EAC Strategy.

The following way forward was agreed for the completion of the HIV/AIDS Strategy:

- (j) The LVFO Secretariat should produce a first draft of the strategy.
- (k) The LVFO Secretariat should convene a meeting of an expanded Health RWG to further develop strategy.
- (l) The draft strategy should be distributed to organizations present at the workshop for comment.
- (m) The LVFO Secretariat should finalize the Strategy, with the expanded Health RWG.

- (n) The LVFO should lead the dissemination and promotion of strategy, supported by partners, including those present at the workshop.

11. Feedback on the film ‘Deadly Catch’

Further discussion was held about the film ‘Deadly Catch’ and it was agreed that the comments would be sent to the film makers.

- (a) It is a very good film, as it demonstrates the gravity of the pandemic.
- (b) The film needs a segment that is more positive to give people hope.
- (c) Concern about expressed about the identity of the woman who is a jaboya being so clear and fear of exposure and revenge. Was there prior consent?
- (d) The film should be translated into local languages.
- (e) More encouragement is needed from people who are willing to be known as positive, to act as role models.
- (f) There is nothing as strong as a testimony that breaks the stigma about HIV/AIDS. There shouldn’t be a need to hide. If identities are hidden, there may be some doubt about whether the film is real, or whether they are actors.
- (g) More films should be made which are even more explicit, with the stages of the disease.
- (h) There was not enough hope in the film.
- (i) There are lots of other films, but the one we saw should have footage that confirms the consent of the people shown in the film. These sorts of films are very effective.

12. Closing remarks

The Chair of the LVFO Executive Committee, Mrs Nancy Gitonga, gave the closing remarks for the workshop. She noted that there had been many ideas and much agreement. She recommended that the film should be shown at beach, as people will identify with it, but noted the concerns about consent and the need for reasons for hope given in the film. She noted that it had been a very good workshop, very participatory and very enriching. She also noted that Lake Victoria is the centre of economic activity and that, if project funds allow, there should be another meeting in a few months time, to go through the draft strategy. Mrs Gitonga thanked the organizers and LVFO and emphasized that the meeting should not be the end of the matter, but the beginning. She urged participants to keep in touch at national and regional levels. Finally, she wished everyone a safe journey.

TABLE 1 SUMMARY OF ACTIONS FROM PRESENTATIONS

Uganda	Tanzania	Kenya
PREVENTION OF HIV INFECTION		
Improve access to HIV/AIDS information – outreach services, media campaigns, IEC	HIV/AIDS awareness and sensitisation campaigns	Targeted information through community opinion leaders, involve GIPA
	Produce & disseminate appropriate IEC materials (relevant to the target population)	Continuous, targeted behaviour change communication (participatory), involve GIPA
	Develop appropriate BCC interventions (e.g Develop high risk surveillance area interventions)	
	Act on HIV risk factors	
	Establishment of VCT centers with more focus on the islands	
	Tailor interventions according to fishing seasonality and other migratory factors	
HIV/AIDS SUPPORT AND CARE		
Improve access to HIV/AIDS care and support	Initiate support groups (peer groups/clubs)	Family based care
Psycho-social support		Promote formation of post-test clubs
		Enhance support for home-based care
IMPROVE INFRASTRUCTURE AND SERVICES		
HEALTH		
Provide/Improve health facilities and services	Establish & strengthen Public health services	Establish health facilities Renovate and equip existing facilities Provision of regular logistics supplies Strengthen support and supervision
WATER & SANITATION		
Provide/Improve water and sanitation facilities	-Establish/strengthen sanitation &	

and services	hygiene services -Awareness/sensitization of the proper services	
TRANSPORT		
Improve water transport		MoH should have boats for accessing beaches and islands Share logistics with Dept of Fisheries and other partners (ICIPE, KEMRI, Police etc)
Improve road networks		
EDUCATION		
Functional Adult Literacy		Promote functional adult literacy programmes Using appropriate media to pass on information (radio, posters, basic leaflets etc)
Provide educational facilities and services		
Introduce community policing on education		
LIVELIHOODS STRATEGIES & OPTIONS		
Add value to fish/IGAs		
Diversification of livelihoods/IGAs	Diversification of livelihood strategies	Diversify sources of income
Inculcate a culture of savings		Encourage savings culture
Introduce beach bank	Introduction of Micro-finance schemes	
	Promotion of women empowerment projects/associations	Economically empower women
Skills in enterprise development		
POLICY/LEGISLATION/PLANNING/REGULATIONS		
	Develop of a Fisheries sector strategy on HIV/AIDS derived from the Ministerial strategy	
Gazette all landing sites/physical planning		

Enact government by-laws limiting migration and settlement at fish landing sites		
Regulation on safety gear		
Enact local government bye laws on use of alcohol and drugs		GoK enforce laws Support programmes
Ensure safety of water transport		Plan jointly with communities (i.e. participatory)
Enforcement of BMU Act/membership card		Strengthen BMUs to keep official records of fisherfolk Use of BMU registers to follow movement of fisherfolk and for follow-up <i>What about the women who also move but who are not registered?</i>
RESEARCH/STUDIES		
Mobility mapping		
COMMUNITY AWARENESS CREATION/DEVELOPMENT		
Promote positive living		Continuous, targeted behaviour change communication (participatory)
Importance of planned settlements and sanitation		Provide information and education (alcohol and drug use)
Social rehabilitation		
Promote family values		
Develop youth friendly services		
Establish community centres		
Address negative practices		
To value life		

ANNEX 1

WORKSHOP PROGRAMME

REGIONAL WORKSHOP ON DEVELOPING A HIV/AIDS REGIONAL STRATEGY FOR IMPROVING
THE HEALTH STATUS OF FISHING COMMUNITIES ON LAKE VICTORIA
23rd – 24th MARCH 2006, RIDAR HOTEL, SEETA, UGANDA

Thursday 23rd March

Time	Session and presenter	Chair
08.00 – 09.00	Registration	
09.00 – 09.30	Opening Session Welcome and introductions <ul style="list-style-type: none"> • Remarks by the Executive Secretary, LVFO • Remarks by the Project Manager, IFMP • Opening remarks by the Chairperson, LVFO Executive Committee, Director of Fisheries, Kenya 	Mr. Thomas W. Maembe, <i>Executive Secretary, LVFO</i>
09.30 – 10.00	Showing of the film 'Deadly Catch'	Mrs Nancy Gitonga, <i>Chair LVFO Executive Committee, Director of Fisheries, Kenya</i>
10.00 – 10.30	Developing a HIV/AIDS strategy for Lake Victoria Fisheries <i>Dr Fiona Nunan, Community Development Specialist, IFMP/LVFO</i>	
10.30 – 11.00	Tea break	
11.00 – 11.30	Key findings from Merlin Baseline Survey with beach/island communities in Bondo and Suba Districts of Nyanza Province, Kenya <i>Emma Llewellyn, Merlin, Kenya</i>	Rose Nalwadda, <i>Uganda AIDS Commission (UAC)</i>
11.30 – 12.00	The status of HIV/AIDS in fishing communities in Tanzania and recommendations for responding to the challenge <i>Dr Japheth ZL. Ng'weshemi, Health Consultant</i>	
12.00 – 12.30	Situation analysis: HIV and AIDS in fishing communities in Uganda Strategy for reducing the impact of HIV/AIDS on Fishing Communities (MAAIF, Uganda) <i>Nite Tanzam, Development Management Specialist</i>	
12.30 – 13.00	The experience of TASO (The AIDS Support Organization, Uganda) <i>Mary Kakeeto Lukubo, TASO</i>	
13.00 – 14.00	Lunch Break	
14.00 – 14.30	The HIV/AIDS situation among the fishing communities in the Lake Victoria Basin: The Kenyan Strategic Intervention to improve their livelihoods <i>Ursula Bahati, Kenya National AIDS Control Council (Kenya NACC)</i>	Dr Japheth ZL. Ng'weshemi, Health Consultant, Tanzania
14.30 – 14.45	Lake Victoria Basin Initiative on HIV/AIDS by <i>Opiyo Makoude</i>	

14.45 – 15.15	The Tanzania AIDS Commission: strategies and actions for the fishing communities Mustatha M. Mabrouck, District Council HIV/AIDS Co-ordinator, Mwanza	
15.15 – 15.45	The National Strategic Framework: reviewing the response in the fishing communities <i>Rose Nalwadda, Uganda AIDS Commission (UAC)</i>	
15.45 – 16.15	Tea Break	
16.15 – 17.15	Plenary and Wrap-up of day one	
18.00 – 19.00	Cocktail and presentation of a play by TASO	

Friday 24th March

Time	Session and presenter	Chair
08.30 – 08.45	Introduction to group work	
08.45 – 10.30	Group work: priority actions	
10.30 – 11.00	Tea break	
11.00 – 12.00	Group work (contd.)	Mrs Nancy Gitonga
12.00 – 13.00	Plenary: group presentations (two)	
13.00 – 14.00	Lunch	
14.00 – 16.00	Plenary: group presentation (one) Strategy outline and prioritised actions	Mrs Nancy Gitonga
16.00 – 16.30	Closing remarks	
16.30 – 17.00	Tea	

ANNEX 2 WORKSHOP PARTICIPANTS

Kenya Delegates

<p>Mrs. Nancy, K. Gitonga Director of Fisheries, Fisheries Department P.O. Box 58187, Nairobi, Kenya Tel: 005 20 3744530 Fax: 005 20 3744530 Mob: 005 722 967739 Email: samaki@saamnet.com</p>	<p>Mrs. Kibwage, Jane M. Senior Fisheries Officer Fisheries Department P.O. Box 58187, Nairobi, Kenya. Tel: 005 20 3742320/49 Fax: 005 20 3744530 Mob: 005 722 715 517 Email: mokeirakibwage@yahoo.com</p>
<p>Ms. Okwach, Roseline Fisheries Officer Fisheries Department P.O. Box 1084, Kisumu, Tel: 005 57 2024881 Fax: 005 57 2020378: Mob: 005 733 818154 Email: roselineokwach@yahoo.com</p>	<p>Mr. Omondi, Michael D. Fisheries Officer (CO-MGT NWG MEMBER) Fisheries Department – Kenya P.O. Box 328, Bondo, Kenya Tel: 005 57 520413 Mob: 005 733 550727</p>
<p>Ms. Imende, Susan Ag. Assistant Director of Fisheries Ministry of Livestock and Fisheries Development P.O. Box 1084, Kisumu, Kenya. Tel: 005 57 2022330/2024881 Fax: 005 57 2020378 Mob: 005 722 827 208 Email: susanimende@yahoo.com</p>	<p>Ms. Dorothy, N. Murakwa Social Development Officer Fisheries Department Assistant Director of Fisheries, P.O. Box 1084, Kisumu Tel: 005 57 2020378</p>
<p>Mr. Kenyanya, Smuel District Fisheries Officer Fisheries Department P.O. Box 193, Kendu Bay Mob: 005 725 205821 Email: kbab59@yahoo.com</p>	<p>Mr. Kindu, Roorick District Fisheries Officer Fisheries Department P.O. Box 328, Bondo Tel: 005 57 520413/520275 Mob: 005 733 874753 Email: rodkindu@yahoo.com</p>
<p>Mr. Obadha, Michael Senior Fisheries Officer Fisheries Department P.O. Box 1084, Kisumu. Fax: 005 20 20378 Mob: 005 733 778932 Email: mikeobadha@yahoo.co.uk</p>	<p>Mr. Mungai, Dedan M. District Fisheries Officer, Fisheries Department P.O. Box 210 Suna, Migori Tel: 005 733 715612/5920521 Fax: 005 59 20521 Mob: 005 733 715612 Email: ddmungai@yahoo.com</p>
<p>Mr. Yongo, Ernest O. Research Officer, KMFRI, P.O. Box 1881, Kisumu, . Mob: 005 733 526231 Email: ernyongo@yahoo.com</p>	<p>Ms. Lwenya, Carlyne Researcher, KMFRI, P.O. Box 1886, Kisumu, Kenya. Mob: 005 722 679520</p>

<p>Mr. Ouma, Nekessa Connie Regional Programme Officer Sida/Lake Victoria Initiative Embassy of Sweden Nairobi P.O. Box 30600 Nairobi Tel: 005 20 423 40 00 Mob: 005 735 333 1873 Email: constance-ouma@sida.se</p>	<p>Ms. Kere, Jennipher A Executive Director, WIFIP, Kenya P.O. Box 9722, Kisumu, Mob: 005 733 854017/722 287532 Email: wifip@swiftkisumu.com jenniferatieno@hotmail.com</p>
<p>Dr. Kabaka, Stewart District Medical Officer of Health (DMOH) MOU-Kenya P.O. Box 89, Bondo Mob: 005 734 625653/520099 Email: kabakasteward@yahoo.com</p>	<p>Dr. Okatch, Jeremiah District Medical Officer of Health Ministry of Health P.O. Box 42-40222, Ouguis Tel: 005 59 20301 Mob: 005 735 708102</p>
<p>Mr. Bahati, Sore Ursula Head – Stakeholder Coordination National Aids Control Council P.O. Box 61307, Nairobi Tel: 005 20 2715144/2715127 Mob: 005 722 503979 Email: ubahati@nacc.org.ke</p>	<p>Mr. Maende, James Ochieng' HIV/AIDS Programme Manager PACT Kenya P.O. Box 76390-00508, Nairobi Tel: 005 20 3878271/4 Mob: 005 733 946714 Email: maeochieng@gmail.com</p>
<p>Mr. Makoude, Opiyo Project Manager-Lake Victoria Basin Initiative AMREF, Kenya Tel: 005 20 699 42 57 Mob: 005 722 76 8170 Email: opiyom@amrefke.org</p>	<p>Ms. Llewellyn, Emma Technical Coordinator, Merlin OP.O. Box 438-40100, Kisumu Tel: 005 57 2024013 Fax: 005 57 2025154 Mob: 005 735 477 364/720 484469 Email: Kenya.kisumu.techmed@merlin-eastafrika.org</p>
<p>Dr. Gondi, J.O. District Medical Officer (DMOH) Ministry of Health – Kenya P.O. Box 202-40400, Suna Migori Fax: 005 059 20059 Mob: 005 733 594005 Email: j-gondi@yahoo.com</p>	<p>Mrs. Agienda, Mary Aoko HIV/AIDS Project Coordinator OSIENALA P.O. Box 4580-40100, Kisumu Mob: 005 733 840135</p>
<p>Mrs. Odero, Pamellah A. Trader, Uhanta Beach, Bondo P.O. Box 6862, Kisumu Mob: 005 736 713174</p>	

Tanzania Delegates

<p>Mr. Kilosa, Egidi S. Regional Fisheries Officer-NARA-T Co-Management Fisheries Management P.O. Box 299, Mara, Musoma Te: 007 282 622305 Fax: 007 282 2622764 Mob: 007 744 813516</p>	<p>Mr. Kayungi, Japheth M. Fisheries Advisor – RS Fisheries Division, P.O. Box 299, Bukoba Tel: 007 282 221722 Fax: 007 282 220052 Mob: 007 748 381204 Email: jmkayungi@yahoo.com</p>
<p>Mr. Mahatane, Angelous T. Regional Fisheries Officer, Mwanza Department of Fisheries P.O. Box 226, Mwanza Tel: 007 282 503314 Fax: 007 282 503314 Mob: 007 717 014082</p>	<p>Mongo, Lameck Project Coordinator, IFMP Fisheries Management Fisheries Division P.O. Box 226, Mwanza Tel: 007 282 503314 Fax: 007 282 503314 Mob: 007 744 410317 Email: lameckmongo@yahoo.co.uk</p>
<p>Mrs. Sobo, Fatma Senior Fisheries Officer Fisheries Division P.O. Box 2462, Dar es Salaam Tel: 007 222 2122936 Fax: 007 222 110352 Mob: 007 744 285748 Email: fsoboser@gmail.com</p>	<p>Mr. Onyango, Paul O. Project Coordinator IFMP Tanzania Fisheries Research Institute P.O. Box 475, Mwanza, Tanzania Tel: 007 282 2550153 Fax: 007 282 2550153 Mob: 007 748 908802</p>
<p>Ms. Salehe, Mwanahamis A. Fisheries Researcher Tanzania Fisheries Research Institute P.O. Box 475, Mwanza Mob: 007 741 250923 Email: masalehe@yahoo.com</p>	<p>Mrs Mbilinyi, Radhmina Ramadhan Nyegezi Freshwater Fisheries Institute P.O. Box 1213, Mwanza, Tanzania. Tel: 007 282 550119 Fax: 007 282 550059 Mob: 007 744 433096 Email: rad 1213@yahoo.co.uk</p>
<p>Dr. Saibul, Venance Regional Aids Coordinator MOH (Ministry of Health) P.O. Box 132, Mwanza Tel: 007 282 502171 Fax: 007 282 500075 Mob: 007 746 372021 Email: Vensaib2004@yahoo.com</p>	<p>Mr. Kasongi, Donald Country Programme Manager Agency for Cooperation & Research in Dev. (ACORD) Station Road, P.O. Box 1611, Mwanza Tel: 007 282 500965 Fax: 007 282 2500 965 Mob: 007 744 830 828 Email: donaldkasongi@yahoo.co.uk</p>
<p>Ms. Modesta, Medard, WWF-Community Fisheries Development Officer WWF-Eastern African Marine Ecoregion (EAME)</p>	<p>Ms. Lukanga, Editruda Program Officer Mwanza Women Development Association</p>

<p>P.O. Box , 63117, Dar es Salaam, Tanzania Tel: 007 222 700077 Fax: 007 222 775535 Mob: 007 744 398892 Email: mmedard@wwftz.org Modesta_medard@yahoo.co.uk</p>	<p>(MWDA) P.O. Box 10626, Mwanza Mob: 007 744 437235 Email: elukanga@yahoo.com mwdamza@hotmail.com</p>
<p>Mr. Mayunga, Deusodedit E. HIV/AIDS & STIS Health Education Officer TANESA (RFA for Kagera and Mwanza Regions) P.O. Box 30, Magu, Mwanza Tel: 007 282 530062 Mob: 007 748 485209</p>	<p>Dr. Ndyeshobora, Mussa Mohamed Regional Aids Control Coordinator Kagera Regional Hospital O.O. Box 265, Bukoba Tel: 007 282 2220351 Fax: 007 282 2221425 Mob: 007 741 361104/744 896575 Email: ndyeshobra@hotmail.com ndyeshobora@yahoo.co.uk</p>
<p>Dr. Ng'weshemi, Japheth Z.L. Executive Chairman TAYEDO P.O. Box 11958, Mwanza Tel: 007 282 570613 Mob: 007 748 214449 Email: jmashinge@hotmail.com</p>	<p>Dr. Rutashngerwa, Gerald Ag. Regional Medical Officer Health Department Regional Medical Office P.O. Box 21, Musoma Tel: 007 282 6211 Fax: 007 282 622764 Mob: 007 744 757077 Email: fsoboser@gmail.com</p>
<p>Dr. Chacha, Ombure AMO (CTC Cordinator) TARIME District Hospital P.O. Box 9, TARIME Tel: 007 25 290264 Mob: 007 748 821479</p>	

Uganda Delegates

<p>Dr. Tumwebaze, Rhoda Principal Fisheries Officer Department of Fisheries Resources P.O. Box 4, Entebbe P.O. Box 4 323546 Fax: 006 41 320496 Mob: --6 772 927889 Email: rtumwebaze@hotmail.com</p>	<p>Mrs. Ikwaput, Joyce Nyeko Senor Fisheries Officer Department of Fisheries Resources P.O. Box 4, Entebbe, Uganda Tel: 006 41 320563/322026 Fax: 006 41 320496 Mob: 006 772 482 599 Email: joyikwaput@hotmail.com</p>
<p>Mr. Bakunda, Aventino Senior Fisheries Officer Department of Fisheries Resources, P.O. Box 4, Entebbe Tel: 006 41 320563</p>	<p>Mr. Mbareeba, Jack Wycliffe Ag. DFO-Kaangala Uganda Fisheries Department P.O. Box 2, Kalangala Tel: 006 772 641356</p>

Fax: 006 41 320496 Mob: 006 772 592547	Mob: 006 772 565628
Mr. Munyaami, Ali District Fisheries Officer Mpigi District Local Government P.O. Box 172, Mpigi Tel: 006 41 710079 Fax: 06 41 710111 Mob: 006 772 459765 Email: Munyaami@yahoo.co.uk	Dr. Odongkara, Konstantine O. Principal Research Officer NAFIRRI P.O. Box 343, Jinja Tel: 006 43 120484 Fax: 006 43 120192 Mob: 006 772 608085 Email: socio-econ@firi.go.ug
Ms. Akumu, Joyce K.O. Research Officer I NAFIRRI P.O. Box 343, Jinja Tel: 006 43 120484 Mob: 006 782 168886 Email: jaakumu@yahoo.com	Ms. Masette, Margaret Research Officer NAFIRRI/NARO P.O. Box 7852, Kampala Tel: 006 41 566844 Fax: 006 41 566849 Mob: 006 772 394298 Email: margasette@utlonline.co.ug
Ms. Nasuuna, Agnes Researcher, NAFIRRI P.O. Box 343, Jinja Tel.: 006 43 120484 Fax: 006 43 120192 Mob: 006 782 121588	Mrs. Nyalulu, Florence Begumana Programme Officer Adv & Trn. UFFCA P.O. Box 22054, Kampala. Mob: 006 772 517100 Email: florencenyalulu@yahoo.com
Mr. Mugagga, Daniel, (S.C.O.) HUT/PMTCT Coordiantor DDHS' Office Rakai P.O. Box 40, Kalisizo Tel: 006 481 25034 Mob: 006 772 397541 Email: mayarobe@yahoo.com	Nite, Tanzarn Lecturer/Independent Consultant Makerere University P.O. Box 7062 Kampala Tel: 772/0752 593495/ 0712 399477/ 041 234890 Mob: ntanzarn@ss.mak.ac.ug tanzarn@yahoo.co.uk
Mr. Bagaga, Wilson Community Trainer (TASO Jinja) TASO P.O. Box 577, Jinja. Mob: 006 772 621637 bagagaw@tasouganda.org	Ms. Nakibuuka, Betty Assistant Counselling Coordinator TASO Uganda C/O P.O. Box 235, Entebbe. Tel: 006 41 320020 Mob: 006 772 665026 Email: bnnakibuka@yahoo.com
Ms. Kakeeto-Lukubo Mary Program Officer-HIV Counsellor The AIDS Support Organization-TASO P.O. Box 10443, Kampala Tel: 006 41 53255801/1	Ms. Kakuze, Tabitha Regional Chairperson ECOVIC P.O. Box 720, Jinja Mob: 006 722 664438

Fax: 006 41 541 288 Mob: 006 772 876888 Email: nanzirim@yahoo.com lukubom@tasouganda.org	kakuzet@yahoo.com
Ms. Owor, Connie A. Nurse/HIV AIDS constroller Tareno Community Based Nursing Homes P.O. Box 679, Tororo. Mob: 006 752 988 342	

LVFO SECRETARIAT

Mr. Maembe, Thomas Wanyika Executive Secretary (LVFO) P.O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 123123 Mob: 006 772 353354 Email lvfo-sec@lvfo.org maembe@lvfo.org	Dr. Scullion, Jim Project Manager (LVFO/IFMP) P.O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 123123 Mob: 006 772 481231 Email jscullion@lvfo.org
Dr Fiona Nunan Community Development Specialist P. O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 123123 Mob: 006 782 796101 Email fnunan@lvfo.org	Mr. Parker, Jim Human resources Department Specialist P.O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 123123 Mob: 006 782 577099 Email jparker@lvfo.org
Mrs. Kirema-Mukasa, Caroline T. Senior Economist (LVFO) P.O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 123123 Mob: 006 772 589002 Email mukasa@lvfo.org	Mrs. Aliro, Elizabeth Birabwa Publications Officer (ICO) P.O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 123123 Mob: 006 772 589002 Email eabirabwa@lvfo.org
Mrs. Balirwa, Ferry K. Secretary, Executive Secretary (LVFO) P.O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 123123 Mob: 006 772 353322 Email ferry@lvfo.org	Ms. Florence, Magoba Office Assistant, LVFO P.O. Box 1625, Jinja Tel: 006 43 120205/6 Fax: 006 43 12312 Mob: 006 782 797960

ANNEX 3 SPEECH BY THE EXECUTIVE SECRETARY, LVFO

**Lake Victoria Fisheries Organization
Regional Workshop on Developing a HIV/AIDS Regional Strategy for Improving the
Health Status of Fishing Communities on Lake Victoria 23-24 March, 2006. Ridar Hotel,
Seeta, Uganda**

**Statement by Mr. Thomas W. Maembe
Executive Secretary, Lake Victoria Fisheries Organization.**

**Madam Chairperson, Executive Committee, LVFO,
The Project Manager, IFMP,
Distinguished Invited Guests,
The Workshop Organisers,
Ladies and Gentlemen**

It is a great pleasure and honour to welcome you all to Seeta and in particular Ridar Hotel the venue of the Workshop. I am gratified you all found time to travel to be here and participate actively in developing a strategy to improve the health status of fishing communities around Lake Victoria.

Madam Chairperson, Lake Victoria is a great a great socio-economic asset for the people of East Africa as it provides fish for consumption and export to earn foreign exchange and employs over 3 million people who benefit directly or indirectly from the lake. The majority of the people live in remote fishing islands or isolated fishing villages which have limited social facilities. The fishers' activities have an impact on the state of the fisheries which is directly linked to their livelihoods. The working environment for fisher communities exposes them to water borne and other related communicable diseases: malaria, bilharzia and intestinal worms. The fishers are also susceptible to HIV/AIDS. HIV/AIDS will threaten and destroy the number of the productive manpower in the fishing industry if not contained. The impact of the disease is double edged because it will kill the fishing industry and the human labour force involved in the fishing and the related stakeholders. In this way it threatens productivity and profitability of fishing as a business as it will reduce the supply of fish for processing and marketing. It will reduce the number of operative fishers and the pool from which to recruit new fishers. The sickness creates low morale of sick fishers and their associates.

Madam Chairperson, fish communities are among the most vulnerable to HIV/AIDS because of the following:

- The majority of fishers leave their spouses and migrate to remote fishing grounds where they may encounter migratory sex workers;
- The habit of drinking and generous spending after landing fish may expose them to unsafe sex;
- Fluid multiple marital relationship in fishing camps where some fisher take the disease as an occupational hazard;
- In some fishing communities ignorance makes the fisher associate the disease with witch craft. Consequently the sick do not seek medical advice/attention. Some of the sick fear identifying themselves to avoid being discriminated by the community. This is likely to lead to silent death of the sick fisher.
- Medical care is expensive and not readily available in fishing camps.

Madam Chairperson and Distinguished workshop participants, I commend the workshop Organisers and the Fisheries Management Plan Implementation Project for identifying this as an area of intervention and trust the workshop shall come up with a comprehensive strategy that will address the issues.

I have listed and those to be identified by the Workshop. I invite the workshop to consider including the following in the strategy:

- Promotion of health policies that will sensitise and create awareness of fishers of the dangers of HIV/AIDS and the measures for prevention and treatment. This could include availing protective gear and help to those affected. They should continuously be reminded on how to protect themselves.
- Initiate campaigns to fight HIV/AIDS by sensitizing and educating fishers to promote positive living with affected fisher community members.
- Introduce free or subsidised retroviral drugs for sick fishers to help them to continue fishing;
- Promotion of Partnerships with a network of Health Institution/Health Management Organisations to avail aids treatment packages to fisher communities.
- Training organized for fishers should have an aids component.
- Promotion of awareness on Aids prevention mechanisms and introduction of measures to reduce the spreading of Aids among fishers.
- Establishing counselling and voluntary HIV/AIDS testing facilities in areas where fisher communities live.

I am confident by sensitising policy decision makers, Health Management planners. National HIV/AIDS Commissions and Ministries of Health in the Partners States, Health related Non-Governmental Organization (NGO) to address the above and the outputs of this workshop we shall have ensured the existence of a fisheries community that can continue to provide fish for consumption and earning foreign exchange. A healthy fisher community will also contribute to sustainable fishing and fish utilisation; reduce poverty and create wealth and economic growth around Lake Victoria.

In conclusion I salute the workshop Organisers for the preparations and the European Development Fund (EDF) for funding the Implementation of a Fisheries Management Plan Project for Lake Victoria which is funding this workshop. The outcome of the workshop will lay a foundation for a Plan of Action to improve the health of fishers. I wish the Workshop fruitful deliberations. I thank you all for listening. God bless you and your deliberations.

ANNEX 4 SPEECH BY THE CHAIR, LVFO EXECUTIVE COMMITTEE

SPEECH BY CHAIRMAN OF LVFO EXECUTIVE COMMITTEE ON THE OFFICIAL OPENING OF THE HIV WORKSHOP, MUKONO, UGANDA

The Executive Secretary
The IFMP Project Management team
The Fishers
The distinguished invited guests
Colleagues
Ladies and Gentlemen

It gives me much pleasure to be with you here today to discuss openly about HIV and AIDS pandemic, which is now with us and can no longer be ignored.

Why should we be so concerned about HIV in fisheries?

It is our duty to ensure that the natural fisheries resources are sustainable and to do so we must take care of the fishers who will in return take care of resource. The fisheries resource is important to both the fishers for their livelihood and also the countries due to the economic gains derived from the fish industry. We should therefore strive to apply the ecosystem based management system for Lake Victoria to ensure both the human and the ecosystem benefits.

The on going EU-funded IFMP project is attempting to put a sustainable fisheries management plan for Lake Victoria in place.

The project objective is “to contribute to the sustainable economic growth, resource use and development in Lake Victoria basin”.

The importance of in Lake Victoria fisheries cannot be over-emphasized. It employs about 3 million East Africans and earns the three countries over 350 million US dollars annually. In this regard, therefore, any factor, which affects this important economic activity, must be addressed and managed expeditiously. One of the identified major factor that is affecting the Lake Victoria fisheries negatively, is the HIV and AIDS pandemic and the therefore the reason, we are gathered here to day to strategize how to address the effects of HIV and AIDS in fisheries.

As you know, HIV and AIDS has no cure as of now. In this respect, it is very important to ensure that one is not infected. Luckily, unlike other killer diseases such as cancer, human beings have a choice to avoid being infected.

So then, why would human beings choose to be infected with this disease and yet it is incurable? This is the big and strange question about this disease.

Before we start addressing this question, it is important to look at some statistics. It has been found that the fishers and other players in the professions and activities with easily disposable cash are quite vulnerable as far as HIV and AIDS is concerned. It is established that the fishing communities in East Africa have the highest HIV and AIDS prevalence ranging between 36% - 40%. The percentage of infected and affected in fishing community is, therefore, extremely high.

During the many stakeholder meetings I have held with fishing communities in the endeavor to plan the way forward for fisheries management and development together, the most advanced argument of why they should be allowed to use illegal gears, is about the many orphans that exist in the fishing villages as a result of deaths related to AIDS . When we started closing the omena fishing season, the petition the government got from fishers is that the omena fishing should not be closed claiming that it is poor man's diet and source of livelihood for those not so well off or strong enough to venture into deeper waters.

Back to the question why can we not avoid HIV and AIDS since we all know it is incurable and why does HIV and AIDS appear to be so prevalent in the fishing community?

In an attempt to address this phenomenon, we need to think about the following points:-

1. HIV virus is transmitted through pleasurable association by those infected to those not infected. The major cause of transmission of the virus in Africa is sexual transmission and not needles or blood transfusion though they also play a part in the spread.
2. Fishermen are migratory by nature and as they do, they move without their spouses and in the process get other companions thereby spreading the disease. Multiple sex mates causes spread of HIV virus.
3. Prostitution prevalence in fishing villages due to easily available money is a reality and means of transmission of the virus.
4. Heavy drinking habits by fishers would lead to uncontrolled behaviour as far as self control is concerned and, therefore, renders fishers vulnerable to the disease.

What is the consequence of this high prevalence of HIV and AIDS in fishing communities?

As you know, HIV and AIDS is prevalent to the sexually active people of the community. These are the people who also have the fishing skills and valuable players in the economy.

The HIV and AIDS has, therefore, the following negative impacts on fisheries:-

1. Technology transfer: Those that teach the young fishers either die before they transfer the skills or are too sick to be bothered.
2. Fisheries sustainability: The fishers that are infected may not be bothered to practice sustainable fishing, since they have no hope of enjoying old age.
3. Elevated poverty: Orphans and widows are left to take care of themselves when the fishermen who are bread winners die early.

Ladies and gentlemen,

This may appear a gloomy and desperate situation but the truth is that we can easily control or manage the situation. These are some of the ways that the disease can be controlled and managed.

1. By preventing infection.

The need to stick to one partner cannot be over-emphasized. It is also important that the spouses intending to get married make effort to know their HIV status. Abstinence is the surest way of avoiding infection. Use of protective measures is also a second but not best alternative.

2. By knowing your HIV status

It is important that one is tested for the virus to know their status. This way, one is able to control their destiny, because if you are not infected you have the opportunity to avoid infection and if you are, you can take immediate measures to manage the disease.

3. By managing your HIV & AIDS status

- Luckily, advancement in medicine has produced medicines that can increase immunity and, therefore, prevent the opportunistic diseases that afflict those infected. This way an infected person can live longer even though he or she continues to host the virus.
- Eating well especially fish and other foods that have high nutritional value, such as vegetables, prepares the body to cope with the condition.

4. By living positively and also teaching others about AIDS.

It is important to communicate with our children and the youth on the seriousness of this incurable condition and let them know how to avoid being infected by HIV virus. The disease can infect anyone.

5. By using our money wisely to create wealth for us.

My advice to fishermen is that they should start saving their daily earned cash for use in education of their children and also buying property for their future when they retire from fishing. It is important for fishermen to also involve the wives in their plans. The money that is spent by women is usually more wisely spent.

As we go through this workshop, I urge all of you to discuss the issues of this pandemic openly in order to come up with a way forward to avoid and to manage HIV and AIDS.

With these remarks, I take this opportunity to declare this workshop officially opened and to wish you fruitful deliberations.

Thank you and God bless.

ANNEX 5 DEVELOPING A HIV/AIDS STRATEGY FOR LAKE VICTORIA

Dr Fiona Nunan (CD LTTA, LVFO/IFMP) and Carol Kirema-Mukasa (SE, LVFO)

Presentation

- Purpose and objectives of the workshop
- LVFO and IFMP
- Brief summary of conclusions of studies on HIV/AIDS and fishing communities
- Introduction to co-management and BMUs
- Potential opportunities within IFMP
- Concluding comments

Purpose of the workshop

- Agree an outline of the strategy for improving the health status of fishing communities on Lake Victoria, focusing on HIV/AIDS
- Identify priority action areas/plans to be incorporated where possible into IFMP plans
- Identify action areas/plans to be implemented by LVFO and other stakeholders, with sources of funding outside IFMP

Workshop Objectives

- Review, and learn from, what is known about the prevalence and impact of HIV/AIDS in fishing communities on Lake Victoria and about the national responses to this challenge.
- Generate and share information on best practice.
- Begin the process of developing a strategy for improving the health status of fishing communities to be implemented by LVFO with partners, with focus on HIV/AIDS.
- Raise awareness of organisations and government agencies about co-management and the structure and functions of Beach Management Units (BMUs) in East Africa, and how BMUs can be entry points to fishing communities.
- Initiate the formation of a network of organisations and government agencies working with fishing communities around Lake Victoria on HIV/AIDS to facilitate exchange of experience, information and lesson learning, and solicit for further support.

Lake Victoria Fisheries Organization (LVFO)

- Formed under the East African Community (EAC) by the partner states of Kenya, Tanzania and Uganda in 1994
- Harmonizing national measures, developing and adopting conservation and management measures for sustainable utilization of the fisheries resources of Lake Victoria
- Structures: Council of Ministers, Policy Steering Committee, Executive, Fisheries Management and Scientific Committees, Working Groups
- LVFO Secretariat based in Jinja, Uganda

Implementation of the Fisheries Management Plan

- Fisheries Management Plan adopted in 2002
- Funding secured for 2003– 2008 from the European Union
- Purpose of IFMP: to contribute to the sustainable economic growth, resource use and development in the Lake Victoria basin
- Areas include: institutional strengthening, implementation of co-management, application of research findings, improved infrastructure, and communication, information and outreach.

HIV/AIDS and fishing communities

- HIV/AIDS and its impacts are believed to be prevalent in fishing communities, with infection rates believed to range from 10 to 40%.
- Many factors contribute to the vulnerability of fishing communities, including remote locations, mobility, daily cash income, cultural practices, lower status of women and attitude to risk.
- A multi-sectoral response is needed.
- High and increasing rate of infection is a threat to the sustainability of the resource due to desperate behaviour and fishing malpractices.
- Many fishing communities are aware of HIV/AIDS, but their sexual behaviour is not changing. New approaches needed to help change attitudes.

Co-management and BMUs

- Co-management is the *sharing* of responsibility for fisheries resources between fishing communities and government
- Is a process that should empower and strengthen fishing communities
- Requires government to change relationship with communities, with more emphasis on support and monitoring
- Co-management will enable fishing communities to influence policy and plans within the fisheries sector

Opportunities within IFMP

- Re-formation of BMUs: now legally empowered, inclusive and poverty-focused
- Women will receive dedicated attention to increase their status and position in fishing communities
- Ongoing support provided to BMUs
- Training of BMU Committee members
- Networks of BMUs will be formed at multiple levels to increase engagement with BMUs
- Support planned for improved access to savings and credit schemes Support of a network of organizations around the lake and sharing of information and best practice
- Socio-economic studies will include research into fisherfolk migration, assessment of BMUs and, available and potential alternative income generating activities
- Opportunity to influence the Mid-term Review of IFMP and planning of final two years
- Can lobby for external, complementary support
- Funding to improve landing sites (6 in each country) and social infrastructure (5 in each country): could support HIV/AIDS interventions

Conclusions

- Whilst HIV/AIDS represents a significant challenge in fishing communities, enough is known that action should not be delayed
- Many potential sources of support exist: advocacy is needed to increase targeted interventions within fishing communities
- IFMP has many opportunities to support interventions to reduce the prevalence and impacts of HIV/AIDS on fishing communities
- LVFO will implement the strategy through and beyond IFMP

ANNEX 6 BASELINE SURVEY OF BEACH COMMUNITIES **EMMA LLEWELLYN, TECHNICAL COORDINATOR, MERLIN**

Merlin

- British NGO
- In Kenya since 1998
- Currently working in four parts of Kenya
 - Wajir
 - Turkana
 - Nyanza highlands
 - Nyanza lake region

Background

- Project addresses the prevention of HIV/AIDS with two vulnerable populations:
 - Beach communities
 - Mafatu crew
- Project also addresses the lack of access to essential health services amongst the beach communities by:
 - Working in partnership with MoH & other stakeholders to provide EPI, Malaria prevention, MCH and care for common conditions

Why are beach communities vulnerable?

- Mobile communities
- High turnover of cash – no savings culture
- Working lifestyle
- Easy access to alcohol and drugs
- Widespread commercial and transactional sex, e.g. *Jaboya, Abila*
- Cultural practices
- Gender inequalities
- Lack of alternative income generating activities
- Geographical, social and political marginalisation

Approach to prevention

- Approach used is a targeted BCC strategy, involving:
 - Participatory educational theatre
 - Community mobilisation
 - IEC materials
 - Interpersonal communication
 - Visual and audio aids

Why do a baseline survey?

Two key reasons:

To gather data for logframe indicators

To have a full understanding of the knowledge levels of the two populations, regarding HIV/AIDS, as well as to understand their attitudes and practices regarding their sexual and health seeking behaviour. This will be used to drive the targeted BCC strategy, i.e. development of targeted IEC materials, content of interpersonal communication etc.

Survey instrument

Contained questions on:

- Household structure and background characteristics

- Maternal and Child health
- Mosquito nets and malaria
- HIV/AIDS (including condoms, stigma, cultural practices, HIV testing), STIs, TB and transactional sex

Also included a sexual patterning matrix:

- Looked at the number and type of sexual partners over the last 12 months
- Reported condom use with each of these partners
- Looked at frequency of sexual encounters with each partner, including if they were a one-night stand

Sampling

- Two beaches from each district were selected (four beaches in total)
- Ringiti (island), Sukru (island), Uhanya, Misori
- Estimated total population of the four beaches is 10,000 and a sample size of 5% was taken to select the minimum number of people to be interviewed. This was split equally male and female
- Age range for females was 15-49, for males was 15-60
- A total of 523 people were surveyed, 254 female and 269 male

Results

- Beach communities are a young population
- Median age of men – 27
- Median age of women – 24
- Three-quarters of those interviewed were under 35 yrs of age

Knowledge of HIV/AIDS

Knowledge of HIV/AIDS extremely high, with 97.1% of respondents aware:

1 out of 269 men not aware

14 out of 254 women not aware

Knowledge of preventing infection

Unprompted:

80% use condoms

63% abstain

35% limit sex to one partner

20% avoid sharing razors or blades

18% limit number of sexual partners

Common myths/misconceptions

- Can ignoring community norms result in HIV infection?

Yes: male – 37.3%, female – 29.6%

- Can people get HIV from mosquito bites?

Yes: male – 27.8%, female – 47.3%

- Can people get HIV by sharing a meal with someone infected?

Yes: male – 12.3%, female – 17.1%

- Can having sex with a virgin or small girl cure a person from HIV?

Yes: male – 4.5% (don't know 6.7%), female – 1.3% (don't know 19.6%)

Cultural practices contributing to spread of HIV/AIDS

- Stigma
- Self-reported STIs in last 12 months
- Transactional sex in last 12 months
- One night stands – last 12 months

- ABC male – last 12 months
- ABC female – last 12 months

Summary

- Data shows that even though we don't know the actual prevalence of HIV at the beaches, the risky sexual practices, high prevalence of STIs, low condom use all suggest that in districts where there is a high prevalence of HIV, the prevalence at the beaches is likely to be higher
- The beach communities are mobile, and if they continue to be neglected in HIV campaigns/projects, the prevalence will continue to grow in these communities and they will continue to spread HIV back into the surrounding community

ANNEX 7 TASO'S EXPERIENCE IN WORKING WITH FISHING COMMUNITIES
BY MARY K. LUKUBO (and ROBERT NKABALA & BETTY NAKIBUUKA)
TASO UGANDA LTD.

HISTORY AND MISSION OF TASO

The AIDS Support Organization – TASO is an indigenous NGO founded in 1987, as a spontaneous response to fight against AIDS.

Its mission is to contribute to a process of restoring hope and improving the quality of life of persons, families and communities affected by HIV and AIDS

The Objectives of TASO are to:

- Offer counselling services to PLWHA and their families
- Complement the available medical services for the infected persons
- Train counsellors for TASO and other organizations to effectively provide counseling
- Build and support community based efforts to respond to the AIDS epidemic
- Minimize the social ills associated with HIV infection
- Promote positive attitudes towards people living with HIV/AIDS and their families
- Advocate for the rights of people living with HIV/AIDS and their families.

TASO's scope of work across the Country

TASO :

- Has established service centers in 11 districts across the country (providing Counselling, Medical care, social support services and Community capacity building)
- Builds the capacity of individuals and institutions to provides care and support services to PLWHA (Institutions: so far 14 Hospitals, 5 Health center IVs and 3 NGOs offer TASO like services)
- Facilitate setting up community programs at Parish and Su-county levels
- TASO continuously sensitizes the public through drama and radio talk shows

TASO's experience in working with Fishing Communities

Reference will be made to two communities:

Bussi Island and Kiyindi landing site

Bussi Island:

- Lies S.W. of Entebbe; two hrs journey on
- Water from Kigungu.
- Population is 30,000; with main economic activity being fishing
- TASO's intervention on this island started 1999
- following highest registration of clientele in 1997-98

Kiyindi landing site

- Located 35 kilometers away from TASO Jinja within Najja sub-county whose population is:....
- Interventions started 2001 (community initiatives program)

A baseline survey was done in both communities to establish the knowledge gaps, attitudes and behaviors & practices

Base line Findings in Bussi:

- 388 (Female:209; Male:179) were interviewed:-
- Limited knowledge on HIV transmission – (about 30% Knew a little)
- Stigma towards HIV and PLWHIV
- Negative attitudes towards condom and faithfulness as prevention strategies; (37% knew about these)

- High alcohol consumption (plenty of free time to spend) – tendency to risky behaviors

Findings in Kiyindi:

- About 60% of residents had stigma associated with HIV/AIDS, very limited knowledge on HIV transmission, prevention, HIV progression, care and support to the infected;
- 50% admitted engaging in risky behaviors

Other findings:

- Limited Sources of information (Radio was major source)
- Inadequate Health facilities

How did TASO intervene?

- Trained 40 in Bussi and 42 Community volunteers in Kiyindi to carry out AIDS education and sensitization, basic community counseling and home visiting, condom education and distribution
- Involved drama to scale up the sensitization (Kiyindi)
- Set up an outreach clinic (Kiyindi)
- Instituted a home based care program (both Kiyindi and Bussi)

Challenges:

- Demand for services increases by the day against limited man power
- Poor accessibility to islands limits recruitment of clients into ART programs
- Poor water transport denies services to islanders e.g. removal of food supplements from Bussi clients; failure to open outreach clinic at Bussi; also difficult for clients to come to mainland for treatment
- Adherence among Islanders on ART is difficult due to some clients missing refills and inability of follow up by TASO team due to poor water transport

Clients from Bussi & Kiyindi registered with TASO

Bussi Island	
Male Clients	297
Female Clients	416
Total	713

Kiyindi		
	Najja sub-c'ty	Buvuma Island
Male	117	17
Female	208	26
Total	325	43

Bussi: Only 17 Clients are on ART (Adults :4 Male; 11 Female + child clients: 2 female)

Kiyindi: 32 clients (10 male, 22 female) on ART; This includes only 1 client (male) from Buvuma.

Challenges contd.

Bussi which is less accessible is lagging behind in services, projects and development compared with Kiyindi e.g.

- Absence of secondary school at Bussi increases vulnerability to children particularly girls who become sexually active early.
- Inadequate HIV screening services causes widowed persons to remarry without establishing sero status
- More CBOs are operating in Kiyindi than in Bussi
- Morale for voluntarism is falling due to competition from other CBOs which give better incentives (Kiyindi)

Thank you for listening.

ANNEX 8 HIV/AIDS Status and Suggestions for Strategy development for Improving the Health Status of Fishing Communities of Lake Victoria in Tanzania

Japheth ZL Ng'weshemi

INTRODUCTION

- Growth of fishing communities from 1950s'
- Associated with Introduction of Nile perch
- Mushrooming of socioeconomic activities
- Increased risks for spread of HIV/AIDS/STDs and other communicable diseases

HIV/AIDS ONSET GLOBALLY

- 1980 Silent epidemic
- ? Chest infections- (pneumocystic) and skin cancers- (Kaposi sarcoma) in various locations in the world

HIV/AIDS GLOBAL RESPONSE

- 1995 HIV/AIDS/STDs treatment interventions study in Mwanza Tanzania by AMREF and London School showed 20% of HIV incidence by up to 40% in target communities
- 1988 W.H.O. GPA started
- 1989 Red ribbon as symbol of HIV/AIDS awareness
- 1989 USA FDA approved use of female condom, Male condom has been in use since 18th century in Europe

HIV/AIDS Status in Tanzania

- 1983 first 3 cases in Kagera region
- 1987 all regions reporting AIDS cases
- 2003 – 2004 National HIV/AIDS community based Indicator Survey conducted nationwide
- Overall HIV prevalence 7.0%, Women 8% and in Men 6%
- Regions HIV prevalence ranging from 2.0% in Kigoma to 13.5% in Mbeya region
- 8% of cohabiting couples are discordant, i.e one partner HIV+ and other partner HIV-
- 81% of women and men agreed to provide blood samples for HIV testing

HIV/AIDS RESPONSE IN TANZANIA

- 1986 – 2001 Three phases of NACP interventions
- 1999 President declared HIV/AIDS a National Disaster
- 2001 Tanzania Commission for AIDS established, under P.M.O.
- 2001 National HIV/AIDS Policy launched
- 2003 National Multisectoral Strategic Framework (NMSF) 2003 – 2007 established
- 2003 Government structures established by Acts of Parliament to respond to the epidemic:- National level, Districts/ Councils level –CMAC, Wards level-WMAC, & at Villages level VMAC
- 2004 Tanzania Multisectoral AIDS Project (TMAP) 2004– 2007 formulated in collaboration with WB and Development Partners
- Aim to implement the NMSF
- 2004 – 5 TACAIDS established Regional Facilitating Agencies (RFAs), each RFA has 2 regions except Dar es Salaam

Components of TMAP:-

- -Community AIDS Response Fund (CARF) USD 14 million
- -Public Sector Fund USD 32 million
- -TACAIDS USD 15 million

- Zanzibar USD 5 million
- Unallocated USD 4 million
- Total USD 70 million

FACTORS FUELING THE HIV/AIDS EPIDEMIC

- Multiple sexual partners
- Gender issues
- Customs and traditions
- Mobility
- Alcohol
- Social and economic gatherings
- Poverty and unemployment

WHY HIV/AIDS & OTHER C. DISEASES SPREAD CONTINUES

- Most current IEC strategies follow short on enabling behaviour change –KABP
- Interventions not comprehensive – Content and coverage
- Communities not yet empowered
- Multisectoral response involving CSOs, fish processing co. BMUs still passive
- Prevailing susceptibility-Malnutrition, Biological, associated other diseases
- Vulnerability- Poverty, gender, World economic order -Africa with dismal prospects
- Inadequate application and scaling up of available technologies, knowledge, experience, lessons learned.

IMPACT OF HIV/AIDS IN FISHING COMMUNITIES

- ?? Skin, chest and diarrhea diseases
- ?Hospitalization up to 60% of hospital beds
- ?Expenditures on health by individual, Government and companies
- ?Mortality in <5 up to 2.5x, in adults 15X
- ? Life expectancy 43 yrs men and 44 yrs women
- Increase in illness of Communicable parasitic diseases
- Cause of lethargy, school absenteeism, loss of life-vitality, anaemia (Hookworm), under weight, stunted growth, intestinal obstruction -ascaris)

WHAT CONSTITUTES DISEASES CONTROL BEST PRACTICES

- Community Participation & Empowerment
- Resources mobilization-local, council, national, others
- Multi-sectoral collaboration and networking
- Comprehensive interventions in content and geographical coverage
- Achieves Knowledge, attitude c. behaviour practice - KABP
- Access treatment to all in need, in this case of ARVs and opportunistic infections and of other opportunistic infections
- Access care and support services for the affected PLWHA, widows, orphans and HIV+ pregnant women
- ?Diseases incidence and prevalence
- Interventions appreciated by the target communities i.e. Appropriate technology

LESSONS LEARNED FROM BEST PRACTICES AVAILABLE

- Package of HIV/AIDS preventive interventions- TANESA Mwanza experience
- Developed package for District
- Developed package for fishing communities comprised of Boat, one AMO, Nurse, PHE, IEC, condoms access and STDs treatment 1995- 2000

- Package of care, treatment and support services- TASO experience from Uganda
- STDs Intervention in communities- AMREF & London School experience
- Mainstreaming – Tanzania NMSF
- Numerous CSOs and NGOs networks exist to learn from and build on establishing networks

STEPS IN ESTABLISHING N. PARTNERSHIPS- Suggestions

- Appointment coordinator at various levels
- Make inventories of stakeholders – CSOs, Fish processing companies, fishing gear owners
- Appoint sectors focal persons/coordinators
- Define package of interventions
- Recruit/ second/ motivate available staff to to implement the intervention packages selected
- Vertical projects risky sustainability

M & E

- Consider W.H.O. Priority Prevention Indications (PPI)
- List available
- To add indicators for treatment with ARVs, care and support services – obtained from the relevant programmes

CHALLENGES

Vision and right direction setting

Effective leadership to mobilize, motivate and coordinate the various stakeholders to implement: BMUs, CSOs, fish processing companies, the Government (s), and Development partners

Resources mobilization, Local, National, others

OPPORTUNITIES

- Available effective technologies, and lessons learned
- Available Numerous Stakeholders for formation of Networks; most of them are ready just waiting to be called on board
- Available drugs for improving PLWHA quality of life and prolong life; drugs for other infections
- ARVs have an ongoing national programme to cover every one in need
- Drugs for opportunistic infections needed include antimalaria, septrin, piriton, ketaconazole/ fluconazole, food support
- Drugs for treatment Bilharzia is Bitricide / Praziquantel, other worms is Ivermectin- for individual cases and mass treatment
- Community contributions – in kind
- Council budgets including from BMUs
- National budgets
- Development Partners
- Utilization of available employed staff

CONCLUSIONS AND RECOMMENDATIONS

- Development of packages of interventions is feasible by building on available Knowledge/technologies, experience and lessons learned
- More research and disease surveillance needed where there are knowledge gaps, and determination of diseases trends
- Capitalize on available resources

THANK YOU

ANNEX 9 SITUATION ANALYSIS: HIV AND AIDS IN FISHING COMMUNITIES IN UGANDA

Nite Tanzarn

Resources

- Tanzarn and Bishop-Sambook (2003) The Dynamics of HIV/AIDS in Small-Scale Fishing Communities in Uganda; and
- Grellier R, N. Tanzarn, D. Lamberts and C. Howard (2004) The Impact of HIV/AIDS on Fishing Communities in Uganda. Situation Analysis

Outline

- Fisheries in Uganda
- Risk factors
- Impact of HIV and AIDS
- Drivers of vulnerability
- Concluding Remarks

Fisheries in Uganda

- Vital part of the economy
- Employs 300,000 people directly, 1.2m indirectly
- Contributes 2.4% to GDP
- Indirect and induced multiplier contribution to GDP 12%; and
- Accounts for over 50% of animal protein consumption.

Fisheries in Uganda

- Fishing communities the hubs of the sector
- The communities interact with the lake ecosystem on a daily basis
- Their activities influence the state of the fisheries resources

Fisheries in Uganda

- African HIV/AIDS pandemic first identified in 1982 in fishing communities in Uganda.
- HIV prevalence rates in fishing communities more than three times higher than the national average
- Why is the rate of HIV/AIDS in these, otherwise economically significant communities consistently higher than the surrounding rural areas?

Fisheries in Uganda

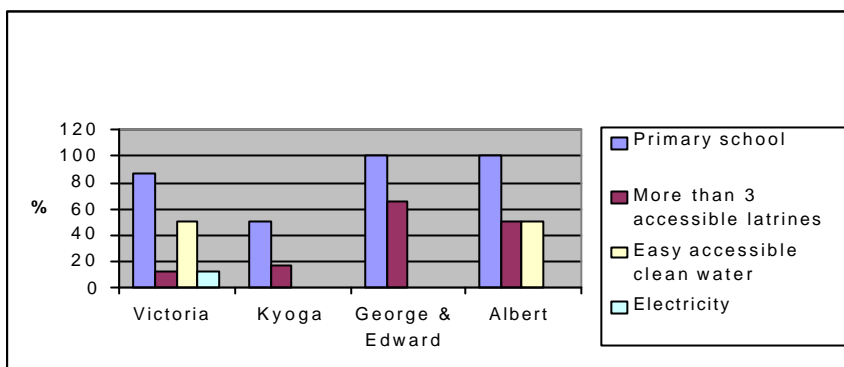
Why has there been limited national focus on these communities throughout the history of HIV/AIDS:

- epidemiological data collection;
- policy development;
- prevention and mitigation strategies; and
- activism?

Drivers of Susceptibility

- neglect by government and the service sector
- relatively high levels of mobility
- easy access to cash
- culture of drinking
- gender inequalities

Access to Social Infrastructure and Facilities



Drivers of Susceptibility

- fluidity of 'marital' relationships
- predominance of sexually active men living away from their home communities
- beer sellers and sex workers ready to meet the fishers' demands ; and
- risky livelihoods - deep-water fishing at night in small boats.

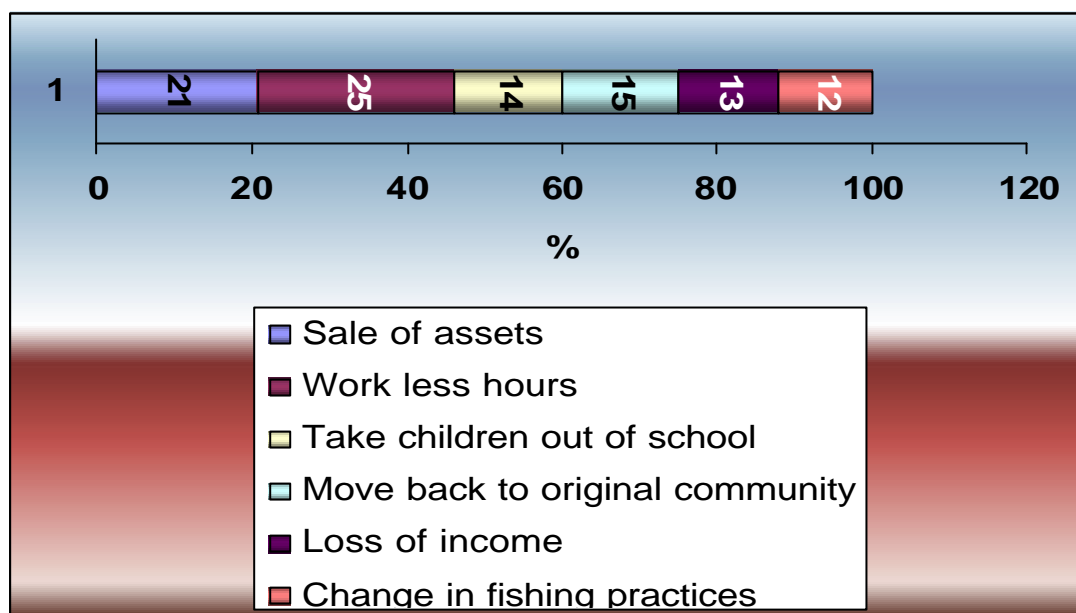
Drivers of Susceptibility

By the time you leave the lake you are freezing and the alternatives to warm you up in order of preference are a woman, alcohol or a fire

Impact: Community Level

IMPACT	%
Loss of skills	34
Reduced time spent fishing	32
Reduction in fish catch	14
Inappropriate fishing practices	20

Impact: Household Level



Coping with the Impact

- What makes fishing communities different?
- Why is their resilience to withstand the impacts of AIDS relatively lower than other rural communities?

What Makes them Different?

- limited livelihood diversification
- lack of social cohesion
- inappropriate government policies
- fisheries policies that can increase vulnerability
- lack of practical opportunities to save

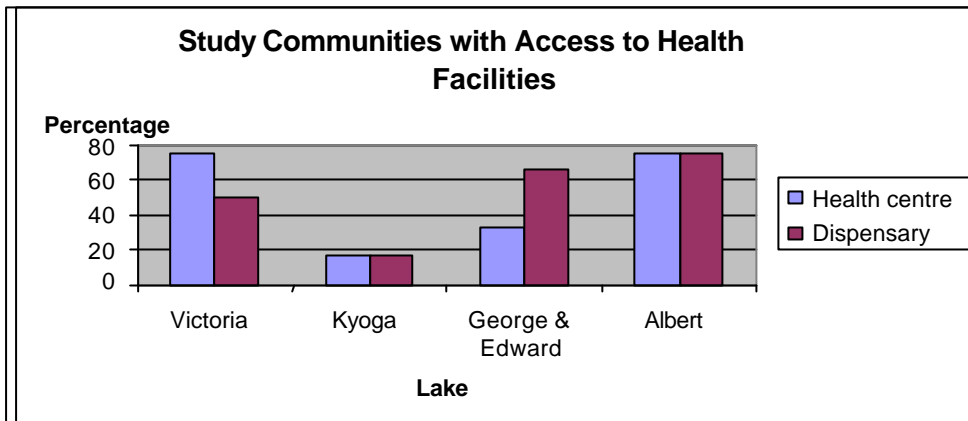
What Makes them Different?

- inadequate access to HIV/AIDS support services
- inadequate water and sanitation facilities
- declining levels of incomes; and
- inability to pay for health care

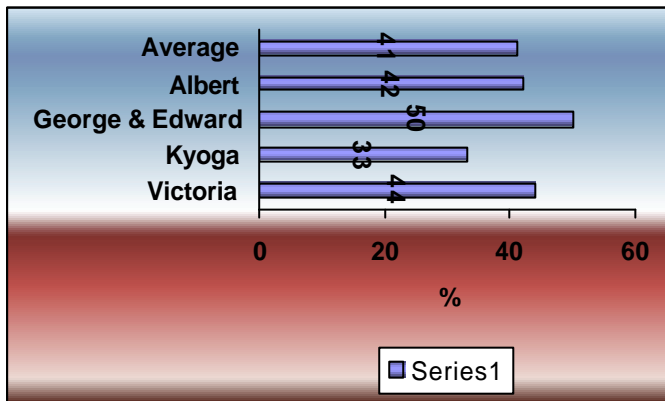
Health Centre - often ran out of medicines, low capacity, no doctors.

Dispensary - untrained staff

Travel time to nearest hospital- e.g. 6 hours by boat, distance 3-67 km



Awareness of HIV/AIDS Support Services that Community can Access



National Implications

- Impact of HIV/AIDS not localised to their communities
- Loss in productivity of fisheries sector
- Undermining national poverty efforts
- Budgetary implications

Concluding Remarks

- Fishing communities, by their very nature, represent a potentially risky environment.
- Potential sources of resistance to the disease are almost universally absent.
- Given the inherent dynamics of fisheries, very difficult to envisage a substantial change in the lifestyle associated with fishing communities

THEREFORE:

- strengthen the resistance of the community to avoid infection through interventions targeted specifically at their risk taking characteristics; AND
- reduce the vulnerabilities of PLWHA to the impacts of AIDS through strengthening their resilience

I Thank You

ANNEX 10 STRATEGY FOR REDUCING THE IMPACT OF HIV/AIDS ON FISHING COMMUNITIES (MAAIF, UGANDA)
Nite Tanzarn

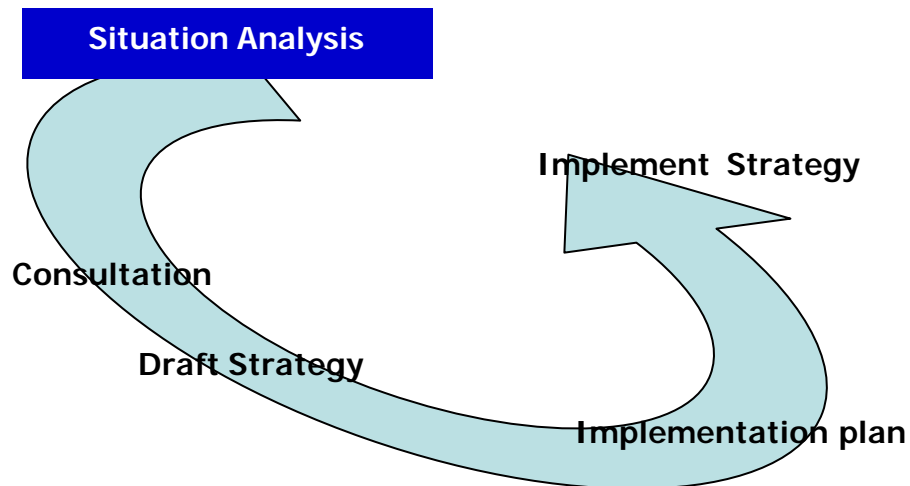
Outline

- Overview of strategy
- Why the strategy?
- What is in the strategy?
- Implementation of the strategy

Overview

- Prepared by DFR, MAAIF
- Based on a comprehensive analytical and consultative process
- Draws on NSF for reducing the spread of HIV/AIDS; and
- For organisations in the public and private sectors

Overview of Process



Why the Strategy?

Fisheries important to the Ugandan economy;
BUT

- Sector highly vulnerable to HIV and AIDS;
- FCs access to HIV prevention and AIDS treatment services limited; and
- FCs under-served by other services.

What is in the Strategy?

- Action-oriented;
- Multi-sectoral; and
- Based on two sets of inextricably linked stakeholder interests:
 - the pursuit of income and livelihoods from fish
 - maintaining and improving individuals' health as a public good

What is in the Strategy?

Vision

Poverty eradication through an increasingly HIV/AIDS-free fisheries sector.

Mission

Transformation of the HIV/AIDS risk environment and impact in the fisheries sector, especially in fishing communities

Strategic Actions

HIV/AIDS specific interventions

- Control the spread of HIV
- Provide HIV/AIDS care and support

Vulnerability reduction interventions

- Adapt MAAIF/DFR's core business to respond to the impact
- Improve access to health, water and sanitation and roads infrastructure and services

Constraints to Implementation

- Greater budget discipline reflected in the LTEF and MTEF and the related fears of increased HIV/AIDS funding on macro-economic stability;
- Sector wide approach to planning, while mainstreaming HIV and AIDS requires a multisectoral approach;
- Mismatch between MAAIF's planned investments and the agricultural sector budget ceiling and;
- Under-financing of fisheries activities under the agricultural sector budget ceiling.

I Thank You

ANNEX 11 The National Strategic Framework: Reviewing the response in fishing communities in Uganda

Rose Nalwadda, Uganda AIDS Commission

Presentation outline

- Introduction - Status of the Epidemic in Uganda
- The Multisectoral Response – the National Strategic Framework
- Revision of the NSF – addressing the gaps, e.g. Fishing communities
- Next Steps

Introduction

- Uganda has registered significant success in reducing HIV infection to an overall prevalence of 6.4% in the age group 15-49 (Sero-survey 2005).
- However, there are significant differentials by sex, age and residence – Women, middle age and urban areas are more disadvantaged compared to the counterparts
- The Central Region where Lake Victoria is situated had the highest rate of 8.6 and the least was 2.3 in the Arua Region.
- Prevalence was highest among the wealthiest (11.1% compared to 4.9 among men) – this has an implication for fishing communities and disposable income

The response

- Uganda adopted a multisectoral approach to which most of the success in reducing the prevalence has been attributed.
- Using the three ones principle, that is one coordinating body (UAC), one national Action Framework (NSF) and one M&E Uganda has been able to harmoniously coordinate and operationalize the multisectoral approach
- The successes notwithstanding, there have been a number of challenges including:
- Emerging issues – raise in prevalence in conflict areas
- Hard to reach populations; mobile populations , fishing communities
- Overall monitoring the response
- Pediatric AIDS
- Stigma
- Resources – human and financial

Revision of the NSF

- The current NSF is ending June 2006
- Will be evaluated and a new 5-year NSF 2006/7-2010/11 prepared
- We plan to have a participatory and inclusive process taking care of the needs of the different constituencies through the partnership arrangement
- A strategy note has been prepared that details the methodology, will be discussed by the partnership committee on Friday 24th March 2006.
- A Task Force will be charged with overall management and quality control and six technical working groups will be used to identify appropriate strategies in six thematic areas – Prevention, Care, Psychosocial, M&E, Resource management, and Coordination and systems

Revision

- Consultative workshops will be held for the 12 Self-Coordinating Entities.
- To ensure an evidence-based Framework, deeper analysis of existing data and triangulation of the different data base will be carried out to facilitate setting of targets and identifying strategies.
- The Fishing Communities issues will be addressed by 3 SCEs – The line Ministries, National NGOs and the private sector

- About 8 months or more
- Evaluation
- Documents Preparation (NSF and operational manuals)
- Consensus building
- Dissemination

Next Steps

- To finalize and share the Strategy note including specific TORs,
- Gathering existing evidence
- Constituting of TWG and Task Force
- Procuring of Technical Assistance

Conclusion

- This is an opportune time to have a more effective NSF since we can bench mark from the previous planning period and there is more evidence through the sero survey and other sector surveys. Available evidence plus the evaluation will help in identifying more effective strategies.
- The timing also gives us chance to draw on the existing body of knowledge in the region through regional collaborations like the GLIA initiative and and LVO.
- Our vision as we identify HIV/AIDS strategies for fishing community should be to ensure universal access to prevention, care and support.

Thank you for listening

ANNEX 12 KENYA'S HIV/AIDS SITUATION AND ITS IMPACT ON FISHING COMMUNITIES ON LAKE VICTORIA: THE KENYAN STRATEGIC POSITION

URSULA SORE – BAHATI, NATIONAL AIDS CONTROL COUNCIL, KENYA

BACKGROUND

- HIV/AIDS epidemic in Kenya was first discovered in 1984, and over 15 years the national response was spearheaded by Ministry of Health, through one of its Department, the NASCOP.
- In 1997, the epidemic reached its highest levels, and to check on its spread, the Government changed its policy through the publication of Sessional Paper No. 4, "AIDS in Kenya".

NATIONAL RESPONSE

- It is the responsibility of Government of Kenya to fight HIV/AIDS. As already said, 1997 was the turning point in the Government Policy in the fight against HIV/AIDS.
- November 1999, the Government declared HIV/AIDS a national disaster and subsequently established the National AIDS Control Council to fight the epidemic.
- The National AIDS Control Council is responsible for the coordination of multi-sectoral national response in the fight against HIV/AIDS. Other roles include:
 - Developing policies on HIV/AIDS
 - Mobilizing resources for the fight against HIV/AIDS
 - Taking leadership role in advocacy and public relations
 - Monitoring and evaluation of all HIV/AIDS activities and programmes
 - Developing management information system on HIV/AIDS
 - Developing sector-specific training needs for ACUs
- In December 2000, NACC launched the first Kenya National HIV/AIDS Strategic Plan (2000-2005) which stated the objectives and the Strategic direction to take in the fight against HIV/AIDS
- The Strategic Plan had three objectives to be accomplished:
 - Reduction of HIV prevalence in Kenya by 20 to 30 per cent among people 15-24 years by 2005
 - Increasing access to care and support to people infected and affected by HIV/AIDS in Kenya
 - Strengthen capacity to co-ordinate
- For two decades, the country had experienced high prevalence rates with the peak of 14 per cent in 2000. However, beginning 2004, the pandemic took a downward trend to the current with a prevalence rate of 7 percent

Table 1: HIV prevalence among adults aged 15-49 years

PROVINCE	WOMEN	MEN	TOTAL (%)
Central	7.6	2.0	4.9
Coast	6.6	4.8	5.6
Eastern	6.1	1.5	4.0
Nairobi	11.9	7.8	9.9
North Eastern	<1.0	<1.0	<1.0
NYANZA*	18.3	11.6	15.1
Rift Valley	6.9	3.6	5.3
Western	5.8	3.8	4.9

Contd...

- It is evident that there exist regional variations with North Eastern having the lowest prevalence of less than 1 percent while Nyanza province, which is bordered by Lake Victoria, experiences the highest HIV prevalence in the country estimated at 15 per cent, which is 9 percentage points higher than the national level.
- Even within Nyanza province there exist variations in HIV prevalence with districts bordering Lake Victoria experiencing relatively high prevalence rates compared to those which do not border the Lake. (ref: Kenya HIV/AIDS Data Booklet, NACC 2005)
- For example Suba experienced high prevalence of 24 per cent, Migori 14.4 percent, Homa Bay 24.4 per cent, Rachuonyo 13.2 percent, Kisumu 18.4 percent, Siaya 13.5 per cent, Bondo 13.7 percent compared to 4 per cent[1] for Kuria, Gucha, Nyamira and Kisii Central districts. This shows that communities around Lake Victoria are more vulnerable and this could be attributed to the socio-cultural practices of the Luo community.

HIV/AIDS AND THE FISHING INDUSTRY

- Kenya has one of the highest HIV infection rates in the East African region with all the sectors of the Kenyan economy have been negatively affected by the epidemic HIV/AIDS including the fishing industry.
- HIV/AIDS is one of the leading causes of death in the most productive age group of 15-49 years, with conservative estimates putting the infection rate at around 15% nationally.
- The rate of HIV/AIDS in fishing villages and at beaches throughout the African Great Lakes region and the coast of the Indian Ocean are believed to be consistently higher than in surrounding agricultural areas.
- However, there is scanty information on the impact of HIV/AIDS on the fisher community.
- The fisher folk are more susceptible to contracting HIV as evidenced by the high HIV prevalence rates in the districts bordering Lake Victoria. Along the fishing beaches, HIV prevalence could be as high as 50 per cent.

Vulnerabilities

The factors that contribute to the high HIV prevalence along the Lake shore include:

- The culture of jaboya where fishermen sexually exploit fishmongers before selling them fish.
- Migratory nature of fishermen which promotes multi-sexual partners.
- Inaccessibility to health facilities as some fishing takes place in remote and hard to reach islands.
- Low HIV/AIDS awareness as fishermen are hard to reach with HIV/AIDS messages since they sleep during the day and go back to the lake in the evening.
- Floating cash among the fishermen and fishmongers which is mostly used for leisure including unprotected sex.
- High poverty levels.
- Low education among the fishing community
- Drug and alcohol abuse among fishermen.
- Shortages of condoms and STI drugs to check spread of HIV in the beaches.)
- The custom of wife inheritance is a leading factor in the spread of HIV/AIDS especially around the Lake Victoria region.
- The lack of HIV/AIDS support services at fishing sites means that people living with HIV/AIDS (PLWHAs), as well as their families, are not assisted to cope with the disease and its impact.
- Ownership of key fishing resources, such as boats, engines, nets and fishing poles, is with men.
- Women are particularly vulnerable to as they sale sex for fish thus branding them promiscuous.
- Women suffering from AIDS are often abandoned by their partners which can be devastating in an environment which is characterized by weak extended family and community support

Impact of HIV/AIDS

- With the high HIV prevalence experienced in Kenya over the last 2 decades, the impact has been devastating.
- The pandemic has led to increased mortality and morbidity with the current death rate associated with HIV/AIDS estimated at 150,000 per year.

- The high death rate for adults has resulted in an increasing number of orphans and vulnerable children estimated at 1.8 million. Nyanza province has the highest number of orphans and vulnerable children estimated at 9 percent.

Ref: *AIDS in Kenya, 7th edition 2005-Ministry of Health*

Impacts of HIV/AIDS

- HIV/AIDS affects families long before the victims die. The cost of treating illnesses caused by HIV/AIDS usually place a huge economic burden on families.
- Households with infected persons experience declining incomes due to high cost of treating and caring for their HIV/AIDS relatives
- Other impacts include declining food production due to lack of labor as a result of sickness, increased absenteeism of HIV/AIDS sick employees, increased spending on funerals, treatment of sick workers
- The health sector is also over-stretched due to HIV/AIDS as approximately 60 per cent of health facilities are occupied by HIV-related cases.

Governments role

- NACC established AIDS Control Units (ACUs) in all government ministries to assist in the coordination of the HIV/AIDS Strategic plan and to mainstream HIV/AIDS prevention and control in the core functions
- The Ministry of Livestock and Fisheries Development only embarked on measures to mainstream HIV/AIDS in 2003. Activities have included the establishment of an office to serve the AIDS coordination unit (ACU), the appointment of HIV/AIDS focal point officers in the respective departments under the MoLFD which include livestock and dairy board, as well as the organization of awareness creation trainings for them. Plans are underway to extend this awareness creation to the field staff including fisheries officers.
- The Ministry intends to mainstream HIV/AIDS in its future interventions like the Lake Victoria Environment Management Project (LVEMP). The following documents have been drafted:
 - A draft HIV/AIDS strategy for the MoLFD,
 - MoLFD nutrition and HIV/AIDS booklets,
 - Curriculum for Mainstreaming HIV/AIDS for the four Training Institutions in the MoLFD

WAY FORWARD

The National AIDS Control Council has prepared a second country strategic plan 2005/6 -2009/10.

- The Plan spells out three main areas of focus namely prevention of new infections, improvement of quality of life for the infected and affected and mitigation of socio-economic impact of HIV/AIDS.
- With these broad priority areas, NACC expects all implementing agencies to draw their action plans targeting specific population.
- For the fisher community, there is need to focus on the following areas:
- Behaviour Change and Communication strategies that will educate the fishermen and make them discard repugnant socio-cultural practices being promoted along the beaches.
- Scale up the production and distribution of targeted information, education and communication materials specifically designed for fishermen.
- Condom promotion and availability should be intensified along the lake shore.
- Scale up voluntary counseling and testing (VCT) services.
- Scale up Home based care and access to ARVs for those infected fisher community who need drugs. PMTCT programmes can also be intensified.

ANNEX 13 AMREF LAKE VICTORIA BASIN INTERVENTIONS OPIYO MAKOUDE

Lake Victoria Basin Initiative

- A partnership involving AMREF, the EAC, the Lake Victoria Basin Commission & Sida
- Main focus – mobile population groups
- Intra-country movements
- Cross-border movements
- Builds on EAC's vantage position and on AMREF's track record of health (HIV/AIDS) interventions within the Lake Victoria Basin
- Newly started project

Major Project Interventions

- Strengthen the capacity of the EAC and its institutions in order to improve the quality of HIV/AIDS interventions within the Lake Victoria Basin
- Strengthen the capacity of other regional institutions
- Draw lessons/best practices for more effective responses

EAC Capacity Strengthening

- Mainstreaming HIV/AIDS workplace policy for EAC and its various organs
- Mainstreaming HIV/AIDS in sectoral interventions (2006– 2010 Strategic Plan)
- Assisting EAC in identifying and documenting best practices/protocols
- Harmonizing policies and strategies on HIV/AIDS within the Lake Victoria Basin

Local, National and other regional Organizations

- Capacity building
- Networking for policy change; advocacy
- Harmonization of strategies
- Documenting best practices & shared learning
- Building complementarities

AMREF – Learning from Lake Victoria Basin

- Strengthening community level responses to HIV/AIDS (Maanisha – KSM, Homa Bay, Mwanza, Mara, Kagera)
- Partnerships with government, civil society & private sector (Kahama, Geita, North Mara)
- Special 'at risk' groups (Youth, mine workers, Commercial sex workers)
- Research and modeling responses and interventions (collaborative research with LSHTM, Marie Curie, Institute of Tropical Medicine (Antwerp), etc.

THANK YOU

ANNEX 14 TACAIDS IMPLEMENTING THE NMSF

Japheth Ng'weshemi

HISTORY OF HIV IN TANZANIA

- 1983 First 3 cases confirmed from Kagera region (1985)
- NACP short term Plans
- SHORT MTP 1985 – 1986
- MTP 1 1987-1991
- MTP 2 1992 – 1996
- MTP 3 1997 - 2002

HIV/AIDS PREVALENCE

- First national community based hiv indicator survey 2003 -2004 collected from 6900 households
- Aim: measure prevalence, knowledge, proportions of chronically sick, orphanhood and care support levels

THIS FINDINGS

- 7% OF 14 ? 49 YRS OLD HIV+
- WOMEN 8%, MEN 6%
- STRONG REGIONAL VARIATIONS: MBEYA 14%, IRINGA 13%, DSM 11%, Mwanza 7.2%, KAGERA 3.7%, MARA 3.5% -The last 3 are bordering Lake Victoria
- 8% COHABITING ARE DISCORDANT

HIV PREVALENCE -continued

- HIV PREVALENCE BY SEX AND AGE GROUP EPIDEMIC CURVE FOR WOMEN PEAKS AT AGE 30-34(13.0%+) AND MEN AT AGE 40 -44 (12.0%+). THUS OLDER MEN HAVING SEX WITH YOUNG WOMEN- UP TO 10 YEARS DIFFERENCE?

HIV/AIDS RELATED KNOWLEDGE

- OVER 90% AGE 14 – 49 HAVE HEARD OF HIV/AIDS
- AWARENESS MODES OF TRANSMISSION ABOUT 90%
- 4 IN 5 ADULTS KNOW THAT HEALTH LOOKING PERSON MAY HAVE HIV
- 4 IN 5 KNOW THAT HIV CANNOT BE TRANSMITTED BY WITCHCRAFT

HIV/AIDS RELATED BEHAVIOUR

?In age at first sexual intercourse

The National Multisectoral Strategic Framework (NMSF) 2003 - 2007

- Aims to mobilize all formal and informal sectors to respond to the HIV/AIDS epidemic
- Has four thematic areas:
 - 1 Cross-cutting interventions-VCT, Stigma, IEC
 - 2 Prevention of HIV spread interventions
 - 3 Care and support interventions
 - 4 small scale IGAs for the affected

NATIONAL RESPONSE

- STARTED BY THE NACP MTPs
- 1999 PRESIDENT DECLARED HIV/AIDS A NATIONAL DISASTER
- 2001 NATIONAL HIV/AIDS POLICY APPROVED
- TACAIDS CREATED BY ACT OF PARLIAMENT
- THE NMSF (2003 – 2007) FORMULATED

TMAP US\$70M

GRANT, PERIOD 2004 – 2007
CARF FUND \$14m FOR CSOs
PUBLIC SECTOR \$ 32m
TACAIDS & RFAs \$ 5m
ZANZIBAR \$ 5m
UNALLOCATED \$ 4m

OTHER FUNDING AGENCIES

NATIONAL BUDGET
GFATM
PEPFAR FOR PMTCT & ARVs
CLINTON FOUNDATION: R. & CARE
CDC –HIV/AIDS SURVEILLANCE
W.H.O. TO MOH & NACP
UNDP, UNICEF & ILO PROGRAMMES

ACHIEVEMENTS

- TACAIDS and NACP have clearly defined roles and work closely together
- Tanzania has passed the 'Three Ones' test by having one National Authority, One Strategy and one M & E system

CHALLENGES

- The silent nature of HIV/AIDS epidemic
- Getting ahead of the epidemic
- Weak middle level leadership
- The long march to the communities
- Sustain the Care and Treatment plan within a strengthened health care system

WAY FORWARD

- Intensification and acceleration of the district and community response process to reach all grass root communities in rural and urban areas in line with MKUKUTA
- More emphasis on primary prevention of new infections with particular focus on youth and women
- More accountability in public sector

THANK YOU

ANNEX 15

LVFO Structures and Working Groups Mrs Caroline Kireme-Mukasa, SE, LVFO

Development Objectives

Some of the key development objectives of the EAC Partner States are to:

- Eradicate poverty; and
- Ensure food security.

While ensuring:

- Resource Sustainability;
- Economic growth;
- Environmental Health;

Why Co-operate in Management of Lake Victoria?

The basis of cooperation is that Lake Victoria is:

- Shared by the three EAC Partner States;
- A symbol of unity as boundaries of the Partner States traverse and meet in the lake;
- Large, the second in the world (68,800km²) and the largest in Africa with a coastline of 3,450 km;
- Has a catchment of 194,200 km² with a rapidly growing population of over 30 million people; and
- Has great economic potential;

Institutional Mechanisms

LVFO formed to promote cooperation among Partner States by Harmonizing National Measures, Developing and adopting Conservation and management measures for sustainable utilization of the fisheries resources of Lake Victoria through:

- Proper management & optimum utilization of fisheries;
- Generation of information for management of the fisheries through research;
- Development and management of the information and database, and dissemination of the information;
- Improvement of infrastructure & human resources capacity; &
- Providing a forum for discussion and making decisions on the initiatives on the lake.

Institutional Structure

Organ	Composition
LVFO Council of Ministers	Ministers responsible for fisheries
Policy Steering Committee	Permanent Secretaries responsible for fisheries
Executive Committee	Heads of Fisheries Management & Fisheries Research Institutions
Fisheries Management Committee	Heads of Fisheries Departments / Divisions
Scientific Committee	Heads of Fisheries Research Institutes
Working Groups	Experts of Technical Disciplines

Programmes

- Resource, Environmental and Socio-economic Research and Monitoring:
 - Stock assessment (trawling, acoustic surveys)
 - Catch assessment and frame surveys
 - Socio-economic Research and Monitoring
 - Fisheries, Pollution and Environmental Research and Monitoring
- Fisheries management programme:
 - Fisheries policy, legislation, institutions and processes
 - Fisheries co-management
 - Monitoring, control and surveillance
 - Fish quality assurance, safety, product development and marketing.
- Database, Information, Communication and Outreach Programme
 - Database development and management
 - Information, Communication and Outreach
- The Aquaculture, Research and Development
 - Aquaculture Research
 - Aquaculture Development
- Capacity Building Programme
 - Human Resources Development
 - Infrastructure Capacity Building

General functions of WGs

- Prepare Standard Operating Procedures
- Prepare and update status reports and make recommendations for management of fisheries based on information from their thematic area
- Prepare implementation plans
- Implement activities at the national level
- Prepare national reports, and into harmonized regional reports
- Review technical reports and give technical advice on issues related to their thematic areas

ANNEX 16 UGANDA: Actions and stakeholders in tackling HIV/AIDS in fishing communities on Lake Victoria

Challenges: uniqueness of fishing communities resulting in:

Challenge	Action	Responsible actors	Sources of fund
Overcrowding	<ul style="list-style-type: none"> - Awareness creation, re-planned settlements and sanitation - Gazette all landing sites/physical planning - Diversification of livelihoods - Enforcement of BMU Statute /membership card 	BMUs Local governments Landlords MoWLE	Global Fund
Insecurity of access to land/land tenure system			
Mobility of population	<ul style="list-style-type: none"> - Diversification of livelihoods - Enforcement of BMU Act - Inculcate a culture of savings/Introduce beach bank - Mobility mapping 	BMUs Local Councils	
Inadequate access to HIV/AIDS information, care and support	<ul style="list-style-type: none"> - Improve access to HIV/AIDS information, care and support – outreach services, media campaigns, 	MoH TASO	
Destiny of last resort	<ul style="list-style-type: none"> - Enforcement of BMU Act/membership card - Promotion of positive living - Local government by-laws limiting migration and settlement at fish landing sites - Promotion of positive living 	BMUs Local Councils CSOs – TASO	
Lack of social values/cohesion	<ul style="list-style-type: none"> - Social rehabilitation/promotion of family value 	FBOs	
Low educational levels	<ul style="list-style-type: none"> - FAL - Provide educational facilities and services 	MoGLSD MOES Local Governments	

	<ul style="list-style-type: none"> - Introduce community policing on education 	CBOS BMUs	
Geographical isolation/accessibility	<ul style="list-style-type: none"> - Improve road networks - Ensure safety of water transport - Improve water transport 	MoWHC Private sector- fish industry	
idle time/long periods of idleness	<ul style="list-style-type: none"> - diversify livelihoods/IGAs - develop youth friendly services/community centres - awareness creation on negative practices – - community radio programme 	DFR/BMUs CBOs FBOs CSOs	
ease of access to cash/daily cash income	<ul style="list-style-type: none"> - Inculcate a culture of savings - Introduce beach banks - Skills in enterprise development 	DFR NGOs	
lack of saving culture			
peer pressure	<ul style="list-style-type: none"> - Develop youth friendly services/community centres - Awareness creation on negative practices – 	DFR	
negative cultural attitudes and practices			
fatalistic attitude to life due to risky livelihoods	<ul style="list-style-type: none"> - Regulation on safety gear - Awareness creation - Counselling – value life 	CBOs	
seasonal income	<ul style="list-style-type: none"> - Diversify livelihood - Add value to fish 	DFR NAADS	
limited livelihood diversification			
inadequate health, water and sanitation facilities and services	<ul style="list-style-type: none"> - Improve health, water and sanitation facilities and services 	MoWLE Local governments MoH	
Alcohol and drug abuse	<ul style="list-style-type: none"> - enact local government bye laws on use of alcohol and drugs - psycho-social support 	Local governments	

Harmonising strategy with national and regional frameworks

- a) aligned with PEAP, PMA, MAAIF strategy
- b) categorise strategic actions into the NSF thematic areas:
 - a. prevention
 - b. care and support
 - c. psychosocial services
 - d. management and coordination

Funding of strategy

- a) Prepare a funding proposal to be sold to Global Fund, World Bank, AIM, EAC,
- b) Lobby local government for funding

ANNEX 17 TANZANIA: Actions and stakeholders in tackling HIV/AIDS in fishing communities on Lake Victoria

Challenge	Action	Responsible actors	Sources of funds
Lack of fisheries sector strategy on HIV/AIDS in the Fisheries Division under the Ministry of Natural Resources and Tourism	Development of a Fisheries sector strategy on HIV/AIDS derived from the Ministerial strategy.	Director of Fisheries in collaboration with Local Government Authorities	TACAIDS MNRT LVFO LGRA SIDA
Silence nature of HIV epidemic	-Awareness and sensitization campaigns -Act on HIV risk factors	-Fisheries Department/Div -Local Authorities -NGOs and CBOs -Communities -The media	TACAIDS LVFO/IFMP LGAs MNRT SIDA
VCT-Voluntary Counseling Testing in Fishing communities	-Establishment of VCT centers with more focus in the islands	-MOH -LGAs -NGOs & CBOs -Fisheries Dept/Div -Communities	-TACAIDS -LGAs -MNRT -LVFO/IFMP -SIDA
Migratory nature of fishers & fisher folk stakeholders	-Tailor intervention according to fishing seasonality and other migratory factors	-TACAIDS -MNRT -LGAs -NGOs and CBOs -Communities	-TACAIDS -LGAs -MNRT -LVFO/IFMP -SIDA
Deliberate HIV transmission by individuals (rich and poor)	-Establish VCT services -Initiate support groups (Peer groups/clubs)	-TACAIDS -MNRT -LGAs -NGOs and CBOs -Communities	-TACAIDS -LGAs -MNRT -LVFO/IFMP -SIDA
Alternative livelihoods	-Diversification of livelihood strategies -Introduction of Micro-finance schemes	-TACAIDS -MNRT -LGAs -NGOs and CBOs	-TACAIDS -LGAs -MNRT -LVFO/IFMP

	-Promotion of women empowerment projects/associations	-Ministry of Health and Women welfare -Banks and Private Financing institutions -Communities	-SIDA -Ministry of Health and Social Welfare
Enabling Behaviour change interventions	-Produce& disseminate appropriate IEC materials (relevant to the target population) -Develop appropriate BCC interventions (e.g Develop high risk surveillance area interventions)	-TACAIDS -MNRT -LGAs -NGOs and CBOs -Ministry of Health &Welfare Dev -Communities	-TACAIDS -LGAs -MNRT -LVFO/IFMP -SIDA -Ministry of Health and Welfare Dev
Quality public health services	-Establish & strengthen Public health services	-TACAIDS -MNRT -LGAs -LVFO/IFMP -NGOs and CBOs -Ministry of Health &Welfare Dev -Communities	-TACAIDS -LGAs -MNRT -LVFO/IFMP -SIDA -Ministry of Health and Welfare Dev
Poor sanitation and hygiene	-Establish/strengthen sanitation & hygiene services -Awareness/sensitization of the proper services	-TACAIDS -MNRT -LGAs -LVFO/IFMP -NGOs and CBOs -Ministry of Health &Welfare Dev -Communities	-TACAIDS -LGAs -MNRT -LVFO/IFMP -NGOs & CBOs -SIDA -Ministry of Health and Welfare Dev

QN 4. There is National Multi-sectoral Strategy: National, Regional, District, Villages/fishing communities should follow the same framework.

QN. 5. Potential sources of funds: TACAIDS, SIDA, LGAs, RFAs, NGOs and CBOs, BMUs through IFMP, Community AIDS Response Funds (CARF), Faith Based Organisations (FBOs).

Suggested Steps:

Awareness building for actors and potential partners

Stakeholders mapping

Mobilization of stakeholders commitment (funds, human resources, etc)

Local draft plans that will feed into national and regional plans (in conformity with National Multi Strategy Framework for HIV/AIDS (NMSF) and NSGPR (MKUKUTA)

Synthesis of the regional strategy

Way forward:

-Initiate stakeholder discussions at local level (District/Region stakeholders meeting and workshops)

ANNEX 18

KENYA: Challenges and Actions

Challenge	Action	Responsible Actors	Sources of Funds
<p>Migratory in nature:</p> <ul style="list-style-type: none"> ○ Difficult to follow-up ○ Difficult to show impact ○ Difficult to know who have reached ○ Difficult to know how to scale-up ○ Outsiders moving into the beach 	<ul style="list-style-type: none"> ○ Strengthen BMUs to keep official records of fisherfolk ○ Use of BMU registers to follow movement of fisherfolk and for follow-up ○ What about the women who also move but who are not members of BMUs? 	<ul style="list-style-type: none"> ○ Department of Fisheries ○ MoH, CSO, Dept of Fisheries ○ Provincial Administration 	<p>Governments, communities</p>
<p>Fluidity of relationships</p>	<ul style="list-style-type: none"> ○ Continuous, targeted behaviour change communication (participatory), involve GIPA 	<ul style="list-style-type: none"> ○ All stakeholders, emphasis on community members (opinion leaders etc) as well as MoH 	<p>Development partners, e.g. UNDP (DFID, SIDA, NORAD)</p>
<p>Hard to reach:</p> <ul style="list-style-type: none"> ○ Reliant on poor lake transport, i.e. no good boats for MoH etc ○ Reliant on weather conditions on lake ○ Even mainland beaches are like islands with regards to transport 	<ul style="list-style-type: none"> ○ MoH should have boats for accessing beaches and islands ○ Share logistics with Dept of Fisheries and other partners (ICIPE, KEMRI, Police etc) 	<ul style="list-style-type: none"> ○ MoH ○ Dept of Fisheries/other partners 	<p>GoK, Airport Authority, Gok Depts</p>
<p>Culture/work style:</p> <ul style="list-style-type: none"> ○ Time schedules for different target groups makes them hard to reach 	<ul style="list-style-type: none"> ○ Plan jointly with communities (i.e. participatory) 	<ul style="list-style-type: none"> ○ All stakeholders 	
<ul style="list-style-type: none"> ○ Perceptions of fishing community with regards to HIV/AIDS ○ Fishing is a risky business, therefore dying from AIDS not seen as a priority when could die on the lake 	<ul style="list-style-type: none"> ○ Continuous, targeted behaviour change communication (participatory), involve GIPA 	<ul style="list-style-type: none"> ○ All stakeholders 	<p>Development partners, e.g. UNDP (DFID, SIDA, NORAD)</p>

<p>Approach to addressing communities:</p> <ul style="list-style-type: none"> ○ What is seen as positive when on the ground may not be that way when leave 	<ul style="list-style-type: none"> ○ Continuous, targeted behaviour change communication (participatory), involve GIPA 	<ul style="list-style-type: none"> ○ All stakeholders, emphasis on community members (opinion leaders etc) as well as MoH 	<p>Development partners, e.g. UNDP (DfID, SIDA, NORAD)</p>
<p>Stigmatisation:</p> <ul style="list-style-type: none"> ○ Fear of acceptance of HIV/AIDS as a problem in their community 	<ul style="list-style-type: none"> ○ Continuous, targeted behaviour change communication (participatory), involve GIPA ○ Promote formation of post-test clubs 	<ul style="list-style-type: none"> ○ All stakeholders, emphasis on community members (opinion leaders etc) as well as MoH 	<p>Development partners, e.g. UNDP (DfID, SIDA, NORAD)</p>
<p>Cultural practices:</p> <ul style="list-style-type: none"> ○ Cleansing ○ Widow inheritance ○ Ritual practices 	<ul style="list-style-type: none"> ○ Targeted information through community opinion leaders, involve GIPA 	<ul style="list-style-type: none"> ○ MoE, Culture and Social Services, as well as other stakeholders – NGOs, CBOs, FBOs etc 	
<p>Capacity to provide services:</p> <ul style="list-style-type: none"> ○ Inadequate personnel ○ Inadequate health care delivery, i.e. facilities, equipment, drugs 	<ul style="list-style-type: none"> ○ Establish health facilities ○ Renovate and equip existing facilities ○ Provision of regular logistics supplies ○ Strengthen support and supervision 	<ul style="list-style-type: none"> ○ MoH, BMUs, GoK 	
<p>Low literacy levels</p>	<ul style="list-style-type: none"> ○ Promote functional adult literacy programmes ○ Using appropriate media to pass on information (radio, posters, basic leaflets etc) 	<ul style="list-style-type: none"> ○ MoE, Social Services ○ NGOs, CBOs etc 	<p>GoK</p>
<p>Income disparities:</p> <ul style="list-style-type: none"> ○ Majority between the women and men leading to commodity relationships, i.e. Jaboya ○ Men dominant in decision making 	<ul style="list-style-type: none"> ○ Economically empower women ○ Encourage savings culture ○ Diversify sources of income ○ Strengthen BMUs 	<ul style="list-style-type: none"> ○ Ministry of Cooperatives ○ NGOs/CBOs carrying out micro-financing activities ○ Ministry of Livestock and Agriculture 	
<p>Myths and misconceptions:</p> <ul style="list-style-type: none"> ○ Condoms laced with HIV 	<ul style="list-style-type: none"> ○ Continuous, targeted behaviour change communication 	<ul style="list-style-type: none"> ○ All stakeholders, emphasis on community members (opinion 	<p>Development partners, e.g. UNDP (DfID, SIDA,</p>

	(participatory)	leaders etc) as well as MoH	NORAD)
Magnitude of orphans: <ul style="list-style-type: none"> ○ Encourages youth into fishing and dropping out of school ○ Encourages Jaboya system, early marriages etc 	<ul style="list-style-type: none"> ○ Family based care ○ Enhance support for home-based care 	<ul style="list-style-type: none"> ○ GoK, Ministry of Home Affairs ○ NGOs, CBOs 	Development partners
Socio-cultural attitudes bringing in rigidity to change <ul style="list-style-type: none"> ○ Polygamy ○ Condom use ○ Partner tracing for clinical follow-up 	<ul style="list-style-type: none"> ○ Continuous, targeted behaviour change communication (participatory) 	<ul style="list-style-type: none"> ○ All stakeholders, emphasis on community members (opinion leaders etc) as well as MoH 	Development partners, e.g. UNDP (DfID, SIDA, NORAD)
Alcohol and drug abuse	<ul style="list-style-type: none"> ○ GoK enforce laws ○ Support programmes ○ Provide information and education 	<ul style="list-style-type: none"> ○ NACADA ○ Provincial Administration ○ NACC 	GoK
Lack of alternative positive social activities			
Limited livelihood options			
<ul style="list-style-type: none"> ○ Lack of appropriate policy and guidelines for fishing communities by GoK ○ Lack of coordination in addressing the fishing industry 			

Way forward:

- Involve all stakeholders involved with HIV//AIDS at national level
- Form a committee that will involve the local community
- Inform the ministry of the proceedings of this workshop

Mandate to Jane Kibwage to write letter to inform Director of outcomes of workshop