



REPUBLIC OF ZAMBIA

MINISTRY OF AGRICULTURE AND CO-OPERATIVES
AND
NATIONAL AIDS COUNCIL

Proceedings of the International Workshop Responding to HIV and AIDS in the Fishery Sector in Africa

Lusaka, Zambia
21-22 February 2006





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TABLE OF CONTENTS

Acronyms and abbreviations	III
EXECUTIVE SUMMARY	1
1. Background	4
2. Overview of Thematic Papers and Case Studies	7
3. Regional Experiences and Key Issues Arising From These	12
4. Priorities for Further Action in Community Support, Policy and Research	14
5. Recommendations	17
6. Conclusions and Next Steps	19
ANNEX 1	21
Opening Statement by the Minister of Agriculture and Cooperatives, Zambia Hon. Mundia Sikatana	
ANNEX 2 Technical Papers	23
The Multi-Sectoral Response to HIV/AIDS in Zambia Ben U Chirwa, National AIDS Council, Zambia	23
HIV and AIDS Among Fisherfolk: What is at Stake? Janet Seeley and Edward Allison, University of East Anglia, United Kingdom	26
HIV/AIDS Response in Fishing Communities: The Experience of Congo-Brazzaville Dr Franck Fortuné M'Boussou, National AIDS Council, Republic of Congo	30
Policy and Planning Processes for Responding to HIV/AIDS in Fishing Communities in Uganda Boaz Blackie Keizire, Department of Fisheries Resources, Uganda	34
Ships, Trucks and Clubs: The Dynamics of HIV Risk Behaviour in Walvis Bay, Namibia Christiaan Keulder, Institute for Public Policy Research, Windhoek, Namibia	41
The Dynamics of HIV and AIDS Among Fishing Communities in Uganda Nite Tanzarn, Makerere University, Kampala, Uganda	50
'Fish for Sex' Exchange in the Kafue Flats: Risky Opportunities of Rural Women Sonja Merten and Tobias Haller, University of Basel, Switzerland and University of Zurich, Switzerland	59

Community Involvement in the Responses to HIV/AIDS in the Fishing Sector in Mbita: The Case of Suba District of Kenya (1998-2000) _____	65
Sina Chuma-Mkandawire, International Labour Organization, Nigeria	
IOM's Work on HIV/AIDS Among Mobile Populations in Southern Africa _____	68
Barbara Rijks, International Organization for Migration, South Africa	
HIV and AIDS in Fishing Communities in Senegal _____	71
Mireille E.L. Anani Kandé, Centre Hospitalier Universitaire de Fann, Sénégal	
ANNEX 3 Working Group Session 1: Identifying Successful Responses to HIV and AIDS in the Fishery Sector _____	74
ANNEX 4 Working Group Session 2: Developing Plans for Scaling- up and Linking Good Practice Examples _____	78
ANNEX 5 Workshop Program _____	81
ANNEX 6 List of Participants _____	83

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Virus
ART	Antiretroviral Therapy
ARV	Antiretroviral
BMU	Beach Management Unit
CBO	Community Based Organization
CSO	Civil Society Organization
DCSU	District Credit and Savings Unit
DCT	Diagnostic Counseling and Testing
DFR	Department of Fisheries Resources (Uganda)
FAO	Food and Agriculture Organization of the United Nations
FBO	Faith Based Organization
FSSP	Fisheries Sector Strategic Plan (Uganda)
GBV	Gender Based Violence
GDP	Gross Domestic Product
HBC	Home Based Case
HIV	Human Immunodeficiency Virus
ICIPE	International Center of Insect Physiology and Ecology
IDP	Internally Displaced Persons
IEC	Information and Education Communications
ILO	International Labour Organization
IOM	International Organization for Migration
IPPR	Institute for Public Policy Research
LGDP	Local Government Development Programme (Uganda)
LMO	Lake Management Organizations
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries (Uganda)
MACO	Ministry of Agriculture and Co-operatives (Zambia)
MOFPED	Ministry of Finance, Planning and Economic Development (Uganda)
MTEF	Medium Term Expenditure Framework (Uganda)
NAC	National AIDS Council
NCU	National Coordination Unit (of SFLP)
NGO	Non-governmental Organization
NSCG	Non-Sectoral Conditional Grant (Uganda)
NSF	National Strategic Framework (Uganda)
NZP+	Network of Zambian People Living With HIV and AIDS
OI	Opportunistic Infections
PAF	Poverty Action Fund (Uganda)
PEAP	Poverty Eradication Action Plan
PLWHA	People Living With HIV and AIDS
PMA	Plan for Modernisation of Agriculture (Uganda)
PPA	Priority Programme Areas (Uganda)
PPP	Public Private Partnership
PRSP	Poverty Reduction Strategy Paper
SADC	South African Development Community
SFLP	Sustainable Fisheries Livelihood Programme
SIDA	Swedish International Development Cooperation Agency
SWAP	Sector Wide Approach (Uganda)
TASO	The AIDS Support Organization (Uganda)
UAC	Uganda AIDS Control
UACP	Uganda AIDS Control Programme
UK	United Kingdom
UN	United Nations
VCT	Voluntary Counseling and Testing

EXECUTIVE SUMMARY

The International Workshop on Responding to HIV and AIDS in the Fishery Sector in Africa was held in Lusaka, Zambia on 21-22 February 2006. The workshop was organized by the WorldFish Center, the International Organization for Migration (IOM), and the Food and Agriculture Organization of the United Nations (FAO) with support from the Swedish International Development Agency (SIDA). It was co-hosted by the Government of Zambia through the Ministry of Agriculture and Co-operatives (MACO) and the National AIDS Council (NAC). Ninety participants attended from 13 countries in Africa and from international organizations. They represented government agencies in the fisheries and health sectors, research institutions, and civil society organizations active in working with fishing communities.

The purpose of the workshop was to enable professionals and organizations working in response to HIV and AIDS in African fisheries to share experiences, appraise the efficacy of their approaches and identify actions in research and development that will further improve their impact.

The workshop pursued and achieved the following objectives:

- Review and compare research findings and approaches applied in response to HIV and AIDS in fishing communities and the wider fishery sector
- Identify good practice examples for wider application
- Identify next steps in development and research to scale up these examples
- Initiate a network of practitioners in Africa for capacity building, scaling-up and further development of approaches

The workshop recognized that a rich set of experiences exist in response to HIV and AIDS in the fishery sector in Africa. These include a wide range of community-led programs originating around concerns of health, livelihoods or resource use. Community participation ('ownership') of programs is essential for their success. As a matter of priority, these local efforts need to be linked to technical expertise in health and economic sectors in order to have greater impact and gain wider momentum.

There is growing experience that programs need to engage with the whole community and sector, rather than targeting 'high risk populations' in isolation. This increases acceptance of interventions, reduces social stigma of 'targeted' groups, and makes use of resources and building blocks available in communities and economic sectors.

In many cases, it has proven successful to focus support on strengthening livelihood assets, in particular of women, to reduce vulnerability. Other examples of integrated interventions in health, local economy and community development are also emerging and multi-sectoral approaches are increasingly recognized at national and local levels. This is also based on a growing recognition that risk factors extend outside the fishery and health sectors and that solutions need to take account of these linkages.

Increasingly, fishing communities are being included in wider HIV/AIDS programs, though much remains to be done to achieve an adequate level of support and improve quality of delivery to these communities. It is also evident that the 'fishery sector' is very diverse, and that responses will vary greatly between industrial and small-scale fisheries as well as along other gradients. Much more needs to be known about vulnerability and resilience in different types of fisheries and socio-economic and resource-use contexts.

Policy development has advanced in some countries, and lessons on how this has been achieved need to be captured and made available to the wider region. Yet it is apparent that a stronger knowledge base and improved lobbying strategies are needed for making a convincing case for investment within government and as well as with external donors. Quick progress can probably be made by integrating diverse efforts across agencies and pooling resources strategically. Again, there is positive experience emerging through national programs in several countries.

To build on these experiences and move the agenda forward, the workshop recognized the need to continue exchanging knowledge and sharing lessons and to apply good practice more widely. It was recommended to pursue this through a regional network of professionals active in research, community support or policy. As new programs and projects are being developed, this network can provide technical support and inputs into design and delivery.

The following recommendations were identified in five areas of intervention:

1. Successful experiences are emerging that need to be better understood and scaled-up:

- replication of positive experiences beyond the pilot areas is an immediate priority; this should be accompanied by monitoring of impact
- local agency needs to be supported technically and financially to have wider impact; this is an important role for national and regional level institutions
- integration of local resources and national/international support is essential for a coherent approach

2. Linkages need to be strengthened in most areas:

- between agencies providing support to communities, in particular integrating government and civil society support
- between research, policy, and community support agencies
- between fisheries, health sector and other sectors, to capture risk factors and emerging solutions wherever they are
- at regional level, between countries and agencies working on related issues
- to coordinate knowledge exchange and drive this integration, there is need for a regional network of practitioners, including researchers, policy makers and professionals in civil society organizations working in fisheries, health and other relevant sectors

3. Knowledge base needs to be strengthened:

- quantitative as well as qualitative data are required to provide guidance and direction for interventions, and to make a convincing case for increasing the volume of investments in support of this work
- data and information need to be consolidated at higher levels (country, region) where they can be effectively communicated to policy makers and planners
- information needs to be channeled more effectively into the policy process and into investment decisions by government, NGOs, donors

4. Engagement of service providers with fishing communities and wider fishery sector needs to improve:

- service providers need to target their approaches more effectively at the sector, based on growing knowledge of specific dynamics, conditions and opportunities
- at the same time, lessons from other sectors need to be transferred and adapted to the fishery sector for quick gains

- HIV/AIDS services can be effectively integrated with other development programs (livelihoods, industry relations, education, health care), and good practice is emerging in this area that needs to be captured and replicated more widely
- the migratory nature of fisherfolk needs to be better understood and responses need to take this into account

5. Resource flows need to be strengthened:

- HIV/AIDS support needs in fishing communities and the wider fishery sector need to be fully recognized, based on improved knowledge of economic and human development value at stake
- 'lobbying' and resource mobilization efforts need to be integrated at a meaningful level to improve coherence and increase 'reach'
- resources available within the fishery sector need to be tapped more effectively at different levels, including central and local government, as well as private sector investments

1. Background

In the last decade, it has become evident that fishermen in many developing countries are among the populations most at risk to HIV, with prevalence often many times higher than that of the general population. Prevalence rates among the many women working in fishing communities is not known but is likely to be even higher, due to the subordinate economic and social position they occupy, which increases their exposure to HIV. The elevated HIV prevalence and the alarming morbidity and mortality due to AIDS place fisherfolk and their communities among those meriting close attention in policy and support programs in response to the disease.

A recent comparative study of fisherfolk and other 'high risk groups' in selected countries¹ showed prevalence rates among fisherfolk of 20.3% in the Democratic Republic of Congo, 24% in Uganda, and 30.5% in Kenya. These rates are between 4.5 and 5.8 times higher than in the general population, and about twice as high as among truck drivers, who are conventionally considered a high-risk group. High prevalence rates among fisherfolk in Africa are further reported in case studies from around the continent (for further information please see the companion technical report and refer to the technical papers in this volume).

A combination of factors that are known to increase HIV susceptibility tend to come together in the fishery sector and contribute to a high-risk environment in particular in fishing communities. Among these risk factors are:

- Demographic structure with high rates of single men in sexually active age groups;
- High rates of mobility and migration;
- Easy availability of cash income on a regular basis, without tangible investment or savings opportunities;
- Poverty and gender inequality marginalize women in commercial transactions, making them vulnerable to sexually exploitative relations;
- Poor health service infrastructure and condom availability;
- Generally poor health and hygiene status in fishing camps;
- Culture of risk taking and perception of low social status among many fishermen.

Like in other economic sectors, HIV and AIDS are having a profound impact on the livelihoods of fishing families and communities, and the viability of the entire fishery sector. Families lose income, assets and the capacity to invest in their future. Communities experience declining living standards, reduced economic options, and overwhelming demands on social cohesion and caring capacity. In addition, long-term stewardship of fisheries resources become undermined as fishing communities have to meet short-term economic needs and, with increased mortality, important knowledge and management skills are lost. But the health crises in fishing communities emanate beyond the fisheries sector through mobile and part-time fishing populations and the high volume of daily interactions through trade and markets. The multiplier effects of the loss of productive labor and declining productivity may affect rural incomes more broadly.

As a consequence, the ability of the fisheries sector to supply fish and fish products to the low-income groups for whom it represents an important and often the only affordable source of animal protein and micronutrients is severely threatened. Already, per capita fish supply in sub-Saharan Africa is declining, and the poor are finding it increasingly difficult to access affordable fish products. Fish offer micronutrients, vitamins, minerals

¹Kissling, Esther, Allison, E.H Seeley, J.A., Russell, S., Bachmann, M., Musgrave, S.D. and Heck, S. 'Fisherfolk are among groups most at risk of HIV: cross-country analysis of prevalence and numbers infected' AIDS 2005; 19: 1939-1946.

and proteins that are essential for child development and have been shown to increase the efficacy of HIV/AIDS treatments. What is at stake here is the long-term human development of millions of people, in turn affected by HIV/AIDS and other diseases, who are in urgent need of improved nutrition.

Addressing these constraints, a number of initiatives around the world have targeted fisherfolk with various forms of interventions that aim to prevent infection, provide medical treatment to those living with AIDS, or support AIDS-affected individuals and households with broader livelihoods options, including training in occupations that provide alternatives to the physical rigors of fishing. There has been little opportunity, however, for lesson learning from across these programs, and the efficacy of different approaches under different circumstances has not been reviewed. As a result, the response to HIV and AIDS in fishing communities has been piecemeal and ad-hoc, applying approaches developed in farming or urban communities that have sometimes proven to be inappropriate and ineffective in fishing communities. The location of these programs seems to depend on chance encounters of health projects and fishing communities, rather than a strategic approach that would target those communities most at risk and/or most in need of treatment and mitigation measures, or those fisheries that contribute most to national and regional economies and where the economic losses associated with HIV and AIDS will have the greatest impact on poverty alleviation efforts.

Nevertheless, governments and civil society groups have started to respond to HIV and AIDS in fishing communities and the fishery sector more generally. This has included health service provisioning, education campaigns, integrated rural planning, and policy development processes. There is urgent demand to review these efforts, assess what approaches have worked under what conditions, and identify the investments and mechanisms needed to scale up successful examples quickly.

The International Workshop on Responding to HIV and AIDS in the Fishery Sector in Africa

Addressing this urgent demand, an International Workshop was held in Lusaka, Zambia on 21-22 February 2006. The purpose of the workshop was to enable professionals and organizations working with fishing communities in response to HIV and AIDS in Africa to share experiences, appraise the efficacy of their approaches and identify actions in research and development that will further improve their impact.

The workshop pursued and achieved the following objectives:

- Review and compare research findings and approaches applied in response to HIV and AIDS in fishing communities and the wider fishery sector
- Identify good practice examples for wider application
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The workshop was organized by the WorldFish Center, the International Organization for Migration (IOM), and the Food and Agriculture Organization (FAO) with support from the Swedish International Development Agency (SIDA). It was co-hosted by two key institutions in the Government of Zambia, the Ministry of Agriculture and Co-operatives and the National AIDS Council. The 90 participants came from 13 countries in Africa and from

international organizations. They represented government agencies in the fisheries and health sectors, research institutions, and civil society organizations active in supporting fishing communities to respond to these challenges.



Some of the Workshop Participants

2. Overview of Thematic Papers and Case Studies

The range of papers presented at the conference reveals the diversity of responses to HIV and AIDS in the fishery sector at all levels. The papers discussed a range of issues within this broad remit, from community level impacts of disease to policy implementation, from spatial mapping to theatre as a mode of communication. As the workshop was the first in this region to broach these issues, it was important to explore the different situations encountered across the continent. A total of ten technical presentations were given, followed by discussions both in the plenary and in break-away groups. The reactions to the presentations by participants revealed that their own experiences often corresponded with the information being conveyed by the presenters, and they felt that the main concerns were being captured and vocalized. There was also great interest in following-up with individual pieces of work and case studies through direct interaction between agencies working on related issues in different contexts and countries.

The papers on which the presentations were based are given in ANNEX 2. The main points of each of the presentations are summarized below.

The Multi-sectoral Response to HIV/AIDS in Zambia

Ben U Chirwa, National AIDS Council, Zambia

The first presentation introduced the multi-sectoral response that has been adopted in Zambia to combat the spread of HIV and AIDS. HIV prevalence in Zambia is about 16% amongst the 15-49 age group. Women are more likely to be infected than men (18% compared with 13%), and urban populations have a higher infection rate than rural populations (25% compared with 11%). In 2002 the Zambian government established the National AIDS Council to coordinate the national response to the HIV epidemic. The guiding principle is a unified effort across sectors through one agreed AIDS action framework, one National AIDS coordinating authority, and one agreed country-level monitoring and evaluation system. The national response to HIV/AIDS is making progress, yet significant challenges remain. Concerted efforts are needed to scale-up best practices. The coordination of multi-sectoral response has to be strengthened, particularly at district level. Stronger monitoring and evaluation systems are required to improve information and knowledge structures, and continued community mobilization and political will are necessary.

HIV and AIDS Among Fisherfolk: What is at Stake?

Janet Seeley and Edward Allison, University of East Anglia, United Kingdom

This presentation provided a broad overview of the HIV vulnerability among fisherfolk globally. Fisherfolk are particularly vulnerable to HIV infection, and yet have been neglected in HIV/AIDS prevention, treatment and mitigation efforts. Estimates of HIV prevalence reveal that infection rates are higher than in many other 'at-risk' groups (e.g. truck drivers, military). There are a number of 'risk-factors' that may converge to put fisherfolk and their communities at risk, including: age, mobility, cash income, social context, "fish for sex" transactions, risk denial, and exaggerated forms of masculinity. Many of these factors also affect attitudes towards, or access to, treatment and care services.

Consequently, long-term fishery resource management is difficult to sustain. Loss of skills and knowledge in fishing communities and supporting institutions leads to loss of

productivity and destructive fishing practices, endangering sustainable fishing. A further effect is the loss to national and local economies, and reduced nutritional security for the wider population.

HIV/AIDS Response in Fishing Communities: The Experience of the Republic of Congo (Brazzaville)

Franck M'Boussou, Conseil National de la Lutte Contre le SIDA, République du Congo

The Republic of Congo presentation addresses issues of community involvement in responding to HIV and AIDS. The National AIDS Council and the Sustainable Fisheries Livelihood Programme (SFLP) of FAO implemented two pilot projects in fishing communities in the Republic of Congo, supporting community involvement in the process of developing responses. Different community groups collaborated to address HIV vulnerability among fisherfolk. Community mobilization and prevention activities utilized theater, video and radio, as well as the strengthening of partnerships and umbrella groups of fisheries organizations. A socio-economic study on the impact of HIV in the communities was carried out, revealing how household resources fluctuate when affected by the disease. From these studies it has been possible to draw out particular lessons and proposals for action which have broader applicability.

Policy and Planning Processes for Responding to HIV/AIDS in Fishing Communities in Uganda

Boaz Blackie Keizire, Department of Fisheries Resources, Uganda

The process by which the Ugandan government developed a policy response was the subject of this presentation. Government departments, including the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), are encouraged to plan their programs in accordance with the Poverty Eradication Action Plan (PEAP, which underpins government resource allocation), and the National Strategic Framework on HIV/AIDS (NSF). Following a 2004 analysis of HIV/AIDS in fishing communities in Uganda, the Department of Fisheries Resources developed a Strategy for Reducing the Impact of HIV/AIDS on Fishing Communities. The Strategy is important for a number of reasons: HIV/AIDS prevalence in fishing communities is three times greater than the national average; fishing communities are not being effectively reached with HIV responses by MAAIF or local governments; and there is need for a separate funding arrangement to finance specific activities.

Ships, Trucks and Clubs: The Dynamics of HIV Risk Behavior in Walvis Bay

Christiaan Keulder, Institute of Public Policy Research, Namibia

In 'Ships, trucks and clubs' the challenges presented by characteristics of the commercial fishing industry was analyzed in a recent joint study by IPPR and IOM that took place between July and December 2005. Walvis Bay is the hub of a large commercial fishing sector, and the terminus of both the Trans-Caprivi and Trans-Kalahari Highways. International and local fishermen, truck drivers, and commercial sex workers in Walvis Bay are tied into a triangle of high-risk sexual behavior with global implications.

During periods of leave on shore in Walvis Bay foreign fishermen have casual or longer-term high-risk contact with sex workers. Lack of HIV education, alcohol abuse, and communication difficulties contribute to the vulnerability of the fishermen. Local fishermen and truck drivers also frequently engage in sexual relations with sex workers, who are

themselves vulnerable due to their poor negotiating position with regard to condom use, poverty, language barriers, and cultural/gender practices. There is a clear need for more effective HIV education, which in the case of foreign truck drivers and fishermen should start at their country of origin, and be continued at sites they frequent. Although local fishermen are often the focus of HIV education, this is insufficient, and may be from sources they mistrust.

The Dynamics of HIV and AIDS among Fishing Communities in Uganda

Nite Tanzam, Makerere University, Uganda

The second presentation from Uganda introduced two studies carried out in 2003 and 2004 on fishing communities. The findings showed that fisherfolk are particularly susceptible to HIV/AIDS due to: neglect by government and the public service sector, inadequacy of social infrastructure and health services, high levels of mobility, fluidity of 'marital' relationships, a predominance of sexually active men living away from their home communities, cash incomes, availability of beer sellers and sex workers, and limited livelihood diversification. Women are more at risk of HIV infection due to the unequal power relations that make them socially and economically dependent on men. Beer brewing/selling and commercial/transactional sex are two of the few income generating activities available to women within fishing communities. Other income generating activities, such as fish-processing, may also be affected as women spend more time looking after sick family members.

Interventions should include promoting sustainable use of fisheries resources, inculcating a culture of savings, promoting community savings, improving access to social infrastructure and services, providing mobile health services, health education, and safe water sources.

'Fish For Sex' Exchange in the Kafue Flats, Zambia

Sonja Merten and Tobias Haller, University of Basel, Switzerland and University of Zurich, Switzerland

The Kafue Flats presentation focused on socio-economic factors related to "fish for sex" exchange and the vulnerability of women, which was informed by data obtained during two periods of fieldwork in 2002 and 2004. Zambia's weak economy and high unemployment forces many people in urban and peri-urban areas to move into the informal sectors, including the fisheries sector. Large numbers of migrant fishermen are moving into increasingly remote areas such as Kafue, and come into contact with rural populations. Women expand their economic activities in these localities through fish-trading, which requires low capital input and skill levels. However, because of the intense competition over the fish catch, women initiate or, more frequently, feel compelled to engage in either long-term or casual sexual transactions with the fishermen to access catch.

The low visibility of the sick in fishing camps (who move home when they become ill), combined with scarcity of condoms, alcohol abuse, and high-risk work, contribute to sexual risk-taking behavior amongst fishermen and some traders. However, in local agro-pastoralist villages where there are high mortality rates many female fish-traders are stigmatized, and therefore hide their sexual activities, thus increasing their vulnerability and reducing the likelihood of seeking treatment.

HIV/AIDS in the Fishing Sector: the ILO Experience in Suba District, Kenya

Sina Chuma-Mkandawire, International Labour Organization (ILO), Nigeria

The International Labour Organization (ILO) presentation summarized a Poverty Eradication Programme, which was implemented in some districts of Kenya between 1998-2000. Noting the high mortality rate among fishermen and young girls, a study was conducted that revealed high rates of HIV. A pattern emerged of how HIV infection was transmitted. The study reported that fishermen had sex with local women in exchange for money or fish. Fishermen's wives and female fish traders from further afield come to the lakeshores on a weekly basis to collect money or trade fish, and could become infected. These women then return to their villages and cities, transmitting the disease to other sexual partners. In addition, Matatu (taxi) drivers from the cities also reportedly engaged in sexual transactions with women on the lakeshores, which further increases the sexual networks related to the fishing industry.

District AIDS Committees consisting of community members were set up to sensitize people to HIV/AIDS, design prevention strategies, and train peer educators. A fish processing and storage complex in Mbita was rehabilitated and a Credit and Savings Union was formed to assist fishermen to save money. Community gardens were also established.

IOM's Work on HIV/AIDS Among Mobile Populations in Southern Africa

Barbara Rijks, International Organization for Migration (IOM), South Africa

The International Organization for Migration (IOM) stressed the similarities between the HIV vulnerabilities of fisherfolk and that of other labor migrants in Africa. IOM uses a diagram that looks at all four stages of the migration process to analyze and respond to HIV vulnerabilities of migrants and mobile populations, which are at the place of origin, transit, destination and return. Most often migrants are vulnerable to HIV infection at their destination - for example, men who work far from home, have access to sex workers and have few recreational options. For others, the greatest risk occurs in transit, including female informal traders who may trade sex for food, shelter or transportation for example. Spouses of migrants have been shown to be at increased risk of infection at places of origin, as they engage in transactional sex to supplement their income, or get infected by their returning migrant partners.

Mobility can lead to high-risk behavior, and there are additional structural factors that impact on the HIV vulnerability of mobile workers. HIV responses in migrant settings should address both immediate causes of infection and the more structural underlying factors. IOM uses a rights-based and participatory approach to bring HIV prevention programs and access to care and support to mobile populations throughout the world.

HIV and AIDS in Fishing Communities in Senegal

Mireille E.L. Anani Kandé, Centre Hospitalier Universitaire de Fann, Sénégal

A general overview presentation explained that in Senegal the HIV and AIDS epidemic is stable, with a relatively low zero-prevalence rate. This is primarily due to the early, widespread and multi-sectoral response within the country. However, there have been no programs targeting fishing communities specifically, who are particularly vulnerable because

of low levels of education, poverty, seasonal unemployment, large families, polygamous marriages and poor infrastructure. Fishermen are mobile and may travel to other countries to fish, sometimes for up to 10 months of the year or more, during which some of them come into contact with sex workers and with other population groups that might be at risk. This is a serious problem, both for the communities concerned, and for the potential impact on the national economy. Senegal should establish specific strategies for responding to these communities, and in doing so will be aided by particular socio-economic features of fishing communities (such as community solidarity).

3. Regional Experiences and Key Issues Arising From These

The morning presentations on the first day addressed a number of topics of relevance to practitioners and policy makers engaged in work on HIV and AIDS in the fishery sector. They provided an introduction to the issues for participants who had not worked directly in this area previously, and a broader context for those already familiar with the field. Following the presentations, working groups were formed according to sub-region. People from different professional backgrounds were able to exchange ideas and experiences. After a working group session lasting two hours, the participants reassembled to present their findings to the plenary.

The purpose of the first working group session was to highlight the different experiences of participants, and to compare similarities and differences encountered within sub-regions of Africa. Although the high HIV prevalence rates in fishing communities have only gained international recognition in recent years, individuals and organizations working in Africa have been engaging with affected communities for many years, often in innovative and effective ways. However, due to time pressures and isolated working environments, opportunities for a formal exchange of ideas between organizations have been rare. Participants were therefore enthusiastic about the prospect of discussing the issues and comparing experiences.

Three working groups were formed according to regional areas of experience and interest. These were East Africa, Southern Africa, and West and Central Africa. Within these groups consideration was given to three different areas of response: community support; policy level change and institutional reform; and research and information dissemination. Discussions covered the problems and issues encountered, possible responses and factors of success, and, finally, remaining challenges.

The **East Africa** group comprised participants from Kenya, Tanzania and Uganda. Many of the examples that were volunteered came from work done in or around the Lake Victoria region. The group identified a number of problems undermining HIV and AIDS responses in fishing communities, such as the weak capacity of civil society organizations, neglect by government institutions, and lack of quantitative and empirical data to work from. Successful examples of responses included support for community action, the establishment of beach management units and 'beach banks' providing credit, improvement of transport facilities, and improved coordination with government departments and donors. With regard to research, the rapid rural appraisal by the AIDS support organization (TASO, Uganda) was put forward as a successful example of a baseline survey. Remaining challenges included gaps in technical skills and information sharing, integrating civil society work into a district government framework involving local health systems, and practical constraints (e.g. reaching remote communities).

Participants from Malawi, Mozambique, Namibia, South Africa and Zambia attended the **Southern Africa** working group. Although also concerned with artisanal fishing communities, this group had a significant proportion of people working with larger commercial fishing enterprises, and this was reflected in the discussion. Problems identified in addressing HIV and AIDS in fishing communities included access to target populations (both to remote communities, and to international fishermen docking for brief periods), language barriers, tension over responsibility for inland fishing between ministries, and tension within ministries over the role of extension workers. It was concluded that successful ways to respond

would be to broaden involvement of different sectors (including private companies), to target whole communities not just fishermen, to provide incentives (e.g. hats, CDs) for people to come to awareness meetings and to locate meetings at times and in areas where target populations gather (such as bars), to get support of influential individuals within groups, and to adapt current workplace policies on chronic illness to include HIV. Further challenges were also discussed, such as the difficulties in translating policy into action, coordination between NGOs, and the financial and moral implications for companies when workers are identified as HIV positive.

The **West and Central Africa** group comprised participants from Benin, Nigeria, Democratic Republic of Congo (Kinshasa), Republic of Congo (Brazzaville), and Senegal. The group felt that HIV and AIDS in the fishery sector had not been adequately addressed at any level, and that this problem was compounded when governments failed to include the sector in national strategies. They advocated for stronger responses at community and government level, including greater involvement of community leaders in projects, broader community ownership of activities (including research undertaken), inclusion of all sections of the community, stronger partnerships and linkages between organizations, and improved funding. Examples of successful strategies were provided by Congo-Brazzaville's experience of using theatre groups, and the inclusion of fishing communities in national policies in 2004 following a strong advocacy campaign. The necessity of publishing results and capacity building to allow communities to continue activities was highlighted, as was the need for livelihood diversification and access to social services.

Although the three different groups emphasized different problems and successful responses, there was significant overlap between the groups, and most of the points made were common to all groups. At the end of the first day a plenary feedback session revealed general consensus on a broad range of experiences to be built on, and useful lessons were available from across the continent.

Group presentations from Working Group Session 1 are provided in ANNEX 3.

4. Priorities for Further Action in Community Support, Policy and Research

After the plenary presentations on the morning of the second day, participants were divided up into working groups according to three identified themes: 'community support', 'policies and institutions' and 'research and information'. Participants with experience or interest in these areas were able to exchange information, and learn about examples of work from across the continent.

The purpose of the working group sessions was to build on the knowledge and information exchange of the previous day in order to develop practical and applicable action plans for initiating and scaling up activities, and linking 'good practice' examples. Discussions were focused on determining realistic goals and feasible actions, which the individuals and the organizations they represented at the workshop would be able to take initial responsibility for and implement after the workshop. This process involved consideration of what specific steps are needed, which stakeholders need to be involved, and what the options are for mobilizing resources and support.

Community support

In the area of community support participants identified key priority areas, with examples of specific actions in each. Information, education and communication (IEC) and sensitization should be effected through activities most successful at targeting behavior change, such as peer-to-peer education, and innovative approaches (e.g. theater or cartoons in areas of high illiteracy). Voluntary Counseling and Testing (VCT) facilities should be used more efficiently, and can, for example, be undertaken at the beaches and landing sites. More emphasis on home-based care would be beneficial. Attention was drawn to the fact that addressing livelihoods would engage with some of the underlying problems related to poverty and disempowerment. This could be done in a variety of ways, for instance by off-season labor programs, fish-farming, and the provision of micro-credit. Progress in linking different partners working in communities (faith/community based, government) is also an area where further action is required. Community organizations can also advocate for change by disseminating best practice examples, and lobbying governments and sources of finance.

In order to implement these activities, support would be needed from stakeholders such as National Aids Councils, community-based organizations, non-governmental organizations, technical (e.g. micro-finance) experts, and government departments. Sources of funding might include governments, NGOs, private sector enterprises, Aids Councils, donor organizations, and savings schemes set up by the communities themselves.

Policy and institutions

This group considered what actions needed to be taken in the areas of policy development and implementation, and institutional support. Participants emphasized the need to ascertain what policy gaps there were at country level as a first step, and to collect necessary empirical data to inform policy decisions. Once these gaps have been identified on a country-by-country basis it will be necessary to consider how they can be addressed by determining pathways for channeling attention to issues of HIV/AIDS

in the fisheries sector, and identifying champions and advocating partners within key institutions to move the agenda forward. In addition, lobbying to include the issue in national policy and strategy papers was strongly recommended. The importance of interacting with district level partners and understanding the core problems and livelihood strategies was also emphasized. A pilot project might catalyze interest, and would be an effective way of drawing attention to the issues.

One of the recommendations emerging from this group was that effective, context-specific, leadership should be established. Often this would be the Ministry/Department of Fisheries, which should create an inclusive framework and lead coordination efforts with other ministries and partners. HIV/AIDS organizations and regional fisheries organizations may be more appropriate leaders in some situations. The private sector also has a role to play in developing and implementing workplace policies, and in collecting data on the impact of HIV/AIDS on business. Linkages and collaborations need to be strengthened at all levels.

Research and information

Participants in the research and information group decided that before discussing what needed to happen, they first of all had to determine what research needed to be done. They pointed out the lack of cohesive research studies, and called for further research in all areas. In particular, participants highlighted the need for better understanding of fishing communities and their composition, including broader social and mobility networks. Research on behavior change in communities and gendered behavior in particular (focusing on men as well as women) is critical. The need for epidemiological studies was also stressed, as was the importance of 'action research' to inform policy.

Actions to be implemented immediately included improving access to existing information and research, and methodological approaches and tools, by setting up both a database of current research and a virtual discussion group, which should be made available to people across the continent. Existing research needs to be accessible. The importance involving affected communities proactively in research and dissemination was stressed. It was further suggested that pressure should be put on national level surveyors and census designers to include fishing communities in national demographic and health surveys, where they are currently neglected, and that the option of 'piggybacking' on planned surveys should be explored. In the longer-term there should be continuous assessment of research gaps and design of context-specific research, and also more collaborative research on anti-retroviral treatments and alternative therapies.

In order for effective research to be conducted and findings disseminated, widespread stakeholder cooperation is critical. This would include the fishing communities themselves as active participants, including local leaders and traditional healers. In the public sector, both national and local governments should be more active in this area, and there is clearly a leading role for universities and research institutions. Employers and the private sector more broadly should also get involved, particularly in relation to industrial fisheries. Cooperation from donors, non-governmental and community-based organizations will facilitate more effective research. In terms of funding for further research, proposals to donors were mentioned, as well as more innovative ways to prompt economically efficient forms of research, such as organizing omnibus surveys between organizations, consortia-based research, and exploiting linkages between institutions in different areas to share expertise and resources.

There was clearly much consensus between the groups that considerable work needed to be done in all areas. However, with a much clearer idea of what to do, and a stronger sense of the range of organizations interested and prepared to engage in this work, participants were keen to develop action plans to implement on their return. One of the clearest 'problems' identified by the groups was the poor linkage between sectors and disciplines, and the workshop discussions were in themselves an initial stage in overcoming this.

Group presentations from Working Group Session 2 are provided in ANNEX 4.

5. Recommendations

Based on the working group findings and informed by the technical presentations, the plenary sessions discussed overall lessons and recommendations. The following recommendations were identified, grouped in five areas of intervention:

1. Successful experiences are emerging that need to be better understood and scaled-up:

- replication of positive experiences beyond the pilot areas is an immediate priority; this should be accompanied by monitoring of impact
- local agency needs to be supported technically and financially to have wider impact; this is an important role for national and regional level institutions
- integration of local resources and national/international support is essential for a coherent approach

2. Linkages need to be strengthened in most areas:

- between agencies providing support to communities, in particular integrating government and civil society support
- between research, policy, and community support agencies
- between fisheries, health sector and other sectors, to capture risk factors and emerging solutions wherever they are
- at regional level, between countries and agencies working on related issues
- to coordinate knowledge exchange and drive this integration, there is need for a regional network of practitioners, including researchers, policy makers and professionals in civil society organizations working in fisheries, health and other relevant sectors

3. Knowledge base needs to be strengthened:

- quantitative as well as qualitative data are required to provide guidance and direction for interventions, and to make a convincing case for increasing the volume of investments in support of this work
- data and information need to be consolidated at higher levels (country, region) where they can be effectively communicated to policy makers and planners
- information needs to be channeled more effectively into the policy process and into investment decisions by government, NGOs, donors

4. Engagement of service providers with fishing communities and wider fishery sector needs to improve:

- service providers need to target their approaches more effectively at the sector, based on growing knowledge of specific dynamics, conditions and opportunities
- at the same time, lessons from other sectors need to be transferred and adapted to the fishery sector for quick gains
- HIV/AIDS services can be effectively integrated with other development programs (livelihoods, industry relations, education, health care), and good practice is emerging in this area that needs to be captured and replicated more widely
- the migratory nature of fisherfolk needs to be better understood and responses need to take this into account

5. Resource flows need to be strengthened:

- HIV/AIDS support needs in fishing communities and the wider fishery sector need to be fully recognized, based on improved knowledge of economic and human development value at stake
- 'lobbying' and resource mobilization efforts need to be integrated at a meaningful level to improve coherence and increase 'reach'
- resources available within the fishery sector need to be tapped more effectively at different levels, including central and local government, as well as private sector investments

6. Conclusions and Next Steps

The workshop concluded with a plenary discussion of main lessons emerging in different areas of practice and next steps towards addressing constraints and taking forward the workshop recommendations.

The workshop recognized that a rich set of experiences exist in response to HIV and AIDS in the fishery sector in Africa. These include a wide range of community-led programs originating around concerns of health, livelihoods or resource use. Community participation ('ownership') of programs is essential for their success. As a matter of priority, these local efforts need to be linked to technical expertise in health and economic sectors in order to have greater impact and gain wider momentum.

There is growing experience that programs need to engage with the whole community and sector, rather than targeting 'high risk populations' in isolation. This increases acceptance of interventions, reduces social stigma of 'targeted' groups, and makes use of resources and building blocks available in communities and economic sectors.

In many cases, it has proven successful to focus support on strengthening livelihood assets, in particular of women, to reduce vulnerability. Other examples of integrated interventions in health, local economy and community development are also emerging and multi-sectoral approaches are increasingly recognized at national and local levels. This is also based on a growing recognition that risk factors extend outside the fishery and health sectors and that solutions need to take account of these linkages.

Increasingly, fishing communities are being included in wider HIV/AIDS programs, though much remains to be done to achieve an adequate level of support and improve quality of delivery to these communities. It is also evident that the 'fishery sector' is very diverse, and that responses will vary greatly between industrial and small-scale fisheries as well as along other gradients. Much more needs to be known about vulnerability and resilience in different types of fisheries and socio-economic and resource use contexts.

Policy development has advanced in some countries, and lessons on how this has been achieved need to be captured and made available to the wider region. Yet it is apparent that a stronger knowledge base and improved lobbying strategies are needed for making a convincing case for investment within government and as well as with external donors. Quick progress can probably be made by integrating diverse efforts across agencies and pooling resources strategically. Again, there is positive experience emerging through national programs in several countries.

To build on these experiences and move the agenda forward, the workshop recognized the need to continue exchanging knowledge and sharing lessons and to apply good practice more widely. It was recommended to pursue this through a regional network of professionals active in research, community support or policy. As new programs and projects are being developed, this network can provide technical support and inputs into design and delivery.

The workshop was closed by Mr. Richard Chizyuka, the Permanent Secretary of the Ministry of Agriculture and Co-operatives, Zambia.

ANNEXES

ANNEX 1

Opening Statement by the Minister of Agriculture and Cooperatives, Zambia, Hon. Mundia Sikatana

Distinguished invited guests, Ladies and Gentlemen,

Firstly, allow me to extend a cordial and warm welcome to you all to this two days workshop, especially our visitors from outside Zambia. Special tribute goes to the WorldFish Center, the International Organization for Migration (IOM), the Food and Agriculture Organization of the United Nations (FAO) and the Swedish International Development Agency (SIDA) for sponsoring this workshop. I would also like to commend those in my Ministry, the Department of Fisheries and the National Aids Council for their involvement in organizing the workshop.

Distinguished guests, Ladies and Gentlemen,

The HIV and AIDS scourge affects all strata of society and all sectors of the economy leaving each one of us either infected or affected. This is the reason why many countries, Zambia inclusive, have adopted multi-sectoral responses to prevent new infections, provide treatment, care and support as well as impact mitigation efforts.

Although HIV and AIDS affects all sectors, there are categories of our communities that are more vulnerable and at higher risk of the pandemic and its ravaging effects. These include commercial sex workers, truck drivers, fisherfolk and traders, all seeking a source of livelihood. Evidence shows that the majority in the aforementioned groupings are in the sexually active age group.

The fishing communities around the world present to us peculiar challenges requiring appropriate responses to effectively deal with the threat of HIV and AIDS. A recent policy briefing by the Food and Agriculture Organization (FAO 2005) shows evidence that fishing communities throughout the world have HIV prevalence rates of five to ten times higher than those in the general population.

The nature of fishing demands of fisherfolk to undertake fishing expeditions to wherever the catch is most plentiful, thus fisherfolk can also be categorized as a highly mobile population and one which is highly vulnerable to HIV and AIDS. Alongside the mobility of fisherfolk and fish trader populations, is the demographic structure which often leads to potentially risky behaviors. For example there is often a sexual imbalance in these populations as the majority of people are unmarried and share multiple sexual partners.

Therefore, HIV and AIDS response deliberately targeting the fisherfolk and fish traders need to be stepped up so that we do not leave this sizeable part of our population outside our respective national HIV and AIDS programs.

In addressing this important issue, this workshop should enable you have a better understanding of the ravages of the HIV and AIDS pandemic among the fishing communities. I am very happy that this HIV and AIDS initiative to address the fishery sector is coming at this time because as experienced it has never been given priority in the past. I am happy that you will share experiences, appraise the efficacy of one another's approaches and identify actions in research and development that will further improve your impact in mitigating the spread of HIV and AIDS among the fishing communities.

I thank you!

ANNEX 2

Technical Papers

Paper 1

The Multi-sectoral Response to HIV/AIDS in Zambia

Ben U Chirwa

Director General
National AIDS Council
Zambia

The Global Picture

The Global AIDS epidemic is one of the greatest challenges facing our generation. It has been with us for more than 20 years now, and shows no sign of weakening its grip on human society. No region of the world has been spared. This epidemic is a global emergency.

In 2005 alone there were 5 million new HIV infections, 3.2 million of whom live in sub-Saharan Africa. The total number of people living with HIV (PLWHA) crossed the 40 million mark (there are now 40.3 PLWHA, up from 37.5 million in 2003). In the course of the year over 3 million people died, more than half a million of whom were children under the age of 15. The steepest increases in HIV infections have occurred in Eastern Europe and Central Asia, where there has been a 25% increase, resulting in 1.6 million people living with HIV. East Asia also shows signs of an expanding epidemic.

Southern Africa

Although the global epidemic is increasing in other parts of the world, sub-Saharan Africa continues to be worst affected with 64% of new infections occurring in the region. Almost 26 million people in sub-Saharan Africa are living with HIV – more than 60% of people living with HIV worldwide. Southern Africa continues to be the epicenter on the epidemic. High prevalence rates among pregnant women are a particular concern. Several countries in the Southern African Development Community (SADC) have HIV prevalence rates of over 25% among pregnant women. For example, prevalence among pregnant women in South Africa is 29.5%, while in Swaziland the rate soared from 34% in 2000 to 43% in 2004. There are warning signs that the epidemic could resurge in other countries in the region, for example Uganda, due to an increase in the number of men with more sexual partners, lower condom use, and growing AIDS stigma.

Situation analysis: Zambia (2005)

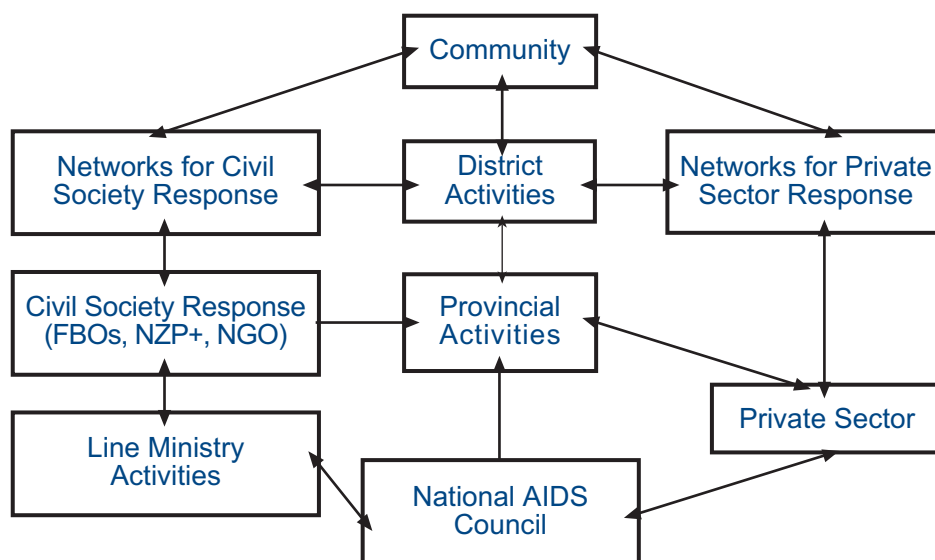
The population of Zambia now stands at 10.3 million, with an annual growth rate of 2.9%. HIV prevalence is about 16% amongst the 15-49 age range. Women are more likely to be infected than men (18% compared with 13%), and urban populations have a higher infection rate than rural populations (25% compared with 11%). Across the regions, the Northern Province has the lowest infection rate at 8%, and Lusaka has the highest at 20%, followed by the Copperbelt Province at 18%.

In 2002 the Zambian government established a National HIV/AIDS, Sexually Transmitted Diseases and Tuberculosis Council (known as the National AIDS council or NAC). NAC has been mandated to coordinate the national response to the HIV epidemic, which it does through the 'three ones' approach:

- One agreed AIDS action framework that provides the basis for coordinating the work of all parties.
- One National AIDS coordinating authority with a broad-based multi-sectoral mandate; and
- One agreed country-level monitoring and evaluation system.

In the fight against AIDS, according to Stephen Lewis, the UN Special Envoy on HIV/AIDS in Africa, 'leadership at all levels is vital'. Within Zambia, a Cabinet Committee of Ministers on HIV/AIDS has oversight over the National HIV AIDS Council and its Secretariat, which in turn coordinate the Technical Working Groups, and the Expanded Theme Group on HIV/AIDS.

The institutional framework to support implementation of the national response consists of a number of linkages, as demonstrated in the diagram below:



Local level implementation by the communities will be supported by the area or resident development committees and district development coordinating committees, which in turn come under the aegis of the provincial development coordinating committees and ultimately the National HIV/AIDS Council Secretariat.

The National Aids Council comprises of four permanent secretaries in key ministries (Health, Community Development and Social Services, Education, and finally Sport, Youth and Child Development), as well as representatives from the Network of Zambian People Living with HIV/AIDS (NZP+), the Zambian National AIDS Network (ZNAN), the Forum of Youth Organization, religious organizations, traditional healers, media, and others. In addition there are chairpersons from the Medical Council and the General Nursing Councils of Zambia, and two other public figures appointed by the Minister of Health.

The National AIDS Council's Vision is 'a nation free from HIV and AIDS'. The Mission statement proclaims that NAC will 'provide national leadership for a coordinated fight against HIV/AIDS in order to eliminate HIV/AIDS and associated opportunistic infections (OI) for the benefit of society'. The Goal of the Council is 'to reduce HIV/STD transmission among Zambians and to reduce the socio-economic impact of HIV/AIDS'.

The National AIDS Council operates according to the objectives stipulated in the National Strategic Plan, which outlines specific interventions. The guiding principles of NAC are: political leadership and commitment; a multi-sectoral public health approach; the promotion and protection of human rights (including gender equality); the greater involvement of people living with HIV/AIDS; good governance, transparency and accountability; scientific and evidence-based research; sustainability; decentralization; and pro-poor mainstreaming and HIV interventions. Specific initiatives that should lead the way in mainstreaming HIV include the poverty reduction strategies (PRSP), and medium term expenditure frameworks (MTEF).

The Zambian national response has been strong, and there is considerable political commitment. Communities have been effectively mobilized for HIV intervention. However, despite widespread support, limiting factors such as poverty and inadequate resources have hampered the response.

Prevention and control measures have been implemented, such as voluntary counseling and testing (VCT), safe blood transfusion, and preventing mother-to-child transmission. Treatment, care and support are also critical to the Zambian response, and are holistic in approach. This includes prevention and control of opportunistic infections, promotion of appropriate nutrition, utilization of alternative/traditional remedies, support to the infected and affected, home-based care, and support to orphans and vulnerable children, as well as access to anti-retrovirals (ARVs).

There are significant challenges remaining. Concerted efforts are needed to scale-up best practices. The coordination of multi-sectoral response has to be strengthened, particularly at district level. Stronger monitoring and evaluation systems are required to improve information and knowledge structures. Continued community mobilization and political will are necessary. Finally, the resources to support these efforts need to be mobilized. Yet despite the challenges, there are many opportunities to respond effectively and reduce the number of infections. Concerted efforts from all sections of society can contribute to the fight against HIV/AIDS.

Paper 2

HIV and AIDS Among Fisherfolk: What is at Stake?

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It was in a fishing village on the Ugandan shores of Lake Victoria in 1982 that a new condition was noticed that was affecting large numbers of people in Central Africa. In the ensuing years, the AIDS pandemic has become associated with various groups of people deemed to be at high risk of infection: commercial sex-workers, intravenous drug users, men who have sex with men, long-distance truck drivers, and military recruits, for example. But the population among whom HIV and AIDS were first identified - fisherfolk - had until recently been overlooked as a group at risk, with the consequence that they have been left largely beyond the reach of prevention, treatment and mitigation efforts.

Figure 1: Estimated HIV prevalence (%) and numbers infected (bars) among sub-populations

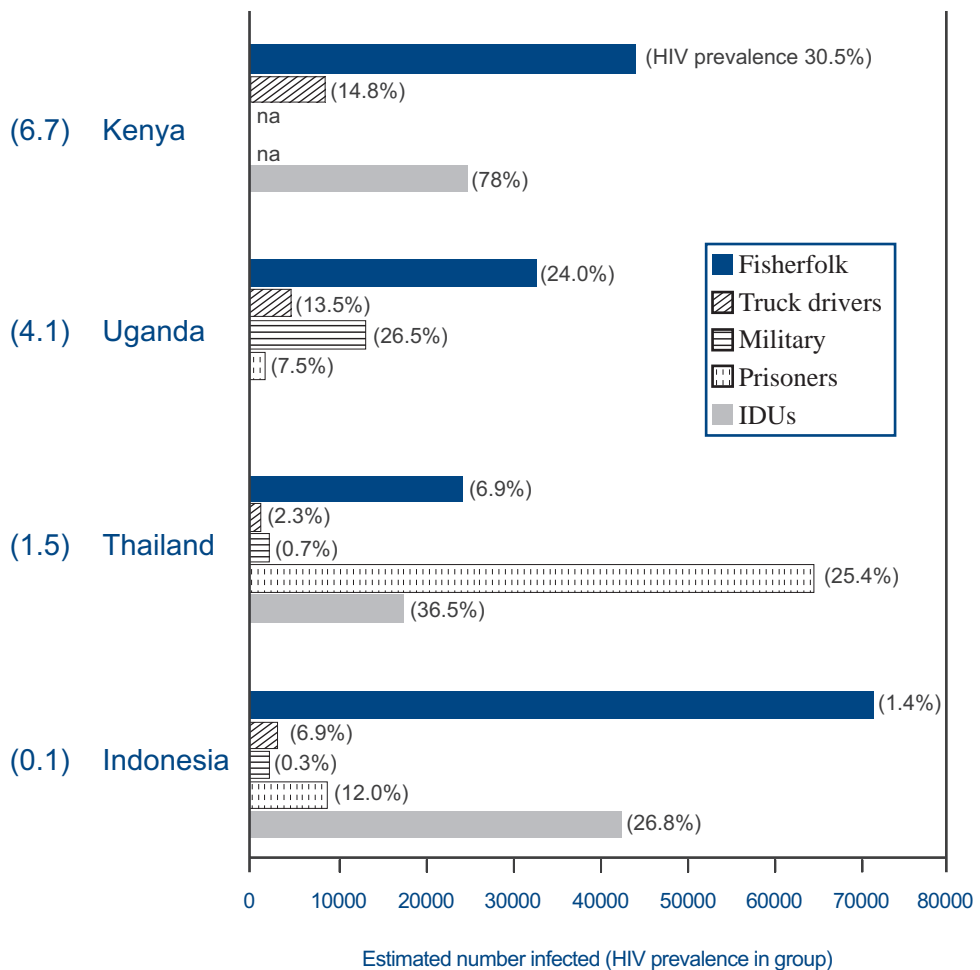


Figure 1 is based on estimates available of HIV prevalence in fishermen and truck drivers, the military, prisoners and intravenous drug users in four countries for which comparative data are available (see Kissling *et al.* 2005). While HIV-prevalence among fishermen as a group may be lower than that among groups of prisoners or intravenous drug users in the selected countries, because of the large numbers of people engaged in fisheries the actual number of people infected is the highest for fishermen in all but Thailand, and even there the figures show that fishermen have the second largest number of infected people in their group, after the prison population.

Most of the studies on HIV prevalence in fishing communities refer to the men involved in fish-catching operations (fishermen) but acknowledge that the men and women who work in associated occupations such as fish trading and processing are also especially vulnerable (Pickering *et al.* 1997). This vulnerability stems from the dynamics of the fish trade and fishing lifestyle (Hemrich and Topouzis 2000) in which a number of known or hypothesized 'risk factors' converge. These are summarized briefly here.¹

Most people involved in fishing as an occupation, as crew members or small-scale independent traders are within the age-group (15-35) most vulnerable to sexually transmitted infections. Many fishing people are mobile or migratory, so that both fishers and fish traders may be away from home for long periods of time. Fishing as an occupation attracts people in search of a cash income and livelihood source, so even if the fishing activities do not take people away from shore for more than a day, the shore they return to may not be their home community. The social structures and hierarchies that may constrain sexual behavior in home communities may not apply in the context of fishing camps or ports, where social ties are based on economic relationships and on occupational peer-group interactions, rather than kin, religious leaders, elders and other authority figures.

The strong gender-division of labor in most fishing operations (with the exception of husband and wife or family fishing enterprises in some inland waters of South East Asia) means that most market transactions are strongly gendered. In some African fishing communities, the imbalance in economic and social power between the sexes leads to so-called 'sex for fish' deals, where women secure access to fish for sale or processing by offering sexual services to fishermen in lieu of or as well as a monetary exchange (see Merten's paper at this workshop).

Fishing is among the highest-risk occupations, in terms of likelihood of death at work, in both developed and developing countries (ILO 2000). Fishermen themselves often refer to the likelihood of drowning and perceive themselves as subject to the will of God or Allah, or the capricious hand of fate. As among miners (another group with a high-risk occupation also deemed at risk to HIV through their sexual behavior), a culture of risk denial or risk confrontation is evident among fishermen; this extends to displays of bravado and risk-taking in the social and sexual arena. In addition, fishing people are often socially and politically marginalized and have low status. As in other such socially excluded communities this may lead, among men, to exaggerated or 'oppositional' forms of masculinity that challenge norms of behavior adopted by those in 'mainstream' society. These masculinities, and the availability of a regular cash income in the context of overall poverty and uncertainty, and limited opportunity to save or diversify, appear often to result in spending on drink and sexual services when onshore.

¹ These are discussed extensively in Allison and Seeley (2004) and Seeley and Allison (2005), where sources and examples are detailed.

While this picture of the social and sexual norms of fisherfolk's behavior should not be taken as universal, it appears, through numerous government, donor agency and NGO reports, as well as a number of academic studies, to be widespread enough to cause concern that fishermen, female fish traders and processors and their sexual partners are at significant risk of HIV infection, particularly in countries with established or emerging epidemics.

Fisherfolk living with HIV can be sustained if those affected have access to treatment. While antiretroviral drugs (ARVs) cannot get rid of the HIV-infection, they can restore health and postpone death, allowing someone to return to gainful employment. But it is not only the availability of services that affects the likelihood of fisherfolk accessing treatment and care. The same factors which appear to increase risk of infection also affect attitudes to treatment as Entz *et al.* (2001) observed when they interviewed 818 fishermen of Thai, Khmer and Burmese origin in Thailand. They found that access to health care was difficult for fishermen not only while they were at sea, but also when they came on shore. Because of their mobility, they do not know what services are available in the places they stay.

For mobile workers, and remote rural communities, the inequities in access to services are a continuing fact of life. Issues of access to care and the mitigation of the impact of HIV and AIDS are just the latest among the challenges of making a livelihood for many such workers. People with mobile livelihoods remain among those not only vulnerable to infection but also among those likely to be left out of the provision of care.

What does this mean for fisheries? From a fishery management perspective, a key implication of high rates of HIV and AIDS in fishing communities may be the loss of the long-term view that is a prerequisite for any system of management that requires cooperation or leadership from fisherfolk. The shift from state towards community-based or co-management over the last fifteen years is underpinned by the assumption that involvement in management will foster an attitude of long-term stewardship over fishery resources (Wilson *et al.*, 2003). With high infection rates in some African fishing communities, that means a lot of fisherfolk who may have short-term interests. There may not be a reduction in fishing effort, as new entrants will replace those who leave the fishery through illness, but the high turnover could lead to reduced productivity (less skilled fishers) or increased use of effective but destructive fishing techniques. If death rates in fishing communities go unchecked, because of the unavailability of ARVs, the knowledge that comes from long experience in the fishery will be lost. Fisheries may become increasingly dominated by young people with little long-term interest in sustaining the fishery and every interest in maximizing short-term earnings. Skills and knowledge are also lost from government fisheries management institutions, universities and advisory agencies as people become ill from AIDS-related illnesses.

It is likely that countries whose fisheries sectors are badly affected by HIV will have reduced contributions from the sector to the national or local economy as capacity to fish, manage fisheries, and develop long-term collaborative projects such as co-management, development of new markets, and the development of fish farming initiatives. So what is at stake? Many people's lives are at risk and in countries where fishing contributes substantially to the regional and national economy or is important for nutritional quality and security, the impact of HIV and AIDS will have repercussions beyond the fishery sector for many years to come.

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Paper 3

HIV/AIDS Response in Fishing Communities: The Experience of Congo-Brazzaville

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A. Background

The Republic of Congo, like most other African countries, has been badly affected by the HIV/AIDS epidemic. The national seroprevalence rate is 4.2%, though there are wide variations between areas. In some places, prevalence reaches 10%. There are an estimated 110,000 people who are HIV positive, and 84,000 children orphaned by AIDS.

The Republic of Congo was one of the first African countries to officially recognize the AIDS epidemic, with cases discovered as early as 1984. A diagnostic committee was put in place in 1985, as an initial step in the fight against AIDS. In 1987 the committee was transformed into a national program for AIDS control, and put in place many plans to fight AIDS and to develop awareness among the population. The first mobile treatment center for HIV positive patients was established in Brazzaville in 1994.

Unfortunately, national efforts directed at the fight against AIDS were interrupted between 1997 and 2001 during a period of armed conflict. Following this period, a strategic planning process to fight AIDS was initiated with the purpose of re-launching the national program. This process resulted in the formation of a national strategic framework to counter AIDS for the period of 2003-7, focusing attention on vulnerable groups. Unfortunately however, fishing communities have not been clearly identified as a group high-risk group.

In 2003, the Sustainable Fisheries Livelihoods Program (SFLP), financed an investigation into the knowledge levels, attitudes and practices of fishing communities with regard to HIV and AIDS, which took place in conjunction with an examination of the linkages between livelihoods and vulnerabilities in these communities. The investigation revealed the extreme vulnerability of these communities, and prompted the National Coordination Unit (NCU) of SFLP to take the role of advocate within the National AIDS Council (NAC), advising that fisheries communities be taken into account in the national AIDS control program. SFLP has also financed pilot projects for AIDS prevention at community level in two districts: Base-Agip on the Congolese coast at Point Noire, and Makatipoko further inland.

Following these pilot projects, which were implemented by Médecins d'Afrique (a national NGO), NAC and SFLP supported the process of community involvement in developing responses to HIV and AIDS and community ownership of the process.

The purpose of this presentation is to describe the process followed with the communities, the progress that has been made, the lessons learnt, and the perspectives of the community members on the responses they have developed to combat the HIV/AIDS epidemic.

B. Description of the process and results of the ownership of the response to HIV and AIDS by fishing communities in Base Agip and Makotipko

1. Community mobilization against AIDS

NAC, with the support of SFLP, investigated awareness-raising approaches that could be used to mobilize communities around the specific problems of HIV and AIDS in fishing communities. This was successful, particularly in Base Agip.

All the different groups in the community (fishermen, boat owners, fish processors, traders and merchants, sex workers, occasional prostitutes, and their clients) were engaged in a common process of considering issues of vulnerability in the community, including prostitution and AIDS, and the strategies that could be taken to address these issues. The main objective was to raise awareness of specific vulnerabilities to HIV and AIDS, and to put responsibility for the local response to the epidemic into the hands of the community, with continuing support from SFLP and NAC.

Theater was the principal approach used to (i) introduce the topic to the community and facilitate broad participation in the process of collecting information on vulnerability of people in different categories within the community, and (ii) to enable certain members of the community to report back findings of the investigation to their peers, and to the relevant political authorities and local institutions.

The principal results obtained were as follows:

- Awareness of HIV/AIDS vulnerability within the community was raised
- Establishment of a community theater group able to dramatize scenarios where there is increased risk of HIV/AIDS, and bring up other problems within the community
- Involvement of the community in the fight against HIV and AIDS.

It is also necessary to note that the results of this initiative contributed to the national training manual for peer-education, which integrated situations identifying risks associated with casual sex. In addition, it has contributed to the SFLP, NAC and NCU's body of knowledge on 'community response' issues in relation to awareness raising and mobilization activities (for example, the role of theater in development, the relationship between interviewers and interviewees, the role of dialogue, etc).

2. Community response and prevention: The case of Base Agip

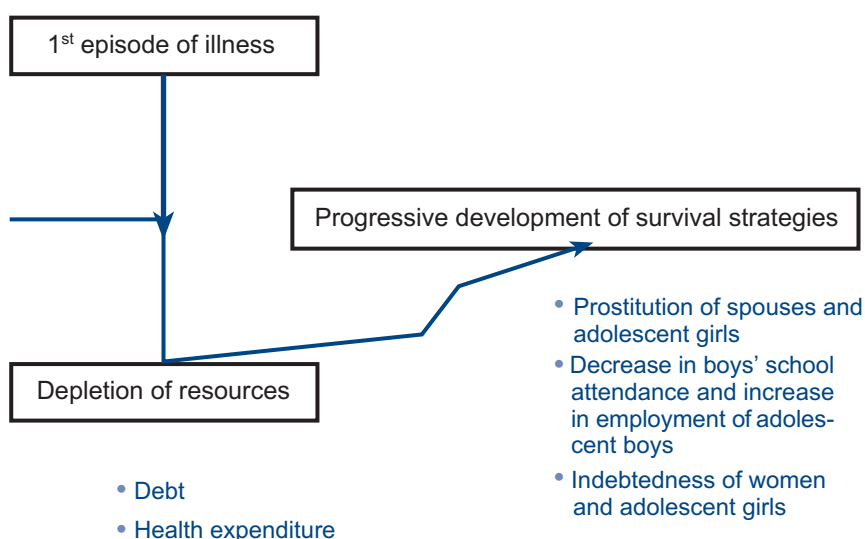
At the end of this process of sensitization, the community organized a number of preventative actions, notably:

- The production of a video cassette on the theater play 'Litoni' (the protective fetish), which was subsequently shown in the community and aired on local television channels
- The broadcasting of radio discussions on risk-generating situations and the possibility of anticipating them, thus reducing vulnerability
- The involvement of the umbrella organization of fisheries socio-professional groups, which integrated prevention and mitigation in its' organizational objectives
- The creation of partnerships within the community between the umbrella organization and the Congolese Red Cross (CRC) in order to include the Base Agip sex workers in the CRC program.

3. Community response and impact mitigation: The cases of Base Agip and Makotipoko

With the support of SFLP, a socio-economic study (household survey) on the impact of HIV/AIDS and other chronic illnesses in fishing communities was carried out in Base Agip and Makotipoko. The study revealed that the socio-economic consequences of chronic illness on households are as follows: (i) the main income generating activity of the person who contracted HIV is interrupted and assets are sold to pay health care costs; (ii) inversion of the roles between household members in contribution to family expenditure with women and girls increasing their contribution, often by resorting to prostitution and thereby increasing the family's vulnerability to HIV; (iii) decrease in children's school enrollment and increase in early adolescent work; (iv) indebtedness caused by paying for medical treatment; (v) significant decrease in quantity and quality of meals.

The following diagram shows the changing resource levels of HIV/AIDS affected houses within fishing communities:



The pilot projects aimed to reduce the impact of HIV and AIDS in the two communities by: (i) providing access to HIV/AIDS care and support in the case of Base Agip, (ii) supporting the start-up, continuation or consolidation of income generating activities by putting in place a local micro-credit institution with social objectives (symbolic repayment of credit: 20-50% of the amount received).

The experience of these pilot projects has suggests that there is a role for local micro-credit institutions that would function in the following way: (i) promote a culture of saving; (ii) granting credit for the diversification of livelihood strategies; (iii) granting credit with social objectives for families affected by chronic illness.

C . Lessons learnt

1. Fishing communities are particularly vulnerable to HIV and must be included in national priorities and strategies for fighting against HIV and AIDS.
2. It is possible for fishing communities to claim ownership of HIV/AIDS response.
3. Strong partnership between SFLP, the NAC and the community based on shared beliefs and language has supported the appropriation of the response to HIV/AIDS by the community itself through its umbrella organization.

4. To reduce communities HIV vulnerability, it is necessary to make available comprehensive services such as social communication, peer-education, condoms, voluntary testing, treatment for sexually transmitted diseases, care and support for people living with HIV and AIDS.
5. There is need to strengthen the savings culture within fishing communities.
6. The occurrence of AIDS or other chronic illnesses increases the vulnerabilities of households in fishing communities.

D. Prospects for action

1. Capacity building of the umbrella organization in order to guarantee the sustainability of the responses put in place.
2. Assisting the partnership between the umbrella organization and the specialized microfinance institutions in order to guarantee the viability of the local savings deposit and credit services.
3. Setting up counseling services and voluntary testing, social marketing of condoms, care and support to people living with HIV and AIDS within fishing communities.

Paper 4

Policy and Planning Processes for Responding to HIV/AIDS in Fishing Communities in Uganda

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Introduction

This paper outlines the policy and planning processes that have been put in place to respond to HIV/AIDS in fishing communities in Uganda. The paper focuses on the importance of fisheries in the Ugandan economy and outlines why HIV/AIDS is an issue. The paper later narrates the underlying policy environment that guides government in responding to the HIV/AIDS epidemic among all sectors in general, and in the fisheries sector in particular.

The background to the fisheries sector and the policy environment is later supported by a chronology of planning processes and frameworks that have been put in place to respond to the epidemic. The analysis on the policy and planning is followed by a look at the way the fisheries sector has followed up in allocating financial resources as a response mechanism.

Uganda's fisheries sector: Status and characteristics of fishing communities

Fisheries is one of the most important sectors in the economy, contributing to a number of economic areas such as employment, livelihoods, food security and foreign exchange earnings.

With regard to fisheries and employment, existing reports estimate that over 200,000 people, including a majority of poor men and women, are directly involved in fishing, fish processing and fish trading. Furthermore, approximately 1.21 million people (4% of the total population) are estimated to be directly dependent on the fisheries sector as one of their main sources of livelihoods.

In terms of food security, there are a big proportion of Ugandans whose food security comes largely as a result of fishing activities. Capture fisheries, for example, contribute significantly to food security and incomes of the 35 districts adjacent to the major water bodies, while aquaculture is also emerging as a key element both in food security and a contributor in household income.



In terms of GDP and the economy, Uganda's Poverty Eradication Action Plan (PEAP) states that fisheries contributed 6% of GDP in 2001-2002. About 70% of this came from fish sales at landing sites and the remaining 30% from value addition by traders, transporters and processors. Other estimates of fisheries' contribution to GDP are even higher, especially when under-reporting and smuggling are taken into account. For example, the Guidelines for Beach Management Units state that domestic fisheries, excluding exports, account for 12% of GDP.¹ All estimates indicate that the fisheries sector is a vital part of the national economy.

The economic importance of fisheries goes beyond their direct contribution to GDP. Fisheries have links with industry (fish processing, input manufacture), forestry (timber for boat construction, drying racks) and services (transport). There are direct, indirect and induced multiplier effects through expenditure and employment.

The four main sources of value added are (a) capture fisheries on Lake Victoria (b) capture fisheries on other water bodies, with Lake Kyoga and Lake Albert being the most important (c) boat traders on Lake Victoria and (d) the processing sector which markets its produce on both domestic and international markets.

Catch estimates have fluctuated significantly over the last few decades. This may be the result of a number of factors including improved monitoring, control and surveillance, catch recording, and yield; fluctuations in fishing effort; or the temporary virtual collapse of certain fisheries for ecological and other reasons such as the use of fish poisoning on Lake George. The maximum recorded catch was 245,000 tonnes in 1990. The overall trend in fish catches has been upwards over the period 1961-2002. However, the sustainable yield for some species on certain lakes and rivers may have already been reached.

Fisheries activities are dominated by artisanal small wooden craft, a proportion of which are motorized. The nature of the boats and engines to some extent controls the level of fishing effort in relation to stocks. Recent survey data showed 15,544 boats on Lake Victoria and 10,086 on Lake Kyoga. There are an estimated 29,349 boat owners and 80,845 fishers. Department of Fisheries Resources (DFR) data shows that the ratio of fishers to boat owners varies from 3.0 on Lake Victoria down to 1.87 on Lake Albert.² DFR data also suggest that there are 1.86 million people directly dependent on the fisheries, including boat owners, fishers, fish processors and fish traders.

The fisheries sector provides high quality protein to 17 million people. It accounts for over 50% of animal protein consumption in the country and therefore is a key factor in food security. The National Fisheries Policy estimates that an additional 160,000 tonnes of fish over and above the 2001 catch of 220,726 tonnes will be required by 2015 in order to maintain per capita fish consumption level at 10 kg per person per year. However, the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) has estimated annual maximum sustainable yield at 330,000 tonnes. Sustainable management and development of fisheries resources is therefore essential.

¹ The estimate reaches 30% of GDP in Yaron, G. and Moyini, Y. with Wasike, D., Kabi, M. and Barungi, M. *The role of the environment in increasing growth and reducing poverty in Uganda*. GY Associates, 2003.

² This data is based mainly on the Department of Fisheries contribution to the PEAP.

Policy framework for HIV/AIDS in fisheries in Uganda

The overall national governments policies are derived from Uganda's Poverty Reduction Strategy Paper (PRSP), the Poverty Eradication Action Plan (PEAP). The PEAP whose last revision was done in 2004 is the country's comprehensive development framework for formulation of public policies and plans as well as investment programs for development partners and Civil Society Organizations (CSOs). The PEAP is the key medium term planning tool, which underpins Government's resource allocation. It sets out the strategy through which the Government aims to eradicate absolute poverty by 2017. Government has adopted a sector wide approach (SWAp) to planning, as a way of operationalizing the PEAP. Under this approach, all the sectors including HIV/AIDS prepare their strategic plans detailing their prioritized actions, as they relate to poverty eradication, over a 5-10 year period. The PEAP is the national framework through which the Government aims to reduce the proportion of the population living in absolute poverty from 44% in 1997 to below 10% by 2017. As mentioned earlier, all sectors develop their own policies and plans within the PEAP framework. The estimates of the impact of AIDS on economic growth and human development, as described in the PEAP, have led it to be identified as a national strategic priority. More specifically, the PEAP refers to the importance of HIV/AIDS in the fishing sector and the need to tackle its prevalence and impacts among fishing communities. The PEAP categorizes HIV/AIDS as a cross cutting issue among its main pillars. HIV/AIDS cuts across all sectors including agriculture, health, works, and fisheries.

Still at national level, the national response to HIV/AIDS is enshrined in the National Strategic Framework on HIV/AIDS (NSF). Through the umbrella of NSF, all HIV/AIDS programs get coordinated through Uganda AIDS Commission as an apex organization which develops and implements a National Mitigation Strategy to address the impact of the epidemic. All partners, including government departments, are encouraged to plan their work in the context of the NSF, using it as the structure for their strategies and work plans. The Uganda HIV/AIDS Partnership which is a combination of all key players including government departments, private sector, Civil Society and local governments play a crucial role in ensuring that all players maintain a strategic focus on the NSF.

At sectoral level, fisheries belong to the agricultural sector which itself is comprised of three sub-sectors. They include crops, livestock and fisheries. In the agricultural sector, there is an overall framework which guides the agricultural sector activities including planning and implementation of sector programs. The framework is called the Plan for Modernization of Agriculture (PMA). The PMA as an overall guiding and planning tool for agricultural sector, notes that the effect of HIV/AIDS epidemic on labor for production, research, extension services, and the formulation and implementation of policy is enormous. The PMA then calls on all sectors to ensure all HIV/AIDS programs are integrated.

The Ministry of Agriculture, Animal Industry and Fisheries and a number of the institutions linked to it, such as the National Agricultural Advisory Services and the PMA Secretariat, have put in place or are drafting AIDS-related policies or strategies. The intention is that this Strategy will complement and be consistent with those instruments as well as with the NSF.

In relation to the sectors and the Ministry's role in the AIDS National Response, HIV/AIDS is a one of the main concerns in the sector. The Ministry was among the pioneer line ministries in the multi-sectoral control to HIV/AIDS. The Ministry's activities for HIV/AIDS prevention and mitigation are guided by its mandate which is to support, promote and guide production of

crops, livestock and fisheries so as to ensure improved quality and quantity of agricultural produce and products for domestic consumption, food security and export. It is further guided by the National Strategic Framework (NSF) for HIV/AIDS activities in Uganda. This is in line with the “3 ones” principle adopted by Government of Uganda namely one National Strategic Framework for HIV/AIDS, one Monitoring and Evaluation Framework and one National Coordinating body

With regard to fisheries specifically, the National Fisheries Policy (2004) lays out the objectives for the fisheries sector: sustainable management and development of fisheries; decentralization and community involvement in fisheries management; the development of partnerships in which the district, sub-county and community are involved in partnership; sustainable institutions and funding mechanisms; investment in the fisheries sector; the integration of planning and policy making with fisheries management; better information systems; great value added and improved post-harvest quality; aquaculture development; human resource development and research. The draft Fisheries Sector Strategic Plan (FSSP) will include approaches to prevention of HIV infection, care and support and impact mitigation in cooperation with other members of the Uganda HIV/AIDS Partnership. The establishment of Beach Management Units (BMUs) under the Fish (Beach Management) Rules 2003 no. 35 creates an important structure for government-civil society cooperation on HIV/AIDS prevention and mitigation at the local level.

In 2004, the Ugandan Government with support from donors developed a situation analysis of the impact of HIV and AIDS on fishing communities. The analysis covered 21 fishing villages and communities on Lake Victoria, Lakes George and Edward, Lake Kyoga and Albert Nile. The analysis findings support the international evidence of high prevalence rates in fishing communities (which is more than three times higher than the national average) the study also supported the evidence that living and working conditions in the fishing communities contribute to the spread of HIV/AIDS.

From the Situation Analysis, the Department of Fisheries Resources, with support from the UK's Department for International Development (DfID), developed a Strategy for Reducing the Impact of HIV/AIDS on Fishing Communities which is consistent with the National Fisheries Policy and strategic frameworks such as the Fisheries Sector Strategic Plan, established through the PEAP, the PMA, other MAAIF institutions, and the NSF. In particular, the Strategy contributes to all the three goals of the National Strategic Framework on prevalence reduction, impact mitigation and coordinating and managing the national response. Note that mitigating the impact on the fisheries sector is a part of Goal 2(c) of the NSF, which deals with the impact of HIV/AIDS on the development of Uganda.

Planning processes for responding to HIV/AIDS in fishing communities

The planning processes for responding to HIV/AIDS are guided by the PEAP priorities and translated into the expenditure decisions in the PEAP of which are translated into concrete spending decisions through the Medium Term Expenditure Framework (MTEF). The MTEF sets sector and district budget ceilings within a three-year rolling framework. The intention is to maintain macroeconomic stability. The Government has also adopted a new approach of guiding sector spending by discouraging direct funding of sectors through projects. Development partners are encouraged to pool resources into the “basket” under the Ministry of Finance, Planning and Economic Development (MoFPED) to be

allocated to government priorities as defined in the PEAP. Project aid has, effective from financial year 2004/05, been integrated into total budgetary resources.

Under the MTEF, Government created the Poverty Action Fund (PAF) in 1998, primarily to act as a conduit for the financial resources saved under the Highly Indebted Poor Countries (HIPC) debt relief initiative. The PAF is the key instrument in ensuring that resources are allocated to priority program areas (PPAs) identified in the PEAP as having the most potential to directly increase the ability of the poor to raise their incomes and directly improve their quality of life. These PPAs are prioritized in the allocation of national resources and are, to a large extent, not subject to budgetary cuts. PPAs are largely (80%) implemented at the local government level and include: rural roads, primary health care, primary education, water and sanitation plus transformation of agriculture. The PEAP identifies HIV/AIDS as a priority poverty concern, which causes both deprivation and inefficiency and thus explicitly recommends that all national policies, plans and programs demonstrate clear sensitivity to HIV/AIDS.

The combination of the PEAP/MTEF framework and the PAF resource transfer modalities have given development partners sufficient confidence to provide a growing proportion of their aid as budget support.

As noted earlier, the Department of Fisheries Resources developed a strategy for responding to HIV/AIDS in fishing communities. Because of the complexities of surrounding the multi-stakeholder nature of issue in fishing communities, the Department of Fisheries Resources further developed both an Implementation, and Financing Plan for the strategy. The strategy and the plan contain responses on all sectors that relate to HIV/AIDS especially in fishing communities.

Why did the Department of Fisheries develop an HIV/AIDS specific strategy?

There were reasons why fisheries spearheaded the process of developing an HIV/AIDS specific policy. First, the situation analysis found out that HIV/AIDS prevalence in fishing communities is three times higher than the national average. This required a specific approach targeting these communities rather than taking multi-pronged approaches which was, in many cases, not reaching communities.

Furthermore, HIV/AIDS is regarded as a cross cutting national concern to be mainstreamed in all sectors. However, considering HIV/AIDS as a crosscutting issue often results in its invisibility in sector strategic investment plans and budgets. In all sectors, including agriculture, HIV/AIDS was found not to be among its core business and planning for it under the sector's budget ceiling means trading off some mainstream agricultural activities. This is the reason why the Department of Fisheries Resources, despite being part of MAAIF, and considering that the effects of HIV/AIDS were more prevalent and dangerous in fishing communities than agricultural areas, decided to develop its own strategy and implementation plan.

Discussions with decentralized local governments revealed that they do not mainstream HIV/AIDS because it is not one of the PEAP priority areas benefiting from Poverty Action Fund (PAF) funding. This is despite the Uganda Aids Control (UAC) proposal for districts to be obliged to fund HIV-related activities from the PAF funds in the different sectors (including agriculture). Considering that PAF constitutes the biggest proportion of local governments' development budgets, this poses a big challenge to mainstreaming HIV/AIDS.

Furthermore, whereas SWAps are intended to develop efficient and effective mechanisms to deliver sector programs from the center, their sectoral nature is counterproductive to mainstreaming HIV/AIDS that requires cross-sectoral measures.

The situation is complicated by the fact that the projects under the Uganda AIDS Control Programme (UACP), which used to fund HIV/AIDS activities, were closing and therefore funding for communities would be hard to get. This implies that unless special measures are taken, the prioritized HIV/AIDS mainstreaming activities under the implementation plan will not be addressed.

In regard to the nature of fisheries activities specifically, fisheries activities are supposed to be financed under the agricultural sector's budget vote. However, for the last decade or so, more than 95% of core fisheries activities are financed with project support which have specific objectives not targeting HIV/AIDS. The introduction of MTEF ceilings and the integration of donor aid into budget support affects the financing of DFR activities drastically. It is unlikely that the fisheries budget allocation from the agricultural sector can increase substantially, beyond the current 15 million Ugandan shillings annually. This means therefore that HIV/AIDS in fishing communities requires a specific funding arrangement and this called for the preparation of a separate strategy.

There are issues that relate to the nature and way HIV/AIDS in fishing communities can be responded to. The required interventions require the action of different agencies, sectors and institutions and therefore fisheries cannot respond to this alone. The activities are multi-sectoral and therefore require all sectors to allocate their responses in their budgets.

Just as an example, many of the prioritized vulnerability-reduction interventions are multi-sectoral in nature and require funding from the health, water and sanitation as well as the transport sectors. The respective sectors prepare strategic investment plans intended to provide services to all districts. The actual planning and allocation of resources to development projects is undertaken by the local governments. Local government planning and budgeting does not specifically focus on fishing communities because these are largely marginal, hard to reach villages. This means that whereas most of the prioritized interventions under the implementation plan fall under the PEAP priority program areas which benefit from the PAF funding, fishing communities are unlikely to benefit from this otherwise protected fund. Due to the same reasons, there is also limited scope for resources to be allocated to fishing communities by most of the government institutions and funding arrangements such as under the PMA Non Sectoral Conditional Grant (NSCG) and the Local Government Development Programme (LGDP).

As regards financing of HIV/AIDS activities in the local governments, these are planned and budgeted for under the District Directorate of Health Services. Not only do these activities pertain to the health aspects of HIV/AIDS such as prevention, treatment and care, but they are also provided at the sub-county level: Health Centre III (HCIII), which are largely out of reach of the fishing communities.

What areas are funded in the Strategy for responding to HIV/AIDS in fishing communities?

Areas for Funding	Key Institutions Where The Budget is Channeled
Start up Activities	
Awareness Creation, lobbying and Advocacy	Department of Fisheries Resources and Uganda Aids Commission
Building Capacity of DFR and Lake Management organizations (LMOs)	Department of Fisheries Resources
Adaptation of MAAIF Core Business to respond to impact of HIV/AIDS	Department of Fisheries Resources
Profiling of Fishing Communities	Department of Fisheries Resources
Specific Interventions	
Control the Spread of HIV/AIDS	Ministry of Health (MoH)
Provide HIV/AIDS Treatment and Care	Ministry of Health (MoH)
Vulnerability Reduction	
Fisheries Development Activities	Department of Fisheries Resources and PMA Institutions
Improve Access to Health Facilities and Services	Ministry of Health (MoH)
Improve Access to Water and Sanitation	Ministry of Health and Ministry of Water Lands and Environment (MoWLE)
Improve Community Access Roads and Transport Services	Ministry of Works Housing and Communication (MoWHC)
Rollout and Scale-up Interventions	DFR, MOH, MoWLE, MWLE, PMA institutions

Key conclusions

In conclusion, responding to HIV/AIDS in fishing communities requires a national recognition that HIV/AIDS is a big concern for everyone. The national concern must be comprehensively brought out in the national policy and planning frameworks. The national policy framework must contain and emphasize the issues of HIV/AIDS and must compel all sectors and programs to mainstream and integrate HIV/AIDS in their sector plans and budgets. Resources must be seen to be allocated to these HIV/AIDS concerns. There is need to have a strong awareness programs to all responsible sectors and agencies to respond to this concern especially the fact that many sectors will not likely to take on HIV/AIDS activities as part of the sectors' core business.

Paper 5

Ships, Trucks and Clubs: The Dynamics of HIV Risk Behavior in Walvis Bay, Namibia

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1. Introduction ¹

Walvis Bay is Namibia's only deep water port and is the focal point of a very large commercial fishing industry. In addition to being the commercial hub of the commercial fishing sector, Walvis Bay is a key node on the two major highways - the Trans-Caprivi Highway, and the Trans-Kalahari Highway - that link Namibia directly with Angola, Zambia, Botswana and South Africa. Indirectly these highways link the town of Walvis Bay with destinations well beyond its immediate neighboring states.

International contact with the harbor of Walvis Bay dates back to the 17th century when Portuguese seafarers first explored the coast of southwestern Africa. The town and surrounding areas were formally annexed as a British colony in 1878 and was incorporated into the Cape Colony in 1884. It became formally part of Namibia again hundred years later in 1994, some four years after Independence in 1990.

The lucrative fishing industry means that Walvis Bay is frequented by large number of foreign fishermen fishing for international vessels. These foreign fishermen arrive on a regular basis mainly from Europe (Spain, Russia) and Asia (China). The presence of these foreign fishermen and truck drivers provide additional incentives for commercial sex work, and brings a different dynamic to HIV risk behavior and the way it relates to highly mobile populations. Under these conditions, the implications and consequences of risk behavior are truly international, and the effects hereof would be felt thousands of miles away. Foreign fishermen and truck drivers, through their contact with local sex workers, put their regular partners and many others at risk of infection, thereby providing new impetus to the ever increasing pandemic. This study looks at the dynamics of these relations and highlights the challenges presented by them. It also offers a few recommendations for how these challenges should be approached.

2. Background to the Study

The larger study, on which this paper is based, was commissioned by the International Organization on Migration (IOM) and forms part of a much larger international project on HIV risk behavior among highly mobile populations. The IOM contracted to the Institute for Public Policy Research (IPPR) to conduct the Namibian part of the study. The larger study included, in addition to the town of Walvis Bay (Erongo region), three other border towns: Katima Mulilo (Caprivi region), Oshikango (Ohangwena Region) and Rundu (Kavango region).

¹ This paper is based on a much larger report presented to the IOM: Lebeau D, 2006, *Turning Corridors of Mobility into Corridors of Hope: Mapping the Link between Mobility and HIV Vulnerability in Namibia*

The study had two main objectives:

- To gather qualitative data on HIV risk behavior among mobile sub-populations in four pre-selected towns, and present these in a written report
- To map the spatial dynamics of HIV risk behavior for each of the four towns, and present these by means of interactive digital and hand drawn maps

3. Methodology

As a first step to the data collection four teams of mapping and research assistants were supplied with base maps and aerial photographs of the various localities and a semi-structured questionnaire for data collection. Mapping assistants walked the localities to collect baseline information about the “hot-spots” and other important locations and plotted these on the base maps. Research assistants conducted face-to-face interviews with key informants from the various sub-populations identified for the study. These include: fishermen, sex workers, truck drivers, business owners, law enforcement agencies, community leaders, HIV educators and program managers, as well as other stake-holders. These interviews were recorded and transcribed for analysis.

Once the data collection was completed, the interviews were analyzed by researchers. A GIS service prepared a database containing all spatial data, and linked these to shape files with spatio-analytical categories to produce interactive maps of the locations.

In addition to providing contextual information, key informants were also asked to produce hand-drawn maps of their locations and the areas of interest to the study. These maps also contain information about the various forms of HIV risk behavior. These maps were scanned to be included in the written report.

4. Findings

4.1 Fishermen

Two types of fishermen use Walvis Bay as their port of call: foreign fishermen from Europe and Asia and local Namibian fishermen. The foreign fishermen do not reside in town other than for short periods of shore leave. Their overall stints of employment in Namibian waters is usually between three and six months, interspersed with short periods of shore leave which usually does not last for more than a couple of days depending on the reasons for port calls. Typically these fishermen come from areas with low HIV prevalence, and hence have low awareness of and knowledge of the disease. They frequent nightclubs and discos close to the harbor area for entertainment and contact with high-end commercial sex workers (see Figure 1 below).

Depending on their period of shore leave, sexual relations with the commercial sex workers do not last beyond the night of the initial contact. There are exceptions though. Some European fishermen (usually Spanish) engage in longer-term relations with local sex workers. These fishermen rent residential properties in town and take the local sex workers as live-in girlfriends. These girls remain “faithful” when their partners are on shore leave and in town, but continue to



Figure 1: Nightclubs in the Harbor Area of Walvis Bay

solicit new clients when they return to sea. These relationships could last for the duration of the fisherman's stay in Namibia.

The foreign fishermen's vulnerability to HIV stems from a number of factors that include:

- Not having had any HIV education prior to their arrival in Namibia
- Not receiving any HIV education during their stay in Namibia
- Having low levels of knowledge and awareness due the fact that they come from areas with low prevalence levels
- Frequently engaging in unprotected sex and high-risk sexual activities with high-risk sexual partners (commercial sex workers).
- Engaging in short-term relationships with unfaithful partners (sex workers as girlfriends)
- Frequent abuse of alcohol
- Inability to communicate in any of the local languages

It appears as if there are certain ethnographic patterns around foreign fishermen and their relations to local sex workers. Spanish fishermen, for example, prefer high-end sex workers, and take them as girlfriends. According to one real estate agent interviewed:

"[H]igh-end prostitutes get foreign fishermen to rent houses for them. The fishermen live with the women when in port and when they are at sea the women 'have a good old time' going to the nightclubs and having other men. They know when the boats come back and clean up for them. The foreigners think all is well and that they have a woman and a place to stay. For the men it is about having a place like home, while for the women it is all about security and using men for a place to stay. These are most foreigners, Spanish not Chinese."

Chinese fishermen on the other hand prefer once-off encounters with low-end sex workers and prefer unprotected sex. In the words of a local HIV educator from the Social Marketing Association (SMA):

"The Chinese do not like condoms and do not want to pay so they have high-risk sex with low level prostitutes, other foreigners have high end girls but also do not want to use condoms, while the local guys have girlfriends in Kuisebmond so they are not using the prostitutes as much, but they go out and look for other women".

Local fishermen are usually permanent residents of Walvis Bay, and hence spend more time on-shore than the foreign fishermen. They frequent the numerous shebeens in Kuisebmond (see Figure 2 page 44) and have sexual relations with the low-end sex workers who also frequent these establishments, and with women who engage in transactional sex.² Local fishermen do not frequent the same clubs and bars as the foreign fishermen, although some of the sex workers might move between the two sets of locations. It is, therefore, quite possible that local and foreign fishermen could have sexual relations with the same sex worker.

² These women are not commercial sex workers *per se*. Although they might accept money for sex from time to time, they are just as likely to accept gifts, food, a place to stay or alcohol in exchange for sex.

Although local fishermen have had much greater exposure to HIV education and awareness campaigns some have indicated that existing efforts are not sufficient. Their vulnerabilities stem from the following:

- Inadequate HIV education
- Distrust in vessel owners and management
- Unprotected sex with low-end sex workers and women who engage in transactional sex
- Frequent abuse of alcohol
- Absent spouses or partners

Given the amount of time spent on-board their fishing vessels, it only makes sense that HIV education would have to be given whilst the fishermen are at sea. Although peer education programs have been implemented, some fishermen complain that they have not been included in such programs. For them the problem lies with vessel owners and managers. In the words of one local Oshiwambo fisherman:

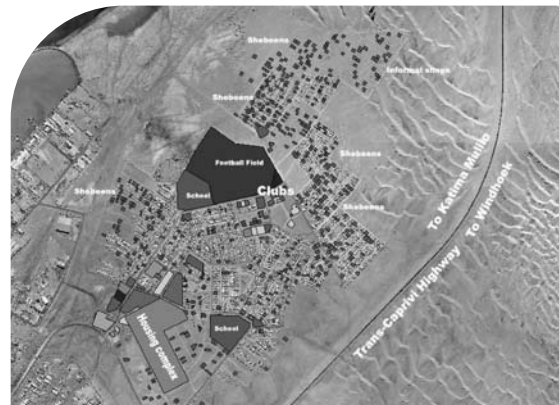


Figure 2: Shebeens in Kuisebmond

“[Y]ou know those who are supposed to give us that [HIV] information are our bosses, the boat operators. They are all foreigners, so they don’t really care about us. Their concern is just work and their fish. As you know, those foreigners are still having that wish that we should suffer so that they can come back in our country.”

Local fishermen also carry distinctly negative attitudes toward safe sex, even though they might be well informed about HIV and AIDS. Some are of the opinion that paid sex is unprotected sex:

“[W]hy do you want me to use a condom if I am paying you? ...No, I cannot have sex with you using a condom. I pay you or I can add some more money, so that we cannot use a condom.”

Local fishermen’s perceptions of sex workers are rather positive and stem from the difficulties they have with sustaining normal, long-term, monogamous relationships due to their long periods of absence. Speaking on sex workers, one local fisherman was of the opinion that:

“These girls, I think they are helping the fishermen... Because, one thing is that we fishermen do not have enough time to find a girl that is not paid for sex. Sometimes we come in here in the morning and then you will go back in [sic] the sea in the afternoon the same day.... You don’t really have time to struggle for a normal girl. That is the only option you have to be able to be with a woman.”

4.2 Sex workers

Commercial sex work is still illegal in Namibia and carries a hefty fine or prison term upon conviction. Sex work takes three forms in Walvis Bay: high-end, full time commercial sex work, low-end, part-time commercial sex work, and transactional sex. Many sex workers are young (between 18 and 30 years), poor and with dependents.

Most sex workers are recruited into the business by friends. Selma's³ case is typical:

"I stayed with my friend in her room. That friend was operating sex work. Then, we stayed and most of the time I stay [sic] in her bedroom, while she was gone for work. Sometimes she came home with her clients and I slept on the floor and she used the bed with her client. Sometimes she didn't buy food and I realized that I was suffering. So, I decided to do something for myself."

Money and the "good life" are crucial drivers for entry into sex work, but only those at the upper-end ever get a taste of it. One high-end sex worker was quite proud of the changes in her life since she started sex work two years ago:

"[Y]ou cannot believe how [sic] our house looks like and remember that I only came here 2003 and things that I got now, its unbelievable ... this is my own flat. I also have my own car, did you see it on the ground floor, there are two garages."

Most want to leave the business but claim that it is nearly impossible to do. They are aware of the risks involved in their lifestyle as they have had quite extensive exposure to HIV education programs. Although educators have reported an increase in the use of condoms among sex workers, interviews with the sex workers themselves revealed many instances of unprotected sex, either with regular partners or with clients. The opinions quoted below are from two commercial sex workers in Walvis Bay.

"[Y]ou know that there are fishermen who are married. Who have their wives, so those, I think [sic] do not need to use condoms with them. Those with only girlfriends we must use condoms."

"I use condoms when my trusted boyfriend is not giving me anything and maybe there is no soap at home and I know that there is nowhere he can get money. So I will go without telling him where or tell him I will be visiting a relative or friend. That is where I will meet men [to have sex for money] which I will have to use condoms with and when I come back to my boyfriend we will continue doing it without."

Interviews of clients also revealed that it is more than often up to the client (man) to instigate condom use. One local fisherman stated:

"We are using condoms. But I met many of the girls who do not care or say anything like 'let's use a condom'. It comes from you yourself as a man. However if you did not say anything either, then you will end up having sex without a condom. The girls sometimes don't say if we are going we have to use a condom. Although there are those who have their own condoms in their rooms, but some of them, no, it is only you to say we must use a condom."

³ Fictitious name.

Upper-end sex workers prefer regular, repeat clients. These clients remain in cell phone contact with the sex worker and often refer new clients to her. At the clubs, staff makes frequent calls to the harbor authority to check on the schedules of ships and vessels. Once they receive confirmation of a ship's arrival in the harbor, they phone the sex workers to inform them to visit the club that particular night.

Low-end sex workers are largely excluded from these networks. They operate mainly in the shebeens of Kuisebmond, or as street-walkers. Among their clients it is only the Chinese among the foreign fishermen who make use of these girls, and for most part their clients are either local fishermen or truck drivers.

Although the various types of sex workers have different sources of vulnerability, they are all negatively affected by one or more of the following:

- Poverty that reduces their ability to negotiate safe sex
- Cultural and gender practices that reduce their ability to negotiate safe sex
- Frequent exposure to violence, victimization and stigmatization
- Frequent alcohol and drug abuse
- Inability to communicate with foreign clients
- Frequent exposure to unprotected sex and high-risk sexual practices
- Frequent contact with high risk, highly mobile clients

Of the three high-risk populations under discussion here, sex workers are possibly the best informed group of all. This is mainly due to the fact that they are the least mobile and hence easiest to reach with regular programs. They have frequent exposure to HIV testing, but some continue to work despite having been tested positive.

4.3 Truck drivers

Walvis Bay is literally the first or last port of call on the Trans-Kalahari and Trans-Caprivi highways. It is estimated that up to 150 trucks visit Walvis Bay per day. Truck drivers often stay in town for only short periods of time (at most a couple of days at a time) whilst freight are loaded or off-loaded and it is during this time that they frequent the shebeens and meet with sex workers.

Like fishermen, truck drivers prefer relations with sex workers because of the difficulties of maintaining normal, monogamous relationships due to their frequent and prolonged periods of absence. Although some truck drivers would have regular girlfriends in various places along the routes they travel, most see this as too expensive in the long run, and hence revert to using sex workers again.

Truck drivers see sex workers as “padkos”⁴, “a wife’s assistant”, or “sex helpers” suggesting that these women are perceived to render an ‘important’ service to the truckers. Clubs, shebeens and truck stops are all “hotspots” for meeting sex workers. Max ⁵, a truck driver who frequently visits Walvis Bay describes his modus operandi as follows:

“[W]e like to walk around and go to have a drink and enjoy ourselves. I like dancing in the clubs like in Walvis Bay. When I am in town, I like the Nova Night club... There are only those friends you get if you meet in the clubs. You negotiate with them about giving them some small money once she accepts to have sex with you. You can say that you have only 100 or 200 dollars. Then you are finished that night with your things.”

⁴ An Afrikaans word that if loosely translated would mean “food for the road”.

⁵ Fictitious name.

“I travel around this country, and if I come to a place, the first one I go for is a sex worker because I know I am going to buy a beer and, like you said, flowers and what, what. I just go pay the price [clap hands] and it’s a done deal.”

Truck drivers have very mixed views on condom use. Namibian truckers often identify Angolan truckers for not wanting to use condoms. In this regard the opinion of Andreas ⁶ a Namibian truck driver is typical:

“Angolans do not like to use condoms. Some will, but the majority do not.”

Yet interviews with various local and international truckers suggest the pattern might be the opposite. After accusing the Angolan of refusing condoms, Andreas explains his own (high risk) behavior:

“With the condom is not that tasty. But without a condom it is very good.”

Another Namibian truck driver, Max, who claims to have never used a condom, reveals that he is aware that his high risk behavior puts him at risk for infection:

“I’m now scared because we’ve come a long time. I realized it sometimes, but I’m scared ...you got this girl there and there you are scared maybe you caught the disease.”

Max also has a negative attitude toward HIV education programs.

“I have no time with those things ... I am not interested in their stories”.

On the other hand, Carlos, an Angolan truck driver, was adamant that his personal experience with HIV inspires him to practice safe sex.

“But some of these ladies that sell themselves don’t like condoms, but for me I like condoms because many of my friends are dead because of AIDS and I do not want to follow, that’s why I use condom.”

Truck drivers’ vulnerability stems from a number of factors. These include:

- Constant mobility causing highly unstable relationships
- Frequent sexual activity with a high-risk group (commercial sex workers)
- Frequently exposed to unprotected sex or unsafe sexual practices with a high-risk group
- Unwillingness to internalize HIV messages and change behavior
- Low levels of education
- Frequent alcohol abuse

5. The spatial dynamics of HIV risk behavior

In Walvis Bay, fishermen, truck drivers and commercial sex workers are tied into a triangle of high-risk sexual behavior. Given the mobility of truck drivers and foreign fishermen, Walvis Bay is an important node in an international web of risk behavior. This web consists of both high prevalence areas (Walvis Bay, Katima Mulilo, Zambia and Botswana) and low prevalence areas (Spain, Russia and China). Given that truck drivers and foreign

⁶ Fictitious name.

fishermen sometime share the same sexual partner in Walvis Bay, infections picked up along any of the main transport routes could be carried all the way around the globe to cause new infections, often with new strand of the virus. Conversely, infections picked up elsewhere in the world would be brought to Walvis Bay, and through Walvis Bay, to other Namibian towns and neighboring countries. The scope and dynamics of this network has important implications for those who run HIV prevention programs in any of the global and local locations visited by truck drivers or foreign fishermen.

Fishermen and truck drivers have a significant impact on the entertainment industry, and influence important decisions about location and services (e.g. short term rooms), and their presence presents important incentives for commercial sex work. It is not uncommon for shebeens to be erected next to main roads frequented by truck drivers as is shown by Figure 3 below. Given the integral part played by the entertainment industry, risk behavior among any of the three groups discussed here is closely connected to the availability and consumption of alcohol. To date this connection has largely been ignored and deserves much more attention from those who run risk reducing programs.



Figure 3: Shebeens Along Trans-Caprivi Highway Outside Rundu

6. Special challenges

Highly mobile populations present special challenges to program administrators and implementers. Those from Walvis Bay are no exception. These could be summarized as follows:

- Although local truck drivers receive HIV education, its impact is limited due to limited accessibility and unwillingness to change behavior. Foreign truck drivers from Angola receive no HIV education, making them especially vulnerable.
- Foreign fishermen do not receive HIV education in Namibia at all. Language barriers and accessibility are the main problems. They also do not receive HIV education in their countries of origin – these are typically countries with low prevalence and little attention to HIV education, thus making them especially vulnerable.
- Both the language and accessibility problems have serious economic implications for local educators. They cannot afford to hire additional staff with the required

language proficiencies, and hence have no means to target foreign fishermen. In the absence of sufficient funding it is therefore “Namibians first”.

- Educating foreign fishermen and foreign truck drivers inside Namibia is also problematic given their relatively short period of residence. When they leave the newly acquired knowledge leaves with them, and process has to be repeated from scratch with new arrivals. When they leave HIV knowledge is exported and the local stock of knowledge reduced. Local donors have national programs and are reluctant to use limited funding on foreign nationals.
- Perhaps the most effective way to reach truck drivers and foreign fishermen are through peers and at the sites they spend most of their time. In the case of truck drivers this means at shebeens and bars, at truck stops and truck ports, at border posts, and at points of sleep over. In the case of foreign truck drivers education programs have to start at their port of origin preferably through the company that employs them. In the case of foreign fishermen, education must start in the country of origin, prior to their departure for Namibia. One or more of these fishermen could be given specialist training to act as peer educators on the vessels during their offshore periods.

Paper 6

The Dynamics of HIV and AIDS Among Fishing Communities in Uganda

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Introduction

Uganda is now considered to be in the late stages of the HIV/AIDS epidemic, with nearly two million people living with HIV and one million having already passed away from AIDS. Adult prevalence rates have dropped from 18 percent in the early 1990s, to an average 5 percent today, with higher rates in urban than rural areas. While the proportion of infected people and the rate of spread of HIV/AIDS are decreasing, many people are still affected by the epidemic with devastating health, psychosocial and economic consequences. It is the leading cause of death amongst people aged 15-45 and contributes to an estimated 1 percent reduction in GDP each year (UAC, 2003).

Fisheries are a vital part of the Ugandan economy. The fisheries sector employs 300,000 people directly, and close to 5 percent of the total population (24,442,084) through related services. The estimated contribution of fisheries to GDP is 2.4 percent. Direct, indirect and induced multiplier impacts suggest that the sector's importance is even greater, estimated to be over 12 percent of the GDP (Banks 2003). The fisheries sector provides high quality protein to 17 million people. It accounts for over 50 percent of animal protein consumption in the country and therefore is a key factor in food security. Fishing communities are the hubs of the fisheries sector. The communities interact with the lake ecosystem on a daily basis, fishing as well as collecting water for domestic and commercial purposes. Their activities influence the state of the fisheries resources.

Like all sectors of the Ugandan economy, fisheries has not been spared the scourge of HIV/AIDS. Indeed, the African HIV/AIDS pandemic was first identified in 1982 in Kasensero and Lukunyu fishing communities in Rakai district in Uganda. The limited surveillance data suggests HIV prevalence rates of more than three times higher among fishing communities than the national average (Grellier *et al* 2004, Tanzarn and Bishop-Sambook 2003, NAADS 2003).

Why is the rate of HIV/AIDS in these, otherwise economically significant communities, consistently higher than the surrounding rural areas? Why has there been limited specific attention and national focus on fishing communities throughout the history of HIV/AIDS with regard to: i) epidemiological data collection; ii) policy development; iii) prevention and mitigation strategies; and iv) HIV/AIDS activism?

The paper analyses the factors which predispose the fishing communities to the risk of HIV infection and those that make it difficult for them to cope with the impact of the disease. It argues that many fishing communities are at the margins of national development. As a result, HIV/AIDS continues affecting the people, impacting on their health and livelihoods. Further, it undermines the skills base in the fishing workforce, reduces productivity and thus poses a threat to sustainable fisheries, poverty elimination and economic growth.

Methodology

The paper synthesizes the findings of two studies done in Uganda in the recent past, namely: Tanzarn N.B and Bishop-Sambook, C, *The Dynamics of HIV/AIDS in Small-Scale Fishing Communities in Uganda* (2003) and Grellier, Rachel, Nite Tanzarn, Dirk Lamberts, and Charlotte Howard *The Impact of HIV/AIDS on Fishing Communities in Uganda. Situation Analysis* (2004).

The 2003 study was undertaken in four fishing communities, two on Lake Victoria (central and eastern regions) and two on Lake George (western region). The overall purpose of the study was to go beyond perceptions of fisherfolk as high-HIV risk category, understand the dynamics of inland small-scale fishing communities' livelihoods and map their contexts of vulnerability, in order to design operational responses that effectively support these groups. Data was collected through community meetings, focus group discussions and key informant interviews.

The situation analysis of the impacts of HIV and AIDS on fishing communities in Uganda was carried out in 2004 in 21 communities covering Lake Victoria, Lakes George & Edward, Lake Kyoga, Lake Albert and the Albert Nile. The study used a mix of qualitative and quantitative methods (PRA, interviews and questionnaires) to collect data. In-depth interviews were conducted with 197 people, 34 percent of whom were women. By using a mixture of methods, the study was able to present qualitative and quantitative data which revealed the multiple dimensions of susceptibility, vulnerability and the impact of HIV/AIDS, together with the way in which these are linked to gender, livelihoods and poverty.

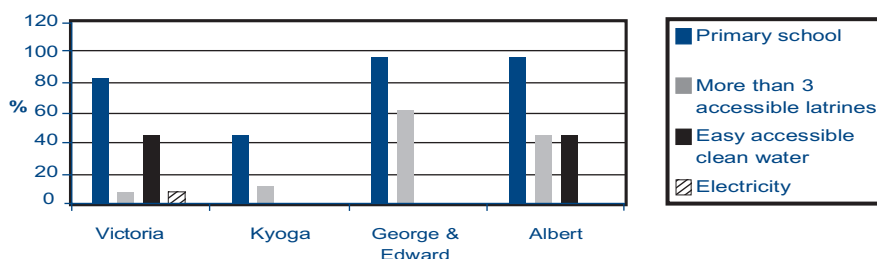
Unless otherwise stated, the quantitative data quoted in this paper is drawn from this study.

Drivers of Susceptibility to HIV Infection

The particular characteristics of fishing communities which seem to make them particularly susceptible to HIV infection include: near neglect by government and the service sector, inadequacy of social infrastructure, inadequacy of health and HIV/AIDS services, relatively high levels of mobility, fluidity of 'marital' relationships, a predominance of sexually active men living away from their home communities and migrating among fish-landing sites, ease of access to cash, beer sellers and sex workers ready to meet the fishers' demands, and limited livelihood diversification. The lifestyle associated with the different livelihoods also strongly influences the susceptibility of community members to HIV-risky behavior.

Fishing communities are under-serviced by practically all social facilities and services (figure 1). Only 50 percent of the communities around lakes Victoria and Albert, and none around lakes Kyoga, George and Edward have easy access to potable water, a figure lower than the national average of 55 percent in rural areas (World Bank, 2004). Most communities' (95%) access to improved sanitation is also lower than the national average of 79 percent. Distances to hospitals range from 500m to 67km and reaching them could take up to 6 hours. Only 43 percent of the communities have health centers, none of which are serviced by doctors. A slightly higher proportion (48%) have drug dispensaries. Both health centers and drug dispensaries regularly run out of drugs.

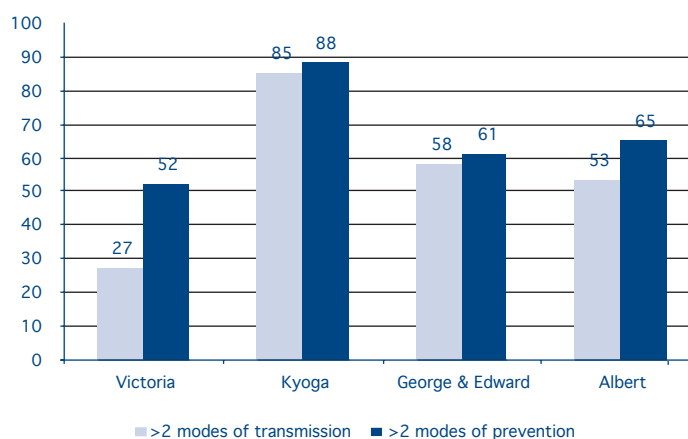
Figure 1: Access to Social Infrastructure and Facilities



Source: Grellier Rachel, Nite Tanzam, Dirk Lamberts, and Charlotte Howard (2004) *The Impact of HIV/AIDS on Fishing Communities in Uganda. Situation Analysis*

The communities reported relatively low levels of access to HIV/AIDS information and support services, with the radio being the main source of information albeit with only 34 percent of the population having access to it. Other sources, in decreasing order of significance include public campaigns and community meetings, counseling and testing sessions as well as training programs. The majority (59%) of the people were not aware of any HIV/AIDS support services that the community could access. The inadequacy in accessing information is reflected in the communities' levels of awareness of infection and prevention of HIV and AIDS. Knowledge levels of methods of transmission and prevention (figure 2) are generally lower than the national average of 84% reported by Garbus and Marseille (2003) even in the communities around Lake Victoria which have regular contact with HIV/ADS related NGOs.

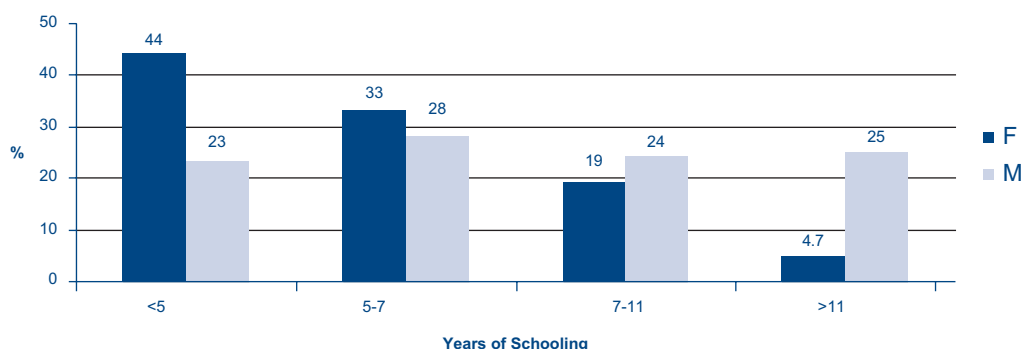
Figure 2: Knowledge Levels of Methods of Transmission and Prevention of HIV/AIDS



Adapted from: Grellier Rachel, Tanzam Nite, Lamberts Dirk, and Charlotte Howard (2004) *The Impact of HIV/AIDS on Fishing Communities in Uganda. Situation Analysis*

The predominant (63%) age group in the communities is the young, sexually active category of 20-40 years. For many of these, the lake is the sole source of their livelihood. Thirty three percent of the community members indicated that they had no alternative source of livelihood. Crop farming was cited as the most predominant (21%) alternative source of livelihood, but this is largely an option for the resident land and/or boat owners. Fishing communities have few livelihood alternatives as a result of their limited education (figure 3). For the women, this is related to their lack of security of access to resources and early marriage (usually to fishermen when they are about 15 years old).

Figure 3: Years of Schooling by Sex



Adapted from: Grellier Rachel, Tanzam Nite, Lamberts Dirk, and Charlotte Howard (2004) *The Impact of HIV/AIDS on Fishing Communities in Uganda. Situation Analysis*

The lifestyle of many members of the fishing communities is characterized by drinking, unprotected sex, frequent sexual partner exchange and high levels of concurrent partners. Amongst those who are at high risk are boat owners, fishing crew (*barias*) and women, irrespective of socio-economic status. Boat owners earn a high income on a daily basis during the fishing season and are thus more easily able to afford several sexual partners. Indeed, community members maintain that the perception that the lake is an endless natural resource with unlimited access by all is the potential basis of promiscuous behavior since many young people, especially the *barias*, spend their earnings recklessly. As one youth stated: “When I need to befriend a woman, I go to the lake, catch some fish, get cash and pay for her services. I can have as many women as I want as long as I have the money.” (Tanzam and Bishop-Sambrook, 2003:35)

Barias have a significant amount of free time during the day (casting the nets at night and collecting the fish early in the morning), since a considerable proportion (43%) are not engaged in alternative economic activities. In addition, they perceive their work to be hazardous and physically unpleasant, hence they celebrate their safe return and seek creature comforts, including alcohol consumption and sex.

We cast the nets in the night and collect the catch very early in the morning. Throughout the night, the wind is blowing and the water is very cold. We have no warm clothing and yet the kind of fishing gear and boats we use necessitate that we stand in the water for long periods. 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.

(Tanzam and Bishop-Sambrook, 2003)

The communities likened the *barias* to army men viz.: “after a successful fishing mission, they want to celebrate - drink and have sex - and in a way congratulate themselves on having survived a potential drowning”.

Fishing communities constitute a largely mobile population with daily and seasonal inflows and outflows of people. This is driven by fluctuations in catches and subsequent employment and revenues. Processing of the catches and marketing of the fish inevitably imply the movement of people between communities. The lack of alternative income

earning opportunities also encourages migration. Away from their families for weeks and sometimes months on end, these *de facto* single, migrant men with easy cash at their disposal many times end up with multiple partners, exposing not only themselves but also their spouses to HIV infection.

Regardless of socio-economic grouping, women are more at risk of HIV infection largely due to the unequal power relations which make them socially and economically dependent on men. Beer brewing/selling and commercial/transactional sex are two of the few income generating activities available to women within fishing communities (Box 1).

WOMEN'S PERCEPTIONS OF DRIVERS OF SUSCEPTIBILITY

- *Fishing is considered to be a male activity and thus fathers pass on the skills to their male children who can easily hire out their labor as barias. Equipped with neither skills nor education, many of us end up marrying early and mostly to fishermen.*
- *We cannot engage in meaningful work because most of us are uneducated. We thus come to the landing site to do business but we are sometimes tempted to go out with men because our earnings are very low.*
- *Most women working in the bars are very young (15 – 30 years) and the fishermen find them attractive. Since the fishermen are “easy spenders” they lure the women into having sex.*
- *We do not have the power to say no to our husbands, or to request them to use condoms, even when we are aware that they have been sleeping around with possibly infected women. Who would take care of us and our children if they sent us away?*
- *I have sex with men because it is the only way I can get financial capital. Many men do not like using condoms but since I need the money to start a business, what choice do I have?*
- *What options does one have faced with a situation where there is no sugar for the children; no money to pay house rent and your partner spends all his earnings on alcohol and other women? You get a man (men) who can provide for you.*

Source: Tanzam and Bishop-Sambrook, 2003

Vulnerability to the impact of HIV and AIDS

It is difficult to assess the impact of AIDS on fishing communities in general because of the migratory tendencies of the population and the fact that many sick people return to their home villages once their symptoms become obvious to get support from extended families. The communities reported four key areas of impact: loss of skills (34%), reduced time spent fishing due to ill health (32%) and, as a result, a reduction in the fish catch (15%). HIV/AIDS was also reported to have resulted in inappropriate fishing practices (20%): utilization of inappropriate gear, engagement in active fishing, fishing near the shores and engagement in fishing at earlier ages. Most (64%) members of the communities also believed that HIV/AIDS had impacted on fishing practices over the last five years. At the household level,

the communities perceived inability to labor as the most significant (25%) impact. Sale of assets in order to cater for basic needs including cost of HIV/AIDS treatment was another (21%). Other impacts that were given almost similar weighting included: taking children out of school, change in fishing practices, loss of income and moving back to the original community when sick.

There is an increasing drop out rate from school: children stay home to care for their sick parents and the health care expenses drain family resources leaving no money for the payment of school fees. Others become *de facto* heads of household.

The livelihoods of *barias*, whose survival largely depends on their ability to hire themselves out as laborers, become affected as soon as they start experiencing general body weakness. Going out to the lake becomes risky because of the cold.

During the initial stages of illness we are not very weak. Nevertheless, we cannot go out to the lake for fear of catching chills. So we fish in the shallow waters near the shore. The fish catch is considerably reduced and that means that you cannot afford the cost of hiring a boat. If you are hired labor, the muggaga (rich boat owner) is likely to fire you because you are no longer productive. As the illness progresses, you fail to go out to the lake at all and even if you do, you are not in condition to cast the nets and harvest the fish or even more important, follow the highly migratory fish stock. For a fisherman, that means the end of your livelihood.

(Tanzarn and Bishop-Sambrook, 2003)

HIV/AIDS reinforces gender inequalities as more women than men get involved in supporting sick family members. This destabilizes their income generating activities and compromises their family's nutritional and health status.

We abandon our small businesses on the landing sites in order to look after our husbands. In many cases, this involves moving back to our husbands' villages. In the event of death, widows and younger orphans cannot effectively take over the fishing business because they cannot go out to the lake. You know, fishing is an activity for adult men. It is unlike farming where children as young as five can contribute to growing food for the family.

(Tanzarn and Bishop-Sambrook, 2003)

Young men are taking on a full-time role of fisherfolk at an apparently earlier age in order to cope with the loss of their parents' labor. However, given their young age, they are inadequately equipped with knowledge and skills – which are acquired over time – essential for sustainable fishing. Many have no respect for, or knowledge about, the unwritten laws that have for generations enabled fisherfolk to secure their livelihoods. Community members also noted that continuous shallow fishing by sick *barias* has the potential to decrease biodiversity and in the long run affect their livelihoods.

What makes fishing communities different? Why is their resilience to withstand the impacts of AIDS relatively lower than other rural communities? Fishing communities believe that they are vulnerable to the impact of HIV/AIDS due to the following factors: limited livelihood diversification, lack of social cohesion, inappropriate government policies, lack of practical opportunities to save, inadequate access to HIV/AIDS support services, inadequate water and sanitation facilities, declining levels of incomes and inability to pay for nutrition and health care.

Unlike farming households, fisherfolk do not have the option to switch from more to less intensive activities, since their activities are not diversified. Considering that the majority do not, or cannot afford to, save, they have limited resources available to cope with the impact of the disease. Many resort to selling or mortgaging assets like boats, land and livestock in order to meet the healthcare costs and sustain their family. The sale of different assets represents a sliding scale along which households move from 'coping' to 'survival'.

The communities cited poverty as an underlying cause of vulnerability, not only influencing who became infected but also the kind of treatment they could afford when they fall sick. Community members believed that whereas fisheries policies and regulations were important, restrictions related to boat and fishnet size to curb indiscriminate fishing have also resulted in a reduction in earnings and livelihood opportunities, and thereby increasing vulnerability (table 1). According to the communities, the recommended 7-foot-long boat is unaffordable and the fishnets of an appropriate size are not easily available on the market.

Table 1: Perceptions of Influence of Regulations: Boat and Fishnet Size on the Community and People's Livelihoods

Impact	No. of communities reporting	Rank
Loss of livelihoods	14	1
More sustainable fishing	7	2
Improved income	6	3
Reduced income	6	3
Better fish catch	4	5
Reduced fish catch	4	5
Increased poverty	3	7
Harassment by enforcers	3	7
None	2	9

Adapted from: Grellier Rachel, Tanzam Nite, Lamberts Dirk, and Charlotte Howard (2004) *The Impact of HIV/AIDS on Fishing Communities in Uganda. Situation Analysis*

Many communities (48%) generally believed that government's promotion of export-oriented growth had resulted into an increased household income. However, women residing on the shores of Lake Victoria, who used to make a living from smoking fish complain that with the restructuring of the marketing chain, this livelihood option is disappearing (much of the catch of Nile perch is taken straight from the beach in refrigerated lorries for processing prior to export). This is also eroding the one form of resilience that the communities had over others, the diet of fish which provides high levels of nutrition. Multiple taxation was another government policy which communities believed was contributing to declining levels of income and thus reducing their ability to access HIV/AIDS support services, treatment and care.

Due to the migratory tendencies of the community members, the establishment of relationships of trust and reciprocity essential for group formation is difficult. A major consequence of this is that the communities have limited leverage to change their livelihood opportunities and performance as well as vulnerability to HIV/AIDS, through access to networks and information. The communities have thus not been activated to respond to HIV/AIDS in a collective manner and many were characterized by an absence of any community initiatives to offer comfort, support, home-based care or care for the orphans. On Lake Kyoga men described cross-community clan networks where small amounts of money were contributed to enable men who were too sick to work to return to their home communities: “...so you can go home to seek treatment or die. Nobody has the time to look after you. If you can't cure you die. If you cure, you come back.” (Grellier *et al* 2004)

Women and young men were identified as being in the least position to meet the cost of treatment for opportunistic infections or afford a good diet to strengthen their immune systems. 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 systems. Women, even if not infected, have low levels of resilience because they often abandon their own livelihoods to care for sick family members. Although rich boat owners are at risk from HIV infection, they were the only group considered by the community to have some resilience to the impacts, derived from their relative wealth and the diversified nature of their work.

Concluding remarks

There are three principal consequences of failing to reach fishing communities with HIV prevention messages and providing adequate health care services. First, the impact of AIDS amongst fisherfolk is not localized to their communities. The migratory tendencies of fisherfolk coupled with the relatively long HIV incubation period, during which there are no visible signs of infection, is likely to broaden the spread of the disease from one community to another. Therefore, if the spread of HIV is not arrested in the fishing communities, it may undermine national efforts to control the epidemic.

Second, if prevalence rates in fishing communities remain relatively high whilst those in other parts of the country are falling, this will have budgetary implications. The government has started providing free AIDS treatment to the rural poor. Since fishing communities are amongst the most disadvantaged, they will be principal beneficiaries and if factors predisposing them to HIV infection are not addressed, their needs will represent a significant drain on the health budget.

Third, losses due to AIDS in this relatively “closed” sector will result into a considerable loss in knowledge and productivity. Fishing requires skills and experience that are passed on from generation to generation.

New entrants (barias) cannot effectively fish alone. They require the support of the experienced who can, from the position of the sun, the calmness of the lake, the direction of the wind and the smell of the water, more or less accurately pinpoint the exact location of the fish shoals.

(Tanzarn and Bishop-Sambrook, 2003)

Given the inherent dynamics of fisheries in Uganda, it is very difficult to envisage a substantial change in the lifestyle associated with fishing communities. The first challenge, therefore,

is to strengthen the resistance of the community to avoid infection, the second is reduce the vulnerabilities of People Living with HIV/AIDS (PLWHA) to the impacts of AIDS through strengthening their resilience.

Fishing communities, by their very nature, represent a potentially risky environment. Their livelihoods and lifestyle characteristics increase the likelihood that members of fishing communities engage in unprotected sex and thereby are highly susceptible to HIV infection. Potential sources of resistance to the disease are almost universally absent. In order to strengthen resistance to HIV, it is important to design and implement interventions targeted specifically at the risk taking characteristics of fishing communities. The activities should be designed to raise knowledge levels and change attitudes and practices.

Equally important is the provision of HIV/AIDS care, treatment and support designed specifically to address the vulnerability characteristics of fishing communities. Other vulnerability-reduction interventions include: promoting sustainable use of fisheries resources, inculcating a culture of savings, and promoting community savings/beach banks. Others include, improving access to social infrastructure and services through *inter alia* establishing health centers within a 5-km radius, providing mobile/outreach health services, providing health education and safe water sources.

Paper 7

‘Fish for Sex’ Exchange in the Kafue Flats: Risky Opportunities of Rural Women

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Introduction

It has recently been stated that fishermen and people working in related occupations such as processing or trading fish are a high-risk group for HIV/AIDS (Seeley 2004). For fishermen, HIV prevalence rates that are twice as high as for truck drivers have been found in some countries, such as Kenya and Uganda (Kissling 2005). The mobile or migratory status of many fishermen, their high-risk occupation, and the availability of cash are some of the factors contributing to a risky behavior (Seeley 2005). We argue that contrary to truck drivers, fishermen are more likely to be within a sexual network that includes a wider range of persons, mobile themselves, who follow the fisheries’ market structures, which are emerging around commercial fishing activities (see also Pickering 1997). With increasing importance of the fisheries sector in many regions due to livelihood changes, fisheries present a challenge to the control of HIV/AIDS.

In this paper, we present the results of a qualitative study on small-scale fishing and fish trade in the Zambian Kafue flats, where fisherfolk from other regions of the country meet with a rural people in a remote area. Due to a decline in fish in more accessible, but frequently overused, fishing grounds, commercial fishing is increasingly shifting into remoter areas. Our aim is to show how an urban lifestyle and high-risk behavior in fisheries’ trading places impacts on rural communities, and particularly how new opportunities are created, often involving sexual transactions. In contrast to roads and truck stops, we argue, fish trading places attract more and a much broader spectrum of people, and their network reaches many more localities.

Particularly, we are scrutinizing the following hypotheses:

- A. Due to recent livelihood changes and a high demand for fish in urban and industrialized centers, fisheries have become more important in many African regions. In the Kafue Flats, high demand periodically leads to scarcity. If fish is scarce, sexual transactions increase the opportunities for female traders, who then have access to fish under better conditions, in comparison with other traders, while at the same time scarcity increases the fishermen’s bargaining power to request sex in exchange for fish. As a consequence, ‘fish for sex’ deals have become the rules to follow in the fishing communities, augmenting the frequency of sexual transactions.
- B. In the Kafue Flats, local women’s involvement in ‘fish for sex’ deals is perceived as a main cause for the spread of HIV/AIDS in their communities. This leads to increasing stigmatization of female traders, while men’s role are neglected. As a consequence, women are keeping involvement in sexual transactions secret, which increases their risk of becoming infected and passing on HIV/AIDS.

Theoretical considerations

In the investigation of health related behavior with respect to HIV transmission, it is necessary to investigate local notions of risk as well as local livelihood needs and the power-network, in which actors are embedded, to focus on “risk ecology” (Liddell 2005). We are primarily drawing on a New Institutional approach as used in economic anthropology (Ensminger 1992, 1997), in order to scrutinize who can set up or maintain rules and regulations with respect to ‘fish for sex’ exchange. We are following Ensminger in arguing that livelihood changes due to economic, environmental, and political changes, and changes in relative prices, may modify the bargaining-power of actors. Individuals have different interests in setting up or maintaining certain rules, and thus try to influence rules and regulations accordingly. To what extent they succeed, depends on their bargaining power in a particular context. With respect to ‘fish for sex’ exchange, this means that fishermen, controlling the fish when prices go up due to changes in a wider context, can insist on conditions such as “no deal no fish” if fish is scarce. Sexual transactions are then not limited to sex workers or women, who intend to profit from a relationship. We argue that ‘fish for sex’ deals became new institutional arrangements in the fishing camps involving sexual transactions in ordinary trading activities. This has to be considered when discussing risk-taking.

To investigate individual behavior, Liddell is drawing on health belief models. Perceived risks may differ between actors, and may as well be competing (Liddell 2005, Nettleton 1997). In the case of fisherfolk, male risk taking with regard to unprotected sexual contacts has been described as “fatalism” in view of a high-risk occupation, where death is an immediate threat (Seeley 2005). In contrast, sexual transactions from women’s perspective are a way to meet everyday livelihood needs (Schoepf 1992). Everyday needs, which are immediately felt if unmet, are then competing with possible future health consequences.

Methods

The data presented in this paper was obtained during two periods of field research between 2002 and 2004 in the area of Mbeza, in Chiefdom Nalubamba, one of the six Ila chiefdoms in the Zambian Kafue Flats. The Kafue Flats are a floodplain located approximately 200 km southeast of the capital Lusaka. The Ila chiefdom Nalubamba, covers about 2,000 km² on the south bank of the Kafue River. The area has approximately 27,000 inhabitants. The fieldwork twice extended over a period of six months and included participant observation in an Ila settlement in the woodlands, in order to observe the daily activities, and to get an insight into the local power structures and politics. Fishing villages and camps in the plain were visited regularly during this period. In addition, a survey including 330 households from ten villages in the woodlands and the plain was conducted. All households in these villages were included in the sample. Information on household characteristics, assets, production, income generating activities, access to resources, and food consumption were collected.

On fishing activities and related problems, six focus group interviews were held. Another six focus group interviews were held with respect to HIV/AIDS problems. In addition, 16 fishermen in two fishing camps were interviewed on fishing, trade, and related problems using a structured interview-guideline. 57 fish traders (26 female, 31 male) were interviewed using a similar interview-guideline. All 16 fishermen and the 26 female traders were asked about sexual relations between fishermen and fish traders. These interviews were conducted by fieldworkers, who came from different communities, but spoke the local language. In addition, we did in-depth interviews with seven local female fish traders who were willing to reveal their ‘fish for sex’ activities, and had continuous contact with four women in the village for over three years. We discussed all interviews intensively with our fieldworkers and key informants in order to deepen our understanding of the diverse local views and practices.

Growing importance of small-scale fisheries, and increasing prices

In Zambia, a weak economy made it difficult for many workers and employees to find jobs in the formal sector. People from peri-urban and industrial areas were trying to cope with the crisis by moving into newly emerging or reappearing informal sectors, one of the most important being fisheries. Between 1980 and 2004, the price for fish has increased nearly twice as much as the price for maize, due to an increasing demand for fish in the urban and industrialized centers. Fishing therefore became attractive to many jobless people throughout the country. At the same time there were de facto no measures regulating sustainable fishing, as the government was lacking the means necessary to effectively control the resource. This was the situation that existed in the Kafue Flats. As a consequence, fishermen reported that in waters closer to the major markets or main roads, catches were declining, so they had to move on to more remote sites.

Why do pastoralists trade fish?

The Kafue Flats are an example of a rich floodplain with different eco-zones, encompassing resources for various livelihoods, which interact closely. The Ila and Tonga agro-pastoralists, who live in the woodlands bordering the floodplain, actually form the largest group in the area. They were once one of the richest cattle-owning people in Central Africa, grazing their herds in the floodplain during the dry season (Fielder 1973), before their livestock was drastically reduced by a tick-born epidemic in the 1980s. Although fish has always been important in their diet, its significance has increased due to livestock loss and a decline in maize production caused by changes in agricultural policies during the following decade (Kokwe 1997). In the drought year 2002/3, the sale of fish was more often indicated as a source for cash than cattle. The agro-pastoralists, however, were not fishing in the Kafue river itself, but in its tributaries in the woodlands next to their villages, and in ponds in the plain close to their cattle-camps, which remained when the flood receded. Much of the fishing was done by women. The access to these fisheries was regulated by traditional institutions, which were increasingly violated by young men, excluding many households from access to fish in their vicinity. In this situation, fish trade with the commercial fishermen in the plain became an interesting alternative. When the floodplain was drying up after the seasonal inundation, the pastoralists drove their animals to cattle-camps, which were in immediate vicinity of the fishing communities. The cattle-camps provided a base for commercial activities of Ila men and women. This commercial activity connected people from remote rural areas with people from all over the country, particularly from industrialized and urban areas, and is of high relevance for the spread of HIV/AIDS considering the frequency of 'fish for sex' deals.

Who are the fish traders?

According to the information given by the interviewed fishermen, we estimate that for every three sales to male traders there would be one deal with a woman. Fish sold by the wives of the interviewed fishermen was not counted in this calculation, so that the proportion of fish effectively traded by women could be considerably higher. Clearly female fish traders are not a marginal phenomenon.

About half of the fish traders in the largest fishing camps at the Kafue river were Ila or Tonga from the region, both men and women. The female traders' mean age was over 30 years, indicating that very young women were the exception, which was confirmed in the interviews. Half of the female traders were married, several were divorced or widowed.

Women's particular opportunities

Female fish traders named different reasons for taking up this profitable business. The most common argument was the high profit fish trade was expected to generate. In addition, little capital was required, and no special manual or intellectual skills were needed. But travel to the camps could be dangerous. Thus, some women found it convenient to have a relationship with a fisherman in form of a “temporal marriage” in the camps. He would provide her with fish, and grant her security:

It's true that it is convenient for women to find someone [in the fishing camps] where they can go back. Because there are a lot of drunkards, so sometimes you might even find someone coming at night trying to come to you. Very often the men, when they have been staying there for three or even six months, minus having a wife, they can give a lady anything, they can give a lot of presents, they can even give you all the fish. This is attracting also the women.

(Widow, aged 42, Namachila village 2004, trading fish)

Sexual transactions could as well be enforced by fishermen, directly or indirectly, as they provided the fish. If fish was scarce, small-scale traders could not compete with merchants who bought large quantities of fish unless ‘fish for sex’ exchange was involved, as the following statement indicates.

There are a lot of women who go there to get this same fish. [Then] it's not possible for us to get fish, so that's when it is a problem because we have to wait until they have finished their business, that's when they come to attend to us... There are two points here. The first one is, where men are busy, making love to their [temporal wives]. And secondly, some women have a lot of money, even fridges, so those with little money will be told to wait until they are finished.

(Widow, aged 55, Matala village 2004, trading fish)

Some of the female fish traders used transactional sex to increase their chance of obtaining fish, while men and other female traders described that they sometimes had to wait for days to purchase fish. In this situation, many women in need of cash, would not turn down an “offer” from a fisherman to obtain fish in exchange for sex. Nearly one third of the interviewed female traders had disclosed receiving free fish from a fisherman in exchange for sex. Equally one third of the fishermen, who were asked the same questions, agreed they gave free fish to female traders in exchange for sex. Another third, however, didn't want to answer to the question.

The sexual encounters could be either casual, or develop into a steady relationship. To summarize there were generally three modes of sexual transactions: A) an economically motivated “temporal marriage” that could last over days, or even years; B) queuing for fish, involving sex requested by a fishermen if he was to sell the fish to a particular trader; C) commercial sex workers were also present in the fishing camps, mainly however at the peak of the fishing season.

Ignoring the risk?

In view of the frequency of sexual transactions, concerns about the transmission of HIV/AIDS were raised. But although fishermen and traders expressed such concerns, this did not largely influence risk-taking behavior. Condoms were hardly available in the fishing camps. For fishermen, indifference in view of more immediate threats, such as the risk to drown, or to be attacked by hippos, was expressed. In addition, their high risk-taking was often accompanied by excessive alcohol consumption.

Women expressed problems in enforcing condom use due to men's reluctance, but equally because it was said that condoms were for prostitutes, and they did not see themselves as such. Reference to the use of magic represented women's lacking entitlement to control their own sexuality:

Some fishermen are wizards raping women using magic. These men perform their magic to women at night to have sex with them while they are fast asleep and the women will only find out later [when they wake up], after the men have gone.

(Key informant, female, 23 years old, Nakasale village 2004)

Apart from issues related to practicality and power-relations, low visibility of sick people due to the high mobility of fisherfolk contributed to the low risk perception in the fishing camps. In contrast, fish trade by local women was considered a main reason for the spread of HIV/AIDS in the agro-pastoralists' villages, where chronically sick people and premature death had become commonplace. Widows and divorced women were seen as the principle problem. They needed to generate an income for their families, and fish trade was providing good opportunities for them. It was assumed that these women might want to find another husband or boyfriend, and were thus more likely to be involved in sexual transactions than married women. The role of the fishermen in these sexual transactions, however, was never considered problematical.

Subjectivities and HIV/AIDS prevention

Women's subjective position regarding 'fish for sex' exchange was heterogeneous. While some women experienced shame because they felt forced into an unwanted and illicit sexual encounter, others found ways of legitimizing 'fish for sex' exchange by referring to traditional institutions regulating marriage or sexual transactions (*lubambo*). Due to this institutionalization, which was still relevant to a part of the people, women were less likely to face social exclusion despite the stigmatization of sexual transactions.

However, women from the Ila agro-pastoralists' villages tried to hide their trading activities. Stigmatization made female traders vulnerable to violence and fraud, as they could not necessarily expect to find support in case they were offended. Female traders had in fact no bargaining power towards fishermen as they fully relied on their willingness to give or sell them fish, especially in times when fish was scarce and competition between traders was high.

Conclusions

The results confirm that fishermen and fish traders are a high-risk population for HIV/AIDS (Seeley 2005). But in addition, it has to be considered that commercial fishing often takes place in a setting where other communities become equally concerned. We showed in this paper how, during an economic crisis, fishing and fish trade became important livelihood substitution strategies for jobless people from peri-urban and industrialized areas, as well as for local agro-pastoralists in the Kafue Flats, due to the increasing relative price of fish.

Local women participated significantly in fish trade. As one of the economically most vulnerable groups, divorced or widowed women were strongly represented. However, the fact that local women were in part involved in 'fish for sex' exchange with immigrant fishermen raised concerns that they would carry HIV/AIDS into the local rural communities, and they were stigmatized. As a consequence, women hid their activities, which increased their vulnerability and impeded prevention and treatment seeking. Meanwhile, men's participation in sexual transaction was not criticized (cf. Lugalla 2005).

The institutionalization of sexual transactions as a common form of fish trade, which could take place due to the particular economic, political, and environmental context, involved many women from the local communities, who would have other income generating opportunities than sex work, and who did usually not rely on transactional sex to meet their livelihood needs. It was the particular configuration of the high competition among fish traders in view of the available catches, which caused female fish traders to engage themselves in partly unwanted sexual encounters with fishermen. This highlights the importance of commercial fishing activities for the spread of HIV/AIDS not only within the fishing camps but equally in neighboring communities.

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Paper 8

Community Involvement in the Responses to HIV/AIDS in the Fishing Sector in Mbita: The Case of Suba District of Kenya (1998-2000)

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Introduction

The International Labour Organization implemented a participatory Poverty Eradication Programme in the Isiolo, Narok and Suba Districts of Kenya. The objectives of the 7-component program were to build capacities of local communities and local decentralized structures to identify local endowments and exploit them for their benefit in poverty eradication. The three districts were targeted because of high prevalence of poverty.

The components were:

- i. Capacity building and institutional strengthening for participatory development
- ii. Improved and sustainable agriculture, livestock and fisheries production
- iii. Rural micro enterprises development for poverty reduction
- iv. Development of education and training for poverty reduction
- v. Development of sustainable community-based health services
- vi. Community-based environment protection
- vii. Sustainable community-based infrastructure development

The study

Suba has a poverty prevalence rate of 78%. Implementation structures were set up at national, district and local community levels. District and local level capacities for participatory needs assessments were built.

In Suba, during the community-based identification of problems, it was revealed that in the areas of the District around Lake Victoria, poverty was very high, although fishing business was booming. Between 20,000,000 and 25,000,000 Kenyan shillings per month were exchanging hands in the fishing zone of the District, yet poverty was rampant. Rapid community appraisals also revealed that there were high incidents of unexplained deaths of young girls and fishermen. Further investigations were made on the fishing practices and patterns of expenditure among the fishermen.

The study undertaken gave a telling story on the causes of deaths among fishermen and young girls. This was the time to break the conspiracy of silence on HIV/AIDS. In Mbita, people who wasted before dying were said to have the Ukimwi disease. Communities of Suba, Mfangano islands, Mbita market, Kaksingri, Kamasingri, and the International Center of Insect Physiology and Ecology (ICIPE) were sensitized to the HIV/AIDS and how it is spread. They came to understand that unless they changed their behavior the scourge would literally wipe out families. Committees were set up to design prevention strategies, and programs were initiated to teach women at antenatal clinics how they could prevent mother-to-child transmission. Peer educators from among the fishermen were trained on how to reduce HIV/AIDS infections among their folks.

The study revealed that due to the high poverty levels, young girls had resorted to sleeping with fishermen in order to get free fish. They did not only have sex with one fisherman, but anyone

that was available on the day they needed the fish. Fishermen in the Lake Victoria region go off to fish, and may spend nights on the islands before coming back to dispose of their fish. When they dispose of their fish, they make big money and take off to sleep with women and girls, while those who have rested return back to lake. So you have a vicious cycle of HIV infections from one fisherman to the girls and from the girls to the fishermen. The fishermen are married and leave their wives in the villages. When the wives go to the lakeshores once a week to collect money for food, they sleep with their husbands, and pick up the virus. Women fishtraders trek from as far as Nairobi and Kisumu to buy the fish from Suba. They too have 'sex deals' with the fishermen to buy the fish at reduced prices and/or get the fish in exchange for sex. They return with the fish to the towns, where they have either husbands or boyfriends, and the transmission route becomes even more sophisticated.

The Matatu (taxi) drivers and call boys (conductors) from Nairobi and Kisumu also had sex for money deals with the women and girls of Suba. This meant that the transmission routes for HIV/AIDS were more complex and wider and the resulting deaths far flung. Tracing the routes of the Matatus, the evidence indicated that transit stations were transmission centers, as the Matatu drivers had transit wives and girlfriends. This created a vicious transmission cycle, and had a high negative impact on the local population in Suba.

Money made by fishermen was not banked as there were no banking facilities, and the culture of saving did not exist, while their families continued to live in abject poverty. Money made from fish sales was used for sex with multiple partners.

Discussions were held with the local district and community leaders to address the issue. The UNDP was approached to provide an immediate response by seconding a qualified HIV/AIDS expert to the district under the program on 'The Expanded Response of HIV/AIDS in Kenya (1999-2003)'. Rapid assessments were made on communities in Mbita, revealing high incidences of opportunistic diseases such as pneumonia, chronic "malaria" and diarrhea among the communities.

A District Aids Committee was formed and spearheaded community-based awareness and sensitization meetings were held with communities in Mbita, and program to mitigate HIV/AIDS transmission was set up with peer educators from among the fishermen.

Application of the ILO Code of Practice

The ILO 'Code of Practice on HIV/AIDS and the World of Work', in draft form at the time, following closely after the HIV/AIDS Plan of Action for Africa, was tested in the world of work of fishermen.

The ILO Code of Practice on HIV/AIDS and the World of Work provides a set of guidelines to address the HIV/AIDS epidemic in the world of work.

It focuses on prevention of HIV/AIDS in the following areas:

- i . Management and mitigation of the impact of HIV/AIDS on the world work (i.e. at the workplace)
- ii . Care and support of workers infected and affected by HIV/AIDS
- iii . Elimination of stigma and discrimination on the basis of real or perceived HIV/AIDS status.

The ILO Code of Practice on HIV/AIDS is used to:

- a) develop concrete responses at enterprise, community, regional, sectoral, national and international levels
- b) promote processes of dialogue, consultations and all forms of cooperation between governments, employers, workers and their representatives, occupational health

- personnel, specialists on HIV/AIDS issues and all relevant stakeholders
- c) give effect to its contents in consultations with the social partners to develop and review, national policies and programs of action in workplace, enterprise agreements and workplace policies and plans of action.

Using the ILO code of practice on HIV/AIDS and the World of Work, the district committee raised awareness on the HIV/AIDS as an issue in the fishing sector, and advised that it should be treated as any other disease. Fishermen affected were counseled on the need to use protective sexual practices through the use of condoms, bearing in mind the effects on their families.

In order to provide a healthy working environment, the Mbita Fishing cooperative was formed with Cooperative Committees responsible for providing counseling, guidance and access to treatment of opportunistic diseases.

Mbita had a fishery complex comprising of a large cold-room, generators, fish cleaning and packing facilities built from EU funding. This complex had been lying idle for three years. The complex presented an excellent opportunity to organize fishermen into cooperatives and to enable fishermen to keep their fish longer, countering the influence of big businessmen from Nairobi who would come and buy fish from fishermen at exploitative prices.

The District Executive Committee of Mbita was convinced to proceed with the official launching of the Fishing Center, so that the Fishing Cooperative could use the facilities to clean, package and store their fish. Special committees were set up to be responsible for overseeing each process until the fish was sold at high prices, as there was no more pressure to sell it quickly. A District Credit and Savings Union (DCSU) was formed and fishermen could now bank the proceeds from the sale of their fish with the National Bank of Kenya which came twice a week to collect the DCSU savings for safe banking.

Community-based gardens to grow crops that would supplement the dietary needs of the affected persons were initiated, while the ICIPE research center provided guidance on nutritional and medicinal value of crops and plants such as the neem tree. A referral center was set up with satellites in each community. Forming the cooperative helped not only to bring groups of fishermen together to discuss the issue of HIV/AIDS and AIDS related-illnesses, but also brought hope to the affected that they could continue to work as long as they remained medically fit to continue fishing. Having more resources to spend at one time gave hope to those who could access anti-retroviral treatments.

Lessons learnt

1. That behavior change can be achieved through community-based sensitization and awareness programs.
2. Because of high mobility, fishermen need to be organized in order to pass on the messages on HIV/AIDS.
3. Effective community response can be achieved if stakeholders and communities themselves are involved in the identification of the problem, and in dealing with the problem solving. The project discussed did this through community-based peer educators.
4. That diversification of the activities in fishing communities can be achieved and renders programs more sustainable.
5. Dietary requirements using locally available high nutritional foods reduce opportunistic diseases considerably.
6. Networking with other local initiatives reduce stress on affected communities.
7. Fisheries policies need to include strategies for response to HIV/AIDS in the fishing sector.

Paper 9

IOM's Work on HIV/AIDS Among Mobile Populations in Southern Africa

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Introduction

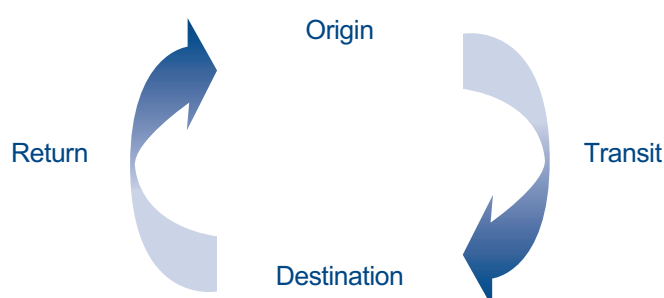
IOM, as co-organizer of the workshop, recognizes the many similarities between the HIV/AIDS vulnerabilities of fisherfolk and other intensive migrants in Africa. Therefore this presentation highlights the general linkages between mobile and migrant workers and HIV vulnerability in Southern Africa and IOM's responses to reduce this vulnerability.

Definition of mobile populations/migrants

There are many different definitions of migrants and mobile populations. IOM's Position Paper on HIV/AIDS and Migration uses the following definition: "people who move from one place to another temporarily, seasonally or permanently for a host of voluntary and/or involuntary reasons".

Motivations for migration include: family reunion, economic opportunity, health, war; types of mobility are internal, cross border, circular, and seasonal. Examples of migrants/mobile populations are truck drivers, mineworkers, workers on commercial farms (fruit, tea, tobacco), fishermen, informal traders, IDPs, and refugees.

IOM uses the following diagram, which represents **the four stages of the migration process** to analyze and respond to HIV vulnerabilities of migrants and mobile populations.



- **Origin:** Where migrants come from, why they leave, and the relationships they maintain while away.
- **Transit:** The places migrants pass through, how they travel and their behavior while they travel.
- **Destination:** Where migrants go to, the attitudes they encounter and their new living and working conditions.
- **Return:** The communities and families to which migrants return, and the changes that have occurred and the conditions they find upon their return.

Most often migrants are vulnerable to HIV infection at their destination - for example, men who work far from home, live in single-sex hostels, have access to sex workers and have few recreational options. This is the case for the majority of mine workers, construction workers, farm workers or military personnel. For others, the greatest risk occurs in transit, including female informal traders and farm workers who may trade sex for food, shelter or transportation for example. As for places of origin, spouses of migrants have shown to be at increased risk of infection as they might engage in transactional sex to supplement their income, or get infected by their returning migrant partners

What are the links between migration/mobility and HIV?

Mobility can lead to high-risk sexual behavior:

- Separation from regular sexual partners
- Separation from socio-cultural (including gender) norms which can create a sense of anonymity which allows more sexual freedom
- Migrants' spouses may engage in transactional sex while spouse is absent

Structural factors that impact on HIV vulnerability of migrants and mobile workers are:

- Difficult living and working conditions (isolation, risk of physical injury, poor pay)
- Limited access to health services and HIV/AIDS programs
- Lack of healthy recreational options
- Often easy access to sex workers and substance abuse
- Foreign migrants are often undocumented which results in lack of labor rights and avoid accessing health services for fear of deportation
- Labour migrants like mineworkers, construction workers, fishermen etc are relatively easy replaced if they fall ill, die or leave. This, in combination with difficult living and working conditions, leads to low self-esteem and high levels of fatalism among migrant and mobile workers. Preventing HIV is low on their list of priorities.

Therefore, HIV prevention responses in migrant settings should both address immediate causes of infection and the more underlying factors:

1. Reduce risk:

- Information and Education Communications (IEC)
- Promoting condom use
- Peer education
- Encourage Voluntary Counseling & Testing (VCT)

2. Reduce vulnerability:

- Improve working and living conditions (safe transport, revise pay-days, accommodation, contracts, rights etc)
- Remove barriers to access health/prevention services
- Increase recreational options/reduce boredom

Background of IOM:

IOM is an Inter-governmental Organization, with 116 Member states, 280 Field locations and with its Headquarters in Geneva and Manilla. Addressing HIV, AIDS and mobility fits well within the mandate of IOM, the only international agency to deal with the entire spectrum of migrant and mobile populations during all phases of mobility. Through its HIV and AIDS program, IOM works to prevent and counter the misinformation, misunderstanding, and stigmatization that are often associated with HIV, AIDS and migration. IOM uses a rights-based and participatory approach to bring HIV prevention programs and access to care and support to mobile populations throughout the world.

IOM's *Position Paper on HIV/AIDS and Migration* describes the scope of IOM's activities with regard to HIV and AIDS and spells out the direction and special areas of focus for the organization¹.

IOM's initiatives on HIV and AIDS are developed and implemented with a wide range of international organizations, governments, universities, and NGOs. In 1999 IOM signed a Co-operation Framework with UNAIDS² which is aimed at ensuring that the needs of migrant and mobile populations are fully integrated into national and regional AIDS strategies and that mobile populations and migrants have access to adequate HIV prevention as well as care and support. The framework promotes initiatives designed to respond effectively to the spread of HIV and at reducing the risk and vulnerability of migrant and mobile populations.

IOM's focus in the area of Health/HIV are:

- Advocacy and Policy Development
- Capacity Building
- Mainstreaming Health/HIV in other service areas (i.e. counter-trafficking)
- Research and Information Dissemination

Examples of IOM's Health/HIV activities in the SADC region include:

- Integrate HIV prevention into the repatriation process of Angolan refugees/IDPs in Zambia/Angola
- Integrate prevention of HIV and Gender Base Violence (GBV) in the humanitarian response towards displaced populations in Zimbabwe
- Run an information campaign "Safe Journey" encouraging migrants to travel legally and practice safe sex
- Contribute to regional HIV/AIDS policy development for sectors employing mobile workers (construction/informal trade/commercial agriculture)
- Implement research on the link between HIV and migration
- Capacity building and technical assistance of NGOs to reduce HIV vulnerability of migrants

The UNGASS Declaration of Commitment

An important document is the UN General Assembly Special Session (UNGASS) on HIV/AIDS, Declaration of Commitment (2001) which states in paragraph 50: *by 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programs for migrants and mobile workers, including the provision of information on health and social services.*

Each country that has signed the Declaration of Commitment must report on progress every two years. Therefore, this instrument can be used as an advocacy tool for all organizations working to improve the lives of fisherfolk in Africa.

Paper 10

HIV and AIDS in Fishing Communities in Senegal

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Introduction

In Senegal the HIV and AIDS epidemic is stable, with a weak sero-prevalence rate of about 0.7%. The stability and weak sero-prevalence in the country are a consequence of a number of factors, including:

- Significant commitment within political circles to fighting the disease
- The early, widespread and multi-sectoral response, along with the strong support of different groups within the communities (religious associations, women's groups, etc)
- The establishment of free training programs for stakeholders
- The early establishment of the ISARV (Initiative Sénégalaise d'Accès aux Anti Retro Viro, or Senegalese Access to Anti-retroviral Initiative) in 1995, which is currently decentralized in all regions.
- Free anti-retroviral treatment

Although programs and activities were financed, fishing communities were never specifically targeted in national policies for activities related to HIV and AIDS. Numerous fishing communities live in a social context where they may be vulnerable to HIV. The reasons for this include:

- A low level of education and lack of instruction
- Poverty and lack of income
- Seasonal unemployment
- Large families
- Polygamy
- Poor sanitation infrastructure

Fishing communities often feature the following characteristics:

- The 'safety-net' aspect of the community is very important, contributing to poverty alleviation and food security
- Communities are often religious, and may be very close
- Communities can also be quite closed, and so querying sexual behavior must be done with caution and sensitivity, especially if the interviewer is an outsider

The principal fishing communities are located in St Louis (about 250km from Dakar), in the Nguet Ndar zone, and in Dakar in the neighborhoods of Yoff and Ngor. The populations are very mobile. In Nguet Ndar for example, fishermen are absent for up to 10 months of the year (they return two weeks before the Tabaski, a large Muslim festival, and leave again a few days after the Muslim New Year).

Supportive partnerships are emphasized amongst fishermen in St Louis. The employer (who is usually the head of the family or head of the village), creates an environment of cooperation and collaboration. Fishing activities and catches are therefore managed by particular groups or households rather than by corporations.

Industrial fishing also contributes significantly to national income. In the fisheries sector, intervention regarding management should take into account artisanal fishing, not just industrial fishing.

In Nguet Ndar there are three districts. Men usually marry women from the neighboring districts, and will move there themselves after the marriage. This reconfirms and consolidates relationships across the neighborhoods. Even if one of the community members has sizable financial difficulties, all the rest will be able to mobilize and may give him the income of several days work. These communities have considerable pride, unity and solidarity.

From Senegal, the principal fishing destinations for fishermen are the large established fishing centers, such as Kayar, Joal, Mbour, Cape Skirrin, Kafountine, Diogue, and the Isles de Saloum. Others go to Mauritania or the Gambia. A number remain almost permanently in the Gambia, where there are abundant resources. There they are brought into contact with communities with high HIV prevalence rates.

Other types of fishing crew who go to Guinea Bissau do not disembark, but prostitutes visit their boats in the evenings. In Isles de Saloum they mix with a large number of fishermen from all over Africa. Furthermore, the artisanal fishers will also form relations with the fish traders and processors.

In the Cassamance region there are many foreigners, who come from as far afield as Ghana, Guinea Bissau and Togo, to buy fisheries products to bring back to their own countries. They also employ Senegalese artisanal fishers because they and their fishing gear are available in the location. Generally the fisheries sector is thought of as contributing in an important way to the development and economy of Senegal.

Integrating the fisheries sector into national policy and activities in the field of HIV would support the sustainability of a sector that is contributing to food security and to the economy.

Those engaged in the fisheries sector in general, and artisanal fisheries in particular, constitute motors of growth, particularly in remote areas. All disease, particularly chronic diseases, cannot but undermine these communities, which are already confronted by difficult living conditions.

Conclusions:

Perceiving the risk behaviors (mobility, contact with prostitutes in large ports, contact with high prevalence communities), and noting the impact of fishing communities on the national economy, it is likely that many fishers have been infected with HIV without being aware of it, and the fact that they are ignorant of this makes it more dangerous.

In summary therefore, Senegal, with research on the ground, and improved social behavior research, will be able to establish adequate strategies of action for these important communities.

As stated, we can rely on socio-cultural factors such as the solidarity that exists in these communities to find an adequate response in the face of the stigmatism and rejection often experienced by people living with HIV and AIDS.

ANNEX 3
Working Group Session 1: Identifying successful responses to HIV and AIDS in the fishery sector
Southern Africa

Area of work	Problem/issue What do you want to change or find out?	Factors of success What makes it work?	Challenges remaining What main challenges are remaining?
Community support	<ul style="list-style-type: none"> • People are not interested in coming to meetings • Typical treatment issues don't always work when there are language barriers, lack of education, issues of treatment and care • Access – how to get people to facilities? • Long-term view is difficult due to impact of HIV and migratory nature of communities • Exclusion of fishing communities by service providers • Fishing communities expensive, difficult, and uncomfortable to visit. • What is the best point to reach mobile populations? 	<ul style="list-style-type: none"> • Working with people at community level • Peer educators should be respected and permanent members of the community • Support of influential people in community • Multi-sectoral response • Incentives for meetings, e.g. caps, pens • Target other needs, and through that target HIV indirectly 	<ul style="list-style-type: none"> • Commercial fishing: what are the moral and financial issues associated with positive testing? • What are the obligations of companies?
Policy, institutions	<ul style="list-style-type: none"> • Need for policy providers in different areas • Problem of accessing international seafarers • Sometimes tension in fishing between agriculture ministries and marine fisheries, especially with regard to inland/aquaculture • Need for coordination between NGOs offering different services • Conflict in how people are perceived – e.g. fishery officers who confiscate nets not likely to be best choice to transfer message on HIV 	<ul style="list-style-type: none"> • Multi-sectoral response 	
Research, information	<ul style="list-style-type: none"> • What are differences between commercial and artisanal fisheries? • What are drivers of vulnerability? 		

West and Central Africa

Area of work	Problem/issue What do you want to change or find out?	Response What is the outcome?	Factors of success What makes it work?	Challenges remaining What main challenges are remaining?
Community support	<ul style="list-style-type: none"> Absence of AIDS interventions in the fisheries sector 	<ul style="list-style-type: none"> Projects are developed in accordance with the needs of the communities More than four fishing communities talk about AIDS without inhibitions The majority of the population should be engaged in the response to AIDS 	<ul style="list-style-type: none"> Appeals to project managers and leaders Take into account all groups in the community Factors of success: <ul style="list-style-type: none"> available financial support - community ownership of the project multiple partners 	<ul style="list-style-type: none"> The widespread poverty in the communities has not yet been taken into account. How can fishing community activities be diversified? How can existing activities be sustained longer-term?
	<ul style="list-style-type: none"> Lack of response to HIV/AIDS 	<ul style="list-style-type: none"> Program of community mobilization for the prevention of AIDS and to alleviate the vulnerability of fishing communities 	<ul style="list-style-type: none"> Put in place a community theater group Participation of most community members in IEC activities Support to communities for income-generating activities Factors of success: <ul style="list-style-type: none"> conscientious approach existence of superstructure organizational framework partnership between NAC and the fisheries department funding availability 	<ul style="list-style-type: none"> Guaranteed availability of all services Establishment of social funds for the support of affected families
Policy, institutions	<ul style="list-style-type: none"> Failure to take fishing communities into account in national AIDS programs 	<ul style="list-style-type: none"> Appeal to the National AIDS Council 	<ul style="list-style-type: none"> Factors of success: <ul style="list-style-type: none"> data availability establishment of the National Coordination Unit a multisectoral approach to AIDS 	<ul style="list-style-type: none"> Take into account all fishing communities

West and Central Africa

Area of work	Problem/issue What do you want to change or find out?	Response What is the outcome?	Factors of success What makes it work?	Challenges remaining What main challenges are remaining?
Policy, institutions	<ul style="list-style-type: none"> Absence of data on fishing community vulnerability 	<ul style="list-style-type: none"> Result: <ul style="list-style-type: none"> memorandum of understanding between the National AIDS Council's program and the Department of Fisheries fishing communities have been taken into account in national policy since 2004 Study on prostitution in fishing communities Survey on knowledge levels, attitudes and practices with regard to AIDS 	<ul style="list-style-type: none"> Availability of information on knowledge, attitudes and practice, and specific factors of vulnerability among different groups Links between migration (of various types), livelihoods, and AIDS Factors of success: <ul style="list-style-type: none"> availability of funds studies by SFLP 	<ul style="list-style-type: none"> Publication of results/experiences
	<ul style="list-style-type: none"> Research is often conducted by external researchers, and not by the target populations 	<ul style="list-style-type: none"> A research approach that regards the populations as partners, and greater 'ownership' of the results by the populations involved 	<ul style="list-style-type: none"> 'Ownership' of the research Factors of success: <ul style="list-style-type: none"> communities actively associate with the research partnership and active dialogue between the community and the researchers 	<ul style="list-style-type: none"> Replication of studies, and the empowerment of members of the community

East Africa

Area of work	Problem/issue What do you want to change or find out?	Response What is the outcome?
Community support	<ul style="list-style-type: none"> • Capacity building within civil society organizations • Gaps in livelihood strategies – in some cases provision from donors may undermine community resourcefulness • Government support does not reach fishing communities 	<ul style="list-style-type: none"> • Communities nominate members to carry out sensitization • Kitchen gardens have lots of traditional foods with medicinal value, and might be worth supporting
Policy, institutions	<ul style="list-style-type: none"> • Lack of government strategy implementation: “paper tigers” • Need to foster a “savings culture” • Gender imbalances • Lack of regional approaches • Stigma: communities afraid to open up • Weak linkages between agencies involved in support • Involvement of fisherfolk in policy formation • Very difficult to start intervention programs in some areas, such as policing water bodies • Logistics and transport for working with remote communities • Gaps in technical skill areas (VCT, HBC) • Lack of information-sharing between CSOs 	<ul style="list-style-type: none"> • Lobby government for funding: must have money specifically allocated to working with fishing communities (beach management units) • Microfinance schemes: “Beach banks” • Need to coordinate with donors • Need to integrate government responses and develop multi-sectoral responses • Fisherfolk must participate in policy-making process • Provide transport facilities and infrastructural support
Research, information	<ul style="list-style-type: none"> • Lack of quantitative and empirical data • How can researchers integrate with communities? • Research: what are the ethical issues? • Adult education 	<ul style="list-style-type: none"> • Researchers can learn from working more closely with communities • FM radio stations can be a way to share information

ANNEX 4: Working Group Session 2: Developing Plans for Scaling-up and Linking Good Practice Examples Community support

Priority areas for action in 2006/07	Stakeholders Who needs to participate?	Resources/ support What options are there for mobilizing resources in support of this action?
<ul style="list-style-type: none"> • IEC and sensitization: <ul style="list-style-type: none"> - community heads and influential people within the industry - radio education - peer educators - music/dance/drumming/theatre • VCT facilities: <ul style="list-style-type: none"> - DCT Diagnostic Counseling and Testing - DCT units can be taken to beaches to work with Beach Management Units - take advantage of existing services • Home-Based Care <ul style="list-style-type: none"> - service-providers • Livelihoods: <ul style="list-style-type: none"> - "Beach Banks" - target off-season with labor intensive programs (e.g. roads) - solar lamps for fishing - fish-farming - paprika farming - micro-credits • Prevention (e.g. Congo-Brazzaville) <ul style="list-style-type: none"> - 2 pilot programs have funds to spend specifically on the fight against AIDS - fishers have been prioritized - capacity building - make links with the existing services - care and support • Institutionalize micro-finance systems: encourage a culture of saving and encourage communities to manage their own services • Lobbying governments and other sources of finance • Disseminate best practice examples • Develop targeted strategies for migrant fisheries • Target fisher associations/cooperatives and small-scale enterprise 	<ul style="list-style-type: none"> • National AIDS Councils • Community-based organizations • Non-governmental organizations • Faith-based organizations • Technical experts – e.g. work with micro-finance specialists 	<ul style="list-style-type: none"> • Government • NGO • Private sector • Another option would be to establish credit and micro-finance schemes that fishermen can contribute to provide for themselves • Must lobby to have the fishing sector included in these strategies

Research and information

<p>Gaps</p>	<p>Practical steps What needs to happen?</p>	<p>Stakeholders Who needs to participate?</p>	<p>Resources/ support What options are there for mobilizing resources?</p>
<ul style="list-style-type: none"> • More prevalence studies • Understand social context in fishing community: define 'fishing community' and understand the social and mobility networks • Interaction and relationship of HIV positive people with rest of community • Factors that contribute to increased susceptibility should be stressed • Research needs to inform policy • Gap in understanding men's behavior: gender studies should include men as well as women • Lack of behavior change in communities despite rising awareness • Need for epidemiological studies of HIV in fishing communities 	<p>Immediate and ongoing</p> <ul style="list-style-type: none"> • Sharing of information, methodology and tools across countries: establish a database of completed and planned research, and set up a virtual discussion group. • Engage people and institutions on problems of HIV/AIDS in fishing • Engage with people contributing to UNGASS report June 2006 • Affected people must be involved in proactive way in research and dissemination • Re-evaluate current IEC/BCC practices • Fishing communities need to be covered by national surveys (e.g. DHS) • Research needs to be focused on operation, not just academic <p>Long-term and ongoing</p> <ul style="list-style-type: none"> • Continuous assessment of research gaps and designing context-specific research • Evaluate treatment options for fisherfolk (e.g. collaborative research on ART and alternative therapies) 	<ul style="list-style-type: none"> • Traditional healers • Fishing communities as active participants • Public sector at national and local government level • Research institutions and universities • Private sector (PPP) • Existing forums related to fishing • Donors • NGOS/CBOS/CSOS • Mass media/radio • Employers 	<ul style="list-style-type: none"> • Write research proposals to donors • Buy into planned surveys (piggy-back on others) • Omnibus surveys: organize interested partners to pool resources • Collaborative/consortia based research • Establish links between institutions to share research expertise and resources • Advocate for support from employers (commercial)

Policy and institutions

Action points for 2006/7	Stakeholders and steps to be taken
<ul style="list-style-type: none"> • Identify policy gaps at country-level • Identify pathways for channeling issues on HIV/AIDS in the fisheries sector • Identify champions in key institutions to take agenda forward • Lobby to include in national policies • Identify key advocating partners • Identify those you need to win over • Collect necessary empirical data • Identify core problems in fishing sector and understand livelihood strategies • “No harm” principle • Create pilot to catalyze interest • Identify district-level partners for action 	<ul style="list-style-type: none"> • Lead: Ministry/Dept of Fisheries • Co-ordinate with other ministries/partners • HIV/AIDS organizations also key and could lead in certain circumstances • Ministry should create inclusive framework • Role of regional fisheries organizations • Get private sector involved • Encourage private sector workplace policies and collect data on impact on businesses as lever to promote WP policies • Strengthen collaboration and linkages at all levels

ANNEX 5 WORKSHOP PROGRAM

Day 1 - Tuesday 21st February

09:00 – 10:20	Opening Session
09:00 – 09:10	<i>Welcoming Remarks</i> Mr Charles Maguswi, Director of Fisheries, Zambia
09:10 – 09:20	<i>Remarks</i> Mr Davies Chitundu, Regional HIV/AIDS Coordinator, Swedish International Development Agency (SIDA)
09:20 – 09:30	<i>Remarks</i> Ms Barbara Rijks, Senior Regional HIV/AIDS Program Officer, International Organization for Migration (IOM)
09:30 – 09:40	<i>Remarks</i> Dr Stephen Hall, Director General, WorldFish Center
09:40 – 10:00	<i>Workshop Opening</i> Hon. Mundia Sikatana, The Honorable Minister of Agriculture and Co-operatives, Zambia
10:00 – 10:20	<i>The multi-sectoral response to HIV/AIDS in Zambia</i> Dr Ben U Chirwa, Director General, National AIDS Council, Zambia
10:20 – 10:50	<i>Break</i>
10:50 – 13:00	Presentations <i>'HIV/AIDS among fisherfolk: What is at stake?'</i> Janet Seeley, University of East Anglia, UK <i>'Réponse des communautés de pêche au VIH/SIDA: expérience du Congo-Brazzaville'</i> Franck M'Boussou, Conseil National de la Lutte Contre le SIDA, République du Congo <i>'Policy and planning processes for responding to HIV/AIDS in fishing communities in Uganda'</i> Boaz Keizire, Department of Fisheries Resources, Uganda <i>'Ships, trucks and clubs: The dynamics of HIV risk behavior in Walvis Bay, Namibia'</i> Christiaan Keulder, Institute of Public Policy Research, Namibia
13:00 – 14:00	<i>Lunch</i>
14:00 – 15:30	Working group session 1: Identifying successful responses to HIV and AIDS in the fishery sector Regional experiences: West & Central Africa; East Africa; Southern Africa

15:30 – 16:00	<i>Break</i>
16:00 – 17:00	Plenary feedback from working group session 1: Elements of 'Good Practice'

Day 2 - Wednesday 22nd February

09:00 – 11:00	Recap of Day 1
	Presentations
	<i>'The dynamics of HIV and AIDS among fishing communities in Uganda'</i> Nite Tanzarn, Makerere University, Uganda
	<i>'Fish for sex deals in view of the HIV/AIDS epidemic: Opportunities, competition and heterogeneity of interests in the Kafue Flats, Zambia'</i> Sonja Merten, University of Basel, Switzerland
	<i>'HIV/AIDS in the fishing sector: the ILO experience in Suba District, Kenya'</i> Sina Chuma-Mkandawire, International Labour Organization (ILO), Nigeria
	<i>'IOM's work on HIV/AIDS among mobile populations in Southern Africa'</i> Barbara Rijks, International Organization for Migration (IOM), South Africa
	<i>'Situation du VIH/SIDA dans les communautés de pêche au Sénégal'</i> Mireille E.L. Anani Kandé, Centre Hospitalier Universitaire de Fann, Sénégal
11:00 – 11:30	<i>Break</i>
11:30 – 13:00	Working group session 2: Prioritizing action in 2006/07
	Areas of work: <ul style="list-style-type: none"> • Community support • Policy and institutional linkages • Research and information
13:00 – 14:00	<i>Lunch</i>
14:00 – 15:00	Plenary feedback from working group session 2: Action points for an improved response to HIV and AIDS
15:00 – 15:15	<i>Break</i>
15:15 – 17:00	Plenary and panel discussion session Synthesis of workshop discussions and next steps
17:00 – 17:15	Workshop closing Mr. Richard Chizyuka, the Permanent Secretary, Ministry of Agriculture and Co-operatives, Zambia

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