

# FISHER COMMUNITY ANTI-AIDS PROJECT **FiCAP**

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## Editorial

“An elephant never finds its own tusk too heavy to carry” is a very common Alur adage loosely used to encourage those engaging in hard and arduous work to get ready for the rough road ahead. Applied to FiCAP, this same adage would call upon the various implementers to stand up and account for whatever they have been exerting effort over for the last 1 year in order to assess how effectively they have

matched on the road.

In this FiCAP News we bring to you a brief on what FiCAP is all about starting with the core problems the project is addressing. This is followed by what has been done to date as well as the visible changes in the lives of the fisher folks.

As a project that is specifically targeting fisher communities, attention is given to what is working

well – building community resilience to HIV/AIDS prevention and care and support. Finally, the FiCAP News spells out what AFARD’s best practices are.

On behalf of the editorial board I wish you all nice reading.

*Dr. Alfred Lakwo  
On behalf of the editorial team.*

## About FiCAP

### Panyimur: The project area

**P**anyimur Sub County is one of the lower local governments in Nebbi district. It is the centre of fish trade in the entire West Nile region. From Saturday to Tuesday, every week, it attracts people from Southern Sudan, Democratic Republic of Congo, Bulisa, Hoima, and Masindi districts as well as from all the districts in northern Uganda.

During the fish market days, all other activities in Panyimur come to a standstill. Should one die on a market day, burial is even deferred to after the market days. Besides physical merchandize, traders also engage in high-risk sexual practices known to be the leading causes of HIV/AIDS infection in Uganda.

The fish market adds a new dimension to an already chaotic lifestyle, typical of all fishing villages. It has promoted transactional sex especially with



Fish market in Singla fishing village (Photo by F.J.B. Chonga)

trans-generational partners and having multiple sexual partners by men and women alike. People rarely use condoms even though they regard steady sexual partner relations abnormal considering the ease of accessing as many sexual partners as possible. Other risky practices such as the rampant drinking of alcohol and transnite discos aggravate the predisposition to HIV infection.

Such a highly volatile lifestyle, explains the exceptionally high HIV prevalence rate. The VCT attendance sero-positivity rate in Panyimur Sub County alone was found in 2007 to stand at 20-30% as compared to 10-15% in other parts of the district.

### FiCAP focus

The above noted exceptionally high infection rate was largely attributed to the high-risk sexual practices in the area. Yet, such practices also emanate from inadequate education and awareness about HIV/AIDS, as well as the unsteady access to condoms. These facts were corroborated by the findings of the 2007 Nebbi district services outreach mapping exercise which

also revealed that fishing communities were receiving less intervention compared to other areas in the district.

It is this revelation that propelled the Agency For Accelerated Regional Development (AFARD) to design the Fisher Community Anti-AIDS project (FiCAP) focused on promoting positive behavior change among the fishing communities in Panyimur through the promotion of abstinence, being faithful, and condom use (ABC). FiCAP's design is premised on the use of intensive behavior change communication and education (BCCE) strategies within five large landing sites managed by a team of local change agents (the Peer Educators-cum-Counselors - PECs). The PECs are identified by the community and trained, equipped and technically backstopped by AFARD. In addition, the sustainability of this project was envisaged to anchor on encouragement of the PECs after year 1 to form into community based organizations (CBOs) that should also include Persons Living With AIDS (PLWA).

This succinctly compelling reason enabled AFARD to receive grant (ref.

CSF/001/2008) from Civil Society Fund under Uganda AIDS Commission for the implementation of FiCAP for 2 years. FiCAP aims to empower the community in Panyimur to prevent the further spread of HIV/AIDS. Thus, its goal is, 'to contribute to the reduction of sexual transmission of HIV among fishing communities in Panyimur sub county, Jonam county, Nebbi district'. And the specific objectives are:

- To establish and motivate a cadre of 60 local people capable of sustaining efforts to prevent HIV spread.
- To promote positive behavior changes (sexual practices) among 26,950 people in 5 fishing villages within 2 years
- To increase correct and consistent condom use.

For the last one year (April 2008 to March 2009), AFARD has been implementing FiCAP in Panyimur sub county in close collaboration with other stakeholders. The detail of FiCAP's direction forms the main content of this news.

## Anchoring The Project: The Baseline Study

### Introduction

In order to make FiCAP local area responsive, a baseline study was conducted in June 2008. The aims of this study were: (i) to set knowledge, attitude and practices (KAP) status benchmark; and (ii) to identify vital KAP gaps in order to effectively design Behaviour Change Communication and Education (BCCE) strategies.

### Findings

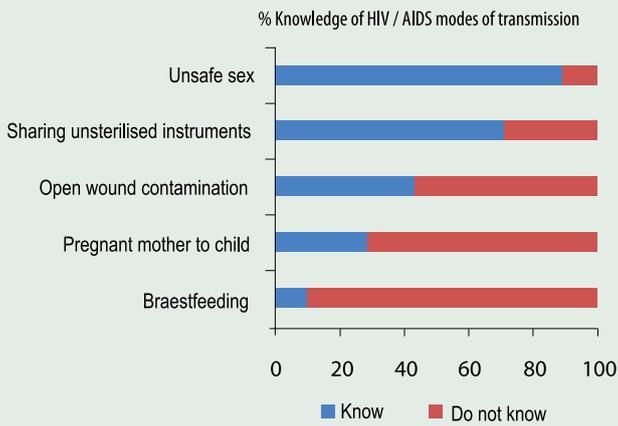
Using individual interview survey and community meetings, this study found out that:

- While 93.0% of the population had heard about HIV/AIDS, 21.9% knew it was a myth.

- Comprehensive knowledge about HIV/AIDS varied markedly from 50.5% knowing at least 3 ways of transmission to 75.3% symptoms, 55.7% preventions, 44.9% positive living and 39.6% essential support services.
- The community was sexually active as only 41.2% of the people aged 12 years and over had not engaged in sexual intercourse And the median age at first sex was only 16 years.
- While 52.9% of the population had no source of information about sex, 24.9% depended on peers for this information.
- Sexual relations that are multiple (20%), casual (37%) including with

married couples (37%), cross-generational (49%), and transactional (23%) were common practices.

- Consistent condom use was very low (36.8%). Meanwhile condom access was mainly from shops (41.2%).
- 14 per cent still desired infecting others should they know they are HIV-positive.
- Stigmatization of Persons Living with HIV/AIDS (PLWA) was common practice.
- The population expected from FiCAP not only awareness creation (25%) and condom use promotion (3%) but also access to Voluntary Counseling and Testing (VCT) services (26%) and ARV services



(13%) besides economic empowerment (14%) and Orphans and Vulnerable Children (OVC) support (7%).

## Observations

From the study findings, it is evident that:

- Generally, many people have heard about HIV/AIDS although comprehensive knowledge about HIV/AIDS is low.
- Sexual activity with many and casual sex partners is common practice. Laden with limited sources of information and norms that accept

sexual promiscuity, sex will continue to remain a major cause of HIV/AIDS transmission in the area.

- Despite condom use as a preventive measure being known, its access and consistent use is very limited.
- Attitude that promotes stigmatization of PLWA persists.
- The community expects more than BCCE alone but also health services outreach and economic empowerment.

## Recommendations

It was therefore prudent to:

- Customize the BCCE strategically to close the knowledge gap so as to increase the level of comprehensive knowledge about HIV/AIDS.

- Promote peer-to-peer BCCE and strengthen an open door approach for inter-peer learning so that 'wisdom' is shared.
- Link with existing government services in order to promote access to VCT and ARVs.
- Adopt peer approach to increase condom access while at the same time building condom use negotiation skills particularly among females.
- Explore community care and support system in order to promote economic empowerment requisite for the continued support of OVCs and PLWA.

*Adapted from FiCAP Baseline Survey Report, June 2008*

# Achievements To Date

Since its inception (April 2008) to date, FiCAP has been able to accomplish a number of activities as are detailed below. It:

- 1.1 Debriefed Panyimur Local Council leaders in a meeting that also identified the 5 implementation epicenters and 10 satellite fishing villages.
- 1.2 Held 5 sensitization meetings about the project attended by 497 people (40% females).
- 1.3 Conducted a baseline study to make FiCAP responsive and accountable.
- 1.4 Held 5 community meetings that identified 60 people (50% females) as PECs of whom 10 were given added responsibilities as Community Facilitators (CFs).
- 1.5 Trained the 50 PECs and 10 CFs on basic peer education and counseling skills. While each

fishing village was equipped with a video deck, TV, power stabilizer, a generator, and shoulder megaphone, each PEC & CF received a bicycle and T-shirt.

- 1.6 Further trained the 50 PECs and 10 CFs as condom promoters and distributors.
- 1.7 Procured basic tools and equipments for AFARD office including a laptop computer; a documentation soft ware (adobe CS3), a digital camera, a video system, and power stabilizers.
- 1.8 Held 120 awareness creation seminars attended by 5,320 people (36% young people and 64% adults) on the basic facts about HIV/AIDS.
- 1.9 Held 5 condom promotion seminars attended by 401 people (49.6% females).
- 1.10 Trained 400 youths (50% females) in life skills for self-esteem and assertiveness building.

- 1.11 Trained 300 parents (50% females) in life skills on parent-child communication building.
- 1.12 Held 2 radio talk shows with phone in feedback.
- 1.13 Staged 120 video shows concurrently with awareness seminars in order to strengthen face-to-face communication.
- 1.14 Produced and disseminated 3,000 leaflets and 5,000 posters in the local language on basic facts about HIV/AIDS.
- 1.15 Staged 20 drama shows attended by 1,806 people (49% females) in the local language on various themes of BCCE.
- 1.16 Supported monthly the PEC/CF's operations with bicycle allowances. As such, while each PEC was expected to reach out to 10 people per month (=6000), they actually reached out to 21,752 people (51% females) and 1,421 people (68% females)

- through peer education and counseling respectively.
- 1.17 Held two sharing and networking meetings involving local succeeding organizations, district and local government officials and HIV/AIDS network members to explore how to build leverage and knowledge sharing.
- 1.18 Provided 10 VCT services outreach where 710 peo-

- ple (59% females) tested their HIV sero-status and those found sero-positive were 19 (79% females).
- 1.19 Held one dialogue meeting with 53 civil, political, and religious leaders to negotiate acceptance of ABC package on BCCE.
- 1.20 Conducted 20 quarterly review meetings attended by 777 people (47% females).

Total Outreach	Young people		Adults		Total	
	Males	Females	Males	Females	Males	Females
Sensitization	995	900	1,727	1,698	2,722	2,598
Condom promotion	27	13	175	186	202	199
Drama shows	-	-	930	876	930	876
PECs - education	5,366	5,280	3,935	7,171	9,301	12,451
PECs- Counseling	235	228	467	491	702	719
VCT services	108	198	180	224	288	422
Total	6,731	6,619	7,414	10,646	14,145	17,265
% share	21%	21%	24%	34%	45%	55%

**Table 1: FiCAP services outreach**

In all, the performance of FiCAP in 1 year reveals that instead of the 26,950 people targeted, more than 30,000 people (55% females and 58% adults) have been reached out to effectively using peer education approach (71%). The PECs have demonstrated that this approach is effective and cost-effective and that through them change is possible.

*Adapted from FiCAP Annual Internal Review Report, April 2009*

## Visible Changes



Joice Ocima taking VCT outreach tests in Wangkadu fishing village (Photo by F.J.B. Chonga)

*The effortless spirit demonstrated by the PECs has to date yielded some visible changes in the lives of the people in Panyimur Sub County. These changes and why they were achieved is the subject of this article.*

1. A local team of vigilant change agents are effectively functional in the project area because:

- The community through a consensus identified the PECs from within their area basing on individual trust and vigilance.
  - The PECs received skills training that enabled them to keep 'atop of their assigned tasks'.
  - Regular technical backstopping support was provided to bridge PECs performance gap and build their confidence.
  - PECs were molded to exhibit positive attitudes in their lifestyles with regards to HIV/AIDS prevention and mitigation.
2. Increased demand for free condoms (to the point that some women and girls take condoms to their partners) was influenced by:
    - Having PECs trained and established as condom distributors.
    - Ensuring regular condom education and promotion concurrently with the generic awareness creation seminars.
    - Changing the condom brand from the rejected Engabu and ensuring regular supply.
  3. High demand for VCT in all fishing villages and their satellites is attributed to:
    - The provision of HIV/AIDS education that tackled the local high risk behaviors and their sus

*ceptibility to infection as well as demystifying HIV/AIDS.*

- The emphasis on PMTCT education especially among married couples created a sense that HIV/AIDS is not only a sickness for unmarried people so ‘let us test too’
  - Involving the PECs in taking the lead to mobilize for testing and to ensure follow up of the clients especially those who turned HIV sero positive.
  - The flexibility of CFS management in allowing AFARD to use its contingency fund to support VCT outreach services.
4. Increased community acceptance of PLWA due to:
- Demystifying HIV/AIDS and its association with promiscuity.
  - Encouraging openness and

self status declaration without shame.

- The formation of the five PTCs that also provided PLWA peer/group counseling opportunity, a sense of belonging and financial support.
5. Increased demand for ARV because:
- The PECs provided effective post counseling services after VCT services.
  - There is ample information being passed on the services availability (Where to get drugs).
  - Some PTCs are meeting part of the economic cost of PLWAs travel to the hospitals.
  - Linkage of sero-positive people in the project sites to health workers who were engaged in the project activities.

6. Emergence of responsible leadership due to:

- Specifically targeting the leaders to understand the project intentions and their possible roles in the fight against HIV/AIDS.
  - Routine involvements of technical staff in field activities deepened support for FiCAP
7. A functional community care and support system established by:
- The visionary leadership of AFARD that looked beyond the two year life span of the project.
  - Networking the PECs with other old AFARD project beneficiaries especially the PECs in Dei and Lokokura PTCs.

*Wilfred Cwinyai*  
*Community Development Manager,*  
*AFARD*

## Persisting Challenges

*While successes have been scored, draw backs still exist. Below are some of the identified setbacks to the effective realization of the project impacts.*

- a) Comprehensive services outreach not yet achieved because:
- The identification of peer categories did not take into consideration the various differentiations according to age brackets, HIV sero-status and religious backgrounds. As such, some social categories are not strategically reached out to.
  - Not much was done on message customization for the different peer groups. As such the generic dissemination of information underrated some aspects of information critical for comprehensive knowledge building.
  - The one-off skills training of PECs has now witnessed gaps in palliative care and pediatric counseling.
  - The establishment of PTCs

without leadership and financial trainings and support continues to hamper the effectiveness with which they can grow and self-manage.

- b) Limited responsible parenting due to the fact that:
- The life skills training was inadequately conducted in terms of both duration and number of people trained. As such, few parents are aware and apply it.
  - The mixed cultural setting of the fishing villages hampers the effective promotion of good culture. As a result, parents from diverse backgrounds promote different parent-child relations. This limits free discussion about sex and sexuality; yet sex education is critical for HIV/AIDS prevention.
  - Livelihood insecurity has caught many parents between two hard rocks; they can neither support nor stop their children from pro-

miscuous acts which meet their needs in the short-run at the expense of their future. For instance, many girls resort to ‘sex-for-money’ while boys take up to mixing with older fishermen during fishing from which they learn high-risk life styles.

- c) Inability to buy condoms when free ones are out of stock because:
- Many fishing villages lack condom sales points. As such, even would-be clients find it extremely hard to travel to the main trading centre to buy condoms and yet most of the sexual encounters are ‘quick unplanned sex’.
  - Some people, especially women, are still shy about buying condoms. They cannot stand up boldly to demand ‘give me a condom please’ over a clinic/stall counter.
- d) Inadequate provision of VCT

- outreach services as:
- Health budget for VCT services is too inadequate to facilitate effective delivery of VCT service. A few outreaches are conducted in a quarter which tests only 40 people per visit. This implies that the government facility testing capacity is unable to respond to the exceptionally high demand of the fishing communities.
- e) Lack of assertiveness especially among the youths (girls) since:

- Life skills' training was not comprehensively done both in terms of the number of days and young people reached out to.
- The Alur culture strongly forbids sex related discussion among parents and their children. As such, with the broken social fibers many youths venture unknowingly into sex.
- Poverty has created a lot of livelihood insecurities. Yet, pop culture popularized by videos and the weekly influx of people

flush with cash ends up driving many young people, especially girls, to catch up with the wind of change through transactional and intergenerational sex.

These drawbacks are not insurmountable but obviously impinge on the positive impact of the project. Recognising them gives the stakeholders room for innovation.

*Chonga J.B, Franklyn  
Project Officer, AFARD*

## Lessons Learned

*As a learning organization, AFARD has been keen in exploring what is working, what is not working and why. This has helped with adapting the project to existing realities. Fi-CAP provides invaluable lessons not only to AFARD but also other stakeholders especially those working with fishing communities:*

### Positive lessons

- Effective HIV/AIDS prevention goes hand in hand with mitigation. This is because as people become aware, they test their HIV sero-status, and for those who turn out to be sero-positive a new approach is needed to sustain their life beyond the mere provision of BCC education. As such, prevention needs to be seen from both the perspective of preventing further spread of HIV/AIDS (new infections) and the prevention of early death among PLWA (preventive mitigation).
- The provision of VCT outreach services gives critical meaning to HIV/AIDS education by quenching the thirst to test. It therefore presents a stepping stone for closing the gap between new infection prevention and post infection programming.

- Working in harmony with all stakeholders promotes the effective execution of the various roles each actor has in HIV/AIDS prevention and mitigation thereby increasing the likelihood of success.
- The formation of a PTC provides courage for people to declare their sero-status, and to fight self and community stigma. It also sets the tempo for community care and support system to emerge as people get to know that we are but one people only with different sero-status, religion, wealth, education, or even ethnicity.

### Negative lessons

- Banking on government services delivery in order to attain a project goal is a very risky undertaking as there is limited predictability of when, and in what quantity, government services will be provided. It is therefore better right from the design stage to create a system (fallback plan) that can make either government services effective or that which will complement it.
- Ignoring the vital positions and powers local leaders play in any community creates a roadblock

to project implementation. Involve them in a manner that rhymes with their status so that they can lend in their support to the acceptance of their communities.

- Closing the peer groups to only age category excludes many people who are better targeted by their social affiliations like religion, business, elderly, etc. Always target peer groups using broad social categorization that are considered vital by the community.
- One off skills training is not adequate for enhancing the capacity of local change agents to provide comprehensive services. In designing skills capacity building of local actors, provide for post-training follow-ups as well as refresher courses that deepen their practical skills.
- ABC strategy prioritizes prevention of HIV infection only from sex-related modes of transmission. This overshadows other potentially grave means of HIV transmission. Always customize messages to existing practices highlighting at risk factors for a more balanced BCCE.

*Adapted from periodic participatory review reports April 2008- March 2009*

# Tips On Working With Fishing Communities

*For a long time, the HIV/AIDS prevention approach has been pursued from a rather generic approach. The realization that people needed adequate and relevant information about the epidemic did not ring a bell that people live in a socially fluid society governed by various norms and practices. This is true of fishing communities where people of different cultures, interest, and exposures interact.*

*Below we share with you what has made AFARD to make bigger strides in working with fishing communities on L. Albert in Nebbi district right from 2004 to date:*

## **a. Go native**

As is hinted above, different social settings harbour different social practices that may influence and/or curtail further spread of HIV/AIDS and its mitigation. Thus, going native requires learning from and with the community what their own knowledge, attitude and practices (KAP) about HIV/AIDS are. It is therefore imperative that an intervention starts with a baseline study that can enable it to explore local peculiarities so as to make intervention relevant to local context. In so doing, room for process and result tracking is also established.

## **b. Nurture local change agents**

No intervention lasts forever. It has specific start and end time. Yet life will continue with or without the intervention. Therefore, to ensure that key project activities continue beyond its planned time, local change agents (PECs in AFARD's case) provide reliable conduits through which the project can be implemented in finitum. These local change agents must be identified jointly with the community without a bias based on education.

## **c. Work through social categories**

Fishing villages have complex social stratifications. There are indigenous people, immigrant fisher folks, and in-

&-out fish mongers. These social categories can further be sub divided by gender, age, leadership position, trade (e.g., commercial sex workers, single women engaged in bar business, etc). Depending on what is appropriate for the area, effectiveness behaviour change can best be achieved by widening outreach to target the different social groups.

## **d. Be time responsive**

The livelihoods of fisher communities are time specific. Normally for fisher folks morning and evening hours are near secluded time for coming out of the water and trading and preparing to return to the water respectively. Therefore, activity planning needs to pay keen attention to what time which group can be met (and where?).

## **e. Customize messages to local realities**

A good understanding of local realities simply demands that interventions respond to core areas of need. For instance, in the last 5 years, we have realized that many people know about HIV/AIDS and largely as a sexually transmitted disease. Other modes of prevention like from mother to child are largely unknown. Yet unplanned pregnancies are common practices. Such a situation requires that mes-

sages should be customized to fill the knowledge gap and call for pro-active actions instead of the pre-occupation with the generic ABC alone.

## **f. Use multi- communication channels**

It is a known fact that fishing communities are stubborn to the point that many extension staffs have even developed negative sentiments about their "I don't care and I know it all attitudes". It is also evident that many myths about HIV/AIDS exist given the diverse background of the people. Such a situation calls for the provision of correct information through many channels – one-to-one, video, drama, posters, radio, and public meetings so that different people get different but relevant and comparable information which, in the long run dispels their confidence in ignorance.

## **g. Conduct routine reviews**

Society is neither static nor robotic. It is dynamic because different actors continue to shift their lifestyles in the face of diverse experiences they are facing. Through reviews, many peculiar and unique issues that warrant redress emerge. It is also the time to know the strong and weak points and to identify issues to focus on in the upcoming period. In this way, the in-

tervention plugs in every loophole and continues to strengthen and enrich its outreach of information for positive behaviour change.

## **h. Practice flexible management**

The very dynamic nature of HIV/AIDS issues between health, economics, and culture requires a flexible management style. To start and end with only what the project document states is suicidal in that

all issues obscure to the designers will not be addressed to the detriment of the envisaged impacts.

### **i. Develop new products**

From routine learning and flexible management come new products. For instance, many of the prevention related interventions specifically focus on information dissemination. Yet reality on the ground demands that after information so what? A loop must be tied between awareness creation and the demands that emerge like the need for VCT, ART and post test living. Simply providing information without any added component creates 'community education fatigue'.

### **j. Approach HIV/AIDS from a holistic perspective**

Many donors have tended to compartmentalize HIV/AIDS intervention as prevention or care and support only. Such an approach tends to miss the holistic way community lead their lives. It is now clear that no society exists without people affected or infected by HIV/AIDS. As such, interventions should take into account that the provision of risk prevention education does take place where sero-positive

people live and they too deserve positive living promotion.

### **k. Build buy-ins of local leaders**

No cock crows in another cocks' territory. For any intervention to be accepted, due consideration of the various local leaders – civic, political, opinion, and religious – must be taken into consideration. These leaders have diverge interests, which unresolved, can affect negatively their public stand on HIV/AIDS interventions especially using ABC approach. Always involve, consult, and engage with them!

### **l. Network with others**

No (wo)man is an island, the saying goes. It is vital to create buy-ins with other agencies to ensure that you learn from each other how best to approach the community given that different actors have diverse lessons. Also share skills and challenges. Do not pre-occupy your intervention with reinventing the wheel!

### **m. Give time for change to occur**

Many interventions harbour such expectation as when you hold awareness creation meetings, change immedi-

ately occurs. Do not panic! It takes time for the highly mobile and volatile people in fishing communities to internalize information, ask soul-searching questions, and start changing their risky behaviours. It took Dei community 2.5 years to start discussing fish-for-sex relations amidst diversified and intensive education provision. Go patiently slow to reap positive impacts!

### **n. Sow the seeds for sustainability**

From the very start, let the community know that the project is theirs and all you are providing is a temporary support that has to stand on its foot sooner or later. However, while building local ownership, it is prudent to anchor such spirit in an organized institution. This is where a Post Test Club comes in handy to bring together all people of good will who cherish HIV/AIDS prevention and mitigation from a community care and support system approach.

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