

Availing HIV counseling and testing to hard-to-reach most-at-risk communities: The case of fisher folk in East Central Uganda

Mugume¹, S. Kironde¹, D. Businge¹, A. Busuge²

¹JSI Research and Training Institute, Inc. (JSI), ²Family Life Education Program (FLEP)

Issues

According to the Lake Victoria Fisheries Organization, HIV prevalence in fishing communities in Uganda may be as high as 40%. Fishing communities are characterized by significant transactional sex interaction; a low risk perception of dying from HIV compared to drowning while at work; and a high proportion of migrant populations – all factors that increase their risk for HIV infection. Additionally, their unique work and rest patterns make fisher folk difficult to target with interventions.



Fishermen at Bwondha landing site, Malongo Sub-county, Mayuge District

Percentage of couples reached with HCT services Vs overall achievement

Quarter	Individuals Counselled, tested & received results	Couples Counselled, tested & received results	% of Couples
Q1	3,717	254	7%
Q2	16,962	910	5%
Q3	27,667	1,253	5%
Total	48,346	2,417	5%

Source: STAR-EC/JSI Program Records



Couple HCT enabled couples to adopt safer behaviors and develop risk reduction plans as evidenced by the quote - "Couple HCT has enhanced communication in our marriage. We have made a pledge to ensure mutual faithfulness as a strategy to avoid AIDS in our marriage", from a couple at Bwondha landing site.

Description

In 2008, Uganda HIV&AIDS Services Project, a JSI managed program in Uganda, with funding from USAID, awarded a one-year grant to FLEP to deliver HIV counseling and testing (HCT) services among fishing communities in East Central Uganda. Through Beach Management Units, 54 post-test couples from these communities were recruited, trained to conduct couple dialogue sessions and provide personal testimonies. These couples were further utilized to identify other couples who had not received HCT services. Forty (40) of these volunteers were equipped with a bicycle each to enhance client contact. Mobile laboratory field teams were invited to provide HCT services at times appropriate for couple service provision. In addition each team comprised 2 quality of care monitors locally known as 'Gampe' agents who sought client-feedback on the quality of services. Within a period of nine months, 2,417 couples were tested; 23 couples were concordant positive and 40 were discordant.

Lessons learned

Personal testimonies shared by post-test couples are effective in raising awareness about HIV risk perceptions among couples and ultimately promoting prevention either through abstinence, faithfulness or consistent condom utilization. To play this role, post-test members need to be trained and equipped with Information, Education and Communication materials. A field mobile HCT team is necessary so as to quickly respond to appointments made with the fisher-folks. Community dialogue on Sexual and Gender-based violence is a necessity that can help to improve communication between partners on the uptake of services such as HCT and condom use.

Recommendations

HIV&AIDS programs need to tailor their interventions to suit the daily routines of target populations like the fisher folks. Village health teams need to be trained in supporting referrals and demand creation for services. HCT outreaches by mobile teams should be integrated with other HIV&AIDS services. IEC materials focusing on couples need to be developed and disseminated.