

FISHERS UNION ORGANISATION – FUIO

THE CONCEPT NOTE FOR REDUCTION GENDER BASED VIOLENCE & HIV/AIDS INFECTIONS AMONG THE FISHER FOLKS COMMUNITY IN ISLANDS OF SENGEREMA DISTRICT

INTRODUCTION

Fishers Union Organization (FUIO) was established by small scale fishers on 21st July 2005 as a Civil Society Organization to help in safeguarding and promoting the interests of fishers (youth, fishmongers, and service providers) within fishing community. It was registered by the Vice President's Office as a Non-Governmental Organization on 3rd August 2007 with Registration No. 00NGO/1031, made under section 12 (2) of Act No. 24 of 2002. The organization's registration status allows it to operate in all regions of Tanzania Mainland. It is a non-profit making organization, and not affiliated to either political nor religious body or institution.

FUIO's primary mission are to protect children and fishers' rights, to reduce the rate and epidemics of infectious diseases (HIV, malaria, etc.), provide educational support to vulnerable children in fishing communities, advocate for good governance practices, and promote gender, social and economic development.

The organization has a strong networking across grassroots' communities of the Lake Zone as well as national organizations in serving members of the fishing communities in all areas of HIV prevention and AIDS mitigation. Since her formal establishment in 2007, FUIO has implemented a number of initiatives related to health, education and environmental issues.

FUIO has received several funding to support implementation of a number of projects between 2007 and 2012. In collaboration with TANESA conducted HIV/AIDS prevalence research in fishing community Lake Zone regions, Also in collaboration with AMREF – ANGAZA conducted research in Sengerema fishing settlements, Moreover collaborated with ADRA Tanzania - ABY project, implemented an RFE-funded project focusing HIV Risk Reduction in Fishing Communities of Mwanza and Mara regions in 2007; and it has also participated in HIV-reduction-at-workplace programmer in cooperation with HIV/AIDS Business Coalition Tanzania (ABCT). Other donors includes Environmental International Agency (EIA-USA), Sarafina, and Family Health International (FHI 360).

PROGRAM FOCUS

FUO would like to implement Program in;
Advocacy, Prevention, Mass media and IEC materials

Proposed geographical location

Five fishing islands settlements of Maisome, Soswa, Zilagula, Bulemela and Kome in Sengerema District, Mwanza region

Time frame: Three Years

Target Population

FUO plan to reach key population 5000 fishermen, fishmongers Sex Worker and fish hawkers (youths and adults) and 5,700 general populations (men, women) in fishing settlements of Sengerema districts, Mwanza region along the Lake Victoria.

Problem Statement

Gender-based violence (GBV) is the increasing consequence of deep-rooted cultural discrimination that promotes unequal relations between sexes. In launching its 2008 campaign, UNiTE to End Violence against Women, UN Secretary-General, *Ban Ki-moon* reported that “at least one out of every three women is likely to be beaten, coerced into sex or otherwise abused in her lifetime.” The magnitude of GBV in the fishing settlements is difficult to measure due to the fact that many of the GBV often goes unreported. Women in fishing settlements are often portrayed as being sex prey, whereas fish-for-sex is highly practiced, rape and coerced sex considered as normal. GBV and HIV transmission are inter-related and may each increase the risk of the other for-instance rape may increase the chance of HIV transmission.

Gender-based violence (GBV) reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims. It encompasses a wide range of human rights violations, including rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices. The number of women and school girls being sexually harassed and raped, are denied their right to inherit property is on the increase. Inadequate support from health providers to help victims of rape, inadequate knowledge on girls and women rights by the fishing community and especially men and boys, lack of condoms and correct information on HIV prevention in the fishing communities increase HIV infection in the fishing settlements.

According to the data from THMIS 2007 - 2008, the national prevalence among the sexually active populations (between 15 and 49 years of age) is reported to be 5.7 %. The data shows more women (6.6 %) are infected than men (4.6%). One of the factors attributed to increased rate of HIV infections is high risk behaviours among fishermen and community’s rigid culture that perpetuates gender-based violence which not only fuel the spread of HIV but also dehumanise women and girls in these communities (TDHS, 2010). Further, women and girls in these areas are particularly vulnerable to HIV infection due to their physiology and socio-economic status.

Small-scale fisheries represents a high-risk HIV and AIDS environment with the high levels of migration of fishers between different shores providing an ideal vector for the spread of the disease.

The movement and seasonal availability of fish represents a special kind of vulnerability to the people who live around the shores, and the family back home. The security of their livelihoods depends in the fishing activities, during the scarcity of fish in certain areas, the small-scale fishers of the different district migrate with the fish they seek. These migrations take many forms, from short migrations over medium distances within the fishing camps of the districts, to longer stays in more distant islands. These migrations are not simple geographic movements but are a real socio-cultural immersion, leading to new behaviours.

Migration by fishers between the different islands of the lake Victoria, large movements of people around the main beaches' fish markets, the vulnerability of women to HIV infection and GBV because of socio-cultural factors, the lack of local support and of any awareness-raising concerning the pandemic and risky practices, insecurity and poverty all greatly influence the course of the epidemic and provide the fishing shore to be the ideal vector for the spread of the disease.

FUO's several years of implementing HIV prevention projects in the fishing settlement of Lake Victoria has enabled it to document a number of best practices and lessons which will be duplicated in the implementation of this particular activity. For instance, involvement of women and girls themselves as change agents (peer educators and paralegals) has proved effective in such interventions because it make their clients to think twice on how to approach them

Main objective of the project

The project intends to reduce HIV and GBV vulnerability among women, youths and fishermen in the fishing Islands (in the Lake Victoria) of Sengerema districts, Mwanza region.

Specific objectives

- I. To enhance existing social safety-nets capable of supporting initiatives against GBV practices in the fishing settlements by end of October 2016
- II. To impart knowledge and skills to men, women and young girls (sex workers and sex Clients) in prevention mechanisms against HIV transmission by the end of October 2016
- III. To raise community awareness on the magnitude of GBV practices October 2016
- IV. To ensure availability of Behavior change message materials IEC and Condoms through standby Condoms Outlets (20,000 Condoms, 16,000 Poster, brochures distributed) by the end of October 2016.

Strategies for the program

1. Advocacy

A three levels advocacy initiative will be carried out whereby community leaders will (Local authorities and established institution) serve as entry points. Men and women only groups in the sites will serve as another intervention points for GBV perpetrators and victims, respectively. The third level will involve the larger population of the fishing communities in respective settlement areas

Training and Skills development:

The program will build individual capacities amongst women and girls on GBV and HIV prevention as peer educators/animators; and institutional capacities of existing structures (Beach Management Units - BMUs and Community development committees at Ward and Village levels) for provision of paralegal services by-law enforcement.

2. Community Outreach:

The program will employ peer to peer communication and sports to compliment the training and skills development initiatives in order to popularize risk reduction messages and promote HIV / GBV-free society through HIV/ AIDS testing.

The program will organize Cinema film shows, dialogs, canoe competition so as to encourage community participation to reach the general and key community at large.

3. Mass media and Condom Distribution:

Electronic (cinema shows, public service announcements) and print media (T-shirts posters and brochures) will be used to instigate family dialogues and reinforce messages passed through trainings and outreach activities.

Also Condoms will be distributed free through Identified bar and guest house (outlets) and outreach activities through Peer Educators.

Also, the program will organize radio programs in quarterly bases that will deliver behavior change messages for fishing community

4. Referrals and Linkages: The trained community change agents (peer educators/ animator and paralegal facilitators will facilitate the referrals and linkages with different bodies (legal, clinical, medical shops and other service providers).

The expected Outcomes of the program

- Rate of HIV infections in the fishing settlements decreased
- Fishers' support against GBV practices increased
- Gender-Based Violence practices reduced
- Peer dialogues on HIV and GBV increased
- Easy availability of Free Condoms and IEC for behavior change message in most of the fishing Islands.

Strategies/Activities/Outputs

Strategy 1. Advocacy

Activities	Target group to be reached	Quantified Outputs
Conduct 1 stakeholders briefing meeting to introduce the project/ program in the target areas	District, Ward, BMU, Law Enforcers, Fishers representatives, Influential People & CBOs	1 meeting held; 60 participants attended Monthly report
Conduct quarterly review and planning meetings with potential implementing partners	Village, Religious, Schools, community Groups and Peer educators' representatives,	4 meetings held; 40 participants attended

Conduct 1 stakeholders exit meeting to provide feedback on intervention outcomes	District, Ward, villages, Religious, BMU, Fishers representatives, Influential People.	1 meeting held; 60 participants attended Monthly report
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Strategy 2: Training and Capacity Building

Activities	Target group to be reached	Quantified Outputs
Conduct community mapping sessions in each target area to identify vulnerable areas	Potential implementing partners	4 sessions/meetings held 35 participants attended Monthly report
Conduct a 5-days training workshop for Peer Educators/Community Animators and data collection tools orientation	Youths and adults (20 people disaggregated by sex from each of the 4 target areas)	80 peer educators trained 4000 Key population reached) 80 Kits purchased Monthly report
Conduct a 5-days training workshop for Paralegal Facilitators on human rights-based knowledge data collection tools orientation	Youths and adults from BMUs and village government (5 people disaggregated by sex from each of the 4 target areas)	40 paralegal workers trained 100 GBV cases reported 40 kits purchased Monthly and quarterly reports
Conduct capacity building training for village and ward community development committees	Village and Ward committees members	25 people trained Monthly and quarterly report
Conduct quarterly technical Monitoring visits	Community members	4 monitoring visits, 3 quarterly reports produced; 1 annual report produced
Provision of Kits for Peer Educators and Paralegal workers	Peer educators Paralegal workers	80 Kits for Peer educators Purchased 35 Kits for Paralegal workers Purchased Monthly report

Strategy 3: Promote GBV-free society through outreaches

Activities	Target group to be reached	Quantified Outputs
Conduct quarterly technical Monitoring visits	Community members	4 Monitoring visits, 4 quarterly reports produced; 1 annual report produced
Facilitate women's talk day	Women community members	4 talk days facilitated; 400 women reached Monthly report
Facilitate men's peer group discussions	Men community members	4 peer discussions facilitated; 500 men reached Monthly report
Facilitate community dialogue (on issues related to HIV/AIDS and GBV)	Community members	8 community dialogue conduct reaching 500 people reached Monthly report
To Conduct HIV/AIDS counseling and testing	Key population (Fishers, men, women and youth)	8000 People tested and received results
Conduct canoe racing competition	Fishers ,Women, Youths, Men	1000 people reached through peer education Monthly report

Strategy 4: Mass Media and IEC and Condom distribution

Activities	Target group to be reached	Quantified Outputs
Identification of Condoms Out lets (Bar and Guest house)	Fishers ,Women, Youths, Men	40 Condom outlets established Monthly report
Distribution of Condoms and IEC materials	Fishers ,Women, Youths, Men	20,000 Condoms distributed 16,000 Poster, brochures distributed 500 T-shirts printed 2 Banners produced Monthly report
Construction of Condoms dispensers	Fishers ,Women, Youths, Men	50 dispensers constructed Monthly report
Produce radio programs	Fishers ,Women, Youths, Men	28 radio programs produced Monthly report

Strategy 5: Facilitate operational social safety-nets through referrals and linkages on STI and GBV Cases

Activities	Target group to be reached	Quantified Outputs
Facilitate referral linkage systems with services providers	Village Government, BMU, legal, clinics, and medicine shops	4 linkage system established, 100 GBV cases referred for legal services 200 STI Clients received services Monthly report

PROGRAM MANAGEMENT

In assurance of good implementation of the programs, one complete computer, office table and chairs will be purchased to support program activities.

MONITORING AND EVALUATION

FUO have monitoring team composed of technical staffs from FUO to evaluate the program. The internal team have sufficient M&E competences and knowledge to administer the developed monitoring systems and tools for critical analysis of the progress and evaluating the outcomes. Monitoring activities will be conducted in accordance with the strategies, planned activities and verifiable output indicators as provided.

Routine monitoring will be done quarterly while reporting both on program and financially will be conducted on a monthly basis in order to make sure that all activities are on track and geared towards achievement. For example data on people trained, or sensitized/ received peer education will be collected as soon as the activity ends; data on GBV cases reported and action taken will be recorded on monthly basis while data on referrals for VCT,STI and legal counselling and support will be collected and reported on monthly-basis.

The data will carefully be analysed to inform the project implementation, guide decision-making process and help in further programming.

Key quantitative indicators (disaggregated by sex) that will be collected to track the program success will include:

- Number of People trained
- Number of training Conducted
- Number public meeting
- Number IEC printed and Condoms distributed
- Number of radio program conducted
- Number of GBV Cases
- Number of equipment purchased
- Number of referral made on VCT and STI
- Number of People reached through Peer Education sessions
- Number of Community leaders who actively supported the Program.

CONTACTS

Fishers Union Organisation – FUIO
Kirumba Kabuhoro, Mlimani Street
P.O. BOX 2969,
Mwanza, Tanzania
Cell. +255 755 876 335
Email: fishersunion@gmail.com

Contact JUVENARY E. A. MATAGILI
Cell: +255 755 876 335

BANK ACCOUNT

Name: Fishers Union Organisation
Number: 3300860296
KCB BANK (T) LIMITED
KENYATTA ROAD- MWANZA