

SAFE Pwani

Phase 2: Masika HIV/AIDS Outreach

2016/2017 Report



Masika, played by Elizabeth Kasichana, at her graduation ceremony

Introduction

SAFE Pwani, with the support of the Sainsbury Family Charitable Trusts and the Romilly Walton Masters Scholarship Programme conducted four successful tours across Mombasa and Kwale County. The project was aimed at sensitizing the community on the emerging challenges in combating HIV /AIDS. This is the second phase of the project which was adapted to address the issues encountered during the first phase.

The HIV/AIDS situation in Kenya

Since Kenya declared HIV as a national disaster in 1996, there has been significant gains in the fight against the spread of HIV; the prevalence rate reduced from 10.5% in 1996 to 5.9% in 2015 5.9 %. (<http://www.hivisasa.com/wb/nairobi/health/183878>)

The availability of testing, treatment, reduction of mother-to-child transmissions, stepped-up preventative efforts, reduction of stigma and discrimination and also increased HIV education are to be thanked for this gain. It has saved countless lives, saved children from becoming orphans and importantly, empowered HIV positive citizens to live healthy and productive lives.

However, the situation is under threat of regression. HIV/AIDS is no longer seen as an important issue to many national and international institutions, meaning that there is not the emphasis on education that there has been in the past. The youth of today have not received the information that the generation before them did, making them at risk. The latest KAIS reports estimates that 1.5 million Kenyans are living with the virus and every year Kenya has 78 000 new infections with 36 000 AIDS related deaths. Only 56% of those eligible are on ART. 65% of all new infections occur in 9 of the 45 counties, most of these being in the west and on the coast. In response, SAFE Pwani selected locations in both Kwale & Mombasa counties to carry out phase 2 of the Masika tours and initiatives.

According to the Mombasa County HIV/AIDS Strategic Plan 2016 – 2020, HIV/AIDS remains one of the greatest health challenges in the county after Malaria. Mombasa County has a HIV prevalence of 7.4%, out of the 47 counties in Kenya, it is the 7th worst affected. It is estimated that more than 54,600 people in Mombasa are under HIV care and treatment with 1609 cases of new infection recorded annually, 707 cases are intravenous drug users. It is estimated that 171 children annually are either delivered or are infected during birth with HIV. There is an estimated 6870 children on treatment in Mombasa.

According to the Kwale County HIV/AIDS Strategic Plan 2016 – 2020, the county has an HIV prevalence of 5.7%, the 14th worst affected county in Kenya. There are an estimated 21,159 people living with HIV, two thirds of this population are women and over 2,600 are children. However, it is likely this number is higher. In the course of the tour, SAFE Pwani came across many people who had not been tested due to fear of stigmatisation. The county government consider HIV/AIDS a serious health concern.

SAFE Pwani have identified the following as reasons for the high rate of HIV in the selected areas:

- **Mother to child transmission:** 71% of PLWHA deliveries happen at home (Mombasa), this increases the chance of infection as there is no trained medical professional to prevent mother to child transmission from occurring.
- **Low uptake of paediatric ARV:** They are expensive and mothers feel stigmatised and therefore do not seek out services.
- **High dropout of HIV treatment:** Due to lack of education, care and support from those in the health centres.
- **Delay in treatment:** There is a resistance to testing due to stigmatisation. There is a particularly low uptake of HIV testing among children, adolescence and other key populations (see below).
- **Negative attitudes of health providers:** Discourages people from accessing HIV services.
- **Culture and religion:** The community rarely discuss sexual issues and also promote early marriages where there is a gender imbalance, making it harder for women to insist on the use of condoms.
- **Concentration of Key Populations:** Groups such as Sex Workers, people who inject drugs, men who have sex with men, and prison populations have concentrated numbers in Mombasa and Kwale.
- **Lack of condom use:** Lack of knowledge from the youth on correct condom use and the importance of sustained condom use.

Masika Tour

The second phase of the Masika provided a more in-depth education and targeted a wider audience than the first. Focusing on the issues which have led to a high prevalence of HIV/AIDS in the area. Lessons learnt from the initial Masika tour which took place in late 2015 and early 2016 were combined with additional research and the following activities were designed:

- **Performance tour:** With an increased emphasis on drug adherence, tackling the issue of a lack of uptake in treatment services amongst PLWHA. The performance tour targets all groups in society.
- **HIV Testing and condom services:** Following on from the success of the previous tours, it is proven there is an uptake of testing immediately after the play. The condom demonstrations were directed at the youth, where it is obvious there is a huge gap in knowledge.
- **Health workshops:** After the tour workshop tents were set up to give out further information, answer audience questions and carry out condom demonstrations in private.

- **Children's workshops:** Carried out in Kwale county due to the high number of children living with HIV, also to combat the lack of sexual reproduction health and rights education in schools.
- **Support Group workshops:** Workshops directly for PLWHA providing support and advice. Also, essential for SAFE Pwani to directly learn from them where the gaps in service are.

Objectives

The objectives of Masika tour were:

- To stress to the community the importance of HIV drug adherence by educating on the emergence of drug resistant HIV and the dangers it brings.
- To introduce HIV services, service providers, service points and health referral points to communities.
- To promote the correct and consistent use of condoms.
- Provide community education through performance sparking conversations about HIV/AIDS.
- To decrease the stigma surrounding PLWHA.

Target population groups

- Youth and adolescents
- Key populations (those identified as being at a considerable risk of contracting HIV/AIDS)
- People living with HIV/AIDS (PLWHA)
- The male population

Key populations

Key Populations remain the largest contributor of new HIV infections. Kenya Modes of Transmission Study (KMOT, 2009) estimated that 44% of new infections in the Coast Region result from four sub-populations; Men who have Sex with Men (MSM), Prison Populations, People Who Inject Drugs (PWIDs), Sex Workers (SWs) and their clients. Reports indicate that HIV prevalence among these groups is two to three times the national average.



S.A.F.E. approach

Through the medium of theatre, SAFE Pwani break both cultural and religious barriers which prevent people from talking about sexual reproductive health. Performances provide education to the entire community without making them feel offended or ashamed.

The power of S.A.F.E.'s performance lies in the fact that it mirrors the community; therefore, enabling the audience to see their challenges played out on stage. This then allows them to open a dialogue and discuss the best way to overcome these challenges in the future.

Theatre can talk to whole communities and also appeal to individuals at the same time. Therefore when S.A.F.E. perform on stage, not only does it mobilise the community to act but communicates to an individual the need to have courage and bring transformation first for themselves which will benefit the community.

Developing new acting talent – Elizabeth Kasichana

Artistic excellence is at the heart of S.A.F.E.'s work. S.A.F.E. works to find and develop the most promising young actors and actresses in Mombasa. Past and present S.A.F.E. performers can be seen in national and international television and film, having used S.A.F.E. as their starting block to success. This tour saw the development of actress and activist Elizabeth Kasichana into the lead role of Masika. Elizabeth had previously played a supporting role in the play, but had shown a willingness to develop her skills to take on a larger and more demanding part.

Elizabeth had previously played the role of Lulu, Masika's confident and flirtatious friend who is having an affair with their teacher, a very different character than the shy, innocent and modest Masika. This was a great challenge. Both Executive Director, Nick Reding and Project Manager/ Producer Ali Mlatso were incredibly impressed by the effort and dedication Elizabeth put into this conversion. By the end of the rehearsals, her performance had transformed. Her performance across the tour was consistently excellent, the audience fell in love with Masika, feeling a strong connection to her, which had been made possible by her delivery.

Activities & Results

Performance's

	Tour	Male	Female	Children	School Students	TOTAL
1	First tour	2899	1316	988	257	5460
2	Second tour	1087	748	931	–	2766
3	Third tour	1126	1053	1429	–	3608
4	Fourth Tour	747	849	1524	–	3120
	Total	5112	3117	3348	257	14,954

- **Mobilization** is carried out prior to the performance. Announcements on the PA are made and the simbaropa (Lion drummers) team march around the village to rally the audience. When they arrive, the stage is set for games such as dancing and soda drinking competitions.
- **Performance:** When the crowd is gathered and engaged the performance commences. Masika is the story about a poor but bright village girl who goes through a difficult upbringing where she faces rape, stigmatisation, discrimination, and the death of her friends Lulu and Charo due to HIV. Despite these challenges and contracting HIV herself, she emerges a heroine gets married and becomes a successful doctor. This story represents the life long struggle many women go through. The audience grieve with Masika and later celebrate her successes. The entire audience becomes emotionally invested in her future, as if she is one of them.
- **Testimonial:** After the performance, David Kalume, SAFE Pwani project manager who has been HIV positive for 12 years, comes onto stage and delivers a testimonial, celebrating his achievement of living a healthy life through strict ARV drug adherence.
- **Health talk:** A public health officer is invited on stage to highlight the health services available in the area.
- **Q&A Session:** The audience are invited on stage to ask questions of S.A.F.E. staff and the local Public Health Officers (PHO's). SAFE Pwani also ask the audience questions to ascertain their understanding of the play and lessons learnt.

Observations

- SAFE Pwani attracted a larger audience during the initial tours because of their rural location. The fourth tour took place in urban Mombasa, where a large amount of the male residents are working away from home during the afternoon performances.

- During the first tour, the team performed to sex workers, a group who are at risk and usually extremely hard to access.
- The first tour also saw performances at Diani and Kinondo hospitals. These were to target towards another of the key populations, PLWHA.
- Lessons were learnt by the audience regarding transmission, prevention and living with HIV/AIDS. But further to that, the audience also took note that rape has to be reported to the police and if you are raped, it is essential to go to hospital immediately. In a community where rape is widespread and often goes unreported, this is a significant step forward.
- There are still a great deal of myths and misconceptions surrounding HIV which is a constant battle for the SAFE Pwani team. For example, a question that was asked repeated in all areas was 'Is it true that people with blood type O cannot contract HIV?'
- During the fourth tour, there was evidence of an increase in the uptake of local medical services, not just for HIV related issues. A total of 13 non-HIV referrals were made, four were referred for further testing after reporting Sexually Transmitted Infection symptoms and nine had symptoms relating to malaria.

Condom demonstration sessions and HIV Testing and counselling:

Voluntary Counselling and Testing (VCT)

NO	TOUR	CHILDREN	ADULT MALE	ADULT FEMALE	TOTAL	REACTIVE
1	First Tour	7	354	187	548	11
2	Second Tour	13	228	115	356	4
3	Third Tour	31	232	154	417	5
4	Fourth Tour	-	57	95	152	1
TOTAL		51	871	551	1473	21

Condom demonstrations

CONDOM W/SHOP ATTENDANCE					CONDOM DISTRIBUTION		
		MALE	FEMALE	TOTAL	VCT TENT	INDIVIDUAL	TOTAL
1	First Tour	502	62	564	3480	1860	5340
2	Second Tour	406	128	534	1613	4003	5616
3	Third Tour	422	41	463	2248	4598	6846
4	Fourth Tour	159	93	252	1152	-	1152
TOTAL		1489	324	1813	8493	10461	18,954

After the performance, members of the audience were called aside to have condom demonstrations. The team also handed out condoms during this session. The condom demonstrations include purchase, transportation and correct usage of both female and male condoms.

Testing points were operational throughout the outreach, with testing and counselling available. There was always a queue for this service immediately after the performance had finished, showing how effective Masika is at reducing the stigma around the disease. The testimonial provided by David Kalume helps to remove fear and stigma which surrounds HIV, breaking down the barrier to the access of services. This service proved a life saver across the tour – out of the 1473 people test 21 tested positive and were referred to health centres to access counselling and treatment.

SAFE Pwani were assisted in providing these services with help to the following organisations:

1. Msambweni and Lungalunga sub county HIV/AIDS and STI coordinators
2. Kinondo Kwetu community hospital
3. Msambweni county referral hospital
4. Diani health centre
5. WOFAK (Woman Fighting Aids Kenya)

Observations

- There was always a greater number of men who took part in the condom sessions than women.
- The team observed that knowledge of the correct use of condoms was very low. A commonly asked question was 'What causes the condom to burst?', showing a prevalence of incorrect use. Furthermore, the question 'Can I still get infected after a condom has burst' shows a lack of understanding about their use. Condoms are easily available, but their effective use is in question.



Project Manager David Kalume and Elizabeth Kasichana carry out a condom demonstration

Health/HIV Workshop

NO		MALE	FEMALE	TOTAL
1	TOUR ONE	405	296	701
2	TOUR TWO	429	372	801
3	TOUR THREE	154	205	359
	TOTAL	988	873	1861

These workshops were carried out either shortly after the performance or the following day depending on timings. On days when the workshop was carried out the day after the performance a refresher skit was used to remind the attendees of the key messages and information from Masika. The participants discussed the issues that arose in the play, as well as other topics such as family planning. Where the facilities allowed, the S.A.F.E. HIV film *Ndoto Za Elibidi* was screened to allow for further discussion around the discrimination of PLWHA.

Observations:

- The participants were lively and engaged during the workshops and lots of questions were asked across a range of topics.

- When the facilitators tackled the issue of stigmatisation of PLWHA, there was strong opposition as participants claimed they feared infection, that is why they did not care for family members who were HIV positive.
- At the workshop after the performance in Diani aimed at sex workers and their clients, the facilitator took the participants through the entire HIV journey. What followed was an open and straight discussion about transmission through oral sex, contraception and STI's.
- The sex workers workshop revealed a low level of basic STI prevention being used, this is extremely worrying considering the nature of their work.

Support Group Workshop

NO		MALE	FEMALE	TOTAL
	FIRST TOUR	13	33	46
	SECOND TOUR	5	13	18
	TOTAL	18	46	64

The support group workshops were introduced due to lessons learnt from the last tour, it was obvious that PLWHA were underserved therefore SAFE Pwani designed a workshop which was specifically for them. Everyone in the workshops was living with HIV/AIDS and was on treatment. The purpose of the support group workshops was to:

1. Provide a space for PLWHA to share their experiences.
2. Highlight the importance of ARV adherence and share information on the dangers of the drug resistant HIV strain.
3. Discuss the challenges of ARV treatment to ascertain what leads to non-adherence of treatment.
4. Understand the problems with service delivery in order to make recommendations for improvement to centres.

Observations

- Only a few of the participants had publicly disclosed their status, some had told a few people and others were yet to tell anyone. Non-disclosure affects drug adherence and also leaves sexual partners open to infection. Disclosure also allows the family to assist the patient and take care of them during poor health. However, it does leave PLWHA open to stigma.
- Stigma is still high in the community, leaving PLWHA isolated. It was reported that family detachment leads to stress and fear of asking for support and an abandonment of treatment.

- Fear of this stigma and isolation stops people from going to get tested. A lady in the group admitted that she had not told her husband the results of the test because she fears that he will either harm or divorce her.
- There are preachers in the community who advise people to stop medication, that there are other ways to cure HIV, for example the power of prayer.
- Other barriers to ARV uptake are: lack of food (strength of the medication means that you need to use them alongside a full and healthy diet), lack of confidentiality of health centres, forgetfulness, people not seeing an improvement to their health due to people not understanding that ARV's are for management not a cure and finally, drug fatigue. Drug fatigue is prevalent amongst those who have been on ARV's since birth/ early childhood.
- There is a real gap between PLWHA and health centre workers. The patients report stigma and bad treatment when they access services, making them not want to return. The health centre staff in return are dismissive of PLWHA, referring to them as 'victims' and treating them accordingly.

Case Study

SAFE Pwani project manager David Kalume, who is also HIV positive organised a meeting with the health workers to highlight the problems their behaviour was causing. The health workers were surprised to find out David's status due to their negative attitudes to PLWHA. This highlights the extent of the stigma aimed this group.

SAFE Pwani recommend that health workers need to be trained on providing support to PLWHA, this is essential to guarantee humane and sensitive treatment.

Children's Workshop

NO		MALE	FEMALE	TOTAL
1	FIRST TOUR	372	360	732
2	SECOND TOUR	339	237	576
3	THIRD TOUR	355	274	629
	TOTAL	1066	871	1937

During the first phase of the project, children were constantly interrupting the condom sessions and were consistently the largest group at the performances. This is because they are never given any information and services are not targeted towards them. Therefore, during phase two, the SAFE Pwani team designed workshops specifically for children. These

workshops were fun and interactive and delivered vital health information in a way that was appropriate for younger minds.

The workshops included:

- Songs, dances and stories
- Life skills
- Current affairs
- HIV infection, prevention and management

Observations

- The children had some basic understanding of HIV/AIDS but much of it was information received through community myths and stories. Therefore, the level of stigma was high amongst the children. The team worked hard to dispel these notions and give accurate information.

Participant feedback

Due to the interactive nature of S.A.F.E.'s initiatives, the team are able to gather a great deal of information from the participants. They found that the same questions came up again and again over the course of the tour. The main themes of the questions were:

- Living with a partner who is HIV positive.
- Giving birth when you were HIV positive.
- Use of both male and female condoms.
- HIV transmission methods (kissing, oral sex, anal sex etc).
- What to do after a rape has occurred.
- Symptoms, treatment and transmission of other STI's.

Conclusion

The Maskia phase 2 tour highlights and key achievements were:

- Reached almost 15,000 people with the performances across 4 tours.
- Carried out workshops with sex workers a Key Population group.
- Fighting the stigma that exists within the healthcare system.
- Providing a safe place for PLWHA to talk about their experiences without fear of judgement.
- Testing 1470 people and referring the 21 who tested positive.
- Giving out almost 19,000 condoms.
- The development of Elizabeth Kasichana in the role of Masika.

S.A.F.E.

The success of the project lay in the excellence of the Masika performance, which never failed to move the audience. At the end of the performances, it was common for the community to ask: Do you have a copy of this on DVD? This is better than most of the movies I have watched!

Masika transects age, gender, and, social class. As the tour got underway and word got around, people travelled long distances to see it for themselves. There were also members of the audience who after seeing the performance for the first time, travelled to the neighbouring area to see the show again.



Masika in full swing to a captive audience

Challenges faced during the tour:

- There is a high level of bureaucracy in the government offices, the demands made of S.A.F.E. across the different sub county offices varied greatly, taking up a great deal of the project manager's time.
- A lack of private space for the condom demonstrations to be carried out lead to children interrupting the sessions and making them difficult for the team to facilitate.
- It was hard to engage with some members of the community. For example, men. Often, they only came towards the end as they heard the shouts and laughter from the venue. This meant that they missed out on important information that was given out during the performance.
- There was not the capacity to deal with the large amount of people who turned up for testing. The two councillors ran out of testing kits in some of the areas. However, the inability of S.A.F.E. to meet the HIV testing demands meant that a great number of participants were referred to local health services. This contributed to the sustainability of access to services after S.A.F.E. left the community.

Way forward

Continued intervention is needed on the coast to tackle the lack of awareness and stigma which surrounds HIV/AIDS. Activities with Key Populations and PLWHA showed how this group are underserved, more needs to be done to support and educate them and promote their acceptance within the community.

Alongside a continuation of the phase two activities, phase three will be scaled up to include:

- Health centre staff workshops to train them on effective care and treatment of PLWHA and the importance of creating a comfortable and welcoming atmosphere for them.
- Creation of 'Masika' feature film to reach a wider audience and to be used as a tool for groups, schools and health centres who wish to start their own community led HIV awareness activities.
- Further activities aimed at Key Populations: Prison populations, drug users, sex workers and men who have sex with men.

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