Make Art / Stop AIDS (MASA) Film Project Evaluation

March 2017

A report by Sarah Reckson
completed on behalf of:
Dignitas International
Zomba, Malawi
www.dignitasinternational.org
# Table of Contents

Executive Summary .................................................................................................................. 3

1. Introduction .......................................................................................................................... 6
   1.1 Project aims and objectives ......................................................................................... 6
   1.2 Evaluation methodology ........................................................................................... 7
   1.3 Limitations .................................................................................................................. 8

2. Reception of the film .......................................................................................................... 9

3. Effectiveness of the intervention ...................................................................................... 10
   3.1 Relevance .................................................................................................................... 10
      3.1.1 MASA Design ..................................................................................................... 10
      3.1.2 Relevance to Targeted Communities ................................................................. 12
   3.2 Unaddressed Issues ..................................................................................................... 15
   3.3 Education and awareness raising ............................................................................. 16
      3.3.1 Knowledge of where to access services ............................................................. 16
      3.3.2 New knowledge of HIV related issues ............................................................... 17
   3.4 Perceived impact ......................................................................................................... 18
      3.4.1 Stigma and discrimination .................................................................................. 18
      3.4.2 Stimulating community discussion .................................................................... 19
      3.4.3 Influencing behavior change ............................................................................ 21

4. Facilitated community discussions .................................................................................... 21
   4.1 Specific issues raised .................................................................................................... 22
   4.2 Ideas for stopping the spread of HIV ....................................................................... 23
   4.3 Suggestions to tackle stigma and discrimination ..................................................... 24

5. Development of local solutions ......................................................................................... 24
   5.1 Community Action Plans (CAPs) developed ............................................................. 25
   5.2 Implementation—CAPs Follow-ups .......................................................................... 25
      5.2.2 Challenges and Successes .................................................................................. 26
      5.2.3 Impact and changes observed ............................................................................ 27

6. HIV testing data ................................................................................................................. 28

7. Conclusions ......................................................................................................................... 30

8. Recommendations .............................................................................................................. 31

9. Messages from Chiefs ........................................................................................................ 32

Appendices ............................................................................................................................. A

MASA Film Project Evaluation 2
Executive Summary

Dignitas International (DI) and the Art and Global Health Center Africa (AGHCA) collaborated to implement the Make Art Stop AIDS (MASA) Film Project in 13 village communities in Zomba District, Malawi from November 2015 to December 2016.

Working together with the community, its leadership and local healthcare centers the project strives to make HIV services more accessible to all members of the community. During the film screening the actors who created and featured in the film join the grounds and the Project transitions into a live performance. The film and live performance are then followed with facilitated community discussions. During the screening and the subsequent discussions, “moonlight” HIV testing and counselling are offered in a discreet location on the grounds.

Between November 2015 and December 2016, 13 participatory film interventions were delivered and a total of 1,321 people tested for HIV throughout the program activities.

The intervention was found to be effective in that it was relevant, educational and was perceived to have had a positive impact on the communities. Specifically, MASA’s unique project design was both relevant and effective—the transition into a live performance further engaged the participants and reinforced central messages in the film. The facilitated discussions provided a unique and effective platform for community members to freely discuss HIV-related issues that they face in the community—issues that would often otherwise go unaddressed. The issues raised in the film and were also relevant to the communities and the film was relatable to the audience.

The intervention successfully informed participants about where to access HIV-related services in their communities and about other HIV-related facts and issues. The respondents believed that the intervention had a noticeable impact on the community in fighting stigma and discrimination, stimulating community discussion and influencing behavior change—stating that they have already witnessed reduced stigma, more people seeking HIV testing and treatment and increased disclosure.

Respondents expressed a desire for MASA to incorporate a few issues that were not addressed in the film, specifically they felt that the youth would benefit greatly if MASA incorporated or addressed youth-specific HIV-related issues.

In each community where the screenings took place, the MASA Project successfully facilitated engaging community-led discussions. MASA engaged and involved different stakeholders from the community, this successfully contributed to creating a collaborative space for discussing and addressing pertinent HIV-related issues. In addition, all members of the community were engaged equally, regardless of sex and social standing, this further contributed to creating a platform for open discussion, feedback and advice that was described as a first of its kind.

Common themes emerged in the discussions across the different communities including; the social barriers that prevent people from accessing HIV-related services and sexual practices and relationships that perpetuate the spread of HIV. During the discussions the participants also shared ideas for stopping the spread of HIV and made suggestions for how to tackle stigma and discrimination in their communities. Key suggestions included the central role that the chief can play in educating the community about HIV/AIDS, stigma and discrimination and advocating for safer sex. This could be done
through holding regular community meetings on various HIV-related topics. It was suggested that meetings could also be held in collaboration with healthcare workers and that the village headman/chief and the health committee should work hand-in-hand with the hospital to end HIV in the community. It was suggested that tackling stigma and discrimination would have to be a collective effort and will require a spirit of team work and the formation of various groups to discuss issues at the community level.

An important component of the MASA film project is supporting the development of local solutions for the issues raised in the community discussions. To achieve this, workshops were held the day following the screening and discussions. During the workshop community actions plans (CAPs) were developed. Between 30 and 40 people attended each workshop, including a diverse array of stakeholders from the community.

The most commonly developed CAP was the formation of local by-laws that impose fines on those found discriminating against PLHIV. The different fines developed involve a payment, in the form of chickens, goats or money, to the chief or to the person discriminated against. The respondents were enthusiastic about the CAPs developed, they believed that they are feasible to implement and were eager to do so.

The implementation of the CAPs was assessed 2-3 months are their development. Almost all of the CAPs were successfully implemented and remarkable results were reported by respondents. A major success of implementing the CAPs was the communities’ ability to address implementation challenges as they arose. The active participation and buy-in of different stakeholders—especially the community leadership—was a critical enabling factor for the CAPs implementation. Respondents described communities and CAPs members communicating well, cooperating with one another and working together with a strong sense of unity and teamwork.

A significant implementation challenge experienced was that not all members of the community were receptive to messages about HIV and to the methods used to spread these messages. Other implementation challenges included limited resources, such as insufficient testing kits and staff at healthcare centers. Many of the CAP implementation activities depended on attendance at community gatherings and attendance was occasionally poor for a variety of reasons.

According to the respondents, the MASA Film project has contributed to an increase in HIV testing, more people knowing where to receive medication and significantly less cases of discrimination in the communities. Healthcare workers reported an increased demand for condoms and increased couples testing. PLHIV who were receiving treatment at distant healthcare centers, reportedly transferred to their closest health facility and more PLHIV are disclosing their status.

Of the 1,321 people who were tested during the intervention, 746 (57%) were males and 575 (43%) were females. At all but one screening more females tested than males. When the one screening (Thondwe) is not factored in, 62% of all those tested were males, this is important since this goes against the general trend in Malawi and increased male participation in HIV testing is a key priority area. 21 (1.6%) people were newly identified as HIV positive. 54 (4%) people in total were found to be HIV positive. Excluding the Bimbi Health Centre data (which did not provide this level of detail in its testing data) a total of 1170 people were tested, of those, 427 (37%) of the people tested for the first time. This high percentage highlights the effectiveness of reaching remote village communities where many people have never been tested before.
Central recommendations included establishing a scalable longer-term follow-up system with the villages, many of whom asked for on-going communication and support. It is also recommended that the linkages to care of those who tested positive are documented and reported on. Future evaluation tools should incorporate focused questions that seek to better understand factors that contributed to the high male participation in HIV testing. Finally, it is recommended that ways to more actively address youth issues should be incorporated into future projects. There is a demonstrated demand for similar interventions specifically addressing youth issues, this may present a valuable opportunity for the design of future interventions.
1. Introduction

Dignitas International (DI) and the Art and Global Health Center Africa (AGHCA) collaborated to implement the Make Art Stop AIDS (MASA) Film Project in 13 village communities in Zomba District, Malawi from November 2015 to December 2016.

The project uses a participatory film intervention to break social and structural barriers that prevent people in the communities from receiving HIV testing and treatment. The MASA Film was born out of a performance developed by the MASA Rural Programme (RP). Using a Theatre for Development approach, MASA RP was a multi-week intervention in which AGHCA facilitators collaborated with members of a rural community to write, direct and stage a performance focused on life with HIV/AIDS. The actors were members of the community living with or affected by HIV and AIDS, and their personal testimony is woven into the film.

Working together with the community, its leadership and local healthcare centers the project strives to make HIV services more accessible to all members of the community. During the film screening the actors who created and featured in the film join the grounds and the Project transitions into a live performance. The film and live performance are then followed with facilitated community discussions. Throughout these discussions, AGHCA facilitators engage community members in a dialogue about central themes raised in the film, as well as about issues relevant to the community regarding seeking HIV testing and treatment. A DI representative is also present to provide information about HIV services available at the community level. During the screening and the subsequent discussions, “moonlight” HIV testing and counselling are offered in a discreet location on the grounds.

The day following the screening, workshops for Village Chiefs/Community leaders/Village Health Committee members are held to mobilize the community to plan and develop solutions that address the issues raised at the screening. These solutions are developed in the form of community action plans (CAPs) and are largely focused on fighting HIV-related stigma and discrimination and encouraging HIV testing and treatment in the community.

Between November 2015 and December 2016, 13 participatory film interventions were delivered and a total of 1,321 people tested for HIV throughout the program activities.

This evaluation, compiled by the M&E team at DI, assesses the effectiveness of this intervention.

1.1 Project aims and objectives

Project Specific Aims

The MASA Film Project aims to:

1. Reduce stigma and discrimination
2. Increase access to HIV services
3. Increase intent to use prevention methods and HIV services
4. Empower people living with HIV (PLHIV), youth and local communities to address issues associated with HIV and AIDS that affect their lives
5. Increase co-operation and communication between communities and healthcare centers, and therefore improve the quality of care marginalized groups receive from these health facilities.
6. Build capacity through local community activism

**Specific Objectives**

1. Trigger a community-led dialogue on HIV-related issues (e.g. stigma and discrimination, and fear of testing and treatment)
2. Encourage the development of local solutions to address these barriers to health, including shifts in local health center and community policies
3. Provide education on HIV-related services available at the community level
4. Facilitate cooperation and collaboration between communities and healthcare centers by engaging all stakeholders

1.2 Evaluation methodology

The evaluation comprises of three components, namely:

1) A qualitative evaluation focused on the participants’ immediate reaction to the film and the perceived impact of the film and consequent discussions.
2) Analysis of descriptive screening and testing data
3) A medium-term (at least 2 months after the screening) follow-up evaluation to explore the implementation and sustainability of the community driven action plans.

The qualitative component of the evaluation used the following methodology:

A. Inclusion criteria- must be an adult (18+ years) community member who attended the MASA Film screening and discussion the previous day.
B. Sampling- Purposive sampling. One male youth (under 30 years), one female youth, one adult male, one adult female, one village chief, and one Health Surveillance Assistance (HAS) after each film screening. Participants were contacted at the film screening and interviews were arranged for the following day.
C. Interview- One-on-one semi-structured interviews were conducted by an evaluation assistant using a pre-determined set of questions to guide the interview (See Appendices). Data was captured by a scribe annotating the interview.
D. Analysis- The interviews were anonymized and analyzed through thematic and content analyses with NVivo 11 by the DI evaluation team.

The analysis of descriptive screening data used the following methodology:

Data Collection- Descriptive data were collected at each screening by the Communications Coordinator at DI, with assistance of an officer for transcribing. Figures were collected to measure the basic demographics of those attending the screening and moonlight testing. Attendance was measured by conducting a head count at each screening and recording the numbers on the descriptive data collection form. Because people move around during the screenings, the numbers are estimates. The moonlight testing data is recorded in the health facility’s HIV Testing and Counselling Register.
Community Action plans and community Follow-Up

A total of 12 strategic planning workshops were conducted, with a total attendance of 379 people. Community Action Plans were developed at each of the workshops and the Dignitas International team captured these Community Action Plans (CAPs). This component of the evaluation employs a qualitative approach to explore the actions that these CAPs prompted and assess the implementation and sustainability of these CAPs. This component of the evaluation was conducted in two parts: initial capture of the CAPs and the medium-term follow-up of the CAPs.

Methodology

A. All Community Action Plans were documented and collected by the evaluation team during the planning sessions that occurred one day after the film screening. CAPs were documented on the CAP data collection form.

B. One-on-one interviews were conducted immediately following the development of the CAPs on the day of the workshop with the discussion leader. Another one-on-one interview was conducted with relevant community members involved in implementing the CAPs 2-3 months post-meeting to assess the implementation and sustainability. The first interview focused on assessing how the CAP planning session went and the practicality and feasibility of the plans. The second part of the interview held 2-3 months after the planning session, consisted of questions regarding implementation.

C. Interviews were conducted by an evaluation assistant using a questionnaire guide (see appendices) and responses were recorded by an assistant.

D. Data analysis: The full dataset was anonymized and qualitative data from the interviews was analyzed by the DI evaluation team using thematic and content analyses with NVivo 11.

1.3 Limitations

All interviews were conducted in Chichewa and translated by the fieldworker/interviewer into English. All transcripts were analyzed in the translated English version. This translation process presents a potential limitation that is relies on the fieldworker’s understanding of the response and his/her chosen translation. In addition, the survey tools and questions were designed in English. Prior conducting interviews, a meeting was held with the fieldworkers/interviewers, the evaluation team and AGHCA to unpack each question and agree to appropriate Chichewa translations. This mitigated any additional limitations due to mistranslation of the English questions.

One question item in the survey asked respondents to describe any issues that they felt were missed in the MASA film project. Phrasing the questions this way may have prompted responses that suggest that the issues that weren’t covered “should” have been covered in the project or that the respondents would have liked to have them covered in the project.

AGHCA and DI collaborated to implement the MASA Film project, in addition to implementation, the M&E team at Dignitas carried out the project evaluation. To ensure impartiality of the evaluation, the M&E teams involved in implementation and in the evaluation were separate. While the M&E team attended a screening and coordinated the fieldworkers, this was the extent of the involvement in implementation. The M&E team involved in designing and carrying out the evaluation did so without the influence of
AGHCA. While AGHCA was consulted on structure of the evaluation, incorporation of feedback remained impartial.

The method used to identify quotes in this evaluation sufficiently anonymizes most of the respondents, however, further anonymity was provided for quotes from chiefs and village headmen. For these quotes, the regions within Zomba have been omitted.

2. Reception of the film

“[The film] was good because, apart from educating us, it brought people together to participate. It was entertaining and educational.” (Chief)

Exploring the communities’ perceptions and understanding of the film and its central messages is important to gain a deeper insight into the reception of the project and the participants’ degree of engagement with it. Respondents were therefore asked to share their thoughts on the film and their understanding of what the central messages were.

Respondents had unanimously positive views on the Project and showed an openness to the film and the messages in it. The respondents happily welcomed the MASA film project into their communities and found the cinematic aspect of the project particularly exciting and entertaining. The messages in the film are considered to have been well-received since, in addition to the positive response, none of the respondents rejected any of the messages nor did they express any skepticism or mistrust.

Many respondents found the film educational and expressed having undergone a change of mindset or perspective regarding HIV/AIDS or people living with HIV/AIDS (PLHIV). For many, the content was relevant and applicable to their own personal situation, others expressed that the context and scenarios were personally relatable.

“What was in the film is exactly what happens in this area, it had real life experiences.” (Health Surveillance Assistant, Bimbi)

Specifically, respondents found the film educational in areas relating to HIV prevention, testing and stigma and discrimination. Beyond being purely educational, one chief found that the film was revealing and brought issues to his attention that he was previously unaware of, he explained that “the film unveiled HIV issues that used to remain hidden to [him].” The film evoked empathy in a couple respondents who described the stigma and discrimination portrayed in the film as “very sad” and an “eye-opener.”

Listed below are the messages that the respondents most frequently considered to be central to the film:

- The importance of HIV testing
- Going to the hospital for treatment once sick, particularly instead of first seeing a traditional healer
- Stigma and discrimination
- Prevention of HIV through openness between partners, faithfulness and the use of condoms
- The dangers of promiscuity
3. Effectiveness of the intervention

The effectiveness of the intervention was assessed by exploring 4 key areas, including; the relevance of the intervention, unaddressed issues, education and awareness raising and the perceived impact on the communities.

3.1 Relevance

The relevance of the intervention is assessed by looking at two components of the MASA Project. First, the design of the project is explored, including the use of film, the transition to a live performance and the set-up of the facilitated discussions. This unique approach is assessed by reviewing respondents’ feedback on these aspects of the intervention.

Second, the relevance of the content of the film and discussions to the targeted communities is assessed. This is done largely by exploring the prevailing attitudes in the community.

3.1.1 MASA Design

The MASA Film Project’s unique design incorporates mixed media and an interactive approach. The project uses film, theatre and facilitated group discussions to convey messages that were generated by rural community members themselves based on lived-experience. During the screening and discussions, moonlight testing is also offered.

The use of film was exciting to the respondents who spoke of it enthusiastically. According to one respondent, the use of film also encouraged attendance of many people in the community:

“It has been so long since we watched cinema, so when we heard that we had to come here to watch a film, we passed the message in all our village and I believe almost everyone came.” (Adult Female, Chipini)

Respondents also enjoyed the film’s local context and relevant content. This made the film more amusing or entertaining for some respondents and more relatable for others. Furthermore, the relatability of the content arguably made the messages more digestible.

“I found the film very amusing, especially that it was in our local language and done in Malawi and what we were seeing in the film happens in the community.” (Chief)

The respondents also thoroughly enjoyed the transition to a live performance. The relevance of the content, coupled with the transition to acting and discussions, allowed people to share similar personal experiences that they otherwise would not discuss, it provided a platform for them to ask questions on these issues and hear the opinions or feedback of others. Since the actors had disclosed their status, respondents believed that the transition to a live performance and discussion with the actors encouraged disclosure in the audience and could “prompt others to be comfortable with their status in this area.” (Adult Female, Chipini).

The transition also caught the audience by surprise and, as a result, further engaged the audience. The transition to acting also helped at least two respondents relate better to the issues portrayed in the film.
and caused a shift in focus from the seemingly fictional characters in the film, to their very own community, it enabled them to “link their situations with the film.” (Nurse, Ngwelero)

“[The transition to a live performance] inspired us since we realized that the film was for and about us.” (Adult Male, Bimbi)

“It made the film real and lively. We realized that the film was actually about us.” (Male Adult, Bimbi)

The discussions reinforced and explained messages from the film—including some which were initially missed by some participants or that they believed would have otherwise easily been forgotten. While many respondents had heard similar messages about HIV/AIDS from healthcare workers, on the radio, at youth clubs and from other films or NGOs or CBOs, the interactive nature of MASA was described as being particularly unique or the first of its kind. The discussions enabled community members to share their views and receive advice and feedback, this further facilitated learning and kept the audience engaged.

“It gave people an opportunity to take part in the discussion and as a result we learnt a lot from it. Without that, people would have not gained a lot.” (Adult Female, Bimbi)

Many respondents found the gender composition, timing and location appropriate and encouraging for open discussion. The darkness helped participants feel anonymous and encouraged active participation. The timing was suitable for many because in the evenings they are largely relieved of their daily tasks, however, some women found it less suitable due to household commitments such as cooking for their families. Respondents also commented that the gender composition further encouraged discussions, they felt that both sexes were equally represented and agreed that the set-up enabled open discussion between the sexes.

MASA engaged and involved different stakeholders from the community this successfully contributed to creating a collaborative space for discussing and addressing pertinent HIV-related issues.

Four respondents did not find the environment conducive to discussion and didn’t feel comfortable contributing to discussions. Two were female youths, both of whom would have felt more comfortable to speak if the crowd comprised of either only women or only of youths. A number of respondents simply felt shy of public speaking but actively listened and remained engaged in the discussions. Finally, a male chief did not find the environment conducive to discussion because of the darkness which prevented him from seeing others properly and because of the presence of children. The presence of children during discussions also bothered other respondents because they felt the content was not age appropriate and their presence made it more difficult to speak freely. It was also observed that when the crowds were larger, specifically at Gwaza, respondents either felt less comfortable participating or were unable to contribute because the microphone wasn’t accessible or they were seated too far away.
3.1.2 Relevance to Targeted Communities

The messages conveyed in the MASA film project were found to be very relevant to the communities. The specific context in which the film was set, namely with a trading center and fishing activity, was relevant to some communities and allowed the audience to link familiar scenarios in the film with activities in their own community. One example included fishermen selling fish at the trading center and using their profits to indulge in high-risk behavior.

The prevailing attitudes in the communities regarding stigma and discrimination, feelings towards HIV testing and HIV services and treatment were explored to gain a better understanding of the relevance of the messages portrayed in the film. While no direct questions were asked to respondents about prevailing attitudes in the community, many responses included contextual information that revealed these attitudes. They are described below.

Stigma towards HIV positive people

“There is a lot of discrimination in this area; you will hear women saying ‘why is she acting proud? Has she forgotten that she is on government medication (ARVs)?’” (Female Youth, Bimbi)

Stigma towards people living with HIV is reportedly prevalent in the communities where the screenings took place. The effects of the stigma in these communities has resulted in people avoiding seeking HIV treatment or treatment, people stopping HIV treatment, HIV positive children dropping-out of school and people, including one female youth, being publicly ridiculed. Misconceptions about how HIV is spread and about the character of PLHIV are rife and were reported on a number of occasions by the respondents. For example, PLHIV are thought of as “people who like sex very much” or that shaking hands with or working with and a HIV positive person can lead to transmission of the virus. These misconceptions and ignorance surrounding HIV is thought to be a central cause for the stigma. As one participant explained it:

“It is a common and normal thing in our community to stigmatize and discriminate against HIV positive owing to ignorance on how the disease is spread from one person to another.” (Male Adult, Bimbi)

In addition, ignorance of one’s own status is believed to be another contributing factor to the stigma in the communities:

“People of my community don’t go for HIV testing. So I can say that most of them stigmatize and discriminate HIV+ because they are not aware of their own status” (Male Adult, Chipini)

Feelings towards HIV testing

“In our community here we ignored getting tested because we took it as something that is not necessary for us” (Adult Male, Bimbi)

Respondents described various scenarios that affect people’s feelings towards HIV testing and that ultimately prevent them from going for testing. The stigma and discrimination that is prevalent in the communities instills fear in many people, as such people do not want to be seen having an HIV test and are particularly uneasy if they are acquainted with the healthcare worker. Unprofessional healthcare
workers, who divulge confidential information, compound this issue further. As a result, there is fear associated with getting tested, as this chief in Bimbi clearly and simply puts it:

“People were afraid of getting tested in the area, but this film has helped and has shown them the importance of getting tested.” (Chief)

Ignorance about HIV may also contribute to the poor attitudes and feelings towards HIV testing. The importance of knowing one’s status, followed by either seeking treatment or actively maintaining a negative status, may not be valued by all, particularly among men:

“Especially men in this area, they are the ones who are difficult and refuse to go for HIV testing.” (Female Adult, Bimbi)

In addition, the importance of testing as a couple is reportedly rare and often HIV testing is merely seen as a compulsory part of visiting antenatal clinics.

“Couples were free to get tested for HIV [at the moonlight testing], a thing that was very rare as only women get tested when they are pregnant” (Female Youth, Ngwelero)

HIV services and treatment

The communities’ attitudes towards HIV services and treatment, as expressed by the respondents, are negatively influenced by a number of factors, including; unprofessional healthcare workers, religious figures, traditional beliefs and the fear of being stigmatized.

Respondents expressed concern that people’s HIV status is not protected by all healthcare workers—this prevents people from seeking services and treatment. The question of confidentiality is particularly critical as PLHIV want to protect themselves from the stigma and discrimination that they believe is prevalent in the communities.

People stigmatize PLHIV for taking ARVs, calling the ARVs “Nandolo” (little beans) or referring to them as ‘government medicines’ and suggesting that someone who takes them should not act proud. One respondent explained that, “there is negative publicity about ARVs which prevents people from discussing their regimen, let alone sharing information.” (HSA, Chipini)

The fear of being stigmatized, coupled with special days at health clinics devoted to ART, further discourages people from seeking HIV services. This leads to some HIV positive patients seeking treatment at distant clinics, others simply discontinue, often with dire consequences—as is described in the following quote:

“There was a case in our village whereby one HIV positive person stopped HIV treatment because of stigma. Consequently she died an untimely death.” (Adult Male, Bimbi)

Lastly, religious and traditional beliefs can also negatively affect attitudes towards treatment and act as a barrier to seeking HIV treatment and services. It was reported that religious figures discourage people from taking HIV medication because they believe that they can be cured through prayer. Traditional beliefs also prevent many people from seeking HIV services and treatment. Respondents reported
numerous cases where instead of seeking treatment at a hospital, PLHIV visit witch doctors or accuse others of bewitching them.

The MASA film project therefore provided an opportunity for people in the community to learn about issues that are relevant to their lives. Ultimately, the respondents claim that the MASA film project has enabled them to: learn the importance and benefits of getting tested, change their attitudes towards people living with HIV, talk freely, and learn more about how HIV is spread.

One village headman explained that it had been two years since an organization came to the community to educate the people on any issue—further illustrating the pertinence of an intervention in these communities.

3.1.2.1 Gender

The respondents saw the discussion session as a unique opportunity to hear the views of the opposite sex on prevailing issues in the community. In addition, the messages of the film and topics of discussion were relevant to the participants, regardless of age or sex, as is described below:

“I was very open and there were no other problems because the messages were for all of us, regardless of age and sex.” (Female Adult, Chipini)

“Yes [the environment was conducive to discussion]. We were able to share ideas freely with women and other men” (Chief)

“I think it was just good because the message is for us all, so it was good that we held the message together, men and women.” (Adult Female, Bimbi)

Many of the issues discussed are particularly relevant to young women. It is understood that they are often more vulnerable to many HIV-related problems. Specifically, a number of respondents mentioned the problem of school girls becoming pregnant and infected with HIV, one female respondent from Bimbi, believed that this is a result of men abusing their “rich status,” others explained that this was often at the hand of their school teachers.

In addition, one female youth expressed her views that stigma affects girls worse than it does others, suggesting that it can disproportionately affect their future prospects.

“[stigma and discrimination] is worse for us girls because if some people see you with a boy who is a potential husband, they tell him ‘what are you doing with that girl? Do you want to die at a tender age? Don’t you know that girl has AIDS?” (Female Youth, Bimbi)

3.1.2.2 Youth

“[The MASA Film Project] has enabled and, most importantly, it has encouraged the youth to feel free to discuss HIV/AIDS related issues. I believe my fellow youth will now decide to really abstain from sex and will concentrate on their brighter future which is education.” (Male Youth, Chipini)
The youth interviewed mostly enjoyed and benefited from the MASA film intervention, many of them had heard similar HIV-related messages at school or in youth clubs. However, some of the youth felt less comfortable participating in discussions and felt that their unique situations and problems were not addressed by the MASA film project. Many respondents held this view and believed that youth should have had more of a specialized focus in the film and discussions and that this was an important aspect missing from the film and discussions.

3.2 Unaddressed Issues

While the MASA film project was well-received, respondents believed that there were relevant issues that were not addressed in the film or in the subsequent discussions.

“I strongly think that youth were not really given even space in the film. That was an oversight because you can’t talk about the future without involving the youth in HIV/AIDS activities.” (Adult Male, Chipini)

Many respondents believed that there was a lack of focus or mention of youth and youth-related issues, some believed that youth were “ignored” and that this was a missed opportunity. They felt that the film and discussions largely targeted adults but expressed a strong interest in incorporating a youth-related focus.

Respondents would have liked it if the following youth-related issues were addressed:

- Encouraging young men specifically to go for testing
- Activities that youth could participate in that can also be a form of HIV prevention, including sports such as football and netball and joining teen clubs.
- Discussion on the youth’s unique context and pressures that contribute to how they contract HIV
- How early childhood marriages affect youth contracting HIV
- How early childhood marriages also affect low-literacy levels that in turn result in poor decision-making by villagers on issues relating to prevention of HIV/AIDS, uptake of ARVs and care for the infected.
- The dangers of early pregnancy and how to deal with it—something which is described as prevalent in the community (where girls can fall pregnant as young as 12 years old).
- The issue of initiation practices including “Kusasa fumbi” (mandatory need to have sexual intercourse soon after undergoing initiation ceremonies) for boys and girls and the corresponding HIV-related risks
- The use of one razor during circumcision for multiple males

Another issue that a number of respondents felt could have been addressed was the role of religious figures or organizations in the HIV sphere—a role that respondents believed can present both barriers to the fight against HIV as well as unique opportunities. Respondents described situations where religious groups “cheat others by saying that HIV can be tackled with prayer” (HSA, Bimbi), as a result churches have been said to stop people from taking HIV treatment. This issue was raised by a number of respondents and is poignantly expressed by a respondent below:
“Churches should not stop people from taking HIV treatment by assuring them that they are cured of HIV when they pray for them. Many people die of HIV/AIDS when they stop taking ARVs.” (Adult Male, Ngwelero)

Some respondents spoke about the potentially positive role that the church could play in facilitating discussion and spreading important HIV-related information, the church has a strong network and systems in place to reach deep into many communities and engage with people in their daily lives.

Respondents would have also liked it if there was more mention of unprofessional healthcare workers who don’t respect confidentiality of their HIV positive patients. Similarly, respondents would have liked input about the ways which healthcare workers should receive HIV positive patients to make them feel loved and cared for.

Another issue that some respondents would have liked input on was the prevention of mother-to-child transmission of HIV. One Health Surveillance Assistant (HSA) thought that it would have been valuable to include how a pregnant HIV positive mother can prevent transmission of the virus to her child during pregnancy, at delivery and during breastfeeding. Another respondent said that the film could have let the audience know that women who are HIV positive can still have an uninfected child.

Finally, a female youth believed that an important element missed from the film and discussions were the various ways in which HIV can be contracted, as she puts it:

“I would have loved it if they explained other ways people can contract the HIV virus apart from sexual intercourse, as you know there are lots of ways one can contract the virus such as through razor blades, contact with blood, toothbrushes, nursing people living with HIV, because as it were, it made it seem that AIDS can only be contracted through sex which brings about stigma because people just see you as a prostitute.” (Female Youth, Bimbi)

3.3 Education and awareness raising

One of the MASA Film project objectives is to provide education on HIV-related services available at the community level. The MASA film project also aims to be educational for the audience about other important HIV-related issues. This section elaborates on the extent to which these two objectives are thought to have been met.

3.3.1 Knowledge of where to access services

“We have learnt that we can go to the hospital right here in Bimbi to get the help we require concerning HIV/AIDS, this was good because most people thought we can only get the right information on this matter from Zomba Central Hospital in town which is very far, but now we know that Bimbi has all the answers.” (Chief)

All the respondents were aware that they can access HIV services in their local health centre or at any health center near most villages. Most respondents named the closest health centers to their village or even described the relevant room in their nearest health center. A number of respondents learned that they can get free condoms and testing at the health center.
The intervention’s focus on accessing services locally was recognized by respondents. One male youth believed that promoting hospitals and the importance of visiting them was a central theme in the film.

“The film itself promoted hospitals and clinics and the advantages of visiting them.” (Male Youth, Ngwelero)

For many respondents, this was specifically understood in the light of hospitals and clinics being more effective than seeing traditional healers and as being the most reliable source of information about treatment.

“[The MASA film project] has really helped, they now know that only the hospitals have the right information. I met a lady who after watching called me and told me she was found HIV positive in 2011 but was warned not to start treatment as she will die early. I encouraged her and she will start treatment tomorrow.” (HSA, Ngwelero)

3.3.2 New knowledge of HIV related issues

“Most importantly, we learnt facts about how HIV is spread. It was a common and normal thing in our community to stigmatize and discriminate again HIV positive owing to ignorance on how the disease is spread from one person to another.” (Male Youth, Bimbi)

Many respondents reported that they learnt more about how HIV is spread in their community, at least two youths expressed having acquired HIV related facts, one youth emphasized that these were facts the youth in his community did not previously know;

“I think we have gained the right knowledge about HIV/AIDS. I also think that people, particularly my fellow youth, were ignorant about some vital facts about how HIV is spread.” (Male Youth, Chipini)

In addition, respondents learnt about the behaviors that exacerbate or alleviate the spread of the virus. Specifically, they mentioned the repercussions of infidelity and the benefits of openness within marriages to prevent infidelity.

Respondents also learnt about the benefits of getting tested—and of doing so even when they are not sick. They also reported that they learnt the benefits of knowing their status and going to the hospital as soon as they are sick—rather than blaming others or visiting a traditional healer. Participants also learnt the importance of receiving medical treatment and that with proper treatment one can live a full life “positively” and that being HIV positive “does not mean that you are already dead.” (HSA, Bimbi)

“I will now tell my family to go for testing and even if they may be found HIV positive they should know that they are not yet dead and that there is still life after that only if we adhere to what we have been advised from the hospital.” (Male Adult, Bimbi)

Other participants learnt about the effects of stigma and discrimination on the community, specifically that it results in patients stopping their treatment and that it is often the product of ignorance about HIV or one’s own status.

Lastly, one female youth learnt about her right to privacy at the health center explaining that she was informed about laws that are in place protecting this very right.
3.4 Perceived impact

Respondents were asked to share their views on the impact that they believe the film will have on their community, specifically with regard to stigma and discrimination, stimulating community discussion and influencing behavior change to seek HIV-related services. Their responses are expanded on below.

3.4.1 Stigma and discrimination

"Because of the film we have been trained that we should be associating with everyone, positive or negative, because there is no difference." (Adult Female, Chipini)

The vast majority of respondents believe that the MASA film project will have an effect on stigma and discrimination in their communities; they believe this is the result of the knowledge gained on how HIV/AIDS is spread, the realization that HIV/AIDS can affect anyone, that everyone is therefore equal regardless of HIV status and the newfound belief that PLHIV should be treated with care. Respondents also felt a call to action to fight stigma and discrimination.

"People now realise that HIV/AIDS is real and it can attack anyone regardless of their color, tribe, educational background, creed, age and status in society. It knows no boundaries." (Chief)

The new knowledge on how HIV is spread, may mitigate stigma and discrimination because it is now understood by some that the virus is not contracted by simple interactions with HIV positive people.

"We have been informed about HIV/AIDS fully. We also realized that PLHIV are people like us and we cannot get infected with HIV/AIDS by simply being close to them or shaking hands with them or working and learning with them." (Female Youth, Ngewelo)

The film addressed commonly held misconceptions regarding how HIV is spread and about personal characteristics of PLHIV—PLHIV were considered to be promiscuous people who “like sex very much.” A male from Bimbi shared his new understanding that often faithful partners of PLHIV also get infected, he saw this as a reason not to stigmatize against PLHIV. One respondent explained that the film portrayed PLHIV as people who can also be productive just like anyone else in the community, something he claimed many people did not previously believe. Correcting these, and other, misconceptions eliminates the foundation of many forms of stigma and discrimination that are prevalent in many of the communities.

Respondents also believed that the film will encourage more PLHIV to disclose their status, this increased disclosure may be a result of reduced stigma itself, since PLHIV may feel less threatened or ashamed to reveal their status, but it may also directly contribute to reducing stigma and discrimination further.

"People usually hide their status, I am sure that after seeing people being free with their status it will surely prompt people to come forth” (Chief)

Involvement of the chief in the discussions and in fighting stigma was also thought to have an impact on fighting stigma and discrimination, the participants explained that members of the community respect the chief, will attend meetings he calls and comply with his by-laws.
Respondents explained that they now see the importance and value of treating PLHIV with care. One female youth described the importance of having a more compassionate understanding when an HIV positive person confides in someone about his/her HIV status. She explained that she now understands that when being confided in, she shares the burden with the HIV positive person and that by being caring, she can alleviate the HIV persons suffering. Other respondents also saw the importance of caring for HIV positive people.

“Both HIV positive people and their orphans should be treated with love, care and understanding” (Adult Male, Bimbi)

Finally, some respondents were inspired to actively fight stigma in their communities by forming groups or bringing people together to help PLHIV in need.

“Where possible we can organize ourselves in a village and identify those people who are HIV positive and do some work for them, particularly those we are weak and can’t work.” (Adult Male, Bimbi)

“We have learnt how to avoid stigmatizing people living with HIV. There was a case in our village whereby one HIV positive person stopped HIV treatment because of stigma. Consequently she died an untimely death. So in order to avoid a repeat of this inhuman behavior, we will set-up committees that ensure that no one stigmatizes or discriminates against people living with HIV/AIDS.” (Adult Male, Bimbi)

3.4.2 Stimulating community discussion

“Because we have learnt about how HIV/AIDS spreads, we have changed the way we have been thinking in the past. I will tell the people who did not watch the film how HIV is spread so that they too can change their mindset about this scourge.” (Male Youth, Bimbi)

The respondents believed that by initiating the conversation, the MASA intervention has already sparked discussion in the community and will stimulate future discussions. As one HSA put it, “this is just the beginning.” (HSA, Chipini).

“Yes, you could see people in small groups discussing the film yesterday even this morning and those that were shy the film has given them the push they wanted.” (HSA, Ngwelero)

“It already has [stimulated discussion]. We were talking about how we women can protect ourselves from HIV and that being HIV positive is not the end of the world.” (Female Adult, Chipini)

Respondents believed that by initiating the conversation, many people overcame their fear of participating in such discussions and feel encouraged to speak more freely.

“People have already started talking about HIV issues freely.” (HSA, Chipini)

“People have learnt not to be ashamed of talking about HIV/AIDS issues openly after the discussions that we had.” (Adult Male, Ngwelero)

Facilitating a conversation on issues that were considered taboo, including sex and multiple concurrent partners, normalized the issues to a certain degree and helped people feel more comfortable entering open discussions.
“People have realized that talking about HIV/AIDS issues should not be thought to be a taboo because sex is the main focus of discussions and HIV/AIDS mainly spreads through sex.” (Female Youth, Chipini)

Overcoming this taboo was also thought to encourage discussion between partners:

“People have known that discussing HIV/AIDS issues should not be regarded as a taboo simply because sex is the center of discussions. Talking about sex will enable people to feel open with their sex partners.” (Female Youth, Ngwelero)

In addition, the participation of the chief and the elders in the discussions further encouraged and enabled the community members to continue such discussions within the community. The chiefs’ involvement will also ensure that these topics make their way into community gatherings and facilitate the formation of relevant committees that will further keep the discussion alive.

“Very much so [discussion will be stimulated], people will also be encouraged when they see that the village headmen are talking about it during meetings and other gatherings this will make people be free to talk about it themselves.” (HSA, Chipini)

“Because you involved the community leaders, I am sure such issues will be discussed during community meetings.” (HSA, Ngwelero)

“It’s possible because if elders like us were present for the occasion and have discussed that we will call for meetings so that we can elect a committee concerning HIV so that people can have access to information and maybe in future they can find support.” (Chief)

The discussions held have also encouraged respondents to form groups and clubs that will facilitate further discussions on these issues, one respondents suggested a committee of bar owners, another village headman from Ngwelero spoke about starting AIDS clubs.

It was also found that some respondents gained new knowledge about HIV-related issues and are better positioned to initiate and participate in future discussions. This new knowledge has also encouraged participants to ask questions about their health.

“It’s possible that some people did not know anything about HIV now they are in a better position to tell others.” (HSA, Ngwelero)

“From what we have learnt from the film, we will be in the forefront to initiate such discussion in our communities.” (Male Youth, Chipini)

The knowledge gained on HIV-related issues has also instilled a sense of urgency for such discussions and will prompt community members to respond to situations that perpetuate the spread of HIV with their new knowledge and with open discussion.

“People have realized that it is high time they stopped pretending that they don’t know that there is HIV.” (Female Adult, Chipini)

“Just like in the film there was a part where the men were at a drinking hall, people love drinking in this area I believe after watching the film when they go drinking they will be advising each other against sleeping with women from the drinking places.” (Female Youth, Ngwelero)
“The part in the film whereby the old person was being beaten up because they believed she was a witch, this usually happens in this community but I hope next time it’s happening one will bring up the hospital hence starting a conversation which might include HIV testing.” (Nurse, Ngwelero)

3.4.3 Influencing behavior change

“This film made us think seriously about getting tested even when we are not sick but for the sake of knowing our own status.” (Adult Male, Bimbi)

The vast majority of participants agreed that as a result of watching the film or having gone for HIV testing themselves, they have been influenced to recommend a friend to get tested. Respondents also commented that if they see a friend who is sick, they will recommend they go to the hospital for testing or to seek HIV-related services. Respondents also commented on their intentions to go for testing rather than suspecting others of being witches or wizards, one chief from Ngwelero explained that he has learnt that if a friend wants to visit a traditional healer, he will try to persuade them to go to the hospital first.

“People have learnt the disadvantages of suspecting old people among us in the community of being witches and wizards. From now on they will be going to the hospital to get tested whenever they are sick” (Male Youth, Bimbi)

Beyond simply recommending others to go for testing, one female youth explained that she would do so with extra care and compassion.

“If I see a friend who is sick, or has been sick for a while, I will tell him ‘let’s go to the hospital so that we can both get tested.’ I would say that so they don’t feel offended so I would go get tested with them just for support.” (Female Youth, Bimbi)

In addition to effecting change in seeking HIV testing and services and recommending others to get tested, respondents believed that as a result of knowing one’s status there will be further behavior change to prevent the spread of HIV.

“People have learnt the goodness of getting tested for HIV. Once they get tested for HIV and they know their status, they can change their sexual behavior. If they used to be promiscuous before they got tested for HIV and were found HIV positive, they will definitely stop all that horrible behavior to avoid spreading the disease further.” (Male Youth, Ngwelero)

The involvement of the chief and learning the importance of testing as a couple were seen as two key factors that will encourage males to take part in getting tested, this was considered important because some people believed that “men are generally unwilling to get tested for HIV.” (Female Adult, Ngwelero)

“I have really learnt a lot, this film was meant for us people of Bimbi, people were afraid of getting tested in the area, this has helped them to know the benefit of getting tested” (Chief)

4. Facilitated community discussions

In each community where the screenings took place, the MASA Project successfully facilitated engaging community-led discussions. These discussions engaged all members of the community equally, regardless
of sex and social standing, and provided a platform for discussion, feedback and advice that was described as a first of its kind.

During the discussions, participants spoke about various HIV-related issues that affect their lives and/or are prevalent in the community. Common themes emerged across the different communities including; the social barriers that prevent people from accessing HIV-related services (including stigma, cultural practices, fear of testing and unprofessionalism of healthcare workers) and sexual practices and relationships that perpetuate the spread of HIV (including people being uninformed about the spread of HIV, couples not being open to one another, various other factors preventing people from practicing safe sex).

### 4.1 Specific issues raised

Respondents were asked to list the specific topics that were discussed. These topics are therefore considered to be the most important or relevant HIV-related issues in their communities.

The discussion by respondents are listed below and have been categorized accordingly:

**Issues relating to HIV testing and treatment**
- The importance of knowing and accepting one’s HIV status
- The importance of adhering to antiretrovirals (ARVs)
- The importance of HIV testing—even when not sick
- Encouraging people to go to the hospital for testing rather than accusing witches or wizards, or first visiting a witch doctor
- The problem of healthcare workers breaching confidentiality
- People don’t know where to report unprofessional healthcare workers

**Issues relating to sexual relationships**
- The need for spouses to be open to each other about what they want in bed and about their status
- The need to abstain from sex until marriage
- Avoiding infidelity
- The dangers of having sexual relationships when HIV positive
- The need to have an HIV test when getting married
- The need for marriage counsellors
- The problem of young girls being propositioned into sexual intercourse for money

**Issues relating to HIV Prevention**
- Concern over the scarcity of condoms
- Wanting more information about the prevention of mother-to-child transmission
- Encouraging others to get tested for HIV
- The use of condoms and why people don’t want to use them (“It’s like eating a sweet in its wrapper” or women wanting to fall pregnant)

**Issues relating to stigma and discrimination**
- People shying away from HIV testing because they know the healthcare workers or don’t want to be seen by members of the community
- The need for people to treat and care for PLHIV with love and respect
- Ending stigma and discrimination and understanding the reasons that people discriminate

Issues relating to social structures

- Importance of the chief’s involvement

4.2 Ideas for stopping the spread of HIV

During the discussions, the audience also shared ideas for methods to stop the spread of HIV in their communities. This portion of the discussions were productive and generated numerous appropriate, feasible and potentially effective responses to the issues. This demonstrates that the intervention did not only raise community members’ awareness of HIV-related issues but it also prompted them to consider how they can be addressed. Below are the ideas raised in the discussions.

It was considered very important that those who are found HIV positive are counselled appropriately and are educated on how to prevent the spread of the virus. Adhering to ARVs contributes to low transmission rates, therefore encouraging good adherence was also considered a good idea.

Many ideas centered on the chief’s involvement. It was thought that the chief could play a central role in educating the community about HIV/AIDS, stigma and discrimination and advocating for safer sex. This could be done through holding regular community meetings on various HIV-related topics. It was suggested that meetings could also be held in collaboration with healthcare workers and that the village headman/chief and the health committee should work hand-in-hand with the hospital to end HIV in the community. It was also raised that everyone in the community should be engaged in discussion and should continuously inform others about the spread of HIV.

Ideas specifically relating to couples were also discussed. It was thought that couples should notify and consult the chief before marriage and that couples should abstain from premarital sex. Couples should also remain faithful to each other and be open with one another. Husbands should also financially support their wives sufficiently for them to buy enough food and clothes.

For those who are sexually active, it was suggested that they abstain from sex when possible or otherwise use a condom—correctly.

Youth should be sensitized about the dangers of promiscuity and of having multiple sex partners. Youth clubs should actively engage the youth with these issues and support them to concentrate on their educations. Young women—especially—should be counselled and supported so they do not resort to sleeping with older men for money.

Sex workers should also be educated on HIV/AIDS and safe sex practices. It was suggested that NGOs and government should help reaching the sex workers.

Cultural practices that spread HIV/AIDS should be stopped, including early marriages.
Other behaviors that are conducive to the spread of HIV, including excessive alcohol consumption should also be discouraged and that should be discouraged or that those participating in those activities should be better informed.

4.3 Suggestions to tackle stigma and discrimination

“We should set-up a group of people that will be responsible for visiting PLHIV in this community and hear from them what their challenges are and help them accordingly.” (Adult Male, Bimbi)

Suggestions for ways the community can actively tackle stigma and discrimination were also discussed—respondents recounted the following suggestions.

An overarching theme that emerged from the discussions was that tackling stigma and discrimination would have to be a collective effort and will require a spirit of teamwork and the formation of various groups to discuss issues at a community level. In addition, all community members should be involved in spreading the messages throughout the community. The groups should remain active and engaged and meet frequently.

“We should meet frequently to remind each other of these messages.” (Female Adult, Chipini)

The chief’s involvement was considered vital in sensitizing and educating people about stigma and discrimination and also for instating fines for those who are found discriminating. It was discussed that a committee should be set-up to receive complaints related to stigma and discrimination and those found guilty will be ordered to pay the fine to the village chief or the discriminated person.

HIV infected children were reported to have high school drop-out rates due to stigma and discrimination; one group discussion in Bimbi suggested forming a committee to ensure that HIV positive children are treated with respect and dignity and work towards keeping them in school and punishing those who discriminate against them.

Healthcare workers who are found to divulge confidential information should be reported.

Finally, it was discussed that disclosing one’s HIV status and getting tested in order to know one’s status, were also thought to contribute to fighting stigma and discrimination in the community.

5. Development of local solutions

An important component of the MASA film project is supporting the development of local solutions for the issues raised in the community discussions. To achieve this, workshops were held the day following the screening and discussions. During the workshop community actions plans (CAPs) were developed. Between 30 and 40 people attended each workshop, including Group Village Heads (GVH), Village Heads, Village Development Committee, Community Based Organization, Community Police, Teachers, Health officials, Religious Leaders and Youth Club and Support Group members. After the workshop 1 GVH or Chief was interviewed and asked about the CAPs developed and their thoughts on the feasibility of implementation.
5.1 Community Action Plans (CAPs) developed

“We don’t actually envisage being unable to achieve these CAPs. We are very determined to achieve them at all cost.” (Chief)

The most commonly developed CAP was the formation of local by-laws that impose fines on those found discriminating against PLHIV. The different fines developed involve a payment, in the form of chickens, goats or money, to the chief or to the person discriminated against.

Other community action plans included the formation of different groups or clubs that will address HIV-related issues, sensitizing teachers and healthcare workers on best practices and holding community gathering and committee meetings to encourage people to go for HIV testing and treatment.

The respondents were enthusiastic about the CAPs developed, they believed that they are feasible to implement and were eager to do so. The resources needed for implementation were both material and social in nature. Funding for basic stationery is required as well as other methods desired for spreading messages. More commonly, respondents spoke of social and structural resources that would be central to the success of the CAPs, these include effective communication, collaboration and coordination amongst chiefs, health care workers, teachers, youth and all other stakeholders. The enthusiasm of the community members will also help ensure implementation.

“We just need to be united, then everything else will fall in place, if there’s no unity nothing is possible.” (GVH, Bimbi)

“Everyone is happy people were coming up to me during the show to thank me for bringing such development, so it will be easy to implement.” (Chief)

Despite being optimistic about implementation, respondents were also asked about anticipated constraints. Those mentioned included poverty-related factors such as lack of funding for materials or other poverty related factors that may hinder participation, such as hunger preventing people from attending meetings by forcing people to source food. In addition, it was anticipated that it will be difficult to measure or review the progress of the CAP implementation. Some respondents feared limited buy-in or participation from stakeholders could also hinder implementation.

The participation of the community leaders, including chiefs and GVHs was considered to be critical for the successful implementation of the CAPs.

“All these will be implemented because all the Village headmen have come together and agreed on one thing that is to stop discrimination and stigma, encourage HIV testing and counseling and using protection. So the elders will tell their people and they will follow their instructions as in our Yao culture we listen to elder.” (GVH, Bimbi)

5.2 Implementation—CAPs Follow-ups

Two to three months after the development of the CAPs, follow-up interviews were conducted to assess their implementation. Respondents included various stakeholders who have been actively involved in the implementation of the CAPs, including teachers, chiefs, community police, and religious leaders among others. Almost all of the CAPs were successfully implemented and remarkable results were reported by
respondents. For a detailed outline of the CAPs developed and the status of their implementation see Appendix D.

5.2.2 Challenges and Successes

Challenges and limitations for implementation

A significant challenge experienced by communities while implementing their CAPs was the attitudes of community members. Not all members of the community were receptive to messages about HIV and to the methods used to spread these messages. For example, one support group that—inspired by MASA—uses theatre to pass on messages explained that, “sometimes people laugh at us saying we are stupid acting in front of crowds at our age, some even don’t want to stay when we start our plays saying they have heard all HIV issues already” (Village Support group, Chipaka). The misconception that attendance at CAP implementation meetings would be financially compensated also posed a significant challenge as some community members stopped attending implementation meetings once they were informed that participation is voluntary.

One community described resistance from pastors who urge their congregation to refuse medical treatment. Another community explained that the fear of getting tested was still prevalent in their community and acted as a barrier to the implementation of their CAPs.

Other implementation challenges included limited resources, such as insufficient testing kits and staff at healthcare centers. Some communities advocated for more antiretroviral therapy (ART) days at the healthcare center, but ultimately were unsuccessful. Factors that prevented people from attending meetings included uncertainty about when meetings are held, heavy rains and conflicting commitments such as farming. Many of the CAP implementation activities depend on attendance at community gatherings and attendance was reported to be occasionally poor.

Successes and enabling factors

“All the CAP groups worked together and shared their experiences in implementing the CAPs. As such, they were able to solve problems as they arose together as a team.” (GVH, Thondwe)

One big success was the communities’ ability to address implementation challenges as they arose, for example one community experienced initial resistance from couples regarding getting tested together. In response, the community’s leadership collaborated with healthcare workers to address this resistance by inviting them to speak during a community gathering. Another community described that when people had difficulty understanding certain messages, they took their time and explained them patiently until they were grasped.

The active participation and buy-in of different stakeholders—especially the community leadership—was a crucial enabling factor for the CAPs implementation. Respondents described communities and CAPs members communicating well, cooperating with one another and working together with a strong sense of unity and teamwork. Community gatherings also allowed for discussion on roles, actions taken and progress of implementation. This sense of teamwork and unity was also expressed by healthcare workers at the health facility after the MASA intervention. The unity also helped people continue to motivate each other and keep the momentum going. In addition, the fact that the by-laws were designed together by all
stakeholders and agreed upon before being implemented, rather than merely being imposed on people, contributed to their acceptance and supported implementation.

“[A success has been] working hand-in-hand with the chiefs and also because at the meetings / gatherings we explained in depth about what we are doing and why we are doing it.” (Community Police, Gwaza)

Respondents also felt that the film had a positive effect on implementation of the CAPs, since it set the scene for the CAPs and motivated people to participate in effecting change in their community.

“The film really helped a lot, it made the implementation stage easier as people were already expecting something.” (Chief)

“People of the community were eager to change after watching the film so it made it easier for us.” (Community Police, Ngwelero)

As previously mentioned, the chiefs’ involvement was instrumental in ensuring the implementation of the CAPs since the Chiefs and GVHs are respected and listened to in the communities. According to respondents, the Group Village Headmen were persistent and actively participated in the implementation of the CAPs. GVH were also reported to have mobilized their chiefs by holding meetings about how best to implement the CAPs.

“We did not face any challenges because we are the chiefs of these villages so our word is final especially having the Group Village Headman’s backing made everything to go well.” (Chief)

“Unity within the community [was a success of implementation], people are also afraid of the Group Village headman so whatever she says is done because she follows-up.” (Teacher, Nsondole)

5.2.3 Impact and changes observed

According to the respondents, the MASA Film project has contributed to more people going for HIV testing, more people know where to receive medication and there have been significantly less cases of discrimination in the communities. Healthcare workers reported an increased demand for condoms and increased couples testing. PLHIV who were receiving treatment at distant healthcare centers, reportedly transferred to their closest health facility. It was also reported that more PLHIV are disclosing their status. The significant reduction in stigma that was reported in many communities is illustrated by the following quote from a chief in Thondwe.

“Ever since we had these meetings, I can tell you as a chief not even one person has approached me with a case concerning stigma, so I can say there’s change.” (Chief)

Meetings were held with healthcare workers and there are reports that healthcare workers have stopped stigmatizing PLHIV and have begun respecting their privacy and receiving them with dignity. People have also demonstrated less fear of being tested and of knowing their status, as one HSA explained;

“In the past people would come for testing and run away before the results, but now they are eager to know their results and to get condoms.” (HSA, Gwaza)

“Stigma has stopped because of this, even I myself was motivated to go for testing seeing as no one will be talking about me and if they do they will be fined.” (VDC, Thondwe)
A number of respondents commented that they have observed more discordant couples staying together and two HSAs explained that people have been encouraged to ask questions and be more pro-active about their health.

“More people are coming up to us to inquire about HIV issues and asking for condoms, meaning people are more open.” (HSA, Nsondole)

“People now are more eager to find out information about HIV and how and where they can get medication, how testing goes they even come up to us after a performance and ask us all these questions.” (HSA, Gwaza)

Increased disclosure by PLHIV about their HIV status has been observed and has enabled more open communication, as exemplified by the following two respondents’ comments:

“There’s less stigma which in turn has encouraged parents to come to us and tell us that their child is HIV positive he or she shall skip school on such a date to get medication meaning people are freer.” (Teacher, Nsondole)

“No one discriminates another an example is myself am HIV positive I came out in 2014 and no one talk about me nor my family in this village but when I go to neighboring village am ridiculed and put to shame.” (Village Support Group Member, Thondwe)

6. HIV testing data

A total of 1,321 people were tested during the MASA film project, of whom 746 (57%) were males and 575 (43%) were females. 21 (1.6%) people were newly identified as HIV positive, counselled and were referred to HIV services. 54 (4%) people in total were found to be HIV positive. This is lower than the national prevalence rate of roughly 10%.

Excluding the Bimbi Health Centre data (which did not provide this level of detail in its testing data) a total of 1170 people were tested, of those, 427 (37%) of the people tested for the first time. This high percentage highlights the effectiveness of reaching remote village communities where many people have never been tested before.

<table>
<thead>
<tr>
<th>Male</th>
<th>female non-pregnant</th>
<th>female pregnant</th>
<th>never tested</th>
<th>previous negative</th>
<th>Previous +ves</th>
<th>New +ves</th>
<th>Age 0-11months</th>
<th>Age 1-14</th>
<th>Age 15-24</th>
<th>25+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>THONDWE HEALTH CENTRE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>125</td>
<td>170</td>
<td>0</td>
<td>98</td>
<td>197</td>
<td>19</td>
<td></td>
<td>0</td>
<td></td>
<td>11</td>
<td>127</td>
</tr>
<tr>
<td>BIMBI HEALTH CENTRE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>114</td>
<td>39</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8 total positives (3 females)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIPINI HEALTH CENTRE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>143</td>
<td>126</td>
<td>0</td>
<td>112</td>
<td>151</td>
<td>5</td>
<td>6</td>
<td>0</td>
<td></td>
<td>49</td>
<td>166</td>
</tr>
<tr>
<td>NGWELERO HEALTH CENTRE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MASA Film Project Evaluation 28
Attendance was estimated at each screening, estimations and demographics are compared to the testing data below. Ngwelero had the highest testing yield, i.e. ratio of people tested to people present. Bimbi had the lowest yield with only 4% of attendees going for testing. There is no apparent correlation between number of people present and the number of people who went for testing. It is also important to note that the data below is not screening-level data, but rather grouped by health facility, this limits the analysis.

<table>
<thead>
<tr>
<th>Health Centre</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bimbi Health Centre</td>
<td>114</td>
<td>39</td>
</tr>
<tr>
<td>Chipini Health Centre</td>
<td>143</td>
<td>126</td>
</tr>
<tr>
<td>Makwapala Health Centre</td>
<td>90</td>
<td>27</td>
</tr>
<tr>
<td>Ngwelero Health Centre</td>
<td>274</td>
<td>215 (FNP: 2)</td>
</tr>
<tr>
<td>Thondwe Health Centre</td>
<td>125</td>
<td>170</td>
</tr>
</tbody>
</table>

Ministry of Health data for the same health facilities for the quarter prior to the screenings reveals the higher participation of females in HIV Testing and Counselling (HTC) services. This suggests that, at these facilities, males are less likely to go for HTC—as is the trend across Malawi. Therefore, encouraging male participation in HTC is a priority.

<table>
<thead>
<tr>
<th>Health Centre</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bimbi Health Centre</td>
<td>488</td>
<td>1582 (FNP: 1215, FP: 367)</td>
</tr>
<tr>
<td>Chipini Health Centre</td>
<td>531</td>
<td>689 (FNP: 582, FP: 107)</td>
</tr>
<tr>
<td>Makwapala Health Centre</td>
<td>221</td>
<td>730 (FNP: 320, FP: 410)</td>
</tr>
<tr>
<td>Ngwelero Health Centre</td>
<td>511</td>
<td>1294 (FNP: 921, FP: 373)</td>
</tr>
<tr>
<td>Thondwe Health Centre</td>
<td>377</td>
<td>609 (FNP: 597, FP: 12)</td>
</tr>
</tbody>
</table>

Ministry of Health, Quarter 1, 2016

Attendance (approx.)  Tested  Testing Yield

<table>
<thead>
<tr>
<th>Health Centre</th>
<th>Attendance (approx.)</th>
<th>Tested</th>
<th>Testing Yield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thondwe</td>
<td>1741</td>
<td>295</td>
<td>17%</td>
</tr>
<tr>
<td>Bimbi</td>
<td>3500</td>
<td>153</td>
<td>4%</td>
</tr>
<tr>
<td>Chipini</td>
<td>1700</td>
<td>269</td>
<td>16%</td>
</tr>
<tr>
<td>Ngwelero</td>
<td>2400</td>
<td>489</td>
<td>20%</td>
</tr>
<tr>
<td>MAKWAPALA HEALTH CENTRE</td>
<td>90 27 0 52 65 0 0 3 82 32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The qualitative data and follow-up success story discussions point to a number of possible explanations for the higher male participation in the moonlight testing, including:

- The discreteness of moonlight testing is encouraging and protects one’s identity.
- Availability during the evenings (particularly for men) and the convenience of community-based testing.
- Increased confidence to get tested as a result of MASA film content and subsequent discussions.

These figures are important because, while Malawi is making great strides in fighting HIV/AIDS increased male participation in HIV testing and services remains a priority area. According to ICAP’s 2016 population HIV impact assessment (PHIA), Malawi is achieving 73/89/91 toward the 90/90/90 goal. The first 90 refers to the % of People Living with HIV (PLHIV) who know their HIV status—with only 66.7 percent of HIV-positive males and 76.3% of females who know their HIV status—this is the area where the most progress still needs to be made.

The PHIA states that meeting the 90/90/90 goal by 2030 is within reach in Malawi, however an expansion of targeted HIV testing particularly for men is a key determinant. In addition, the PEPFAR COP16 Strategic Direction Summary highlights the importance of, and its own focus on, community-based service delivery models to more effectively reach men and others who are not actively seeking services at health facilities.

If Malawi is to achieve the first 90, increased male participation in HTC is important and using community-based models such as the MASA Film Project may present a unique opportunity to contribute to achieving this goal.

### 7. Conclusions

The MASA Film project was relevant to and well-received by the communities where screenings were held. Respondents reported that the film has had a positive impact on the communities with regard to fighting stigma and discrimination in the community, stimulating community discussion and encouraging people to seek HIV-related services. This evaluation asserts that the MASA Film project was successful in meeting its specific objectives.

The project demonstrated that it effectively triggered community-led dialogues on HIV-related issues. The facilitated community discussions were engaging and provided a unique platform for the community members to address issues that are relevant to their lives but are often otherwise neglected. The discussions were also thought to effectively stimulate future discussions within the community.

The project also effectively provided education on the HIV-related services that are available at the community level. Respondents were all informed about where they can access HIV-related services. Barriers to seeking HIV-related services were also addressed, including fighting stigma and discrimination, reporting unprofessionalism amongst healthcare workers and emphasizing the importance of receiving HIV testing and counselling.

By engaging and working with the community, its leadership and the local healthcare centers, the MASA film project is also thought to have effectively facilitated cooperation and collaboration between all stakeholders. In particular, the chiefs’ involvement in discussions encouraged the community members to
It enabled the formation of committees that will keep the discussions active in the community.

In addition, the project seems to have encouraged increased male participation in HIV testing. This is an important achievement and potentially presents an opportunity for addressing this key focus area in Malawi.

Ultimately, by meeting these objectives, it is reasonable to conclude that the MASA film project will have a positive effect in the communities that it reached specifically regarding; reducing stigma and discrimination, increasing access to HIV services, increasing the intent to use prevention methods and HIV services, empowering PLHIV and local communities to address issues associated with HIV and and building capacity through local community activism.

8. Recommendations

While the youth gave positive feedback on the project, the film did not specifically cover issues that youth face and youth weren't part of the original Theatre for Development intervention. Respondents expressed an appetite for a similar project specifically focusing on youth issues and experiences. It is recommended that youth specific issues are integrated into the MASA film project or future MASA interventions.

Respondents made a number of suggestions for ways to address certain issues in their communities. While it may not be in the scope of this project to incorporate these issues, they could be documented and shared accordingly or considered for future interventions. Such suggestions include:

- Religious leaders from certain denominations encouraging people to use prayer/faith healing instead of taking ARVs was an issue raised multiple times.
- High risk behaviors such as casual unprotected sex were often said to be centered on bars. An innovative suggestion from one respondent was to engage bar owners.

A number of chiefs requested that MASA continues its involvement with the communities, some suggested this would better ensure sustainability of the CAPs.

“Thank you for visiting us, mine is just a plea that you keep in touch with us even just calling to find out how things are going this will really encourage us as a community.” (Group Village Head)

It is recommended that the project establishes a system with which it can maintains its ties with the communities. A follow-up system could be designed that is not resource-heavy, including phone check-ins or a collaborative follow-up with healthcare workers who are based near the community. Another suggestion would be to integrate the project with organizations that have a presence in the community already, and to hand over monitoring of the CAPs to them.

There was also no follow-up on the linkages to care for the people found HIV positive and who were not on treatment. Incorporating this into the data that MASA collects and into a focus area would contribute further to the effectiveness of the intervention. It is suggested that Dignitas not only incorporates this into the data collection, but ensures successful linkages to care.
While it is acknowledged that it is difficult to control the presence of children, their presence inhibited community members from full participation. One possible solution could include a simultaneous children activities that can be conducted near the screening grounds. This may encourage more people to participate more freely.

It is also recommended that evaluation tools are adjusted to explore factors contributing to the increased male participation further. This may include interviews with male who went for testing or adding questions about why this approach may encourage more men to get tested.

9. Messages from Chiefs

“This [intervention] was a first of its kind. I would like to take this opportunity to thanks Dignitas and AGHCA for deciding to come to my area and show this film to my people. It has been an eye-opener to most people, particularly when it comes to the issue of how HIV/AIDS is spread. HIV+ people were mainly subjected to stigma and discrimination due to lack of proper knowledge of how the scourge is spread. In some cases, people were aware of how HIV/AIDS is spread but they have been reminded of the need for them to get tested for HIV.” (Chief)

“As village headman I would say this was very important, what people didn’t know they have seen and understood in the film, you know as people we may hear things but seeing them with your own two eyes is different, it stays for long. So I believe that this film has left a mark in people’s hearts and minds, we have all learned from it.” (Chief)

“Thank you for coming with this film to [the village], I hope your coming will change people’s behaviors’, especially early marriages. Please next time you need to have a film on Dangers of early marriages as it’s too much here, children are dying we need help.” (Village Headman)

“The film has had a profound impact on the community as it has equipped the participants on better ways to avert stigma and discrimination.” (Chief)
Appendices
Appendix A: MASA FILM QUALITATIVE INTERVIEW

AREA/ VILLAGE OF PARTICIPANT:

DISTRICT:

PARTICIPANT AGE and SEX:

OCCUPATION:

EDUCATIONAL BACKGROUND:

DATE OF INTERVIEW:

INTERVIEWER:

1. Did you watch the MASA film that was shown last night and did you take part in the discussions thereafter?
2. What do you think about the film?
3. Explain what you learned from the film?
4. From your own point of view, what were the main messages of the film?
5. Did you feel the film could have some impact on stigma and discrimination in this community or neighborhood?
6. Will the film influence you to recommend a friend to go and get tested?
7. Do you think the film was relevant to your community?
8. Do you think this film will stimulate discussion in the community about HIV?
9. Were there any issues that were missing from the film that you would like to gain more information on?
10. Was the environment conducive for discussion? Did you feel like you could discuss freely?
11. Were there any useful topics or issues brought up during the group discussion?
12. What were the main ideas that came up in the discussion?
13. Were there any issues that came up during the discussion to stop the spread of HIV in your community?
14. Were there any suggestions identified during the discussion to tackle stigma and discrimination in your community?
15. Were there any issues from the film that were missed in the group discussion?
16. Did you like the fact that the film had a discussion session?
17. Did you like that the film transitioned to a live performance?
18. Did you like that the film transitioned to a live performance?
19. Has the discussion informed you of where and how you can access HIV services?
20. Have you heard these messages before?
21. Has a discussion like this one happened before at the community level? (Is there any difference in this discussion?)
Appendix B: MASA FILM QUALITATIVE INTERVIEW - COMMUNITY ACTION PLAN WORKSHOP

PARTICIPANT ID

PARTICIPANT AGE

SEX

OCCUPATION

EDUCATIONAL BACKGROUND

DATE

INTERVIEWER

1. WAS THE COMMUNITY ACTION PLAN DISCUSSION SESSION HELPFUL?
2. PLEASE DESCRIBE THE CAPS DEVELOPED AT THE SESSION YOU ATTENDED?
3. FOR EACH CAP THEY DESCRIBED, DO YOU THINK THEY ARE FEASIBLE TO IMPLEMENT?
4. WHAT ARE THE CONSTRAINTS IN YOUR COMMUNITY THAT WOULD PREVENT THE ACHIEVEMENT OF THE CAP?
5. WHAT ARE THE RESOURCES THAT ARE NEEDED TO IMPLEMENT THE CAP?
Appendix C: MASA FILM QUALITATIVE FOLLOW-UP CAP SESSION

PARTICIPANT ID
SEX
OCCUPATION
EDUCATIONAL BACKGROUND
DATE
INTERVIEWER
TRANSCRIBER

1. HOW WAS YOUR COMMUNITY IMPLEMENTED THE CAPs DEVELOPED DURING THE PLANNING SESSION THREE MONTHS AGO?
2. IF THERE ARE CAPS THAT HAVEN’T BEEN IMPLEMENTED, WHY HAVEN'T THEY?
3. WHAT CHALLENGES HAVE YOUR COMMUNITY FACED IN IMPLEMENTING THE CAPs?
4. WHAT WORKED WELL IN IMPLEMENTING THE CAPs?
5. ARE THE PLANS TO CONTINUE IMPLEMENTING THE CAPs THAT HAVE YET TO BE EXECUTED?
6. SINCE IMPLEMENTING THE CAPs DOES YOU FEEL AS THOUGH THERE ARE ANY CHANGES IN YOUR COMMUNITY IN TERMS OF HIV STIGMA AND ACCESS TO CARE?
7. ARE THERE ANY OTHER CHANGES THAT HAVE HAPPENED IN THE COMMUNITY DUE TO THIS FILM SCREENING?

<table>
<thead>
<tr>
<th>Site</th>
<th>Date of CAP Planning Meeting</th>
<th>Community Action Plan</th>
<th>Date of follow-up</th>
<th>Actions Taken as of Follow-up date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix D: CAP Follow-up

<table>
<thead>
<tr>
<th>Site</th>
<th>Date of CAP Planning Meeting</th>
<th>Community Action Plan</th>
<th>Date of follow-up</th>
<th>Actions Taken as of Follow-up Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chimbwinda/Gwaza Village</td>
<td>19 September 2016</td>
<td>Fines for people discriminating against people living with HIV/AIDS</td>
<td>2 Dec 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providing the right information to people concerning Access to HIV Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encourage couple testing and counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Dec 2016</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td>TAULO Village</td>
<td>November 2015</td>
<td>Sensitizing the community on HIV Testing and access.</td>
<td>4 Dec 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encouraging people to go for testing by working together with the health centers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GVH KALALICHI</td>
<td>September 14, 2016</td>
<td>To hold meetings with health care workers in order to warn them against stigmatizing clients.</td>
<td>December 2, 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To give out condoms to people in the villages.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To conduct HIV testing even during weekends to help those that are very busy to come to the health Centre for testing during the week get tested as well.</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health care workers to be advised to receive clients very well.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>December 2, 2016</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 September 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Working with the chiefs to find and prosecute those found discriminating others.</td>
<td>2 Dec 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td>GVH KALALICHI CHIPINI AREA</td>
<td>September 14, 2016</td>
<td>To give out condoms to the people in the villages.</td>
<td>December 2, 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>People should go for HIV testing.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health care workers to stop and avoid stigma.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health care workers to receive</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>December 2, 2016</td>
<td>Implemented</td>
<td></td>
</tr>
<tr>
<td>Site</td>
<td>Date of CAP Planning Meeting</td>
<td>Community Action Plan</td>
<td>Date of follow-up</td>
<td>Actions Taken as of Follow-up date</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>GVH KALALICHI</td>
<td>September 14, 2016</td>
<td>To be involved in theatre as a way of enlightening the community about HIV/AIDS</td>
<td>December 2, 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To get tested for HIV from time to time.</td>
<td></td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To help in the fight against stigma and discrimination in the villages through drama.</td>
<td></td>
<td>Implemented</td>
</tr>
<tr>
<td>Ngwelero GVH Taulo</td>
<td>November 2, 2016</td>
<td>Chiefs to deal with issues of stigma and discrimination.</td>
<td>December 4, 2016</td>
<td>All chiefs unanimously agreed to</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Teachers to advise children on stigma and discrimination.</td>
<td></td>
<td>establish a law against stigma and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>discrimination.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A heavy fine of a live fully</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>grown goat was set.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This was fully implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Before lessons begin, teachers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>talk about stigma and discrimination. This was implemented.</td>
</tr>
<tr>
<td>GVH Taulo</td>
<td></td>
<td>Men should go to the hospital with their wives when they are pregnant</td>
<td></td>
<td>Men were asked to accompany their</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>wives to the hospital especially</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>during antenatal visits.</td>
</tr>
<tr>
<td>GVH KALALICHI / CHIPINI</td>
<td>September 14, 2016</td>
<td>To form a club which should be talking about HIV/AIDS issues.</td>
<td>December 2, 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To encourage HIV testing.</td>
<td></td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To register infected pupils so that they are told to adhere to HIV treatment and they are not stigmatized.</td>
<td></td>
<td>Implemented</td>
</tr>
<tr>
<td>Site</td>
<td>Date of CAP Planning Meeting</td>
<td>Community Action Plan</td>
<td>Date of follow-up</td>
<td>Actions Taken as of Follow-up date</td>
</tr>
<tr>
<td>------------------------------</td>
<td>------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-----------------------------------</td>
</tr>
</tbody>
</table>
| Chimbwinda/Gwaza Village     | 19 September 2016            | Encouraging people to go for testing  
Adding more days to the set ART Clinic days.  
Promoting secrecy of hospital staff.                                                                                                                                                                                                                                                                                                                                                                      | 2 Dec 2016        | Implemented  
Implemented  
Implemented |
| Chimbwinda/Gwaza Village     | 19 September 2016            | Working with the chiefs to sensitize the community on HIV Issues.                                                                                                                                                                                                                                                                                                                                                          | 2 Dec 2016        | Implemented                         |
| Namadingo Village            | 4 July 2016                  | Encouraging couple testing  
Making sure the youth have condom distribution                                                                                                                                                                                                                                                                                                                                                                         | 3 Dec 2016        | Implemented  
Implemented |
| Nsondole in the area of GVH Kumtumanji | July 4, 2016                | Chiefs agreed to tell their subjects to get tested for HIV.  
Pregnant women should not deliver babies at home but at the hospital.  
Before people are married, they should go for HIV testing together.  
People under GVH Kumtumanji should desist from stigmatizing and discriminating against HIV positive people.                                                                                                                                                                                                                     | December 3, 2016  | All chiefs under GVH Kumtumanji held meetings in their villages telling their subjects to go for HIV testing. People should know their serostatus. When a woman gets pregnant, her husband is advised to go to the hospital with his wife for initial antenatal visit. And the area health care worker makes sure that he knows all pregnant women in the village at a time. If a woman happens to deliver her baby at home, she is made to pay a heavy fine to the Village Headman. The Village chief sees proof of HIV testing of people who want to get married. All chiefs under GVH Kumtumanji established a law against stigma and discrimination. Anyone found doing this is fined a live fully grown goat. |
<table>
<thead>
<tr>
<th>Site</th>
<th>Date of CAP Planning Meeting</th>
<th>Community Action Plan</th>
<th>Date of follow-up</th>
<th>Actions Taken as of Follow-up date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>condom distribution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GVH Taulo/Ngwelelo</td>
<td>November 02, 2016</td>
<td>To inform people about the dangers of telling them to stop taking HIV treatment when they have been prayed for by men of God.</td>
<td>December 4, 2016</td>
<td>We called a meeting where religious leaders as well as all people including chiefs were in attendance. Health care workers too were present and they strongly warned the people to desist from abandoning HIV treatment in the name of being cured by a prayer. They told the people that gathered that this is very risky in that the AIDS virus mutates and develops resistance to treatment. Men of God or Religious leaders enlightened the people of the power of love. They said if we love one another, it is possible for everyone not to stigmatize let alone discriminate against a fellow human being. This was implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To practice love unconditionally as we are all God’s creatures created in His image.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chimbwinda/Gwaza Village</td>
<td>19 September 2016</td>
<td>Working with the chiefs to sensitize the community on HIV Issues</td>
<td>2 Dec 2016</td>
<td>Implemented.</td>
</tr>
<tr>
<td>Nsondole Village</td>
<td>16 September 2016</td>
<td>Working with chief to End stigma and discrimination by bringing those responsible to the chief</td>
<td>4 Dec 2016</td>
<td>Implemented.</td>
</tr>
<tr>
<td>TAULO Village</td>
<td>16 September 2016</td>
<td>Working with chief to End cultural and religious beliefs.</td>
<td>4 Dec 2016</td>
<td>Implemented.</td>
</tr>
<tr>
<td>Nsondole Village</td>
<td>2 JULY 2016</td>
<td>Providing Information and Access of HIV Services.</td>
<td>3 Dec 2016</td>
<td>Implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ending cultural and religious beliefs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GVH KALALICHI</td>
<td>September 14, 2016</td>
<td>To sensitize people about going for HIV testing.</td>
<td>December 2, 2016</td>
<td>Implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To help people use condoms for safe sex.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To encourage PLHIV who stopped HIV treatment to resume</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site</td>
<td>Date of CAP Planning Meeting</td>
<td>Community Action Plan</td>
<td>Date of follow-up</td>
<td>Actions Taken as of Follow-up date</td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>GVKALALICHI</td>
<td>September 14, 2016</td>
<td>To end stigma and discrimination in the community.</td>
<td>December 2, 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To ensure that as many people as possible get tested for HIV.</td>
<td></td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To make sure that condoms are readily available in the community.</td>
<td></td>
<td>Implemented</td>
</tr>
<tr>
<td>Chimbwinda/Gwaza Village</td>
<td>19 September 2016</td>
<td>Working with the chiefs to sensitize the community on HIV issues.</td>
<td>2 Dec 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sensitizing the community on laws that are being enforced on discrimination.</td>
<td></td>
<td>Implemented</td>
</tr>
<tr>
<td>GVNamadingo Bimbi Area</td>
<td>July 21, 2016</td>
<td>To conduct meetings in order to sensitize the community on HIV/AIDS, stigma and discrimination.</td>
<td>December 3, 2016</td>
<td>After holding community sensitization meetings, VDC members were making follow-ups to find out if people were following what they were told to do. A law was established against stigma and discrimination. All CAP groups were working hand in hand to ensure success of caps implementation. Any challenge was addressed quickly. We got a supply of condoms from Bimbi Health centre for distribution in the community. Health Care Workers of Bimbi Health Centre informed us that there are very few cases of STDs now.</td>
</tr>
</tbody>
</table>

To approach health care workers so that they maintain confidentiality for HIV positive people.

To ask health care workers to start receiving clients warmly.

 implemented.

 implemented.

 implemented.

 implemented.

 implemented.

 implemented.

 implemented.
<table>
<thead>
<tr>
<th>Site</th>
<th>Date of CAP Planning Meeting</th>
<th>Community Action Plan</th>
<th>Date of follow-up</th>
<th>Actions Taken as of Follow-up date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>the community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pregnant women should not deliver babies at home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAULO Village</td>
<td>16 September 2016</td>
<td>Working with community police to end stigma and discrimination and promoting HIV testing.</td>
<td>4 Dec 2016</td>
<td>Implemented</td>
</tr>
<tr>
<td>GVH Taulo / Ngwelero</td>
<td>November 2, 2016</td>
<td>To end scorning of HIV positive people</td>
<td>December, 2016</td>
<td>Implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To abstain from premarital sex or use condoms if the worst comes to the worst.</td>
<td></td>
<td>Implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To get tested for HIV so that we know our status.</td>
<td></td>
<td>Implemented.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To sensitize fellow youths about HIV/AIDS.</td>
<td></td>
<td>Implemented.</td>
</tr>
</tbody>
</table>