

Community Conversation Among the Maasai

Mainstreaming HIV/AIDS into Natural Resource Management in Tanzania



Map of the Longido District.

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The Longido District in northern Tanzania—part of the traditional homeland of the Maasai people—stretches along the Kenyan border, from the slopes of Mt. Kilimanjaro in the east, to Lake Natron in the west. It is a rugged but beautiful region, dotted with parks and wildlife reserves, not far from the wide plains of Serengeti National Park and its endless herds of hooved animals. The climate ranges between arid to semi-arid, with low seasonal rainfall and severe drought conditions in recent years. For the Maasai, pastoralism has long been the predominant way of life, with young Maasai men traveling long distances away from their families in search of grazing areas and water sources. But in recent years, economic hardship has forced many Maasai to relocate in cities and towns, where greater interaction with urban populations has brought them in closer contact with a problem that plagues the entire country: HIV.

Whether in urban areas or in their traditional settlements, the Maasai are now facing increasing risk of HIV acquisition because of long-held cultural beliefs and practices that render them especially vulnerable. Maasai men who become HIV-infected when they seek work in the outside world can bring the virus back into their communities when they return. The Maasai have long been polygamous, and multiple partnerships are acceptable, especially for Maasai men. Specific traditional practices (see sidebar) also expose the Maasai, especially young girls and boys, to HIV and other sexually transmitted infections (STIs). The risk is increased by their limited knowledge about HIV, including basic prevention.

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MAASAI CULTURAL PRACTICES THAT INCREASE HIV RISK

Esoto: Night gatherings where young men (*moran*) and girls socialize, dance, and sing. These events may contribute to STI transmission and early pregnancy in Maasai communities.

Orporor: When a male guest from a different village spends a night at his age mate’s house when he is not there. The guest may then demand sex from the absent man’s female partner, a practice acceptable in Maasai communities. Women say they cannot refuse sexual advances from a man and that the only way to stop this practice is to convince men to change their behaviors.

Embolore: When young uncircumcised boys (*layoni*) enter the homes of widowed women for sex, in part because girls their age will not have sex with them.

Esajare: When communities gather for a large traditional ceremony that involves the slaughtering of cows and special prayers to their god. The event can become an opportunity for largely unprotected sex.

Enamuratuni: A healing practice where an incision is made on a sick person’s genitals to draw out the “dark blood.” (The disease treated in this manner has symptoms similar to AIDS.)

But that knowledge is increasing, thanks to LOOCIP, a community-based organization founded in 2003 by a group of local Maasai. LOOCIP—which means “people who tell the truth” in Kimasai—provides integrated services in health and sustainable development to communities in Longido. In addition to its health-related activities, LOOCIP implements community-based water, education, income generation, and environmental projects. Built on an earlier World Vision program, LOOCIP partners with different organizations—local, national, and international—and has multiple funding sources including World Vision CANADA, USAID through African Wildlife Foundation (AWF) and Friends for African Development, Pangaea Global AIDS Foundation, PANGEA, SNV Netherlands Development Foundation, and One Voice Canada.

One of LOOCIP’s key HIV prevention strategies is gaining the acceptance, cooperation, and support of influential Maasai leaders. Using a methodology called Community Conversation, which facilitates community-wide discussion of difficult issues, community leaders and their people have managed to identify factors—particularly cultural practices and beliefs—that influence the spread of HIV and participate in HIV prevention activities. Another way that LOOCIP strengthens its credibility with its target communities is that all staff are local Maasai, who speak Kimasai, understand the Maasai culture and belief systems, and have deep roots of their own within the communities.

Mainstreaming HIV Services

The Maasai live within or move in and out of the boundaries of Longido’s nature reserves and wildlife habitats. They depend on these protected areas for their livelihood and for essential resources: pasturing their livestock, cutting firewood, accessing water, and harvesting medicinal plants. Overuse or misuse of these resources can result in environmental degradation and, in some extreme cases, to the depletion of the natural flora and fauna. Therefore, Tanzania implements natural resource management (NRM) programs to ensure the best possible balance of the needs of both the ecosystem and the indigenous inhabitants.

In different parts of the country, the government often partners with

nongovernmental organizations (NGOs), such as the Jane Goodall Institute and the African Wildlife Foundation (AWF), to provide NRM. AWF's efforts have improved both conservation in the Tarangire-Manyara and Kilimanjaro-Natron ecosystems and human welfare outcomes. AWF has also enhanced biodiversity conservation by involving communities in conservation and by offering alternative income-generating projects such as improving marketing skills for Maasai beadwork and other livelihood activities.



Grace Luscia & Betty Jean Humplick

Ketumbeini Village Office.

Studies have shown that conservation organizations and economic growth projects in Africa are losing staff members to AIDS. Loss of staff seriously affects institutional memory and continuity of programs and operations, and can greatly reduce an organization's ability to achieve conservation goals. Staff members are particularly vulnerable if they spend time away from their families, where they are more likely to practice risky behaviors. This mainly applies to individuals based in protected areas and communities in remote locations, as well as those who travel frequently, such as drivers and workers on temporary assignments or training away from home.

Consequently, as AIDS-affected local households lose salary earners and agricultural labor to AIDS, many turn to natural resources as a safety net.

Activities such as hunting, fishing, and charcoal making increase as families seek alternative livelihoods. More water, firewood, and medicinal plants are also consumed by households caring for the sick. Timber logging accelerates in many areas to supply the growing need for firewood, charcoal, and medicine. (Africa Biodiversity Collaborative Group 2002; Barany et al. 2005). These widely reported increases in resource use may not be sustainable and pose a long-term threat to communities and their environment.

Since 2006, AWF has received support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Agency for International Development (USAID) to mainstream HIV services into its NRM programming, with the goal of reducing vulnerability to new HIV infections and supporting people infected and affected by HIV. AWF helps communities living next to wildlife-protected areas to establish alternative sources of income and other livelihood activities, such as supporting groups of Maasai youth and women who produce ornaments to sell them at open-air markets. Although LOOCIP has not conducted an income analysis, staff estimate that families generate approximately \$US 100-\$300 monthly from these activities. This reduces the overdependence of communities on such natural resources as timber for firewood and for making charcoal, and hunting wildlife for income and food. Protecting wildlife and providing important social and health services such as potable water, sanitation, and HIV prevention outreach are among the benefits of HIV mainstreaming in NRM.

AWF provides direct organizational support to LOOCIP to conduct HIV awareness-raising and education activities in villages in Longido District and beyond. Other HIV mainstreaming activities conducted with AWF support include work with traditional partners in Manyara Ranch to provide HIV

awareness activities to Wildlife Management Areas (WMAs) and seed money to women's groups for such income-generating activities as chicken raising and handicrafts, as part of HIV mitigation.

Since 2010, LOOCIP has worked in more than 20 villages in the targeted area implementing an HIV prevention strategy that focuses on behavior change and reducing sexual transmission of HIV. The main issues addressed include polygamy and multiple concurrent sexual partners, mass male circumcision and female genital cutting (FGC) using shared cutting instruments, and other beliefs and practices that can spread HIV. LOOCIP's work aims to empower Maasai communities to address the causes and effects of AIDS in a sustained manner by raising awareness of their vulnerability to HIV infection.

LOOCIP also works with AWF to raise awareness among communities about the importance of proper natural resource conservation and management. This is done through community facilitators (CFs), who are supported by community elders and other community leaders. LOOCIP participated in a Global Positioning System GPS exercise to re-mark WMAs in all villages in Longido District. A total of 32 areas have been marked of which 17 have been incorporated in the HIV mainstreaming program.

Community Conversation

LOOCIP's activities focus on cultural beliefs and practices that put Maasai communities at risk and on identifying risk reduction strategies. Program activities are implemented in close consultation and collaboration with community and religious leaders. LOOCIP has succeeded in reaching different segments of the population—community leaders (political, religious, and cultural), and groups of men, women, and children—by using different strategies. The HIV-related activities include education and

awareness sessions and linking communities with related services provided by other NGOs and by government health facilities, such as voluntary counseling and testing, antiretroviral therapy (ART), and income-generation activities to mitigate impact.

LOOCIP uses Community Conversation (CC), a nonthreatening methodology developed by the United Nations Development Programme (UNDP) that recognizes the capacity of communities to identify problems and design their own solutions. CC includes focus group discussions, review of existing health records, community meetings, and key informant interviews. The approach has been very effective in breaking the silence around HIV and in engaging local leaders and the Maasai in general in a participatory manner. It has also helped to create a sense of ownership of change and development efforts.

The CC process includes the following key activities:

- A situation analysis to design training for community representatives, including youth and women's groups, village elders, and traditional leaders
- Educational and awareness-raising campaigns to raise awareness among leaders and their communities on the HIV risks that some cultural practices, beliefs, and attitudes may exacerbate
- Voluntary counseling and testing (VCT) to encourage community members—both men and women—to know their HIV status as a preventive measure.

Situation analysis and related training: LOOCIP has conducted situation analyses in more than 20 villages in the targeted area, including WMAs. The situation analysis exercise captures general knowledge on HIV, including symptoms

of infection and modes of transmission, as well as specific knowledge about practices and beliefs pertaining to HIV, such as primary HIV prevention strategies (abstinence, being faithful, and condom use [ABC]), attitudes about VCT, use of ART, myths and misconceptions about HIV and AIDS, and the community's response to HIV. The results of the situation analysis form the basis for designing the training and the HIV awareness sessions for community leaders, which are tailored for the needs of each community, and include an assessment of the status of the epidemic and identification of strategies to prevent the spread of HIV and improve community livelihoods. Attended by 40 to 50 people, these sessions target men and women of different age groups.



Grace Lusioia & Betty Jean Humplick

Group of students in an HIV awareness raising session in Ketumbeini.

HIV education and awareness-raising sessions: These are conducted in collaboration with community leaders, including village elders and religious and political leaders, as well as leading educators; the sessions have helped to create a mass of community members who understand the basics of HIV and primary HIV prevention strategies. During the sessions, positive enablers are emphasized, including availability, accessibility, and acceptability of such services as VCT, treatment of

sexually transmitted infections (STIs), and prevention of mother-to-child transmission (PMTCT). The education sessions include information on modes of transmission and how to protect oneself from infection and discuss the practices that put the Maasai community at risk of HIV infection, such as mass circumcision and FGC, early pregnancy among school-age young girls, and other cultural beliefs and practices, including polygamy. The sessions discuss the importance of using gloves and sterilized surgical blades (one per person) during male circumcision, instead of a blunt knife, and gloves during home deliveries by traditional birth attendants (TBAs). The education sessions also raise awareness of the potential risk of HIV infection as a result of the casual attitude toward sex and sexual relations, for which condom use was advocated as a possible preventive strategy.

Voluntary counseling and testing: LOOCIP promotes VCT as a preventive measure at its education and awareness-raising sessions. To conduct this activity, LOOCIP collaborates with other providers, including government health facilities, to link communities with a continuum of services.

Other integrated services: In collaboration with other NGOs working in the area, LOOCIP works to link communities to other basic services, including clean water, health services, and microenterprises to generate income. LOOCIP has worked with the NGO Sauti Moja to implement health services and income-generating activities and with Savannah Forever for VCT.

What Works Well

From the beginning, LOOCIP was designed to address factors that contribute to the spread of HIV among the Maasai. It recognized the need to

involve key gatekeepers to ensure acceptance by the community. The choice of a nonthreatening methodology (CC) has helped to break the silence about HIV, allowing communities to speak freely about traditional beliefs and practices that may put them at risk. By involving different kinds of community leaders, LOOCIP has given the Maasai a strong sense of ownership. Moreover, LOOCIP has a team of committed staff that are accepted in the Maasai community, a factor that contributes to the success of the initiative.

Increased willingness to test for HIV:

More men and women are willing to get tested for HIV. Initially, VCT was shunned, and fear of stigma prevailed in that regard. However, through the HIV education sessions, communities have become aware of the need to know their HIV status, and more men and women are willing to get tested. The only obstacle now is the lack of VCT services close to the communities.

Use of safer circumcision practices:

After Maasai communities in Longido learned from LOOCIP that performing mass circumcision with the same knife can spread HIV, many changed this traditional practice. Now they use surgical blades provided by the government health facility (one for each person), instead of one blunt knife for the whole group. The Government of Tanzania provides training on safe surgical methods to traditional leaders in the Maasai communities. The used blades are buried in anthill holes to prevent accidental infection through contact with contaminated blood.

Reduced number of multiple concurrent partners: Before LOOCIP’s HIV education activities, many men and women admitted to engaging in sexual relations freely and with multiple partners, an acceptable practice within the Maasai culture. HIV prevention education has helped to increase

awareness about the dangers of specific risky sexual behaviors; including *orporor*, *esoto*, and *embolore* (see sidebar). This new awareness has reportedly translated into behavior change in terms of reduced frequency of casual unprotected sexual activity among young people during festivities and mass gatherings. Younger men are also reducing the number of wives, and practicing monogamy. *Esoto* and *embolore* in particular lead to unsafe sexual activities that can result in early pregnancy and the spread of STIs, including HIV. In *embolore*, different young boys—who tip each other off about which widows “sleep heavily”—may have sex with the same woman. To reduce the ease with which some boys slip into widows’ homes at night, some Maasai communities are now adding doors to their traditional hut design. In the past, young men were circumcised at the age of 18 and above and this encouraged the practice of *embolore*. LOOCIP’s work has greatly contributed to lowering the age when boys are circumcised, as early as 7-14 years, when they are too young to be involved in sexual behaviors encouraged by *esoto* and *embolore*.



Newly circumcised moranis.

Grace Lusioia & Betty Jean Humplick

Safer delivery practices: TBAs now stock gloves at home so that they are prepared when they are summoned to provide delivery services. Some TBAs advise pregnant women to start saving money to buy gloves throughout their pregnancy so that they have a sufficient supply by the time they

deliver. One renowned TBA said that no TBA in her community agrees to attend a delivery without gloves. To avoid infection, women who circumcise girls (*ngariba*) also report increasing use of gloves for the procedure, if they can afford them.

Greater acceptability of condom use: One of the community leaders interviewed during the field study said that men in his community increasingly use condoms to avoid impregnating young girls. This was confirmed by a group of young girls and boys who said condom use was not acceptable in the past, but that now that Maasai men understand the dangers of unprotected sex, they are more willing to use condoms. However, due to limited access to condoms, this method of protecting oneself is often difficult to practice.



Grace Lusioia & Betty Jean Humplick

Group of TBAs and Circumcisers interviewed during a field visit to Ngoswak.

Circumcision occurring at an earlier age:

The age at which young boys are circumcised has dropped over time, from 25 years and older, to 18 years, and now 14 years and, occasionally, as young as 7. Circumcision at a younger age is said to help reduce the practice of *embolore* (see sidebar) because the younger boys are less likely to indulge in casual sex with widows or older women. However, this poses a new challenge, because young boys who undergo circumcision consider themselves to

be grown up and are more likely to have unprotected sex with girls of their age.

Change in design of Maasai huts: As mentioned earlier, many Maasai huts are now fitted with doors, and those who can afford it also build a separate room for visitors to prevent unwanted sexual advances from male visitors (*orporor*). Some families have also built separate huts for young boys and girls of the same age group instead of having them share the same hut, as is customary.

Destigmatization of HIV: This is mostly evident among HIV-positive women who have declared their status and now provide HIV education during visits to health facilities to encourage other women to get tested. LOOCIP invites people living with HIV and AIDS to give their testimonies during education sessions, which has helped to destigmatize the disease. People living with HIV (PLHIV) are now recognized by the village government and community in general and receive preferential treatment at health facilities and elsewhere, including food aid.

Addressing conservation and sustainable NRM issues:

NRM has been addressed by influencing informed decisions on natural resource use and improving the livelihoods of the people who depend on the ecosystem. The community leaders and their community members, through support of AWF, are now able to participate in demarcation of WMAs to determine various land uses within their areas. On the other hand, LOOCIP, with financial support from AWF, has raised awareness within communities living within the conservation areas on the linkage between natural resource conservation and HIV. Communities that live near WMAs respect the boundaries to minimize conflicts between humans and wildlife.

Promoting community ownership:

Involving the community in identifying the issues and finding solutions contributes to the sense of ownership of the problem, the process, and the outcome. The CC methodology has been essential to opening discussions on topics that were once considered taboo.

Involving community leaders: The *laigwanan*—political, religious, and cultural community leaders—have used their influence to facilitate community entry and build acceptance for LOOCIP’s activities, an important ingredient for sustainability. These leaders are respected individuals who can effectively initiate change in local customs and traditions to lessen the HIV risk for Maasai communities at risk of HIV infection.

Reaching young Maasai: School-based HIV education and awareness sessions reach young girls and boys early with information both to avoid early pregnancy and to protect themselves against STIs, including HIV.

Challenges

LOOCIP faces challenges in HIV prevention implementation as well as challenges that are more programmatic. The project has also learned key lessons that have led to successful strategies to deal with these challenges.

Challenges specific to HIV prevention

Cultural factors: Changing deeply embedded cultural practices and beliefs about sexual relations among the Maasai is a long and slow process that requires innovation and deliberate strategies. Some cultural practices, such as polygamy and FGC, are deeply embedded in Maasai culture. Having

multiple concurrent partners is still widespread in some areas among the Maasai. A Maasai man may have concurrent sexual relations with as many as 10 women and father more than 100 children, but no one will raise an eyebrow. The paternity of children is never questioned, as expressed in this common Maasai saying: “If a goat from another man’s *boma* jumps into my *boma* and impregnates one of my goats, the young goat belongs to me.”

Female genital cutting: This is a practice that will take a long time to eradicate entirely, but thanks to LOOCIP, at least it’s a safer procedure now, because practitioners (*ngaribas*) have been convinced to use separate surgical blades for each girl to avoid spreading HIV. LOOCIP through the church continues to educate the Massai communities about the dangers of FGM.

Unequal gender relations: A fundamental gender bias shapes the entire life span of a Maasai female. Traditionally, little value (if any) is placed on their education. The role of a Maasai girl-child is centered around the home until a husband is found for her. Forced marriages are still taking place, and most girls are married off at an early age, which marks the end of their childhood and their education and the beginning of a series of health problems. Maasai girls and women have no control over their bodies or their sexual lives. As one woman put it, “It is difficult for us to protect ourselves against HIV infection because we cannot say no to sexual advances from a man [interpreted as ‘any’ man]. Even when we get married, our husbands are not faithful to us; they look down upon us and have sexual relations with other women.” Because of LOOCIP’s education program, more girls are now enrolling in formal education and staying longer in school, often attaining diplomas and other degrees in higher education.

Widespread poverty: Changes in traditional sources of livelihood have seen a lot of young Maasai men leave their villages for towns to work as watchmen, hairdressers, or tour guides in tourist hotels. Many Maasai feel that, while the move to urban areas may provide a solution to economic hardships, it is a double-edged sword: Men engage in casual sex while away from their wives or female partners, and some women whose husbands or male partners are away are forced to trade sex for money or material goods to survive financially. Aware of the limited economic opportunities and the increased migration of men in Maasai communities, LOOCIP's program promotes condom use in the villages it serves.

Limited access to voluntary counseling and testing services: LOOCIP has done a good job at raising awareness on HIV and AIDS and sensitizing communities on the need to get tested for HIV, but it has not been able to link them to reliable pre- and post-test counseling and related services, including family planning, ART, and PMTCT. This is due to the long distances from the villages to the nearest health facilities, which can be as far as 50 kilometers. There are also few NGOs working in these marginalized areas that could collaborate with LOOCIP to provide HIV services. Through AWF's HIV/AIDS mainstreaming project, LOOCIP has established partnerships with the Ministry of Health and Social Welfare (MOHSW) and organizations such as Pathfinder International, EngenderHealth and PSI to provide services including PMTCT, home-based care, treatment, family planning and access to condoms. AIDSTAR-One supported many of these linkages by sharing contact information and facilitating dialogue between the different organizations, and helping LOOCIP articulate their programmatic needs identified through the information collected for this case study.

Poor availability and low acceptability of condoms: Because of the long distances between service delivery points, there is a serious shortage of condoms among Maasai communities. In addition, many Maasai believe that HIV is manufactured and inserted in condoms. Religious leaders opposed to condom use also present a challenge to wide acceptance of condom use. Some of the sloganeering against condom use includes "Semen must not be wasted in a plastic tube," "It is a great sin to our God!" "Condom use is not written in the Bible," and "The Bible is for pro-creation – go and fill the world!"

Denial about the severity of the problem: Despite the education and awareness campaigns that have been conducted, there are some very remote areas where people still believe that the Maasai community is free of HIV and that the disease only affects other people.

Programmatic and implementation challenges

Limited program coverage: LOOCIP has not been able to cover as many villages as it wishes due to the vastness of the area and the long distance between communities, not to mention the scattered bomas. The pastoralist lifestyle of many Maasai also makes it difficult to reach some communities with HIV education and services, since they are constantly on the move in search of grazing land for their animals. LOOCIP will continue its fundraising efforts to expand program coverage to other remote villages.

Potential rise in new HIV infections: Peter Mushao, LOOCIP's director, has expressed concern about the possibility of a rise in new HIV infections, given the absence of reliable testing and other HIV-complementary services such as family planning,

PMTCT, condom distribution, and distribution of antiretrovirals to manage the disease close to the communities. Among the Maasai who have been tested for HIV, many do not know their results, and those who are infected could be spreading the disease to their sexual partners unknowingly. LOOCIP and AWF are working on strategies to form partnerships with service provision organizations in order to leverage funding and introduce HIV services as part of the program.

Credibility of the program: One of LOOCIP’s NGO partners offered VCT to Maasai communities that had received HIV education but had to take the blood specimens to a lab in Arusha, a nearby city, for analysis, so results were not available in a timely way. This has made other community members reluctant to undertake VCT because “they do not know where their blood is being taken.” This could jeopardize the positive response to the HIV education sessions LOOCIP provides.

Late release of program funds: Recently, AWF had to review its financial and approval systems following problems in some regions that necessitated a shift in the disbursement system. This resulted in delays to releasing funds for activity implementation and subsequent failure to meet targets.

Recommendations

Scale up gradually: In an area like Longido, where residents are spread out widely, it’s better to scale up community education to cover all villages in the district before expanding to other districts.

Sensitize and build the capacity of community leaders: Traditional chiefs such as the Maasai community leaders (*laigwanan*) play a crucial role in facilitating acceptance of an

intervention among community members. Elders are a respected group within Maasai communities, and if an intervention gets their blessing, the rest of the community will almost certainly accept it. They are the ones who make laws—and they are the ones who can change them. In this regard, sensitization of and advocacy for Maasai elders can go a long way in bringing about desired changes to lower vulnerability to HIV in the Maasai community. It is also important to include HIV as a permanent agenda item in every public or village council meeting to further mainstream it at the community and individual levels.



Grace Lusioia & Betty Jean Humplick

The Leader of PLHA women’s group with BJ Humplick.

Increase opportunities for community-based and peer education: Peer education is a valuable training approach, especially among young Maasai, who may feel more comfortable talking about sensitive issues with their age mates. For sustainability of community-based project activities, it is important to increase the number of trained community facilitators and have one placed in each village. Community facilitators should receive bicycles and other working tools to enable them to operate within sparsely populated regions.

Link awareness to services: In mainstreaming HIV, it is important to create close linkages between awareness creation and provision of HIV-related services such as VCT and care and treatment to provide communities with a holistic package of services that ensures a continuum of care. To do this, community-based organizations such as LOOCIP should collaborate and leverage funding with organizations providing such services, such as EngenderHealth (PMTCT/family planning), Population Services International (condom distribution), Pathfinder (home-based care), Tanzania Commission for AIDS (information, education, and communication [IEC]), and government health facilities (VCT, including mobile testing and ART).

Conduct monitoring and evaluation

(M&E): It is important to objectively assess whether educational efforts have translated into behavior change that decreases risk behaviors and increases adoption of healthier practices within the community. M&E efforts should examine behaviors and practices related to casual sex, polygamous relationships, transactional sexual activity in border areas and with visitors from neighboring villages, sharing unsterilized cutting instruments during male circumcision and FGC, and home deliveries performed by TBAs.

Focus on community engagement: The CC methodology empowers community members to identify problems they face without pressure. The involvement of the entire community helps all its members improve their understanding of the problems and creates a sense of ownership that motivates joint action. Many Maasai interviewed during the field exercise for this case study informed the study team that being consulted about issues that affect their community gave them a sense of involvement and that they are more likely to accept

mitigation interventions that results from CC than if the intervention had been forced upon them.

Use a variety of media to reach community members:

To reach more marginalized communities in remote areas such as Longido, organizations need to use creative ways to convey HIV prevention information in a sustained way. Some examples include mobile cinemas that show video clips in local languages that include community elders talking about HIV and testimonies from well-known community members. Organizations such as LOOCIP also need to go the extra mile and translate training tools into local language for wider use, work with cultural and traditional dance groups to include HIV prevention messages in their songs and dances, and help establish or strengthen HIV/AIDS clubs in schools.

Conclusion

LOOCIP has been successful in raising awareness of HIV among the Maasai and educating communities on how to protect themselves from HIV infection. Most impressive is LOOCIP's adaptation of the CC approach, which empowers communities to talk about sensitive issues in a nonpressured manner and assess their capability of dealing with them. The involvement of key community gatekeepers such as community elders and different kinds of leaders also ensures the success of this program. Furthermore, the focus on other community needs such as water and health services has helped to capture community interest in the program goals.

However, awareness-raising activities must be balanced with other care and support services to ensure a continuum of care. Access to VCT, condoms, and ART are among key services that will

ensure greater impact of the resources invested so far. LOOCIP must continue to find ways to deal with the vulnerabilities of communities in Longido, including the deeply held cultural beliefs and practices that continue to put Maasai communities at risk of HIV infection. Unless there is a comprehensive response to the epidemic, communities will continue to be vulnerable.

Having broken the silence on HIV and enlightened communities on the dangers they are exposed to, LOOCIP has destigmatized the epidemic. The majority of Maasai reached by the intervention are willing to get tested and ready to receive their test results. This is a long way from the not-too-distant past, when HIV was not believed to be a problem for the Maasai. Misconceptions about the disease and some of the prevention strategies, such as condom use, have also been dispelled, creating a conducive environment for the success of future interventions.

The lessons learned during implementation will be useful as the program scales up to other villages in other districts as well as for replication in other pastoral communities countrywide and across Africa. ■

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