



AIDS the new Masai Lion

*An assessment of HIV/AIDS in Masai Mara and
Recommendations for a HIV prevention program
for Basecamp Explorer Kenya*



*'The Masai now have a new enemy, AIDS is the new Lion.
We have to find a way to live with it and keep it under control.
The Moran have to save their manhood as protectors of society.
They have to become 'HIV warriors'.
(A Masai elder)*

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1. Introduction

HIV/AIDS is spreading everywhere in East African and is a huge threat to livelihoods and people. Masailand, the heart of the wildlife tourism in the region, is now experiencing the early stages of what is likely to be a catastrophic HIV epidemic. The presence of HIV and AIDS related deaths have become apparent (see references). Any 'responsible' organization or enterprise has to put in place a HIV /AIDS and sexuality education program to protect its workforce and the surrounding communities.

FEMINA HIP, the multimedia HIV/AIDS prevention initiative, operating out of Tanzania has entered into a strategic partnerships with Basecamp Explorer, to promote HIV prevention in the tourism sector in the East African region. A proposal was written up January 2007 delineating how the two organizations can work together to promote activities in the various Basecamp Explorer workplaces, surrounding communities and in the 'responsible' tourism sector. FEMINA HIP will assist Basecamp in designing a concerted workplace and community HIV/AIDS program and help in its initial implementation. FEMINA HIP education materials and approaches will be used to drive the initiative.

The assessment

The FEMINA HIP team made a visit to Basecamp Masai Mara to conduct an assessment of the workplace and community setting. The objective of the study was to assess the situation, survey the employees' and local villagers knowledge, attitudes and practices relating to HIV/AIDS, the context and what needs to be done to initiate a responsible tourism and HIV initiative. Understanding the cultural meanings and the function of sex among the Masai and how these may contribute to the transmission and spread of HIV and AIDS morbidity patterns, and subsequently to suffering and mortality in the Masai Mara communities is important. The workplace situation, human resource policies and practices also had to be considered.

The fact finding mission consisted of two members of the Femina HIP team, the Executive Director, Minou Fuglesang and one member of staff Majuka Olokeri, who is one of the Si Mchezo! magazine editors but also a Masai. They visited Basecamp Masai Mara February 15-20 March 2007. A short visit was also made to Basecamp Travel Agency office in Nairobi where a few interviews were also conducted. The team had a checklist and a simple question guide to assist in assessing knowledge and needs. During the four days in the camp 28 interviews were conducted with different people from different sectors of society (see appendix 1). The information generated gives an overview and understanding of social patterns, contexts, concerns and needs in relation to the issue of concern but is not comprehensive in any way. The present document is the report with recommendations for how to set up a program.

The team was welcomed everywhere in the community with positive and open interest. As an interviewer Majuka could tap into the fact that he is a Masai from Tanzania, talks the Maa language and is knowledgeable on the issue of HIV/AIDS and healthy lifestyles.

Majuka and the Masai who are working in the camp as guides, drivers and managers, immediately linked. They started comparing clothing, jewelry, hair styles, songs as well as information and experiences on HIV and sex around the camp fire, credibility and confidence was created. We would like to thank everyone for their collaboration.

2. Basecamp Masai Mara

The Basecamp profile

Basecamp Explorer operates Basecamp Masai Mara and is one of 40 camps now operating in and out of the Masai Mara Game Reserve in Kenya. The number of camps have just about doubled over the last 6 years. These Game Reserve is operated by the Narok County Council and the camps by mostly by foreign investors, British, Indian and Scandinavians. All have different ideologies and modes of operation in terms of size, profile, eco and sustainable tourism ambitions.

Basecamp Masai Mara is located outside the Game Reserve on the Talek river near the Talek gate and the village by the same name. It is perceived of as being a middle range family friendly camp (not luxury) having a strong Scandinavian profile in terms of ethics of nature conservation and visitors. Basecamp Masai Mara has 15 tents and can take up to 40 people at a time. Today Basecamp Masai Mara welcomes around 2500 international guests yearly.

Basecamp is a business and profit making venture but as the core of its ideology is that of Eco and Responsible Tourism. Basecamp Masai Mara was founded by a Norwegian group of investors in 1998 and has from the start been committed to being a responsible tour operator offering low-impact tours that benefit traveler and host alike. Travelers enjoy game drives in the park and can also undertake walking safaris at the Bush camp located outside the boundaries of the Reserve.

While Basecamp's sustainable tourism policies are constantly evolving, their commitment to socially conscious, grassroots style travel has never changed. Basecamp works with local communities, businesses and individuals to develop sustainable tourism opportunities that help local economies while minimizing negative environmental and cultural impacts. Land is leased from local landowners on 60 year term, and the camp is operated or managed in conjunction with these landowners and the local Masai community.

The Ecotourism Society of Kenya, has recently awarded Basecamp Masai Mara as the first camp in the country with the prestigious Gold certification for "leadership in ecotourism and commitment to best practice tourism". The consistent work in improving and strengthening its operations, community projects and wildlife conservation, the camp is "an outstanding example of carrying out replicable tourism and best tourism practices. These activities comprise part of the attraction and 'things to see' in the Basecamp Masai Mara context.

Highlights of the Basecamp model include:

- The Maasai Brand (TMB) local arts and crafts industry, employing 120 women in art production
- Education Support of Masai through the local schools
- the use of environmentally friendly energy techniques and waste management - reduce, reuse, recycle (solar panels, eco toilets, water re-cycling).
- reforestation schemes (tree planting) in close partnership with the local community
- Cheetah conservation project
- Health support through local Clinic
- Job creation for local people
- Environmental conservation education from Kenya college of tourism
- Basecamp participation in 'Conservancy' set up

Basecamp Masai Mara has, according to elders and other people interviewed, a good reputation in the area. It helps generate income to the locals, it is their 'biggest milking cow' as one Masai elder put it. The social projects and the Art Camp, generates income for women has made an impression. But the opinion is that more should be done to ensure community development and that Basecamp should not only 'conserve the cheetah but also the people'. The expression surfaced on several occasions during discussion with people in the camp and the community.

Basecamp as a workplace

Basecamp Masai Mara has its distinct features as a workplace. There are 46 members of staff, 37 men, 9 women. Senior management consists of a general manager in training, a part time human resource manager, a social project manger, guest relations manager, the Masai Brand manger. Under them are a series of section managers/team leaders.

Except for the senior management, most of the employees are local Masai or Masai from other areas in Masailand. There is a need for highly skilled staff in the industry especially at senior management level. Local Masai therefore have to be trained and substantial focus goes into capacity building efforts. The working atmosphere in the camp is constructive and apparently relaxed. The guides, wearing Masai clothes as a uniform create a notion of ethnicity and authenticity. The guides mingle freely with the staff. A core group of the staff have worked in the camp since its initiation and possess great 'ownership' in the camp's vision and mission as well as loyalty.

Staff have contracts that regulate their employment, job descriptions and rights to medial compensation, but a workplace Human Resource Policy, regulating roles and responsibility in accordance with Kenya's labor laws is yet to be completed. This was pointed out by some of the employees who expressed that they are unclear about what their rights are in some areas. Staff particularly at the Basecamp Travel Agency expressed that they feel that the company lacks sufficient fora for open talk where the staff can get a chance to express their views to senior management, i.e. regular office meetings which everyone can attend. Currently information flow is perceived as top down and staff are often not aware of their rights, events as well as developments taking place in the company. Some staff expressed that felt they need more briefing on the basic

tenants of the company, i.e. What is 'eco' tourism, 'green' tourism, what is 'responsible' tourism, so that they can better understand, explain as well as 'sell' the Basecamp concept when they meet their colleagues in the business, at all levels.

3. Masailand at the heart of Tourism

Masailand has nature and culture to offer

Masailand comprises the vast beautiful savannas that stretches across the northern territory of Tanzania and into Kenya. In the past the Masai, pastoral people who practiced some form of nomadic lifestyle, moved from one area to another in search of pastures for their herds, many were relatively secluded from agricultural communities. They have clung proudly to traditional lifestyle as livestock keepers, resisted change and kept to tradition. In many parts of Masailand the Masai still live close to the wildlife that roam the savanna. Many stay outside the borders of the Game Reserve and they often have lions, elephants, buffaloes and wildbeasts outside their homesteads, *manyattas*. However, this is not always the case in areas which are far from the reserves and where settlement has driven the wildlife away such as in the southern Masailand near Tanga.

Tourism has expanded rapidly in the East African region because of political stability and increased investment during the past 8 years. As one of the few wildlife expanses conserved on earth, Masailand has now become the attraction of people across the globe. This is particularly so for those parts of Masailand which are near to the big parks - Masai Mara Game Reserve in Kenya, and Serengeti, Manyara and Tarangire National Parks in Tanzania. Taking the Masai Mara as an example, the influx of people working as drivers, guides and staff in the tourism sector has increased rapidly.

The Masai warrior, clad with traditional weapons, jewelry and the customary red clothing and living in nature with the wildlife has become the key symbol of tourism in Kenya and Tanzania

For a long time the traditional lifestyle protected Masai communities but the situation has changed. External forces such as tourism have generated a process of change in Masai land. A cash economy has infiltrated the area. Drought, poverty and labor migration are others, forcing the Masai to adapt to change as a survival strategy. Around 1997, the Masai began seeking city jobs in noticeable numbers. The warriors, Moran, started migrating to the major towns to seek employment. Because of their fierce reputation and warrior identity they got jobs in the security sector as night watchmen in the cities of Kenya and Tanzania.

HIV is also coming closer to the Masai. HIV is a new disease and a new threat and many in the Masai community remain unprepared, uninformed and unprotected. Many are marginalized and have limited access to education and health services which makes today's situation of rapid change vulnerable. Misunderstandings about HIV/AIDS, are combined with customary Masai polygamy and inability to rely on elders' guidance.

Ethnographic research has revealed confusion and lack of accurate knowledge about the mechanisms of HIV/AIDS. Health-education programs are critically needed to avert a catastrophe in Masai communities.

4. Masai, sex and change

Sexual relations

With tourism comes not only the tourists but also lodges, rest houses, cash, goods, bars and alcohol and other people such as barmaids. Masai men, whether they are Moran warriors or belong to the older 'age set' and are married men, are accessing money and also tempted to spend in bars and rest houses in town, 'tasting' both strong alcohol and new women.

Every Masai man belongs to an 'age set' which comes with roles and responsibilities in the society. The first, Moranhood is a period of 'becoming a man', of circumcision and of great social development. It has been about fearless physical strength and endurance. In the olden days the Moran were supposed to kill a lion, to demonstrate bravery in their role as protectors of livestock and homesteads. During Moranhood men also learnt to endure pain and to restrain their individual desires in favor of the wishes of the group. Self-denial is important and ideals such as sharing, loyalty, communal decision making and respect. The Moran were also expected to be sexually active and have many girlfriends. The sharing of girls was seen as strengthening solidarity. The exclusivity of monogamy contradicts the 'age set' ideal, sharing of women and sexual partners both before and after marriage is key to the Masai lifestyle. Being 'faithful' to one partner is not part of the pattern.

Women do not have similar 'age sets' but very young girls can engage in sexual play before they get their menstrual period. They are the girlfriends of the Moran although they should not engage in penetrative sex. Young warriors also have relations with married women although it is against the rule. When girls get their menstruation they are ready to marry and they can no longer be the girlfriends of the Moran. They now have to go through the much contested practice of female genital mutilation (FGM). The practice is extremely painful and oppressive. There is a movement against the practice today even among the Masai themselves. Young girls sometimes participate in the protest by running away before the ritual and seeking refuge in 'rescue' centers. There are such centers run by Masai women associated with Christian church societies in Arusha and Narok. Among educated Masai the practice is slowly disappearing but there is still an enormous amount of advocacy and education work to be done to do away with the practice.

Today the traditional practice of sharing women and sexual partners between men, whether Moran or older married men, makes the Masai community very exposed. When men start using alcohol, spend time in bars and end up having sex with barmaids who are often infected with HIV, they may end up bringing the HIV virus back home if they have not protected themselves. Most members of the Masai community know about the new disease of HIV/AIDS and that it is strong and kills people although not that many have 'seen' thin people affected by the disease as they said.

As the Masai do not have much education, they are unprepared and unprotected and lack proper understanding of how the HIV virus is transmitted and what it does to our bodies. HIV awareness and knowledge is low, we saw and heard clear evidence of this during our interviews in Masai Mara.

Positive is that today Masai communities in Talek and its surroundings, well all over Masailand are opening up to dialogue and debate around the spread of the 'new' disease. (see references). In discussions with Masai, men and women, with educators, faith based organizations and clinic workers in Masai Mara they expressed **alarm** about the situation pointing out that something has to be done urgently. Tourism is seen as a source of income but people now see that it is also a source of destructive changes.

HIV in Talek and its surroundings

Talek is a small trade and service centre catering to the many camps in the vicinity to the Game Reserve. It is growing by the year. The village and the surrounding area is part of Koiyaki locality in Masai Mara District. The District capital is Narok which is the location of the district administration, including the District Health coordinator and HIV/AIDS officer.

Today Talek has many well stocked shops selling commodities of a wide range, i.e. rice, soap, refreshments even fruit. There are now approximately 15 bars, 2 guest houses, tailors, hairdressers, and many small rooms for rent that bar maids use. These come from upcountry, non are Masai and this should be noted. They brew and sell *chang'aa*, a strong home made alcohol. Market day is Thursdays and activity in the village in very seasonal relating to climate and peaks in tourism, etc. Everyday there are small busses, *matatu*, connecting Talek to Narok. The village has one clinic, one private dispensary, one primary school, two smaller primary schools. One church society is very active. The church organizes gospel singing, meetings, education workshops with invited guests and 'crusades' in the market place, people come from afar. A lot of activity is focused on women and youth.

The bar life in Talek is lively. There is are a range of bars with a good selection and stock of alcohol. Pool play is available. The barmaids, tend to dress 'modern' jeans and t-shirts and and don't wait for the customer to ask them, they propose 'love'. Observations in Talek bars at night is that Masai men are among the frequent customers confirmed also by the girls. They say they are eager to 'taste' the uncircumcised women.

Mzee Sairowa, a prominent Masai elder we talked do expressed with grave concern the desperation elders feel at the smoldering of social norms among the Masai, particularly among the men. Patterns of interaction and sexual relations between men and women in the Masai community are changing rapidly. They are embarrassed at what they see of their own.

Men spend more and more time and money away from the homestead squandering it on alcohol and prostitutes. Moranhood is disappearing, young men no longer come to

participate in the meat and herbal/medicine feasts, a ritual vital to their status. These days the elders perform it themselves. Majuka observed that the Moran in the camp no longer don the traditional hairstyles and clothing.

Masai women are distressed by this reality as they carry a heavy burden. Their men disappear, absenting themselves and not looking after and protecting the homesteads. This goes for the married men, but also the Moran who should keep watch. Some go to far off places to work as security guards or to perform other tasks. Those living close to home also disappear to the local villages. The women are left in the home steads with the responsibility for domestic animals and many children. There is an ingrained fear and insecurity felt as they have heard that HIV disease is transmitted via sex and they know that their men are having sex outside the homestead. When men come home, have several wives and share women, the threat is felt deeply.

This insecurity and frustration is what triggered **the womens uproar** in August 2005. The Masai women, angry, frustrated and desperate at the fact that their men are spending more and more time away from home, in the village bars, getting drunk, eating the food of the barmaids and having sex with these and in the end, not coming home at night.

Over a hundred women stormed into Talek with sticks, bushes and whips and chased out the barmaids and poured out their strong alcohol *chang'aa*. It is cheap, illegal and very strong and makes any normal person lose control. They had the support of the Masai elders and the church but did not get much support from local police even though the women were reported even delivered to the police. The sales of the illegal home brewed *chang'aa* is back today and no follow up was made by the police. It was during the local church 'crusade' that the women uproar of June 2005 happened and was encouraged.

Mzee Sairowa, one of the Masai elders that we talked to, feels that *chang'aa* is the number one enemy. With this alcohol men lose sense and control, they forget everything. In traditional Masai society there is tobacco and local brew, but it has never been abused as is *chang'aa*. Men drink because they have cash, many get rich very quickly being involved with the camps. Young men in particular don't know how to spend and they are preoccupied with testing and proving their sexuality and manhood with women.

Mzee Sairowa argues further that the **lack of education** and knowledge adds negatively to the scenario. People hear fragments about the disease, myths and misunderstandings are cultivated. Follow up and more in depth information is needed, what they get just scratches the surface. People know, but do not 'believe' and therefore do not take precaution. They think that if you get HIV you become thin like a stick and you die tomorrow and do not understand that you 'can't tell by looking'.

Sairowa also feels that people are lazy. The Masai in the Talek area have now totally accepted the biomedical system, they go and give their blood for tests of malaria, tuberculosis, etc., something they would never do before as giving your blood was considered taboo. They no longer take time to look for traditional solutions in their own

medical system. Trees are medicine and there are things in nature that can boost the immune system, said Sairowa, but they are no longer used as people don't bother.

Masai men are also sensitive to the movement of their own women and want control. Many of the women who come to Basecamp's art camp are older and past their reproductive age. This Sairowa and others explained is because younger women are busy with household chores and domestic animals, but also because men are reluctant to expose their young sexually active women to outsiders. At Basecamp they meet men who are not from their own community and this can entail temptations. Income generated therefore goes mostly to older women, it would be interesting to further explore how this income is used and if it goes to those who need it most.

According to Mzee Sairowa, the Masai community is hard to change. Things take time. But if one agrees all agree, it is difficult in the beginning but then it moves. A profound community perspective is needed so that everyone is mobilized.

5. Action taken by sector

The Health Sector

The Health sector staff at the local Clinic in Talek are fully aware of the HIV situation, they are alarmed as they see the facts and the evidence that HIV is spreading like fire into remote *manyattas*. The Clinic in Talek caters for the communities around Talek town, including Koyaki and Aitong locations (with chiefs). These have a population of approximately 1200, according to General Nurse Jackson who heads the clinic. This comprises the Koyima group. This population is served by the mission clinic in Talek, soon to be upgraded to health centre. The clinic moved into a new building in December 2006. It was built by donations from a Canadian Organization - A Better World. Fund raising for the new clinic took place in Canada. Basecamp Explorer has also committed funds for further development of the Clinic.

The Clinic is operated by the Christian Mission Fellowship (CMF), protestants who came here in the 1980's. It is part of a series of clinics operated in the District, a clinic at Wasagiro being the main centre. Jackson has two nurse assistants and one lab technician as part of his team. He is from the local community and so are the assistants. Some years ago he was transferred but the mission had to bring him back because of pressure from the community. Considerable confidence and trust is shown in Jackson and his team by the community.

Jackson has undergone training on HIV/AIDS care and treatment with the Community Health Fund (CHF), a government program. In addition to all his other duties, he performs diagnostic testing, VCT and dispensing of anti-retrovirals. His salary now comes from CHF. His mandate includes to venture out to the remote villages and communities to provide HIV awareness, family planning and vital immunization but he is unable to do much of this work because of lack of time and a big work load. He has held education sessions earlier and would like to pursue this as there has to be followed up.

Furthermore, he has no transportation, the motor bike he previously used was taken back by the CMF. The management of CMF in Narok and Jackson differ in their views on some issues, with the result that he experiences there are attempts to curtail his activities. He would like to establish an independent clinic.

Circumcision. Male circumcision is today conducted at the Clinic with clean instruments such as scissors. Out of 16 circumcised this season in the local communities only one boy was circumcised at home. Female circumcision is another issue altogether and there is huge resistance to change. It is conducted in the village setting as it is against the Kenyan law.

Maternal health. Many women suffer from frequent pregnancies. Women come secretly to the Clinic and want family planning, especially injectables which are not detectable. This service is offered. The local church pastor also encourages family planning. Condoms are available at the Clinic, but not actively promoted and people do not come and ask for them. They are easier accessed anonymously in the Bars.

The new wing of the Clinic will have a maternity ward. Currently women give birth at home with the assistance of traditional birth attendants and incidences occur, safe motherhood concerns are behind the new service to be offered. Kenyan policy is that all pregnant women should go for the HIV test, but this is not possible in Talek. Only volunteers are tested.

Voluntary Testing and Counseling (VCT) is provided, but the Clinic has limited resources and equipment in form of HIV test kits. Therefore it is not actively promoted. Diagnostic voluntary HIV testing is conducted when clients are repeatedly ill and treatment does not have an effect. Approximately 3 of 10 tested are HIV positive. A doubling from a year ago according to Jackson.

A group of four bar maids came to the Clinic recently. One was sic and had developed AIDS. Jackson encouraged the three others to test voluntarily. Two were positive. A Masai women from a *manyatta* we visited recounted that she lost her husband after prolonged illness. She feared she might have the disease and went to voluntary test at the Clinic as well as in Narok. She was to her relief negative.

HIV Care and Treatment: Currently the Clinic has 22 people from the local community on ARV's, 18 of these are Masai men and women from *manyattas*. Among the Masai a HIV positive status is seen as an embarrassment, a curse and punishment. Stigma and fear is rampant. Treatment is very secret. Partner notification is sensitive and not implemented. No person is openly HIV+ in Talek. One HIV positive Masai man finally brought his young favorite wife for testing, she turned out to be positive too, but he would not alert his other four wives.

The Church

The local church in Talek is the Kenya Assembly of God (CCF). The Pastor, reverent William Tecka is a Maasai has been working in the village for 11 years. His wife Nancy, is working with the Basecamp Masai Brand and Art Camp as an interpreter coordinator. The pastor speaks openly and forcefully and has no fear. Misuse of alcohol is described as a damnation. He argues that if behaviors related to alcohol and sexual practices do not change the Masai community will be 'wiped out'. As a faith based organization there is focused talk of abstinence and faithfulness and that sex out of marriage and sharing of partners is not acceptable. The Church does not promote condoms.

The Masai women are getting a lot of support from the church, which empathizes with their vulnerable situation. This is a reason for why we noted that many women speak highly of the church and many have embraced *engai*, God and are followers. The pastor and his team supports helps women access contraceptives. The church sees how many women suffer from frequent childbearing. Many are destitute, often left alone as their men leave for work in the cities, etc.

The Education sector

The Primary school of Talek is well established and the number of children enrolled is increasing by the year. 2007 had the overwhelming number of 102 new standard one students. The students come mostly by foot from up to 10 km away.

A nursery school has been introduced where parents have to pay a tuition fee. The primary school in contrast is free of charge, the parents only have to provide school uniforms. School statistics show that there is a considerable drop out rate in higher standards especially of girls.

Several organization, Mama Zebra Trust Fund as well as Basecamp have been contributing to the building of school infrastructure as well as contributed with a scholarship fund to keep students in school. Basecamp is introducing system whereby a certain % of tourist fee goes as donation to school (?). Some of the other tourist camps in the area offer support to the school in terms of wildlife safaris for the children, education on environmental conservation, etc. Most of the teachers are it was noted, students of the same school and members of the Talek community.

We noted positively that there are HIV/AIDS activities ongoing in the school. The Ministry of Education has issued a HIV curriculum and guide lines for schools. Teachers are encouraged to set up health clubs as extra curricular activity. According to the headmaster the school has accessed some curricular material. Two teachers, a male and a female have been trained by Olmarei Lang Self Help Organization (OLSHO) in Narok in a week long training course on HIV/AIDS (August 2006).

In a discussion session with Standard 6 students, we are impressed by their capacity to express themselves in English. They have basic knowledge about HIV, modes of transmission and the ABC of prevention. Students are eager to learn more. One boy expresses that his aspiration is to safeguard his family, by building a solid house of bricks

like that of the school and become a pilot. He points out that change in his community is hard, his parents will not accept to do away with female genital mutilation.

Social Welfare Sector

There are a few NGOs and CBOs that is, civil society organization, operating in the area. Some provide information about HIV related issues. Olmarei Lang Self Help Organization (OLSHO) was mentioned on various occasions as an organization providing training and other kinds of support.

The American NGO, Population Service International (PSI) is successfully conducting outreach activities in Talek. They promote the socially marketed Trust condoms. Their mobile video team has been to Talek twice during 2006. They come with big screen and show video films on condom use and consequences of HIV in the market place during the high season. The bar maids in Talek referred to this PSI event as being an important source of information. Equally some of the Masai women in the community said they had made their way to these public events as they were interested to hear more and see the pictures. Here they got some understanding of the issue. They saw people affected by the disease in the films, thin and sick.

Condom promotion has to a certain extent been effective in Talek. Many of the bars and shops have a good visible stocks of Trust condoms. According to one bar manager, he sells 90 boxes of condoms a month. Every box contains 25 packs each containing 3 condoms. This make for 4125 condoms pr month. Consumption is real, the question is how systematic condom use is. Obviously some men are now buying and using condoms consistently but it is still not enough.

All our interviews revealed that even among the educated Masai there is a deep grained skepticism towards condoms and the bar girl said that many Masai men, especially the ones who are not 'exposed' or educated refuse to use them. They may agree to do so but once in the room may refuse and even increase the price to have sex without. Masai men don't like condoms because they say that with condoms having sex is like masturbating. They do not feel manly, the sexual act is not considered complete. Condoms seems to offend Masai manhood and the idea of sexual relations where releasing the sperm into the female is part of the pleasure. One guide in the camp expressed that he has never met anyone who had admitted to using condoms consistently. People do not believe in this tool, it can burst, break, smells and looks creepy. Condoms are 'scary' he expressed. Condoms are generally regarded as bizarre, as a joke.

Condom use is accepted by the barmaids who admit to buying and carrying condoms. How consequent they manage to use them is another matter. The bar maids were very interested to hear about female condoms, arguing that they liked the ideas of being more in control. They had heard about it but never seen it. They said that those who know they are HIV positive will not want to use condom as 'why die alone'. One barmaid refused to join our discussion saying as she turned in the door, 'why should I talk and be reminded of my own death'.

Condoms a curse from the sky!

Mzee Sairowa recounted: One day a group of Masai women were walking outside their *manyatta* when they found a large number of condom packets scattered on the ground. They panicked. Where did these come from, were they dropped from the sky? They became frantic running back to the *manyatta* crying that someone was trying to bewitch their home and community. They refused to be calmed down and go near to the area where the condoms were scattered, nor touch them. Mzee Sairowa had to go out and dig a whole, collect the condoms and bury them. Someone is playing with us as fools the women were saying.

People's fear is real, they are scared, they don't understand this disease which is threatening the core of their community.

Apart from the church, PSI and OLSHO there seem to be no other civil society organization conducting any HIV prevention or care program of any impact in the area.

6. Tourist camps and workplace programs in the Mara

Serena a role model

The only tourist camp that seems to have a serious agenda for HIV prevention in the Masai Mara is the Serena Hotel. Everyone interviewed in Basecamp Masai Mara and the vicinity had heard about the program and referred to it as a 'role model'. There is definitely things to be learnt from the Serena program.

Serena, which is operated by the Aga Khan group, operates several tourist hotels and lodges in Kenya and Tanzania. In Mara the Mara Serena lodge. Serena has, according to their website, developed a comprehensive HIV/AIDS workplace and community program with a defined strategy and objectives. Activities have been identified to achieve each objective. In Kenya, a HIV/AIDS policy, developed with guidelines from the Federation of Kenya Employers, guides the implementation of the program.

The program objectives as outlined in the policy are to: reduce the vulnerability of all employees and their families to HIV infection; lessen the adverse impact of HIV/AIDS on those affected; empower individual employees and their families to respond to AIDS; and eliminate stigma and discrimination against employees infected and affected by HIV/AIDS. Serena operates a clinics at its lodge, run by a nurse who also doubles as the HIV/AIDS coordinator.

Education and Prevention Programs: Serena has done a lot to facilitate HIV/AIDS awareness, education and prevention among its employees. A total of 120 employees have been trained as peer educators and charged with the responsibility of promoting awareness, education and behavior change among their fellow employees. HIV/AIDS videos and other literature are provided for use by the peer educators and employees.

In dealing with problems of burn out, drop out and inter unit transfers of peer educators, Serena undertakes frequent retraining and replacement, and provides incentives aimed at enhancing morale. The incentives include free time off and trips to attend AIDS seminars

with accommodation, registration and transportation fees fully paid for by the company. In addition, free condoms supplied by Family Health International (FHI) are distributed to the employees at each unit. The HIV/AIDS policy has also been circulated to all employees.

Care and Treatment Program: Serena has an extensive care and treatment program for its employees. The company works with the Nazareth hospital a Mission hospital in the outskirts of the Kenyan capital, Nairobi, to provide its employees free medical services including anti-retroviral therapy (ART) for those who are HIV positive and require treatment. Out of the 65 HIV positive employees who have been identified, 44 are on ART. There has been a dramatic drop in AIDS related deaths from seven employees per year before the workplace HIV/AIDS program started, to five employees in the last three years combined.

While prior to the implementation of the HIV/AIDS program Serena experienced a high rate of absenteeism, no case of absenteeism has been reported among the HIV positive employees on ART, confirming that their productivity has been maintained. “Our staff is very happy and they look at this company as one that really cares,” says Mrs. Catherine Waruhiu, the group human resource manager. “They have become good ambassadors who speak to other people about our organization.”

Community Engagement: Serena has a strong community program whose activities include provision of subsidized medical services at the company operated clinics, training of community peer educators, and distribution of free condoms. Community members who access clinical services at the Serena clinics receive free consultations and only pay for the drugs. Nurses at the clinics conduct HIV/AIDS information sessions and video shows at the local churches and schools.

Partnerships: Working with partners is a key element of Serena’s HIV/AIDS program. The group has partnered with FHI and the National Organization of Peer Educators (NOPE) to provide HIV/AIDS training for peer educators and nurses who run the company clinics. With technical assistance from FHI, Serena has worked with NOPE in conducting a needs analysis whose results have been used to enhance both the workplace and community programs. NOPE is also assisting the company in the delivery of voluntary counseling and testing (VCT) services to the employees.

Lessons learnt from Serena is that providing ART can be an important vehicle for driving HIV/AIDS prevention programs, avoiding disruptions, maintaining productivity, and strengthening employee morale and sense of security.

Basecamp, HIV and a program for the community

Staff at Basecamp and members of the Masai community we talked to all welcome the idea of the introduction of a HIV prevention program and are in fact grateful that this initiatives is being taken. They are very aware of the fact that the epidemic is spreading in their community and that something needs to be done. As mentioned many are talking about the Serena Hotel and their very supportive program for HIV+ staff and referring to that as a model that they wish could be emulated in their workplace to create security.

In the workplace at Basecamp Masai Mara small steps have been taken to introduce more of an information flow around HIV, many have read the FEMINA HIP education booklets which have been circulated. No training has been conducted on HIV yet, only one staff member in Masai Mara has received training elsewhere, while in college. Health related training in the camp has focused on Hygiene, First Aid and sensitization on how to behave with alcohol vis a vis clients etc. Some of the guides and other staff in the camp do not drink at all while others were observed going in to Talek after their night shift, dressed up for a night out in modern fashion clothes. Gossip, storytelling and boasting among young men about conquests featured the day after.

Interviews reveal that many in the Basecamp staff have basic awareness of transmission but no clear ideas about the difference between HIV and AIDS, treatment and the efficacy of condom use. Fear, myths, misconceptions and stigma feature. A fear was clearly expressed as to why one should test for HIV and why one should be open. Some commented that if there is no HIV policy stating that those HIV positive will not be discriminated against nor dismissed from ones job in the workplace one has no reason for risking ones job security and income. They would rather remain secret about it or not test at all if not necessary.

From the above it is clear that the workplace and the community are more than ready to move to the next step in HIV/AIDS prevention education

7. A HIV workplace and community strategy for Basecamp

Basecamp Explorer HIV Policy and program – recommendations

The core of any **HIV strategy is a HIV policy** and every ‘responsible company’ should have one. This is vital for the company to show commitment but also for credibility and to create a feeling of security in the workplace and community. HIV prevention, treatment and care will remain a challenge for the years to come in Basecamp contexts and investment in the health of the work force and the local community is unquestionable.

A HIV/AIDS policy guides the implementation of the program. A HIV policy should stand on the shoulders of the company’s Human Resource Policy, that is be an extension of it. Objectives should be formulated and a series of activities identified to achieve each objective. Putting a policy and a program in place takes time but a lot can be done with few resources.

- Basecamp should draw up its **HIV policy**. Guidelines and templates used, delineating components. Contact partner organizations, i.e. Serena and others and ask if Basecamp can access a copy of its HIV policy, then adapt and adopt these according to the needs of Basecamp which is a smaller enterprise and has other needs than for instance Serena which is a large employer.

Education and Prevention Program in the workplace - recommendations

In the meantime and in order to get going, an Education and Prevention Program should be set up to facilitate HIV/AIDS awareness, education and prevention among Basecamp's employees.

- **HIV/AIDS information booklets**, i.e. FEMINA materials, must be made readily accessible as well as videos and films the staff can see and educate themselves and start discussion.
- Employees need to be **trained**. One first general seminar for all staff in camp and in Nairobi should be held. Can be conducted by Majuka and other trainer. Presentation and discussion of the Basecamp HIV/AIDS policy (as well as the Human Resource Policy) will also be vital and it must be circulated to all employees.
- Someone must be responsible for running or rather driving the HIV program. The selection of one or two focal points/coordinators/ peer educators, **HIV warriors**, for the HIV program in the work place needs to be made. Building in-house capacity is important that is giving them more focused training so that they can be charged with the responsibility of promoting awareness, education and behavior change among their fellow employees. They will take charge of discussing the content of the information materials. With time they may be able to also carry the message out to the community and hold education sessions during so called outreach activities. FEMINA HIP can offer participation in training courses during 2007, but it will also be important to see if Basecamp can tap into other organizations like OLSHO in Narok and their training program.
- Free *condoms* should be supplied and distributed to the employees in the camp. They can be made available in staff quarter toilets. This creates easy access to use, but also familiarity and a trigger for discussions. Condoms are the best protection against acquiring HIV and other venereal diseases and should strongly be promoted. The condom 'pouch' can also be created as a product to be sold through Art Camp and create awareness among visitors of the HIV prevention activity ongoing in the camp.

Care and Treatment Program - recommendations

Making decision as about what the company is willing to commit when it comes to care and treatment of its members of staff who may test HIV + and be directly affected by HIV is a huge challenge and has to be part of a human resource policy discussion. Below are a few issues that have to be considered

- Basecamp should encourage **Voluntary HIV testing** among staff. It is important for all that the individual knows his or her HIV status. Access to free HIV testing and counseling for those who feel ready should be arranged for in the clinic in Talek or in Narok. It will take time before employees in Basecamp will feel free to go and test

voluntary even longer for them to disclose their status as stigma is rampant and security has to be created in the workplace such as in Serena. The experience of Serena shows that it is possible to create an identity as a 'caring company' in the HIV context but for this to happen security mechanisms vis a vis the employee have to be put in place.

- Basecamp will have to take a stand as to whether they will provide its employees with free **medical services** including anti-retroviral therapy (ART) for those who are HIV positive and require treatment and what sort of other care and support they will provide those who may be infected as well as for their families.

Community Engagement- recommendations

Basecamp has a strong community commitment and is dedicated to also putting community HIV/AIDS activities in place. Target groups and settings for the community program should be the clinic visitors (clinic), bar clients (bars), school children (school), village women (art camp), community members generally (*manyattas*).

Clinic activities

- Basecamp is already involved in **support to the local clinic** in Talek and is, with this involvement already doing considerable in ensuring that a vital element of any HIV program is in place for a community, i.e. HIV testing and counseling facilities, free condoms and access to antiretroviral medication. Continued support is vital. However, instead of investing in building up an 'information centre' at the clinic which has been suggested Basecamp should be focusing on helping Jackson, who is the coordinator of the HIV activities and his team do more outreach activity. They need to take education out to where the people are. The team need training, transport and tools. A motor bike should be bought to facilitate this work and more FEMINA HIP education materials made available to facilitate their work.
- Ways to better support the **free distribution of condoms** at the clinic should be found, i.e. a more anonymous place where they can be accessed and ensure a steady supply.
- The staff at the clinic need to be **trained** so that they can conduct HIV/AIDS 'outreach' or community mobilization days, i.e. information session and video shows at the local church, in *manyattas*, bars and schools. These Clinic outreach programs may also be conducted with the help of the trained peer educators and HIV warriors from Basecamp with time.
- Focus during a first phase should be on intensifying basic education about HIV and the concern with **traditional medicines** delayed to later so not to overburden the program.

Community outreach activities conducted by HIV warriors

- **Community outreach activities** can be targeting large or smaller groups. Sairowa suggest that men and women should be addressed separately as it is sensitive and embarrassing to speak openly about these matters with members of the opposite sex present. When speaking to women in particular a broad approach should be the entrypoint, i.e. that of healthy lifestyles so that the topic of HIV can be approached in

subtle manner. A historical approach is also recommended, i.e. before we had this and that disease in Masailand now we have this one.

- We can recommend always using **information materials** around which discussion can centre, i.e. FEMINA HIP materials as well as a drama group, or a person who is openly HIV positive to trigger debate and participation.
- Smaller education sessions are recommended for **barmaids** and their **customers** etc and that the ‘HIV warriors’ also do the education in the bar setting at night. Majuka got a lot of attention during an evening outing at the bar, clients and bar girls were open and interested.
- A good entrypoint to the community may also be educating the 120 art camp **women**. Even though most of the women are elderly and no longer sexually active, everything they hear and see at Basecamp is reported back to the village and to their men/husbands.
- Basecamp organizes a ‘**open day**’ where the community members are invited in to see the camps premises. Nearly 200 people are invited from neighboring camps and communities This occasion can be used to show films, have booklets shown on information stand etc.
- A collaboration should also be set up with the **local primary school** so to ensure that the school health clubs are stimulated and access FEMINA HIP materials and efforts can also be made to use the teachers who have been trained to participate in other outreach activities.
- The Church organizes workshop for women and youth groups and invite people to talk. Benefit can be gained from this and it can be used as a forum for education sessions. Videos and print materials, testimonials and drama can be used.

Partnerships-recommendations

Working with partners has to be a key element of Basecamp’s HIV/AIDS program. Any successful HIV program is so only because it has been able to tap into resources available elsewhere to support its activity. Basecamp has partnered with FEMINA HIP for technical assistance and access to education materials but also needs to seek partnerships with the following recommended organizations in Kenya and the District. These can offer further assistance in terms of training, clinical support and counseling:

- The District AIDS and STD Coordinator (DASCO) to understand who is doing what where in the district. This mapping exercise is vital as there may well be resources that the program can tap into. It is also useful in order to create knowledge in and ownership by the district authorities in the program. This is always useful.
- Serena Hotel should be contacted for assistance in how to set up the Basecamp HIV Policy and to learn more from their experiences.
- OLSHO is a potential partner to Basecamp as they provide training and support work seemingly for organizations in the District.
- National Organization of Peer Educators (NOPE) can help provide more long term HIV/AIDS training for peer educators and the nurses who work at the clinic. NOPE can, according to Serena, assist in conducting a needs analysis which results can be used to enhance both the workplace and community programs.

Other HIV strategic issues for Basecamp- recommendations

- Basecamp Explorer should take on the challenge to lobby so that ESOK rating criteria for ‘responsible tourism’ includes HIV/AIDS workplace and community programs.
- FEMINA HIP proposes to in collaboration with Basecamp Explorer to produce a special booklet on HIV/AIDS in Masailand to be used in the tourist circuit around the game parks in Kenya and northern Tanzania. It would take the format of our SiMchezo magazine and be based on local testimonials, experience and issues. The presentation would be that of reader friendly photo-novels, cartoons etc. In addition to HIV and healthy lifestyles it would cover issues of responsible tourism, nature conservation etc. Distribution would be through camps in the northern circuit, ranger stations, hoteliers association and TANAPA. In addition to being an important tool for education it would also be an important promotional material for Basecamp as a best practice and very much in line with FEMINA HIPs work to promote HIV in camps and communities in the tourism circuit in the region. Material will be collected by the SiMchezo editor Majuka in collaboration with Fuglesang and images use taken by photographer Majuka, and augmented with the more professional images of Ole Bernt Frøshaug to make the booklet unique and a popular tool for education.

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