During the research process Thabiso shared his first film screening experience.

“Way back we organised a screening in my neighbourhood on the soccer field not far from my home. I was so sceptical- to the point of being scared, knowing the stigma, the myths. And the first person to speak- it was even before the screening- was very drunk. And he said something very stupid and dehumanising about women and he was just a young boy. So that made me feel even more scared. But another person from the community stood up and made him shut up. And from then on the screening went so perfectly. People were engaging. I felt so elated and so happy that even people in my community were starting to change. There was this element of acceptance, they knew all along that I was HIV+, but this was the first time that I brought colleagues (SM&D team) and that we started to talk openly about it. And they were very accepting, very accommodating of the whole thing. And that made me feel very satisfied.”
ACKNOWLEDGMENTS

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Research funded by:

The Embassy of the Government of Finland in Pretoria, South Africa

Project supported by:

Bread for the World, Stuttgart, Germany
The Embassy of the Government of Finland in Pretoria, South Africa
Swedish-Norwegian Regional HIV/AIDS Team for Africa
Weltfriedensdienst e.V, Berlin, Germany
STEPS Southern Africa

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Abbreviations

AIDS   Acquired Immune Deficiency Syndrome
ARV    Antiretroviral
HIV    Human Immunodeficiency Virus
MSC    Most Significant Change Method
PLWHA  People living with HIV and AIDS
PMTCT  Prevention of Mother to Child Transmission
SM&D   Sesotho Media & Development
STEPS  Social Transformation and Empowerment Projects
VCT    Voluntary Counselling and Testing
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SM&D conducts film screenings in urban and rural areas throughout Lesotho. Documentary films are shown through their mobile cinema, addressing issues around HIV and AIDS. SM&D facilitators, most of whom are openly living with HIV and AIDS, facilitate discussions after the screenings.

The main aims of this facilitated screening program include:

- Creating safe environments for open and meaningful communication
- Building the self esteem of PLWHA through positive living
- Reducing stigma and discrimination of PLWHA
- Providing access to information and correcting misconceptions
- Equipping people with the ability to make informed decisions

This study aims to assess the extent to which SM&D has achieved these objectives. Screening reports covering 240 screenings with 16,252 people between 2007 until mid-2009 were coded and analysed to gain an overview of the composition of audience groups reached, their perceptions and issues discussed. This was followed by individual and focus group interviews with audience groups at selected sites, who had attended screenings during that time period. The aim was to document the “afterlife” of facilitated film screenings and changes in the lives of audience members.

FINDINGS

Documentary film screenings have attracted diverse audiences across social divides throughout Lesotho. The reach of the screenings extended beyond the audience groups, who attended the screenings. Stories of the films and the information gained were shared with family members, peers and the wider community after the screenings. This contributed towards changes in the lives of audiences and those that heard the stories.

SM&D’s approach of combining documentary film screenings, discussions, meaningful involvement of People Living with HIV and AIDS (PLWHA) and support structures provided by SM&D and other organisations has contributed to the following:
Open communication: Audiences openly discussed sensitive issues with peers, family and fellow community members.

Disclosure: PLWHA felt stronger and encouraged to disclose their status to their families, neighbours and wider community.

Information sharing and learning: Facilitated discussions provided a space for correcting misconceptions and sharing of information between audience members and facilitators.

Stigma reduction: Watching real-life stories and interacting with facilitators who were openly talking about their HIV+ status encouraged greater acceptance of PLWHA.

Living Positively: Facilitated screenings assisted PLWHA in coping to live with HIV and adhering to ARVs.

Seeking information and Support Services: People felt encouraged to undergo VCT and returned for follow-up support and treatment.

Institutional change: Programs and interventions of partner organisations and institutions were strengthened through SM&D’s facilitated screening program.

Lobbying and Advocacy: SM&D mediated between conflicting parties during facilitated film screenings and enabled greater access to support.
Introduction

For more than ten years Sesotho Media & Development (SM&D) has been reaching audiences throughout Lesotho with their mobile cinema. Through screenings, communities have engaged with a range of political and social issues. In the last five years, facilitated film screenings have been used particularly as an HIV and AIDS intervention tool to create safe environments for open communication, information sharing and learning. The program aims to contribute towards stigma reduction, positive living and enabling people to make informed decisions.

This study examines the immediate impact of film screenings, looking at what happened during screenings and what audiences gained from participation. The study then carries on to investigate what happens after the screenings, when audiences return home. How did the film screenings affect people? Did they contribute towards changes in their lives? Data was collected through analysis of SM&D screening reports, interviews with the team and field research. The involvement and insights of the SM&D team were essential for the success of this study, as they are the real experts in the field.

The Sesotho Media & Development Mobile Cinema

SM&D is based in Maseru, Lesotho. The SM&D team conducts regular and ongoing facilitated film screenings in a wide range of settings including villages, support groups, schools, prisons and health centres. Operating screenings throughout Lesotho requires good communication with the local organisers at venues. The mobile phone coverage of the entire country has made this easier, although there are still some areas that do not receive a signal.

Organising the screenings takes time and patience. Firstly the date, time and venue have to be confirmed with the local contact person for the screening. This is done some weeks in advance so that the screening can be properly advertised to the intended audience. Sometimes screenings are cancelled at the last minute, either because of bad weather which can make some remote areas inaccessible, or because the local organising group wishes to postpone.

SM&D has weekly meetings to update the team on screenings and discuss issues that need to be taken into account, such as logistical issues, as well as questions raised by the audiences.
Job responsibilities are divided amongst the team covering coordination of screenings, networking with organizations, writing up screening reports and M&E activities, training and updating facilitators on new HIV and AIDS information, and technical checks.

The equipment check is an important regular activity. Due to the tough terrain, the 4-wheel drive vehicle and screening equipment, such as the projector, DVD player, sound system, DVDs and cables, all need careful maintenance and cleaning from dust and dirt. The projection screen is durable but also subject to wear and tear. The extreme weather conditions of Lesotho also play a role – in summer the heat in a closed room where the windows have been blacked out with plastic sheets can cause the projector to overheat, while in winter the cold results in the screen contracting and is difficult to stretch and fix to the frame. Solutions to these problems include finding a projector that has a better cooling fan than other models, and substituting a screen that hangs from the frame rather than one that is stretched.

A power supply for screenings is necessary but the electricity grid covers only urban areas and is not reliable. An alternative, environmentally friendly and low maintenance power system has been developed. The vehicle’s 12 volt alternator generates power into a set of deep cell 12 volt batteries as it drives. A management system controls the batteries so that the vehicle always has a full battery and the additional batteries are never over-used. The 12 volt power is inverted to 220 volts through a 1,5 kW inverter, providing stable sine wave power, and an average of 3 hours of power for the screening equipment.
Using Film as a Tool

In the last five years HIV and AIDS has become the main focus of the SM&D screening program. SM&D has a wide collection of HIV and AIDS films and has produced three local documentaries with STEPS (Social Transformation and Empowerment Projects): Ho Ea Rona, Ask me I am Positive and Looking Good. They are part of the Steps for the Future film collection, which has emerged out of a collaboration of Southern African and international filmmakers, broadcasters, AIDS organisations and people living with HIV and AIDS (PLWHAs). These unconventional stories celebrate the strength of the people who share and reflect on their experiences of HIV and AIDS. These films not only challenge fear and stigmatisation with stories of hope, but also dismantle discrimination and ignorance by cultivating tolerance and promoting the belief that actually, life is a beautiful thing.

The SM&D team has been trained by STEPS to use film as a tool for social change. The films are screened and followed by a discussion facilitated by one of the SM&D team members. This method is referred to as a “facilitated screening”.

A facilitated screening becomes a learning cycle that allows audiences to watch, reflect and engage with the film and the issues it raises. The role of the facilitator is to guide this process, by creating a safe environment for open dialogue and personal sharing.

The films are not didactic and do not tell audiences what to think or do, but raise questions and provoke thought and discussion. The facilitator needs to be informed of HIV and AIDS issues in order to answer questions with accurate and up to date information. Some characters of the films are part of the facilitation team. Most facilitators live openly with HIV and share their personal experiences with the audience. In this way, living with HIV becomes a reality for the audience.

The main aims of this facilitated screening program include:

- creating safe environments for open and meaningful communication
- building the self esteem of PLWHA through positive living
- reducing stigma and discrimination of PLWHA
- providing access to information and correcting misconceptions
- equipping people with the ability to make informed decisions

When you just go there and stand in front of everybody and you just say, “Here I am, I am HIV+”, no one will ever listen to you. The advantage of the films and this methodology is that we don’t just talk, but we let people talk. We are just there to guide them to talk about issues that they really want to talk about. We assist them to make their own decisions.

At times I find that when the discussion gets hot and they are talking amongst themselves, I step back a bit and just let them talk. That is very powerful, because if they can talk amongst themselves, then after we are gone they will keep talking.

— Moalosi Thabane

(Facilitator and film character)
**The Learning Cycle**

**WATCHING THE FILM**
Audiences of different gender and age groups watch the film together.

**ACTION**
Audiences develop the ability to make informed decisions and positive changes in their lives.

**REFLECTION ON THE FILM**
Audiences reflect on the films and share their feelings and reactions.

**LOOKING AT THE BIGGER PICTURE**
Audiences link the issues addressed in the films to their own lives, ask questions, share personal stories and information.
Map of Outcomes

- Open Communication
- Information Sharing
- Treatment Literacy and Adherence
- Motivation for Change
- Lobbying and advocacy for greater access and care
- Learning
- Forming and joining Support Groups
- Disclosing
- VCT
- Addressing Gender Imbalances
- Accurate Information about transmission and prevention
- Seeking care and support
- Greater acceptance of PLWHA
- Stigma Reduction
- Ability to make informed decision
- Living Positively
HIV AND AIDS IN LESOTHO

Lesotho has a population of just over 2 million people. It has a negative growth rate of -0.3% and the life expectancy at birth is a mere 42 years. HIV contributes significantly to this low life expectancy.

According to UNAIDS, Lesotho has an HIV prevalence of 23.2%, the 3rd highest adult HIV prevalence in the world. HIV prevalence has not changed much since 2005, although the new infection rate among 15-24 year olds has decreased. In 2008 Lesotho experienced 18,000 AIDS related deaths, which equates to about 50 people dying every day.

Households in Lesotho are severely impacted by HIV and AIDS. Women are still the most vulnerable and at risk to infection. Furthermore, they usually occupy the primary care-giver roles in the family. This places an incredible amount of pressure on women. The number of orphans steadily grows. Many are left to run households on their own. As a result they drop out of school to meet the needs of the younger members of the household and take care of sick relatives.

Despite the severity of the situation in Lesotho, new infections seem to have stabilised. Treatment has become more available in Lesotho over the years. The number of sites providing antiretroviral therapy in Lesotho have increased from 22 in 2005 to 110 in 2007. The number of people receiving treatment in Lesotho was 8,400 in 2005, compared with 22,000 in 2007.

Being on treatment extends the life of PLWHA. There has been a slow shift in perceptions around HIV from the ‘fear of dying of AIDS’ to ‘living with HIV’. HIV has become a reality in society. Although PLWHAs still experience stigma and discrimination, people seem to be less scared of interacting with PLWHA. Consequently, a big focus of the work of SM&D has been on positive living and coping with HIV and taking ARVs.

Process and Methodology

This research was conducted from June to September 2009. The process included analysing screening reports from SM&D, and field research with a broad range of selected audience members.

Screening reports

SM&D facilitators document every screening. Reports include the date and venue of the screening, the films used, audience composition, the main issues discussed as well as knowledge gaps, misconceptions, personal experiences shared and statements of intention or change as voiced by people. Whenever possible, the facilitators record the names and contact details (with consent) of audience members for follow-up research. The 240 screening reports collected from 2007 till mid 2009 were analysed, coded and categorised. This data was then verified by the SM&D team.

For sample screening reports, see Annex.

Participatory Research

The data collected through the screening reports was presented to the SM&D facilitators who had compiled the reports. Through a participatory process facilitators confirmed the findings, corrected misunderstandings and redirected the research focus where it was necessary.

The Most Significant Change Methodology (MSC) was used as a basis for developing the field research methods.

One of these exercises included facilitators constructing a timeline of positive and negative screening experiences. Much like the MSC method, the exercise began with the following question: Looking back over the last two years, in your opinion, what were the most significant screenings you were involved in?
Most Significant Change - Method

The process involves the collection of significant change stories emanating from the field level, and the systematic selection of the most significant of these stories by panels of designated stakeholders or staff. The designated staff and stakeholders are initially involved by ‘searching’ for project impact. Once changes have been captured, various people sit down together, read the stories aloud and have regular and often in-depth discussions about the value of these reported changes. When the technique is implemented successfully, whole teams of people begin to focus their attention on program impact.

The `Most Significant Change` Technique – A Guide to its Use (2005)
By Rick Davies and Jess Dart

In-depth interviews and focus group discussions were held with audiences at selected sites. The SM&D team was trained to conduct interviews and focus group discussions. Guiding questions were developed together.

Interviews and focus group discussions were held at the following selected sites:

- Khorong Ha Nchela, Thaba Bosiu, Ha Ramoloi villages
- St. Catherines High School (Maseru), Linareng Secondary School (Leribe)
- Lesotho Police Headquarters (Maseru)
- Correctional Services Head Office (Maseru), Leribe Prison, Maseru Central Prison
- Loretto Clinic (Maseru), Mission Aviation (Maseru), Mapholeng (Leribe)

Interviews were structured around the following guiding questions:

- Which screenings did you attend and what do you remember?
- What films do you remember and why? Which film would you like to talk about?
- What happened after the screening?
- Did you talk to others about the films and what did you talk about?
- Did the screening affect your life in any way and how?
- Looking back, have you noticed any changes regarding HIV in your environment?
FINDINGS
Audiences Reached

Screening reports pointed out that from 2007 until mid 2009 SM&D had reached a total of 16,252 people through 240 screenings which can be broken down as follows:

Women were mostly reached through screenings in villages, support groups and clinics. Men attended these in much smaller numbers and instead were reached in large numbers through screenings in prisons and at police stations. Male and female youth were equally reached through schools and youth gatherings. Young children were not specifically targeted, but were almost always present during village, support group and clinic screenings.

There has been a shift away from one-off screenings for mass audiences, to working with smaller audience groups repeatedly and regularly over a longer period of time. The SM&D team has come to realise that one-off interventions through a facilitated screening are less effective than regular screenings with adequate follow-up and support.

Number of Screenings held between 2007 and mid 2009
Total: 240
**Number of People Reached per Venue**

- **Support Groups in Villages**
  - Children: 1000
  - Female Youth: 2000
  - Male Youth: 2000
  - Adult Women: 1000
  - Adult Men: 1000

- **Youth Screenings**
  - Children: 5000
  - Female Youth: 4000
  - Male Youth: 3000
  - Adult Women: 2000
  - Adult Men: 1000

- **Police Force**
  - Children: 8000
  - Female Youth: 7000
  - Male Youth: 6000
  - Adult Women: 5000
  - Adult Men: 4000

- **Correctional Services**
  - Children: 4000
  - Female Youth: 3000
  - Male Youth: 2000
  - Adult Women: 1000
  - Adult Men: 0

- **Clinics**
  - Children: 2000
  - Female Youth: 1000
  - Male Youth: 1000
  - Adult Women: 500
  - Adult Men: 0

**Number of People Reached**

Total: 16 252

- Children: 13%
- Female Youth: 23%
- Male Youth: 17%
- Adult Women: 17%
- Adult Men: 30%
Facilitated Screenings

This section is based on the analysis of the SM&D screening reports, interviews with facilitators and observations of screenings.

Safe Environment for Open Communication, Information Sharing and Learning

During facilitated screening discussions, people of different ages and gender started talking openly about sensitive issues.

The main issues discussed included HIV transmission and prevention, treatment literacy and reproductive rights (including PMTCT), stigma and discrimination and living positively. Discussions also allowed audiences to examine the underlying factors contributing towards the spread of HIV, including gender, stigma and discrimination.

Audience responses

“I was practicing unprotected sex with other men in the cells and I already knew I was positive. But I’m on treatment using ARVS. Now I can see and understand why I’m not feeling better or seeing a change in my health after the discussion we have just had with you.”

Although most audiences seemed to be aware of the basic facts of transmission and prevention of HIV, misconceptions had to be addressed in screenings. Several comments from audience members were recorded concerning condom use.
“I blame people who invented condoms because this AIDS could not be spreading so much otherwise.”

“Since I was born, I have never used a condom and I cannot encourage anybody to use a condom because it killed my son.”

“I agree with someone who says condom is useless. It is just promoting sex.”

“AIDS is a man made disease by whites to destroy black people. Our parents used to have multiple partners. There were no condoms and there was no AIDS.”

The facilitators encouraged audience members to correct each other’s misconceptions and provided accurate additional information.

Gender

Women often complained that only few men would attend HIV and AIDS awareness events, and did not seem interested to address or learn about HIV. Men were also blamed for having multiple partners and transmitting HIV by refusing to use condoms. Caregivers added that many men would only get tested when they were seriously ill. When they tested positive, many would not return for follow-up support. Women also complained that the burden of care and support mostly rested on the shoulders of women and that men would not accept and support HIV positive partners.

Female support group members

“When there are 40 female member of the support group, you will find that there are three men. Men are more like, ‘Ha, that’s a woman’s thing’. But we are trying to teach them to get involved. When women get sick, they also want their men to take care of them, and not somebody else's wife or something.”

Youth

Youth talked about peer pressure, rape, abuse, transgenerational sex for material gain and teenage pregnancies. They also shared their frustrations at not being able to talk with their parents about issues related to sex.

“Parents give us problems because they don’t talk to us, their children, especially to us girls. When we start menstruating, they tell us to stop playing with boys. That’s it.”

“We fear to report rape to our parents because they might tell us that we did that on purpose because sometimes a person might have been raped by a boyfriend.”
“Our parents give us a cold shoulder when we discuss issues of HIV and AIDS with them. I once tried to talk to them after I learned some of the useful facts on HIV. But it was thrown back in my face. So now, I am afraid to say anything to them again.”

Mothers addressed the same challenge, and shared their own fears or inability to talk to their children about sex-related issues. During the screenings, they encouraged each other to approach their children:

“I did not talk about sex to my two sons. But after watching your movies and having this debate I see the importance of talking to them because I don’t want outside people to tell them myths.”

**Voluntary Testing and Counselling (VCT)**

VCT was addressed in most screenings. People talked about their fears of getting tested because getting to know their HIV status would add stress to their lives:

“It is not good to test when you are healthy because you are going to lose hope and die immediately.”

These statements were challenged by other audience members, who encouraged each other to go for VCT. Several times the SM&D team was asked to come back with mobile testing centres.

**Female audience members**

“I don’t know my status but now I’m willing to go for an HIV test because the film has encouraged us a lot.”

“I have courage and I have been motivated after watching ‘Mother to Child’ (film). It is wise to know our status before pregnancy, and during pregnancy, to avoid being infected.”

**Male audience member**

“I’m going to get counselling so that I can test. I don’t know my status; I think it is important for me to know my status now.”
**Acceptance**

Audiences voiced that the stories in the films and the facilitators, most of whom are openly living a healthy life with HIV, encouraged them to accept their own HIV status. Several people disclosed their status during screening discussions, some for the first time.

They felt motivated to talk openly to their partners and families. Others shared how they had learned to accept themselves and live positively.

When audiences did not feel comfortable to talk openly, after the screenings they confided in facilitators who always stayed behind in order to allow for this.

**Female audience members**

“I am 30 years old and I’m a married woman. I have three children and I’m HIV positive. My second child is also HIV positive, his school mates discriminate against him and tell him he has AIDS because of his skin condition - he has thrush.”

“I am living with HIV and it is about four years now and I disclosed in my village, but people don’t believe me. I’m glad to have watched this film because Pinky is still healthy like me.”

Audiences also started to question their own discriminatory attitudes and behaviour towards PLWHAs, and learned to overcome their fears of dealing with HIV.

**Male support group member**

“When watching these films we learnt how to accept people who are HIV+. For example, in the family it can happen that the wife is HIV+ and the man is negative. Therefore the husband should understand when his wife says she is HIV+. We also learnt that the partner who is HIV negative should stay negative. People should support each other.”
Stories of Change

The following stories of change are based on the field research findings. They include interviews and focus group discussions. Through a participatory process with the SM&D team, audience members were selected from villages, schools, police stations, prisons and clinics.

Interviews were conducted in Sesotho and then transcribed and translated by the SM&D team.

Support Groups in Villages

The majority of Basotho live in rural areas and constitute a large portion of SM&D’s audiences. Some villages are easily reached, while others require long hours of driving on bad roads with the four-wheel-drive mobile cinema.

SM&D has been working with a network of 30 support groups in the Thaba Bosiu area of Maseru District and Berea district. Polao Kubere is a member of the Khorong support group and a trained facilitator. He organises screenings on a regular basis – often walking long distances between villages.

Village screenings are usually attended by women, youth and children. Attracting men to the screenings has been challenging as ‘health’ seems to be considered a women’s issue.

‘The Pinkies’

Sisters in law, Malitseoana Lipholo (age 54) and Matsolo Lipholo (age 61), live in Ha Mkalanyane near Thaba Bosiu, an area made up of rural villages and homesteads. Both women are incredibly energetic and full of life. Mme Malitseoana found out she was HIV+ in 2005 and Mme Matsolo found out that she was HIV+ in 2004.

They are both members of a support group and have organised several screenings with SM&D. They call themselves ‘The Pinkies’, after Pinky, the main protagonist in the film A Red Ribbon around my House.

“The Pinkies”
“Because of your film (A Red Ribbon around my House), I call myself Pinky because I want people to know that I am HIV+ and I am like her. Pinky’s film made me brave because she was a brave person.”

Another of Malitseanoa’s favourite films is A Miner’s Tale because it reminds her of her own story. After testing positive she too needed to talk to her husband about using condoms.

“The film I remember most is A Miner’s Tale. Joaquim was not comfortable to disclose his status to his wife. I learned that there is nothing wrong with telling one’s partner so that they can use protection in order to avoid re-infection. After testing positive I also told my husband and we have been using condoms since 2005.”

Together with SM&D, the women started organising screenings close to their homes and invited people from nearby villages to attend. Living openly with HIV and being healthy, they struggled to convince others of their status and the reality of HIV. The films and meeting the characters helped the audiences to accept that HIV is a reality and that PLWHAs can live a healthy life.

“The films make it easier for people to believe that HIV exists because they don’t believe us when we disclose our status to them. But when they see other people in the film they believe it and they also recognise some of the people (characters) who they know in the local films.”

The community has accepted the women. More and more villagers have been attending their screenings and have approached them for advice and support. The women shared that the screenings have also helped them and other support group members in their own lives to engage with other people. They have gained new knowledge and confidence to provide accurate information, advice and support to those around them.

“People always come to me with questions. Since I met SM&D I am now able to answer questions with boldness. I now have information even on different types of TB; I can refer people and tell them what to do because of SM&D.”
Ha Ramoloi

Interview in Ha Ramoloi

Ha Ramoloi is a village located in the Berea District, about 40km outside of the capital city of Maseru. Mme Malebusa and Mme Mapelaelo both live in Ha Ramoloi. They have been neighbours for many years. They both grow maize and keep chickens and a few head of cattle to sustain themselves and their families.

During one of the screenings Mme Malebusa stood up and disclosed that she is HIV+. Among the audience members were her neighbours, friends and family. It was not easy as she was unsure how they would react.

Mme Malebusa

“I remember the film of the man who was working in the mines and that man had two wives. (A Miners tale). His big problem was how he was going to tell his wife back at home that he is positive. At that time I realized that we fear something that we should not fear. I also did not disclose my status. The talk that we had with SM&D facilitators encouraged me to do so.”

Her neighbour Mme Mapelaelo was surprised when she disclosed. She had been living next to Mme Malebusa for many years. She too is HIV+ and had been too afraid to share her status with those around her.

Mme Mapelaelo

“I didn’t know that my neighbour is also HIV+. I discovered it only when SM&D came here. Since then we talk about it and we help each other a lot. Since then I disclosed to my child and my two sister’s children that I am living with HIV.”
Suddenly the women had much more in common that they had known. This brought them closer to each other and allowed them to share their problems and experiences of living with HIV. Both women realised how important it was to involve their families and talk openly about their status. The children have accepted their mother’s status and the women now have the full support of their families.

Other family members also felt encouraged to get to know their own status and got tested. HIV is no longer a taboo in their families.

“My child told me that he also needs to test for HIV and I allowed him. I also told others that if they want to test for HIV they are free to go because that is how they will learn about HIV and AIDS related issues. We talk a lot about HIV and AIDS.”

Mme Malebusa

“After watching the film I went home and told my children that we had visitors from SM&D and they talked about certain issues; that is how I started the conversation and now they all know their own status. I motivated them by being open and disclosing to them. The information I got from the clinic I used to keep it to myself, and the information that I got from SM&D I share it with other people. We talk with each other about how we can live with people that are infected with HIV.”

The chieftainess of Ha Ramploi, Manthati Ntoi, also took part in this discussion. The three women agreed that there have been significant changes in their village. People seem to be less scared to talk about HIV and AIDS and more people are living openly with the virus.

Manthati Ntoi

“Nowadays people don’t fear to disclose their statuses and people realized that when you talk you relieve yourself from being stressed, so we advise people to disclose their HIV status.”

“There is a big difference because now people are not stigmatised like the first time. People are now free to eat with each other without fear. In the past people didn’t interact with others - especially those who were suspected to be HIV+. But now it is not a big issue.”
Male support group members

Finding men who had attended village film screenings proved to be a challenge. As highlighted in the screening reports, few men seemed to show interest in HIV awareness interventions. This was also mentioned repeatedly in interviews with support group members.

Malitseoana Lipholo

“I think it’s because most men believe that HIV and AIDS is not their thing and it’s ours. And they don’t understand that we are all vulnerable to HIV and AIDS. The other reason is that they have this pride that they are men and heads of families and everything is under their control. If they don’t want to attend or do something, nobody will ask or force them to. .... We had KYS (Know Your Status campaign) in our village and men were invited. Unfortunately they didn’t show patience. They became fed up even before the end of the session and most of them only get tested when they are sick.”

With the help of facilitator Polao Kubere, we met with Malefetsane Khau, Ts’eliso Ralekaota and Mikaele Libetla. The three men are members of Polao’s support group in Khorong. They talk to people about HIV and AIDS and provide support to those in need. They too experience difficulties engaging with other men.

Malefetsane Khau

“Most men don’t even want to know their status after testing. When I tell them that I am HIV + they don’t believe me.”

Ts’eliso Ralekaota

“We once went to help one of the patients here in the village. The family members did not welcome us. We brought a basic first aid kit to help that person, but we could do nothing.”

So far, they have only managed to convince a few other men to attend screenings with support groups. But they have come up with an innovative strategy to share the film screening experience with others. After every screening, the men make an effort to tell as many people as possible about the film and the discussions. In this way the information is shared with a much wider group than the audience members who attended the screening. The men believe that this informal communication has been a good way to engage with other men about HIV and AIDS related issues.

Malefetsane Khau

“After watching the film I gained important information and thereafter I shared it with other people. I first share how the film was and how I feel about the film and how important it is. I share this with my family, support group members and my friends.”

In order to attract more men to screenings they suggested providing incentives such as drinks and food. They also stressed the need for gender specific screenings. According to them, men will not speak openly about sensitive issues with women around. They also suggested separate screenings for adult men and youth, as boys and young men would not speak openly in front of their parents.
Mikaele Libetla

“We are comfortable when we are not mixed with women and I think it’s the same with women. Young and old should be separated so that they can be comfortable. They (youth) might be afraid to speak in the presence of the parents.”

Khorong Support Group members
Youth Screenings

Initially SM&D had the ambitious goal of reaching all high schools in Lesotho. However, it proved difficult to conduct ongoing screenings with so many schools and so a regular screening program targeting fewer schools was developed in cooperation with school ‘AIDS Clubs’ and counsellors. This ensured that follow-up support was available to learners.

Other youth were reached through screenings at vocational training centres, orphanages, youth clubs and juvenile detention centres.

Linareng Secondary School

SM&D has been working on an on-going basis with Linareng Secondary School in Leribe District since 2008. SM&D is the only outside organization regularly visiting the school.

Linareng is different from most other schools in Lesotho, as it is one of the few that do not expel pregnant learners.

Tebatso Tsoeunyane (Principal)

“We allow them to further their studies, even after they give birth. It’s a church school. We realize that children can fall, but they can also stand up again. We give them a chance.”

Although the school has adopted a supportive policy, pregnant teenagers still face stigma and discrimination from their peers and the community at large. Film screenings allow students to voice their own opinions and challenge discriminatory attitudes.

According to learner Tumelo, youth at Linareng really liked the film Looking for Busi. They could relate to Busi’s story and her struggle of dealing with being a teenage mother and HIV+.

Tumelo (learner)

“Busi was a youth like I am and accidentally got pregnant. When I listen to her story, I relate it to us, the youth of today, and I see lots of pregnant girls. I wish that every youth could have a chance to watch ‘Looking for Busi’ and listen to her story. In my class there are always debates after you (SM&D) leave. Also at my church I always share what I have learned from SM&D after services.”

According to the principal, film has been an effective medium to attract the attention of students, who were captivated by the stories and characters in the film and fully participated in the after discussions. In his opinion, facilitated screenings had a much greater impact than lectures about HIV and AIDS.
**Principal**

“The films are a big tool for the children because they understand much better when they see and listen. It’s not like when you just have someone standing in front of you. You watch and talk about what you saw.”

The principal recalled the local film ‘Ho ea Rona” in particular. One of the film characters was present at the screening and facilitated the discussion. This left a lasting impression.

“The film Ho ea Rona shows the way they (PLWHA) live as people. They talk freely about their status and they are still involved in relationships, nothing has changed. It shows that they have accepted their status.”

Learners also agreed that the film screenings were very effective. The films were able to show the reality of living with HIV. Meeting the facilitators, who openly talked about their own HIV status, made it even more real.

**Tumelo**

“I remember the first time SM&D came to our school and one facilitator disclosed. We were amazed and we stayed talking about it even when they were gone. Some were saying they could never disclose their status and it caused a debate. … Films are good because information stays with you longer when you see and listen than when you just listen. And the most important thing about SM&D is that they don’t just talk but they also want to hear our opinions and how we feel about HIV related issues . . . in that way we learn easier and they lead us to the truth.”

Learners not only discussed and debated, they also took action. After the film screening they wanted to know their status and arranged to get tested.

“Since SM&D came to our school I see change because when we go to sports competitions with other schools and New Start is there, Linareng students test more than other schools. And when SM&D is here we always ask them to bring along the people who can test us because not all of us attend school competitions.”

The principal now feels motivated to carry on with the initiative that SM&D has started. He has invited other organizations to visit Linareng Secondary School and work with the learners.

**Principal**

“Firstly we thought SM&D would do all the work about HIV with our children. But we realised, that we also have to press on and take further what SM&D has done with the students, especially after one of our schoolgirls committed suicide because she fell pregnant.

So far it’s only SM&D but next week we have visitors from Motebang hospital.”
St. Catherines High School

St. Catherines High School is a girl’s school located in the city centre of Maseru. Of its 643 students, around 100 of these are boarders, housed on the school premises. The school also has a special needs program for visually impaired students - twelve boys and nine girls.

SM&D has established a close working relationship with the school and has been conducting repeated facilitated film screenings with learners and staff.

After a series of film screenings, two girls disclosed their HIV+ status to the principal. One of the girl’s close friends decided that they needed to get more advice. A group of nine girls, aged between 13 and 14, started to visit the SM&D Resource Centre of their own accord. They watched films and asked many questions, especially around treatment literacy and how to support their friend. The group has continued to visit and has developed a close relationship with the team.

The girls shared that the films and discussions have helped them overcome their fear of HIV. Their attitudes towards PLWHA have changed and they have gained confidence to fully support their friend.

Female learners

“I used to fear HIV and AIDS issues, even when watching them on television. But after watching the STEPS films and working with SM&D regularly I have learned a lot. Now we have information. This is why we come to the Resource Centre by ourselves.”

“We have learned a lot from the films- that HIV+ people live long provided they feel positive and continue with everything as if nothing has happened, like Pinky from Red Ribbon around my House..”

“We don’t mind associating with HIV+ people in any way since some of SM&D facilitators disclosed and showed us STEPS films. We are brave and have information and support HIV+ people and admire them for being so brave.”
Another team, which has established an ongoing relationship with SM&D, is a group of visually impaired learners. This group is one of SM&D’s favourites to work with.

The learners have attended all film screenings enthusiastically. Despite their disabilities, they followed the films and were able to retell all the stories. They could identify with the challenges PLWHAs experience.

The group related well to the stories shared in the film, being at the receiving end of a lot of stigma and discrimination themselves. The group shared that they are at high risk and vulnerable to abuse and HIV transmission.

“As visually impaired females we are at high risk of being raped and contracting HIV because of our condition of not being able to see.”

“Most people have this thing that when they sleep with blind people they can be cured from HIV, it is a pure lie.”

Despite these challenges, the learners did not come across as victims, and displayed self confidence and an incredible amount of knowledge about HIV and AIDS. They had asked SM&D to help them to get tested. However, being minors, this step required the permission of their parents. The learners shared that this presented a huge barrier.

They echoed what other peers had expressed during discussions and interviews. In general, youth struggled to approach their parents and were not able to openly talk about HIV and AIDS with them.

“In Lesotho parents are very strict. With our parents, talking with them is still an issue. For example, when we come with the facts about sex, it is an insult to them.”

“We don’t discuss issues related to HIV and AIDS with our parents because they don’t want to hear anything related to AIDS from us.”
Other learners highlighted that the film screenings had provided them with a platform to openly talk about these challenges and develop strategies to approach their parents. Some suggested that all learners should tell their parents about the films they have seen and the after discussions. This would provide a way of finding out how much their parents knew about HIV.

“What I advise my friends here to do is to go to their parents who don’t like to talk about sex and ask them if they know the facts about HIV and AIDS and which steps to follow in prevention. If they are not able to talk to us, we must take action. If they don’t want to talk to me about HIV and AIDS, who else can I ask? Because I put all my trust in you, mom!”

“Our parents were raised in a different way, which is why they find it difficult to talk to us about sex. They also need film screenings, because they know nothing. Maybe there can be a difference.”

Being aware of the challenges the youth were facing, the principal of St. Catherines High school started to organise facilitated screenings together with SM&D and the resident AIDS counsellor for teachers and staff. These contributed to increased knowledge, HIV and AIDS awareness, and a supportive environment at the school. Further screenings are planned with parents to encourage open communication between youth and adults.
Police Force and Correctional Services

Police Officers

SM&D has been screening films at the Police Headquarters in Maseru, Police Training College and nine police stations throughout Lesotho, often located in remote areas. These are the places where people report rape and abuse and look for support.

According to Police Counsellor Letsie, the screenings sensitised police officers about HIV and AIDS. Police officers gained new information and learned how to deal with HIV in their work places. He also pointed out that the facilitated film screenings removed the fear of HIV and encouraged police officers to get to know their own HIV status.

Police Counsellor Letsie

“People react because the films are real. What is seen on the screen is what happened. The characters of the films are here and they are still alive. That means that there is no fear. If someone is HIV+ and stands in front of you and says, ‘Here I am! I am here because of one, two and three, so why can’t you be?’ it shows that this is a real thing and it’s not an assumption. Some of them (police officers) got to know their status after seeing this."

At times SM&D facilitators were called in to police stations to assist in counselling police officers after testing HIV+. Other officers visited the SM&D Resource Centre for counselling and advice. Despite police stations having in-house counselling services, officers sometimes preferred the anonymity of counsellors from external organisations like SM&D.

Mme Mapaballo

Mme Mapaballo was a staff member of Police Headquarters in Maseru and had been trained as a facilitator by SM&D. After testing HIV positive, she did not know how to disclose to her family. She decided to show SM&D films to family members and to neighbours to get them talking about HIV and AIDS. The people reacted positively to the films. This gave her the courage to disclose her HIV status.

“The films helped a lot of people in my village. Even today when I go home they still ask about them. There are three people that I know of who got tested after the screening. They are now on ARVs.”

After the village screenings, she also found the courage to disclose her HIV+ status at her workplace. She was the first person to openly disclose at Police Headquarters in Maseru and not everybody was as supportive as people in her home village.
“Most of them (police officers) came to me for advice. But there were still one or two who wanted to be as far as possible from me. But one day one of them called in the middle of the night asking me for advice because she is also HIV+.”

**Correctional Services**

Screenings with Correctional Services began in 2006 with a tour of all 12 prisons located in Lesotho, housing a total of about 2800 inmates. After finishing this tour, prison warders started to send letters to SM&D requesting further screenings. Senior Assistant Commissioner, Phoka Scout, has been involved in the programme since the beginning.

Phoka Scout

“When I started working with them (SM&D), they visited all the prisons, just one round. But after that, I started receiving many requests for them to go back and talk more – especially to the inmates.”

“Letters were written by officers, passing on messages from the inmates. They were talking about the kind of information they were getting from SM&D and the way they were presenting the information, by showing a film first and then discussing it. A lot of prisoners chose to disclose their status during presentations. When they realized that people are free to talk, the demand grew. They got a lot of information about their own status and how they can take care of their health.”

“We agreed that we should focus on certain prisons where we could have serious impact – Leribe, JTC (Juvenile Training Centre) and Female Prison in Maseru. So we don’t just visit them once a year, but we go and see them as many times as possible.”

This was the beginning of an ongoing partnership between Correctional Services and SM&D. Limpho Roto (Pharmacy Technologist at Leribe prison) and Phoka Scout confirmed the impact of the screenings among the prison community.

Limpho Roto

“I think they (inmates) concentrate more on what they are watching than when we stand there and only talk about HIV and AIDS. Normally they get bored if it’s just us. But I think if it’s outsiders, it makes a difference. ... When we are talking about HIV and AIDS, they think that we are telling stories. But now that SM&D comes here with people who say: “I have HIV and I am alive.” That makes a difference. It makes people believe it. ... After your visit here, you see many more people testing. They get a lot of information.”

Phoka Scout

“Well, the rest of the organisations talk mainly to health care workers, while SM&D brings ordinary people together. We are told that some of them (facilitators) are actually living with HIV themselves. That makes people listen more to what they have to say, and more than when nurses come to talk... Other organisations come here and test people because they want statistics. But with them (SM&D), they are trusted because they come and give information so you can decide for yourself if you want to be tested.”
Leribe Prison

Leribe Prison houses about 400 inmates – all of them male. 68 inmates are known to be living with HIV and 24 of these are currently on treatment. Discrimination levels are high and prisoners found to be HIV+ are at times forced to move out of their beds and into the HIV+ dormitory by other inmates.

We were told by Limpho Roto that prisoners receiving treatment visit the dispensary every morning to get their ARVs. This leads to further discrimination as HIV+ inmates are easily identified by others.

Observation of a facilitated screening - Magnus Kossman:

The film Looking Good finishes and the discussion is about to begin. A young prisoner comes to the front and begins to speak. He is the coordinator of a group of prisoners requesting to be allowed to form a support group. He informs us that there will be no discussion of the film until some important issues are cleared.

20-30 inmates gather around. Behind them, the warders are watching and listening to see how the tense situation and discussion will unfold.

Facilitator Moalosi stands up in front of the prisoners. Next to him is Tsatsi. He stands proudly next to Moalosi – but the anger and frustration are clearly visible on his face. The other prisoners have the same expression on their faces. They have requested permission and backup to form a support group but still have not gotten any response from the prison officials. One by one they list their grievances. An inmate says he does not like the fact that HIV positive and negative people live in separate buildings. Another complains that the prison officials do not listen to them.

Finally Limpho Roto, the Prison Pharmacist Technologist, is allowed to talk. She says it is not her fault, despite the inmates blaming her. She blames management and her superiors. The inmates are furious. The facilitator, Moalosi, manages to calm the situation and mediates between the prisoners and Limpho. One of the prisoners comments on the process and says, “This is the first time that the prison officials are honest!” The session ends with Limpho committing to getting an outside organisation to train the prisoners in setting up a support group.

Moalosi promises to keep in touch with Limpho, to find out if the promise was kept.

One week later Moalosi phoned Limpho Roto and was told that a support group was going to be established. This support group has now been formed.
Maseru Central Prison

Maseru Central Prison is located in the centre of Maseru. It is the main male prison of Lesotho and houses about 900 inmates - the majority with long-term sentences. The work of SM&D in prisons extends far beyond facilitated screenings. The SM&D team lobbies on behalf of the inmates and facilitates dialogue between them and the authorities.

Moalosi Thabane, Facilitator

“There was this screening at Central Prison. People said that they were concerned about not having clocks because they could not take their medication on time and so instead they had to listen to the radio.

So I went there to meet with them. I went to see the guy (AIDS Coordinator) and I told him about the importance of people that are on treatment to know what time it is. He talked to his boss and they discussed it, and then they put up, I can’t remember, how many clocks. All the people who are on treatment now have clocks.

When we first started they didn’t have any support groups, I remember in one screening they asked if they could form something like AIDS clubs. I took it to the AIDS coordinator and he pushed for the support groups, so now they have them.

Another thing is diet, because an HIV+ person needs food more than any other person. So I discussed the issue of diet to see if they could change it. And it happened.

So we find that most of the time the things we discuss with the prisoners – the problems – I will take them to the AIDS coordinator, because we are close friends.”

Inmates often struggle to voice their grievances and official channels of communication take incredibly long. Phoka Scout appreciates information passed on to him by outside organisations.

Phoka Scout

“At times what happens is that the inmates find it very difficult to talk to us – they find it easier to talk to other people. We try by all means to involve CBOs and other private organisations to come into the prisons. The inmates tend to listen to them (organisations) more and open up and give sensitive information. So we have to listen to them (organisations) when they come. Besides Moalosi being a friend of mine, it is my duty to listen to him, because I can get very important information from him.”
Prison Letters

Time with prisoners is always limited. This made it difficult to conduct follow-up interviews with inmates. Therefore inmates were provided with pens and paper and asked to write letters about changes in their personal lives and in the prison environment. Eleven prisoners wrote letters.

Letter 1

Changes in me

There are so many changes in my life after meeting SM&D and the first change is that I have accepted that I’m living with HIV and AIDS.

It took me a long time to accept that I have the virus believing that I’m already dead, but after meeting SM&D and watching their films I have learned a lot about HIV issues. The good thing about their films is that I have seen patients with this disease and I have seen the steps they took after knowing their status.

The second change that happened in my life after accepting myself is that I’m now adhering to my ARVS and now I practice safe sex.

I also advise people wherever I am to know their status and refer them to SM&D for more information.

Letter 2

At first I was a very stubborn person, aggressive and angry with people who taught about HIV, thinking that maybe they are trying to expose my HIV status.

I used to turn a deaf ear to HIV and AIDS issues, but after SM&D has shown us films in this prison I have recognized a lot of changes. The first thing is that inmates have no fear now to talk about HIV and AIDS; we talk freely and share ideas about the virus.

Inmates are now able to convince their fellow inmates about living with HIV. I have tested and I know my status and with information we got from SM&D I have now accepted my status and I am very confident.
Letter 3

Before SM&D came here to give us counselling about HIV and AIDS it was a huge problem especially with us people living with HIV because there was a lot of stigma and discrimination, people pointing fingers at us during the time to get ARVS from the officers.

There used to be a lot of stigma. My colleagues used to say: "That one has AIDS; I won’t sleep next to him, nor eat from the same plate or drink with the same bottle with him because I don’t want to get his AIDS".

After SM&D visit here there has been change because people are able to differentiate between HIV and AIDS and they know they don’t have to discriminate against us, because we are just like them. Even if we are sick they don’t have to make fun of us because we did not choose to be HIV+.

Because of SM&D we now have information. People used to die in a high rate from chronic illnesses in this prison, but now they go to clinic and test.

Keep it up SM&D, because of you we have life and we are independent.

Letter 4

I have learnt about my responsibility in curbing the spread of HIV and AIDS in the prison environment through making fellow inmates aware of not to touch my blood with bare hands (or anyone’s blood for that matter), or share piercing instruments. But most importantly, I have learnt that when I’m released, I should protect my partner through the consistent use of condoms.

Before I was exposed to the films, I did not adhere to ART because I did not think I’d live long anyway, but now I adhere strictly and I lead a normal life like any inmate.

Inmates, with great support from management, have established a support group, which is instrumental in awareness-raising around different HIV and AIDS issues, particularly prevention and adherence.
Clinics

For many people, especially in rural areas, clinics provide the only access to information and healthcare. Patients often spend many hours waiting for consultation. This presents an opportunity for facilitated screenings. Screenings have been conducted with the mobile cinema at clinics throughout the country.

Mission Aviation

Mission Aviation uses small aeroplanes to reach rural clinics that are otherwise inaccessible. This faith-based organisation provides healthcare and education in the remotest regions of Lesotho.

On many occasions SM&D has supported Mission Aviation in their work, thus reaching people with little or no access to media. Elias Macholo and Nthabeleng Ramorothole, from Mission Aviation, shared their experiences.

Elias Macholo

 Those films had an impact up in the mountains. The people are not familiar with movies. So they have learnt a lot. They have been given a chance to look at pictures and also to ask questions afterwards. I think the films have contributed to people coping. A Miner’s Tale and A Red Ribbon around my House were the most effective films - and also that one Mother to Child."

Nthabeleng Ramorothole

 One Lady really related to the film Mother to Child. She said that her husband is working in the mines, and she was coming back from visiting him. You know how our roads are and busses are far away, so she had to walk like 7 hours to get home. It was dark and she was walking home and she was raped. At the time she was expecting a baby. Unfortunately the baby passed away because she was forced to breastfeed. You know in our culture, where you have to ask the husband and the husband’s family if you can stop breastfeeding, they didn’t allow her to and the baby passed away. After seeing the film ‘Mother to Child’, she understood things.”

As a faith based organisation, Mission Aviation does not promote condom use. However, while they encourage abstinence, they do recognise that condom-use is the only option for some people. During their workshops they allow SM&D to address and demonstrate condom use.

Statistics

Screenings – 29
Total Audience reached – 1027
“We are a Christian based organisation. As you know, there are things we don’t touch, like condoms. We believe that young people should abstain until marriage. If they have started, we encourage them to stop through special counselling. Grown-ups we refer to the clinic, if they want condoms and pills and all that, while still encouraging them to stop.”

The cooperation between SM&D and Mission Aviation ceased at the end of 2007 due to budget constraints on the part of Mission Aviation. Recently, discussions around a new collaboration have begun.

“The films are really good and we miss the guys because our budget was cut and we couldn’t fly the equipment. But while we were working with them, it was great. We are hoping that the new project with youth we are starting means we can be working with you again.”

**Mapholeng Clinic**

Mapholeng Clinic is located in the Berea District and caters for a number of villages in the surrounding area. A badly maintained dirt road winds through a long valley to reach the clinic. The clinic hosts one of the few male support groups known as ‘Bahale’ or ‘Heroes’.

In 2009 SM&D began a screening program in the villages surrounding the clinic. We accompanied the team on the second screening in this area and were able to talk to people before the film screening.

Makhang Ramasa is HIV+, a support group member and assists the clinic staff in counselling and testing.

**Makhang Ramasa**

“I am 52 years old and have had the virus for 23 years, since 1986. I encourage people who have stopped their medication to take them again. I do counselling and testing as well as organizing people in the villages and talk about HIV and AIDS and that you can live many more years.

My village is so far from the clinic, but every morning I’m running up the mountain and collecting the people and talking about them. I tell them that it doesn’t matter if you have HIV; you’re still alive. I am fine, I’m ok, I’m a grandmother but I’m fresh like a fish in the water... And the people they enjoy me and say, ‘How can you be so old and you have the virus for so long, but you’re still fresh and walking’.”

Although Makhang did not attend the previous screening, she had heard people talking about it. Working at the clinic, she observed that people were coming to test after the screening.
“I heard the people; they enjoyed it (the film screening) very much and then they came to the clinic. They said it was nice and they saw the films and understood that HIV doesn’t have to kill the people if you take treatment. After the screening a lot came to test. They say they want to know their status, before it was not like that. They are not scared anymore. I tell them that I am here because I take my tablets. There are so many people coming to test that the testing kit is finished. And especially after you were here in June, the men have been coming to the clinic. We are very busy.”

She also talked about the strategy some women were using to attract more men to the Mapholeng Clinic to get tested.

“When women are pregnant we tell them, “Bring your husband and get tested together.”

There were two women whose men didn’t want to go to the clinic. The children were so weak, we gave them tablets. The women told their men that if they don’t go to the clinic, the children won’t get the tablets. So now the men even come to the clinic alone with the child and go to test. These women were very clever.”

Loretto Clinic

Loretto Clinic lies on the outskirts of Maseru. Angelina Malitseo Ramphalile, a catholic nun, is the resident nurse. According to her, the film screenings have encouraged people to return to the clinic after testing HIV+. People now believe that life goes on, despite living with HIV.

Interview with Sister Angelina Malitseo Ramphalile

Angelina Malitseo Ramphalile

“For us the best film is Ho ea Rona because it has helped a lot of men, especially young men. They have seen mates their age living openly and taking their treatment openly and that made them say, ‘If mates my age are doing it then we might as well do it too’.

For me at this centre we have been testing people, but after knowing their status they disappeared. But in the film they saw someone who was HIV+ and was in the media. (…) And they say we know him. He is somebody from our area. (…) Ntate Thabiso and Ntate Moalosi appeared in the film and showed the patients that they are living healthy and still surviving. The local films helped our patients to get tested and (…) even those who were about to give up took care of their lives.”

Nurse Angelina uses the films to provide information about reproductive rights and PMTCT. According to her, people also learned about treatment literacy and adherence from the films.
“Another film that helped was the PMTCT film (Mother to Child) because lots of pregnant women did not believe that if both parents are positive, a child can come out negative. After the film, pregnant women got tested because they understood that a child can be born negative, even if the parent is positive. So those films helped us a lot.”

“Most of the times when you come, it makes a big difference. For example after the screening, people came and tested. When they see the cast of the films, they become stronger and braver to take their treatment. After watching the film, they don’t ask themselves questions because they have seen other people who are on treatment. And the people from the film are healthy. Before we had lots of patients who were not taking their treatment, but after the screening, they came back and started their treatment properly.”

Being a catholic nurse, Angelina cannot promote the use of condoms or conduct condom demonstrations at the clinic. But like Mission Aviation, she invites SM&D to show films, talk about condom use and even demonstrate how to use them.

“Sesotho Media has helped us a lot. They talk about condoms, we talk about abstinence. I was quite happy about that because SM&D was showing people how to use a condom. But for us we are not allowed to use the condoms. Even when we send people to the priest to get special permission, they don’t show them how to use a condom.”

Ts’episo Monyane

Every day Ts’episo Monyane sets up a small stall in front of Loretto Clinic and sells fruit and sweets to people coming and going. Because she is at the clinic daily, she has attended almost all of the SM&D film screenings held at Loretto Clinic. She always looks forward to the films and sets a reminder of the date for the next screening on her cell phone. Apart from being entertained by the films, they have also helped her in her own life.

“My mother is HIV+ and after watching these films I was able to tell her that it is not the end of the world. She just has to end the old life and start a new life and take care of herself and attend her check-up as she is supposed to, without being afraid of what people will say when they see her at the clinic. I told her not to keep it a secret but talk about it and tell people what she lives with. Now she is able to talk about her status even to her friends. I told her that HIV is there and affects and infects people and we have to live with it and accept it, though many people have not tested. “

“I test regularly and I am still HIV- for now. I am not afraid to test because I have accepted that HIV is there and we live with it. The films always inspire and motivate me. I have seen that people live a healthy life for a long time as long as they adhere to their medication and what they are told to do.”

Her mother had only been told about the story of Pinky from the film A Red Ribbon Around my House by her daughter. This shows that film can have a much longer afterlife than the screening. Long after the SM&D team has left, the stories and experiences continue to be retold and passed on – extending the reach of the facilitated film screening method far beyond what the facilitators had expected.
Conclusions

The strength of facilitated screenings lies in the combination of films, discussions guided by facilitators, most of them openly living with HIV, and follow-up support and referral.

Documentary films have proven to be an effective medium to attract audiences throughout Lesotho. Audiences related to the film characters and the stories about real life and linked these to their own lives. In this way living with HIV and AIDS became a reality. The local films with Basotho characters were the best received films. Audiences recognised and identified with the local characters and the familiar environment. Film screenings were most successful when the film characters facilitated the screening discussion.

Facilitated screenings have contributed towards learning and motivation. People were encouraged to make positive changes in their lives. Apart from the individual changes, the method enabled changes in the social environment. Yet these changes can by no means be attributed to this intervention alone. Change may have occurred without any intervention, or as a result of a number of interventions and strategies.

Open Communication

Most screenings were attended by people from diverse gender and age groups. The screenings became a collective social experience, which allowed for open communication across these divides. However, some audience members pointed out that homogenous groups, in terms of age and gender, may have helped them to communicate more openly. This was mentioned by men and youths.

Communication did not cease at the screenings but continued into the daily lives of audience members after the screenings. Audiences retold the story of the film, the discussion and information gained to their families, friends and wider community. Thus the reach of the facilitated film screenings was greatly extended beyond the audience that had attended the screening. However, youth expressed concerns that they were not able to share the experience with their parents or talk openly about sex related issues. Similarly, women shared that it was difficult for them to talk to their husbands openly. This needs to be addressed further.

Disclosure

Facilitated screenings provided a safe environment for people to disclose their HIV status, some of them for the first time. They were encouraged by the stories in the films and the facilitators. Yet disclosure is a step that needs to be carefully considered. It is difficult to predict how others might react. This became visible at the prison screenings. To provide support for those disclosing, facilitators need to ensure that a structure for follow-up support is in place.
Staff at Police and Correctional Services headquarters at times has called on SM&D for support, despite having counselling services of their own. Staff often felt more comfortable to disclose or be counselled by an outside organisation. This has led to ongoing supportive relationships between the facilitators and staff.

**Information sharing and learning**

Facilitated screenings encouraged information sharing and learning. Although the majority of audience members seemed to be aware of the basic facts about transmission and prevention, knowledge gaps and misconceptions had to be addressed during most discussions. Audiences stated that they gained a deeper understanding and additional knowledge about prevention, positive living, treatment literacy, reproductive rights of PLWHAS and gender and stigma.

**Stigma reduction**

According to the facilitators, a shift in attitudes towards PLWHAs has been observed in Lesotho. HIV and AIDS has become a part of everyday life and has been “normalised” to some extent. Compared to earlier screenings, facilitators experienced that audiences were less afraid of associating with PLWHAs. Although discriminatory remarks and attitudes were still expressed during discussions, these were challenged by other audience members.

This perceived reduction in stigma cannot be directly attributed only to the screening interventions. Nevertheless, interviewees confirmed that the films, HIV+ facilitators and PLWHAs among the audience encouraged them to overcome their own fears, change their own discriminatory attitudes and begin to accept and support PLWA.

Inmates and staff in prisons confirmed profound attitude changes towards prisoners living with HIV and linked these directly to SM&D’s interventions.

**Living Positively**

Building the self esteem of PLWHAs has been an important contribution made by SM&D. Films effectively conveyed the message of “living positively and coping with HIV instead of dying of AIDS”. HIV+ audience members confirmed that they managed to overcome their fears and disclosed to their families and partners. They felt encouraged by the stories that PLHWA can lead a healthy life, have relationships and children. They learned how to cope better with living with HIV, joined support groups, disclosed their status to the wider community and offered support and care to others. It was also reported, that treatment adherence improved as a result of screenings.
Seeking information and Support Services

Audiences often requested SM&D to return with mobile VCT units. Based on past experiences, SM&D decided not to work with once-off testing drives that leave people without adequate follow-up support. Instead audiences were referred to clinics and local VCT sites that offer ongoing counselling and support. According to clinic nurses and support groups, facilitated screenings have resulted in an increase in the number of people getting tested. It was reported that people who tested positive returned to the clinic for further counselling and support. This allowed people to access treatment. It was also reported that treatment adherence had improved. Support group members noticed an increase in the number of people approaching them for further information and advice after screenings. It was encouraging to hear that more men volunteered to get tested after participating in film screenings.

Institutional change

SM&D helped initiate a change in the way that institutions work to address issues around HIV and AIDS. Schools, Correctional and Police Services have begun to better appreciate the value of working in partnership with outside organisations to bring in complementary resources. Furthermore, institutions such as Mission Aviation and faith-based clinics have recognised that they can work with other organisations to address sensitive issues such as condom use which they themselves are prohibited from promoting.

Lobbying and Advocacy

Facilitated screenings provided a platform for people from different age groups, genders, social standing and rank to come together and listen to each other, express their concerns and decide on actions to be taken. Facilitators not only guided this process but also mediated between parties. Thus youth could address adults about their problems, prison inmates voiced their concerns in front of warders, teachers listened to learners and women were able to challenge men. Actors without voice were able to speak and be listened to, while those in a position of power were forced to listen and engage through this process. This has been an important step towards creating more supportive social environments.
Recommendations

1. Focussed screening programmes with smaller audience groups over a longer period of time instead of once-off screenings with mass audiences should be continued. This will significantly enhance the potential impact of SM&D. However the team has to collectively decide when to stop a programme and move on to work with new audience groups.

2. Screenings with mixed audience groups should be continued as this allows dialogue and lobbying across gender, age and other social divides. Local and religious leaders also need to be involved in screening programs.

3. At the same time the program should also include screenings targeting specific groups exclusively (i.e. men, youth and women only). This could contribute towards confidence building within their own groups, before joining a larger combined audience group.

4. School screenings programs should include separate screenings for learners, teachers and parents.

5. Currently adult men are predominantly reached through the prison screenings. New strategies have to be developed for men. One way could be to work more closely with male support group members and organisations working with men.

6. The additional services that SM&D provides, including counselling, mediation and lobbying on behalf of prisoners overstretched the capacity of the organisations. Therefore they need to establish a stronger referral system, by involving other local organisation in the screening programs.

7. In-house facilitators should be trained from organisations, institutions and schools and films need to be distributed to them. This would enable ongoing facilitated screenings programs, independently of SM&D. The SM&D team could then take on a mentorship and support role. Correctional Services and SM&D are already planning to train a group of inmates and warders as facilitators.

8. More films are needed addressing reproductive rights of PLWHA and discordant couples, as well as youth issues and treatment.

9. A specific focus on children could be developed to address their particular needs. Currently children attend the screening because they are accompanying the parents, but the films are usually not aimed at them. At present a film for children from the Steps collection, True Friends, is being versioned into the local language Sesotho. More films that address children’s issues need to be sourced or produced.
Annex

Example Screening Reports attached

16/01/08 - Pitseng High School - Yah workshop
15/02/08 - ‘Maletsema Secondary school
18/02/09 - Female Prison
Facilitated screening report

Facilitated screening data
Date: 16/01/08
Time: 3:30 hrs
Venue: Pitseng High school- Yah workshop
Screening: (requested or arranged) YAH
Films screened: Ho ea rona, -Dreams of a good life
Language(s) used: Sesotho
Facilitators (male, female): Male

Audience
Estimated number of people: Please tick or fill in where appropriate:

<table>
<thead>
<tr>
<th>Adults</th>
<th>Males</th>
<th>Females</th>
<th>Youth:</th>
<th>Males:15</th>
<th>Females: 20</th>
<th>Children under 12</th>
</tr>
</thead>
</table>

Who participated the most? Men or women?

C: Both boys and girls participated equally.

If possible, indicate in the following answers which specific issues, opinions, attitudes were expressed by men or women.

1. List the main issues discussed by the audience.

   Disclosure and support
   a) I have learned from the film that HIV positive people live longer when they are given support after disclosing.

   Stigma
   a) There is still stigma in our communities and we should fight it and it is caused by being associated with having multiple partners.

   Disclosure, stigma and lack of knowledge
   a) HIV positive people who do not have information do not disclose because they fear being stigmatised do they spread the virus.

   Sexuality and protection
   a) HIV is not transmitted through sexual intercourse only, so we need to gather ourselves with information from health centres and disseminate the information to our communities especially the elderly who care for patients e.g. their children and grandchildren, so that they cannot be infected.

   Activities
   a) Yah has started different games where young people meet and discuss issues like HIV and AIDS in the sports.

2. Describe audience’s reactions and attitudes towards people living with HIV and AIDS

3. Did audience members share personal experiences about issues such as HIV status, sex work, sexual orientation....? Give some examples

4. Describe the audience knowledge level about HIV and AIDS
5. Describe remarkable experiences, such as change in attitude, actions to be taken etc. among audience members

**Report from Help Lesotho Director**

<table>
<thead>
<tr>
<th>a) On the 16th of January 2008, thirty-nine people were tested by new start Maputsoe and two of them were HIV positive.</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) On the second day 17th January 2008, forty-three people tested and only one person came out HIV positive.</td>
</tr>
</tbody>
</table>

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**Facilitated screening report**

Facilitated screening data
Date: 15/02/08
Time: 9:30
Venue: 'Maleteena Secondary school
Screening: (requested or arranged) Arranged by Ntate Bolofo
Films screened: piki piki, red ribbon, Hoesa rona
Language(s) used: Sesotho
Facilitators (male, female):

<table>
<thead>
<tr>
<th>Audience</th>
</tr>
</thead>
</table>

**Estimated number of people:** Please tick or fill in where appropriate:

<table>
<thead>
<tr>
<th>Adults</th>
<th>Youth</th>
<th>Children under 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males: 4</td>
<td>Males: 35</td>
<td>Males: -</td>
</tr>
<tr>
<td>Females: 2</td>
<td>Females: 25</td>
<td>Females: -</td>
</tr>
</tbody>
</table>

**Who participated the most? Men or women?**

| C: They all participated well as well as their teachers who were all present |

If possible, indicate in the following answers which specific issues, opinions, attitudes were expressed by men or women.

**1. List the main issues discussed by the audience.**

**Fear**

| a) Most audience agreed that they cannot get tested because people will laugh at them and make fun of them, they said they would rather stay not knowing. |

**Pregnancy**

| a) As girls we ignore advice from our parents because we think our friends outside will laugh at us when we don't make love to our partners. |

**Boy: In class we seat with girls and sometimes we touch each other to the extend that we end up making love here at school.**

**Parents**

| a) As children we cannot talk to our parents because they will say we think we know everything, we rather talk to our friends, our parents get angry when we raise the issue of sex at home. |
2. Describe audience’s reactions and attitudes towards people living with HIV and AIDS

C: People living with HIV must be put together in one place

C: If you are HIV positive you are a disgrace so we will definitely run away from you.

C: I can kill my girlfriend if she comes and tells me she is HIV positive.

C: Every individual living with HIV must be killed because they don’t deserve to live and I think we must all be forced to test so that it can be easy to find positive people. Then it will be over with HIV.

3. Did audience members share personal experiences about issues such as HIV status, sex work, sexual orientation….? Give some examples

4. Describe the audience knowledge level about HIV and AIDS

C: There is high lack of knowledge amongst the audience, most of them are negative towards HIV and they cannot say the difference between HIV and AIDS as well as ARVs and PEP.

5. Describe remarkable experiences, such as change in attitude, actions to be taken etc. among audience members

Teacher: Basotho still have the culture thing that they cannot talk to their children about sex, HIV and AIDS, but as children I think you should go back to your parents and challenge them, it is not an easy thing but you must try it.
Facilitated screening report

Facilitated screening data
Date: 18/02/09
Time: 10 a.m.
Venue: Female Prison
Screening: (requested or arranged) by Sesotho Media
Films screened: Not Afraid and Dreams of a good life
Language(s) used: Sesotho
Facilitators (male, female): Male

Audience
Estimated number of people: Please tick or fill in where appropriate:

<table>
<thead>
<tr>
<th>Adults</th>
<th>Youth</th>
<th>Children under 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>Males</td>
<td>Males</td>
</tr>
<tr>
<td>16</td>
<td>Females</td>
<td>Females</td>
</tr>
</tbody>
</table>

Who participated the most? Men or women?

C: It was an audience of females only.

If possible, indicate in the following answers which specific issues, opinions, attitudes were expressed by men or women.

1. List the main issues discussed by the audience.

Acceptance
a) We got to accept our HIV positive status and live positively and I think it will definitely workout.

Disclosure
a) Disclosure is a healing progress.
b) Disclosing has bad effects and good effects but when you have information you don’t have fear.
c) HIV positive people who fear to disclose suffer with stress where as those who disclose are revealed.

Protection
a) HIV positive people can continue with marriage affairs, like love making using protection even when the other partner is negative.

Transmission
a) Officer: I fear there can be a mistake when positive people make a baby, I think they should adopt.

Pep
a) When rape has happen in case there has been blood contact with a positive person there is PEP taken within 72 hours which goes together with counselling.

Communication
a) Partners need to communicate there really need to be communication before they
2. Describe audience's reactions and attitudes towards people living with HIV and AIDS

| C: Inmate: I cannot have a relationship with a HIV positive guy. |
| C: Officer: I can have a relationship with a HIV positive partner and encourage safe sex all the time to avoid re infection. |
| C: Nun: I can give support but cannot have an intimate relationship like to make love with such a person. |

3. Did audience members share personal experiences about issues such as HIV status, sex work, sexual orientation...? Give some examples

| C: A lady of about 40 years disclosed and said she was on denial at first but now she is okay and she is using treatment and she is living positively and her CD4 is still high. |
| C: Two young people disclosed outside the screening, one in tears was worried about taking ARVS for the rest of her life and she is only one month taking medication and her son of nine years old is also HIV positive. |

4. Describe the audience knowledge level about HIV and AIDS

| C: Their level of knowledge was good although some had bad attitude towards people living with HIV and AIDS. |

5. Describe remarkable experiences, such as change in attitude, actions to be taken etc. among audience members

| C: Sesotho Media has helped a lot with counselling, acceptance and making us strong with the films and discussion we wish it could come regularly. |