

# CHAMPION@Work for Tanzania: A Comprehensive, Gender-Transformative Approach to Preventing HIV through the World of Work



## KEY POINTS

The world of work plays a critical role in addressing HIV and AIDS in Tanzania. Employers have much at stake—and much to contribute—in enabling a healthy and productive workforce. Ensuring that workers have access to condoms, are knowledgeable about HIV, and have access to health services is a critical step toward reducing HIV transmission.

Between 2008 and 2014, the CHAMPION Project mobilized policymakers, employers, workers, and communities through its CHAMPION@Work approach to strengthening workplace HIV policies and programs that encourage male engagement in HIV prevention and reproductive health promotion and that advance gender equality.

## WORKPLACE INTERVENTION



## THE IMPACT OF HIV ON THE WORLD OF WORK

HIV and AIDS have a tremendous impact on the world of work, threatening the livelihoods of workers and their families, undermining rights, reducing worker productivity, and impeding economic growth (ILO, 2004; OHCHR/UNAIDS, 1998). In Tanzania, the vast majority of the 1.6 million men and women living with HIV are in the prime of their working lives (TACAIDS et al., 2013). By 2020, Tanzania is projected to lose 9% of its labor force to AIDS, reducing the size of the economically active population (ILO, 2004). This loss of skilled workers increases labor costs due to added recruitment and training needs (ILO, 2004). Further, HIV increases health care costs to employers and leads to absenteeism (due to illness, care-taking, or bereavement), which decreases worker productivity (ILO, 2004).

Studies show that employed individuals with more economic resources are at higher risk for contracting HIV and are more likely to be HIV-positive (TACAIDS, 2008; Bloom et al., 2002). Workers in industries that attract large numbers of male migrant workers, such as the transportation and mining sectors, are particularly vulnerable to HIV (REPOA, 2010). Mobile workers who spend long periods of time away from their families are more likely to engage in high-risk sex and pass HIV to their female partners when they return home (UNAIDS, 2008). In addition to its economic impact, HIV has devastating consequences for individuals, their families, and communities, undermining efforts to provide women and men with decent and productive work in conditions of freedom, equity, security, and human dignity (ILO, 2002).

## GENDER, HIV, AND WORK

In Tanzania and around the world, unequal gender norms—societal expectations of men's and women's behaviors—are among the strongest factors fueling HIV transmission (Barker & Ricardo, 2006). Traditional views of masculinity also encourage men to engage in behaviors that put them and their partners at risk for HIV, including unsafe sex with multiple, concurrent partners; alcohol and drug abuse; gender-based violence (GBV); and limited health care-seeking.

There is widespread global recognition of men's role in preventing HIV and ensuring the health of their partners (WHO, 2012; Rottach et al., 2009). However, men are not sufficiently engaged in HIV prevention and sexual and reproductive health (SRH) efforts. The



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workplace offers a valuable entry point to reaching this key population. Gender-responsive workplace HIV policies and programs facilitate access to education and health services for workers, as well as the broader community.

## WORKPLACE APPROACH CHAMPION@Work

Women comprise 51% of the labor force in Tanzania and are most commonly engaged in agriculture and trade, whereas men dominate the mining, transportation, and construction sectors (Ellis et al., 2007). Thus, to engage men in the setting where they spend much of their time, the CHAMPION Project implemented CHAMPION@Work, a holistic workplace program targeting key male-dominated sectors in Tanzania. CHAMPION@Work mobilized policymakers, private- and public-sector employers, workers, health providers, and communities to develop and initiate workplace HIV policies and programs that promote gender equality and encourage constructive male engagement in HIV prevention and SRH promotion.

### Ecological Model

CHAMPION's workplace approach is grounded in an ecological model, which posits that health interventions are most successful and sustainable when they address factors at all levels—individual, community, health service, workplace, and policy and advocacy. Activities at each of these levels include workplace and community education and outreach, HIV testing and counseling (HTC) and other SRH services, policy and program development, and advocacy. Activities at each level work synergistically to catalyze healthier SRH-seeking behavior.

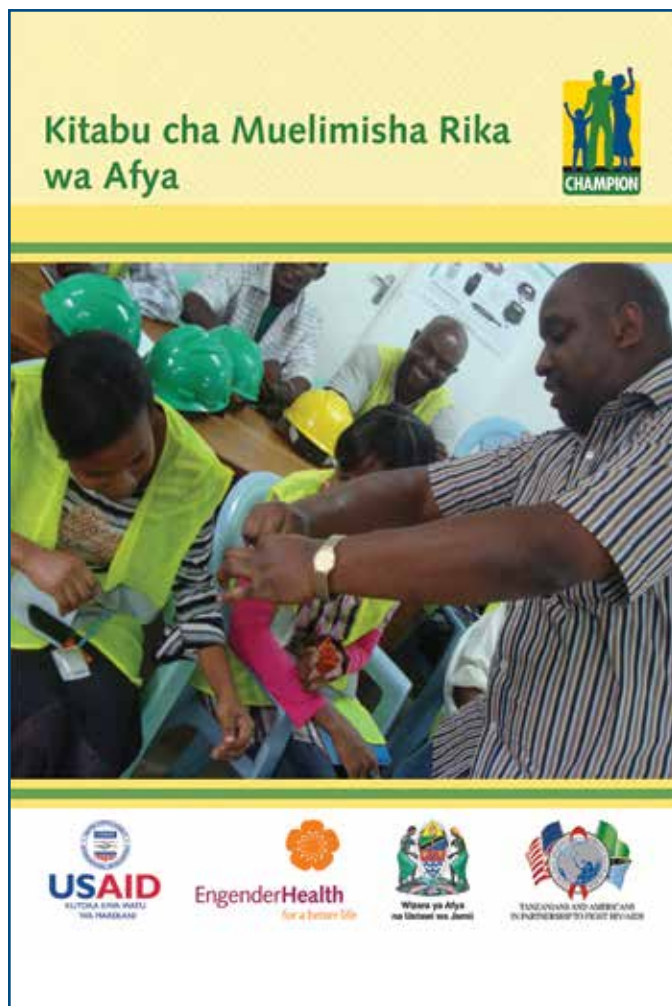
### Workplace Initiatives

CHAMPION@Work consisted of four initiatives: 1) national-level policy and advocacy, 2) workplace interventions, or Workplace (WP) General, 3) Public-Private Partnerships for HIV Prevention at the Workplace Project (P3P),<sup>1</sup> and 4) Millennium Challenge Corporation/Millennium Challenge Account-Tanzania (MCC/MCA-T) (CHAMPION Project, 2014a). In partnership with the International Labour Organization (ILO), Ministry of Labor and Employment (MoLE), and P3P, CHAMPION supported 28 public and private companies in 26 urban districts across 13 regions to develop gender-transformative workplace HIV interventions.

At the policy and advocacy level, CHAMPION worked with employers to improve their understanding of HIV as a workplace issue and gender equality as key to mitigating its spread and impact. The project supported the creation, revision, and implementation of gender-responsive workplace HIV policies; reinvigorated the Tripartite Plus Forum on HIV and the Work of Work (CHAMPION Project, 2014b); and collaborated with government partners to monitor compliance of workplace policies. Social and behavior change commu-

**“During the CHAMPION@Work peer HIV education session at my workplace, I realized that men are made and not born. This knowledge gave me the courage to talk to my son about how gender equality and healthy behavior can protect him from HIV.”**

—Fatuma Pandu



CHAMPION's Peer Health Educator (PHE) Handbook for Health, published in Kiswahili.

nication (SBCC) materials developed for use in workplaces focused on ensuring compliance with HIV laws and policies at the national and workplace level.

### Workplace Education Training Manual

CHAMPION developed an educational training manual on gender, SRH, and HIV and AIDS in the workplace. The manual was informed by the *ILO Code of Practice on HIV at Workplaces* (ILO, 2003) and adapted from EngenderHealth's Men As Partners® (MAP®) group education curriculum and AIDS Business Coalition of Tanzania (ABCT) training guide. Module topics include an overview of HIV in the workplace, gender, male SRH, HIV prevention, fatherhood, healthy relationships, and GBV. CHAMPION used the manual to train workplace-based peer health educators (PHEs) to lead a series of six weekly HIV education sessions with co-workers based on module topics. The manual was adapted for use in communities and sensitization workshops for stakeholders responsible for developing HIV workplace policies and programs.

### IMPLEMENTATION

Thirty national workplace trainers and labor officers from the ABCT, the Association of Tanzanian Employers (ATE), the Trade Union Congress of Tanzania (TUCTA), and MoLE were trained in HIV in the workplace using CHAMPION@Work's workplace training manual. These trainers—together with CHAMPION field facilitators—trained a cadre of 900 volunteer PHEs to conduct workplace-based HIV education sessions with co-workers and in the surrounding community.

**“CHAMPION@Work helped staff and students gain the knowledge to protect themselves from HIV. We will continue to educate others about gender equality and HIV prevention long after the CHAMPION Project ends.”**

—Leonard Sempoli, National Institute of Transport (NIT) Dean of Students

Each module in the manual provided facilitator notes to guide PHEs in leading sessions. PHEs received ongoing supportive supervision from CHAMPION field facilitators throughout implementation, offering technical support and helping to address emergent challenges and gaps.

CHAMPION@Work established strong organizational structures in its intervention locations to ensure long-term program success. In each workplace, an HIV coordinator was appointed, sensitization meetings were conducted with workplace management, gender-responsive workplace HIV policies were developed or revised, and workplace committees were created to oversee HIV policy adherence and program implementation. Additionally, CHAMPION supported the revision of the MoLE’s General Labor Inspection Form to ensure that gender and HIV concerns were incorporated into all government workplace assessments during annual inspections.

### CHAMPION@Work in Communities

During workplace HIV education sessions, PHEs discussed the importance of engaging their neighboring community in HIV awareness and outreach efforts and brainstormed interventions that they and their coworkers could undertake. Worker-led community-based activities included local health fairs, advocacy to local leadership, and drama performances to raise awareness about HIV and its connection with gender, SRH, and GBV. In addition, more than 100 community health care workers were trained by CHAMPION to provide HTC, both at workplaces and through community outreach. Where HTC and SRH outreach services were unavailable, PHEs were trained to refer coworkers and community members to a nearby health facility.



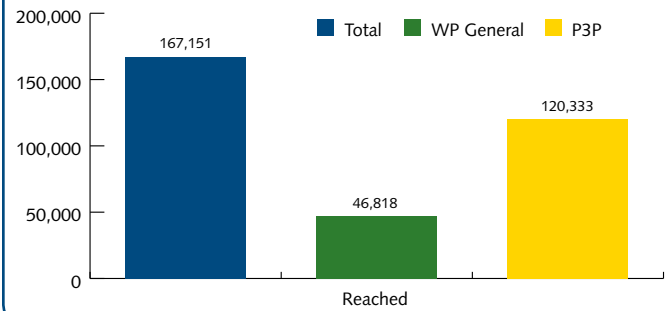
A PHE from Olam in Mtwara Region demonstrates how to use the standard days family planning method during a PHE training.

## RESULTS

### Workplace Interventions

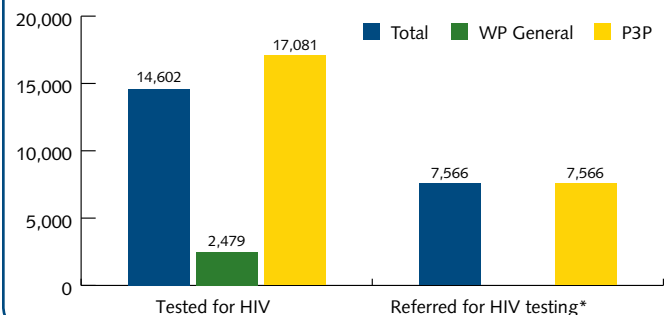
Through workplace-based PHEs and CHAMPION field facilitators, CHAMPION@Work interventions reached more than 167,000 employees and community members through one-on-one, small- and large-group workplace and community education sessions and events with gender-transformative HIV prevention messages and access or referral to HTC, condoms, and other SRH services (Figure 1).

**Figure 1. Number of workers and members of communities surrounding worksites reached through CHAMPION@Work (including P3P sites)**



CHAMPION@Work trained 103 workplace- and community-based health workers to provide HTC and built linkages between workplaces and community health facilities to ensure effective referrals systems. Through community outreach, more than 17,000 people (58% of them men) received HTC and learned their results (Figure 2). Of those tested at WP General sites, 4% tested positive and were referred to a linked health facility for care. An additional 7,566 were referred by a PHE for HTC across all P3P sites, of which HIV test results are unknown. More than 277,000 male condoms and 131,000 SBCC materials were distributed.

**Figure 2. Number of workers and members of communities surrounding worksites who were tested for HIV or referred for HTC services through CHAMPION@Work (including P3P sites)**



## LESSONS LEARNED

### Make the Business Case

Public sector employers often implement workplace HIV policies and/or programs solely to comply with legal requirements. However, when employers and workplace managers fail to recognize that HIV policies and programs are also good for business, implementation can be sporadic or nonexistent. Thus, advocacy efforts with employers should promote the economic

benefits of gender-responsive HIV policies and interventions in the workplace, along with the importance of corporate social responsibility and assurance of legal compliance. HIV and RH can be integrated with other workplace wellness programs to draw the attention of managers and workers and save on cost.

## Implement through Workplace-Based PHEs

The PHE model was central to CHAMPION@Work's successes. Training workplace PHEs to conduct HIV education sessions with their co-workers was a novel and effective approach to reaching men, ensuring worker ownership over the program, catalyzing interpersonal dialogue, and increasing the likelihood of sustained behavior change. Linking PHEs and workers to communities capitalizes on their skills and knowledge to expand the reach of CHAMPION messages to nearby communities. Workplace PHEs are volunteers and thus highly motivated, making them effective change agents. PHEs are also instrumental in distributing SBCC materials and condoms and in providing service referrals.

## Expand Access to HTC through Outreach

Offering HTC services via outreach (e.g., community health fairs, recurrent workplace-based HTC) is an expedient mode of service delivery for reaching men and can result in greater service uptake. In addition to offering more convenient service hours for workers, outreach services can often be perceived by community members as offering a higher degree of confidentiality, given that mobile providers often are unaffiliated with either their workplace or their community. Linking workplaces with health facilities ensures that demand generated by an intervention for HTC and condoms is met with available, accessible, and acceptable services. However, stock-outs of HIV test kits and other RH commodities in public health facilities remains an ongoing challenge.

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<sup>1</sup> P3P was a U.S. Agency for International Development (USAID) funding mechanism for supporting employer-sponsored HIV prevention in Tanzania.

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