



## CHAMPION@Work for the Millennium Challenge Account—Tanzania: *Expanding Workplace HIV Interventions to Mobile Workers*

### KEY POINTS

Temporary workers who travel from project to project can be at risk of HIV infection through contact with commercial sex workers and may spread HIV within the communities surrounding mobile worksites and to their spouse when they return home.

The CHAMPION@Work worksite intervention reached more than 93,000 workers and community members at mobile worksites and surrounding community “hot spots” with HIV prevention messages, through monthly HIV education sessions.

As a result of the intervention, 20,797 individuals were tested and counseled for HIV and received their test results. An additional 15,598 were referred for testing and counseling and other health services.



### BACKGROUND

#### HIV Risk among Mobile Workers

In 2011, the CHAMPION Project partnered with the Millennium Challenge Corporation (MCC) in its Millennium Challenge Account—Tanzania (MCA-T)<sup>1</sup>—to address the unique vulnerability of temporary workers who travel from project to project, and of the communities surrounding mobile worksites, to HIV infection in selected transport, energy, and water projects in Tanzania.

Worker mobility has long been known to increase the risk of contracting HIV among both the workers themselves and those in the surrounding community (TACAIDS et al., 2013; UNAIDS, 2008; Kishamawe et al., 2006; Bloom et al., 2002). Separated from their intimate partners for long periods of time, mobile workers are more likely to engage in “high-risk” sex that puts them at risk of contracting HIV (Garbus, 2004). Many of these men return home and pass HIV on to their spouses. Within Tanzania, many of these workers are men undertaking short-term employment on infrastructure projects, primarily in mining and transportation. Female sex workers often congregate near itinerant worker’s campsites and social outlets, creating areas of high HIV prevalence—“hot spots”—in communities surrounding worksites.

#### CHAMPION@Work for MCC/MCA-T Project Objectives:

1. Increase the level of comprehensive knowledge of HIV and AIDS and of prevention methods among workers in infrastructure projects and the surrounding communities through the implementation of worksite and community-based strategies.
2. Encourage the target audience to adopt healthier sexual behaviors to prevent HIV infection, by implementing appropriate social and behavior change communication and social marketing strategies in the worksite and surrounding communities.
3. Facilitate workers and surrounding communities’ access to voluntary HIV testing and counseling.
4. Assist contracted MCC/MCA-T companies to develop or refine existing worksite HIV policies and programs.

WORKPLACE  
INTERVENTION



## INTERVENTION CHAMPION@Work

The CHAMPION@Work approach to workplace-based HIV awareness interventions was implemented in three settings over the life of the project: The Public-Private Partnership for Prevention of HIV in the Workplace (P3P)<sup>2</sup>, MCC/MCA-T worksites, and CHAMPION's Workplace General (WG) program. The approach used the workplace setting to reach (largely) men with messages about HIV prevention and men's role in family well-being. Workers were linked to health care providers for HIV testing and counseling (HTC), family planning (FP), and other sexual and reproductive health (SRH) services.

In the standard CHAMPION@Work approach designed for static WG workplaces, CHAMPION trained peer health educators (PHEs)<sup>3</sup> from each workplace to facilitate a series of six weekly HIV awareness sessions and distribute condoms. Session content was adapted for the WG context using EngenderHealth's gender-transformative Men As Partners<sup>®</sup> (MAP<sup>®</sup>) group education curriculum, which encourages critical reflection on the impact of gender inequality on health and builds the skills necessary to make safer, more responsible decisions about sexual behavior. HIV-related content was adapted using the AIDS Business Coalition of Tanzania's workplace training manual. During the first month of implementation, one full-day session was conducted; subsequently, one two-hour session was held each month.

Adjustments to the WG program approach were made after an initial assessment with MCC/MCA-T contractors identified distinct challenges posed by their worksites' temporary nature. The core technical content of the WG CHAMPION@Work approach remained the same for the MCC/MCA-T intervention; however, training workplace-based PHEs was impractical, given the frequent turnover of mobile staff. For the MCC/MCA-T interventions, CHAMPION field facilitators instead conducted all worksite HIV education sessions. Community outreach under MCC/MCA-T was undertaken by PHEs, who conducted one-on-one and small-group sessions within communities surrounding temporary worksites to raise awareness of HIV, SRH, GBV, and gender inequality, as well as to promote condom use.

Worksite and community-based intervention locations were selected based on a community mapping exercise that identified areas of high HIV prevalence in and around temporary construction sites, where workers integrate with local communities. Factors used to locate community

“hot spots” included proximity to an MCC/MCA-T worksite, number of worksite employees, existence of lodging for laborers, length of stay of laborers, population density, the existence of social venues (e.g., markets, bars), and the presence of populations at high risk for HIV, such as commercial sex workers.

## IMPLEMENTATION

CHAMPION worked with 11 MCC/MCA-T contractors (Box 1) to implement its mobile worksite approach to HIV awareness and prevention in 65 “hot spots” spanning 42 districts across 13 regions (Figure 1). CHAMPION field facilitators and staff conducted monthly worksite-based HIV awareness sessions between 2011 and 2013; 266 PHEs (140 men and 126 women) held community outreach sessions during this same period in communities surrounding mobile worksites.

**Figure 1. Districts reached with CHAMPION@Work's MCC/MCA-T HIV awareness sessions (includes all worksite and community “hot spots” reached)**



CHAMPION partnered with and trained local health care providers to offer on-site HTC during CHAMPION@Work for MCC/MCA-T worksite and community outreach sessions. When providers were unavailable, PHEs were trained to make referrals to nearby health care facilities offering HTC and other SRH services. The length of the interventions varied by “hot spot” from three months to three years, depending on the terms of the MCC/MCA-T project.

Social and behavior change communication (SBCC) materials were tailored for and distributed among worksite and community audiences and focused on reducing the number of sexual partners, using condoms, reducing alcohol abuse, and getting tested for HIV. CHAMPION staff and staff from nongovernmental organization partners conducted monthly supervision visits with field facilitators and PHEs to restock SBCC materials and condoms, assist with data collection, discuss challenges and solutions, and share new information or updates. CHAMPION continued to provide on-site technical support to field facilitators and PHEs throughout the intervention, to address challenges as they emerged.

## RESULTS Community Interventions

Across the 65 “hot spots,” PHEs reached more than 86,000 individuals between 2011 and 2013 with HIV prevention

### Box 1. MCC/MCA-T companies partnered with CHAMPION

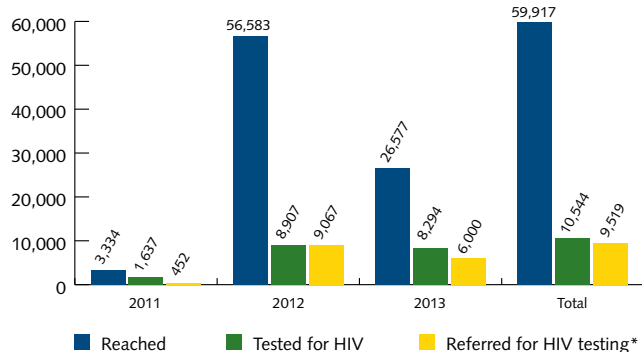
- |                                     |                                 |
|-------------------------------------|---------------------------------|
| 1. H. Young                         | 7. VISCAS                       |
| 2. Pike Power Tanzania LLC          | 8. Nicholas O'Dwyer             |
| 3. Symbion Power LLC                | 9. Zhonghao Co. Ltd             |
| 4. Rex Investment Ltd               | 10. Degremont Spenco Consortium |
| 5. Camco International              | 11. KUANTA Construction Company |
| 6. Kalpataru Power Transmission Ltd |                                 |

messages through one-on-one or small-group community outreach (Figure 2). Through community outreach activities, 18,838 people (57% of them men) received HTC and received their results. Of those, 2% (179 men and 204 women) tested positive for HIV and were referred to partner health facilities for care. An additional 15,519 were referred for HTC services from a PHE, the results of which are not known. Nearly 252,000 condoms and 35,000 SBCC materials were distributed. All MCC/MCA-T contracts in Tanzania ended in September 2013; therefore, the results reported for 2013 reflect the CHAMPION@Work for MCC/MCA-T activities that were implemented over nine months only.



CHAMPION field facilitator conducting a CHAMPION@Work HIV education session for mobile workers

**Figure 2. Numbers of individual community members reached, tested, or referred for HTC services through CHAMPION's MCC/MCA-T intervention**

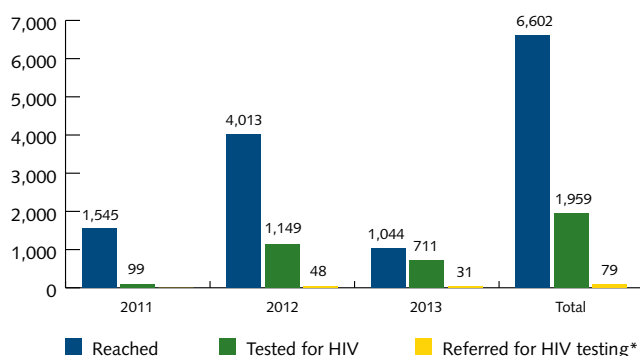


\* Reflects the number of individuals who were not tested for HIV through CHAMPION but who received an informal community referral from a PHE for HTC services.

## Worksite Interventions

More than 6,600 mobile workers (92% of them men) were reached through worksite-based CHAMPION@Work HIV awareness sessions (Figure 3). Providing on-site HTC at mobile worksites yielded high utilization rates, with a total of 1,959 mobile workers (1,799 men and 160 women) receiving HTC as a result of the intervention. Of those, 1.8% tested positive for HIV and were referred for HIV care. In addition, 79 mobile workers were referred for HTC, and 108,857 condoms were distributed.

**Figure 3. Numbers of mobile workers reached, tested, or referred for HTC services through CHAMPION's MCC/MCA-T worksite intervention**



\* Reflects the number of workers who were not tested for HIV through CHAMPION but who received an informal community referral from a PHE for HTC services..

## RECOMMENDATIONS

### Engage Community-Based PHEs

Working through PHEs in community “hot spots” enables a broader reach and greater impact than project staff can achieve alone. The recruitment of PHEs should be led by ward leaders and other local community groups; PHEs are already invested in the well-being of the population they are asked to serve and are well-respected by their peers, making them effective change agents. Ongoing recruitment is often needed to replace PHEs who are also students and leave the community upon graduation.

### Involve Workplace Management

Obtaining the support and commitment of worksite contractors to the HIV intervention is critical to ensuring success. Engaging worksite management in the design and implementation of the intervention also helps to maximize worker participation in sessions, with minimal impact on their work. However, while attendance at all worksite HIV awareness sessions was compulsory, workplace demands occasionally disrupted adherence to this mandate, requiring a degree of flexibility. Meeting with contract managers, supervisors, and MCC/MCA-T staff to discuss these challenges generally resolves this type of difficulty.

### Foster Strong Multisectoral Partnerships

Partnership is central to workplace-based approaches, as a way to ensure coordination among stakeholders and create an enabling environment for sustainable change. In alliance with regional and district-level HIV/AIDS coordinators, CHAMPION held 60 community action planning workshops with ward-level HIV committees and PHEs to identify ways to address the ongoing HIV risk posed by MCA-T activities beyond the life of the project. This strategy should be replicated, as District HIV/AIDS Coordinators are responsible for monitoring community action plans and moving them forward. Links to health services are critical to ensuring that demand for HTC and FP is met with access to high-quality care.

### Expand Access to HTC through Outreach

Offering HTC services during outreach events is an effective way to reach those who prefer the enhanced confidentiality of an unknown health worker. “Moonlight” (or nighttime) HTC is successful in expanding access to services for mobile workers unable to attend static facilities during normal business hours. This is also the case for commercial sex workers and others wishing to maintain anonymity. Future workplace-based initiatives should include approaches to address the unique needs of mobile workers as a high-risk group for HIV.

## Success Story: "Moonlight" HIV Testing Increases HTC Uptake

Rukia Mganga, 18, is a student at Mombo Secondary School in Tanga Region. She knows that the risk of HIV has increased in Mombo with the recent influx of itinerant laborers working on large energy and infrastructure projects. "After school, some of my girlfriends sell snacks and drinks alongside the road and near the worksites. Many of their customers are migrant laborers. From time to time, my friends are offered good money in return for sex. Sometimes the money is too good to pass up."

Based on her past behavior, Rukia knew she should be tested for HIV, but she was afraid of being seen getting a test. Some people already whispered about her behind her back, and she feared that being seen at a clinic for HIV testing would cause more gossip and further stigmatization.

In Tanga, the CHAMPION Project worked closely with district officials and local organizations to offer outreach HIV testing throughout the night, dubbed "moonlight testing." Moonlight testing was a good fit for Rukia because it did not interfere with her schooling during the day and, more importantly, it provided the added privacy to seek services when her peers were less likely to see her. Rukia tested negative for HIV. The counseling she received along with her test made her realize that she needed to change some of her behaviors, like consistently using condoms and limiting her number of partners. Rukia was also relieved to finally learn her HIV status. She learned that a little extra money today is not worth the serious consequences of becoming HIV-positive. Rukia now takes her friends for testing and is a strong believer in the power of knowing one's HIV status.



SBCC posters designed to reach workers at temporary MCC/MCA-T worksites; messages encourage men to know their HIV status, use condoms, and support their family's health.

## REFERENCES

Bloom, S. S., Urassa, M., Isingo, R., Ng'weshemi, J., and Boerma, J. T. 2002. Community effects on the risk of HIV infection in rural Tanzania. *Sexually Transmitted Infections* 78(4): 261–266.

Garbus, L. 2004. *HIV/AIDS in Tanzania*. Country AIDS Policy Analysis Project. San Francisco: University of California San Francisco, AIDS Policy Research Center.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2008. *The HIV epidemic in Tanzania Mainland: Where have we come from, where is it going, and how are we responding?* Geneva.

Kishamawe, C., Vissers, D. C., Urassa, M., et al. 2006. Mobility and HIV in Tanzanian couples: both mobile persons and their partners show increased risk. *AIDS* 20(4):601–608.

Tanzania Commission for AIDS (TACAIDS), Zanzibar AIDS Commission (ZAC), National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF International. 2013. *Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12 (THMIS)*. Dar es Salaam, Tanzania.

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<sup>1</sup> In 2008, the MCC signed its first compact with the Government of Tanzania—the five-year MCA-T—to reduce poverty and stimulate economic growth by increasing household income and improving quality of life through targeted investments in transportation, energy, and water.

<sup>2</sup> P3P is a U.S. Agency for International Development funding mechanism for supporting employer-sponsored HIV prevention in Tanzania.

<sup>3</sup> All CHAMPION-trained community PHEs were selected by community stakeholders who participated in a six-day training on gender, SRH, HIV prevention, and community engagement.

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