

Chapter 20

Channelling Men's Positive Involvement into the National Response to HIV/AIDS, United Republic of Tanzania

20.1 Context

The importance of developing integrated strategies to address HIV and gender-based violence (GBV) are well known. This case study focuses on a recent multi-stakeholder effort, supported by the Government of Tanzania, to put this knowledge into practice: Channelling Men's Positive Involvement in the National Response to HIV/AIDS (CHAMPION). CHAMPION demonstrates an innovative approach to addressing GBV prevention strategies within broader HIV/AIDS programming, working with a diverse range of stakeholders from the international to local levels.

Power imbalances in sexual relationships leave women particularly vulnerable to HIV infection. More than half of the 1.4 million people living with HIV in Tanzania are women. To lessen the impact of HIV on women, and to improve the health of both women and men, it is essential that the gender-related social norms, roles and behaviours perpetuating their vulnerability to GBV be addressed (EngenderHealth 2014).

Tanzania is a regional leader in addressing GBV through national policy measures; the country was one of the first in Eastern Africa to develop a National Plan of Action for Prevention of Violence against Women and Children (2001–15).¹ Further, Tanzania became one of the first countries in the world to include violence against women as an indicator of poverty in the country's Poverty Reduction Strategy Papers. Despite a strong legal and policy framework, GBV remains a pervasive problem in Tanzania. The 2010 Tanzania Demographic Health Survey (TDHS) reported that one-third of Tanzanian women aged 15–49 had experienced physical violence within the past 12 months. Furthermore, the majority of this form of GBV takes place within women's and girls' own homes.² Tanzania's high rates of GBV become even more alarming when considered alongside the country's HIV/AIDS epidemic, since GBV acts as a major risk factor for HIV acquisition.

20.2 Key institutional actors

Working with the Government of Tanzania, CHAMPION was funded through the US President's Emergency Plan for AIDS Relief (PEPFAR). It was launched in 2008 and operated until 2014 in 42 districts in 15 regions across Tanzania, under the leadership and management of the global women's NGO, EngenderHealth (2013). Specifically, CHAMPION's GBV-related work included partnerships

with 14 stakeholders to network and build local capacity, ensuring the scale-up and sustainability of programmes at the community and institutional levels.³ National-level initiatives, such as mass media campaigns and policy reforms, were co-ordinated in collaboration with the Government of Tanzania, particularly the Ministry of Health and Ministry of Community Development, Gender and Children. The project also relied on technical assistance and methodological guidance from Raising Voices, a Uganda-based organisation with expertise in fostering a critical reflection on gender and power through community interventions under its SASA! methodology (2013). The involvement of local civil society organisations in service provision, awareness raising and advocacy on GBV is clearly a priority for the Ministry of Community Development, Gender and Children.

20.3 Theory of change

The project's theory of change focuses on involving individual men and women as facilitators to lead dialogue and reflections about male involvement in HIV prevention, and in the transformation of gender norms that perpetuate GBV and HIV transmission. CHAMPION is based on the hypothesis that a unique set of interventions applied at different levels (e.g. the individual, community, broader societal levels) will have a positive effect on gender equitable attitudes and behaviours, and consequently on HIV, GBV and reproductive health outcomes (USAID 2013). It uses an ecological model, which draws attention to the context surrounding HIV and GBV, to promote positive change in gender norms and behaviours. In other words, to change individual behaviour, programme interventions must target individuals as well as the community and social environment in which they live.⁴

Addressing social norms at multiple levels has been reported to be an effective strategy to not only prevent GBV, but to also remove one of the barriers that GBV survivors face in accessing services. As the Ministry points out: 'Community based educational activities can increase children's and women's knowledge of legal and social rights and empower them to seek help for abuse. They can also challenge the underlying beliefs that justify women's subordination and the use of violence for settling conflicts. Promoting non-violent and equitable relationships between men and women is the key to preventing future violence' (MCDGC 2014).

20.4 Social institutions and discriminatory norms

Gender norms – societal expectations of the behaviours of women and men – are among the strongest factors fuelling HIV transmission worldwide. The CHAMPION project squarely addresses the inequitable gender norms that underpin the construct of masculinity and exacerbate GBV. CHAMPION challenges the conventional rhetoric in which women are victims and men are perpetrator, by instead emphasising the vital role men have to play in preventing and responding to GBV. In this case study, the Gender at Work Analytical Framework is used to

map the ‘strategies’ used by the CHAMPION project to address social institutions and discriminatory norms:

Formal laws, policies and accountability:

- Policy scan of government documents and policies related to men’s involvement in ending GBV supported by CHAMPION programme technical staff.
- Formal national level steering committee of members of the MenEngage Tanzania (MET) network to co-ordinate project efforts.⁵
- Development of GBV tribunals⁶ at the community level to provide counselling and support to survivors of violence, while offering informed advice on appropriate courses of action.
- Access to resources and opportunities.
- Training and technical assistance provided to MCDGC staff to support internal advocacy efforts.
- Providing technical assistance to NGOs and government ministries about gender transformation, male engagement, and sexual and reproductive health.

Women’s and men’s consciousness:

- Enhancing women’s and men’s skills and knowledge on how to increase gender equity through group education interventions via the CoupleConnect and EngenderHealth Men as Partners® (MAP) programme.
- EngenderHealth’s MAP programme, designed to provide space for men and women to examine harmful gender norms and practice.

Informal cultural norms and exclusionary practices:

- *Kuwa Mfano wa Kuigwa* (‘Be A Role Model’) is a GBV mass media campaign using radio, TV, brochures, posters, football tournaments and activities in bars to reduce social acceptance of GBV.
- At a community level, forming change action teams (CATs)⁷ and community change clubs (CCCs) comprising men and women aged 25 to 49 who were interested in leading community change around gender norms, to engage CHAMPION participants as change agents, and to expand outreach on CHAMPION’s messaging through behaviour change communication strategies.⁸
- *Vunka Ukimya* (‘Break the Silence’) Activation Tour in 2010, bringing together musicians, actors and CHAMPION facilitators to conduct outreach activities in 15 districts.

20.5 Strategies

The CHAMPION project was an innovative six-year initiative (2008–14) to increase men’s positive involvement in preventing the spread of HIV in Tanzania, using a holistic approach. The project worked to reduce men’s high-risk behaviour by: promoting

dialogue about men's roles in HIV, reproductive health and gender equality; engaging community members and leaders in GBV sensitisation; and developing behaviour change communication tools and messages at various levels. CHAMPION was implemented in collaboration with local NGOs and workplace partners to sensitise stakeholders at an individual level (group education programmes, CoupleConnect and MAP); at a community level (creation of CATs and workplace action teams); and at a national level (mass media campaigns) (Champion 2014).

Box 20.1 Challenging beliefs, preventing violence

'Community-based educational activities can...challenge the underlying beliefs that justify women's subordination and the use of violence for settling conflicts. Promoting nonviolent and equitable relationships between men and women is the key to preventing future violence'.

Source: MCDGC (2014)

At the individual level, for example, over the course of 30 workshops implemented during a three-month period, the MAP programme provided skills on promoting equity and space to examine harmful gender norms to more than 4,200 men and women (USAID 2013). At the community level, with the help of nine lead NGOs, CHAMPION developed CATs in 14 districts as a mechanism to foster participatory outreach and community engagement. Using behaviour change communication tools, digital stories, and information, education and communication (IEC) materials, the teams reached more than 420,000 people in small group and one-on-one interventions. Activities ranged from community dialogues to film showings to sports events. The CATs were also pivotal in rolling out CHAMPION's first mass media campaign, 'Break the Silence', which combined community fairs with television and radio public service announcements.

In addition to community-based events, CHAMPION engaged in a range of media/outreach strategies designed to promote transformation in social norms. At the heart of these strategies lay the 'Be a Role Model' mass media and community awareness campaign, which aimed at reducing the social acceptance of intimate partner violence (IPV), and was co-branded with the Ministry of Community Development, Gender and Children. Using print and electronic media (e.g. posters, brochures, radio and TV), the campaign focussed on motivational GBV messages that called on men to be role models in their communities. During its launch, the campaign was endorsed by Tanzania's First Lady, the United States Ambassador to Tanzania and the Deputy Minister for Community Development, Gender and Children. It received coverage by 12 newspapers, six radio stations and six TV stations (Champion 2012).

This campaign was founded on a belief that shifting norms on IPV would only be possible following intermediate steps, including building community knowledge about IPV as a societal problem, promoting public dialogue and encouraging men to openly oppose it. In an effort to support community members to take these steps, the campaign developed

five communication objectives, to enhance men's willingness to: help survivors of IPV; talk with others about its negative consequences; recognise that forced sex is a form of IPV; reject the notion that IPV is ever justifiable; and believe that an IPV-free home is a happier home (Champion 2012). The campaign was designed to send positive messages, avoid stereotypical constructions of masculinity and stimulate dialogue.

The campaign's messages reached more than 4.5 million people through its advertisements in eight newspapers, two television stations and three radio stations over six months. This media engagement was complemented with community organising, in which the leaders of CCCs and CATs developed outreach activities that built on the campaign's messages. The 'Break the Silence' campaign, for example, marked the launch of CHAMPION's radio and television presence. These messages were expanded and strengthened further through outreach during the World Cup in 2010 within targeted communities. Following MAP a training, CATs also helped establish CCCs to provide those who had completed the MAP curriculum with an opportunity to meet and discuss gender transformation.

20.6 Outcomes to date

Government officials, USAID Tanzania staff and community organisers have commended the CHAMPION project's effectiveness in starting a dialogue and sparking change on a seemingly intractable and pervasive issue such as IPV. CHAMPION powerfully demonstrates the benefits and potential of empowering men to become agents of change in ending GBV. Programme outcomes and impacts were evaluated using a combination of qualitative and quantitative methods.⁹ For MAP, these included questionnaires to determine changes in knowledge, attitudes and practices of gender norms based on the PEPFAR Gender Equitable Men's (GEM) Scale (Compendium of Gender Scales [no date]). Interviews were also conducted with female partners of MAP participants in a number of districts (Ezekiel 2014).

Community based sensitisation projects through MAP and the CATs contributed to shifting social norms and altering some behaviours. Exposure to campaign messaging has been associated with positive changes in the belief that forced sex is an act of IPV and in reported willingness to act against violence. CAT participants referenced

Box 20.2 A CAT member's experience

'I got the CHAMPION campaign message on improving relationships through couple communication. I decided to follow the advice, and up to now I am living with my partner calmly... peacefully... and we continue understanding each other. I also decided to advise my friend on the importance of good couple communication, setting myself as an example. Furthermore, I advised him on the importance of couple communication as a means for protecting ourselves against HIV, and also the importance of being tolerant to each other's weaknesses for the sake of protecting the family.'

–CAT member, Lindi Town

Source: USAID (2013)

stories from their communities of couples using non-violent behaviour and more open communication as evidence of the changes that had been taking place. In some contexts, trainings had influenced religious leaders and other community authorities, which helped advance dialogue on the effects of GBV.

Qualitative interviews with female partners of MAP participants also revealed some substantive changes. For example, one interviewee noted how her partner's behaviour and expectations have shifted: '... he tells me that, if I don't feel like having sex then I have to say because it is my right, and when I am sick he always helps me with activities like cooking and fetching water... things which are all new... I haven't seen this before' (Ezekiel 2014). Other participants reported similar changes in intra-household relationships, including better, non-violent communication between husbands and wives, and between fathers and their children. These findings were corroborated, for example, through the administration of pre- and post-tests for a series of MAP group education workshops in Kinondoni district, between July and September 2012. At the post-test, participants reporting 'high' support for gender equity increased by 15 per cent.¹⁰

CAT and CCC members also observed that the growth in public dialogue and greater visibility of male allies had increased women's comfort to report cases of GBV within certain contexts. Through the creation of GBV tribunals and sustained community engagement, some CATs reported that women felt more supported and empowered in speaking out against IPV.

Box 20.3 Outcomes from CHAMPION

'Previously, before CHAMPION, local leaders would receive GBV complaints from women, and what they did was keep the complaints to themselves and do nothing... sometimes they would collude and go and talk to the male perpetrators and then the reported complaint would not be addressed through appropriate channels. This has changed now, because we have established a tribunal to deal with GBV, village leaders will not keep these complaints to themselves.'

–CAT Member

Source: USAID (2013)

In campaign target districts, men were more than 3.5 times more likely than men nationwide to hold the view that 'forcing a partner to have sex is violence' (CHAMPION 2014). Men in target districts – where additional CHAMPION programming had taken place – were 4.5 times more likely to report a willingness to help a woman facing IPV than were men nationwide (CHAMPION 2014). These findings suggest that CHAMPION's strategy of combining national media awareness with local community sensitisation was effective. Both nationwide and in target districts, those exposed to and aware of the campaign reported a greater likelihood of initiating a conversation about GBV. The campaign had much more impact in the target districts where CHAMPION engaged community members in outreach events. Most impact measures, except for starting a conversation about GBV, were significantly higher in target districts. Finally, the notion that people should 'stand

up' to violence resonated well with target audiences – impact measures related to this showed the greatest change (USAID 2013).

20.7 Lessons learned and the way forward

The CHAMPION project provides many useful lessons for developing effective programme partnerships and designing innovative programming on social norm change. By adopting an ecological approach in which programming focussed on individual, community, workplace and national level interventions, the project laid an important foundation of enabling conditions for advocacy work and normative shifts on IPV at multiple levels. The initiative has enhanced the capacity of local partners, fostered a national dialogue on GBV, and galvanised important personal and relational changes in a number of targeted communities. Overall, CHAMPION's innovative and integrated approach to engaging men in preventing GBV has demonstrated significant success.

The project has also uncovered a number of important lessons that will be integrated into future programming on GBV and HIV/AIDS prevention in Tanzania. For example, CHAMPION evaluations have highlighted the value of expanding the target population to include more rural areas, children and youth, and religious/community leaders. The project also highlighted the importance of combining norm change transformation with co-ordination between the health, judicial, law enforcement and social work sectors.

CHAMPION made substantive progress in advancing normative shifts, in which men were encouraged to step up and women encouraged to speak out. However, co-ordination across sectors is critical, since those who have been encouraged to report or stand up to GBV may be put at risk if the necessary support services are not accessible (USAID 2013). The Ministry of Community Development, Gender and Children has also recognised that services to survivors, such as psychosocial counselling, safety/security measures, legal/justice provisions and health services need to be expanded and rendered more accessible (MCDGC 2014).

In spite of these challenges, it is evident that CHAMPION has made an important contribution in capacity building, awareness raising, consciousness building and norm shifting on gender relations and IPV. Through initiatives like the 'Be A Role Model' GBV mass media campaign and the EngenderHealth MAP® group education programme, the project has contributed to challenging harmful norms around masculinity and violence, by emphasising the benefits and desirability of norms that reframe masculinity and gender relations in more equitable and less rigid ways. At the same time, CAT and CCC members were careful to note that change is gradual, observing that not all community members readily accepted the notion that men had a valuable role to play in building healthy, non-violent relationships.

Notes

- 1 A National Action Plan on the Prevention of Female Genital Mutilation (2001–15) was also developed during this time. See: Genderlinks, 'Tanzania National Action Plan', available at: www.genderlinks.org.za/article/tanzania-national-action-plan-2009-06-16 (accessed on 19 September 2015).

- 2 More than four-fifths of women who have experienced physical violence reported that the perpetrator of the violence was a current or former intimate partner, and 44 per cent of ever-partnered women reported experiencing physical or sexual violence by their current or most recent partner. See: MCDCCG (2014).
- 3 The 14 stakeholders were: the Ministry of Community Development, Gender and Children; the Ministry of Health and Social Welfare; the police Gender and Children Desks; Mkuki GBV Coalition; Health Policy Initiative/Futures Group; Deloitte Building Organisational Capacity for Results/ Rapid Funding Envelope; Africare; Iringa Development of Disabled Youth and Children; Tanzania Rural Women and Children Development Foundation; Tanzania Home Economics Association; the Family Planning Association of Tanzania (UMATI); Kiota Women Health and Development Organization; Pact Tanzania; and Walter Reed Program Tanzania.
- 4 Different aspects of society influence the relationships individuals have with their environment, among them the knowledge, attitudes and skills of the individual; interpersonal and community factors (family, friends and social networks); organisational factors (social institutions and health facilities); the workplace; and public policy (especially national laws and policies). See: USAID (2013).
- 5 CHAMPION brought together and led the MenEngage Tanzania (MET) network, which consists of organisations working together to encourage men's involvement in promoting gender equality, and particularly in providing health services. The Tanzanian network is a member of the larger multinational MET network.
- 6 Some of the CATs [see note 12] initiated GBV tribunals as a community based mechanism for members of CATs to address GBV. These tribunals discuss GBV cases, provide counselling/support to survivors, and offer advice about an appropriate course of action. See: USAID (2013).
- 7 A cadre of 280 CAT members and more than 2,000 peer health educators – all volunteers – were trained and mobilised to spread CHAMPION's messages and inspire behaviour change within their communities. See: CHAMPION (2014), 'Channelling Men's positive involvement in the National HIV/AIDS Response in Tanzania: An Overview of the CHAMPION Project', CHAMPION Brief No. 1, available at: www.engenderhealth.org/files/pubs/project/champion/CHAMPION-Brief-1-Overview_lowres.pdf (accessed on 19 September 2015).
- 8 For more information on the community level champions, see: CHAMPION, 'Community Matters: Fostering Community Level Champions in Addressing HIV and Gender-Based Violence in Tanzania', CHAMPION Brief No. 5, available at: www.engenderhealth.org/files/pubs/project/champion/CHAMPION-Brief-5-Comm_Matters_lowres.pdf (accessed on 19 September 2015).
- 9 The project's independent, final evaluation involved a quasi-experimental design with three study arms: a comprehensive intervention arm (MAP group education + community outreach); a modified intervention arm (MAP group education only); and a control arm with no intervention. Data was collected at the baseline (pre-test) for each study arm and at the end of the project (post-test).
- 10 These scores were calculated using a Tanzanian adaptation of the Gender Equitable Men (GEM) Scale. For more information, see: USAID (2013).

References

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