Joint Oxfam HIV and AIDS Programme in Tanzania

Oxfam Ireland Oxfam Oxfam Novib

12 steps

to Mainstreaming HIV and AIDS at the Workplace: **Experiences from Tanzania**

Oxfam Ireland

The aim of this booklet is to share with you our experiences, best practice and lessons we have learned around successfully making HIV and AIDS awareness and training a core part of the culture of all workplaces.

We hope that reading this booklet will motivate you to initiate and sustain HIV and AIDS interventions in your workplace. We also hope these testimonies offer a source of support and inspiration to organisations that are experiencing difficulties in implementing their own programmes.

We would like to thank all our partners for contributing their stories to this booklet. We have tried to remain faithful to their original copy throughout in order to tell their stories in their own words.

The Joint Oxfam HIV and AIDS Programme in Tanzania (JOHAPT)

The **Joint Oxfam HIV and AIDS Programme in Tanzania** (JOHAPT) is part of a regional initiative of Oxfam International (OI) for East and Central Africa to facilitate appropriate responses to the threat that the HIV and AIDS pandemic poses for the success of development and humanitarian programmes carried out by OI affiliates and their partners. This initiative is focused on mainstreaming HIV and AIDS in workplaces and in programmes.

What is Mainstreaming?

Mainstreaming means adopting appropriate responses to address the existence of HIV and AIDS in the working environment without changing any core functions.

Internal Mainstreaming involves initiatives that aim to address the susceptibility amongst staff within the organisation itself to HIV infection and their vulnerability to the impact of AIDS.

External Mainstreaming involves initiatives that aim to address the susceptibility of community members to HIV infection and their vulnerability to the impact of AIDS. The aim is to ensure that the desired impact of a programme is achieved whilst overcoming the obstacles that HIV and AIDS can cause.

In Tanzania three OI affiliates are involved in JOHAPT; Oxfam Ireland, which is the managing agency of this initiative, Oxfam Great Britain (GB) and Oxfam Novib. They work in partnership with 30 civil society organisations and three local government authorities spread through 11 of the 21 regions of Tanzania. Between 2003 and 2005, JOHAPT carried out a series of initiatives to enable partner organisations to mainstream HIV and AIDS in the workplace. In 2005 the concept of "12 Steps to Mainstreaming HIV and AIDS in the Workplace" was conceived and a special calendar was produced, with each month depicting a different step. This booklet is the next step in building the **"12 Steps"** concept. By capturing the experiences of Oxfam partner organisations in a collection of stories relating to each of the steps, we aim to share experiences, best practices and lessons.

For further information, please visit our website **www.oxfamireland.org/overseas_work**, or contact the Joint Oxfam HIV and AIDS Mainstreaming Officer in Tanzania:

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Oxfam works with others to find lasting solutions to poverty, suffering and social injustice.

* At the request of some participants some names and identifying details have been changed

Mzizima community drama group

12 Steps: Mainstreaming HIV and AIDS in the Workplace

1 Create Leadership Buy-In
2 Build Capacity across the Organisation
3 Promote Organisational Commitment
4 Develop Policies in a Participatory Manner
5 Seek Collective Ownership
6 Facilitate Employee Education
7 Ensure Access to Prevention
8 Create an Open Environment
9 Provide Access to Information
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11 Reach beyond the Workplace to Families
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Step 1: Create Leadership Buy-In

Partner: YADEC, Shinyanga

"I thought the boss would know more about HIV and AIDS than junior staff… I found that I was wrong."
Nyamizi

Nyamizi was one of the participants we invited to a monthly staff meeting on HIV and AIDS.

She had previously attended a workshop on HIV and AIDS internal mainstreaming that a neighbouring company had invited us to facilitate.

All the company's workers, both junior (like Nyamizi) and senior, attended the workshop. It was very participatory and during the discussions staff raised a lot of questions, many of which were addressed directly to the manager of the company.

Unfortunately he had very little knowledge about HIV and AIDS, so he could not give correct answers.

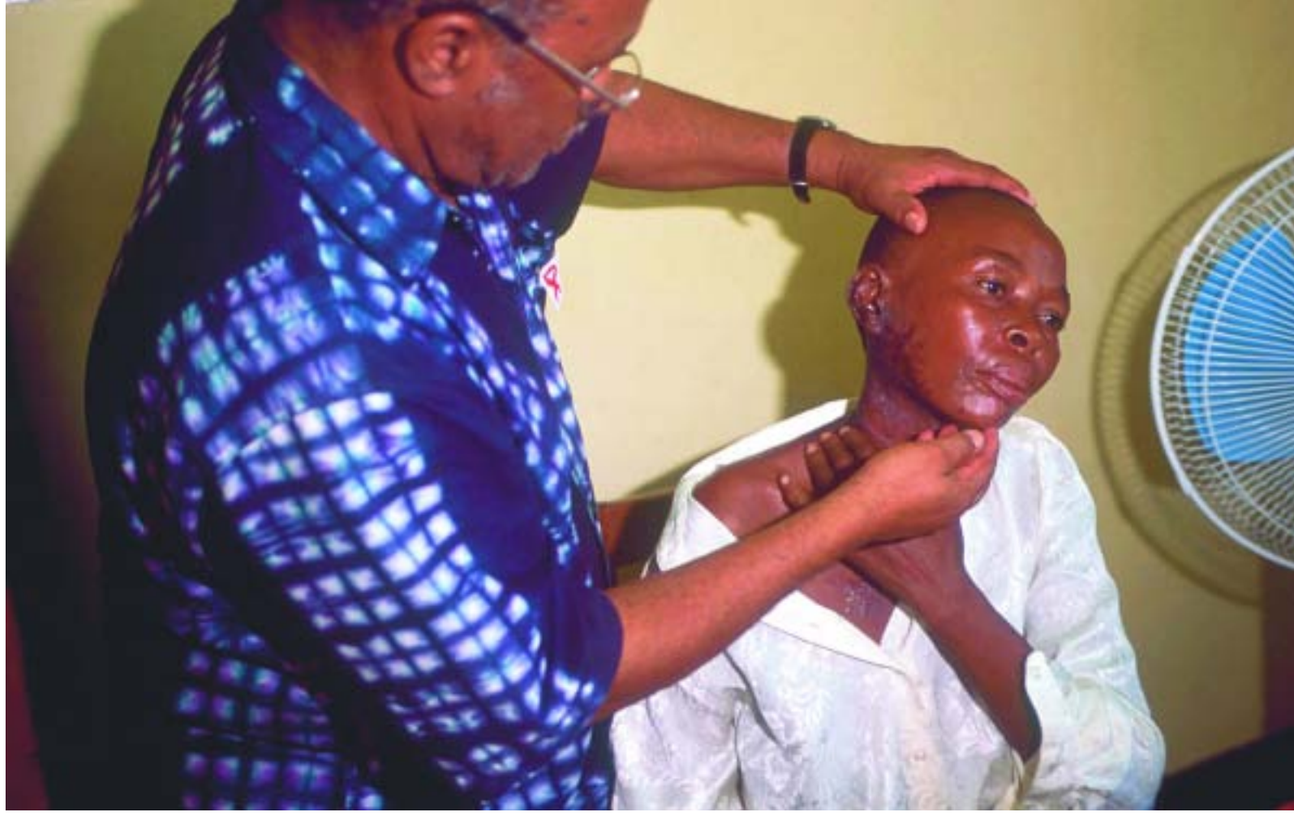
Finally he said, "I have been trained in management, but about HIV and AIDS we all need to know more."

This is why at our monthly staff meeting Nyamizi said, "I thought the boss would know more about HIV and AIDS than junior staff. However, from that workshop I found that I was wrong."

When we asked junior staff from other organisations about their experiences, their answers were the same as Nyamizi's before she attended that workshop.

What can we learn?

In order to create leadership buy-in it is vital to ensure that all staff, from managers to junior workers, are fully trained. It should not be assumed that senior staff know more about HIV and AIDS than other staff.



Dr. Samuel Akaniwa treats a patient at a Tanga AIDS working group clinic

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Step 2: Build Capacity across the Organisation

Partner: AFRIWAG, Tanga

Stigma and Discrimination - Barriers in the Fight against the HIV and AIDS Pandemic

The AFRIWAG HIV and AIDS mainstreaming project ran from July 2005 to August 2006. Among the activities of the project was a weekly HIV and AIDS workplace meeting. Another component was a Pre-VCT (Voluntary Counselling and Testing) session, which aimed to encourage staff to find out their HIV status.

Even with these activities in place and the support of two trained peer health educators, staff remained undecided about whether to go for testing, due to their fear of the stigma and discrimination surrounding HIV and AIDS. It was only when the Tanga AIDS Working Group (TAWG) counselled AFRIWAG staff and assured them that the tests would be anonymous that they agreed to go for testing.

After a whole year of informing others about HIV and AIDS, AFRIWAG staff have now finally agreed to undertake anonymous testing themselves.

This case shows that it takes a long time for people to change their attitudes. Continuous education, sensitisation and patience are vital in changing people's perceptions.

What can we learn?

Building capacity across an organisation takes time, understanding and knowledge. When it is done well, it can help to overcome barriers to progress, such as preconceived ideas and stigma within an organisation

Step 3: Promote Organisational Commitment

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Partner: AFRIWAG, Tanga

Working in a Stigma - and Discrimination-Free Zone

In an attempt to ensure the sustainability of their programme, AFRIWAG initiated an income-generation project and began the recruitment process to find someone to undertake the demanding responsibilities of the project.

Six candidates were shortlisted for an interview which was conducted by the Assistant Project Coordinator, Education Officer and Health Officer. All shortlisted candidates attended the interview and at the end of the day Wema scored the highest marks.

Wema had already disclosed that she had been living with HIV for almost six years. As part of the interview procedure the panel then needed to consider whether Wema would be able to undertake the new assignments as per management expectations, taking into account her HIV status.

The decision on Wema's employment was guided by the organisation's HIV and AIDS policy at the workplace, which stipulates that the organisation is responsible for making all employment decisions relating to individuals with HIV and AIDS in a non-discriminatory manner.

Such decisions include those regarding employee selection, recruitment, promotion and discharge. AFRIWAG's HIV and AIDS policy also states that HIV infection does not in itself constitute a lack of fitness to work.*

In line with this policy, Wema was offered the role and has been able to undertake the responsibilities in a very effective way. She has been a good participant in the weekly HIV and AIDS mainstreaming sessions and has also joined a support group of people who are HIV positive. Wema acknowledges getting a lot of support from her work colleagues and from the management team in AFRIWAG.

*AFRIWAG's HIV and AIDS Policy (2005), 5(5.1)

What can we learn?

In this case a well-planned and well-implemented workplace policy on stigma and discrimination ensured a fair outcome to this job interview. It also ensured that the right candidate got the job. This sets a good example for other employers and employees, as well as creating a more understanding environment for everyone to work in.

Kiwakukki: Staff and volunteers share ideas

Step 4: Develop Policies in a Participatory Manner

Partner: AFRIWAG, Tanga

Balancing Rights with Responsibilities in the Workplace

Tabu, working in Nguvukazi (an AIDS response organisation), was contacted by Matatizo (a private company employee) for advice. Matatizo's employer had not yet embarked on any HIV and AIDS mainstreaming in the workplace.

Matatizo talked about Changudoa, her staff mate. Changudoa is married to Njaa Kali who is on anti-retroviral therapy. Matatizo said that Changudoa is very good in hooking whoever visits their company, and she is very worried that if her workmate is infected she will also infect many more people.

One day, Matatizo, having seen Changudoa hooking a young man who was visiting their company, wanted to intervene by cautioning the visitor but refrained from doing so. She was worried such an intervention would violate Changudoa's confidentiality, as it is not known whether she is infected, or whether she is practising safe sex. However Matatizo was also concerned for the young man's health.

Matatizo wanted advice on what she should do in this situation.

What can we learn?

A strong participatory policy on HIV and AIDS offers all staff, whether they are living with HIV and AIDS or not, the knowledge and support to make informed decisions about their rights and responsibilities and to access the necessary advice and support.

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Step 5: Seek Collective Ownership

Partner: African Inland Church, Shinyanga

A Strong Voice Can Bring Many People Together

The Africa Inland Church Tanzania (AICT) is a Christian organisation established in 1909 by the Inland Mission from the USA. It consists of six dioceses, including Shinyanga. AICT ministers to its people holistically, preaching the gospel of Christ, providing food aid and facilitating the provision of clean and safe water to marginalised communities. In addition, it provides training on health issues, that aims to protect against HIV and AIDS, as well as ministering to those living with the illness.

In November 2005, Oxfam gave a grant to the AICT Diocese of Shinyanga to develop an HIV and AIDS policy in the workplace. With this money the AICT conducted a five-day workshop for 108 pastors and other directors who work as coordinators in various departments of the Office of the Bishop.

The Bishop of AICT Diocese of Shinyanga, Rt Rev John K Nkola attended this important workshop. In his opening address he said that, “the church should heartedly minister to people living with HIV and AIDS through the provision of material, psychosocial and spiritual supports, through changing the kind of preaching messages that dehumanise people, for example, proclaiming judgment on people living with HIV and AIDS that they are reaping from their sins and curses.”

After this wonderful and encouraging message from the Bishop, pastors and other participants opened their eyes to the point that they gave the following input to the development of an HIV and AIDS workplace policy:

- It was agreed that the church will minister to pastors living with HIV and AIDS from the time they test positive until the end of their life
- Ministers working in remote areas and living with HIV will be transferred to urban areas where they can easily access health services
- Pastors living with HIV and AIDS will continue providing priestly ministry until they are unable to deliver reliable services due to deterioration in their health
- The Office of the Bishop will motivate Christians to provide material support to pastors, even if they are no longer able to provide spiritual services because of their deteriorating health
- The Office of the Bishop will provide educational support to orphans and will supervise the construction of houses for the families of deceased pastors.

When the HIV and AIDS policy was completed, one of the pastors was heard to say, "if all these will be done, it will be a true redemption of the servants of God."

What can we learn?

The development and implementation of any HIV and AIDS workplace policy will be greatly strengthened if there is leadership that enables the participation of everyone involved in the organisation.

Elisabeth Michael receives AFRIWAG support

Oxfam International partners at a planning meeting

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Step 6: Facilitate Employee Education

Partner: CASEC, Arusha

You Cannot Tell who has HIV by Looking at Them

When CASEC began the workplace intervention programme for HIV and AIDS in the workplace, they decided to invite the participation of six neighbouring civil society organisations that share their building.

Although the initiative was intended to target CASEC staff and their families, they felt it would be a good idea to share it with other workers. It was especially hoped that they too would see the benefits of such programmes and initiate them in their own workplaces.

They invited Sister Aggreda who coordinates the Uhai Centre in Arusha, that deals with HIV and AIDS, to conduct the session. Sr Aggreda was accompanied by an educator.

The educator began by asking some basic questions about HIV and AIDS:

- **What do you know about HIV and AIDS?**
- **How is HIV transmitted?**
- **Can anyone identify a person living with HIV just by looking at them?**

The educator then talked about the national and global crisis of HIV and AIDS. After participants had looked at statistics on the prevalence of HIV and AIDS amongst various population groups, they were asked if they could identify anyone in the room as living with HIV? Based on current national statistics, with 50 people in the room, there could have been between 15 and 20 of these people living with HIV.

A participant in the session described what happened next: "Our discussions were the same as those you would hear on the radio. We made fun of one another saying, 'It's probably you…' and 'It can't be me, can't you see my size?' Each comment was aimed at denying the possibility of any of us being the ones infected with HIV.

"The educator then asked for our attention: 'There is something I would like you to know. You can't tell if someone has HIV just by looking at them. I happen to be living with HIV. Could any of you tell?'

"We were so surprised, that the joking about each other's status ceased. We felt uncomfortable, but she encouraged us to relax. 'AIDS is only a burden if you consider it so,' she said.

"The educator shared with us how she frequently felt sick, until one day, a neighbour encouraged her to attend the Uhai Centre, where she was counselled. Then, she and her child agreed to be tested and were found to be infected. She shared with us the experiences and challenges they faced at first. She said that the supportive counselling she received at the Uhai Centre had assured her that HIV does not mean death. At the time of testing she was quite healthy and was offered a lot of information about how to stay healthy. The educator advised us to go for testing. She also advised anyone at the training who had HIV, to avoid factors that may worsen their health, such as, drinking alcohol, smoking and unsafe sexual practices.

She was glad that she found out her status as she now accepts it and it has encouraged her to learn many new things about her health. Her HIV status has also given her an opportunity to travel the world on various missions in order to educate others about HIV and AIDS."

What can we learn?

After hearing the educator's story many of the people who attended this training session opted to be tested for HIV. Showing that HIV and AIDS was not the end of the educator's life helped them to realise that finding out more about their HIV status could actually help them live longer. This story shows that thinking carefully about how to educate staff about HIV and AIDS can help them to make informed decisions about getting tested and enable them to take responsibility for their status.

Condom demonstration at a TAWG information centre

Step 7: Ensure Access to Prevention

Partner: KIWAKKUKI, Kilimanjaro

We Must Learn to Speak a Common Language

At KIWAKKUKI the issue of condoms was not addressed very actively. Talking about condom use as one of the ways to prevent HIV transmission was generally seen as condoning "unsafe" sex and prostitution. HIV educators felt they could not talk with confidence about how condoms prevent HIV transmission, or demonstrate to the public how condoms should be used. Also, most of the group's members have strong faith in their religious beliefs. These factors meant there was a gap in the condom message being given to the community.

One of the training sessions with KIWAKKUKI staff gave a lesson on condom use. The lesson was very interesting and one of the staff commented that she had never seen a female condom. Another one said that the lesson was "a great opportunity to get information on HIV and AIDS issues, which we can share with our partners at home and hopefully reduce the probability of being infected with HIV and AIDS."

As a result of this training, there is now a more open environment at KIWAKUKKI with regard to condoms. Condoms are made available at the information centre and in the wash rooms for those who want to use them. It is a great achievement of the workplace programme that people can now speak a common language about condoms. Sexual behaviours differ according to individual attitudes, recognitions, perceptions and lifestyles. In order to encourage prevention we need to provide proper information on HIV and AIDS, which enables people to make well-informed decisions of their own.

What can we learn?

Access to prevention can happen in two ways - firstly, by supplying the physical means to prevent infection, such as supplying male and female condoms and secondly, by giving people sufficient knowledge to make their own choices about how they should protect themselves. However, both of these measures need to undertaken together if people are to have the full range of preventative measures to choose from.

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Step 8: Create an Open Environment

Partner: Shinyanga Municipal Council, Shinyanga

Education and Support Come Through Being Able to Talk

The development of a workplace HIV and AIDS policy has ensured that many of the staff in the Shinyanga Municipal Council are more aware of the availability and benefits of counselling and testing.

Maria is a teacher at Bugoye Primary School in Shinyanga municipality. After several training sessions conducted by peer educators on HIV and AIDS and the introduction of a work place HIV and AIDS policy, Maria decided to go for VCT (Voluntary Counselling and Testing). During an interview with one of the peer educators, Maria had this to say: "After the death of my husband three years ago, I finally decided to go for VCT, the result I got was that I had contracted HIV. However, I was afraid to expose this to my co-workers, and my family members because of stigma and I was worried people may think that I was a prostitute. I was still not attending HIV and AIDS sessions in my workplace which were organised for people living with HIV and AIDS, as I was worried that my colleagues would know that I am affected. However, following counselling I decided to attend and realised that some of my co-workers are also affected, yet they are open about expressing their health status."

Maria is now more open to talking about HIV and AIDS and can consult her peer educators to ask for advice and support. However, she still feels that she needs more counselling sessions to enable her to explain her status to family members and colleagues. She has started taking anti-retrovirals and is feeling fine. She is also continuing to work as usual, with the full support of the Municipal Council.

What can we learn?

A workplace HIV and AIDS policy is important in creating an open environment. By including education and practical support, such as VCT in their policy, Maria's workplace has made it easier for her to find out her HIV status and to disclose it to some of the people around her. She has also been able to begin taking medication.

Step 9: Provide Access to Information

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Partner: Tanga Deanery, Tanga

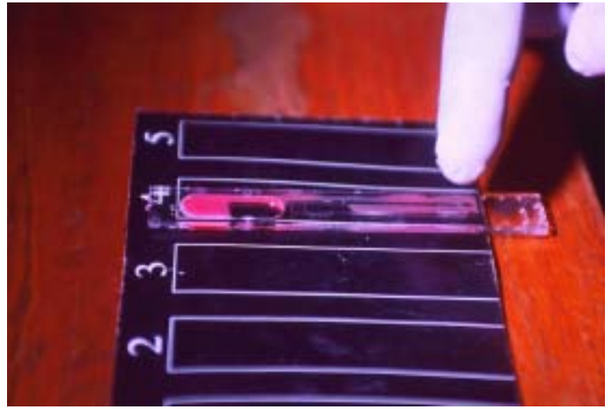
The Price of Fear

Following a VCT sensitisation seminar, 44 of the 45 people who attended were tested, while one declined. The tests revealed that three people were HIV positive. After three weeks, one of the group, Mr Wasiwasi, came back to see the counsellor (Project Officer). He was complaining of chest pains and he brought his X-ray with him.

He explained that he had divorced his previous wife who later remarried. However, she died after only one year of marriage. Mr Wasiwasi also remarried, but two years later he began to feel chest pains. He had already gone for a tuberculosis test but it was clear. He was very concerned that his chest pains might be linked to HIV and AIDS. However, it was only after three more counselling sessions that he agreed to undertake a HIV test and the result was negative. Mr Wasiwasi had been worrying about his health for no reason. He was then advised to come for further tests to confirm his negative status.

What can we learn?

Providing access to all of the facts about HIV and AIDS through the VCT sensitisation session enabled this man to get the help and support he needed. Information empowered him to overcome an unnecessary fear that was affecting his health.



Blood is tested for HIV at TAWG

10 Step 10: Facilitate Access to Care and Support

Partner: Tanga AIDS Working Group (TAWG), Tanga

Providing Anti-Retrovirals (ARVs) is Just the First Step in Caring for our Colleagues

The Government of Tanzania has been providing ARVs for free for the past two years. TAWG has been collaborating with Bombo Hospital to provide ARVs to AIDS patients.

TAWG decided to conduct a study to find out the actual cost of starting and maintaining a patient on ARVs for one year, taking into account all other parameters (eg: non-medical expenses), which contribute to the effective adherence of patients to ARVs.

The study interviewed patients, care providers, private sector medical service-providers and private pharmacists in two districts of Tanga.

The results:

- Other costs related to ARVs include medical and non-medical expenses
- The minimum cost of starting and maintaining a patient on non-government sponsored ARVs for one year is Tshs. 812.000
- The cost of ARVs alone is Tshs. 360,000 (44% of the total costs)
- Nutritional costs account for a further 44% of the total costs
- Transport and other small costs account for 12% of the total costs

The income of the person living with HIV and AIDS may not be sufficient to meet these costs.

TAWG recommends that organisations take this into account by designing policies that mitigate the impact of HIV and AIDS on staff and their families in the following ways:

- Include the cost of nutrition for those living with HIV and AIDS
- Responsible companies should cover the costs of hospitalisation
- Other non-medical costs (like transport) should also be covered
- The amount provided should be regarded as the minimum required for budgeting purposes.

Since medication needs are lifelong, companies should also fund alternative treatments and supports for affected staff following the termination of their employment.

What can we learn?

The cost of providing care goes beyond the cost of medication. Organisations should also consider providing for the patient's nutrition and transport costs, as well as counselling and other supports for their dependents. In fact, all of the patient's needs must be considered when designing policies.

For further information on this study, please contact the
Tanga AIDS Working Group,
P.O. BOX 1374,
TANGA,
Tanzania.

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Step 11: Reach beyond the Workplace to Families

Partner: Tanga AIDS Working Group (TAWG), Tanga

Exploring the Limitations Encountered by Couples in their Sexual Relationships

Tanga AIDS Working Group (TAWG) facilitated a series of "Family days" in workplaces where staff were invited to ask their partners to participate. At these events, couples confessed to having problems, particularly in their sexual relationships. It was felt that there might be an association between poor relationships amongst couples and the higher prevalence of HIV and AIDS and divorce in Tanga. It was also felt that the problem was one of communication, rather than biology. Therefore, the ideal strategy would be to break the silence and improve communication and transparency between the two parties.

The following exercise was developed to help address these communication issues:

Each participant anonymously described the likes and dislikes which could improve their marital relationship and, in turn, possibly save them from being at higher risk of contracting HIV and AIDS. The feedback was as follows:

Men said they would like their female partners to:

- Develop family planning together
- Show sympathy to me when I come back from earning bread
- Have dialogue if each of us has been satisfied from sexual desire
- Accept all the time whatever I demand regarding sexual intercourse
- Put herself in such style/appearance that attracts and stimulates me for sex
- Actively participate during sex rather than being physically passive
- Accept romance
- Be creative in coming up with new sexual styles
- Use proper words whenever I make mistakes
- Take off her underwear early enough before starting sex

Females said they would like their male partners to:

- Remain with me only
- Develop our family plan together
- Give whatever promises have been given
- Understand my likes and dislikes
- Satisfy me for sex
- Do sex twice in the night, once as soon as we go to bed and another dose early in the morning
- Offer sex three times a week, or whenever I feel desire
- Be content with our children regardless of their being the same gender
- He should listen to my expression of emotion (Kusilizwa juu ya hisia zangu)
- Be aware of how one is feeling and responding during sex

The challenges raised by both the male and female groups were then discussed and advice was offered on which behaviours should be encouraged and discouraged.

What can we learn?

Reaching out to families is a vital part of implementing an effective HIV and AIDS policy in the workplace. Facilitating this discussion between men and women enabled them to address issues that may otherwise have led to risky sexual behaviour. It also enabled these couples to talk openly about issues relating to HIV and AIDS, as well as increasing their trust in the inclusiveness of the workplace policy.

Step 12: Reach beyond the Workplace to the Community

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Partner: Tanzania Home Economics Association (TAHEA), Shinyanga

Masanja received legal advice as well as education on HIV and AIDS

Masanja lost both his parents to AIDS. His father was a soldier and after his death, the family selected one of their uncles to be the guardian of Masanja and his siblings. Life for the children was difficult under the care of this uncle.

Masanja was accused of threatening to kill his guardian if all of his late father's properties were not surrendered to him as the eldest child. This led to Masanja's imprisonment, which lasted six months. He was released on presidential pardon.

After his release from prison, Masanja had nowhere to go and so he turned to the streets - looking for any means of getting an income. Then he heard about an organisation called TAHEA that supports orphans. He went to them and explained his situation and was supported through vocational training.

Upon completion of this training Masanja decided to take the case of his guardian back to the system to seek justice and secure his inheritance. The primary courts did not seem to treat the matter objectively, so Masanja opted to take the matter to the referral court. The final judgement was issued in favour of Masanja and his siblings, but it needed to be carried out at the primary court level.

Masanja remains supported by TAHEA as the court case continues. As a result of his training in the workplace, he has been able to share information on HIV and AIDS with his friends and neighbours, who were also invited to participate in TAHEA learning events. This was the first opportunity for many of these people to access this type of information. Now they are all better informed and empowered to make the right decisions to protect themselves, as well as others.

What can we learn?

Masanja approached TAHEA because he was an orphan. However, it was his life on the streets that potentially made him even more vulnerable to becoming infected with HIV. Therefore, educating him on how to protect himself from becoming infected with HIV, or infecting others, is beneficial for the entire community.

Contact

Oxfam Ireland is the managing agency of the
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