USAID
FROM THE AMERICAN PEOPLE

USAID/TANZANIA: CHANNELLING MEN'S POSITIVE INVOLVEMENT IN A NATIONAL HIV RESPONSE PROJECT (CHAMPION)

END OF PROJECT EVALUATION

JULY 2013

This publication was produced at the request of the United States Agency for International Development. It was prepared independently by Taroub Harb Faramand, MD, MPH, Zuki Mihyo, and Mangi Ezekiel. Through the Global Health Technical Assistance Project.

Cover Photo: *A Masai man named Kilimanjaro on Zanzibar island, Tanzania* by 2009 Arturo Sanabria, Courtesy of Photoshare

USAID/TANZANIA: CHANNELLING MEN'S POSITIVE INVOLVEMENT IN A NATIONAL HIV RESPONSE PROJECT (CHAMPION)

END OF PROJECT EVALUATION

JULY 2013

This document (Report No. 13-B3-014) is available in printed or online versions. Online documents can be located in the GH Tech website at www.ghtechproject.com. Documents are also made available through the Development Experience Clearinghouse (http://dec.usaid.gov). Additional information can be obtained from:

GH Tech Bridge 3 Project
1725 Eye Street NW, Suite 300
Washington, DC 20006
Phone: (202) 349-3900
Fax: (202) 349-3915
www.ghtechproject.com

This document was submitted by Development and Training Services, Inc., with CAMRIS International and Engility-IRG to the United States Agency for International Development under USAID Contract No. AID-OAA-C-13-00032.

CONTENTS

ACRONYMS ..... **VII**

EXECUTIVE SUMMARY ..... **XI**

I. INTRODUCTION **1**

Background 1
Goals and Objectives of CHAMPION 2
CHAMPION's Ecological Model 4
Approach and Implementation 5
Competitors of the Project 6
Levels of Investment 7
How the Evaluation Will Be Used 7

II. SCOPE AND METHODOLOGY **9**

Purpose and Scope of the Evaluation 9
Evaluation Methodology 9
Limitations and Other Considerations 12
Generalizability 13

III. RESULTS AND ANALYSIS **15**

Overview 16
Objective 1: Promote partner reduction and fidelity and reduce high-risk behavior 16
Objective 2: Create an environment that promotes positive social norms, including fidelity, nonviolence, and respect for healthy relationship 22
Objective 3: Promote positive health-seeking behavior through men's participation in clinical health services 28
Objective 4: Mobilize workplace environments to advance gender equity and constructive male engagement in HIV prevention and RH promotion 32
Objective 5: Develop strategies for strengthening national, regional, and district laws and policies to engage men in HIV and reduce the risks to both men and women. 39
Cross-cutting Areas 43
Management and Operations 53

V. DISCUSSION AND CONCLUSIONS **59**

Performance 59
Fidelity of Implementation 62
Sustainability 63
Lessons Learned 65

VI. RECOMMENDATIONS 69

ANNEXES

ANNEX I. TEAM BIOGRAPHIES 73
ANNEX II. IMPLEMENTING PARTNERS 75
ANNEX III. EVALUATION STATEMENT OF WORK 77
ANNEX IV. EVALUATION DATA COLLECTION TOOLS 89
ANNEX V. SOURCES OF INFORMATION FOR THE EVALUATION 99
ANNEX VI. INTERVIEW AND FGD PARTICIPANTS AND LOCATIONS 101
ANNEX VII. GEM SCALE MAP PROGRAM RESULTS 103
ANNEX VIII: USE OR ADAPTATION OF CHAMPION MATERIALS 107
ANNEX IX: CHAMPION CONTRIBUTIONS TO NATIONAL DOCUMENTS 109

TABLES

Table 1. CHAMPION Intervention Districts 3
Table 2. MAP Participant Pre- and Post-test GEM Score (Percent) 18
Table 3. Activity Achievements by Objective 65

FIGURES

Figure 1. CHAMPION's Objectives 4
Figure 2. Expected CHAMPION Results for the GBV Campaign 44

ACRONYMS

ABCT	AIDS Business Coalition of Tanzania
AED	Academy for Education Development
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
AOR	Agreement Officer's Representative
ARV	Antiretroviral
ATE	Association of Tanzania Employers
BCC	Behavior change communication
CAT	Community Action Team
CBO	Community-based organization
CCC	Community Change Club
CHAMPION	Channeling Men's Positive Involvement in the National HIV Response
COP	Chief of party
DMO	District medical officer
DNO	District nursing officer
DRCHCo	District reproductive and child health coordinator
FBO	Faith-based organization
FGD	Focus group discussion
FP	Family planning
GBV	Gender-based violence
GEM	Gender-equitable men
GoT	Government of Tanzania
HACOCA	Human AIDS Concern and Care
HDT	Human Development Trust
HIV	Human immunodeficiency virus
HTC	HIV testing center

IDYDC	Iringa Development of Youth, Disabled, and Children Care
IEC	Information, education, and communication
ILO	International Labor Organization
IPV	Intimate partner violence
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
M&E	Monitoring and evaluation
MAP	Men as Partners
MC	Master of ceremonies
MCA-T	Millennium Challenge Account -Tanzania
MCC	Millennium Challenge Corporation
MCDGC	Ministry of Community Development, Gender and Children
MET	MenEngage Tanzania
MOHSW	Ministry of Health and Social Welfare
MOLE	Ministry of Labor and Employment
MOU	Memorandum of Understanding
MSM	Men who have sex with men
NACP	National AIDS Control Program
NGO	Non-Governmental organization
NMSF	National Multi-Sectoral Strategic Framework on HIV
OSHA	Occupational Safety and Health Administration
OVC	Orphans and vulnerable children
P3P	Public-Private Partnership for Prevention of HIV in the Workplace
PEMWA	Patronage in Environmental Management and Health Care Warriors
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHE	Peer health educator
PMP	Performance Management Plan
PMTCT	Prevention of mother-to-child transmission of HIV
PVO	Private voluntary organization

RH	Reproductive health
RCHS	Reproductive and child health services
RMO	Regional medical officer
RRCHCo	Regional reproductive and child health coordinator
SACCO	Savings and credit cooperation organization
SOW	Scope of work
STI	Sexually transmitted infection
TA	Technical assistance
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TDHS	Tanzania Demographic and Health Survey
THMIS	Tanzania HIV and Malaria Indicator Survey
ToT	Training of trainers
TUCTA	Trade Union Congress of Tanzania
TUGHE	Tanzania Union of Government and Health Employees
UMATI	Chama Cha Uzazi na Malezi Bora Tanzania/Family Planning Association of Tanzania
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
VETA	Vocational Education and Training Authority
WAT	Workplace Action Team

EXECUTIVE SUMMARY

INTRODUCTION

The Tanzanian population is estimated at nearly 45 million, 75% of whom live in rural areas. Lack of basic healthcare, preventable diseases like HIV and malaria, low levels of education and agricultural productivity, widespread corruption, and an urgent need for reform of the environment for business are persistent challenges to development. The sociocultural context that shapes behaviors and attitudes in Tanzania is crucial to understanding the complexity of its HIV epidemic. Gender norms—societal expectations for the behaviors of men and women—are fueling HIV transmission. Traditional gender norms encourage men to consider as manly a range of risky behaviors, including violence, abusing alcohol or drugs, pursuing multiple sexual partners, and dominating women. Globally, young men who adhere to such views of manhood are more likely to act violently toward women and engage in unsafe sexual practices and substance abuse, placing themselves, their partners, and their families at risk for HIV.

CHAMPION—*Channeling Men's Positive Involvement in the National HIV Response*— is a five-year EngenderHealth project funded by USAID/Tanzania through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The goal of CHAMPION is to promote a national dialogue about men's roles and to promote gender equity so as to reduce vulnerability to HIV and other adverse reproductive health (RH) outcomes. The concept of men as facilitators of family health is central to the project.

CHAMPION has five overarching objectives:

1. Promote partner reduction and fidelity, and reduce high-risk behaviors.
2. Create an environment that promotes positive social norms including fidelity, nonviolence, and respect for healthy relationships.
3. Promote positive health-seeking behavior and men's participation in clinical health services.
4. Mobilize workplace environments to advance gender equity and constructive male engagement in HIV prevention and RH promotion.
5. Develop strategies for strengthening national, regional, and district laws and policies to engage men in HIV prevention and reduce the risk to both men and women.

CHAMPION has worked to achieve these objectives by engaging individual men and women and stakeholders in the community, the healthcare system, workplaces, and the local and national government in reflection and dialogue about male involvement in HIV prevention and the gender norms and environmental structures that influence male behaviour. The CHAMPION project operates in 15 regions in 42 districts, of which 14 urban districts are "key districts" that receive more project attention. Key districts were selected by CHAMPION in consultation with USAID on the basis of several criteria, with HIV prevalence a heavily weighted factor and urban districts given priority. In communities and workplaces, CHAMPION works through local lead NGOs and workplace partners to sensitize stakeholders and create community action teams (CATs) and workplace action teams (WATs); their members are also called peer health educators (PHEs). Team members are men and women volunteers who are committed to transforming gender norms and have attended structured training sessions that follow the Men as Partners (MAP) curriculum, which emphasizes gender norms, HIV prevention, and RH issues. The teams then engage individual men and women and groups within communities and workplaces on core CHAMPION messages. The CHAMPION Project is working at 18 health sites in four key

districts to develop and implement "male-friendly" health services. It has also sought to facilitate dialogue and reforms to national, regional, and district laws and policies to support gender-transformative initiatives that engage men in HIV prevention and reduce HIV risk for both men and women.

CHAMPION is based on the hypothesis that a unique set of interventions applied at different levels (e.g., individual, community, society) will have a positive effect on gender-equitable attitudes and behaviors, and consequently on HIV and RH outcomes. It has adopted an ecological model to promote positive change in gender norms and behaviors. The overriding assumption is that to change individual behavior, the project must target both individuals and the community and social environment in which they live. 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); organizational factors (social institutions and health facilities); the workplace; and public policy (especially national laws and policies). While the model is useful for categorization, its levels are interdependent and sometimes occur simultaneously, reflecting reciprocal causation between the individual and the environment.

USAID Tanzania will use this evaluation to measure project success, effectiveness, relevance, challenges, and lessons learned. It is expected that the findings will support design of future programs in terms of what works and what does not and help ensure efficient allocation of resources. They will inform USAID-funded projects so as to provide models and best practices that can be adopted, adapted, and replicated. Building on previous investments is critical to ensuring the best use of foreign assistance funding.

SCOPE AND METHODOLOGY

This evaluation is intended to determine the achievements of CHAMPION between February 2008 and April 2013 in relation to its objectives and tasks. It aims to identify critical gaps and highlight lessons learned and best practices that can be replicated. The key questions for this project evaluation are these: Has the project achieved its goals and objectives? What are the project's strengths, weaknesses, and gaps in planning, management, and implementation? What barriers were there to the success of the project? Particular attention was paid to performance, fidelity of implementation, and the sustainability of project activities.

The evaluation used a variety of approaches for collecting and analyzing the information needed to achieve its objectives, among them an extensive document review, interviews, and focus group discussions (FGDs), all conducted after consultation with CHAMPION and USAID.

RESULTS AND ANALYSIS

Many of the stakeholders and beneficiaries interviewed to discuss perceptions and results of the project were knowledgeable about the project and committed to gender transformation and male involvement in addressing gender-based violence (GBV) and HIV prevention. However, some were unfamiliar with CHAMPION or only had written descriptions to share with interviewers, beyond which they had no information despite being associated with the project. A few individuals did not endorse some of the project's goals because they believe that GBV is not a problem or attending clinics is "women's work," or held other beliefs contradictory to CHAMPION's objectives. This diversity of opinion and experience occurred at all levels. Only a few participants in interviews or FGDs had a good understanding of CHAMPION's ecological

model and the larger perspective of how the activities should function cohesively to accomplish objectives.

Objective 1: Promote partner reduction and fidelity, and reduce high-risk behaviors

The activities CHAMPION employed to facilitate this personal change were the Men as Partners (MAP) program, CoupleConnect, and technical assistance (TA) to partners and stakeholders, such as training in gender transformation, gender analysis, and gender-transformative policy and programming. The TA included training in gender transformation, gender analysis, gender-transformative policy and programming.

The expected result of these interventions is an increase in gender-equitable attitudes, knowledge, and skills among men to reduce HIV risks and adverse health outcomes both individually and in their families and communities.

Men as Partners (MAP)

To promote partner reduction and fidelity and to reduce high-risk behavior, CHAMPION implemented the EngenderHealth Men as Partners® group education intervention, for which the project modified an existing curriculum. In 30 workshops implemented over a three-month period, the MAP curriculum gave men and women space to examine harmful gender norms and practices, enhance their knowledge and skills to promote gender equity, reduce HIV risk, and improve RH outcomes among participants, their partners, and their families.

While MAP was being implemented CHAMPION held curriculum orientations with district, regional, and national stakeholders and with collaborating organizations working in related fields. CHAMPION worked with its lead NGOs to build their field facilitator capacity to implement the curriculum and ensure a productive partnership with CHAMPION. These facilitators then reached over 4,200 community members with the MAP workshops, which emphasize the importance of male engagement with health, family well-being, and gender equity. CHAMPION offered continuing capacity-building for lead NGOs and field facilitators to address emerging issues of gaps in previous training.

CHAMPION analyzed the results of one set of MAP workshops held in Kinondoni district, Dar-es-Salaam region, between July and September 2012. Participants in eight separate groups of MAP classes completed pre- and post-tests. The questionnaires examined attitudinal support for inequitable gender norms, as measured by the Tanzania-adapted Gender Equitable Men (GEM) Scale; knowledge of HIV as measured by the Tanzania Demographic and Health Survey (TDHS) and of HIV testing; and experience in the workshop. At 58%, support for gender equity was high at baseline, and at post-test the percentage reporting "high" support for gender equity was up to 73%. At both pre- and post-test women were more likely to agree with gender-inequitable statements than men. Shifts in attitudes between pre-test and post-test were most prominent in questions related to violence, household duties, and decision-making, but knowledge of HIV prevention and rejection of misconceptions about HIV transmission were also high in both tests. In pre- and post-tests over 80% of participants correctly identified that mosquitoes cannot transmit HIV and that HIV can be prevented by being faithful to just one uninfected sex partner who has no other sexual partners. Over 60% reported having been tested for HIV and receiving their test results; this was unchanged at post-test. Statistically significant associations were found between high support for gender equity and knowledge of HIV transmission, and between high support and having been tested for HIV ($p < 0.05$). Analysis of pre- and post-test scores offers

valuable information about positive changes in the knowledge and attitude of participants in MAP training, and verifies CHAMPION's premise that support for gender equity and HIV testing are associated. However, this evaluation does not examine whether participants implemented their new knowledge and attitudes in their daily lives because there is no behavioral component, either to hypothesize about future behavior or to measure behavior change during or after the course.

Couple Connect

CoupleConnect is an interactive, skills-based group education intervention created by CHAMPION and first implemented in 2012. The intent is to help urban, married or cohabitating, nonpolygamous Tanzanian to couples gain insight, information, and skills that will enhance their connectedness and open lines of communication about relationship challenges. The program posits that "couple connectedness" can help prevent HIV transmission and promote healthy spacing, timing, and number of pregnancies. CHAMPION drafted the 15-session CoupleConnect curriculum and trained 20 facilitators to deliver the participatory group sessions, which then reached 113 couples in 10 districts between February and June in 2012.

Data from the first round of CoupleConnect workshops showed a positive change in knowledge, attitudes, and beliefs about couple connectedness, HIV, and RH issues. Statistically significant increases were found in the percentage of participants who agreed or strongly agreed that it is never necessary to use physical violence to resolve conflict with their partner (88%, up from 69%); it is not shameful to talk about sexual desires with their partner (79%, up from 59%); and it is alright for a wife to say "no" to sex with her husband (58%, up from 35%). Almost 90% of participants believed that the program had improved their relationship and it had been worth the time to attend.

CHAMPION met its goals for objective 1, implementing MAP and CoupleConnect and providing TA to partners (e.g., training in gender transformation). More in-depth data collection and analysis would allow evaluators to draw more conclusions about the impact of the programming and whether the demonstrated changes in knowledge and attitudes translated to changes in behavior.

Objective 2: Create an environment that promotes positive social norms, including fidelity, nonviolence, and respect for healthy relationships

Family, friends, and perceived community norms heavily influence and reinforce men's attitudes and behaviors. Following MAP training, participants need continuing acceptance and active encouragement to persist with the experimental changes they make. By working with community groups CHAMPION aimed to support the creation of communities that are engaged in transforming gender norms. To do so CHAMPION supported its lead NGOs in forming CATs and community change clubs (CCCs) by conducting a needs assessment, then training CAT and CCC members in community engagement and gender transformation. CHAMPION crafted a behavior change communication (BCC) strategy and accompanying materials that CATs shared with their communities as part of their participatory outreach and education activities. CHAMPION also developed, implemented, and evaluated the national *Vunja Ukimya* (Break the Silence) campaign to encourage communication between couples; this incorporated television and radio public service announcements and a branded bus used to raise awareness at community events.

During the end-of-project evaluation CATs members demonstrated in-depth understanding of the broad goals of CHAMPION and how gender transformation is connected to HIV prevention. Some understood that gender transformation was about role adjustment within the home, where men should perform some tasks that are traditionally reserved for women. Participants expressed pride in their work and appreciated the recognition they received in their communities. Asked about CHAMPION's impact and accomplishments, most participants agreed that there have been changes in gender norms within their communities. They mentioned examples of couples sharing information about and control of household income; couples choosing nonviolent behavior, fewer partners, and more fidelity; and more open communication between partners. Several FGD participants emphasized that it is essential that CATs coordinate and partner with local governments to secure their support in project activities. Respondents also mentioned that their work through CHAMPION has changed responses to GBV—there was noticeably more reporting of GBV. CATs outreach and participation in CHAMPION GBV training reportedly influenced local leaders, with some religious leaders preaching about the effects of GBV and thus promoting dialogue in their communities. CAT members noted an increase in the number of people tested for HIV, something supported by data from local clinics.

During an FGD with beneficiaries, participants agreed that "people are changing"—men are helping their wives more than previously. One participant explained that "people are talking about it [gender transformation], but people are different; some understand the CHAMPION message, but others don't." However, participants acknowledged that gender transformation takes time and that they believe that they serve as influential role models in their communities because of the CHAMPION training and membership in CATs or CCCs.

Objective 3: Promote positive health-seeking behavior and men's participation in clinical health services

Because many men equate illness or seeking health services with weakness, they defer seeking health care. When they do seek help, they often feel unwelcome at health facilities because they are designed mainly for women and because health workers are trained to work with women and children. CHAMPION partners implemented a comprehensive program at HIV service sites in order to increase demand for HIV/RH services from an empowered male constituency that is knowledgeable about both HIV prevention and treatment and RH health services, and from men who support their partners' health-seeking efforts. The program began by orienting clinic-related national, regional, and district stakeholders on CHAMPION's male-friendly HIV and RH services package, which grew out of the EngenderHealth global curriculum on *Engaging Men in HIV at Service Delivery Level; Men's Reproductive Health* and *Reducing Stigma and Discrimination*. CHAMPION then provided targeted training and TA on integration of male-friendly services to over 1,200 staff, both clinical and nonclinical, at 18 health facilities. CHAMPION also collaborated with district health management teams to advocate for inclusion of male-friendly healthcare in Comprehensive Council Health Plans. Working with the Ministry of Health and Social Welfare (MOHSW) to identify gaps and promote male participation in healthcare, CHAMPION reviewed the *Tanzania National Guidelines for Comprehensive Care of PMTCT [Prevention of mother-to-child transmission]Services*, 3rd Edition; the *National Guidelines for Provider-Initiated Testing and Counseling for HIV*; the *National Training Manual for Couples Counseling and Testing*; the *Home-Based Care Training Guide for Providers at Facility and Community Levels: Refresher Package*; National Family Planning Guidelines and Standards; and the Safe Motherhood Act.

Messages about male utilization of health services were integrated into CHAMPION's CAT outreach and communications campaigns to promote an environment accepting of men seeking healthcare. The community outreach campaign promoting HIV prevention reached more than 420,000 people through individual and small group interventions. CHAMPION was successful in increasing the number of men seeking HIV testing: in four districts in 2010, before the CHAMPION intervention, 2,589 men sought voluntary counseling and testing (VCT); in 2012 after the intervention 7,827 men sought VCT. CHAMPION-supported health centers also documented an increase in men accompanying their partners to seek VCT, family planning (FP) counseling, and antenatal care (ANC); for example, between March and August 2010 clinics in Mtwara served 772 new ANC/PMTCT clients and tested the male partners of 7.6% (59) of those women. From March to August 2012 the same clinics served 1,590 new ANC/PMTCT clients and tested partners of 45.7% (728) of those women. One healthcare provider noted that one of the benefits of couples seeking VCT together at healthcare centers was that in the past, a woman who tested positive for HIV would have been very afraid to tell her husband for fear of being beaten or divorced. Now, because he is there with her, the husband is more accepting and it is less of a problem.

Objective 4: Mobilize workplace environments to advance gender equity and constructive male engagement in HIV prevention and RH promotion

Organizations that employ large numbers of men can do a great deal to promote gender transformation. CHAMPION collaborated with several institutions to start or build up workplace HIV prevention and RH promotion programs with augmented gender and male involvement components. To implement its workplace interventions CHAMPION partnered with the International Labour Organization (ILO); the Ministry of Labor and Employment (MOLE); the Public-Private Partnership for Prevention of HIV in the Workplace (P3P), a USAID funding mechanism for supporting employer-sponsored HIV prevention in Tanzania; and Millennium Challenge Corporation (MCC) worksites. These initiatives work with employers, employees, and healthcare workers to promote gender transformation and male involvement in HIV prevention, detection, care, and treatment. CHAMPION thus endeavored to help create workplaces with policies and practices that promote HIV prevention and health-seeking behaviors, reduce stigma, and nurture and sustain men's gender-equitable behaviors to improve family health.

To achieve these goals under MCC and the Millennium Challenge Account–Tanzania (MCA-T), CHAMPION first conducted needs assessments to identify intervention opportunities and then chose to intervene in HIV "hotspots" where incidence and prevalence were particularly high. CHAMPION also conducted needs assessments for its CHAMPION@Work programs with P3P partners and its current nine CHAMPION@ Work partners. The program then designed a workplace peer education intervention, with accompanying BCC materials, where PHEs from each worksite who had been trained in CHAMPION issues provided outreach to their colleagues and surrounding communities, including education, VCT referrals, and condoms. Through this peer education CHAMPION reached over 4,000 employees and over 47,000 members of surrounding communities.

In addition to interventions with workers, CHAMPION worked with employers to improve their understanding of HIV as a workplace issue and of the importance of mitigating its impact on communities where workplaces are located. The project also provided TA and financial support for creation, revision, and implementation of related workplace policies and also

worked with national partners to supervise and monitor workplace HIV activities to ensure that workplaces were held accountable for institutionalizing attention to these issues. However, NGO participants in interviews made it clear that though many organizations are aware of pieces of CHAMPION, most are not aware of the entire model. And while CHAMPION@Work was implemented according to plan, its geographic scope changed, as did the workplace sites. CHAMPION actually worked with 13 sites, of which only 3 were in its key districts.

Objective 5: Develop strategies for strengthening national, regional, and district laws and policies to engage men in HIV prevention and reduce the risks to both men and women

The most effective public health interventions couple supportive public policy with effective behavior change efforts targeted at both individuals and communities. Through its policy-promotion work, CHAMPION worked to support national, district, and organizational policies, including those of clinics, that promote HIV prevention and health-seeking and RH, stigma reduction; it also worked to nurture and sustain men's gender-equitable behaviors to improve family health. CHAMPION brought together and led the MenEngage Tanzania (MET) network, which consists of 19 organizations 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 MenEngage network. CHAMPION delivered gender transformation training based on its MAP manual, which emphasizes effective gender analysis, integration, and policy making, to both PEPFAR partners and numerous Government of Tanzania (GoT) ministries to ensure that male involvement and gender transformation issues were incorporated into a broad range of activities. The project also built the capacity of members of the media in related topics to ensure more, and more informed, reporting.

CHAMPION was thus the coordination point for individuals and groups working on men's participation, gender equity, and HIV care, prevention, and treatment; encouraging integration of these issues into policy and practice; and providing advocacy training to build a cadre of actors to publicly support programs and policies supportive of CHAMPION's objectives. The project organized and implemented an advocacy capacity-building toolkit, developing both strategies and materials for use by lead NGOs, CATs, and others to encourage local and regional advocacy for adoption of norms and standards related to gender, male engagement, HIV, GBV, and RH.

CHAMPION successfully engaged a broad spectrum of stakeholders in the promotion of male engagement and gender transformation. The MET has become increasingly active in recent years and is still building advocacy capacity within members, with the goal of influencing national policy related to CHAMPION issues, particularly men's engagement in health services. Interviews with MET members suggest that it plays a useful role in raising awareness about very important and sensitive issues that would not otherwise have been tackled. The network has facilitated access to ministries that members work with; encouraged interactions and dialogue between members; and forged new partnerships that expanded the ability of network members to share experiences and disseminate new approaches. Although measuring progress in advocacy and policy initiatives is never as clear-cut as measuring progress in programmatic interventions, progress can be documented and best practices shared with CHAMPION's national, regional, and local advocacy partners. Most of CHAMPION's policy work beyond influencing workplace HIV policies and health services has been at the national level.

CROSS-CUTTING ISSUES

Gender-based Violence

CHAMPION received additional funding in mid-2011 to support activities promoting awareness and prevention of GBV. It then collected data about barriers and pathways to care to identify challenges and opportunities for intervention, worked with partners also funded by the PEPFAR GBV Initiative to discuss plans, resources, and strategies for conducting prevention activities, and drafted GBV prevention guidelines for PEPFAR/Tanzania partners. The intention was to integrate GBV messaging and capacity- building into all elements of the program, as CHAMPION did in most cases. Integration consisted of training community, regional, and national partners about GBV prevention and intervention strategies and working with a Ugandan NGO, Raising Voices, to build the capacity of organizations to incorporate GBV into their policies and programming.

To raise awareness about GBV and its connection to gender transformation and HIV prevention, CHAMPION engaged in a national television program, *Bongo Star Search,* to spread GBV prevention messages. It supported training of contestants on the issues, a GBV song-writing competition, and a couples' competition. The project also designed, implemented, and evaluated a national *Kuwa Mfano ya Kuigwa* (Be Their Role Model) campaign designed to reduce societal acceptance of GBV using mass media—radio, TV, brochures, posters, activities in bars, and a presence at football tournaments. After preliminary research, CHAMPION identified messages that staff believed would speak to current perceptions of GBV as normal, common, and often justified. Results from a quantitative evaluation demonstrated that respondents who recalled the campaign, the slogan, or the messages were more likely to report willingness to help a woman being beaten by her partner. Exposure to campaign messaging was most associated with changes to the belief that forced sex is violence and willingness to act against violence between partners. The campaign was successful in achieving its main behavior change objective of increasing dialogue about GBV. Both nationwide and in target districts, those who were aware of the campaign reported being more likely to initiate a conversation about GBV. A qualitative evaluation is now underway to better understand and document the strengths, weaknesses, and challenges of CHAMPION's GBV prevention activities in Iringa.

Monitoring, Evaluation, and Research

Research and monitoring and evaluation (M&E) are central to informing design of CHAMPION's activities and confirming their impact. CHAMPION seeks to balance routine and readily available data with more rigorous research ("special studies") to explore programmatic outcomes and behavioral impact. Its M&E team worked to provide continuing TA and capacity-building to project partners to ensure accurate, timely reporting and to build M&E skills. This team was responsible for aggregating reports from the field first into quarterly project reports and then into annual reports in 2011 and 2012.

According to an external Data Quality Assessment conducted by MEASURE, over the course of the project M&E improved in terms of timeliness, completeness, and verification of data, and other systems assessments found improvements in the M&E plan, data management processes, evidence-based decision-making, and linkages to the national reporting system. Nonetheless, evaluators still identified a significant gap in CHAMPION's evaluation of its programs and insufficient analysis and use of data collected for reporting purposes.

Sustainability

According to CHAMPION staff, the definition of sustainability has generally held constant since the start of the project in 2008: Sustainability is the ability to create a system for supporting gender transformation work in communities beyond the life of the project that will result in improved HIV and RH outcomes. To achieve sustainability CHAMPION focused on capacity-building, primarily for local NGOs, community volunteers, and influential community leaders to ensure their ability to carry forward CHAMPION activities, particularly MAP and CoupleConnect, and to continue to function as CATs even after the project's local engagement ended. Capacity-building also occurred at the regional and national levels with CHAMPION and PEPFAR partners and with organizations and ministries whose work related to CHAMPION's objectives. Capacity-building was intended to build up advocacy skills and support the institutionalization of gender equity, male engagement, and other CHAMPION concerns at the policy and strategy level. As part of MET CHAMPION engaged in advocacy to influence their inclusion of CHAMPION concerns and promote collaboration between organizations working to promote male involvement, especially in health services.

In general the project succeeded in making technical contributions to documents and strategies. Policy work started late because at first CHAMPION did not have the technical leadership, the necessary staff and strategy, or a clear vision about what to focus on. In 2010 CHAMPION recruited a senior technical advisor to manage all policy and advocacy work and put in place the Strategic Framework for Improving the Policy and Advocacy Environment on Engaging Men and Boys in Sexual and Reproductive Health. The project has since provided different types of technical support to a variety of groups. Assessed individually such activities can be viewed as successful. However, the fact that the project began without a clear strategy affected achievement of visible policy change. A dialogue has indeed begun, but whether this is attributable to CHAMPION is hard to say, although the evaluation evidence indicates that CHAMPION contributed to the dialogue by raising awareness among policy makers about the importance of addressing male involvement and GBV to be able to improve health outcomes.

DISCUSSION AND CONCLUSIONS

The objectives of the CHAMPION project were too ambitious. Behavior change, especially gender transformation, takes time, continued funding, and intensive commitment from national organizations and donors. CHAMPION worked diligently to achieve its goal of promoting national dialogue on men's roles to increase gender equity and reduce vulnerability to HIV and other adverse RH outcomes. Its five objectives were to reduce partner and high-risk behaviors, promote fidelity, create an enabling environment for gender-equitable norms, reduce GBV, and encourage men to seek clinical health services, and ultimately prevent HIV.

Using an ecological model CHAMPION implemented numerous activities to address each objective and engaged numerous stakeholders in a variety of ways. Anecdotal and qualitative reports collected during the evaluation and data from project assessments and special studies (cited throughout this report) support the assertion that by achieving its output and outcome indicators, CHAMPION achieved its five objectives. CHAMPION succeeded in designing activities that suit the Tanzanian context and engage beneficiaries in such a way that they see gender equity as a positive addition to their lives, rather than something that takes away power; this is a tremendous accomplishment. However, given the inadequate evidence beyond CHAMPION's own reporting and the data collected for this evaluation, much of which has not been triangulated, it is possible to conclude only that change has begun. This is most evident

among individuals who participated in one of CHAMPION's training programs, especially CAT members and MAP or CoupleConnect field facilitators; those who had a direct connection to CHAMPION for an extended period reported experiencing the most personal change. Similarly, those who had the opportunity for this type of participation expressed the most commitment to continuing to spread CHAMPION's message. CATs are an excellent example of how participation in CHAMPION's activities can lead to long-term engagement with gender equity and prevention of HIV and GBV.

CHAMPION's innovative work on GBV is showing signs of significant success, as is demonstrated by the increase in some communities in case reporting and the demand for services. The project's role as a facilitator for other institutions is essential to ensure that survivors receive appropriate and compassionate support, and also, to promote sustainability and institutionalization, to ensure that those institutions coordinate and integrate men's engagement and the connection of GBV to HIV into current and new programming.

CHAMPION's communications strategies effectively reached large populations, actively sought to reach men where they are, and were integrated into national outreach campaigns. It is also likely that project campaigns evoked or increased the awareness of beneficiaries about gender transformation and its connection to HIV and GBV. Evidence of changes in beliefs demonstrates the value of investment in the social and cultural environment for changing attitudes and beliefs about gender, GBV, HIV, and male involvement. CHAMPION successfully integrated GBV into the majority of its activities. It also demonstrated creative thinking about how to change the perceptions of Tanzanians about gender roles and the relation to HIV and GBV.

Behavior change in the workplace, particularly among mobile workers, was more difficult but equally needed, since the nature of their work may put them at higher risk because their mobility gives them access to multiple concurrent sexual partners. CHAMPION's activities to ensure that these workers have access to condoms, are knowledgeable about HIV, and have access to male-friendly health services are an excellent step toward reducing transmission and increasing care and treatment. Hopefully, they are also a step toward an eventual change in sexual behavior.

CHAMPION's policy and advocacy work led to successful coordination of MET, helping Tanzania to participate in the network of countries promoting male involvement. During this evaluation participants engaged in policy and advocacy described male engagement as a cross-cutting issue in healthcare and HIV prevention in Tanzania, an area where CHAMPION is reported to have made useful contributions. CHAMPION trained numerous national and community organizations in advocacy, potentially extending its reach, impact, and sustainability as numerous partners reported integrating male engagement into long-term plans and programs.

Fidelity of Implementation

CHAMPION's ecological model describes individual, community, healthcare, workplace, and policy activities. Though the project did, in fact, undertake activities at all these levels, it was not often that programming was co-located so that it was possible for activities to compound each other's effects. Much of this problem occurred because workplace interventions were not implemented as originally intended (see below for details). Where co-location did occur is where CHAMPION was most successful. However, because of how the project was organized, implemented, and evolved in its initial years, the ecological model was not fully executed. This means that while the outcomes and efficacy of CHAMPION's various interventions can be

evaluated, the value and success of the ecological model cannot be. Though this does not diminish the value of the interventions, part of the strength of the CHAMPION model is that activities at each level address different aspects of gender transformation, and those messages and interventions reinforce and compound others.

Sustainability

The sustainability of the results the project produced varies by activity. On the individual level, the capacity that MAP and CoupleConnect built in community members seems relatively sustainable, according to evaluation interviews and FGDs. However, without evidence of behavior change—only data about knowledge and attitudes were collected—it is difficult to determine whether the changes reported will be lasting. The planned MAP evaluation will be helpful in this area. Creation of CATs and CCCs has the potential to promote sustainability by giving participants the opportunity to work with people who believe in gender transformation, but whether these groups can function without CHAMPION varies by location.

The sustainability of changes at healthcare centers, such as men accompanying their partners and increasingly seeking healthcare, especially VCT, is not clear. Given the heavy input of goods for this intervention (T-shirts, seating, DVD players, BCC materials), for which healthcare centers may no longer have funding, to be sustainable men would need to continue going to the centers even when such things are no longer available. Another consideration is that the group of sexually active men, who may need VCT or have partners whom they can accompany to the healthcare center, is not static. Unless these behaviors are already ingrained so that there is significant social pressure to engage in them, continuing efforts will be needed to reach younger men and women as they enter CHAMPION's target population.

Some elements of CHAMPION's workplace program appear to be sustainable, especially the implementation of workplace policies for male engagement and HIV awareness, and integration of male engagement into government inspection requirements. However, since most of these behavior changes are connected to an increase in condom supply for workers, without another source for condoms the change is not likely to be sustainable. The mobile workforce is also probably relatively unstable so that continuous HIV and gender equity education would be necessary to maintain workplace knowledge about CHAMPION issues.

With MET CHAMPION has made strides toward sustainability with the formation of a steering committee and a formal definition of priorities. However, without an organization to coordinate the group, fund meetings, and ensure attendance, the group may well flounder. CHAMPION is working to build the capacity of its partner, the Human Development Trust, to take on MET after the project ends.

CHAMPION has worked to integrate male engagement and gender equity into a handful of policies, which is a positive step in a sustained effort to address those issues; however, without continuing engagement to ensure broad and effective implementation, sustainability beyond permanent existence on paper is not guaranteed, though CHAMPION has undoubtedly contributed to the capacity of its nine lead NGOs, CATs, CCCs, other community members, the GoT, and other stakeholders to promote gender norms as a way to reduce health risks.

RECOMMENDATIONS

The ecological model implemented by the CHAMPION project must be adapted and tested in new projects to demonstrate its efficacy and value. Testing the effectiveness of the model by co-locating the full spectrum of programs is important.

Data should be valued, consistently and purposefully collected, analyzed, and shared, rather than being used only to fulfil reporting requirements. CHAMPION should analyze and use findings to strengthen programming and share the data and analysis to build a robust knowledge base. USAID and PEPFAR should demand that reporting go beyond outputs, such as counting beneficiaries and condoms distributed, to cover outcomes and impact.

The target population should be expanded to children and youth. Involvement of a younger population will help children to develop healthier beliefs about gender norms, rather than trying to change them when they are adults.

Leaders of religious and community organizations, local government, and traditional organizations have proved to be essential allies to CHAMPION's community work. CHAMPION should seek channels to formalize their engagement.

CHAMPION's reach should be expanded to rural areas. Evaluation participants stated that patriarchy and GBV were more likely to be entrenched there, and rural residents are likely to know little about CHAMPION issues.

Institutionalization of gender equity and male involvement messages is essential and should have high priority. Every CHAMPION activity should have a plan for promoting institutionalization and should document progress toward goals.

I. INTRODUCTION

BACKGROUND

The Tanzanian population is estimated at nearly 45 million, three-quarters of whom live in rural areas. Driven by tourism, mining, trade, and communications, the private sector has grown considerably; economic growth has averaged 7% for the last decade. Yet the percentage of people living in poverty has decreased only marginally, and rapid population growth has increased the absolute number of Tanzanians living in poverty by more than 1 million, overwhelming an already-fragile social service system. About one-third of the Tanzanian national budget is financed by direct budget support from foreign aid. Preventable diseases such as HIV and malaria, lack of basic healthcare, low levels of education and agricultural productivity, widespread corruption, and an urgent need for reform of the environment for business are persistent barriers to development.

According to the 2010 UNAIDS Report on the Global AIDS Epidemic, HIV prevalence in Tanzanian adults is estimated at 5.6 percent, and an estimated 1.4 million Tanzanians are living with HIV. Each year some 86,000 HIV-related deaths in Tanzania disrupt family structures and add to the estimated 1.1 million HIV orphans and vulnerable children (OVC). According to the 2011–12 Tanzania HIV and Malaria Indicator Survey (THMIS; Tanzania Commission for AIDS et al. 2013), prevalence of HIV among both women and men is down by 1% since 2007–08. However, there are still significant sex differentials: male HIV prevalence is 4% and female 6%. The difference is more stark among those aged 25–29, where HIV prevalence among women is 7% but among men only 2.5%. HIV prevalence is even higher in both women and men aged 40–44, where it is 9.3% among women and 7% among men. Contrary to 2007–08 data, when HIV prevalence was lower for women than men aged 35–39, today HIV is more prevalent among women than men in all age groups.

Recognizing the sociocultural context that shapes behaviors and attitudes in Tanzania is crucial to understanding the complexity of the HIV epidemic there. Gender norms—societal expectations of how men and women behave—are among the most powerful factors fueling HIV transmission. The traditional norms encourage men to equate a range of risky behaviors—violence, abusing alcohol or drugs, having multiple sexual partners, dominating women—with being manly. Rigid constructs of masculinity lead men to view seeking health care as a sign of weakness. Globally, young men whose views of manhood are non-equitable are more likely to engage in unsafe sexual practices, act violently toward women, and engage in substance abuse, all of which place themselves, their partners, and their families at risk for HIV. In addition, women's low status limits the social, education, and economic opportunities that could help protect them from infection.

In Tanzania multiple concurrent sexual partners for men are not only socially condoned but often encouraged. In the 2010 Tanzania Demographic and Health Survey (TDHS), 21% of men and 4%

of women reported having sex with two or more partners in the previous 12 months. Among the men, only 24% had used a condom during their last sexual intercourse. Transactional and commercial sex remains a major obstacle to HIV prevention efforts: 15% of men reported paying for sex in the previous 12 months. Other forms of transactional sex are even more frequent: Gift-giving is a standard component of sexual relationships among youth. Peers and family sometimes urge young women to exchange sex for financial security. Such relationships create clear power imbalances that make women more vulnerable to HIV. Economically dependent women are less able to negotiate for safer sex in the form of faithfulness or consistent condom use. This dynamic is even more complicated when there are significant age disparities between partners.

Violence reflects the power imbalances between men and women. One-third of Tanzanian women aged 15–49 had experienced physical violence in the 12 months before the 2010 TDHS, and at some point in their life 20% of all women had experienced sexual violence, usually perpetrated by partners or former partners. Fifty-four percent of women and 38% of men aged 15–49 believe that a husband is justified in beating his wife for certain reasons. These findings reflect how women's own views about male gender roles reinforce negative social norms.

GOALS AND OBJECTIVES OF CHAMPION

CHAMPION–*Channeling Men's Positive Involvement in the National HIV Response*–is a five-year EngenderHealth project funded by USAID/Tanzania through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The goal is to promote a national dialogue about men's roles, increase gender equity, and thus reduce the vulnerability of men, women, and children to HIV and other adverse reproductive health (RH) outcomes. The concept of men as facilitators of family health is central to the project.

CHAMPION has five overarching objectives:

1. Promote partner reduction and fidelity, and reduce high-risk behaviors.
2. Create an environment that promotes positive social norms including fidelity, nonviolence, and respect for healthy relationships.
3. Promote positive health-seeking behavior and men's participation in clinical health services.
4. Mobilize workplace environments to advance gender equity and constructive male engagement in HIV prevention and reproductive health promotion.
5. Develop strategies for strengthening national, regional, and district laws and policies to engage men in HIV prevention and reduce the risk to both men and women.

CHAMPION has been working to achieve these objectives by engaging men, women, and stakeholders in the community, healthcare system, workplaces, and the local and national government in reflection and dialogue about male involvement in HIV prevention and about gender norms and environmental structures that influence male behaviour. In the community and workplaces, CHAMPION is sensitizing stakeholders and creating community and workplace action teams (CATs and WATs) of peer health educators (PHEs). Members of the teams are male and female volunteers who are committed to transforming gender norms and have attended structured training sessions that follow the Men as Partners (MAP) curriculum, which focuses on gender norms, HIV prevention, and RH issues. The teams then engage individual men and women and groups within the community and the workplace on core CHAMPION messages. The CHAMPION project is also working at target health sites in four districts to design and implement "male-friendly" health services. The project has sought to facilitate

national, regional, and district dialogue and changes in laws and policies to support gender transformation initiatives that engage men in HIV prevention and reduce HIV risk for both men and women.

Table 1. CHAMPION Intervention Districts

Region	Districts
Dar-es-Salaam	Ilala Kinondoni Temeke
Iringa	Iringa Urban Mufindi
Mbeya	Mbeya Urban
Morogoro	Morogoro Urban
Pwani (Coast)	Kibaha
Mwanza	Ilemela Nyamagana
Lindi	Lindi Urban
Mtwara	Mtwara Urban
Shinyanga	Shinyanga Urban
Tabora	Tabora Urban

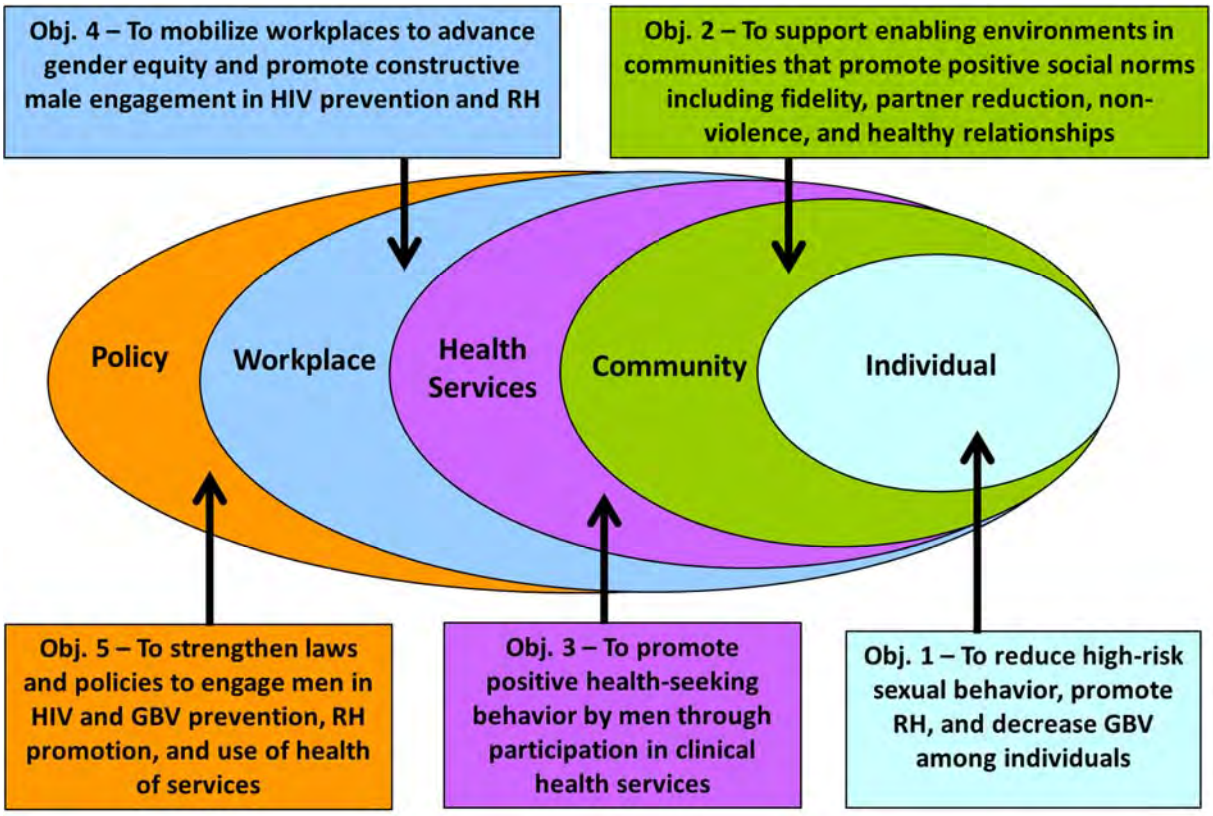
The project was originally funded with PEPFAR Country Operational Plan funds from the HIV Prevention budget (Other Prevention, Abstinence, Be Faithful); however, CHAMPION later received additional funds through PEPFAR from the Millennium Challenge Corporation (MCC)/Millennium Challenge Account-Tanzania (MCA-T) and from a centrally-funded PEPFAR special initiative focused on gender-based violence (GBV). The work supported by the additional funding was consistent with the five original program objectives but affected the geographic and technical focus of the project.

The CHAMPION project operates in 42 districts in 15 regions, of which 14 are "key districts" that are the main focus of the project. The key districts were selected by CHAMPION in consultation with USAID based on several criteria, with HIV prevalence heavily weighted and urban districts given priority. In other districts, which reflect the geographic distribution of partners in the Public-Private Partnership for Prevention of HIV in the Workplace (P3P) and MCC/MCA-T contractors, CHAMPION was asked to mitigate the potential for HIV transmission when mobile infrastructure work crews were introduced. Reflecting the emphasis on men as facilitators of family health, the project primarily targets men aged 25 and older and couples; women and youth are secondary targets.

CHAMPION'S ECOLOGICAL MODEL

The hypothesis on which CHAMPION was built was that a unique set of interconnected interventions will have a positive effect on gender-equitable attitudes and behaviors, and consequently on HIV and reproductive health (RH) outcomes. CHAMPION has adopted the ecological model as the conceptual basis for promoting positive change in gender norms and behaviors. The overriding assumption is that to change individual behavior, the project must target not only individuals but also the social environment in which they live. Different elements of society influence the relationships between individuals and their environment, among them individual (in terms of knowledge, attitudes, and skills); interpersonal and community (family, friends and social networks), organizational (social institutions and health facilities); the workplace; and public policy (national laws and policies). While the ecological model is useful for categorization, the elements of the model are interdependent and sometimes occur simultaneously, reflecting reciprocal causation between individual and environment.

Figure 1. CHAMPION's Objectives



CHAMPION identified, and subsequently worked to promote change within, five action levels that influence gender norms and HIV transmission: individual, community, health services, workplace, and policy. By working through these levels CHAMPION strove to transform the gender norms so that men are portrayed as supportive partners protecting their own and their family's health and well-being, men and their communities associate health-seeking behaviors with courage and strength, men are seen as agents of social change who have the power to change societal norms, and recognize that there are significant benefits in doing so.

APPROACH AND IMPLEMENTATION

Because transforming gender norms requires large-scale societal change, within the ecological model CHAMPION uses the following programming principles and strategic approaches to induce these changes as broadly and effectively as possible:

- Work in regions with the highest HIV prevalence in Tanzania.
- Employ a grassroots, participatory approach where beneficiaries help to guide project design, implementation, and evaluation.
- Collaborate with the Government of Tanzania (GoT) by aligning project strategies with the National Multi-Sectoral Strategic Framework on HIV (NMSF) and the National Strategy on Reproductive and Child Health Services (RCHS).
- Create sustainable interventions by working through existing governmental mechanisms and systems of health care.
- Promote coalition-building in support of social change by mobilizing stakeholders to work together.
- Provide leadership in promoting the concept of men as facilitators of family health.

CHAMPION works in partnership with FHI 360 and nine local lead nongovernmental organizations (NGOs) to undertake activities on each level of the ecological model so as to build up men's RH and HIV-related knowledge and skills, create a supportive peer and family environment, educate health workers help health facilities develop male-friendly health services, mobilize communities, change organizational practices to advance gender equity and constructive male engagement, and influence policy and legislation reform. To do so, CHAMPION carried out the following activities in collaboration with local partners.

Individuals

- MAP Curriculum with men and women
- CoupleConnect Curriculum with couples

Communities

- Training and mobilization of CATs to implement community engagement interventions, e.g., dialogues, health talks, film viewings, health fairs, gender fishbowls
- Mass media campaigns and associated community-based activities
- Linking communities with voluntary testing and counseling (VCT) and making referrals for other HIV and RH services

Health Services

- Training clinical and nonclinical health workers and community-based healthcare providers
- Improving facilities
- Community outreach through service provision and referrals
- Development and dissemination of behavior change communication (BCC) materials
- Supportive supervision and quarterly action planning
- Advocacy with Council Health Management Teams
- Policy engagement with the Ministry of Health and Social Welfare (MOHSW)

Workplaces

- Workplace policy development
- Peer health education (CHAMPION@Work)
- HIV education sessions (MCC/MCA-T)
- Community outreach
- Linking workers with HIV testing centers (HTC)
- Condom promotion and distribution

Policy and Advocacy

- Advice on HIV and health policies
- Training for district and national government officials
- Training for PEPFAR partners
- Support for the MenEngage Network in Tanzania (MET)

In Years 3, 4, and 5 of the project CHAMPION took on additional work for the PEPFAR GBV Initiative. This work was integrated to varying extents across the five levels of the ecological model and resulted in the addition of a technical assistance (TA) element that has included training and TA to United States Government staff and implementing partners.

COMPETITORS OF THE PROJECT

CHAMPION is the only USAID-funded project focusing on male involvement and transforming gender norms. However, Tanzania receives assistance from many donors that are addressing HIV, women's rights, male involvement, or GBV, and the United States Government itself invests millions of dollars every year to support Tanzanian partners who are addressing HIV, malaria, TB, maternal and child health, and nutrition. In Iringa, for example, more than 22 partners are addressing HIV, and the programs vary in area of focus and approach. Because of the new gender policy, most United States Government -funded projects are required to have a gender component in their strategy. However, the scope of this evaluation did not allow for examining whether this is actually happening. The evaluation team met with several USAID partners, most of whom had interactions with CHAMPION, and some are unclear about whether their projects are working on increasing male involvement in health or addressing GBV. (See Annex II for a list of all USAID implementing partners.) The partners focus on male involvement, women's empowerment, or GBV, depending on the organization's expertise, intervention area, and scope of work (SOW). The Tanzanian government is also giving consideration to improving the participation of men in family planning (FP) and prevention of mother-to-child transmission (PMTCT) programs.

In an evaluation focus group discussion (FGD), a PHE spoke of a "one-time" intervention to promote male attendance at clinics conducted by the Aga Khan Foundation. The organization was trying to promote male involvement by giving a token gift, such as a t-shirt, to men who came to the clinic with their spouses. According to the FGD participants, many men came to the clinic with spouses during that period. They also reported that the Tunajali and Pamoja Tuwalee projects operating in Mkuyuni also had a male component in their programs.

Several interview and FGD participants working in healthcare centers and at MCC/MCA-T locations were confused about which activities CHAMPION was responsible for, because they though RESPOND was implementing similar activities.

The project director for Tunajali of Deloitte in Iringa observed that men are coming to the clinic with their wives for PMTCT services and antenatal care (ANC) because in addition to the GoT many projects funded by a variety of donors are working to improve male participation in family health. She believes that many donors working in Tanzania are deeply committed to changing the health-seeking behaviors of men.

LEVELS OF INVESTMENT

The total CHAMPION budget is an estimated $25.9 million funded by PEPFAR, which includes contributions from the GBV Initiative and the MCC. To date, $24,112,447 has been obligated, of which $1.5 million is for MCC/MCA-T work and $2.5 million for GBV work. All project funds come through USAID/Tanzania Chief of Party (COP) funding.

Details about financial management, resource allocation, and other finance issues are addressed in the Management section in chapter 3.

HOW THE EVALUATION WILL BE USED

USAID Tanzania will use this evaluation to measure project success, effectiveness, relevance, challenges, and lessons learned. It is also expected to inform design of future programs, especially by examining what has worked and what does not, to ensure that resources are allocated efficiently and to inform other USAID-funded projects in terms of models, approaches, and best practices that can be adopted, adapted, and replicated. Building on previous investments is critical to ensure the best use of foreign assistance funding.

The evaluation can also be used as a learning tool for generating knowledge about how future programming can be refined. USAID, implementing partners, and other donors might also use the evaluation to advocate with Tanzanian counterparts for programs related to male involvement and gender roles, because there is enough evidence to demonstrate that such programs can make a difference in health outcomes. This will support country-led programming and adoption of international best practices by local partners and civil society organizations to ensure that programs are sustainable after projects end.

CHAMPION project managers can use the evaluation not only to build on successful models and approaches but also to address issues identified in the evaluation. This report gives specific examples and draws attention to issues that project staff might not otherwise have observed. Implementing partners, donors, and the professional community at large might use the evaluation to inform design of new programs and drafting of new strategies not only in Tanzania but also elsewhere in the region and beyond.

Other evaluators might be interested in drawing from this evaluation some of the methodologies used to ensure the quality of data collection and analysis.

II. SCOPE AND METHODOLOGY

PURPOSE AND SCOPE OF THE EVALUATION

This evaluation is intended to determine programmatic achievements in relationship to CHAMPION objectives and tasks; it covers project performance from February 2008 through April 2013. The evaluation aims to identify critical gaps and highlight lessons learned and best practices that can be replicated. The key questions for the project evaluation are:

1. Has the project achieved its goals and objectives?
2. What are the project's strengths, weaknesses, and gaps in planning, management, and implementation?
3. What are the constraints to successful implementation of this project?

To answer these questions and to provide evidence-based, action-oriented recommendations, the evaluation team considered the following subsidiary questions, all of which influence CHAMPION's achievements. (See Annex III for the scope of work, including detailed methodology.)

Performance

Did the project achieve the desired objectives and thereby contribute to changes in gender norms and improved health behaviors in the longer term?

Fidelity of Implementation

Was the original design of the project suitable for achieving project objectives?

Sustainability

What are the prospects that the results produced by the project will be sustainable?

What recommendations can be made about how future adaptations of this program or constituent interventions can better contribute to sustainable outcomes?

Evidence of achievements in these areas is presented in the Results chapter (3) and is examined in the Discussion and Conclusions chapter (4).

EVALUATION METHODOLOGY

The evaluation used a combination of methods and approaches for collecting and analyzing the information required to achieving the evaluation objectives. (Please see Annex IV for the evaluation tools.) The process of designing the evaluation and identifying appropriate methodologies included meetings with the USAID mission in Tanzania and with CHAMPION staff. The evaluation team prepared a draft evaluation plan and methodology, and shared it with and received valuable input from USAID technical staff responsible for USAID-funded projects. Feedback, suggestions, and input from all discussions were incorporated into the evaluation design.

To increase validity, the evaluation team used a triangulation strategy to collect and analyze information about CHAMPION from multiple sources, among them national institutions such as the MOHSW), the Ministry of Community Development, Gender, and Children (MCDGC), the Ministry of Labor and Employment (MOLE), the Tanzania Commission for AIDS (TACAIDS), the MOHSW-National AIDS Control Program (NACP), the Trade Union Congress of Tanzania

(TUCTA), the Association of Tanzania Employers (ATE), regional and district medicals officers, heads and staff of health facilities, lead NGOs, Symbion Power-workplace (a MCC/MCA-T contractor), volunteers, and women, men, and youth beneficiaries of the project. National, regional, district, and ward data were collected. The evaluators employed participatory methods to enhance collaboration and dialogue with a broad range of interviewees and FGD participants. The team adapted an improvement approach to examining the usefulness of data collection guides whereby, after each interview or FGD within the same category of participants, the team discussed which questions needed to be adjusted, added, or omitted to ensure sufficient information was collected. The team also adjusted interview and FGD guides for other categories of participants to allow for more comprehensive and crosschecked information to ensure validity.

Where necessary to ensure comprehensive reporting on findings, the team added qualitative information that demonstrated successes. The team also asked CHAMPION to provide further information when needed that was incorporated into this report.

Review of Documents

Documents reviewed by the evaluation team included annual and quarterly project reports, among others (see annex V for a full list of documents reviewed). The aim of the document review was to gather information about USAID and CHAMPION's goals, objectives, implementation approach, lessons, challenges, and best practices. In addition to providing critical background information, these documents described planned and implemented activities for each project year. USAID/Tanzania and CHAMPION identified and assembled other documents for the evaluation team to analyze, and the team requested additional documents to ensure a comprehensive examination of the data documented.

Interview Guides

The evaluation team drafted data collection guides for conducting structured, open-ended interviews and FGDs. These guided the collection of information from national, regional, and district government officials; USAID health officers and implementing partners; representatives of the police gender and children's desks; regional and district medical officers;, regional and district reproductive and child health coordinators; district hospitals; and health centers and dispensaries. FGDs were conducted with CAT and MAP members, CoupleConnect field facilitators, project beneficiaries (men, women, and youth), and PHEs. (Please see Annex VI for the list of people interviewed and FGD participants.

Interviews and FGDs provided data about the project related to performance, implementation, strengths, challenges, results, lessons learned, best practices, and recommendations. General interview questions were drafted in response to the SOW, and more detailed, probing questions added for each of the following categories.(Tools can be found in Annex IV.)

- National, regional, and district GoT officials
- Tanzanian lead NGOs partnering with CHAMPION
- USAID implementing partners
- Health facility staff and providers
- CATs, WATs/PHEs, field facilitators
- Beneficiaries

Site Visits

CHAMPION is implemented in 42 districts in 15 regions, of which 14 are key districts where the project mainly focuses. Key districts were selected by CHAMPION in consultation with USAID on the basis of criteria in project documents, with HIV prevalence heavily weighted and urban districts given priority. The evaluation team made field visits to the regions of Dar-es-Salaam, Morogoro, Iringa, Mtwara, and Mwanza, where they collected data through 11 FGDs and 42 interviews, reaching in all 176 participants. The regions were selected by USAID and CHAMPION on the understanding that their districts can be considered representative of activities in all districts and provide the diversity of information and perspective required to make sound conclusions.

Dar-es-Salaam Region

Here the evaluation team interviewed informants from government institutions such as the MOHSW, MOLE, and MCGDC, TACAIDS, and NACP; lead NGOs, such as Chama Cha Uzazi na Malezi Bora Tanzania (UMATI) and the Human Development Trust (HDT); MCA-T, the International Labour Organisation (ILO), ATE, TUCTA, and MenEngage Network members; and staff of USAID/Tanzania and CHAMPION. Data were also collected from lead national and international NGOs and implementing partners, among them Jhpiego, FHI360, University Research Co., Pathfinder, AMREF, CARE International, UNFPA, EGPAF, and AFRICARE. Interviews and FGDs were conducted with CAT members, MAP/CoupleConnect field facilitators, and beneficiaries.

Morogoro Region

In Morogoro and Mkuyuni districts, the evaluation team conducted interviews with, among others, as senior staff from lead NGO Human AIDS Concern and Care (HACOCA), religious leaders, beneficiaries, and male and female workers and management staff from the Symbion Power Company. The Symbion interviews allowed the evaluation team to assess project outcomes in addressing HIV in the workplace. FGDs were conducted with Morogoro Town CAT members, MAP/CoupleConnect field facilitators, Mkyuni community PHEs (MCA-T), and male and female beneficiaries.

Iringa Region

The evaluation team interviewed the USAID Adviser on Program Integration & Quality Improvement in Iringa, regional and district medical officers (R/DMO), regional and district reproductive and child health coordinators (R/DRCHCo), the management team of lead NGO Iringa Development of Youth, Disabled, and Children Care (IDYDC), clinical staff and beneficiaries at the Health Centers of Ipogolo and Ngome, other beneficiaries, including women, men, and youth; and staff of implementing partners Africare, Jhpiego, and EngenderHealth RESPOND were interviewed. FGDs were conducted with Iringa Urban CAT members, field facilitators, and CCC members.

In Mufindi, the team interviewed the Police Gender and Children's Desk officer, the Mufindi District Gender Focal Person, and Funguka club members (women, men and youth). FGDs were held with Mufindi CAT members, field facilitators, and Mafinga Savings and Credit Cooperative Organization (SACCO) PHEs.

Mtwara Region

In Mtwara the team interviewed the R/DMOs, RRCHCo, and the District Nursing Officer (DNO), the program officer for lead NGO Patronage In Environmental Management and Healthcare Warriors (PEMWA), staff of Ufukoni Dispensary in-charge, clinicians, and beneficiaries. FGDs were conducted with CAT members and field facilitators.

Mwanza Region

After Dar-es-Salaam Mwanza is the second most populous region in the country. In Mwanza, the team interviewed the Mwanza R/DRCHCs and DMO, management of the Nile Perch Fisheries, representatives of Makongoro Health Center and Nyamagana Hospital in-charge and clinicians, participants in CoupleConnect, and religious leaders from Shinyanga. FGDs were held with CAT members and field facilitators and the Nile Perch Fisheries PHEs.

Data Analysis and Report Writing

Data from annual, quarterly, and other reports were carefully examined and compared against the 2009 Performance Management Plan (PMP) and deliverables. Qualitative data collected through FGDs were transcribed and summarized in addition to data collected from the interviews. Each summary report was discussed and underwent a quality check by evaluation team members for consistency and accuracy. The team used content analysis to analyze the data, which were categorized and examined first against by CHAMPION objectives and second against the three evaluation thematic areas of performance, fidelity, and sustainability. The analysis used as the basis for formulating evaluation findings, lessons learned, best practices, and recommendations.

Sampling

A wide range of informants from national toward levels were interviewed or participated in FGDs. The team conducted 53 interviews and FGDs brought the total number of participants to 176. Informants were mainly selected by USAID and CHAMPION based on involvement in the project as implementers or beneficiaries, but the team interviewed other people as the evaluation progressed to seek additional information.

LIMITATIONS AND OTHER CONSIDERATIONS

Selection Bias: Purposeful selection of informants may potentially lead to bias in the opinions and experienced shared. Most of the people interviewed were involved in implementing the project—the information collected from them could be influenced by the nature and extent of their involvement. For instance, in Mtwara one government employee who had moved to the area from another duty station within the past six months could not have a full understanding of the project background and activities. Some interviewees had a brief write-up summarizing the project. The team asked probing questions to ensure the information collected was consistent.

Recall Bias: Since this project has been operating for five years, some information from respondents may be affected by recall bias, which may have affected the accuracy of recollection of some early project events in terms of specific dates, people, places, and contexts.

Response Bias: Respondents may have shaped their responses so as to influence the continuation of the project or to please the evaluator. Also, since many respondents had participated in CHAMPION- sponsored trainings, they may have believed they knew the "correct" or expected response to meet expectations, rather than saying what they actually believed.

Small Samples: The evaluation design was mainly qualitative, involving a relatively small proportion of the individuals involved in the interventions; therefore, data sources were triangulated with information from document review. This evaluation purposely chose not to seek large samples and quantitative generalizability of findings. It was designed to gather detailed information about the project from a small sample of carefully selected individuals and project sites.

Other Considerations: The evaluation took seven weeks, of which five were spent in the field with three dedicated to field visits and data collection. While this might seem sufficient, the scope and geographical coverage of the CHAMPION project were large. Given this reality, the evaluation team mostly conducted FGD and interviews separately to exhaust all potential data sources and reach the qualitative saturation point. To ensure quality, the evaluation team put an improvement process in place.

GENERALIZABILITY

The evaluation team collected data in sites that represented the main zones, in the eastern, north, western, and southern regions, to draw a national picture taking into account geographic and cultural variations. The evaluation team visited both urban and rural areas. Urban areas predominated as sources of information, which might affect the generalizability of findings since most Tanzanians reside in rural areas. Even though the sample is small, however, the results can be contextually generalizable to CHAMPION's intervention sites.

III. RESULTS AND ANALYSIS

The main findings of this evaluation are organized by objective, and then discussed in terms of crosscutting issues. Each section examines whether CHAMPION and its partners completed the activities planned at the beginning of the project, the extent to which output and outcome objectives were met, and the findings from primary data collected during this evaluation.

The evaluation team used the variety of sources discussed in chapter 2 to draw conclusions about the activities, outputs, and outcomes of the project. CHAMPION project indicators call for many quantitative measures of progress. Because though some of these were available, many are missing, it is not possible to draw conclusions about whether some indicators were achieved, so findings for these indicators are listed as unknown.

From their examination of the 2009 PMP provided by USAID, the evaluation team identified results based on the desired outcomes. When this report was reviewed, the evaluation team learned from CHAMPION staff that the 2009 PMP was not considered the final approved PMP, which was revised in 2012 to reflect how the project had evolved.

USAID approved the revised PMP in April 2012, was only 18 months before the project was to end in September 2013. The 2009 PMP had tracked CHAMPION Project activities for the four years through April 2012. When the evaluation team reviewed the 2012 PMP during the second round of evaluation report reviews, it was found to specify only eight indicators, five 5 of which are output and three outcome indicators. It had eliminated a substantial number of 2009 indicators and activities under each of the five project objectives that had been tracked for the first four years, and without exception all eight 2012 indicators were reported against different sections of this end-of-project evaluation report. Where necessary and to ensure comprehensive reporting on findings, the team had added qualitative results that demonstrate a success. The team had also asked CHAMPION to provide further information needed for this report.

The evaluation team believes that the revised 2012 PMP would not have provided enough information to evaluate the performance, fidelity and sustainability of CHAMPION Project as described in the SOW. As a result, USAID would have missed an opportunity to examine project performance at multiple levels and from different perspective. It is also possible that adjusting the PMP for the final 18 months of the project without considering the 2009 MPM plan that tracked performance for 4 years, might have affected the evaluation results of CHAMPION if only a few indicators were reported when in reality CHAMPION was awarded and set out to achieve more.

There are several activities for which the findings are unknown. That means that for the first four years those shortcomings were not addressed or such activities were simply dropped.

Finally, the evaluation team believes that basing this evaluation on the 2009 PMP better reflects CHAMPION Project performance and provides more information, though the report does address all eight of the 2012 indicators. Utilizing the 2009 PMP might have had minimal effect on few activities for which the findings are unknown but none on the overall findings of the evaluation, especially the observations, discussion, and recommendations that the evaluation team used to triangulate its findings.

OVERVIEW

During the interviews to discuss perceptions and results of the project, many of those interviewed were knowledgeable about the project and committed to gender transformation and male involvement in addressing GBV and HIV prevention. However, despite being associated with the project some individuals interviewed were unfamiliar with CHAMPION or had only a few talking points to share with interviewers. A few did not endorse some of the project's goals because they believed GBV is not a problem or that attending clinics is "women's work", or held other beliefs contradictory to achievement of CHAMPION's objectives. This diversity of opinion and experience occurred across all levels of implementation. Only a few participants in interviews or FGDs had a good understanding of CHAMPION's ecological model and how project activities should interact and function cohesively to accomplish objectives.

More positively, in an example of the project's reach and influence, an MoHSW staff member reported that before CHAMPION, the notion of male involvement was not integrated into any projects the ministry implemented. Now 10 projects that the MoHSW oversees have male involvement as a component, and it is planned to be a crosscutting issue that is integrated into future programming. The respondent described CHAMPION's work as complementary to the government's and noted that the program objectives are relevant and align well with the *Tanzania National Reproductive and Child Health Policy and Guidelines*. However, this respondent was not aware of any influence CHAMPION had influence on policy or the drafting of guidelines or allocation of resources, although both in fact, occurred. The respondent was primarily aware of health worker training, promotion of male involvement, changing gender norms and CHAMPION's assistance in the revision of the *National Reproductive and Child Health Policy and Guidelines*. This mixed review of CHAMPION's work was typical of many responses during the evaluation: most respondents perceived the project as doing positive work but despite successes were unaware of large areas of implementation, unfamiliar with the larger strategy, or identified significant challenges.

OBJECTIVE 1: PROMOTE PARTNER REDUCTION AND FIDELITY AND REDUCE HIGH-RISK BEHAVIOR

To create sustained behavioral change, studies have identified the importance of men undergoing a personal reflection process that increases their understanding of how existing gender norms may negatively affect their own lives, their partners and their families (Population Council 2004; Peacock and Levack 2004). CHAMPION worked with local and international organizations including NGOs, community-based organizations (CBOs), and faith-based organizations (FBOs) to help individual men and women understand how current gender and social norms may increase their personal and their partners' risk for HIV and how they can adopt and promote alternate, healthier behaviors. The primary CHAMPION activities to facilitate personal change were the MAP program, CoupleConnect, and TA for partners and stakeholders.

Expected result: *Among men: more gender-equitable attitudes, knowledge, and skills to reduce HIV risks and adverse health outcomes individually and in their families and communities.*

Men as Partners (MAP)[1]

To promote partner reduction and fidelity and to reduce high-risk behavior, CHAMPION implemented the EngenderHealth Men as Partners® program, which is designed to provide space for men and women to examine harmful gender norms and practices, enhance their knowledge and skills to increase gender equity, reduce HIV risk, and improve the health outcomes of participants, their partners, and their families. MAP group education workshops use a 29-session curriculum, *Engaging Men and Boys in Gender Transformation: The Group Education Manual*, which was adapted to the Tanzanian context. Workshops are conducted with mixed groups of no more than 25 men and women. They were intended to promote critical reflection on gender and social norms that increase HIV risk so that participants can identify the negative outcomes of engaging in such behaviors.

Activities:

1. **Held MAP curriculum orientation workshops for district, regional, and national stakeholder:** First CHAMPION met with stakeholders to share the objectives of CHAMPION and the expected impact. CHAMPION then conducted district assessments in September and October 2008 to introduce the project locally to select community members to be part of the CATs, identify "Champions" to serve as model men and couples, and select lead NGOs. Nine NGOs were selected as local implementing partners, aiming for a launch date of November 4, 2008. CHAMPION activities were in fact launched in seven districts in January 2009 and six more soon after. Mufindi was added in 2010.
2. **Identified collaborating and implementing partners, familiarized them with MAP, and worked with them on formulating implementation plans:** Districts for implementation were chosen between April and June 2008. Lead NGOs were identified between September and October 2008, and agreements were finalized between August and October 2009. The first installments of funds to these partners were distributed between April and June 2010.
3. **Set standards of performance for implementing partners:** These were drafted, shared with partners for comments, revised, and finalized before being disseminated.
4. **Adapted the MAP curriculum to the local context and translated it in Kiswahili:** In the last quarter of 2009 CHAMPION held a five-day meeting in Dar-es-Salaam with 35 participants, including potential implementers of the curriculum, to hear suggestions and make revisions. In the first quarter of 2010 CHAMPION staff reviewed and finalized the *MAP Group Education Curriculum for Gender Transformation Training*. The curriculum was translated into Kiswahili in the first quarter of 2011 and copies were distributed in the second quarter.
5. **Trained field facilitators in the MAP manual.** CHAMPION trained 68 field facilitators to use the Manual. Training focused on facilitation skills as well as enhancing knowledge on gender transformation topics and skills, sexual and reproductive health, HIV, and GBV. Field facilitators were identified late in 2008; the first two-week training was held in the second quarter of 2009, and throughout the life of the program more individuals were trained as the program scaled-up.
6. **Implemented the MAP curriculum in communities.** MAP was introduced in communities in 14 districts with groups of about 25 men and women. Facilitators began piloting the MAP curriculum using a draft manual in the third quarter of 2009, and since then more than 4,200 men and women have been reached with the curriculum, which takes about

[1] CHAMPION is evaluating the MAP program to examine changes in behavior and whether they are sustained over time.

three months to complete. Pre- and post-tests used the Tanzanian GEM score to measure knowledge and attitude changes, but only one round of these tests was analyzed in depth. CHAMPION created community change clubs (CCC), previously known as MAP clubs, so that those who had completed the curriculum would have further opportunity to meet and discuss gender transformation, but this plan does not appear in reports.

7. **Trained community leaders in MAP curriculum topics.** Topics from the MAP curriculum were also used to train members of the community on how to engage men in programming. More than 370 religious, community, NGO, and local government leaders took the training over the course of the project. Pre- and post-test scores from these trainings generally showed a moderate increase (5–10 percentage points) in knowledge of sexual and reproductive health and HIV. In general participants expressed satisfaction with the trainings and believed they were worthwhile.
8. **Offered Refresher MAP workshops for field facilitators.** After initial trainings, CHAMPION conducted refresher courses with some groups of trainees to address previous training gaps and emerging issues.

Evaluation

CHAMPION analyzed the results of one set of MAP group education workshops held in Kinondoni district, Dar-es-Salaam region, between July and September 2012. During workshops participants in eight separate groups of MAP classes completed pre- and post-tests. Similar analysis of pre- and post-tests was not routine for all MAP groups over the life of the project. Evaluators collected 209 pre-test and 190 post-test questionnaires that examined attitudinal support for inequitable gender norms, as measured by the Tanzania-adapted Gender Equitable Men (GEM) Scale,[2] knowledge of HIV as measured by the Tanzania Demographic and Health Survey (TDHS), HIV testing, and experience in the workshop. Bivariate analysis using chi-square tests was performed to assess associations. Individual participant pre- and post-tests could not be matched. Findings are presented for participants who responded to at least two-thirds of the GEM Scale statements (16 or more statements) and recorded their age and sex.[3]

Support for Gender Equity

Support for gender equity was high at baseline (Table 2). At post-test the percentage of participants reporting "high" support for gender equity increased 15 percentage points from 58% to 73% of participants.

Table 2. MAP Participant Pre- and Post-test GEM Score (Percent)

Support for Gender-Equitable Norms at Baseline and Endline, by Sex						
	Pre-test			Post-test		
GEM Scale Category	All (n=196)	Men (n=102)	Women (n=94)	All (n=190)	Men (n=102)	Women (n=94)
Low (24–39)	4	2	6	3	1	4

[2] Participants were asked if they "Agree," "Partially agree," or "Disagree" with each of 24 GEM Scale statements. Each response was scored on a 3-point scale where 1 = Agree, 2 = Partially agree, and 3 = Disagree. Individual's responses to each item were aggregated to create a composite GEM Scale score.

[3] In all, 13 pre-tests were excluded from analysis, 10 for missing age or sex and 3 for not responding to more than eight GEM Scale phrases. No post-tests were excluded.

Moderate (40–55)	38	31	46	24	22	26
High (56–72)	58	67	48	73	77	70

Shifts in responses tended to be from "moderate" to "high" support; The percentage of participants reporting low support was relatively unchanged. Women were more likely to agree with the gender- inequitable statements than men both before and after the course. Shifts in attitudes between pre-test and post-test were most prominent in questions related to violence, household duties, and decision-making.

Knowledge of HIV and AIDS

Knowledge of HIV prevention and rejection of misconceptions about HIV transmission was high at pre- and post-test. Over 80% of participants correctly identified that mosquitoes cannot transmit HIV, and that HIV can be prevented by being faithful to just one uninfected sex partner who has no other sexual partners in pre- and post-tests. These findings were similar to those of the 2010 TDHS. Misconceptions about people with AIDS were high and remained unchanged. Only two-thirds of participants believed it is possible for a healthy-looking person to have the AIDS virus at pre- and post-test; 20 percentage points lower than respondents in the 2010 TDHS.

HIV Testing

Over 60% of the participants reported having been tested for HIV and receiving their test results; this was unchanged at post-test. A higher percentage of MAP workshop participants reported having been tested for HIV and receiving test results than respondents in the 2010 TDHS (73% of women and 56% of men). Because pre- and post-tests were not matched; it could not be determined whether any participants were tested for HIV during the course.

Gender Equity and HIV Knowledge and Testing

Chi-squared tests were performed to assess associations between "high" support for gender equity and HIV knowledge and HIV testing at post-test. Statistically significant associations were found between high support for gender equity and knowledge of HIV transmission, and high support and having been tested for HIV ($p < 0.05$).

This analysis of pre- and post-test scores offers valuable information about the knowledge and attitude changes of participants in MAP training; it shows a positive change and verifies CHAMPION's premise that support for gender equity and HIV testing are associated. However, the analysis does not examine whether participants are applying the new knowledge and attitudes in their daily lives, as there is no component either to hypothesize about future behavior or to measure behavior change during or after the course. It is in any case difficult to judge whether new attitudes and behaviors are maintained; the likelihood of social acceptability bias—respondents answering in ways that affirm gender equity—is high because having just completed a MAP course, they may feel pressure to answer in ways that affirm the course's teachings.

Couple Connect

CoupleConnect is a 14-session interactive, skills-based, group education intervention created by CHAMPION and first implemented between February and June in 2012. The program aims to help urban, married or cohabitating, non-polygamous Tanzanian couples to gain insight, information, and skills to increase their connectedness and open lines of communication about relationship challenges. The program targets couples married or cohabitating less than six years

who are both 25 or older. The program posits that "couple connectedness" can help prevent HIV transmission and promote healthy spacing, timing, and number of pregnancies. CHAMPION drafted the CoupleConnect curriculum and trained 20 facilitators to deliver the pilot participatory group sessions in 2012 with 113 couples in 10 districts. Scale-up of the program was delayed due to budgetary constraints. Curriculum development for CoupleConnect began in October 2010 with the support of external consultants, who helped to draft the curriculum; the pilot training started in the second half of 2012.

Data from the pilot round of CoupleConnect workshops showed a positive change in knowledge, attitudes, and beliefs about couple connectedness, HIV, and RH issues. There were statistically significant increases in the percentage of participants who agreed or strongly agreed that it is never necessary to use physical violence to resolve conflict with their partner; it is not shameful to talk about sexual desires with their partner; and they would not be outraged if their partner asked them to use condoms during sex. Participants had positive opinions about the CoupleConnect program; almost 90% believed that the program had improved their relationship and it was worth the time to attend. CAT members in an FGD mentioned that, after implementing a successful pilot round of 14 sessions of CoupleConnect with 10 couples, they noticed that attendee behaviour had changes. They described couples who had never been seen to hug or hold hands, started to hug and hold each other—though slowly and shyly.

As the pilot round got underway, one problem was inconsistent attendance by partners. To combat this the program piloted a comprehensive three-day course at a single site, rather than spreading it over many weeks. This improved attendance and participation by both partners.

Evaluation

CoupleConnect Participants

The evaluation team interviewed couples and both men and women separately that had completed CoupleConnect. Members universally reported that the program had a positive effect on them and their partnership. They described themselves as role models in promoting healthy relationships and as actively spreading CoupleConnect messages in their communities. When participants described their marriages before and after participating in CoupleConnect there was now a focus on communication, where previously, both husbands and wives reported, the husband was likely to hide his income and make decisions without his wife, and both members did not discuss personal or family problems with each other. It should be noted that this was not the case with all couples—some described happy marriages before CoupleConnect—but they too reported improvements after the course. Many female participants said that their husbands had begun to share information about household finances or were sharing more information. Women considered this extremely important because it allowed them to plan for and care for the family, and gave them some power in deciding how the money should be spent. They reported that discussing finances reduced the number of arguments in the partnership, and in some cases reduced family conflict generally, such as yelling at children.

When describing the results of the project, beneficiaries cited the practical skills they learned to facilitate discussion between partners, which can be used to address personal, financial, and family matters. They explained that once they were able to communicate openly about those issues, it was much easier to discuss sexual and reproductive health and become involved in family affairs.

One group of CoupleConnect participants interviewed went on to form a community organization to work together to share what they learned. This group described that their mission in their community as *kueneza habari njema*—"spread good news"—marital life. Group members believed that the CoupleConnect training improved their knowledge about gender issues and explained that it is useful in tackling queries that often arise during public education sessions where they educate attendees about conflict resolution, advise couples to seek out HIV counseling and testing and be faithful partners, and recommend that they plan family activities together.

Respondents reported that they consider gender-transformed couples as those who have less marital conflict, have a good understanding of gender roles, both participate in child care and household chores, accompany their partners to health facilities when needed, do not drink irresponsibly, do not engage in casual sex, and make joint decisions. Group members felt that they have been transformed and campaign to transform others. Participants in this FGD were eager to work with CHAMPION again and were wondering when the next training would take place, which according to them was promised at the conclusion of the initial training.

CoupleConnect Participant

One participant who referred to himself as the CoupleConnect leader emphasized that those who have completed the training consider themselves to be examples of CHAMPION's achievements, as there have been so many positive changes toward gender transformation in their personal relationships. The interviewee reported that in his former marriage he and his spouse were both violent toward each other and, although they are now divorced, he reports that he is no longer violent, which his new wife confirmed. This participant described have initiated a positive referral relationship with the Community Development Office, where cases of marital disputes are referred when CoupleConnect members cannot resolve them. Some members of CoupleConnect started their own initiative to resolve such disputes.

The sustainability of these personal changes is not clear because those interviewed were self-reporting changes and had participated in the training about a year earlier. Even though this was not the intention of the intervention, participants viewed working together to teach others about CoupleConnect and the positive changes in their relationships as motivation to continue their new behavior. The analysis of CoupleConnect data shows changes in attitudes and knowledge in line with the objectives of the program. Experiences reported during interviews suggested significant behavior change, particularly among men who participated in CoupleConnect, but it is not possible to know how long this change will last or to triangulate these findings within the scope of the evaluation. The possibility of bias is also a significant factor when people report their own behavior.

Technical Assistance

CHAMPION provided TA to NGOs and government ministries to improve knowledge and professional involvement about gender transformation, male engagement, sexual and reproductive health, and HIV. Much of it consisted of two-to-six-day trainings and working with organizations to incorporate gender issues into their own training.

Output and Outcome Indicators

The anticipated result of CHAMPION's work is that men demonstrate increased gender-equitable attitudes, knowledge, and skills to reduce HIV risk and adverse RH outcomes, individually and within families and communities.

CHAMPION defined three indicators to measure whether this result was achieved:

1. Number of individuals reached through community outreach that promotes HIV prevention through abstinence and/or being faithful and/or other behavior change. CHAMPION almost met, met, or exceeded targets for number of individuals reached engaged in outreach activities every year but 2009.
2. Proportion of participants of community outreach sessions who achieve a 10% increase in self-reported gender-equitable attitudes on the GEM scale. Participants in MAP usually achieved a 5–10 percentage point increase in their GEM scale; however, aggregated results from all cycles of MAP are not available.
3. Proportion of implementing partners that demonstrate increased capacity to implement gender-based programming and organizational mainstreaming. Many partners received training about how to implement gender-based programming and organizational mainstreaming, but whether this training translated into functional capacity and action within organizations is unknown.

OBJECTIVE 2: CREATE AN ENVIRONMENT THAT PROMOTES POSITIVE SOCIAL NORMS, INCLUDING FIDELITY, NONVIOLENCE, AND RESPECT FOR HEALTHY RELATIONSHIP

Family, friends (especially other men), and perceived community norms, heavily influence and reinforce men's attitudes and behaviors. Following MAP training, participants need continuing acceptance, reassurance, and active encouragement to persist with the tentative, experimental changes they make in their daily lives. CHAMPION sought to address this by working with its lead NGOs to support CATs, and to implement activities promoting a shift in gender norms. CHAMPION conducted the following activities to create an accepting and gender-equitable community, within which men can engage in personal reflection and behavior change.

Expected Result: Communities that are engaged with the process of transforming gender norms support HIV prevention, RH and health-seeking, and stigma reduction, and nurture and sustain men's gender-equitable behaviors.

Activities:

1. **Formatted CATs and CCCs:** Working with nine lead NGOs in 14 districts, CHAMPION formed and trained CATs (some of which were also trained as MAP field facilitators). CAT members of diverse backgrounds were selected through a rigorous process based on their interests, skills, connections within the community, and personal qualities that are advantageous for outreach and engagement. The project also helped to form CCCs, clubs of MAP graduates and other individuals who have taken part in CHAMPION interventions. The CCCs aim to continue to engage CHAMPION beneficiaries as change agents in their communities.
2. **Trained CATs on strategies for community engagement and gender transformation:** CHAMPION built the capacity of 650 CAT members and other community leaders to conduct effective community engagement related to gender transformation, skills which recipients then used to conduct community activities. A six-day participatory community engagement training manual was used for this purpose. CATs have reached over 420,000 people in small group and one-on-one interventions; of these almost 25,000 have been testing for HIV with service partners.
3. **Conducted a participatory assessment:** A qualitative and quantitative assessment was conducted with CATs to identify further training needs and to identify gaps in CAT member

current and desired levels of knowledge, skills, and self-efficacy to ensure that they were equipped to engage in successful advocacy and programming.

4. **Drafted a CHAMPION BCC strategy:** CHAMPION held a planning meeting in December 2009 to begin to formulate a BCC strategy; findings from a BCC assessment were incorporated into the planning process. The strategy, finalized early in 2010, and informed the design of CHAMPION's mass media, community, and interpersonal interventions.
5. **Published community engagement materials:** CHAMPION designed a Community Outreach Guide for CATs that includes BCC materials for use during outreach activities. In their work the lead NGOs and CATs also use monitoring and evaluation (M&E) forms; penile and vaginal models; information, education, and communication (IEC) materials; and digital stories.
6. **Drafted and implemented CAT work plans for community events to promote social change regarding gender norms and HIV prevention and health-seeking behaviors:** These helped CATs and the lead NGOs to reach more than 420,000 people (see item 2. above) during community events. CATs organized community and couples health fairs, encouraging dialogue about gender norms and men's engagement in their and their partner's health and offering VCT opportunities. CATS also engage in many other community education activities, such as community dialogues, film showings, gender fishbowls, health talks, and sports events. For example, working with CATs, CHAMPION designed and implemented the *Vunja Ukimya* (Break the Silence) campaign to encourage communication between couples; it incorporated television and radio public service announcements and a branded bus to raise awareness at community events.
7. From August 24 to September 23, 2010, the Vunja Ukimya (Break the Silence) Activation Tour visited 15 districts, bringing together musicians, actors, and CHAMPION field facilitators on the *Vunja Ukimya* bus. Before the tour, a workshop was held to orient the musicians and actors about issues related to couple communication as a strategy for HIV prevention. Community activities included orientation workshops for personnel of media houses, masters of ceremony (MCs) for weddings, musicians, and actors. After the workshops, the CHAMPION tour team and local volunteers conducted activities such as mobile/street outreach (*boda boda*) and community health fairs. At these events, men and women were engaged in dialogues on how couple communication can improve intimate relationships. These events were well received; as a participant in Dar-es-Salaam explained, "Because this campaign is addressing a very important issue…there is a need to make sure that it reaches the majority in our communities." This comment supports CHAMPION's wide-reaching communication strategy because of the value of the messages shared.
8. **Drew up a media plan:** Unknown
9. **Participated through CATs in national observances that promote positive social transformation (16 Days of Activism Against Violence, Fathers' Day, National MAP Week, International Women's Day, Day of the African Families, and World AIDS Day):** CATs collaborated with lead NGOs and other partners to linked community events to national or international events and holidays, which helped ensure that discussions about gender norms were part of these events. For example, CATs celebrated Tanzania's first-ever Father's Day, promoting men's role and value as caretakers. The teams also organized significant outreach in connection with the World Cup in 2010 (building on *Vunja Ukimya*) to heighten awareness about HIV, increase the perception of risk among men and women, and encourage positive health-seeking behavior by linking attributes of an effective football team with healthy behaviors. This campaign included street outreach, community viewings of soccer matches, and health fairs. These events reached 21,031 individuals in one-on-one or small group interventions on HIV prevention.

10. **Provided support directly and through collaborating partners on organizing and sustaining CATs:** CHAMPION provided continuing technical support and management for CATs and the lead NGOs that work with them directly, building capacity for M&E and for community engagement. CHAMPION provided CATs with TA in management and programming and provided materials to support activities. The TA focused on building CAT capacity in technical areas, such as gender norms, HIV prevention, GBV prevention, and RH promotion. The project also trained CATs in community engagement. CATs are reportedly active in their communities and have learned skills and knowledge that they also use their personal lives to influence change in gender norms and related practices.

Evaluation

During the evaluation six FGDs were conducted with members of CATs and CCCs. Participants were asked to reflect on their involvement in CHAMPION, what they learned, and what the project achieved, and to make recommendations for improving the program.

CATs members described a spirit of volunteerism as universal among them, since they participate in CHAMPION in addition to their professional and personal work. When discussing their motivation to join CHAMPION, they stated that they wanted to

- Empower those who were afraid to disclose their HIV status and help fight the stigma associated with being HIV-positive.
- Address day-to-day issues that affect people in their communities, such as GBV, HIV, and patriarchy.
- Educate others and empower people, especially youth.
- Learn about CHAMPION's unique approach to addressing the root causes of HIV.
- Go beyond promoting condom use to also promote fidelity, reduction of partners, and heath-seeking behavior through transforming gender norms.
- Become role models and encourage status disclosure.

FGD participants demonstrated a deep understanding of the goals of CHAMPION and how gender transformation is connected to HIV prevention. Some understood transformation as primarily about role adjustment within the home, where men should perform some tasks traditionally reserved for women. Members of another group described it as an opportunity to think outside of the box, for example to think about old cultural beliefs, that men are heads of households and breadwinners, and how the beliefs compare to reality. CCC members described the transformation process as "men and women opening up" and talking about issues from work to sex to money. FGD participants generally were not familiar with the ecological model but were appreciative that CHAMPION "works on many levels."

In reflecting on their experience volunteering with CHAMPION, participants were positive and looked forward to continuing the work. Some of them had been able to capitalize on the skills gained through CHAMPION to find short- and long-term work. Other organizations have approached CATs as a team and individual members to share their expertise on male involvement. Participants expressed pride in their work and appreciated the recognition they received in their communities. One CCC member stated that community leaders are responsive to their work and call upon them to ensure that gender and HIV sensitization are included in community and government events.

In terms of CHAMPION's impact and accomplishments, most FGD participants agreed that there have been changes in gender norms within their communities. They mentioned examples of couples sharing information about and control of household income, choosing nonviolent behavior, reducing partners and unfaithfulness, and communicating more openly. Participants were confident that their actions helped transform others, whether through direct confrontation of GBV perpetrators or encouraging health-seeking behaviors among men. CCC members explained that despite some negative social reactions to changing gender norms, it is encouraging to see couples who have done so, where men help with housework or accompany their wives to the antenatal clinic in spite of what relatives or neighbors may say.

Respondents in several FGDs emphasized that it is essential that CATs coordinate and partner with local government to secure their support for project activities. This is true for gaining the support of community leaders as well, because CATs report that people are more likely to change their attitudes and behaviors when they see community leaders doing so. The group identified conflict resolution as one of their main accomplishments, both within families and partnerships and between neighbors. In addition, they said, their work through CHAMPION has changed responses to GBV:

> *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.*

This statement corresponds with anecdotes of increased GBV reporting collected during some evaluation interviews. Local leaders reportedly were influenced through CATs outreach and participation in CHAMPION GBV training for community leaders, and some religious leaders reportedly preached about the effects of GBV, promoting dialogue. CAT members in one district reported that there has been a decrease in GBV cases since the inception of CHAMPION programming, which was corroborated by sheikhs who showed evidence of fewer reports to them of GBV and a decrease in divorce. One respondent spoke of a MAP participant who was planning to seek a divorce but after the workshops she changed her mind because of the change in her relationship during the course. Participants told their own stories about fidelity and the reduction of partners, stating that being a CAT member is personally transformative in addition to what the team can do with others. CAT members stated that there has been an increase in the number of people being tested for HIV as a result of their community engagement activities—a statement supported by data collected at local clinics. However, they said the numbers have dropped since October 2012, when CHAMPION's campaigns were reduced because of a shortage of funds.

In considering the challenges faced by CATs and CHAMPION, FGD participants stated that

- The coordination role of CHAMPION needs to be revised to improve communication between CATS and the regional level. There is a disconnect in information flow, and CATS can communicate with CHAMPION staff only through the lead NGOs, not directly. This can cause delays in projects.

- Funds and materials, including BCC materials, were not always dispersed on time; sometimes they are too late for the events they are meant for.
- Some populations may have not been reached due to geographical or access challenges, such as rural areas, *boda-boda* drivers, and mobile workers. These are groups perceived to be more likely to have high GBV rates or engage in unprotected sex.
- During outreach campaigns, demand for condoms is usually higher than the supply; it is difficult to encourage behavior change without the supplies to support it.
- Men are more likely to be very secretive if they experience violence from their partners.
- It is difficult to reach men who have sex with men (MSM) because they live in hiding and fear being lynched, but they need outreach most because they have a high risk for HIV. However, outreach would be difficult, because communities could reject people working with MSM.

Most participants were very confident that CHAMPION activities would be sustainable. They explained that interventions and structures created through the program, such as CoupleConnect and CATs, are continuing and have the capacity to sustain activities on their own, supervised by ward leadership. They also proposed that for sustainability there should be a scale-up of CAT activities in all wards. The challenge is how to pay for transportation, which limits their ability to reach larger numbers of people. Participants in several FGDs informed the evaluation team that they had formed clubs or local CBOs to oversee continuation of this work. These organizations are at different stages of development, from inception to constitution drafting to formal government recognition. However, because not all clubs or CBOs are financially independent, some would not be able to function without external funding; others can collect dues to fund activities.

Output and Outcome Indicators

The anticipated result of this work is that communities are engaged in the process of transforming gender norms: they support HIV prevention, RH and health-seeking, and stigma reduction, and they nurture and sustain men's gender-equitable behaviors. To measure progress toward this goal in the 2009 PMP CHAMPION identified five indicators:

1. **Number of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment:** CHAMPION has trained 650 people and enhanced their knowledge and skills, providing tools needed for community engagement in addressing HIV risks.
2. **Proportion of CATs that are active:** CATs are active in all 14 key districts.
3. **Number of community events conducted that promote HIV prevention through abstinence, being faithful, and/or other behavior change:** Though the total number of events is unavailable, reporting shows that CATs and CCCs have conducted both small- and large-scale community events and have collaborated with other organizations on special events multiple times each quarter.
4. **Number of individuals reached through community outreach that promotes HIV prevention through abstinence and/or being faithful and/or other behavior change: O**ver the life of the project CATS have reached more than 420,000 people in 14 districts through large and small group activities.
5. **Proportion of implementing partners who demonstrate increased capacity to implement community organization/mobilization programming:** The project trained implementing partners and lead NGOs in community engagement and gender

transformation and are working to support CATs, but this type of capacity-building was not measured.

6. **Men will express accepting attitudes toward people living with HIV and AIDS:** Members of CATs and CCCs expressed pride about working with people living with HIV and AIDS and serving as models for status disclosure and community activism.
7. **Men and women will express positive attitudes toward men who exhibit gender-equitable attitudes and practices (those who assist with housework, do not use violence, etc.):** CAT and CCC members expressed pride in their personal participation in gender transformation and described occasions where they promoted those beliefs in their communities. During an FGD beneficiaries agreed in their perception that "people are changing"—men are helping their wives more now than previously. One participant explained that "people are talking about it [gender transformation], but people are different; some understand the CHAMPION message, but others don't." During one FGD a female member said that her husband now helps her with cooking and housework but he does not want their children to see him sweeping because it is "unmanly" and embarrassing. The other FGD participants commented that for real change in social and gender norms to occur, he should sweep in front of the children from when they are very young to socialize them. They explained that if young children see this at an early age they may copy his actions and will accept that new norm when they grow up.
8. **Men will report observing gender-equitable attitudes and practices among their peers:** During FGDs CAT members said that gender-equitable attitudes and practices were generally increasing, particularly men seeking healthcare or accompanying their wives. It was not clear whether the changes have made such practices common, however, or if they are still rare.
9. **Men will report advocating for gender-equitable behaviors (telling a friend not to slap a woman, discussing family planning with his partner):** FGD participants who are members of CATs and CCCs described offering guidance to peers about transforming gender norms, from contributing to housework to not perpetrating GBV, and peers generally were described as receptive to these messages. According to one FGD participant,

> *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.*
>
> - Abdalla Hassani, Lindi Town, 20 September 2010

10. **Community leaders will be able to provide at least one example of a specific community mobilization or action on behalf of gender equity in the past year**: Religious and community leaders reported that they were aware of CHAMPION's presence in their communities and were largely satisfied with the work, often commenting that it should be scaled up.

OBJECTIVE 3: PROMOTE POSITIVE HEALTH-SEEKING BEHAVIOR THROUGH MEN'S PARTICIPATION IN CLINICAL HEALTH SERVICES

Many men equate illness or seeking health services with weakness and therefore defer seeking care. When they do, they often feel unwelcome at health facilities, which are designed largely for women. Often they confront health workers who are uncomfortable treating them because they have not been trained to do so; are concerned that men's services will be too time-consuming, labor-intensive, and expensive to provide; are afraid that men will be threatening or disruptive; or are simply unaware of factors that attract and repel men. CHAMPION partners implemented a comprehensive supply and demand program at HIV service sites offering HIV counseling and testing, PMTCT, antiretroviral therapy (ARV), FP, ANC, and sexually transmitted infection (STI) services.

Expected Results: Increased demand for HIV/RH services by an empowered male constituency that is knowledgeable about HIV preventive and treatment and RH services; and men who support their partners' health-seeking efforts.

Activities:

11. Oriented clinic-related national, regional, and district stakeholders on CHAMPION, male-friendly sexual and RH services, and the EngenderHealth curriculum *Engaging Men in HIV at Service Delivery Level; Men's Reproductive Health* and *Reducing Stigma and Discrimination,* and obtained commitment for their support and involvement. CHAMPION adapted the manual and titled it *Male Involvement in Reproductive Health and HIV and AIDS Services: A Training Manual for Health Workers*. The project conducted targeted training and provided TA on integration of male-friendly health services into existing programming to such partners as GiZ, Jhpiego, and Marie Stopes. It also collaborated with district health management teams to advocate for male-friendly healthcare. Working with the MOHSW CHAMPION reviewed policies to identify gaps and highlight areas for promoting male participation in healthcare. Policies reviewed were the *Tanzania National Guidelines for Comprehensive Care of PMTCT Services*, 3rd Edition; *National Guidelines for Provider-Initiated Testing and Counseling for HIV; National Training Manual for Couples Counseling and Testing; Home-Based Care Training Guide for Providers at Facility and Community Levels: Refresher Package; National Family Planning Guidelines and Standards;* and the Safe Motherhood Act. This work contributed to incorporation of male-friendly health services into district Comprehensive Council Health Plans.
12. Drafted and implement site plans for making clinics welcoming to men's presence and participation. Starting in March 2010 CHAMPION established a comprehensive six-part approach to male-friendly health services in 18 health facilities—6 dispensaries, 8 health centers, and 4 hospitals—in four districts. The approach includes capacity building, advocacy, community engagement, facility improvements, BCC materials and commodities (several of which are described under separate activities), and M&E (monthly data collection, quarterly action planning, and supportive supervision). To engage the community, CHAMPION and local partners held events to promote health services and address norms that deter men from using them, and provided services through outreach and referrals to local health centers. One municipal medical officer interviewed said that CHAMPION's objectives are 100% relevant to his work and confirmed his hospital and region's commitment to male involvement, stating that he makes frequent visits to healthcare centers to ensure that there is an appropriate environment and strategies in place to promote men's involvement in RH.
13. A needs assessment in 2010 guided CHAMPION's decisions about what changes were necessary to make health facilities more physically welcoming to men and better able to address men's needs. CHAMPION worked with local health facilities to add sign boards,

televisions, DVD players, shelving, and condom dispensers and to improve patient flow, as it was found that men are less likely to be willing to wait to see a healthcare provider.

14. CHAMPION encourages health facilities to prioritize "critical visits" for men's participation in health services. Based on conversations at the district level during the assessment, CHAMPION learned that if the goal is for men to be increasingly involved in health services, it has to be for specific and practical reasons—not simply to demonstrate a man's love for his partner. The critical visits idea is an effort to identify four to six types of visits to health facilities where men's participation would have an impact on the health of the whole family(e.g., VCT, PMTCT/ANC, FP, STI treatment), and specifically promote them.
15. Trained health workers. CHAMPION put together a male-friendly health services package that has six components: (a) capacity building (using the *Male Involvement* training manual for clinical and non-clinical providers; a training manual for community-based healthcare workers; standards of performance for male-friendly health services; a supportive supervision checklist; and referral cards); (b) community outreach and education; (c) facility improvements; (d) communications materials and commodities; (e) advocacy; and (f) M&E.

16. Capacity-building for health workers began with the training of national trainers, who then trained clinical and nonclinical health workers and community-based healthcare providers. After the trainings CHAMPION provided support and supervision to ensure faithful implementation and to gauge the need for further capacity building. The 70 MOHSW national staff who were trained originally then trained more than 1,200 health workers. The training focused on building capacity to attract men to utilize services and support their partners' attendance, offer counseling, communicate with men about HIV and RH, alone and with their partners, and reduce HIV stigma and discrimination. During these trainings participants drew up site plans for activities they could conduct to increase men's utilization of health services in their districts, such as conducting early morning health talks, educating men and couples during home visits, and collaborating with ward and executive officers and other district officials to promote male utilization. These site plans were then used to prepare quarterly action plans for each of the 18 health facilities.
17. Community-based healthcare providers participating in the training described it as useful in their work and felt the objectives were understandable and achievable and the facilitators were well organized. Post-test screenings showed increases of 9 to 17 percentage points in participants' knowledge related to HIV and RH. Although pre- and post-tests were conducted for all trainings, the findings were not aggregated to demonstrate trends across sites. Trends and differences between the four districts in provider knowledge, attitudes, and beliefs were covered in the project's baseline health facility assessment and are being again being covered in the current follow-up assessment.
18. In partnership with GoT, USAID, and other partners, draw up and implement a plan for promoting male circumcision for HIV prevention. There was very little information on circumcision in most documents provided to the evaluation team; all information comes from interviews and FGDs. CHAMPION staff reported that FY13 was the first year the project received funds specifically for creating VMMC demand creation. The project's role has been to partner with organizations that provide VMMC services in five regions, such as IntraHealth, Jhpiego, the Henry Jackson Foundation/Walter Reed, and PharmAccess.
19. CATs and CCCs reported promoting circumcision as an HIV prevention strategy during outreach. A staff member of a partner NGO said in an interview that his organization partners with CHAMPION volunteers to help with sensitization about male circumcision, but outreach does not use CHAMPION materials and he member was not familiar with the gender transformation or other CHAMPION. A healthcare worker interviewed described the formation of a peer group, coordinated by a CHAMPION and supported by an NGO, where

men persuade other men to undergo circumcision in group and one-on-one outreach. An FGD comprised of healthcare workers described CHAMPION's mission as promotion of male involvement in addressing GBV, HIV, RH, and circumcision and encouragement of men to accompany spouses to clinics. Participants reported that more men are visiting the clinic for circumcisions, but no data at the health facility were available to confirm this claim.[4] Healthcare workers strongly recommended encouraging women's involvement in men's circumcision decisions because "they are the ones in the home who know who is circumcised and who is not."

20. Integrate messages about health services utilization into CHAMPION BCC and CAT campaigns. The project distributed BCC materials, such as brochures and posters, which directly addressed health issue important to many men, such as FP, condoms, and PMTCT. CATs focused on encouraging men's health-seeking behaviors during outreach activities, facilitated access through onsite VCT by collaborating healthcare providers, referred men for HIV care and treatment services, and provided FP services, including condoms.

Output and Outcome Indicators

The anticipated result of these interventions is increased demand for HIV/RH services by an empowered male constituency that is knowledgeable about HIV prevention and treatment as well as RH services and men who support their partners' health-seeking efforts. To measure progress toward this outcome CHAMPION identified the following output and outcome indicators:

1. **Number of healthcare providers oriented to and trained to provide male-friendly services:** Over 1,200 clinical, nonclinical, and community-based healthcare providers completed training about strategic, male-friendly healthcare integration.
2. **Proportion of healthcare providers trained who achieve a 10% higher score on items related to gender norms and male-friendly services:** Aggregated findings are not available, but those that were reported demonstrated higher scores for the majority of participants.
3. **Number of individuals reached through community outreach that promotes HIV prevention through behavior change beyond abstinence and/or being faithful:** CHAMPION has reached more than 420,000 people through individual and small group interventions.
4. **Proportion of men utilizing HIV and RH services at supported healthcare facilities who report a moderate-to-high level of client satisfaction with services received.** Unknown.
5. **Number of supported healthcare facilities that have completed a plan or established policies on male-friendly services:** CHAMPION staff reported that all 18 healthcare facilities that received TA drafted plans on male-friendly services. Plans are monitored against implementation quarterly.
6. **Proportion of supported healthcare facilities that demonstrate increased capacity to implement quality male-friendly services:** Male-friend Health Services Standards of Performance are being drafted, but a final version has yet to be distributed. Draft standards are currently in use at 14 facilities supported by CHAMPION. Structural improvements were made at 18 facilities after barriers to male health-seeking behaviors were identified.
7. **Men will express a more positive attitude toward seeking HIV and RH services:** FGD participants stated that before CHAMPION men were not active in seeking health

[4] According to CHAMPION staff, male circumcision data is collected by MTUHA, the national health management information system.

services because most are busy working and looking for money and sources of livelihood for their families and considered seeking health care a waste of time. CHAMPION has helped change this perception and more men now view health services as valuable. During an interview a healthcare provider explained that previously community members were judgmental of men seeking RH services, but now, because they know more about RH and HIV, they are more accepting.

8. **Men will be able to list at least one local facility where they can access male-friendly HIV and RH services:** Unknown.
9. **An increased number of men will seek HIV testing and care and treatment services:** In Iringa Urban, Mtwara Urban, Nyamagana, and Ilemela districts 2,589 men participated in VCT in 2010, before CHAMPION. In 2012 7,827 men received VCT—more than triple the 2010 number. Between March and August 2010 20% of clients newly enrolled in HIV care and treatment were men; for the same period in 2012, 31% were men. In an FGD beneficiaries provided anecdotal support for these conclusions, stating that they were seeing more people going for VCT than they had in the past.
10. **Men accompany their partners to seek VCT, FP counseling, and ANC:** Between March and August 2010 clinics in Mwanza City received 2,628 new ANC/PMTCT clients, and tested partners of 2% (62) of those women. In the same period in 2012 clinics received 4,558 new ANC/PMTCT clients and tested the partners of 12% (541). Between March and August 2010 clinics in Mtawa received 772 new ANC/PMTCT clients and tested partners of 7.6% (59) of them. For the same period in 2012 clinics received 1,590 new ANC/PMTCT clients and tested partners of 45.7% (728) of them. In 2010, before CHAMPION, the healthcare sites it targeted counseled and tested 126 ANC/PMTCT partners for HIV; by 2012 this number had multiplied to 2,076. Moreover in 2010, no couples received VCT at any site, but in 2012 1,361 did.
11. Members of the evaluation team provided anecdotal support for these conclusions, describing patients waiting in line for services outside a healthcare center as being comprised of men, women, and children, including a man carrying a baby on his back.
12. One of the benefits of couples attending healthcare centers together for VCT, one healthcare provider noted, was that in the past if a woman tested positive for HIV, she would be very afraid to tell her husband for fear of being beaten or divorced. Now, because he is there with her, the husband is more accepting.
13. **Health care providers will report feeling more comfortable providing HIV and RH services to men:** Providers reported that CHAMPION BCC materials were helpful in providing HIV and RH services to men but did not comment directly on whether they had previously felt uncomfortable, or were presently feeling more comfortable.
14. **Health care providers will express positive attitudes toward male patients:** A healthcare staff member interviewed expressed positive attitudes about men's increased involvement in care and the commitment to ensuring that healthcare centers are welcoming to male patients. He also explained that when men are involved in RH services they are more supportive of FP, which has led to a reduction in infant mortality; however, there are no data to confirm this. A group of healthcare providers reported that they have become friendlier to male patients, whereas previously many men were afraid of going to the health center for fear of staff asking too many questions. However, a healthcare provider elsewhere stated that despite the continuing CHAMPION intervention, "Men are not going to clinics because this is women's duty, men do not feel obliged to go to the clinic."
15. **Health care providers will actively encourage and expect women to bring their male partners for HIV testing, FP consultations, and ANC visits:** A provider said that among the methods his local hospital uses are increasing seating to accommodate male visitors and sending invitation letters to male partners who not accompany their wives to the clinics.

The facility staff now also coaches couples on conflict resolution and gender transformation, which did not occur before CHAMPION.

16. **Male clients at CHAMPION-supported health facilities will report that they feel welcome in those facilities and that providers ensure male-friendly services:** Participants in numerous FGDs reported that they had seen an increase in men going for HIV testing, and that their involvement in their partner's healthcare had increased. One CAT member expressed his support for this approach and its suitability:

> *This is a very good project because it involves men who are leaders in their families and this will enable men now to participate in health services. Also it will help to educate couples because in our societies there is no such opportunity for couples to learn, and therefore this will reduce HIV infections.*
>
> *– Anthony Mwamese, Mufindi*

In line with CHAMPION strategy, this CAT member identifies men as having a crucial role in the health and wellbeing of their families and that engaging them may have positive outcomes. A hospital staff member mentioned that because men are changing their behavior, some young men and adolescents are following their examples by helping to care for children, even though they have not participated in the CHAMPION project directly.

During many interviews and FGDs it was reported that men who accompany their partner to the health facility receive first priority for services and do not have to stand in line, although participants were unsure of whether this was sanctioned by authorities or was the choice of health workers. According to one nurse, "Women who come with husbands are seen first. Women don't complain, they know that men should be treated first and that men cannot wait." This means that women who come without their husband or do not have a husband are seen last. Some reported that men are given T-shirts as an incentive to accompany their female partners to the health facility. The rationalization for such incentives was to encourage attendance and to be sure men can return to income-generating activities as soon as possible

CHAMPION accomplished its intended outcome of increasing men's demand for healthcare services, although in many locations this cannot be attributed solely to CHAMPION, because other organizations were also encouraging men's participation in VCT, ANC, and PMTCT. Health providers interviewed in Mokongoro reported an increase from 24% in 2010 to 37% in 2013 of men seeking health services separately or accompanying their partners to clinics. Greater proportions of men accompanying their partners has had the intended outcomes of more testing and engagement, and more involvement with, and acceptance of, FP. CHAMPION also reached out widely to accomplish this goal, working with other organizations concerned with male engagement, HIV, and other CHAMPION elements, which demonstrated its capacity as a coordinating organization.

OBJECTIVE 4: MOBILIZE WORKPLACE ENVIRONMENTS TO ADVANCE GENDER EQUITY AND CONSTRUCTIVE MALE ENGAGEMENT IN HIV PREVENTION AND RH PROMOTION

Organizations that employ large numbers of men and women can play an important role in promoting gender-norm transformation. CHAMPION collaborated with several institutions to

strengthen or implement workplace HIV prevention and RH promotion programs with augmented gender and male involvement components. To achieve this objective CHAMPION partnered with the ILO, the MOLE, P3P, and MCC worksites. These initiatives work with employers, employees, and healthcare workers to promote gender transformation and promote male involvement in HIV prevention, detection, care, and treatment.

Expected Result: **Workplaces have policies and practices that promote HIV prevention and health-seeking, stigma reduction, and nurture and sustain men's gender-equitable behaviors to improve family health.**

Activities:

1. **Conduct preliminary site visit and needs assessment** (both worksite and surrounding community).
2. **CHAMPION conducted community mapping and assessments in 56 HIV hotspots to determine intervention sites, needs, and approach for its MCC/MCA-T work**. Needs were also assessed during each phase of P3P, data collection of limited scope was conducted at selected worksites to identify training needs and knowledge gaps.
3. **Identify and collaborate with partners to implement MCC/MCA-T and CHAMPION@Work**. Based on findings from preliminary site visits, CHAMPION carefully selected partners and executed Memoranda of Understanding (MoUs) with seven of eight MCC/MCA-T contractors. CHAMPION also established informal partnerships with each of its P3P partners and current CHAMPION@Work sites.
4. **Put together workplace peer education, training, and outreach kits including IEC/BCC materials for peer educators for CHAMPION@Work interventions and adapt for MCC/MCA-T**. A curriculum and training plan for CHAMPION@Work sites was tested in a variety of workplaces. The curriculum is based on the existing knowledge base, *The Tripartite Code of Practice*, the *ILO Code of Practice on HIV at Workplaces*, the MAP individual training manual, the Academy for Education Development (AED) SMARTWORK manual, and the AIDS Business Coalition of Tanzania (ABCT) training manual. Pilot workshops using draft materials were conducted in early 2009, after which the curriculum was revised based on those experiences. The curriculum then implemented at diverse worksites included education, referrals for VCT, and condom distribution. CHAMPION and partners again reviewed the manual in May 2010 to incorporate workplace-training needs that had been identified at P3P and other worksites. CHAMPION supported P3P partners in customizing the IEC/BCC materials for their organizations. The project then adapted the peer education curriculum for use in its MCC/MCA-T interventions.
5. **Improve the understanding of HIV as a workplace issue as well as its potential impact on businesses through research, documentation, and dissemination**. CHAMPION worked to improve the understanding and visibility of HIV issues in the workplace by participating in efforts to publicize participating employers, such as providing support to the ATE Employer of the Year Award on HIV programming in the workplace—CHAMPION's efforts on gender and HIV programming in the workplace were showcased at this event in 2009.
6. **As a result of CHAMPION trainings, women and men were able to openly discuss issues related to HIV prevention:**

> *During the training [in my workplace] it came to my notice that men are made and not born, and, as a mother, by keeping quiet, I was leaving my*

son at a higher risk of contracting HIV. This knowledge gave me courage to talk to my son. *-Fatuma Pandu*

7. **CHAMPION worked with Tanzanian legal experts to review national laws and policy documents related to HIV in the workplace.** These findings were reviewed by tripartite partners and distributed as policy briefs.
8. **Improve the capacity of the tripartite partners (MOLE, Occupational Safety and Health Authority (OSHA), TUCTA, ATE, ABCT) to supervise and monitor workplace HIV activities.** CHAMPION partnered with the ILO and the MOLE to restart the Tripartite Plus Forum on HIV and the World of Work. CHAMPION chaired a consultative forum bringing these partners together to share best practices and promote policy and programmatic changes. These meetings are intended to be quarterly but are sometimes difficult to organize due to the heavy commitments of partners. CHAMPION provides TA to six national government, employer, and working institutions: MOLE, OHSA, ATE, TUCTA, ABCT, and the Tanzania Union of Government and Health Employees (TUGHE). In addition to technical support, these partners participated in much training on the MAP approach, reproductive and sexual health education, and gender transformation.
9. **Assist with the development/refinement of generic and specific policies**. In collaboration with members of the tripartite partners, CHAMPION distributed a generic gender-sensitive HIV and workplace policy that employers can use as a template for their own organizations.
10. **Define standards of performance for workplace HIV and/or gender programming.** Workplace standards of performance were drafted in 2008 along with a curriculum-based education program focusing on community and workplace mobilizations and gender programming and mainstreaming. The *Tripartite Code of Conduct on HIV and the Workplace in Tanzania Mainland* was launched in early 2009 in coordination with the MOLE. These standards were then piloted and reviewed by other partners.
11. **Support the development, refinement, and review of specific workplace policies.** Throughout the life of the program CHAMPION worked with partners to review and revise workplace policies and strategize to draft new comprehensive policies, with, e.g., entities in the public sector, such as police forces, and in the private sector, such as banks and manufacturers.
12. **Draft and distribute forms for workplace interventions and monitoring tools to assist in the review process.** CHAMPION worked with the MOLE to review the General Labor Inspection Form to ensure that gender and HIV concerns are incorporated into government reviews of workplaces.
13. **Provide TA for drafting and implementation of workplace policies.** CHAMPION worked with seven MCC contractors to execute workplace HIV education and prevention strategies at their construction projects. Interventions targeted large worksites that primarily employ men, such as factories, mines, police forces, and government. Throughout the life of the project CHAMPION has supported P3P activities at various worksites, providing expertise and TA. The project collaborated with worksites to improve their connection with healthcare providers so that each site had an established health site to which they could refer employees.
14. **Provide financial and technical support to select organizations for implementing workplace programs**. Support was provided to eight contractors, to whom CHAMPION provided continuing TA and capacity development to ensure the quality and fidelity of implementation. This included support with M&E, reporting, and planning for program the sustainability.
15. **Train workforce utilizing the MAP curriculum and other workplace-relevant curricula.** CHAMPION trained 34 national workplace trainers and labor officers from the

Ministry of Labor and Employment, ATE, and TUCTA and 26 officers from the Vocational Education and Training Authority (VETA) on the MAP curriculum and engagement in the workplace. These trainers then went on to build the capacity of 160 PHEs from various workplaces in collaboration with MOLE, ATE, and TUCTA. Pre- and post-tests from these trainings showed increases in knowledge related to HIV, RH, and workplace policies.

16. **Assist trained staff to form a workplace action team that will be charged with engaging the staff in creative ways.** Workplace action teams (WATs) and PHEs were formed at each work site to support coordination of CHAMPION@Work sites under P3P and the workplace partners. Peer educators reached more than 12,100 employees and community members, and CHAMPION reached 4,000 workers with gender and HIV trainings and monthly education sessions, promoting and providing testing, counseling, and condoms. As part of CHAMPION's BCC strategy, workplace engagement was part of community events, which were held in targeted locations near MCC sites and in 2012 provided 47,200 people with HIV education, counseling, testing, and condoms.

Evaluation

CHAMPION reported that it had to adapt its workplace approach for MCC when it learned that the CHAMPION @Work approach would not be effective with MCC/MCA-T contractors due to the constant mobility of workers. As a result, the project had to adapt its approach to the way the contractors operated. For laborers, in particular, although the technical content of the CHAMPION@Work approach was retained (the PHE manual was used), it was delivered differently by different kinds of educators— field facilitators rather than PHEs delivered monthly sessions. Another reason the workplace approach had to be adapted for MCC/MCA-T was because there were far more sites than the project expected. It would not have been possible to implement the CHAMPION@Work approach in 60 sites dispersed across the Mainland, Zanzibar, and Mafia, with very few near the project's 14 key districts.

Focus Group Discussions

During the course of this evaluation FGDs and interviews were conducted with PHEs at three CHAMPION@Work sites and one MCC site. PHEs saw their role as raising awareness about HIV, promoting FP and RH, educating employees and community members about risk reduction, promoting VCT, and generally serving the community.

One site reported minimal achievements, but was optimistic about the potential for change through additional efforts to promote gender-norm transformation. Respondents there reported that their personal perspectives about gender relations within families have changed through participation in CHAMPION; for example, men reported that they helped their wives with childcare, took their children to the hospital, and escorted their wives to health services.

A second site has drafted a workplace HIV policy. Although this work began before CHAMPION's involvement, CHAMPION provided encouragement and TA and will cover the cost of launching the policy when it is finalized. Respondents there reported that they reached many people at the workplace and through community outreach strategies. One success was that before the program there were reports of men in timber-harvesting camps washing and reusing condoms, but the workplace program has made condoms more available so this practice has decreased. PHEs expressed satisfaction with their cooperation with the health department, with which they have worked to ensure collaboration during community outreach events. They also reported that offering VCT services during outreach activities is essential because some

community members are more likely to trust strangers than people they know, because this better ensures confidentiality.

A third site reported that production there has increased because female workers are now using FP and men are seeking health services when needed, and more are going for testing. The relationship between workers improved because women are less subjected to sexual harassment. Workers learned how to protect themselves when they are injured on the job (they use knives in their work). PHEs reported that stigmatization of people living with HIV has reduced. Wives of workers reported that GBV has been substantially reduced as a result of CHAMPION's work.

PHEs at one site reported that they did not conduct any GBV-related activities with CHAMPION support, although they did believe that GBV is an issue even though it is rarely discussed or addressed publicly. Another site told an anecdote about the connection between GBV and HIV transmission, An HIV-positive man refused to use condoms with his wife and used to beat her when she refused to have unprotected sex. After a series of discussions the group managed to convince the husband to stop beating his wife and to use condoms. PHEs reported that the couple has maintained their discordant HIV status. They offered this as an example of how they showed the community that marital rape does exist and that it is a form of GBV. This group of PHEs shared successes in also identifying men who were subject to physical abuse from their wives and supporting them in speaking out about the issue.

Among the challenges PHEs identified were that some local leaders, particularly religious leaders, publicly opposed promotion of condom use, yet some of these same leaders approached PHEs privately to ask for condoms. However, in interviews some religious leaders were very supportive of CHAMPION's work. Clearly, there is a spectrum of religious opinions about gender mainstreaming, GBV, and HIV prevention. FGD participants reported that there is a perception that condoms supplied in health facilities are of low-quality. Another difficulty was vocal opposition to changes in gender-assigned work; PHEs described family members or neighbors who would accuse wives of bewitching their husbands and making husbands submissive if they saw them helping their wives. PHEs were committed to HIV education and gender transformation work, and despite their lack of a plan for sustainability, they believed strongly that their activities would continue even without CHAMPION support.

Interviews

Small-group interviews were conducted with beneficiaries at workplaces where MCC/MCA-T activities were being implemented. Evaluators interviewed staff responsible for HIV coordination at several MCC sites. New staff members participated in an initial eight-hour orientation on HIV, and then received additional training of two hours each month. However, despite the orientation employees have been seen to engage in risky sexual behavior, including multiple concurrent sexual relationships. One staff member said that at first senior staff were very supportive of this programming, but interest and support have waned. Interviews with senior management revealed a lack of interest in being involved in training even though they felt positive about it in terms of benefiting employees. Senior management at this worksite had no plans for continuing the activities.

At one worksite none of those interviewed reported having any knowledge of the program. They were aware of a workplace HIV education program, conducted by the NGO AMREF, which came once a week to provide education and access to VCT, and said condoms are freely

available in bathrooms at their workplace. But workers interviewed seemed to have little to no knowledge about male involvement. However, this interview took place in the head office, while much of the education campaign was carried out at remote worksites.

Communities near MCC/MCA-T sites are exposed to messages about health and HIV, such as not to engage in casual sex with mobile workers, through outreach and messages put on billboards by the contractor such as "Spread Power and Not AIDS" or "Transmit Power Not HIV." MCC/MCA-T HIV coordinators communicate this message to communities through direct outreach, informing residents that they should not interact with mobile workers at all, especially sexually. However, MCC staff said that they believed that workers will continue to have multiple partners despite education because local communities view them as "men with money" and so women "are willing to do anything to be with them." Nonetheless, staff identified positive changes in that now they have access to condoms and are more likely to use them because they know how to protect themselves.

Output and Outcome Indicators

The anticipated result of these activities is workplaces with policies and practices that promote HIV prevention and health-seeking and stigma reduction and that nurture and sustain men's gender-equitable behaviors to improve family health.

1. **An increased number of workplaces will adopt policies promoting HIV prevention and gender-equitable behaviors among male employees**: CHAMPION has worked over the years with many partners to create or revise workplace HIV policies, providing technical and financial support to 10 workplaces: Mkwawa University in Iringa (U); Tanzania-Zambia Railway Authority in Mbeya (U); Tabora Municipal Council; Shinyanga Municipal Council; Olam International Mtwara (U); Nile Perch Fisheries in Mwanza City; Mafinga SACCOS in Mufindi; Unilever Tanzania Tea Ltd. in Mufindi; National Institute of Transport (NIT) in Kinondoni; and Mzumbe University in Mbeya (U). CHAMPION worked nationally with MOLE, ILO, ATE, TUCTA, and other entities and supported the Tripartite Plus Forum to advocate for addressing HIV in the workplace. This resulted in development of the generic workplace HIV and AIDS policy.
2. **Male employees of CHAMPION-supported workplaces will be regularly exposed to messages that promote HIV prevention and gender-equitable behaviors**: CHAMPION reached 4,000 workers at MCC/MCA-T workplaces through educational programs about HIV prevention, sexual and reproductive health, and the role of men in family well-being.
3. **Male employees of CHAMPION-supported workplaces will exhibit gender-equitable attitudes and practice**s: Unknown.
4. **Number of workplace settings providing HIV programming that targets men**: CHAMPION trained PHEs at 22 worksites to provide HIV programming that targets men.
5. **Number of individuals trained to promote HIV prevention programs through abstinence and/or being faithful and/or other behavior change (workplace**): CHAMPION trained 34 national workplace trainers and labor officers, who in turn trained 206 workplace PHEs with CHAMPION support.
6. **Number of individuals reached through community outreach that promotes HIV prevention through abstinence and/or being faithful and/or other behavior change (workplace**): CHAMPION and its partners reached 47,200 people through community outreach in areas near MCC/MCA-T intervention sites. During interviews healthcare staff in a timber-producing area cited CHAMPION workplace sensitization and outreach programs

as responsible for the increase in condom demand and for influencing responsible sexual behaviors among women and timber businesspeople.

7. **Number of workplace healthcare providers trained to provide male-friendly services**: CHAMPION reported that 31 workplace health providers were trained on male-friendly services.
8. **Number of CHAMPION workplaces sites or partners that have developed or revised their workplace policy on HIV according to the standards of performance**: The generic workplace policy for HIV and male involvement has been completed and distributed. The number of worksites that have developed or revised their policy is 10.

CHAMPION's participation in Tanzania's workplace HIV education efforts has been recognized on many occasions:

> *The spirit, concern, and initiatives you have shown are really appreciated. This is a good beginning; I hope we are going to have a serious and active forum so much so that it would be easy for us to achieve our intended objectives. To ILO and CHAMPION, if we had an award to give, you would be the key contender.*
>
> *– Tanzania President's Officer, Public Service*

This recognition and appreciation came across the board, from the president's office to regional and local levels. One government employee expressed that he was "surprised to see you [an evaluator] coming to do an evaluation when the work was beginning to gain momentum, because there is a great need for this project in our district." This was a common sentiment across objectives, because although the project had a five-year space, project activities to achieve most objectives have been active for a considerably shorter period of time.

Interviews with numerous NGOs demonstrated that many organizations are aware of pieces of CHAMPION but most are not aware of the full model, and there was no evidence that CHAMPION tools or BCC materials were being used by or incorporated into other programs. A number of organizations suggested that CHAMPION could do a better job of sharing its initiatives, findings, and best practices; coordinating a meeting to do so among organizations working on any of the activities that are part of the CHAMPION model would encourage closer coordination and collaboration and help prevent duplication. While CHAMPION@Work was implemented according to plan, many more sites were added under the MCC/MCA-T activities and the geographic focus was different. Much of the outreach occurred in communities rather than worksites themselves. Unfortunately, some of the messaging during community outreach about avoiding sexual contact with mobile workers could also lead to stigmatization and other negative outcomes already described. CHAMPION@Work, as reported by a CHAMPION staff member, has the potential to function as a "microcosm" of the CHAMPION ecological model, with implementation at individual, community, healthcare, workplace, and company policy levels. However, for this to happen, interventions at all levels would need to be implemented concurrently. Qualitative findings suggest instead that implementation was more piecemeal, with different sites sometimes receiving different sets of interventions.

OBJECTIVE 5: DEVELOP STRATEGIES FOR STRENGTHENING NATIONAL, REGIONAL, AND DISTRICT LAWS AND POLICIES TO ENGAGE MEN IN HIV AND REDUCE THE RISKS TO BOTH MEN AND WOMEN.

The most effective public health interventions couple supportive public policy with effective interpersonal and mass media behavior change efforts targeted at individuals and communities.

Expected Results: National, district, and organizational (clinics and other) policies that promote HIV prevention and health-seeking, RH, and stigma reduction and that champion, nurture, and sustain men's gender-equitable behaviors to improve family health.

Activities:

1. **Continue working with MenEngage Tanzania (MET) network and increase membership.** CHAMPION led the MenEngage Tanzania alliance promoting male involvement in HIV prevention and reproductive health. Even though the number of member organizations fell from 23 in 2008 to 19 in 2012, most current members are now more deeply engaged in the network than before. MET actively sought to increase membership through stakeholder mapping and engagement and drafted strategies and a work plan to guide future activities. It formed a steering committee of eight members who worked together in 2011 to draft the committee's terms of reference and to create survey tools to identify network member policy priorities. The findings from this exercise were that MET members prioritize improving maternal and newborn health, creating national policy guidelines for GBV, and formulating an adolescent and reproductive health policy and curriculum. MET is currently working to build the advocacy capacity of network members, strengthening partnerships with local organizations, increasing public awareness of the importance of male engagement, and ensuring that when national guidelines are drafted they pay to male engagement.
2. **Identify specific ways to work with other advocacy partners in Tanzania.** CHAMPION conducted gender transformation trainings for PEPFAR partners USAID, the Centers for Disease Control, and Walter Reed. The MCDGC received CHAMPION training and technical support for advocacy programs. The program also engaged district councils to budget for male involvement in health service activities in annual plans. CHAMPION held several trainings for media personnel to ensure that they understood the initiative, build their knowledge about the importance of men's involvement in HIV prevention, and encourage coverage of CHAMPION activities.
3. **Identify and implement activities such as the MET Alliance to advocate for increased men's participation in RH and in the national HIV response.** In 2012 CHAMPION conducted joint activities with MET members to support the MOHSW's national Elimination of Mother-to-Child Transmission of HIV Plan campaign. MET joined the campaign to strengthen make health services more accessible by promoting men as partners in gender equity, HIV prevention, and improved RH outcomes.
4. **Support creation of a country-specific interactive website for the UK-funded AIDS portal.** This output was listed in the original project implementation plan but not mentioned in reports.
5. **Hold a national stakeholders meeting to determine interventions needed at all levels to ensure that men participate in HIV prevention, care, and treatment.** The National Stakeholders meeting was held February 17, 2009, when the CHAMPION project was launched. Attendees were government officials, business leaders, and members of religious organizations, and the meeting was based on the stories of 12 gender-equitable men. CHAMPION was later launched in the districts as projects were rolled out.

6. **Develop, implement, and disseminate a National Strategy for Engaging Men in HIV Prevention and Care.** CHAMPION created a male involvement advocacy training and complementary toolkit for community partners. The toolkit includes a facilitator guide for 23 sessions on such topics as what is advocacy, why involve men in HIV preventing, understanding the policy process, developing advocacy messages, and strategies for working with FBOs and the GoT. When the materials were piloted in September 2011 there proved to be an increase in participants' knowledge of the advocacy process and the differences between advocacy and community mobilization. Participants drew up action plans to advocate for male-friendly district health services, raising awareness of a Tanzanian law that acknowledges men's experience of sexual violence, and for policies that alleviate men's burden to support the family. Partners will receive TA from CHAMPION to implement these plans.
7. **Identify and advocate to amend laws and regulations that increase the risk of HIV for men and their partners and of adverse RH outcomes.** CHAMPION reviewed the main policies, which were the National Multi-Sectoral Framework for HIV and AIDS (II and III), the National HIV Policy, the TACAIDS Gender Operational Plan, and the National Gender and Human-Rights Based Advocacy Strategy for HIV and AIDS.
8. **Support advocacy groups to develop materials and strategies that target policy-makers to understand how specific laws and regulations harm men and their partners and what they can do to resolve the problem.** CHAMPION completed a policy scan of major government documents related to male involvement. CHAMPION and the Health Policy Initiative together are coordinating the national GBV working group established in 2011, where CHAMPION is working to ensure that men's needs, concerns, and perspectives are incorporated and that men are engaged as partners in preventing and responding to violence rather than seen solely as perpetrators.
9. **Collaborate with other programs to raise awareness among policy makers of the special health and services needs of intravenous drug users (IDU) and MSM, and the urgent need for *international-best-practice* laws and policies to address these issues.** No information on specific activities related to IDU and MSM was available. CHAMPION staff reported that USAID had asked CHAMPION to remove this activity from the workplan.
10. **Collect and disseminate research and evidence about male involvement in health and gender transformation.** In collaboration with Instituto Promundo CHAMPION supported preparation of a report on *Changing Masculinities in Tanzania: Preliminary Results from a Qualitative Study with Men in Nontraditional Professions and Roles in Dar-es-Salaam and Mufindi*. Key findings were that childhood experiences and peers strongly influence gender attitudes and that promotion of laws and policies related to gender equality must go hand–in-hand with educational and institutional restructuring.

Evaluation

According to a senior MoHSW employee, before CHAMPION's involvement the ministry did not have any project working on male involvement. This still member is responsible for 10 programs, all of which now have male involvement components. This sort of universal integration demonstrates CHAMPION's success at achieving institutionalization of male involvement with some partners. Nevertheless, the respondent did not believe that the project had any influence on national policy, despite her acknowledgement that CHAMPION continues to advise on revisions to the of *National Policy Guideline for Reproductive and Child Health*, and is collaborating on a chapter on male involvement. It appears that while some national partners are aware of CHAMPION's work, they may not define it as successful policy or advocacy work attributable to the project if CHAMPION was a partner rather than the leader.

CHAMPION successfully engaged a broad spectrum of stakeholders in promoting male engagement and gender transformation. The MET network was not very active in the first two years of the project. CHAMPION reorganized the MET approach and then relaunched the network. MET continues to build member advocacy capacity with the goal of influencing national policy around CHAMPION issues, particularly men's engagement in HIV and RH services. Interviews with MET members revealed that it had done well in raising awareness about very important and sensitive issues that would otherwise have not been tackled. The network facilitated access to ministries that members work with; facilitated interactions and dialogue between members; and forged new partnerships that expanded members' ability to share experiences and disseminate new approaches. It also gave members an active role in writing opinion pieces and press releases on sometimes sensitive topics. Media welcomed the network contribution and continue to be interested in working with experts to address these topics. In the opinion of one member, MET advocacy work has encouraged civil society organizations to discuss important but sensitive issues; she sees it as a "forum to hear from a broader Tanzanian base." While measuring progress in advocacy and policy initiatives is never as clear-cut as in programmatic interventions, it can be done to document progress and identify best practices to share with CHAMPION's advocacy partners, whether national, regional, or local. Most of CHAMPION's policy work, beyond influencing workplace HIV policies, remained at the national and district levels.

Output and Outcome Indicators

The anticipated result of these activities is national, district, and organizational policies that promote HIV prevention and health-seeking, RH, and stigma reduction and that nurture and sustain men's gender-equitable behaviors to improve family health.

1. **A strategic framework for advocacy developed through MenEngage Tanzania:** MET identified advocacy priorities and members worked together on a strategy to reach related objectives.
2. **An advocacy implementation strategy and plan in place.** CHAMPION created a male involvement advocacy training and complementary toolkit for use by community partners, which has been drafted and reviewed but not finalized. CHAMPION has since worked with partner organizations and provided TA as they drew up implementation plans. The CHAMPION advocacy strategy, *Strategic Framework for Improving the Policy and Advocacy Environment on Engaging Men and Boys in Sexual and Reproductive Health,* outlines approaches and strategies for reinforcing national, regional, and district laws and policies to engage men in reducing HIV risks for men and women.
3. **Number of members of the MET coalition:** As of 2012 there are 19 active members; there had been 23 in 2008.
4. **Number of MET-sponsored activities:** MET has drafted a communications strategy and has begun to identify and document success stories and case examples. A steering committee has been formed and will be responsible for coordinating meetings and special events, reviewing policy, and facilitating development of policy documents. MET representatives have begun to attend Mkuki, the GBV Coalition for Civil Society, and representatives have reviewed the Safe Motherhood Bill with a view to male involvement and also reviewed the National Multi-sectoral Framework II and III for HIV.
5. **Maturity of coalition:** Unknown.
6. **Number of local organizations provided with TA for HIV-related policy development:** District meetings were conducted in Iringa (U), Mtwara (U), Lindi (U), and

Mwanza. Only districts where CHAMPION is supporting pilots for male-friendly health services had priority. Meetings in the rest of the districts will be held in FY2013.

7. **Number of laws/policies and guidelines implemented that reflect men's inclusion in HIV prevention or RH services:** MET representatives have reviewed the Safe Motherhood Bill with a view to male involvement and reviewed the National Multi-sectoral Framework II and III for HIV. Annex IX lists all national documents to which CHAMPION contributed.
8. **Number of individuals trained in HIV-related policy development:** CHAMPION trained members of local and national NGOs and governments on HIV-related policy development, reaching 54 members of national ministries.
9. **Number of key stakeholders oriented on the CHAMPION project:** CHAMPION worked to engage diverse stakeholders in its own development and implementation, from members of government and NGOs to the private sector and the media. The total number oriented on the CHAMPION project is not known.
10. **MET encourage colleagues at partner institutions to incorporate gender-equitable HIV prevention and RH promotion training into their work:** MET partners visited one network member, Marie Stopes Tanzania, to learn about its work and strategies to increase male participation in HIV and RH services. At least one of the Marie Stopes sites the number of men participating in ANC, FP, and PMTCT services has risen as a result of CHAMPION's support.
11. **Organizational leaders exhibit increased knowledge about best practices for male involvement in promoting HIV prevention, RH, and gender-equitable behavior:** As data were being collected, leaders of organizations demonstrated a range of knowledge about best practices. Some were very knowledgeable and enthusiastic about the implementation and promotion of such strategies, but others were less optimistic or supportive of CHAMPION's core concepts.
12. **Organizational leaders report incorporating best practices for promotion of HIV prevention, RH, and gender-equitable practices into their own work:** There is support for the judgment that this was achieved; for instance in an interview an employee at a CHAMPION partner NGO reported that her group has collaborated on the project for editing and creating HIV-related policy and is now putting together an advocacy strategy for HIV prevention, with TA from CHAMPION staff to conceptualize the strategy. CHAMPION documents and materials that have been incorporated into partner work are listed in Annex VIII.

A MET partner shared his experience with the network:

> *MenEngage is an awesome forum, which I am sure will draw many members in the future. Its focus in changing the traditional gender transformation approach to a more inclusive approach that views men as agents of change and not simply recipients is commendable. We want to embrace the whole process of gender mainstreaming in family planning and sexual and reproductive health services.*
>
> *– Josiah, Marie Stopes*

CROSS-CUTTING AREAS

GBV, communications, M&E, and research were identified and reported on as crosscutting issues. This section reviews the extent to which these issues have been integrated into CHAMPION.

Gender-based Violence

CHAMPION received additional funding in mid-2011 to support GBV awareness and prevention activities. The project worked with partners funded by the PEPFAR GBV Initiative to discuss plans, resources, and strategies for conducting GBV prevention activities. CHAMPION's intention was to integrate GBV messaging and capacity-building into all elements of the program.

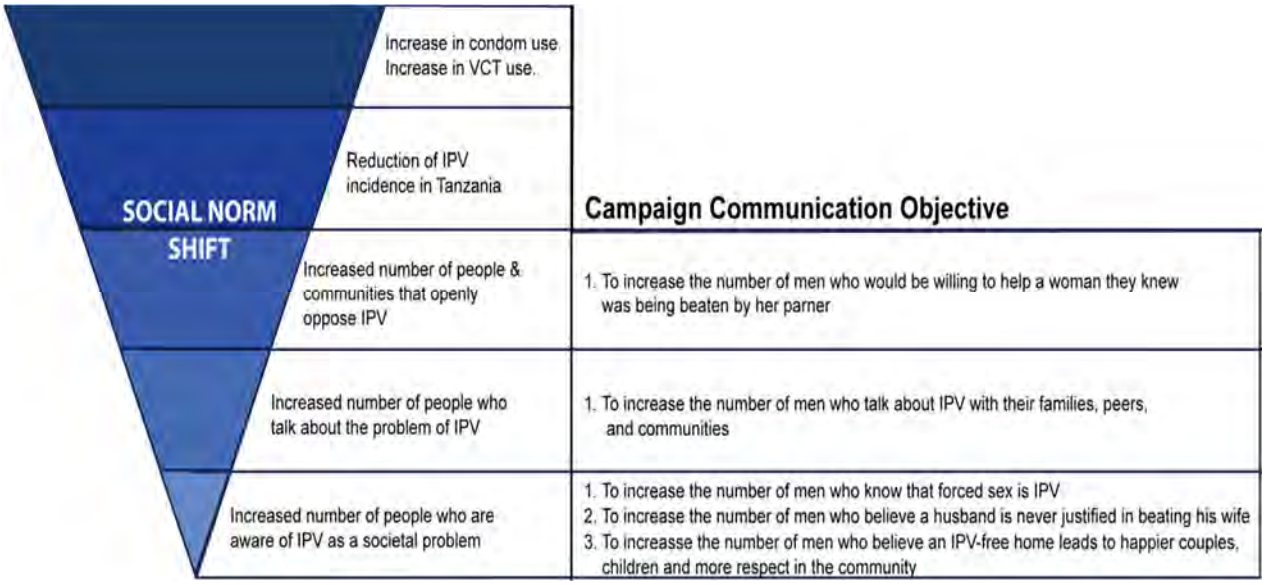
Activities:

1. **Led Bongo Star Search contestant training and song-writing competition on GBV.** This was a set of individual and couples competitions in GBV-related songwriting and performance. Top contestants participated in an orientation on gender transformation and GBV. During the competition the host explained what constitutes a gender-equitable relationship, and encouraged listeners and viewers to nominate themselves as CHAMPION couples. More than 2,000 couples entered; winners received prizes.
2. **Launched the Kuwa Mfano ya Kuigwa (Be Their Role Model) GBV mass media campaign—radio, TV, brochures, posters, activities in bars, football tournaments.** In 2011 USAID tasked CHAMPION to reduce societal acceptance of GBV through media and community engagement. The result was a mass media campaign coupled with community engagement and interpersonal interventions directed to encouraging adult men and women to actively challenge norms that perpetuate violence in their own lives and their communities.

   CHAMPION developed a campaign strategy based on its objectives, beginning with a document review to isolate findings and gaps from the 2010 TDHS, the findings of which were used to formulate qualitative research. FGDs were used to collect information about social norms that enable GBV, what social and emotional conflicts are associated with GBV, and what benefits participants perceived as connected to a home free of GBV. Using these results, CHAMPION identified messages that would speak to perceptions of GBV as normal, common, and often justified.

   The *Kuwa Mfano* campaign, launched in December 2011 in Dar-es-Salaam, ran for six months. Ads were run in eight newspapers and a launch event was held for stakeholders and the media. Over 100 stakeholders, including representatives from media, government, USAID, and other donors and development partners attended the launch. The campaign ran television spots on two popular stations for six months to encourage men to talk about GBV with family, friends, and community members. Public service announcements were aired on three radio stations during programs popular with adult men.

Figure 2. Expected CHAMPION Results for the GBV Campaign



In addition to direct messaging the campaign conducted community outreach and interpersonal activities for direct engagement where the audience could ask questions and engage in discussions about GBV and IPV. Throughout the six months of the campaign CATs in two districts of Iringa (Iringa Urban and Mufindi, the region where CHAMPION was assigned to work with the PEPFAR GBV Initiative) facilitated dialogues, hung over 6,000 posters, and distributed over 9,500 brochures. In collaboration with a marketing firm CHAMPION conducted "road shows," which were edutainment events that included dramas, games, health talks, prizes, music, and radio spots. Activities were carried out in bars: a bar was branded with campaign material and patrons participated in edutainment events. A one-week *Kuwa Mfano*-themed soccer tournament was held in May 2012 in each district with educational messages and materials shared through individual and small group interventions with the audience during the 14 games of each tournament

To evaluate *Kuwa Mfano*, questions were included in the Tanzania omnibus survey, which a market research firm conducts every three months with a nationally representative sample of about 2,000 respondents. The survey involves face-to-face interviews and uses multistage stratified random sampling. Baseline data were collected in December 2011 and endline data in July 2012. The results demonstrated that nationally 43% of ever-partnered men over 25 and 36% of ever-partnered women over 25 recalled seeing or hearing the campaign message. This proportion increased significantly, to 80% of men and women recalling the campaign, in Iringa Urban and Mufindi, both campaign target districts. Changes in beliefs about IPV were statistically significant for five of six campaign messages. The proportion of respondents who believed that wife beating is ever justified declined by 5 percentage points (32% to 27%). There were also declines in the proportion of respondents who believed that wife beating is justified if:

- She goes out without telling him. (19% to 15%)
- She neglects the children. (25% to 19%)
- She argues with him. (12% to 9%)
- She refuses to have sex with him. (11% to 6%)

The effectiveness of the campaign to motivate men and women to act against IPV was assessed by asking respondents whether they would be willing to help a woman being beaten by her partner. Willingness to act against violence was high; the percentage of respondents willing to help the woman increased 21 percentage points from 62 percent at baseline to 83 percent at the end ($p < 0.05$). Willingness to help a woman was associated with campaign awareness and exposure. Respondents who recalled the campaign, the slogan, or its messages were more likely to report willingness to help the woman. Respondents, both men and women, from targeted campaign districts were 1.967 times more likely to help (CI 1.399 – 2.776) than respondents nationwide. Men in target districts were 4.5 times more likely to help the woman than men nationwide (4.689 times more likely, $p < 0.01$, CI 2,110 – 10.424).

Exposure to campaign messaging was most closely associated with changes in the belief that forced sex is violence and in willingness to act against IPV. The percentage of men who believe a man is never justified in beating his wife increased from 69% to 74% over the course of the campaign; however, this change in beliefs could not be directly associated with campaign exposure, but the campaign was successful in achieving its main behavior change objective of increasing dialogue about gender-based violence. 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.

1. **Used the SASA! approach to integrate GBV prevention into other CHAMPION interventions.** CHAMPION contracted Raising Voices in Uganda to provide TA and an overview of the SASA! methodology. Raising Voices created SASA! as a comprehensive tool for addressing violence against women and preventing HIV by fostering critical reflection on gender and power, and by instigating local activities. In preparation for these activities and for a participatory workshop among PEPFAR GBV prevention entities CHAMPION reviewed the literature on international GBV interventions and strategies that have been effective and could be adapted and used locally.
2. **Integrated GBV messages into community outreach strategies.** In 2012 3,009 individuals were reached through GBV community dialogues or sensitization events in individual and small group interventions in Iringa Urban and Mufindi districts.

   As mentioned under Objective 2, some CATs initiated GBV tribunals made up of CAT members that handle GBV questions. A tribunal accepts GBV cases, discusses them, provides counseling and support to victims, and offers informed advice on an appropriate course of action for the victims. Thus the cases usually pass though the tribunal before going to either the courts or the police. Reportedly the tribunals have helped to make people more confident than before about reporting GBV. A police gender and children's desk staff member explained that before the project, his office would receive up to 10 cases a month that involved married couples, but now the average is about around six, and only two cases of GBV within married couples had been reported in June and seven since January 13. It is not clear whether the reduction in cases reaching the gender desk is because some cases are being resolved through the CAT tribunal or for another reason. However, in a location where here was no gender tribunal, GBV outreach reportedly resulted in an increase in GBV cases brought to the police gender desk.

   In terms of CHAMPION's impact on GBV, an MoHSW employee reported that while the program contributed technical capacity to the field of male involvement, it was not enough to

transform men's attitudes. He believed that the CHAMPION media campaign had stimulated more reporting of GBV, although he emphasized that it is not possible to know whether it has really changed the behavior of GBV perpetrators.

3. **Developed GBV prevention guidelines for PEPFAR/Tanzania GBV prevention partners.** At the request of USAID, CHAMPION formulated interventions that PEPFAR/Tanzania GBV prevention partners in the Dar-es-Salaam, Iringa, Mbeya, and Mara regions cold carry out. *Ecological Approaches to GBV Prevention: Guidance for PEPFAR Tanzania Partners* covers 13 different types of intervention and is intended to help coordinate and guide GBV prevention work in districts and wards. After reviewing it a public health specialist at Deloitte commented, "Thanks for putting together these documents. From my perspective, the documents are well-written and professionally designed to address GBV issues in Tanzania."
4. **Built the capacity of local leaders to support and refer GBV survivors to services.** CHAMPION conducted trainings on GBV in 2012 for 28 ward and village executive officers, social welfare officers, and community development officers in 2012. Dyring the year 120 local government authorities, as well as 28 GBV focal persons from local and international NGOs, were trained on GBV community engagement methodologies such as dialogues, outreach events, and the use of BCC materials. Comparison of pre- and post-test scores showed increases in participants' knowledge and improvements in positive attitudes related to power and GBV being a community issue. A training participant in Iringa Urban said, "I have enjoyed this [training] very much, because it has helped me learn a lot of things that I will use in my community to combat violence. This education should continue to be provided so we can have peaceful communities." This demonstrates that those trained not only increased their knowledge but also gained useful skills.

   In interviews individuals working directly with CHAMPION reported that referrals for GBV services had improved, as had collaboration with the Police Gender and Children's Desk office and the police. However, other interviewees expressed dissatisfaction with the collaboration between the police desk officer and health facilities, particularly with regard to violence toward women and children, especially girls. Employees of a medical center expressed dissatisfaction with how the police handle cases of GBV against children; those interviewed felt that the police often do not pursue cases, and in their location there is nowhere else to refer survivors of sexual violence for counseling and treatment.
5. **Piloted bystander interventions.** After initially working to form a partnership with an American organization related bystander interventions, CHAMPION instead turned to the work of Kivulini Women's Rights Organization in Mwanza. The project also reviewed all the bystander intervention materials available. From these materials and the Kivulini experience, CHAMPION created and piloted its own three-day bystander intervention trained piloted with 18 members of the Iringa Urban CCC between October and December 2012. The training encouraged CCC members to become active rather than passive bystanders in GBV situations by building a collective understanding of GBV and exploring the responsibility of communities to address violence when it occurs. The training equipped CCC members with concrete skills to intervene effectively and safely in cases of GBV.
6. **Conducted research on GBV pathways and barriers to services.** CHAMPION worked with an academic international NGO partner to map the availability of GBV services and their accessibility, and to identify strengths and weaknesses of existing services in PEPFAR's three GBV target regions. The study aimed to: (a) understand community perceptions of GBV and related patterns of and barriers to help-seeking; (b) profile the range of services currently available for GBV survivors; and (c) identify gaps and opportunities in service provision.

Evaluation

During the CHAMPION evaluation providers at some healthcare centers were proved very familiar with some program activities but unfamiliar with others; for example one provider described her healthcare center as being very committed to male engagement and HIV testing, care, and treatment, but she was unsure of whether she or her staff had received GBV training, did not believe her staff was capable of identifying cases, and did not know where to refer a case if one were identified.

A district medical officer noted that while he was familiar with the CHAMPION program, GBV is not a problem in his community, people do not really come to the health center to report or seek treatment, and generally only women experience GBV. He did acknowledge, however, that GBV could arise if a woman is positive and a man is negative; he might become violent, divorce her, or stay with her only for the sake of the children. This case is an example of a senior healthcare center leader lacking knowledge of CHAMPION programming. This was one of several interviews with senior staff at healthcare centers in various districts where it became apparent that these views are not unique; in explaining why GBV occurs, one regional medical officer explained, "Men are like children, we get violent when we are missing things that we expect from women." However, he then clarified that men are not in fact the problem: "The problem is when women get educated, and they get rich. They don't want a man anymore they want freedom; this is the problem." These beliefs are are those of a senior healthcare official who is responsible for collaborating on CHAMPION implementation, despite never having participated in any of the program's sensitization or training.

Communications

CHAMPION's communications strategies were central to its objectives of changing societal norms, creating an accepting environment for gender transformation, and using the media to spread messages about HIV, RH, gender norms, and men's involvement. The CHAMPION communications department contributed to achieving the objectives by developing and distributing IEC/BCC materials, managing stakeholder relations and collaboration, managing media relations, managing and increasing CHAMPION brand visibility, and strengthening internal relations and visibility.

For each project element the communications team identified, procured, and distributed materials for branding events; print materials, such as banners and brochures; and giveaways, such as t-shirts, pens, and caps. Too increase the visibility of CHAMPION events and the brand itself the communications department also facilitated electronic and print media coverage by issuing press releases and submitting articles to media outlets in English and Kiswahili, and regularly arranging radio and TV interviews. The communications department collaborated with other CHAMPION staff to formulate BCC strategies for each objective and to ensure that campaign messages and slogans were effective and widely visible. Besides direct messaging, CHAMPION held workshops for to sensitive members of the media about gender, HIV, and RH issues, in which members of many leading Tanzania media houses participated.

The Break the Silence mass media campaign launched in 2010 encouraged communication between couples. It used television and radio spots and magazine, newspaper, and billboard advertisements. This campaign had three phases, general, and specific targeted outreach in conjunction with the World Cup. An evaluation found that at first 60% of men and women in Tanzania aged 18 years and older had heard the Break the Silence slogan. After exposure to the

campaign 87% of respondents reported that they were capable of starting, increasing, or building up communications with their partners about reducing the risk of HIV infection, and 80% reported being likely or very likely to accompany a partner to a health facility to a healthcare provider jointly.

As noted, CHAMPION coordinated a Bongo Star Search national TV program onGBV and used that as an opportunity to spread the *Vunja Ukimya* message. CHAMPION trained the top contestants in project themes and then implemented a song-writing competition and couples competition to raise visibility o gender norms and GBV. Based on Synovate monitoring research, it is estimated that those messages reached an estimated 1,289,500 Tanzanians.

Members of stakeholder organizations reported that CHAMPION did a very good job of encouraging collaboration between organizations and government ministries working with gender and HIV topics, and that CHAMPION invited a wide range of participants to dialogues and meetings, and disseminated inputs from partners. In discussing CHAMPION's communication with partners about the program, its progress, and future plans, participants in interviews and FGD reported mixed experiences. Members of many CATs said that the flow of information needs improvement because they do not have direct contact with the project. Other participants mentioned examples of miscommunication about forthcoming supplies or funding; those in the field were unclear about why they were not receiving things they needed or had been promised.

M&E and Research

Research and M&E are central to CHAMPION activities, informing design and confirming impact. CHAMPION tries to balance the need for routine and readily available program data with more rigorous research exploring program outcomes and behavioral impact.

At several points CHAMPION had to change how it monitored project results due to changes in PEPFAR indicators. When it began in February 2008, the project reported on only two indicators, but by October 2012 it was reporting on six. Such changes in indicators over the life of the project mean that CHAMPION had to develop multiple sets of data collection tools and conduct additional training for its lead NGOs and community volunteers to ensure that they submitted accurate and high-quality reports. Besides a management challenge, each change called for additional resources to meet the new requirements. Furthermore, CHAMPION was tracking project activities against a 2009 PMP until April 2012 when the project had to start tracking performance against an updated PMP that eliminated several indicators against which CHAMPION had been measuring itself for four years.

CHAMPION conducted an extensive baseline study that used was both quantitative and qualitative to examine HIV risk behaviors, gender-equitable norms, and male participation in family health promotion and care-seeking. A comparable closing assessment is not planned. CHAMPION also conducted a baseline study of health facilities in terms of its male-friendly health services interventions. An ending assessment is now underway. CHAMPION is also undertaking qualitative assessments of other activities, but the results of many were not available when time this end-of-project evaluation took place.

The following are examples of other CHAMPION data collection activities and special studies:

- Baseline assessment of the capacity of health facilities to address men's needs, to inform the development of the health facility engagement strategy

- Communications needs assessment for gender and HIV prevention messaging
- *Vunja Ukimya* campaign evaluation
- A study of GBV pathways and barriers to services

The findings of these studies were actively disseminated to stakeholders and at international conferences including IFPC Dakar 2011, ICASA Ethiopia 2011, and IAS Washington, DC 2012.

CHAMPION's M&E team worked to provide continuing TA and capacity building to project partners to ensure accurate, timely reporting and M&E skills-building. This team was responsible for aggregating reports from the field into quarterly reports and then into annual reports for 2011 and 2012.

In August 2011 the MAP evaluation proposal was chosen as one of 14 winners from all USAID Missions worldwide in the Office of Learning, Evaluation, and Researching "LERning" Competition. The proposal to conduct an external evaluation of core CHAMPION community activities to determine the effectiveness of gender transformation activities and the MAP approach was awarded over $196,000. [5]

In 2012 CHAMPION was selected to participate in the fifth round of data quality assessments that USAID conducts annually through MEASURE Evaluation and JL Consultancy. The purpose was to ensure that USAID/Tanzania is aware of the strengths and weaknesses of reported data and the extent to which data integrity can be trusted in order to influence sound management decisions. Results of the data and M&E systems assessments indicate major improvements in both areas since 2010. Data were found to be more timely, complete, and verifiable, and systems assessments also found improvements in the M&E plan, data management processes, evidence-based decision-making, and linkages to the national reporting system.

Sustainability

According to CHAMPION staff, the definition of sustainability has generally been consistent since the project began in 2008. Sustainability is defined as the ability to create a system for supporting gender transformation work in communities beyond the life of the project that will result in improved HIV and RH outcomes. With this in mind, the project staff reported plans to do the following:

1. **Build the capacity of local NGOs, community volunteers, and influential community leaders to implement high-impact, cost-effective interventions for reducing harmful gender norms and increasing gender equity in order to reduce GBV and improve RH for men and their families.** Among the methods to be used were improving the technical, programmatic, financial, and organizational capacity of the project's lead NGOS and community volunteers through trainings, annual meetings, and supportive supervision.

   CHAMPION worked with NGOs for two and a half years, 2010–12, during which it partnered with nine lead NGOs that have multiple programs funded by various US government units. The nine were EngenderHealth RESPOND, Deloitte Tunajali, FHI 360 Zinduka (which has ended) and ROADS, Johns Hopkins University and Care Tanzania Child Care Program, Jhpiego, VSMC, WINROCK International Sanitation, Walter Reed, and Department of Defense. The evaluation team met with three lead NGOs working in Iringa and Morogoro

[5] The MAP evaluation is planned for the last year of the project.

which all reported that the CHAMPION assessment of NGO capability to manage grants was intensive, and at times took nine months.

All three reported that CHAMPION had built new technical capacity in male involvement, but when asked whether their NGO had used the new information to enhance their other programs, the answer was no. All three reported that CHAMPION worked closely with them to put in place a financial reporting system specific to EngenderHealth, but that every project they implemented has its own financial reporting system, even when funded by USAID, because of different implementing partners. All considered this practice a burden because there is no consistency in financial reporting systems.

Asked about how will the NGO would continue work after the project ends, none reported having a plan for sustainability. In fact, because the project work plan was not approved until early 2013,and it did not receive its full FY13 funding until July, CHAMPION had not funded any of the three since August 2012. NGO staff working on CHAMPION activities had not received salaries since then, which limited some activities being implemented by CATs. At the time of the interviews, NGO staff were in disarray about what the next steps were and how CHAMPION can reimburse them for expenses incurred since last August. IDYDC had taken the initiative to recruit a volunteer from Italy to help them draw up a fundraising plan. (CHAMPION staff report that funding has been received and all lead NGOs will be reimbursed for expenses incurred.)

2. **Reinforce the capacity of field facilitators and PHEs to implement high-quality curriculum-based interventions (MAP, CoupleConnect, workplace manual), and build the capacity of CATs for community engagement.** Interviews and FGDs with CATs, PHEs, and field facilitators revealed that CHAMPION had done a very good job of training them on gender transformative work and male involvement. (The findings are discussed in detail in the next chapter.). In terms of the sustainability of community engagement activities, CATs, PHEs and facilitators were committed to continuing these activities in areas that do not require transportation because they are volunteers and have no means to support activities in remote areas. These trained volunteers have been and continue to be in demand by many other donors and projects. Each donor, however, has its own program. FGDs asserted their commitment to continue educating communities about the adverse effects of GBV and the importance of male involvement in the health area and plan to continue to move forward with gender-transformative messages in community events. However, limitations on their outreach and degree of involvement may jeopardize the sustainability of the activities.

   CHAMPION recruited CATs, PHEs and facilitators most of whom had been trained by other projects. They had acquired leadership skills and training and advocacy and technical knowledge about HIV prevention, care, treatment, and PMTCT programs. These were among the selection criteria, although not all staff chosen met them.

3. **Conduct gender sensitization workshops for influential members of the community, such as local government authorities, workplace managers and supervisors, religious leaders, and media personnel.** Findings from meetings and discussions with members of the community and local government authorities differed. What was observable tt the regional level was a lack of gender sensitivity. Everyone interviewed agreed that men should play a role in health care, but that was the extent of gender transformation with which they were familiar. Interviews with Christian and Muslim religious leaders revealed firm commitments to CHAMPION approaches and messages. The religious leaders stated that they are advocating for gender transformation in their congregations. They reported that the results of such interventions are very positive and translate to less divorce among congregations reported by sheiks in Iringa and less conflict and better couple understanding in a Christian congregation where Pastor Daniel Kikoma lives and works. CHAMPION trained 370 community, religious, and local government leaders in MAP topics.

4. **Build up district systems to address and improve the engagement of men in HIV and GBV and RH concerns by training government authorities, conducting advocacy activities so that district councils allocate resources for male involvement activities, incorporating gender issues and GBV into curricula for training community development officers and training 18 facility staff on male-friendly services.** Interviews with regional and district informants produced different findings depending on the degree of involvement with the project. Generally, district officers were more aware of CHAMPION than regional officers. While both regional and district officers agree with the CHAMPION approach and value the importance of male involvement in health care to address HIV problems in their own districts, they did not report allocating resources to continue such activities. Most program activities were implemented through lead NGOs that were familiar to district officers. Sensitized officers were able to relate more positively to CHAMPION activities. CHAMPION project staff said that they have not worked with regional officers. Personal opinions might affect program design and implementation, and more work is needed to sensitize personnel in decision-making positions.

   On the other hand, community development officers (CDOs) reported that they were trained, understand the issues, and can advocate for programs addressing GBV. One reported that her training enabled her to address GBV in the community and identify and refer cases. However her frustration was obvious when she reported that health facilities in her area were not prepared to manage survivors of GBV. Members of the community had sometimes been trained before health facility staff were trained on managing GBV cases. Creating demand before preparing facilities to manage the demand creates problems that might discourage community members from utilizing services that could have helped them address the problem.

   The CHAMPION male involvement advocacy training and toolkit for community partners helps build the capacity of those trained, and the sharing of the toolkit enables partners to train others. (Materials developed by CHAMPION are listed in Annex IX, and all CHAMPION materials used or adapted by others are listed in Annex VIII.)

   Health facility staff interviewed reported changes in their ability to address GBV. Most explained that they are unable to recognize a case of GBV unless the victim or one of the relatives reports it to them. They feel that once trust is built, people will come forward on their own. Some reported an increase in reports of GBV; others saw no difference. Cases of GBV against men are rarely reported. Although they recognize that it exists, none reported that they could identify and manage a case. All reported that NGOs usually deal with such situations, but none was able to name an NGO to which they might refer cases of violence.

5. **Influence and advocate for changes in national policy through various approaches.** *The MenEngage Tanzania Network* is made up of 19 local and international NGOs, UN agencies, and the MOHSW. CHAMPION project staff reported that keepin this network active is a continuing challenge. CHAMPION is the MET secretariat. According to CHAMPION staff, in the early years of the project, MET partners had little interest in conducting specific activities through the network. One member interviewed said that the culture of working through networks in Tanzania is relatively new, though now he very much values it. MET members their concern that network activities might stop after the project ends. Even though CHAMPION is now working with a local NGO, Health Promotion-Tanzania (formerly the Human Development Trust), to take over the secretariat, this is not yet well planned. Some members of the network did not know about this possible transition, others had heard but were not clear about it.

   CHAMPION has provided technical support to *the Tripartite Forum on HIV and the World of Work* to train local labor officers, but those officers were not linked with workplace programs. MOLE and the ILO staff reported that CHAMPION had provided support to review the

Tripartite Code of Conduct, which was very useful. They also staff reported that there was no financial support for national coordination; however, CHAMPION reports show that they supported quarterly meetings of the forum. CHAMPION supported the development of Generic Workplace Policy, but according to MOLE this was done without proper coordination with the ministry, which did not approve it. CHAMPION reports that drafting the generic workplace HIV and AIDS policy was a joint effort coordinated by CHAMPION in close collaboration with MOLE (then called the MOLEYD), TACAIDS, ATE, TUCTA, and ILO. The MOLEYD (Ministry of Labour, Youth and Employment Development) had a substantial role in the drafting and review of the generic policy; apparently, the main reason for MOLE's failure to endorse it had to do with a change in the permanent secretary just as the document was finalized. However, the policy was endorsed from by and ATE. CHAMPION staff reported that throughout its life, the project has regularly provided support for the Forum to meet regularly. ILO has donated meeting space and CHAMPION always provides transport for GoT officials, materials, and refreshments. The project also works closely with ILO and MOLE to convene the meetings.

Review of policy-related documents: CHAMPION staff reported that they have worked closely with a variety of institutions to ensure that male involvement is adequately addressed, for example, in the national PMTCT guidelines; the Safe Motherhood bill; the MOHSW-RCHS guidelines; and the national VCT guidelines. CHAMPION also reviewed key TACAIDS policy-related documents, such as the *National Multi-Sectoral Framework for HIV and AIDS (II and III),* the *National HIV Policy,* and the TACAIDS Gender Operational Plan.

CHAMPION drafted a generic gender-roe-transformative HIV and workplace policy and GBV prevention guidance for PEPFAR/Tanzania partners; it also provided TA related to the guidance.

Evaluation

MOHSW informants reported that the CHAMPION approach is in line with the ministry vision and objectives. They believed CHAMPION had trained individual ministry staff on male involvement, but the staff had not had the opportunity to train others because they had not received training-of-trainers (TOT) training. CHAMPION reports show that 70 MOHSW national trainers were trained in the male-friendly health services approach, and these trainers have conducted trainings for clinical and nonclinical providers and community-based healthcare workers in the 18 health facilities the project supports. At this point, CHAMPION no longer facilitates these trainings because the MOHSW trainers have the capacity to do it themselves. CHAMPION created and produced maerials for project use. They reported there was no national buy-in of training tools, materials, and modules. Obviously there is a contradiction between what CHAMPION has reported and what the MOHSW is reporting, as CHAMPION is currently working with the MOHSW to have its male-friendly health services manual taken up as a national training tool. MOHSW staff interviewed did not know much about the ecological model, but this might be because CHAMPION had trained other ministry staff. The MOHSW has now established a division to address male involvement as its main focus. CHAMPION strongly recommends simplifying current policies related to patients' rights and disseminating them to the public.

TACAIDS staff were enthusiastic about CHAMPION and they participated in all he project's national events. They knew about and liked the ecological model. Asked whether they can replicate it, the answer was no because there was no funding. TACAIDS further reported the need to continue gender integration activities. TACAIDS does not have enough technical staff to respond to the enormous need to integrate gender into continuing national activities but see a

great need for a project focusing only on gender issues. TACAIDS were concerned about continuation of activities after the project ends.

The National AIDS Control Program staff reported working closely with CHAMPION on advocacy issues, which gave them the only advocacy training they received and which is helping them in their daily work. They did not know the ecological model and could not clearly verbalize what gender transformation means, though eventually they defined it as " acceptance to discuss issues." NACP staff also expressed concerns about activities after the project end.s They believe more men are coming to clinics now and are being tested more often, but the need is enormous and they prefer a project that focuses on male involvement, saying "I wish we could have adopted their training material to become national."

Overall, CHAMPION succeeded in providing technical contributions in documents and strategies. Policy work started late bcause CHAMPION did not have technical leadership, strategy, or a clear vision about where to focus. CHAMPION addressed this problem by recruiting a senior technical advisor to manage all policy and advocacy work and has since worked with different groups and provided different levels of technical support. Assessed individually these activities can be viewed as successful. However, the lack of a clear strategy at the start affected achievement of visible policy change. A dialogue has been created, but whether this is attributable to CHAMPION is hard to say. The evaluation did find evidence that CHAMPION contributed to the dialogue and to raising awareness among policy makers about the importance of addressing male involvement and GBV in order to improve health outcomes.

MANAGEMENT AND OPERATIONS

Leadership

After multiple management changes CHAMPION is now led by a qualified chief of party (COP) and supported by a strong technical deputy and M&E team. After project award in February 2008, one management team led CHAMPION until November 2010. At that time, less than three years in, the COP resigned and the deputy COP took over management responsibility and technical leadership briefly, until a new COP was identified and assumed responsibilities in January 2011. For health reasons, the new COP then had to leave the country for 10 months for treatment. During her absence the deputy COP and later an interim COP managed the project. The deputy COP resigned just before her return and the COP had to oversee all operations and technical aspects of CHAMPION. A new deputy was appointed in June 2012. For the last 12 months, CHAMPION leadership has been stable. The changes in leadership might have created changes in project vision, style, and project, but the fact that the original leadership was in place for almost three years meant that CHAMPION had enough time to demonstrate a model of successful implementation and to have a plan in place for scale up. According to management, the ecological model is implemented in a comprehensive manner in 5 of 14 districts. The evaluation team was unable to identify data that measure its success since CHAMPION had no indicators and processes for monitoring and evaluating the success of the ecological model.

The lack of technical leadership on policy and advocacy in the first two years of the project affected related work, which requires leadership stability. This complicated CHAMPION's work with MET example, and other policy-related activities discussed elsewhere in this report. During the leadership transition, CHAMPION also received additional funding from MCC and PEPFAR GBV Initiative, the activities of which may have been difficult to integrate into the project

seamlessly. Interviews revealed that activities were mostly implemented in silos rather than holistically.

However, the changes in senior leadership did not prevent project staff from achieving results. Local staff managed project activities in all districts according to approved work plans. The management changes had little effect on local staff.

Project Staff

The staff skill mix at CHAMPION is meeting its technical and administrative needs very well. There is a good balance between technical, administrative, and operations staff. The team is energetic, enthusiastic, positive, and mostly young, with fresh ideas. There is a healthy gender balance. Everyone on staff knows all project activities very well. Even drivers know about MAP and CoupleConnect. One could feel how proud the staff are that they are touching people's lives and making a difference. The commitment is there, and CHAMPION's leaders have created a positive atmosphere for staff to express their thoughts and ideas. The environment demands accountability but it is open.

Organizational Structure

CHAMPION's structure enables staff to perform according to their responsibilities and objectives. Each of the five objectives was managed by a qualified team member. A well-qualified deputy COP oversees all technical programs. An M&E technical advisor overseeing M&E activities ensures proper data collection and reporting. The M&E Unit also designs and executes special studies and assessments beyond routine data collection and reporting. The COP supervises three senior staff: the deputy COP/technical director, the technical advisor for M&E, and the senior finance and operations manager.

The structure has enabled staff to focus on each of the five objectives of the ecological model; design and implement activities; and achieve and measure required results. However, this strategy contributed to ecological model activities being implemented in a vertical manner, without the expected integration. This has resulted in differing degrees of interventions across the five levels of the model, with some better linked than others.

The fact that MCC funding required CHAMPION to work in additional districts meant that the workplace component further diverged from the ecological model. This separation and silo effect is manifested primarily in the workplace and policy objectives; progress toward the other three objectives was better coordinated in other districts.

Looking back, CHAMPION management recognizes how the initial organizational structure has affected project results, especially tests of the effectiveness of the ecological model. Organizing staff by district, where each program officer would have been responsible for implementing the ecological model with its five objectives in a district, could have been a better test of the ecological model, CHAMPION management believes, although there is no concrete evidence that a different organizational structure would be conducive to better implementation of the ecological model. Better coordination and integration of the five objectives was obviously needed, and a better coordination mechanism could have been beneficial. Furthermore, CHAMPION did not have a dedicated professional to oversee knowledge management and ensure proper documentation of both successful approaches and also what did not work.

Finance

CHAMPION had sufficient resources to work on project activities when USAID approved annual work plans, but the additional PEPFAR funding, while seen as an opportunity, created a management challenge that will be discussed below. The COP reported that EngenderHealth has a solid financial and accounting system, which is now being updated. This will hopefully be more user-friendly than the current system. The evaluation team had noticed problems in requesting reports that would have been easily produced by updated systems.

Ever year an external auditor has concluded that CHAMPION follows USAID regulations. The COP reported only one minor incident of staff fraud that was immediately identified and addressed without any consequences to CHAMPION. Management then put in additional measures for oversight, segregation of duties, and supervision. Project management also drafted additional criteria related to fraud and the appropriate handling of resources for use in hiring new staff.

CHAMPION spending to date is in line with the amounts obligated. A noticeable increase of 120% in travel expenses, according to CHAMPION, is attributable to, first, a greater need for oversight of GBV, P3P, and MCC activities because there was no lead NGO in those regions and, second, to having to work with mobile workers.

Grants Management

CHAMPION worked with nine lead NGOs to implement project activities in the field, awarding nine grants to the local NGOs totaling almost $1.78 million, and four grants to international organizations that totaled almost $2.28 million. In consultation with USAID, CHAMPION did not use a competitive process to award grants to lead NGOs. The decision was based on such factors as a strong NGO presence on the ground and the challenge of managing a competitive process in 13 different districts. CHAMPION felt that a grants competition might be impractical and time-consuming.

CHAMPION used a two-phased approach to awarding grants. In phase one CHAMPION assessed each organization's experience with HIV and RH programming, gender expertise, technical capacity, and M&E capacity and systems. In phase two CHAMPION's financial and administrative staff assessed the NGO's ability to manage funds. Once an NGO was selected, CHAMPION undertook the following to ensure that grants were well-managed:

- Visit lead NGOs quarterly.
- Provide technical support to ensure appropriate and complete submission of monthly M&E and financial reports.
- Train lead NGO staff in critical technical areas (e.g., MAP, M&E, advocacy, community engagement, workplace programming, and creating demand for health services).
- Make quarterly financial compliance visits and provide technical support if gaps should be identified.
- Hold an annual one-week meetings with lead NGO staff and CAT leaders that covered technical updates, TA for M&E, sharing of successes and lessons learned, and joint work planning.

While CHAMPION and USAID had valid reasons to award grants without competition, this approach meant that other NGOs and local CBOs could not access funds that would have

allowed them to reach wider populations with important messages while also building their capacity. Most NGOs interviewed were implementing from four to six projects, all funded by USAID. The process of awarding grants also took a long time, which slowed engagement with the intended beneficiaries, both women and men.

From 2010 into 2012 NGOs received grants from USAID through CHAMPION in 2010, but all payments stopped in October 2012 because the project work plan was not approved until early 2013, and its full FY13 funding was delayed until July. This resulted in a decrease in activities and frustration among NGO staff, who usually relied on such grants as their main source of income. Lead NGOs interviewed reported that they could not put sustainability plans in place, which affected their programming.

Management Best Practices

Management identified a tool to support project implementation while monitoring expenditure and M&E in accordance with approved work plans. For each activity, staff responsible drafted a brief concept note outlining the purpose of the activity, how it will be implemented, challenges that might arise, results to be reported on, and the budget the activity would require. For each objective the DCOP/technical director reviewed the concept notes to ensure that they were consistent with the ultimate project direction, the M&E team reviewed it to ensure consistency with PMP and desired project results, and finally the COP did a final review and approved the budget to ensure that funds would be available and to monitor expected expenditures. At first, management thought this process might be burdensome, but it became an efficient management tool.

Management Challenges

As discussed, turnover among senior management was a challenge for the project starting in late 2010. Although the project was able to continue its activities uninterrupted and achieve its targets in this year and half, the transition proved challenging.

Champion staff turnover also occurred when there was a change in the project's agreement officer's representative (AOR). In May 2011 CHAMPION's original AOR departed, and since then CHAMPION has had five different AORs, two of whom were interim appointments. With each AOR change CHAMPION had to deal with a different vision, management style, and approach.

In addition, the scope of work for the Academy for Education Development (AED, now FHI 360) originally focused on communications, community engagement, and workplace programming. Suspension of AED and staff resignations affected CHAMPION activities in 2011. EngenderHealth had to take over some activities and FHI360 covered the rest.

As part of its original design, CHAMPION intended to provide TA and activity support in workplaces in key districts through a competitive process. Early on it also identified Barrick Gold–Bulyanhulu Mine and Unilever Tea Company as workplaces in need of technical and financial support. However, a year after the project was underway, CHAMPION was asked to collaborate with workplaces through Deloitte and Touche's USAID-funded P3P Program. Although the project appreciated the opportunity to participate in the P3P Program, its primary targets were outside CHAMPION's key districts. This affected the workplace activities planned to complement other activities as the ecological model intended.

The addition of funding for a workplace HIV prevention program for MCC/MCA-T contractors increased the project workload and required CHAMPION to implement activities in more than 60 widely scattered sites throughout the country and to meet the needs of mobile workers and surrounding communities. Hardly any of these sites were in CHAMPION's 14 key districts, which not only complicated management but also further diverted the CHAMPION focus away from the ecological model.

Monitoring and Evaluation

CHAMPION had to change how it monitored project results due to changes in PEPFAR indicators at several points. When it started in February 2008, the project reported on only two indicators, but by October 2012 it was reporting on six. The increases and changes in indicators meant that CHAMPION had to change its data collection tools and again train lead NGOs and community volunteers to ensure that they were submitting accurate reports. Beyond the management challenge the changes posed, they also required additional resources each time PEPFAR adopted a new indicator. The new indicators also led to challenges in database management and analysis. That in turn has meant that the project is not able to provide a full and consistent picture of the numbers it has attained since early 2008.

In the early years of the project, CHAMPION was not able to put in place a complete M&E team due to staff turnover and a long search for a director-level M&E manager. In 2010 and 2011, the project employed a series of staff from interns and temporary data clerks through senior staff; meanwhile, the EnGender Health Home Office provided technical support. In 2011 and 2012 full-time employees were dedicated to M&E work and the project moved on with M&E and research.

Programming and Technical Aspects

A shortage of HIV testing kits, especially in the private sector, and a change in the ARV regimen in recent years also raised difficulties for CHAMPION. Having available services like HIV testing, counseling, and condoms and making referrals for care, treatment, and other services are central to CHAMPION's work. Thus, investment of additional time and resources was necessary for planning and implementing community engagement and workplace interventions to ensure that beneficiaries were able to access VCT and be referred to HIV services. The shortage of testing kits and the change in the ARV regimen also affected the ability of some of the 18 CHAMPION-supported health facilities to provide clients with the services they greatly needed.

V. DISCUSSION AND CONCLUSIONS

PERFORMANCE

CHAMPION project objectives were too ambitious. Behavior change, especially gender transformation, takes time, continued funding, and a very strong commitment from national organizations and donors.

CHAMPION worked diligently, alone and in cooperation with other USAID projects, to achieve its goal of promoting national dialogue on men's roles to increase gender equity and reduce vulnerability to HIV and other adverse RH outcomes. Its five objectives were to reduce partner and high-risk behaviors, promote fidelity, create enabling environment for gender-equitable norms and nonviolence, and encourage men to seek clinical health services and ultimately prevent HIV.

Using an ecological model CHAMPION implemented multiple activities to address each objective, engaging multiple stakeholders in a variety of ways. Anecdotal and qualitative reports collected during the evaluation support the assertion that by achieving its output and outcome indicators, CHAMPION has achieved its objectives. Transformation and engagement of this sort can be extremely difficult because of conflicts with traditional roles and beliefs. As was evident in CHAMPION's own reporting and the evaluation data, CHAMPION was able to identify activities that suit the Tanzanian context and engage beneficiaries in such a way that they see gender equity as a positive addition to their lives rather than something that takes away power; this is a tremendous accomplishment. A comparable end-point assessment would find further evidence of program success and identify opportunities for improvement.

The change is most evident in individuals who participated in CHAMPION's training programs; whether it was a short course for senior members of government or other organizations or months of classes for community members, it is those who had a direct connection to CHAMPION for an extended period who reported experiencing the most personal change. These are also the people who expressed the greatest commitment to continuing to spread CHAMPION's message, whether through community outreac, or through integrating it into policy and programming within a ministry or organization. According to the data collected during this evaluation, CHAMPION completed its intended activities and reached a significant population with community outreach through CATs, field facilitators, PHEs, and CCCs. Members of these groups experiencing both personal transformation and working to transfer the knowledge supporting such transformation to others. However, without evidence of transformation in the larger population, it cannot be assumed that messages were integrated into decision-making opportunities. However, shifting social norms takes time. The presence of groups of people in communities who display gender equity in their personal relationships and who gain recognition and sometimes employment through their participation is a significant achievement. Members of these groups recognize that they must not only demonstrate their new knowledge and beliefs but also share it with children and adolescents so that they can learn the value of gender equity and male participation. CATs are an excellent example of how participation in CHAMPION activities can lead to long-term engagement with gender equity and HIV and GBV prevention.

CHAMPION's innovative work on GBV is showing signs of significant success, as is demonstrated by the enhanced capacity of local partners, an increase in case reporting in some

communities, demand for services, and utilization of the new GBV tribunals created by CATs. CHAMPION's role as a facilitator for existing institutions is essential to ensure that survivors receive appropriate and compassionate support and that those institutions coordinate and integrate men's engagement and the GBV connection to HIV into current and new programming to ensure sustainability and institutionalization.

The practice of awarding grants without competition meant that other NGOs and civil society organizations could not participate in this important activity; this meant that CHAMPION could not work with new and emerging civil society organizations and NGOs that could have benefitted from CHAMPION's capacity-building activities. However, CHAMPION did continue to build the capacity of current USAID partners, which can perhaps serve as models for new partners during CHAMPION's next round of funding.

While is it a positive outcome to build on investments previously made by USAID and other donors, especially for human resources, training previously trained volunteers to become PHEs and members of CATs might be viewed as a missed opportunity to enhance the capacity of new volunteers. The USAID-approved training approach that CHAMPION adopted did not allow for cascade training of CATs and PHEs that would have had wider outreach so many more communities might be reached with gender-transformative messages and activities. However, this is a great opportunity for modification, for which CHAMPION is very well positioned. PHEs and members of CATs and CCCs have exceptional capacity to train additional facilitators and perform community outreach, given their backgrounds and previous CHAMPION training.

CHAMPION's communications strategy was effective in that it reached large populations, actively sought to reach men where they are, and was integrated into national outreach campaigns. These campaigns likely awoke or increased awareness among beneficiaries about gender transformation and its connection to HIV. The evaluation showed that it is possible to alter opinions about GBV, such as whether a man is ever justified in hitting his wife. Making sure these changes are sustainable and that changes in attitudes eventually result in changed behaviors takes time. This demonstrates the value of investment in the social and cultural environment in changing attitudes and beliefs about gender, GBV, HIV, and male involvement. Unfortunately, there is not enough information available to discern whether behavior changes were specifically due to CHAMPION's messaging; however, the campaign undoubtedly helped create a context in which gender and HIV can be discussed, even if there has not as yet been *transformation*.

CHAMPION successfully integrated GBV concerns into most of its activities, though here were some. locations where those interviewed were unaware of CHAMPION engagement with GBV and expressed opinions in direct opposition to the program goals. By training members of the media, CHAMPION was able to raise their awareness of gender transformation issues, according to the media personnel interviewed. The project also demonstrated creative thinking about how to change Tanzania's perceptions related to gender, HIV, and GBV. In its GBV programming CHAMPION demonstrated the importance of learning; its *Barriers and Pathways to Services* research was widely distributed and used to inform changes. This is an example of using data successfully to inform continuing work rather than focusing only on outputs, as does much of CHAMPION's programming.

Behavior change in the workplace, particularly for mobile workers, was perceived as more difficult but equally needed; mobile workers are considered to be at higher risk due to the

nature of their work, which provides opportunities for multiple, concurrent sexual partners. CHAMPION's engagement to ensure that these workers have access to condoms, are knowledgeable about HIV, and have access to male-friendly health services is an excellent step toward reducing transmission, increasing care and treatment, and hopefully, eventually changing sexual behavior. However, the current communication campaign to address this does forward CHAMPION's goal of increasing male involvement and gender equity because it may stigmatize men in their host communities—an unintended consequence that could discourage them from seeking healthcare or VCT. Nevertheless, the CHAMPION@Work program, especially integration of male-friendly elements into workplace policies and government labor inspection forms, has brought about positive change.

CHAMPION's policy and advocacy work led to the successful coordination of MenEngage, helping Tanzania to participate in the international network of countries that promotes male involvement in healthcare. During this evaluation policy and advocacy actors described male engagement as a crosscutting issue in healthcare and HIV prevention in Tanzania, to which CHAMPION is reported to have contributed. It is difficult to gauge precisely which pieces the program is responsible for because most activities were undertaken in cooperation with USAID implementing partners; however, as CHAMPION matured it was asked to take on more responsibility for developing guidelines and toolkits and otherwise demonstrating its value within the policy environment. CHAMPION also trained numerous national and community partners in advocacy, potentially extending its reach, impact, and sustainability as partners reported integrating male engagement into long-term plans and programs. In Iringa and Mwanza some beneficiaries reported having been inspired by CHAMPION's radio and television advertisements to become more involved in the health of their partners, especially when they were pregnant.

Those who regularly participated in CHAMPION activities reported positive changes in HIV risk behaviors, gender-equitable norms, and male participation in family health promotion. This is particularly true for participants in MAP and CoupleConnect. Whether behavioral changes occurred in individuals exposed less regularly to CHAMPION's messaging is unknown. Participants in interviews and FGDs reported that men who have participated in MAP or CoupleConnect are more likely to have a communicative partnership, share financial information with their wives, help wives with household tasks traditionally reserved for females, and less likely to perpetrate GBV. This can probably be attributed to CHAMPION, which was the only program actively promoting gender transformation during this period and those experiencing changes were participants in CHAMPION activities. More men are seeking VCT and accompanying their wives to healthcare centers, but it is more difficult to attribute these changes entirely to CHAMPION when male involvement in healthcare is a common goal for a number of NGOs and government institutions. However, men who participated in this evaluation cited structural and procedural changes to healthcare centers, for which CHAMPION was responsible, as among improvements that made them more likely to seek care or accompany a partner for care. All of these changes suggest more equitable partnerships in which women have more power and their partners recognize their rights. Such equitable partnerships and greater awareness of the importance of male engagement in health care demonstrates behavior changes influenced by CHAMPION. It appears from the data that the more contact individuals have with CHAMPION programming, particularly in courses and community groups, the more likely they are to demonstrate behaviors that are aligned with CHAMPION objectives. This implies that as the project is refined and scaled up it will reach more people, who in turn

will demonstrate more HIV knowledge and positive attitude toward gender transformation and male engagement and may ultimately behave in ways that reduce the risk of HIV transmission and increase the likelihood of HIV-positive individuals receiving appropriate care.

FIDELITY OF IMPLEMENTATION

CHAMPION's ecological model describes activities implemented at the individual, community, healthcare, workplace, and policy levels, and the project did, in fact, implement activities at all these levels, but it was not often that programming was co-located so that activities were able to compound their effects. It was where there was co-location that CHAMPION demonstrated the most success. It is evident that CHAMPION's ecological model is designed with many intervention points due to the significant social and cultural change that are necessary to achieve true gender transformation. Because from birth a range of influences socializes humans to adopt specific gender roles. CHAMPION was designed to work through multiple levels of society. As already detailed, CHAMPION's ecological model addresses multifaceted aspects of the social environment to effect personal and social change. The ideal execution of CHAMPION's ecological model entails concurrently implementing a variety of interventions at each of its five levels in order to form a holistic program within a given district. However, because of how the project was organized, implemented, and evolved in its initial years, full execution of the ecological model in all 14 key districts was not realized. This is primarily because CHAMPION's work within health services was limited to 5 districts and few of its workplace interventions were implemented in all 14. This means that while the outcomes and efficacy of CHAMPION's individual interventions can be evaluated, the value and success of the ecological model cannot be except in the districts where it was implemented as a whole. A comparable end-of-project assessment would have been of value to demonstrate evidence of success and opportunities for improvement. This does not diminish the value of the actual interventions, but part of the strength of the CHAMPION model is that activities at each level address different aspects of gender transformation and the messages and interventions of each reinforce and compound those of the others. Moreover, the model itself has not yet been evaluated, so it is not possible to judge its value even where implementation was faithful to the original plan, with multiple activities implemented concurrently.

The following examples of successful interaction of different levels of CHAMPION's ecological model may support the hypotheses on which the project was based.

- Involving participants who have gone through the project's individual interventions in community interventions has led to continuing support for gender transformation, including extended community engagement and outreach. These individuals and couples are able to share their stories of success and act as role models for others struggling in the community who may be struggling.
- Involving local government authorities and decision and policy makers in individual, community, and workplace interventions has convinced some them to be more supportive of integrating male involvement strategies and approaches in their work. The project has seen evidence of this among community development officers, District Council members, and CHMT members. However, it seems that senior members of a number of government institutions did not receive any training or sensitization; their attitudes and practices contravene CHAMPION's objectives.
- In districts where CHAMPION supports male-friendly services, data from health facilities show significant increases in males coming to health centers, receiving VCT, and

accompanying their partners for services post-intervention. However, as yet no data support the hypothesis that participants in such projects as MAP or CoupleConnect are more likely to test for HIV.

It is possible to draw some conclusions about the success of individual CHAMPION interventions because it is easier to know whether a policy was reviewed or a training held than to know whether interventions are more impactful, more sustainable, and true gender transformation occurs when many activities are implemented at each level. It is also difficult to determine whether, given the apparent change in attitudes and knowledge about gender equity, SRH, and HIV, such behavior change has been sustainable and whether it has led or will help to reduce HIV incidence.

The project implemented the vast majority of the benchmarked activities negotiated in the agreement and annual work plans. The most apparent exception is that CHAMPION was originally intended to engage with populations that are particularly vulnerable to HIV, specifically MSM and IDU, but did not do so. Evaluation participants identified this lack of engagement as something CHAMPION should address. Aside from this missed engagement opportunity, given the intended outcomes the target populations were very suitable. CHAMPION took great care to identify locations, often conducting needs assessments beforehand. Those familiar with CHAMPION@Work expressed particular satisfaction with the sites chosen, which were in HIV hotspots. Participants viewed this type of targeted intervention as important and contextually sound.

The integration of additional work under the PEPFAR GBV initiative generally has had a positive impact on CHAMPION. Its ecological model and theory of implementation clearly identified the connection between gender equity and HIV. Indeed, it is where the two intersect that the risk for GBV increases: those in less gender-equitable relationships may be more likely to be victims of forced sexual encounters, less able to refuse unprotected sex, and less likely to be supported by their partners during VCT or PMTCT. Integrating GBV into CHAMPION appears to have been a natural step that expanded the project's potential partners and methods of engagement and allowed for broader engagement on all intervention levels.

SUSTAINABILITY

Whether the results produced by the project are sustainable varies by activity. The evaluation found that for individuals, the capacity built in community members through MAP and CoupleConnect appears to be relatively sustainable. However, without evidence about behavior change—only data about knowledge and attitudes was collected— it is difficult to determine whether reported changes will be lasting. The creation of CATs and CCCs has the potential to ensure sustainability by giving participants the opportunity to work with people who believe in gender transformation, making it easier for them to behave in ways that may be outside the social norm. Whether these groups can function without CHAMPION varies by location; some groups are reportedly taking significant steps toward financial independence and formal recognition, but others admitted they would not be able to function without outside funding.

Whether the changes at healthcare centers that see men accompanying partners and seeking more healthcare, especially VCT, are sustainable is not certain. Comments collected during this evaluation mentioned that when support from CHAMPION for outreach to promote male engagement was delayed, men's attendance at healthcare centers diminished. In addition, given the heavy input of goods (T-shirts, seating, DVD players, BCC) for this intervention, for which

healthcare centers may not have funding, for sustainability men would need to continue attending healthcare centers despite the lack of such incentives. Another consideration is that the group of sexually active men who may need VCT or have partners whom they can accompany to the healthcare center is not static. Therefore, unless these behaviors are already ingrained and there is significant social pressure to engage in them, continuing outreach will be needed to reach younger men and women entering CHAMPION's target population.

Some elements of CHAMPION's workplace program seem to be sustainable, specifically the workplace policies for male engagement and HIV and integration of male engagement into government inspection requirements. However, since the majority of behavior changes for safer sex are connected to an increase in condom supply for workers, without another source for condoms that change is unlikely to be sustainable. Building the capacity of healthcare providers for male-friendly services is worthwhile, but without continuous updates and reinforcement of approaches such activities might ebb. This is especially important for mobile workers, a workforce that seems to be relatively unstable. Continuing education on HIV and gender equity issues would be necessary to keep workplaces knowledgeable about CHAMPION issues. The gender transformation found in this group was minimal, and the workplace program funded by MCC ends in mid-September 2013. CHAMPION missed an opportunity to design and institutionalize a model for addressing HIV among mobile workers.

Through MET CHAMPION has made strides toward sustainability with the formation of a steering committee and formal definition of priorities. However, without an organization to coordinate MET, fund meetings, and ensure attendance, it might well founder. CHAMPION worked to integrate male engagement and gender equity into a handful of policies, a step forward in achieving sustained effort to address those issues, but without continuing engagement to ensure broad and effective implementation, beyond MET's permanent existence on paper, its sustainability is not guaranteed.

CHAMPION undoubtedly contributed to the capacity of partner NGOs, community members, the Government of Tanzania, and other stakeholders to promote gender norms as a means of reducing health risks. One of CHAMPION's strengths in general has been its ability to create meaningful curricula and build the capacity of facilitators, who then train health providers on male-friendly services. This replication/cascade effect is cost-effective. CHAMPION, however, did not use the same model in training trainers for MAP, CoupleConnect, and workplace programs. Since CHAMPION's greatest impact seems to have been on those who participate in trainings directly, this methodology could have influenced gender transformation in a larger group beyond just the relatively small group of direct participants in CHAMPION. It is not likely that such programs will continue after the project ends. Additionally, CHAMPION's training of stakeholders has been effective in raising awareness about the importance of male involvement in health care. They have engaged both those who are already committed to the cause and benefited from capacity building around strategy and approach and those who were relatively unfamiliar with CHAMPION's theory of change. Although changes in capacity were not measured beyond pre- and post-tests during trainings, the response from participants has been positive. They described CHAMPION as a learning experience and worth the time necessary to attend trainings.

USAID allocated sufficient resources for CHAMPION to implement the activities agreed upon. Expenses are in line with obligated amounts except for an increase in travel expense, which, according to CHAMPION staff was attributed to increased supervision of workplace and GBV

activities, which increased overhead and general and administrative costs. Given the desired outcomes and the resources available, the scope and scale of the project were appropriate, but resources were not always targeted toward the most transformative activities. CHAMPION's planned aims were reasonable because there was sufficient funding and capacity to reach key stakeholders and beneficiaries at all levels of the ecological model. But although CHAMPION exceeded its targets in the number of people reached with messages and services, its reach to influence gender transformation was limited mainly to MAP and CoupleConnect, which involved fewer than 4,600 people in all districts. Even then, it is difficult to judge whether transformation occurred with all of them and also at what level. In assessing whether the scope and scale of the project was appropriate given the resources, it is necessary to consider the big picture and the multiple changes that have been taking place at different levels, including creating a healthy dialogue about gender transformation in the country as a whole. Beneficiaries of gender-transformative activities could now be a cadre of volunteers to be utilized in future such activities. Although CHAMPION has succeeded in creating this group of volunteers, it has not yet tested whether for sustainability it would be effective and efficient to build and use their skills as trainers and owners of the MAP and CoupleConnect programs. Interviews with beneficiaries revealed greater knowledge among people reached by volunteers, but that was limited to the importance of men changing health-seeking behaviors. Without continued financial support it is unlikely that MAP and CoupleConnect will continue.

Table 3. Activity Achievements by Objective

	Activity	Facilitators Trained	Beneficiaries	Key Stakeholders
Obj. 1	MAP	68	4,200	370 government and local leaders
	Couple Connect	20	226	
Obj. 2	Community - CATs	14 CATS with 650 members	420,000 total, 25,000 VCT	
Obj. 3	Health centers (18)	70 MoHSW national trainers	1,200 health center employees	
Obj. 4	CHAMPION@Work	160 PHE	12,100 employees through PHE; in 2012 47,200 community members through community outreach	34 national workplace trainers, 26 VETA
Obj. 5	Policy and Advocacy		Gender transformation trainings for PEPFAR partners, district officials	MET's 19 members.

The project received US$25.9 million USAID, including $1.5 million from MCC and $2.5 million from the PEPFAR GBV Initiative. Judging the efficiency of a project must take into account the need to build capacity at the beginning of a project, challenges that had to be dealt with, and whether activities helped to accomplish project objectives.

LESSONS LEARNED

1. **Personal transformation is required if interventions are to be implemented properly**. This is difficult, incremental, dependent on individuals, and takes time. Allocating resources and focusing attention and commitment on gender transformation are essential.

2. **Approaches must be contextually appropriate for the audience and take local capacity into account.** This includes literacy and access to electricity, television, and radio. All programming and activities should aim to be inclusive for a broad population.
3. **Comprehensive capacity building in relation to gender and HIV is essential to ensure well-trained partners and staff**, especially those working in those fields. Building capacity effectively is time- consuming and must allow time for discussing the questions and concerns of participants. Needs and assets assessments can be integrated into trainings to ensure that participant needs are addressed.
4. **Collaborating with local government, community groups, and leaders to plan and implement CHAMPION activities increased their commitment and ownership and promoted sustainability**. Having a broad concept of who can be a partner can expand project reach. Collaboration should include gender-mainstreaming training for partners.
5. **Involving senior officials in policy reform ensures local buy-in and sustainability.** Policies that support gender transformation at multiple levels should be drafted or amended with senior involvement. Values clarification with senior officials is necessary to engage them in gender-transformative policy reform.
6. **Increasing access to services is essential to encourage men and couples to use them.** Community engagement activities present opportunities for men and women to access RH and HIV services. Identifying local partners and building their capacity to provide effective outreach and quality services and to participate in referral networks will help to increase community access. Employing a variety of strategies to encourage community members to participate in VCT is essential—no single approach will appeal to everyone. Encouraging couples to access VCT services together at public events and through mobile services, Moonlight VCT, and workplace VCT all successfully increased access to services. Here relationships between CHAMPION and other USAID-supported HTC partners, such as AMREF Angaza Zaidi and Jhpiego UHAI-CT, could be leveraged.
7. **Training for service providers should have a gender perspective.** This includes trainings for those working in healthcare generally and RH and HIV services specially. To promote gender mainstreaming, projects should capitalize on the skills of health and community workers and their accessibility. All workers should be trained in providing gender-sensitive services to ensure that knowledge is not lost due to turnover. CHAMPION could leverage its relationship with such partners as Benjamin Mkapa Foundation, Tunajali, RESPOND, and Jhpiego conducting training to integrate gender and reach para-social workers, FP providers, male circumcision providers, and many others.
8. **Public gatherings, holidays, and international events are great opportunities to increase awareness about gender transformation and the visibility of CHAMPION**. Impressive community participation during the *Vunja Ukimya* Activation Tour and the GBV campaign evaluation demonstrate that combining entertainment with community dialogue is an effective way to communicate campaign messages on gender transformation. The tour also showed that people were eager to participate in dialogues about sensitive health issues that affect their lives, such as HIV, couple communication and connectedness, and GBV.
9. **Because many workers and companies are unaware of their rights and responsibilities related to HIV, it is essential to work directly in workplaces.** Working through peer educators to familiarize staff with the necessary information, and working with administration to create and implement comprehensive HIV policies has been a successful approach. A national policy mandating implementation of such policies would greatly contribute to progress in this area, but creating positive social pressure on companies to comply with industry norms can also be successful.
10. **Appropriate funding, coordination, and training are essential for effective advocacy.** Advocacy requires skills particularly in policy analysis, data collection, and planning.

CHAMPION should concentrate its advocacy capacity-building efforts on organizations that have related experience or are well-positioned and eager to advocate effectively.

11. **Advocacy must be strategic, timely, and well-informed.** Sharing information and tools has most impact when it is done with knowledge of the larger policy context and with specific goals about how GoT ministries can use it.
12. **Creating a forum for dialogue among stakeholders will ensure that sensitive issues are addressed.** Having the opportunity to meet and interact through networks facilitates addressing gender issues and creates a healthy dialogue about them.
13. **Allocating funds to formative and operations research is essential.** Even small-scale base-line and comparable end-line surveys are important to support evidence of success and also document what does not work.

VI. RECOMMENDATIONS

1. **CHAMPION's ecological model must be tested** to demonstrate its efficacy and the value it adds.

   Future projects should co-locate the full spectrum of interventions. For the ecological model co-location is essential for societal gender transformation.

   a. The ecological model must be evaluated robustly in areas where it was fully implemented. This could include examining the success of various activities both where there is co-location and where there is not. The model claims to add value beyond what is inherent in each activity; a creative evaluation design could go far to support or dispute that hypothesis.

   b. Future projects should expand community engagement beyond CATs and PHEs to such institutions as schools, community associations, and other currently un-engaged elements of the formal and informal community systems that influence male engagement and gender roles. Which organizations or individuals to engage must be determined locally to ensure that choices are contextually appropriate.

2. **Data should be valued**, consistently and purposefully collected, analyzed, and shared as well as being used to fulfil reporting requirements.

   a. Future projects should analyze data and use the findings to change and reinforce programming. Projects should share the analyses to build a robust knowledge base.

   b. USAID and PEPFAR should demand and fund more expansive reporting on outcomes and impact rather than merely counting beneficiaries and condoms distributed.

   c. Future projects should document activities, progress, challenges, and successes involved in programming both pilots and scaling up. Though the vast majority of current reports describe only successes, knowing what does not work is just as important for a knowledge base.

3. **The target population should be expanded to children and youth.**

   a. Involvement with a younger population will help children as they are acquiring beliefs about gender norms, rather than trying to change those beliefs when they are adults.

   b. Future projects should review youth-focused gender transformation toolkits or curricula that exist both in Tanzania and regionally.

   c. Future projects should work with CATs to build their capacity to work with children and adolescents. CATS can conduct outreach with young people, and young people could be trained to form Youth Action Teams to provide peer education, a model that has proved successful in other populations.

   d. Future projects should replicate the work of CHAMPION to ensure that health centers are friendly to male youth as well as adults, since the two populations may have different needs.

   e. Future projects should work at the policy level to get messages about gender equity into school curricula. When the next curriculum review occurs, the projects should be involved to ensure that stories and messages in textbooks emphasize gender equity and do not reinforce harmful gender norms.

4. **Essential allies for work at the community level are leaders of religious and community organizations,** local government, and traditional organizations.

   a. Future projects should identify and follow appropriate channels to formalize engagement of community leaders. This will help to expand the capacity development, sustainability, and institutionalization of CHAMPION objectives.

b. Future projects should encourage CAT members, local leaders, and coordinating NGOs to work together to identify priorities and plan events.

c. Future projects should go beyond sensitizing leaders and have them complete the MAP curriculum, adapted as needed, to ensure that they understand and employ the concepts in their work.

5. **Coordination of all those working to prevent and respond to GBV is essential** to ensure that CHAMPION GBV programming is sustained. Without effective coordination between the health, judicial, law enforcement, and social work sectors, those who have been encouraged by CHAMPION to report or stand up to GBV may not get the assistance they need. Linkages with economy-building programs are vital.

   a. Future projects should identify those who are working to strengthen the GBV referral network and engage with them to ensure that male engagement and participation are emphasized.

   b. A referral network and guidelines for referrals are necessary to instil confidence in survivors and encourage reporting. CATs should be trained in ways to strengthen coordination between network members, both formal and informal. GBV tribunals created by members of CoupleConnect may be a good engagement point to encourage members of formal and informal GBV support systems to communicate and collaborate.

   c. Future projects should coordinate start-up of GBV prevention activities with creating a competent referral network. This could be done in coordination with other programs that are focusing on GBV prevention but working at different levels of service delivery.

   d. MET approach this at the national level, examining current policies to identify gaps and opportunities in the referral networks. If there is no policy this could be an opportunity to collaborate further with GBV-focused organizations to draft and promote a policy.

6. **Logistics are an essential element of coordination;** improvement is needed in the distribution of BCC/IEC materials, especially locally, and such necessary goods as condoms and HIV test kits.

   a. Future projects should devise a materials request process so that CATS and lead NGOs can submit estimates of materials needed. Asking lead NGOs to stock and distribute items to CATs and CCCs would allow for more timely and responsive distribution. There must also be a system for accounting for distribution. Due to the focus on changing gender norms rather than simply providing information, materials distribution should be accompanied by interpersonal communication.

   b. BCC/IEC and promotional materials should be streamlined to simplify distribution and reporting on items distributed. The cost of promotional items should be weighed against their perceived value and impact.

7. **The reach of any new project should be expanded to rural areas;** evaluation participants identified residents of rural areas as more likely to experience entrenched patriarchy and GBV and to lack knowledge about gender issues. CHAMPION or a future project should work with members of CATs to identify strategies to reach nearby rural areas.

   a. Local NGOs and CATs should train members of rural communities in MAP and CoupleConnect, even if they need to bring them to a nearby urban area for the training. If possible several members of each community should be trained in order to create a cadre of change agents who can teach the curriculum in their own communities.

   b. Before engaging in activities in rural communities future projects must solicit the support of community leaders. Such leaders, who have proved essential to uptake of CHAMPION's messages in urban areas, may be even more important in rural areas.

8. **CHAMPION@Work: Future projects should develop a more comprehensive approach** to addressing the status of mobile workers as a high-risk group for HIV. Creating and reinforcing stigmatization of those at high-risk for HIV is not only counterproductive, it violates the humanitarian imperative. A review of programs with the same goals in other countries could be instructive to inform strategy. Engaging management at the workplace is imperative for the success of such programs.
9. **Institutionalizing gender equity and male involvement messages should have higher priority.**
    a. In future projects every activity should have a plan for promoting institutionalization and document and track progress toward goals.
    b. In addition to policy reviews and contributions, future projects should think creatively about who to train and how to institutionalize messages to transform gender norms. This should be a participatory process including local, regional, and national stakeholders.
    c. At each level of the ecological model strategic institutionalization points should be identified and prioritized.
    d. In healthcare it would be advisable to work with medical schools to provide training for doctors, nurses, and other medical practitioners about male engagement and working with couples.
    e. In education it will be important to integrate CHAMPION messages, directly and indirectly, into Tanzania's primary and secondary curricula
    f. Future projects should work closely with government to identify opportunities to contribute project messages and help integrate them into policy and law. So far this targeted approach has been successful when it is connected to action.

ANNEX I. TEAM BIOGRAPHIES

The evaluation team is composed of one international consultant who acted as team leader and two national experts. The qualifications of these experts are as follows:

TAROUB HARB FARAMAND, MD, MPH, TEAM LEADER

Dr. Faramand is founder and president of WI-HER, LLC –Women Influencing Health Education and Rule of Law—a women-owned small business that delivers creative solutions to maximize impact. She is a highly versatile, proactive, and decisive results-oriented professional who is passionate and driven to deliver quality results, building on more than 30 years of experience in the development and health sectors with emphasis on project evaluations, strategic planning, and program design. Dr. Faramand has a deep understanding of USAID, EU, UN agencies including WHO, the CDC and the donor community. She has proven ability and strong technical expertise in designing, implementing, monitoring, and evaluating integrated health and education programs, with a special focus on gender. She also has extensive project evaluation experience and excellent training and team-building skills, including mentoring young professionals. Her ability to identify and capitalize upon opportunities to maximize impact is proven, as are her strong negotiation and interpersonal skills. She is an effective presenter at the national and international levels and guest lecturer at medical and public health programs, and has a keen and practical understanding of development issues around the world, especially in the Middle East, Asia, Africa, and Latin America and the Caribbean. She has also demonstrated her ability to organize efforts, skills, and approaches to suit country-specific issues in a variety of difficult settings, including areas of conflict and hard-to-reach areas. She also has expertise in linking different programs for maximum impact. She has created numerous public-private partnerships enabling procurement of many multimillion-dollar donations. She is fluent in English, Arabic, and Russian.

Dr. Faramand states that she has no conflict of interest with the evaluation of this project.

Two National Experts

As a consultant **Zuki Mihyo** has provided evaluation, research, policy review, and capacity-building services. She has a good track record of working with development partners, government functionaries (policy makers, etc.), and UN and other international organizations. She has successfully executed assignments for national governments and NGOs in Tanzania, Ethiopia, Laos, Nepal, Bhutan, Vietnam, Namibia, and The Netherlands; for regional and international organizations such as the African Union, the EU, SIDA, and SADC6), UN agencies such as UNDP, UNWomen, ILO, FAO, and UNECA, the World Bank, the African Development Bank (AfDB), and the Asia Development Bank (AsDB). Ms. Mihyo is a seasoned professional experienced in gender analysis, audits, and reviews; mainstreaming gender, HIV, GBV, and decent work in policies, strategies and sector programs. Among her works are materials for mainstreaming gender in sectors and projects, including gender-responsive budgeting (GRB) guidelines and tools. She has also organized and facilitated training workshops and supported lobbying, advocacy, and fundraising in the areas of gender, youth and child development, GBV, HIV, employment creation and decent work. Among previous positions she has been Director of Programs, Monitoring and Evaluation and Learning at REPOA7 (2010–12), Coordinator of the

[6] SDAC is a regional economic community (REC) comprised of 14 Southern Africa member states.
[7] REPOA stands for Research on Poverty Alleviation.

Tanzania Gender Mainstreaming Group for Macro-Policies (2006–09), Gender and HIV Expert in the President's Office of Namibia (2007–08), Gender Advisor to the Netherlands Development Organization (SNV) in Laos and Coordinator of the South-east Asia Gender Network (2003–05), Program Manager of the Novib/Oxfam project on Violence Against Women based at the International Archives for the Women's Movement (IIAV) in Amsterdam (2000–02), SADC Region Gender Program Specialist (1998–2000), and Gender Policy Analyst of the Botswana Women NGOs Coalition for Beijing (between 1995 and 1997). Ms. Mihyo possesses good interpersonal communication skills acquired through her experience of working in diverse multicultural environments in Africa, Europe, and South East Asia.

Zuki Mihyo states that she has no conflict of interest with the evaluation of this project

For more than 10 years **Mangi J. Ezekiel** has taught and supervised both undergraduate and postgraduate students at Muhimbili University of Health & Allied Sciences (MUHAS) in Tanzania. Before joining the university he worked briefly as a research associate with local think tanks and also as a community development specialist within the NGO sector. He has extensive experience with community- based activities and proven skills for working in multidisciplinary and multicultural teams. He has served as a consultant services to local and international organizations (among them UMATI, IPPF, Family Care International, AMREF, ICAP, SIMAVI/PATUU, FHI, and Ministry of Health & Social Welfare) evaluating adolescent reproductive health, maternal health, home-based care for HIV, orphans and vulnerable children, and sanitation programs throughout Tanzania.

Mangi Ezekiel states that he has no conflict of interest with the evaluation of this project.

ANNEX II. IMPLEMENTING PARTNERS

Prime Partner	Organization
Mission Awards	
ABT Associates African Medical and Research Foundation	Wajibika Angaza Zaidi
African Palliative Care Association	African Palliative Care Association
African Wildlife Foundation	AWF
Africare	Mwanzo Bora
Africare	Pamoja Tuwalee
AME-TAN Construction	Warehouse Construction
Axios Partnerships in Tanzania	Axios
Baylor College of Medicine International Pediatric AIDS Initiative/Tanzania	BIPAI-PPP
Deloitte Consulting Limited	BOCAR
Deloitte Consulting Limited	Tunajali II
Development Alternatives, Inc	Imarisha
Elizabeth Glaser Pediatric AIDS Foundation	LIFE Program
EngenderHealth	CHAMPION
EngenderHealth	RESPOND (Assoc Award)
FHI 360	Pamoja Tuwalee
FHI 360	ROADS II
Fintrac Inc.	Tanzania Agricultrue Productivity Program (TAPP)
International Youth Foundation	Tanzania Youth Scholars
IntraHealth International, Inc	Capacity Project
Jane Goodall Institute	JGI
Jhpiego	Maisha
Jhpiego	UHAI-CT
Johns Hopkins University—Center for Communications Program	Tanzania Capacity and Communication Project
Ministry of Education and Vocational Training	PASHA
MOBIS	TPPI End of Project Evaluation
Pact, Inc.	Pamoja Tuwalee

Pastoral Activities & Services for People with AIDS	Pastoral Activities & Services for People with AIDS
PSI	Husika
PSI	Tanzania Social Marketing Program
Selian Lutheran Hospital, Tanzania	Selian Lutheran Hospital Follow-on
The Futures Group International	Health Policy Initiative
Touch Foundation	Touch Foundation- PPP
University of Rhode Island	Conservation of Eco-Systems
University Research Corporation, LLC	Tibu Homa
USAID	Management & Operations
WILDAF	D&G Activity (M. Hiza)
World Education	Pamoja Tuwalee
Field Support	
EngenderHealth	RESPOND (Leader)
FHI 360	FANTA III
FHI 360	FIELD
ICF Macro	2011-12 THMIS, SPA, and DHS
Jhpiego	MCHIP
John Snow, Inc.	DELIVER Project
Johns Hopkins University	Research 2 Prevention
Partnership for Supply Chain Management	SCMS
PATH	PATH
UNICEF	National Capacity Building
University of North Carolina	MEASURE Evaluation
University Research Corporation, LLC	ASSIST
University Research Corporation, LLC	Healthcare Improvement Project

ANNEX III. EVALUATION STATEMENT OF WORK

I. TITLE: USAID/Tanzania: EngenderHealth CHAMPION Project End-of-Project Evaluation

II. Performance Period[

Assignment preparations should begin in May 2013, depending on the availability of the selected consultants. Work is to be carried out over a period of approximately 10 weeks, beginning on or about May 6th with field work completed in June and the final report completed in July 2013. A six-day work- week is approved while the team is in the field.

III. Funding Source

Mission-funded

IV. Purpose of Assignment

This evaluation is intended to assess the performance of the CHAMPION project over the course of five years of implementation. Specifically, the evaluation will

- Describe the extent to which CHAMPION was able to meet its five programmatic objectives and reasons accounting for positive and negative results.
- Assess whether the mix and intensity of interventions implemented according to the Ecological Model was appropriate to achieve desired outcomes and sufficient to promote sustainability.
- Provide recommendations and lessons learned that can be adopted by new and ongoing projects seeking to change gender norms as a means of reducing health risks.

V. Background

Country Context[8]

Tanzania has a population estimated at nearly 45 million, of which three-quarters live in rural areas. Driven by tourism, mining, trade, and communications, the private sector has grown considerably, with economic growth averaging 7% over the last decade. Despite these gains, the percentage of people living in poverty has decreased only marginally during the past 10 years, while continued rapid population growth has increased the absolute number of Tanzanians living in poverty by more than 1 million, overwhelming an already-fragile social service system. Tanzania relies heavily on foreign aid; roughly one-third of the national budget is financed by direct budget support. Lack of basic healthcare and the impact of preventable diseases such as HIV and malaria, low levels of education and agricultural productivity, widespread corruption, and an urgent need for reform of the business-enabling-environment persist as major challenges to development.

[8] Sources for this section include the Tanzania BEST Action Plan 2010-2015, EngenderHealth CHAMPION technical application (2007), 2010 UNAIDS Report on the Global AIDS Epidemic, 2007/8 Tanzania Malaria and HIV Indicator Survey, and 2010 Demographic and Health Survey.

According to the 2010 UNAIDS Report on the Global AIDS Epidemic, adult HIV prevalence in Tanzania is estimated at 5.6 percent and an estimated 1.4 million Tanzanians are living with HIV. An estimated 86,000 HIV-related deaths in Tanzania each year result in disruption of family structures and an increase in the estimated 1.1 million HIV orphans and vulnerable children (OVC) in Tanzania. According to the 2007-08 Tanzania HIV and Malaria Indicator Survey (THMIS), there are significant sex differentials in HIV prevalence. Overall, male prevalence in 2007–08 was 5 percent, while female prevalence was 7 percent. HIV prevalence is higher for women than men in every age group except 35–39.

The sociocultural context that shapes behaviors and attitudes is crucial to understanding the complexity of the HIV epidemic in Tanzania. Gender norms—societal expectations of men's and women's behaviors—are among the strongest factors fueling HIV transmission. Traditional male gender norms encourage men to equate a range of risky behaviors—using violence, abusing alcohol and/or drugs, pursuing multiple sexual partners, dominating women—with being manly. Rigid constructs of masculinity lead men to view health-seeking behaviors as signs of weakness. Globally, young men who adhere to non-equitable views of manhood are more likely to participate in unsafe sexual practices, act violently towards women, and engage in substance abuse, thereby placing themselves, their partners, and their families at risk for HIV. In addition, women's low status limits the social, education, and economic opportunities that help protect them from infection.

In Tanzania, multiple concurrent sexual partnerships are socially condoned and often encouraged for men. In the 2010 Tanzania Demographic and Health Survey (TDHS), 21 percent of men and 4 percent of women reported having sex with two or more partners in the past 12 months. Among these men, only 24 percent used a condom during their last sexual intercourse. Transactional and commercial sex remains a major obstacle to HIV prevention efforts as well. Fifteen percent of men paid for sex in the 12 months prior to the 2010 TDHS. Other forms of transactional sex are even more frequent. Gift-giving is a standard component of sexual relationships among youth. Peers and family sometimes urge young women to exchange sex to gain financial security. Such relationships create clear power imbalances that increase women's vulnerability to HIV. Economically dependent women are less able to negotiate for safer sex, including faithfulness or consistent condom use, and this dynamic is further complicated when there are significant age disparities between partners.

Violence also reflects the power imbalances between men and women. The 2010 TDHS revealed that one-third of Tanzanian women aged 15–49 have experienced physical violence in the past 12 months. Twenty percent of women have ever experienced sexual violence, usually perpetrated by their partners or former partners. Fifty-four percent of women and 38 percent of men aged 15–49 believe that a husband is justified in beating his wife for certain reasons. These findings reflect how women's own views about male gender roles reinforce negative social norms.

CHAMPION Project Overview

CHAMPION – *Channeling Men's Positive Involvement in the National HIV Response* – is a five-year project of EngenderHealth funded by USAID/Tanzania through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The goal of CHAMPION is to promote a national dialogue about men's roles and to increase gender equity, and in doing so, to reduce the vulnerability of men, women, and children to HIV and other adverse reproductive health outcomes. The concept of men as facilitators of family health is central to the project.

The project has five overarching program objectives:

1. To promote partner reduction and fidelity, and reduce high-risk behaviors
2. To create an enabling environment that promotes positive social norms including fidelity, non-violence, and respect for healthy relationships
3. To promote positive health-seeking behavior and men's participation in clinical health services
4. To mobilize workplace environments to advance gender equity and constructive male engagement in HIV prevention and reproductive health promotion
5. To develop strategies for strengthening national, regional, and district laws and policies to engage men in HIV prevention and reduce the risk to both men and women

CHAMPION has been working to achieve these five objectives by engaging men, women, and key stakeholders in the community, healthcare system, workplaces, and the local and national government, in reflection and dialogue on male involvement in HIV prevention and the gender norms and environmental structures that influence male behavior. At the community and workplace levels, CHAMPION is sensitizing key stakeholders and creating community and workplace action teams (CATs and WATs), respectively. Members of CATs and WATs are male and female volunteers who are committed to transforming gender norms and have attended a series of structured training sessions that follow the Men As Partners (MAP) curriculum, which focuses on gender norms, HIV prevention, and reproductive health issues. The CATs and WATs then engage individual men and women and groups within the community on core CHAMPION messages. At the health facility level, the CHAMPION Project is working at target health centers to develop and implement "male-friendly health services." The project has also sought to facilitate dialogue and reforms to laws and policies at the national, regional, and district levels to support gender-transformative initiatives that engage men in HIV prevention and reduce HIV risk of both men and women.

The project was originally conceived and funded with PEPFAR Country Operational Plan funds under the HIV Prevention budget (OP, AB); however, CHAMPION received additional funds through subsequent contributions from the Millennium Challenge Account-Tanzania (MCA-T) and through a PEPFAR special initiative focused on gender-based violence. The additional funding supported efforts consistent with the five original program objectives but had some impact on the geographic and technical focus of the project.

Target Areas and Populations

The CHAMPION project operates in 26 districts across 13 regions, of which 14 districts are "key districts" where the project is primarily focused. The key districts were selected on the basis of several criteria, with HIV prevalence a heavily weighted factor. Additional districts reflect the geographic distribution of the MCA-T projects, where CHAMPION was asked to mitigate potential HIV transmission related to the introduction of infrastructure work crews.

Reflecting the emphasis on men as facilitators of family health, the project primarily targets men age 25 and older and couples. Women and youth are secondary targets.

Intended Results

The project hypothesis is that CHAMPION's unique set of interventions will have a positive effect on gender-equitable attitudes and behaviors and consequently on HIV and reproductive health-related outcomes. CHAMPION has adopted the ecological model as the conceptual framework to promote positive change in gender norms and behaviors. The overriding

assumption is that in order to change individual behavior, the project must target individuals as well as the social environment in which individuals live. Different levels influence the individual-environment interrelationships. These levels are: individual (in terms of knowledge, attitudes and skills), interpersonal (family, friends and social networks), organizational (social institutions), and community and public policy (national laws and policies). While the ecological model provides a useful categorization, it should be noted that the levels of the model are interdependent and sometimes occur simultaneously, reflecting the reciprocal causation between the individual and the environment.

Approach and Implementation

Within the ecological model, CHAMPION utilizes the following programming principles/strategic approach:

- To work in regions with the highest HIV prevalence in Tanzania
- To employ a grassroots, participatory approach where key beneficiaries help to guide project design, implementation, and evaluation
- To support the Government of Tanzania (GOT) by aligning project strategies with the National Multi-Sectoral Strategic Framework on HIV (NMSF) and the National Strategy on Reproductive and Child Health Services (RCHS)
- To create sustainability of project interventions by working through existing governmental mechanisms and systems of health care
- To promote coalition-building in support of social change by mobilizing stakeholders to work together
- To provide leadership in promoting the notion of men as facilitators of family health.

CHAMPION works in partnership with FHI 360 and seven local lead NGO partners to implement activities on each level of the ecological model. Some of these activities include:

Individual Level

- Implementation of the Men as Partners curriculum with men and women
- Implementation of the CoupleConnect curriculum with couples

Community Level

- Training and mobilization of Community Action Teams (CATs)
- Mass media campaigns and associated community-based activities
- Linking communities with HTC

Health Services Level

- Training of health workers
- Facility improvements
- Community engagement
- Development and dissemination of BCC materials
    - Policy engagement with MOH

Workplace Level

- Workplace policy development
- Peer education
- Group education sessions
- Linking workers with HTC
- Condom promotion and distribution

Policy and Advocacy Level

- Input to key HIV and health policies
- Training for district and national government officials
- Support for MenEngage Network in Tanzania

In addition to the above activities, CHAMPION took on additional work under the PEPFAR GBV Initiative in Years 3, 4, and 5 of the project. This work was integrated to varying extents across the five levels of the ecological model and resulted in the addition of a TA element that has included training and technical assistance to United States Government staff and implementing partners.

Research, monitoring, and evaluation are central to CHAMPION's activities, informing design and confirming impact. CHAMPION seeks to balance the need for routine and readily available programmatic data with more rigorous research exploring programmatic outcomes and behavioral impact. To date, CHAMPION has conducted an extensive baseline study that used quantitative and qualitative methods to examine HIV risk behaviors, gender-equitable norms, and male participation in family health promotion and care-seeking. CHAMPION also has conducted baseline and end-line studies of health facilities associated with its male-friendly health services interventions, and has plans for qualitative assessments of other activities under the project. The results of these qualitative assessments may or may not be available by the time this external end-line evaluation takes place.

VI. Evaluation Scope

This evaluation is intended to determine the overall programmatic achievements in relationship to the key CHAMPION project objectives and tasks. The team will identify critical gaps and highlight key lessons learned and best practices that can be replicated. The key questions for this project evaluation are as follows:

1. Has the project achieved its goals and objectives?
2. What are the project's strengths, weaknesses, and gaps in planning, management, and implementation?
3. What are the constraints to successful implementation of this project?

In order to answer the three main evaluation questions above and to provide the appropriate recommendations at the conclusion of the evaluation, the following list provides a set of sample questions under three major themes that the evaluation team must consider. However, additional questions can be added during the course of the evaluation, when deemed appropriate.

Performance

Did the project achieve the desired objectives, thereby contributing to changes in gender norms and improved health behaviors in the longer term?

- Have there been positive or negative changes in HIV risk behaviors, gender-equitable norms, and male participation in family health promotion in select districts where the project was active? Can such changes reasonably be attributed to the project?

Fidelity of Implementation

Was the original design of the project suitable for achieving project objectives?

- Was the theoretical model described in the project's proposal and workplans reflected in project activities?
- Did CHAMPION implement the benchmarked activities negotiated in the agreement and annual workplans and in achieving overall targets? How were decisions made about the level of intensity and mix of interventions on each level of the ecological model?
- Was the selection of target populations appropriate given the desired outcomes?
- How did the integration of additional work under the PEPFAR GBV initiative affect the project?
- What are the recommendations or lessons learned that should influence future adaptation of CHAMPION's ecological model and implementation of its constituent interventions?

Sustainability

What are the prospects for the sustainability of the results produced by the project?

- Was the scope and scale of the CHAMPION project appropriate given the desired outcomes and available resources? Did the project contribute to the capacity of lead NGOs, community members, and Government of Tanzania stakeholders to promote gender norms change as a means of reducing health risks?
- What recommendations can be made about how future adaptations of this program or constituent interventions can better contribute to sustainable outcomes?

VII. Proposed Methodology

The evaluators should consider a range of possible methods and approaches for collecting and analyzing the information that is required to achieve the evaluation objectives. The evaluators should employ participatory methods that will enhance collaboration and dialogue among a broad range of CHAMPION staff, partners, and stakeholders. Data collection methodologies will be discussed with, and approved by, the USAID AOR prior to the start of the evaluation.

Final decisions on evaluation activities will be made on the basis of a proposal to be developed by the evaluation team and approved by the USAID AOR. Evaluation activities are likely to include the following elements:

Team Planning Meeting: A teleconference held for the evaluators, the CHAMPION AOR, and CHAMPION senior staff to ensure that all stakeholders understand the evaluation objectives

and proposed methodology. Roles and responsibilities, documentation, and timeline will be finalized at this stage.

***Document Review*:** USAID/Tanzania and CHAMPION will provide the evaluators with key documents prior to the in-country evaluation. A full list of these documents is provided in *Sources of Information*, below. In addition, the evaluators should be fully conversant in published and gray literature on gender norms and HIV prevention, male engagement in health promotion, and prevention of gender-based violence.

Focus Group Discussions: Small group discussions with male and female program participants, including community members participating in MAP or CoupleConnect sessions, local leaders, workers and employers, CAT members, health workers, health facility clients, etc.

Key Informant Interviews: Structured one-on-one interviews with key CHAMPION staff, lead partner staff (FHI 360), lead NGO staff, Government of Tanzania representatives, USAID and other donors, etc.

Sources of Information

- CHAMPION work plans
- CHAMPION quarterly and annual reports, including S/APR data
- Data Quality Assessment results
- CHAMPION budgets
- Project Monitoring Plan 2009, Project M&E Plan 2012
- 2009 CHAMPION Baseline Study, Full Report and Briefs
- CHAMPION mass media M&E plans and evaluations
- Omnibus tracking surveys
- Media clips
- Curricula and/or training materials for project interventions
- Baseline and end-line health facilities assessments
- Qualitative assessment of CoupleConnect (if/as available)
- Qualitative assessment of GBV interventions in Iringa and Njombe (if/as available)
- Key informant interviews with CHAMPION, FHI 360, and select lead NGO staff
- Key informant Interviews with USAID, Government of Tanzania Officials (national, regional, and district level), community leaders, program participants, and other major stakeholders

VIII. Team Composition, Skills, and Level of Effort

The evaluation team will be composed of **one international** consultant who will act as team leader and two national experts; a USAID/ Tanzania staff member may also join the team. The qualifications and requirements expected from experts are:

- **Team leader**: Master's degree (PhD preferred) in subject matter expertise with at least five years of international experience working on HIV and gender programs in developing countries. The candidate should have extensive experience in conducting qualitative evaluations and assessments. S/he will have at least five years' experience in designing and

implementing behavior change programs in a developing country settings, as well as general knowledge of reproductive health and gender-based violence. The team leader will take primary responsibility for ensuring the quality of all deliverables. S/he will lead the analysis of evaluation data and development of the evaluation report.

- **Two national experts** (local Tanzanians): each with at least five years of experience in designing and implementing community-based health and/or HIV interventions with a strong gender focus. The consultants will have experience in program evaluation and knowledge in conducting surveys, key informant interviews, and focus groups. Knowledge of the Tanzanian social and epidemiological context is required, as are excellent English writing and analytical skills.

An illustrative table of the LOE is found below. Dates may be modified based on availability of consultants and key stakeholders and the amount of time needed for field work.

Task	Team Leader LOE	National Experts LOE (2 consultants)	Proposed Timeframe (dates to be confirmed once consultants are selected & TDM is signed)
Review of background documents	5	5	May
Team planning meeting (virtual)	3	3	May
Design evaluation methodology and tools for data collection	4	4	June
Int'l team member travel to Tanzania	2	n/a	June
Team planning meeting in-country, preparation for field work and in-brief with USAID	4	4	June
Information gathering, including interviews with key informants (stakeholders and site visits)	8	8	June
Analysis of FGDs and key informant interviews and report writing in country	5	5	July
Preparation of debriefing	1	1	July
Debrief meeting with USAID & submission of first draft report to GH Tech and Mission	1	1	July
Team leader departs Tanzania	2	n/a	July
USAID and partners provide comments on first draft report (8 days)	n/a	n/a	July

Team revises second draft report and submits report to GH Tech	2	2	July
USAID provides final sign-off on second draft (2 days)	n/a	n/a	July
Team leader to make any necessary final draft changes	1	1	July
GH-Tech to edit and format final report	n/a	n/a	July 25
Total	38 days	34 days	

Total LOE:

- Team leader: 38 days
- Local experts : 34 days each (total of 68 days for 2 consultants)

IX. Deliverables

Team planning meetings: Two team planning meetings (TPMs) will be held, at the onset (virtual) and in-country. These meetings will allow the Mission to discuss the purpose, expectations, and agenda of the assignment with the evaluation team. In addition, the team will

1. clarify team member roles and responsibilities
2. review and develop final evaluation questions
3. review and finalize the assignment timeline and share with Mission
4. present and discuss data collection methods, instruments, tools, and guidelines
5. review and clarify any logistical and administrative procedures for the assignment.

- **Evaluation design document:** A written plan outlining the evaluation methodology, to be drafted by the evaluation team prior to the TPM and finalized following the TPM, with approval provided by USAID/Tanzania prior to the initiation of field work
- **Draft evaluation report outline:** A brief outline illustrating major sections of the evaluation report, to be submitted immediately following the team planning meeting
- **Draft evaluation report:** A draft report outlining key evaluation findings, conclusions, and recommendations, to be submitted by the evaluation team before the leader departs from Tanzania
  - Forward-looking report /memo (Internal use only): The evaluation team will prepare an internal memo that will include recommendations from what interviewees and other knowledge sources believe are the priority areas and opportunities in which USAID/Tanzania should consider investing in the future. This portion of the report will not be made public and will be for USAID internal use only
  - USAID/Tanzania will provide written comments on this draft within nine days of its submission.
- **Qualitative data sets**: Final data used for analysis will be submitted to USAID/Tanzania at the time the draft evaluation report is submitted.

- **Final evaluation report:** The final evaluation report will be due within five days of receipt of USAID/Tanzania comments on the draft. The report shall not exceed 50 pages, excluding the annexes.
- **Final publishable report:** GH Tech will provide the edited and formatted final document within 30 days of receiving final content approval from USAID. Procurement-sensitive information will be removed from the final report and incorporated into an internal USAID Memo. The remaining report will then be released as a public document on the USAID Development Experience Clearinghouse (DEC) (http://dec.usaid.gov) and the consulting firm program web site, if applicable.
- **Debriefings***:* The evaluation team will debrief Mission staff of the results and recommendations stemming from the final project evaluation. A draft of the presentation should be submitted to CHAMPION management team prior to finalization.

XI. Relationships and Responsibilities

GH Tech will coordinate and manage the evaluation team and will undertake the following specific responsibilities throughout the assignment:

- Recruit and hire the evaluation team.
- Make logistical arrangements for the consultants, including travel and transportation, country travel clearance, lodging, and communications.

USAID/Tanzania will provide overall technical leadership and direction for the evaluation team throughout the assignment and will provide assistance with the following tasks:

Before In-Country Work

- SOW. Respond to queries about the SOW and/or the assignment at large.
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CVs for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliations.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH Tech, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line item costs.
- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation) and if necessary, identify a person to assist with logistics (i.e., visa letters of invitation etc.).

During In-Country Work

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e., USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.
- Facilitate Contact with Implementing Partners. Introduce the evaluation team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter on the team's arrival and/or anticipated meetings.

After In-Country Work

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

X. Mission Contact Person

Erick Mlanga, Public Health Specialist- HIV Prevention
USAID/Tanzania
Email: emlanga@usaid.gov
Phone numbers: (Office) 255 22 2294490 ext. 4231

(Mobile) 255713 768441

XIII. Cost Estimate

GH Tech will provide a cost estimate for this activity.

Annex 1: USAID Criteria to Ensure the Quality of the Evaluation Report

- The evaluation report should represent a thoughtful, well-researched, and well-organized effort to objectively evaluate what worked in the project, what did not, and why.
- The evaluation report shall address all evaluation questions included in the Statement of Work (SOW).
- All modifications to the SOW, whether in technical requirements, evaluation questions, evaluation team composition, methodology, or timeline need to be agreed upon in writing by the AOR.
- The evaluation methodology shall be explained in detail and all tools used in conducting evaluation such as questionnaires, checklists, and discussion guides will be included in an annex in the final report.
- Limitations to the evaluation shall be disclosed in the report, with particular attention to the limitations associated with the valuation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.)

- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or the compilation of people's opinions. Findings should be specific, concise, and supported by strong quantitative or qualitative evidence.
- Sources of information need to be properly identified and listed in an annex.
- Recommendations need to be supported by a specific set of findings.
- Recommendations should be action-oriented, practical, and specific, with defined responsibility for the action.

In addition to the above, the report should include a biography page on consultants and a page on how consultant conflict of interest issues were addressed.

ANNEX IV. EVALUATION DATA COLLECTION TOOLS

Background: CHAMPION Project is a five-year project implemented by EngenderHealth and funded by USAID/Tanzania through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). CHAMPION was awarded to EngenderHealth on February 29, 2008, through September 30, 2013. Although the project was originally conceived and funded at $16 million with PEPFAR Country Operational Plan funds under the HIV Prevention budget (OP, AB), it later received two ceiling increases totaling $9.9 million, which included $1.5 million from the Millennium Challenge Corporation (channeled through USAID/Tanzania) in mid-2010 and $2.5 million from the PEPFAR centrally-funded initiative focusing on gender-based violence (GBV) in mid-2011. Overall, funding of CHAMPION reached $25.9 million. The additional funding impacted the project's geographic coverage and expanded technical focus and added more activities under the PEPFAR GBV Initiative in years 3, 4, and 5. In response to USAID Evaluation Policy, an end-of-project evaluation was conducted in June and July 2013. The end-of-project evaluation sought to answer the following questions: Did the CHAMPION Project achieve its goals and objectives; if yes, why, and if not, why? What are the project's strengths, weaknesses, and gaps in planning, management, and implementation? And what are the constraints to successful implementation of this project?

A team of experts in evaluation and gender was put together in mid-May 2013. The team put together this tool to guide the evaluation process. The tool was discussed and agreed upon with USAID on June 11 upon initiation of field work.

Introduction: The evaluation used a combination of methods and approaches for collecting data. The team therefore developed interview and focus group discussion guides to capture information from a variety of stakeholders involved directly or indirectly in project implementation. Data collection methodologies were discussed with, and approved by, the USAID AOR prior to the start of the evaluation. The interviews/discussions were administered after obtaining consent from individual participants. The guides are of two categories. The first part of this document lists interview questions for government officials at different levels, lead NGOs, health workers, development partners, and beneficiaries (CAT, PHE, and CCC). The second part is a generic FGD guide used to collect information from different categories of beneficiaries in the evaluation sites. These guides contain questions and probes administered to different individuals and groups. The general introduction provided below was used for all interviews and adapted to specific individuals and groups interviewed.

Interview Guides

Introduction to Interviewees

We would like to thank you for participating in this interview. The interview is part of the end-line evaluation for the CHAMPION project, a USAID-funded project implemented by EngenderHealth.

This evaluation aims to assess the performance of the CHAMPION project throughout five years of implementation. The purpose of this interview is to understand your perspectives (as project implementer or beneficiary) on the program, its implementation, challenges, best

practices, and lessons learned during the course of the project. In particular, we wish to assess the contribution of CHAMPION to promoting male involvement/ engagement in HIV prevention and reducing HIV risk to both men and women by looking at the individual, community, health system, workplace, and policy levels. Finally, we are also interested in documenting your recommendations for the future direction of the program.

The interview will take approximately one hour. If you feel that there are related issues that are relevant and important, please raise these issues during the interview. We encourage you to give your honest opinions, views, and appraisals. All responses will be confidential and used solely to help evaluate the project. Your views are very important to us.

Title……..

Number…..……..……..

Date……..…….

Region…….

Category…….

National, Regional, and District Officials

1. How long have you been working in your current capacity in this department/ministry/district?
2. How did you first learn about the CHAMPION project?
3. What role does the government entity that you represent play in the CHAMPION project?
4. To what extent were the objectives of the project relevant to the mission of your ministry/department/district? (Can you please give some examples?)
5. What do you consider to be the main achievements of the CHAMPION project?
6. What tools, modules, guidelines (on gender-based violence, male involvement, reproductive health) have the CHAMPION project and your ministry contributed to their development (Did CHAMPION contribute to HIV policy review, NMSF for HIV, and any other laws, policies? How?) Please give examples.
7. How and to what extent did the project enhance health system capacity (national, regional, district) to address gender-based violence? Family health? HIV prevention?
8. How have these achievements contributed to policy change in your ministry/department/district?
    a. (PROBE: Could you give specific examples? Can you explain how the project contributed to this/these changes?)
9. In your opinion, have the CHAMPION activities contributed to promoting gender transformation in the regions of focus?
10. Please describe your thoughts about the ecological model. Do you think it was effective? How?
11. What are your plans to continue with male involvement activities, and how? In what way has the CHAMPION project established processes, systems, and relationships that are likely to support continued implementation of the project activities? (*Can you give specific examples?*)
12. Has CHAMPION contributed to better coordination among stakeholders?

13. What are the Ministry's priorities in addressing HIV transmission and improving health outcomes?

Is there anything else about the CHAMPION project that you would like to add?

THANK YOU FOR YOUR TIME!

Lead NGOs

1. How long have you been working in your current capacity in this NGO?
2. How did you first learn about the CHAMPION project?
3. What role does your NGO/organization play in the CHAMPION project?
4. To what extent were the objectives of the project relevant to the mission of your organization? *(Can you please give some examples?)*
5. What do you consider to be the main achievements of the CHAMPION project?
6. What tools, modules, and guidelines (on gender based violence, male involvement, reproductive health, etc.) have the CHAMPION project and your ministry participated in developing? *(Did CHAMPION contribute to HIV policy review, NMSF for HIV, and any other laws, policies?)*
7. How and to what extent did the project enhance the capacity of your NGO (national, regional, district) to address gender-based violence? Family health? HIV prevention?
8. How have these achievements contributed to policy change in your organization?
9. (*PROBE: Could you give specific examples? Can you explain how the project contributed to this/these changes?)*
10. In your opinion, have CHAMPION activities contributed to promoting gender transformation in your organization and the district/regions of your focus?
11. Please describe your thoughts about the ecological model. Do you think it was effective?
12. What are your plans to continue with male involvement activities, and how? In what way has the CHAMPION project established processes, systems, and relationships that are likely to support continued implementation of project activities? *(Can you give specific examples?)*
13. Has CHAMPION contributed to better coordination among stakeholders? (If YES, how? If NO, why not?)
14. What are your organization's priorities in addressing HIV transmission and improving health outcomes?

Is there anything else about the CHAMPION project that you would like to add?

THANK YOU FOR YOUR TIME!

Health Workers

1. How long and in what capacity have you been working in this facility?
2. What do you know about the CHAMPION project? *(PROBE: Can you give us some idea of its objectives, and approach?)*
3. Are the CHAMPION objectives aligned with the health facility objectives? What is your role in promoting those objectives in relation to male involvement? *(ASK for specific examples)*
4. Do you know the ecological model? What is your opinion about the ecological model used in this project?

5. What kind of training have you or any of your staff had that is related to male involvement? How has the training influenced your performance in promoting gender-equitable norms? Male involvement in health care?
6. Can you describe your collaboration with CAT/WAT/PHE/COUPLE CONNECT? In your opinion/ experiences, are these mechanisms/groups capable of and actively promoting male involvement in health and transforming gender norms? *(PROBE: If YES, how? If NO, why not?)*
7. What is your overall opinion about the CHAMPION project approach of targeting males 25 years and above? (*PROBE: Was the selection of the target populations appropriate given the desired outcomes?)*
8. What do you consider to be the achievements of the CHAMPION project in your catchment area? (*ASK for specific examples and what CHAMPION has specifically contributed)*
9. How has the project contributed to promoting positive health-seeking behavior and men's participation in clinical health services? *(Ask for specific examples on male involvement, RH, PMTCT? Ask about best practices and gaps, and how gaps could be addressed.)*
10. In your opinion, is there a change in health-seeking behavior among men? How do you handle large numbers of men coming to the clinic?
11. Do facility staff members provide priority services to couples? What about women who do not have partners? How do you feel about that practice?
12. Are members of staff able to identify a case of GBV? Are they able to manage it? Do you have a referral system? Or NGOs that you know can provide services?
13. What does gender transformation mean to you? Do you see a change in the way couples communicate and interact with each other in the facility?
14. How and to what extent has the project helped improve facility capacity to address gender-based violence, improve family health, and strengthen HIV prevention services in your area?
15. How has the health facility been prepared to continue CHAMPION activities? *(ASK for specific examples; if NOT, why not?)*

Is there anything else about the CHAMPION project that you would like to add?

THANK YOU FOR YOUR TIME!!

Development/Implementing Partners

1. How long have you been working in your current capacity in this office?
2. How did you first learn about the CHAMPION project?
3. What role does the entity (donor/development partner) that you represent play in the CHAMPION project?
4. To what extent were the objectives of the project relevant to the mission of your organization? *(Can you please give some examples?)*
5. What do you consider to be the main achievements of the CHAMPION project?
6. What tools, modules, guidelines (on gender-based violence, male involvement, reproductive health, etc.) have the CHAMPION project and your organization participated in developing? (*Did CHAMPION contribute to HIV policy review, NMSF for HIV, and any other laws, policies?)*
7. How and to what extent did the project enhance the capacity of your NGO and other development partners to address gender-based violence? Family health? HIV prevention?

8. How have these achievements contributed to policy change in the country in particular? *(PROBE: Could you give specific examples? Can you explain how the project contributed to this/these changes?)*
9. In your opinion, have CHAMPION activities contributed to better coordination of gender programming for HIV prevention among stakeholders? (If YES, how? If NO, why not?)
10. Do you know the ecological model? Please describe your thoughts about it.
11. What are your plans to continue with male involvement activities and how? In what way has the CHAMPION project established processes, systems, and relationships that are likely to support continued implementation of project activities? *(Can you give specific examples?)*
12. What are your organization's priorities in addressing HIV and improving health outcomes?

Is there anything else about the CHAMPION project that you would like to add?

THANK YOU FOR YOUR TIME!

Project Beneficiaries

1. When did you first hear about the CHAMPION project? Can you tell me what you know about CHAMPION? *(PROBE if interviewee understands project objectives, activities, approach, etc.)*
2. Did you or your spouse participate in the MAP or CoupleConnect Programs of CHAMPION? If yes, what benefits did you get? *(PROBE: if yes, what are they?)*
3. What can you say are your achievements at the personal and community level after participating in the CHAMPION project? What do you think about male involvement in addressing GBV, HIV, and RH?
4. What was your/spouse behavior before CHAMPION? *(PROBE: if had multiple partners, had extra marital affairs, was violent to spouse and children, was not disclosing finances to spouse, was not discussing family matters with spouse, not accompanying spouse to clinic, not attending health services, etc.)*
5. Has CHAMPION contributed to any change in your life? If so, in which ways?
6. What changes have you made in your family life since being involved in CHAMPION? *(E.g. fidelity, non-violence, discussing family finances with spouse, accompanying spouse to clinic, helping with household chores, health seeking behavior, etc.)*
7. What motivated you to change?
8. How do you feel after changing?
9. What does gender transformation mean to you? In what way have you been personally transformed? *(Ask for specific examples, and what impact this transformation has had on his/her life; reactions of significant others to the transformation.)*
10. If you have been transformed, how do plan to sustain the transformation?
11. What do you consider to be the achievements of the CHAMPION project? *(PROBE for specific examples.)*
12. As a beneficiary, what recommendations do you have to help with gender transformation?

Is there anything else about the CHAMPION project that you would like to add?

THANK YOU FOR YOUR TIME!

Focus Group Discussion Guide for Community Action Teams (CATs), Peer Health Educators (PHEs), and Community Change Clubs (CCCs)

Introduction to FGD Participants

We would like to thank you for participating in this group discussion. The discussion is part of the end- line evaluation of the EngenderHealth CHAMPION project. The evaluation aims to assess the performance of the CHAMPION project over the course of five years of implementation. The reason for interviewing you and other participants is to understand your perspectives on the existence of the program, your opinion on the implementation, challenges, best practices, and lessons learned during the course of the project. We are also interested in documenting your recommendations for the future direction of the program. We please ask that you sign a consent form stating that you agree voluntarily to participate in this discussion.

The discussion will take about two hours. If you feel that there are related issues that are relevant and important, you are most welcome to raise these issues during the discussion. We want to assure you that issues discussed here will be treated with the highest degree of confidentiality.

Title……

Number……..

Date……

Region……

Category……

Ground Rules

Please note that this is a discussion and not an educational session. Each individual should feel free to express his or her feelings. It will best if one person speaks at a time. If you feel you want to share your thoughts, please raise your hand and the moderator will notice. Please try not to interrupt your colleagues while they are talking. Remember that everything discussed here is confidential**.**

Self-introductions: The introduction only involves mentioning what you do for a living.

1. How did you become a facilitator/member of CAT/PHE/CCC? And for how long?
2. What is your main role in the CHAMPION project? What is your opinion about the objectives of the CHAMPION project? *(Are they relevant?)*
3. Have you undergone any kind of training? How did training help you enhance your skills? *(PROBE: Can you give examples of how you have used such skills and where?)*
4. Can you please give one example that describes an important accomplishment in your role as CAT/WAT/PHE/CCC in support of PROJECT objectives? *(PROBE: What happened and how did it impact the project and you personally?)*
5. Has your involvement with CHAMPION influenced your personal relationship with your partner? In what way? How? Can you give examples?

6. What are do you consider to be the achievements of the CHAMPION project in your area? *(PROBE for specific examples of how the project has contributed to address gender based violence, improve family health, strengthen HIV prevention services, partner reduction and male-friendly health services)*
7. What does gender transformation mean to you? Have you noticed any change in men's and women behavior toward each other? *(Ask for examples.)*
8. We are aware that CHAMPION used mass media campaigns and other community-based activities; can you tell me your involvement in any/one of these mass media activities? How effective you think those campaigns were?
9. What kind of linkages have you established with communities with HTC (HIV testing centers)? *(PROBE for success, challenges, and weaknesses/gaps).*
10. What is your opinion about communication (IEC) and advocacy materials used by the project to promote male involvement and address GBV? *(PROBE: for the Kuwa Mfano Wa Kuigwa campaign and others on strengths and weaknesses in producing practical/noticeable changes in gender norms, risk reduction, RH promotion, and GBV).*
11. What is your opinion about the project targeting men 25 years and above?
12. How and to what extent are you (CAT/WAT/PHE/CCC) willing and able to sustain project activities? *(PROBE for practical examples/strategies to sustain their activities)*

Is there anything else about the CHAMPION project that you would like to add?

Part 1: CONSENT FORM FOR FOCUS GROUP DISCUSSION: ENGLISH VERSION

Introduction: Greetings! My name is..... I am an independent consultant hired by USAID to conduct an external evaluation to assess the implementation of the CHAMPION project, a USAID- funded project implemented in selected districts in Tanzania.

Purpose of the Evaluation

We would like to thank you for participating in this focus group discussion, which is part of the end-of-project evaluation. The CHAMPION Project is funded by UDSAID and implemented by EngenderHealth. The evaluation aims at assessing the performance of the CHAMPION project over the five years of its implementation. The reason for inviting you for the focus group discussion is to understand your perspectives (as a member of CAT/WAT/PHE or beneficiary) on the CHAMPION project, as well as your opinion on its implementation, challenges, best practices, and lessons learned during the course of the project. We would like to learn more about how CHAMPION influenced you personally, if at all. In this evaluation we will conduct focus group discussions with selected groups who participated in the implementation or benefited directly or indirectly from the intervention/project. Finally, we are also interested in documenting your recommendations for the future direction of the project.

The discussion will take approximately two hours. If you feel that there are related issues that are relevant and important, please feel free to raise these issues during the discussion and provide your opinion. Your responses will be treated with the highest degree of confidentiality.

What Participation Involves

If you agree to participate in this evaluation, you will be asked to answer questions on various issues about the implementation of the CHAMPION project. Participation is voluntary. You will

not receive any payment, gifts, or rewards for participation. You will be compensated for the travel costs incurred to come to this focus group discussion session.

Confidentiality

All the information we collect on forms will be entered into the computer with only the study identification number and the information will be strictly confidential. The information you give will only be used for purposes of this evaluation

Right to Withdraw and Alternatives

Taking part in this evaluation is completely your choice. If you choose not to respond to any question asked, that will be fine. You can stop participating in this discussion at any time even if you have already given your consent. Refusal to participate or withdraw from the evaluation will not involve penalty.

Benefits

Your participation in this study will make you aware of your contribution to the implementation of the CHAMPION project, thus contributing to promoting your health and that of your community in general. We hope that the information we collect from you will provide lessons and recommendations that will eventually benefit you and others directly and indirectly by influencing policy and programmatic changes geared at improving both curative and preventive services.

Potential Risks

There are no potential risks to your participation.

Who to Contact

If you ever have questions about this study, you should contact the evaluation team leader, Dr. Taroub H. Faramand. Her mobile number is: +255 787 867 202.

Signature:

Do you agree? (Please check where appropriate)

Participant agrees.....Participants does NOT agree.....

I .....have read the contents in this form. My questions have been answered. I agree to participate in this evaluation.

Signature of participant.....

Signature of evaluator/assistant.....

Date of Signed consent.....

Part II: CONSENT FORM: KISWAHILI VERSION (FOMU YA RIDHAA)

Kuridhia kushiriki katika tathmini ya mradi wa CHAMPION

Salaam! Mimi naitwa.....natokea GH TECH/USAID, Mimi ni mtaalamu mwelekezi ambaye nimeajiriwa na USAID kufanya tathimini ya utekelezaji wa Mradi wa CHAMPION ambao unaofadhiliwa na USAID kwenye baadhi ya wilaya hapa Tanzania.

Lengo la tathmini

Tungependa kukushukuru kwa kukubali kushiriki kwenye kikundi hiki cha majadiliano haya yanayofanyika kwaajili ya kuutathimini mradi wa CHAMPION unaotekelezwa na na shirika la ENGENDER HEALTH kwa ufadhili wa shirika la maendeleo la Marekani (USAID). Tathmini hii inalenga kuangalia utendaji wa mradi wa CHAMPION katika kipindi cha miaka mitano ya utekelezaji wake.

Sababu ya kukukaribisha kwenye Kikundi hiki cha majadiliano ni kutaka kujua uelewa wako (ukiwa kama mjumbe wa CAT/PHE/CCC) wa Mradi huu wa CHAMPION, na maoni yako kuhusu utekelezaji wake, changamoto, mifano ya kuigwa, mafunzo yatokanayo katika kipindi cha uhai wa mradi huu.

Tungependa kujua jinsi gani Mradi wa CHAMPION umekubadili au la kibinafsi. Katika tathmini hii tutafanya majadiliano na vikundi ambavyo vilishiriki katika utekelezaji wa mradi au walinufaika kwa namna moja ua nyingine kutoka kwenye mradi huu. Mwisho tungependa kupata mapendekezo yako kuhusu hatua za baadae za mradi huu.

Majadiliano yatachukua muda wa takriban masaa mawili. Kama utahisi kwamba kuna vitu vinavyohusiana na hii tathmini na ni vya muhimu unakaribishwa sana kuvizungumza wakati wa majadiliano haya. Tafadhali kuwa huru kutoa maoni yako na majibu yako yatatunzwa kwa usiri wa hali ya juu. Maoni utakayotoa yatatumika kwa ajili ya hii tathmini tu.

Ushiriki gani unaohitajika kutoka kwako

Ukiridhia kushiriki katika tathmini hii utatakiwa kujibu maswali yatakayoulizwa kuhusiana na maswala mbalimbali kuhusu mradi wa CHAMPION. Kushiriki ni kwa hiari, hakutakuwa na malipo yatakayotolewa kwa kushiriki lakini tutarudishiwa gharama ulizotumia kusafiri kufika hapa kwenye majadiliano

Usiri

Taarifa zote tutakazokusanya zitaingizwa na kutunzwa kwenye komputa tukiandika namba yako ya utambulisho tu, na taarifa hizo zitatunzwa kwa usiri mkubwa

Haki ya kujitoa katika tathmini

Kushiriki kwenye hii tathmini ni chaguo lako mwenyewe. Kama utachagua kutojibu swali lolote utakaloulizwa hautapewa adhabu yoyote. Unaweza kuacha kushiriki kwenye tathmini hii wakati wowote hata baada ya kukubali kushiriki kwa ridhaa yako. Kukataa kushiriki au kujitoa kwenye ushiriki katika tathmini hii hakutahusisha adhabu au kupoteza faida ambazo vinginevyo ulitakiwa kuzipata

Faida

Ushiriki wako katika tathmini hii utakuwezesha kujua ni kwanamna gani umechangia kwenye utekelezaji wa mradi huu wa CHAMPION na kwa namna gani umechangia kwenye kuboresha afya yako na wanajamii wengine. Tunaamini kwamba taarifa tutakazozipata kutoka kwenye tathmini hii zitakusaidia wewe na wengine kwa kusaidia kuleta mabadiliko ya sera na mipango itakayoboresha matibabu na uzuiaji wa magonjwa.

Hatari/athari zinazoweza kutokea

Hakuna madhara yeyote katika kushiriki katika tathmini hii.

Mawasiliano

Kama utakuwa na swali au maswali kuhusiana na tathmini hii, wasiliana na Mkuu wa timu ya tathmini Ms. Taroub H. Faramand kutoka GH TECH. Namba yake ya simu ya mkononi ni +255 787 867 202.**Sahihi:**

Je, unakubali kushiriki? (Weka alama panapostahili)

Mshiriki anakubali.....Mshiriki hakubali.....

Mimi .....nimesoma yaliyomo katika fomu hii ya ridhaa. Maswali yangu yote yamejibiwa. Nakubali kushiriki katika tathmini hii.

Sahihi ya Mshiriki.....

Sahihi ya mtathimini/msaidizi.....

Tarehe.....

ANNEX V. SOURCES OF INFORMATION FOR THE EVALUATION

ILLUSTRATIVE LIST OF DOCUMENTS REVIEWED

Analysis of the Kinondoni MAP group education workshop pre- and post-tests

Analysis of CoupleConnect round one pre- and post-test.

Assessment of Men's Gender Attitudes and Behaviors, and their Involvement in HIV Prevention and Reproductive Health in Tanzania, EngenderHealth CHAMPION Project, December 2012.

CHAMPION Annual Reports, 2011 and 2012.

CHAMPION Quarterly Reports 2008-2012 and first quarter of 2013.

CHAMPION Mass Media Campaign Report and Evaluation, October 2011.

CHAMPION Project Success Stories and Briefs.

CHAMPION, Vunja ukimya. Zungumza na mwenzio (Break the Silence. Talk to your partner)

HIV and Gender in the Workplace: An Analysis of Labour – Related Policies and Laws in Tanzania, Draft, March 2013.

Katapa, R.S., and D. K. Rweyeamu, with D. R. Bishanga, E. Ramirez-Ferrero, and M. L. Trombley. 2010. "Report for the Baseline Study on Assessment of Men's Gender Attitudes and Behaviors, and their Involvement in HIV Prevention and Reproductive Health in Tanzania."

Kuwa Mfano wa Kuigwa Campaign Report and Evaluation, EngenderHealth, Draft report, March 2013.

MAP Training Manual: Achieving Gender Transformation in Men and Boys: A Group Education Manual for HIV, AIDS, and Reproductive Health

Massawe, S. N., and Dr. D. C. V.Kakoko. 2011. Health Facility Needs Assessment for Male-Friendly Health Services in Tanzania, Final Report. Muhimbili University of Health and Allied Sciences (MUHAS), Final Report.

Project Monitoring Plan (PMP-ERF), May, 2009.

USAID. 2011.Checklist for Assessing USAID Evaluation Reports, V1.0, 2011.

USAID. 2011. Evaluation: Learning from Experience. EVALUATION Policy, Washington D.C.

USAID. 2010. Gender and Female Empowerment Policy, Washington D.C., 2010.

ILLUSTRATIVE LIST OF KEY SOURCES OF INFORMATION

- CHAMPION Project work plans, 2008-2013.
- CHAMPION Project quarterly and annual reports, including budgets (2008-2013).
- CHAMPION Project Monitoring Plan 2009.
- CHAMPION Project Beneficiaries

- Project Lead NGOs.
- CHAMPION Baseline Study Full Report (2009) and the Baseline Brief Series.
- CHAMPION Project Behavior change communication (BCC) materials.
- CHAMPION Project Community Action Teams (CATs) and Peer Health Educators (PHEs).
- CHAMPION Project staff
- Community Action Teams
- Community Engagement Training Materials.
- CHAMPION Couple Connect Pilot Pre- and Post-Test Findings.
- CHAMPION Community Dialogue Guide to Address Gender and HIV/AIDS.
- CHAMPION Gender, reproductive health and HIV/AIDS at the workplace: A Workplace Training Manual.
- CHAMPION Male Friendly Health Services (MFHS) materials and Training Manual
- Community and Religious Leaders.
- Government officials from the Ministry of Health and Social Welfare; Ministry of Community Development, Gender and Children and Ministry of Labor and Employment, at national, regional and district level.
- Government of Tanzania Institutions such as TACAIDS and NACP
- Health care providers
- Journalists/mass media houses.
- Male Friendly Health Services (MFHS) BCC materials including Family Planning and PMTCT brochures, posters, signboards, site supervision checklists and performance standards.
- Men as Partners (MAP) Training Manual.
- MenEngage - Partners/Network in Tanzania.
- Peer Health Educators
- Policy and Advocacy Training Manual Training materials for engaging men (i.e. Government Training Gender Transformative Programming).
- USAID staff.
- USAID Implementing Partners.
- Workplace Managers and Workers

ANNEX VI. INTERVIEW AND FGD PARTICIPANTS AND LOCATIONS

PEOPLE INTERVIEWED (KII) AND FOCUS GROUP PARTICIPANTS (FGD) BY CATEGORY, REGION, AND SEX

Categories	TOTAL by Category	KII/ FGDs	Number of Individuals or Focus Groups by Region and Sex										TOTAL by Sex	
			DAR		MOROGORO		IRINGA		MWANZA		MTWARA			
			M	F	M	F	M	F	M	F	M	F	Male	Female
Government	21	KII	3	3	1	0	3	2	2	3	3	2	11	11
NGOs	5	KII	0	0	2	1	2	0	0	0	0	0	4	1
Implementing Partners	26	KII	10	4	4	2	3	3	1	0	0	0	13	14
Health Facilities	10	FGDs	0	0	0	0	2	4		3		2	2	9
CATs/PHEs/WATs/ CCCs	42	FGDs	5	2	7	3	7	3	4	3	6	2	29	13
Beneficiaries	68	KKI&FGDs	2	1	4	2	24	22	6	5	2	1	39	30
TOTAL	176												98	78

ANNEX VII. GEM SCALE MAP PROGRAM RESULTS

Table AVII.1: Respondents agreeing with GEM Scale Items, Baseline and Endline, by Sex (Percent)

	Baseline			Endline		
	All (n=196)	Men (n=10)	Women (n=94)	**All** (n=190)	Men (n=95)	Women (n=95)
Sexual Relationships and STI/HIV Prevention						
You don't talk about sex, you just do it.	**4%**	4%	4%	**5%**	6%	4%
Women who carry condoms on them are easy.	**20%**	23%	18%	**11%**	8%	14%
Men need sex more than women do.	**36%**	26%	46%	**37%**	29%	45%
Men are always ready to have sex.	**30%**	20%	40%	**33%**	29%	36%
A man needs other women, even if things with his wife are fine.	**35%**	20%	52%	**26%**	17%	35%
A man should be outraged if his wife asks him to use a condom.	**21%**	14%	30%	**13%**	11%	15%
A woman should not initiate sex.	**15%**	10%	20%	**11%**	6%	15%
It is the man who decides when to have sex with a partner.	**18%**	14%	22%	**14%**	11%	17%
Violence						
If someone insults a man he should defend his reputation with force if he has to.	**21%**	17%	26%	**14%**	11%	18%
If a woman cheats on a man, it is okay for him to hit her.	**35%**	29%	40%	**19%**	18%	21%
There are times a woman deserves to be beaten.	**18%**	20%	17%	**6%**	7%	4%
A woman should tolerate violence in order to keep her family together.	**33%**	25%	43%	**19%**	15%	24%
It is okay for a man to hit his wife if she refuses to have sex with him.	**8%**	4%	13%	**5%**	4%	5%

A man using violence against his wife is a private matter that shouldn't be discussed outside the couple.	**11%**	8%	14%	**7%**	7%	6%
Childbearing and Family Planning						
It is a woman's responsibility to avoid getting pregnant.	**41%**	33%	45%	**19%**	16%	23%
Only when a wife has a child she becomes a real woman.	**13%**	10%	17%	**14%**	16%	13%
A real man produces a male child.	**3%**	3%	3%	**3%**	3%	3%
Healthcare						
Real men do not immediately go to a doctor when they are sick.	**21%**	11%	33%	**18%**	9%	26%
A man should not take his child to the clinic without the child's mother.	**18%**	18%	19%	**9%**	7%	12%
Household Duties and Decision-making						
Giving the kids a bath and feeding the kids are the mother's responsibility.	**34%**	25%	44%	**15%**	12%	18%
A woman's most important role is to take care of her home and cook for her family.	**49%**	39%	60%	**30%**	28%	32%
A man should have the final word on decisions in his home.	**41%**	46%	35%	**21%**	26%	16%
A woman should obey her husband in all things.	**36%**	33%	39%	**25%**	27%	22%
Employed women do not make good wives.	**8%**	5%	12%	**4%**	2%	5%

	Baseline			**Endline**		
	All (n=196)	Men (n=102)	Women (n=94)	**All (n=190)**	Men (n=95)	Women (n=95)
Knowledge of HIV Prevention						
People can reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners.	**79%**	76%	82%	**84%**	83%	85%
People can reduce their chance of getting the AIDS virus by using a condom every time they have sex.	**82%**	79%	85%	**84%**	82%	86%
Misconceptions about HIV and AIDS						
People cannot get the AIDS virus from mosquito bites.	**86%**	81%	91%	**87%**	89%	85%
People cannot get the AIDS virus because of witchcraft or other supernatural means.	**72%**	71%	73%	**79%**	78%	80%
It is possible for a healthy-looking person to have the AIDS virus.	**65%**	62%	66%	**64%**	62%	66%

Table AVII.3. Respondents Tested for HIV at Baseline and Endline, by Sex							
	Baseline				**Endline**		
	All respondents (n=196)	Men (n=102)	Women (n=94)		**All respondents (n=190)**	Men (n=95)	Women (n=95)
Ever tested for HIV	**64%**	56%	73%		**65%**	63%	66%

Table AVII.4. Respondents Tested, Date of last Test at Baseline and Endline, by Sex(Percent							
	Baseline				**Endline**		
	All respondents ever tested (n=126)	Men ever tested (n=57)	Women ever tested (n=69)		**All respondents ever tested (n=123)**	Men ever tested (n=60)	Women ever tested (n=63)
1–3 months	**23%**	21%	25%		**26%**	25%	27%
4-6 months	**20%**	23%	17%		**15%**	17%	13%
More than 6 months to one year	**13%**	14%	12%		**28%**	27%	30%
Over one year ago	**44%**	42%	46%		**31%**	32%	30%

ANNEX VIII: USE OR ADAPTATION OF CHAMPION MATERIALS

Male Involvement and HIV

- Men as Partners (MAP) manual:
  - Henry Jackson Foundation (through Walter Reed Program) using manual in Mbeya
  - CARE has adapted manual for use in Shinyanga
- CoupleConnect manual:
  - Henry Jackson Foundation using manual in Mbeya
  - Johns Hopkins University – Center for Communication Programs (JHU-CCP) used content to inform their concurrent sexual partners campaign, *Tuko Wangapi? Tulizana*

Community Action Teams (CATs)

- Organizations who have asked CATs to assist with their projects:
  - JHU-CCP, Tanzania Capacity and Communication Program
  - Jhpiego, Maternal and Child Health Integrated Program/Voluntary Medical Male Circumcision
  - EngenderHealth, RESPOND Tanzania Project
  - EngenderHealth, HUSIKA Project

Male-Friendly Health Services

- Organizations that have adopted or adapted MAP and male-friendly health services materials:
  - Africare, for home-based care work in Mara
  - Marie Stopes Tanzania, for community-based mobilizers of family planning manual
- Currently working with the Ministry of Health and Social Welfare to adopt CHAMPION's male-friendly health services training manual as national training manual
- CHAMPION's male-friendly health services training manual used to train some partners and donors:
  - Jhpiego
  - GiZ
  - Marie Stopes Tanzania
  - Elizabeth Glaser Pediatric AIDS Foundation

Advocacy

- "Networking for Change – The Power of Numbers: A Guide to Building and Managing Advocacy Networks for Male Engagement in HIV, Gender-Based Violence and Reproductive Health Issues"
- CARE using in Shinyanga
- MenEngage Network Tanzania
  - CARE using model in Shinyanga

Gender-Based Violence

- *Kuwa Mfano wa Kuigwa* GBV campaign materials being used by:
  - Henry Jackson Foundation (through Walter Reed Program) in Mbeya
  - Africare in Iringa and Mara
  - Pact in Mara
  - Deloitte Rapid Funding Enveloped Sub-Grantees in Mara
  - CARE in Shinyanga

ANNEX IX: CHAMPION CONTRIBUTIONS TO NATIONAL DOCUMENTS

Male Involvement and HIV

For the Tanzania Commission for AIDS:

- Gender Operational Plan for the HIV Response in Tanzania Mainland (2010–2012)
  - CHAMPION contribution: Reviewed document and provided comments
- National Gender and Human-Rights Based Advocacy Strategy for HIV and AIDS
  - CHAMPION contribution: Assisted with writing document
- National Multi-Sectoral Framework for HIV and AIDS II
  - CHAMPION contribution: Reviewed document and provided comments
- National Multi-Sectoral Framework for HIV and AIDS III
  - CHAMPION contribution: Reviewed document and provided comments
- National Policy on HIV and AIDS
  - CHAMPION contribution: Reviewed document and suggested language

Male-Friendly Health Services

- Home-Based Care Training Guide for Providers at Facility and Community Levels: Refresher Package
  - Ministry of Health and Social Welfare – National AIDS Control Program
  - CHAMPION contribution: Provided content from male-friendly health services training manual
- National Family Planning Guidelines and Standards
  - Ministry of Health and Social Welfare – Reproductive and Child Health Section
  - CHAMPION contribution: Reviewed document and provided content from male-friendly health services standards of performance
- National Guidelines for Provider-Initiated Testing and Counseling for HIV
  - Ministry of Health and Social Welfare – National AIDS Control Program
  - CHAMPION contribution: Reviewed document and provided comments
- National Training Manual for Couples Counseling and Testing
  - Ministry of Health and Social Welfare – National AIDS Control Program

  CHAMPION contribution: Provided content from male-friendly health services standards of performance
- Safe Motherhood Act
  - CARE, Tanzania Women Lawyers Association, The White Ribbon Alliance for Safe Motherhood

  - CHAMPION contribution: Reviewed document and suggested language

- Tanzania National Guidelines for Comprehensive Care of PMTCT Services, 3rd Edition
  - Ministry of Health and Social Welfare – Reproductive and Child Health Section
  - CHAMPION contribution: Provided information before review of the document

Workplace Programming

- Generic Workplace HIV and AIDS Policy for Public and Private Organizations in Tanzania
  - CHAMPION contribution: Drafted document for use and adaptation by employers

Gender-Based Violence

- Community Development Training Institutes (CDTI) Curricula
  - Ministry of Community Development, Gender, and Children
  - CHAMPION contribution: Provided technical assistance and direct support for review of national technical awards (NTA) levels 4, 5, and 6 curricula and integration of GBV into the CDTI NTA level-4 curriculum

- Folk Development Colleges (FDC) Curriculum
  - Ministry of Community Development, Gender, and Children
  - CHAMPION contribution: Provided technical assistance and direct support for integration of Men as Partners approach and GBV into FDC curriculum

- Guidelines in the Establishment of Police Gender and Children's Desks
  - Ministry of Home Affairs
  - CHAMPION contribution: Reviewed document and provided comments

- National Management Guidelines for the Health Sector Response to and Prevention of Gender-Based Violence (GBV)
  - Ministry of Health and Social Welfare – Reproductive and Child Health Section
  - CHAMPION contribution: Reviewed document and provided comments

- Orientation Package for Gender-Based Violence and Violence Against Children for Health Facility Supportive Staff
  - Ministry of Health and Social Welfare
  - CHAMPION contribution: Reviewed document and recommended sections on human rights and laws related to GBV and on myths and realities on GBV

- Police Gender and Children's Desk Training Manual for the Tanzania Police Force
  - Ministry of Home Affairs
  - CHAMPION contribution: Integrated sessions on gender, the cycle of violence, and characteristics of a batterer

ANNEX VI: DISCLOSURE OF ANY CONFLICTS OF INTEREST

Disclosure of Conflict of Interest for USAID/GH Consultants

Name	Taroub Faramand
Title	President
Organization	GH Tech Bridge 3
Consultancy Position	
Award Number *(contract or other instrument)*	Contract Number: AID-OAA-C-13-00032
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	
I have real or potential conflicts of interest to disclose.	☐ Yes ☐ X No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

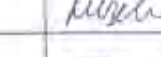
I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	May 8, 2013

Disclosure of Conflict of Interest for USAID/GH Consultants

Name	Mangi J. Ezekiel
Title	Dr
Organization	GH Tech Bridge 3
Consultancy Position	National Expert for CHAMPION Evaluation
Award Number *(contract or other instrument)*	Contract Number: AID-OAA-C-13-00032
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	CHAMPION
I have real or potential conflicts of interest to disclose.	☐ Yes ☒ XNo
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* *1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* *2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* *3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* *4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* *5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* *6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	05/09/2013

Disclosure of Conflict of Interest for USAID/GH Consultants

Name	Zuki Njalai Mihyo
Title	Mrs.
Organization	GH Tech Bridge 3
Consultancy Position	
Award Number *(contract or other instrument)*	Contract Number: AID-OAA-C-13-00032
USAID Project(s) Evaluated *(Include project name(s), implementer name(s) and award number(s), if applicable)*	USAID/Tanzania: Engender Health CHAMPION Project: End-of-Project Evaluation
I have real or potential conflicts of interest to disclose.	NO
If yes answered above, I disclose the following facts:	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	07 May 2015

5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.

6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.

Disclosure of Conflict of Interest for USAID/GH Consultants

Name	Kathryn W. Roberts
Title	Consultant
Organization	GH Tech Bridge 3
Consultancy Position	CHAMPION Evaluation
Award Number *(contract or other instrument)*	Contract Number: AID-OAA-C-13-00032
USAID Project(s) Evaluated *(include project name(s), implementer name(s) and award number(s), if applicable)*	CHAMPION Tanzania, Taroub Faramand,
☐ **ave real or potential conflicts of interest to disclose.**	Yes No
If yes answered above, I disclose the following facts: *Real or potential conflicts of interest may include, but are not limited to:* 1. *Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated.* 2. *Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation.* 3. *Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project.* 4. *Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated.* 5. *Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated.* 6. *Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation.*	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	K. Roberts

For more information, please visit
http://www.ghtechproject.com/resources

GH Tech Bridge 3 Project
1725 Eye Street NW, Suite 300
Washington, DC 20006
Phone: (202) 349-3900
Fax: (202) 349-3915
www.ghtechproject.com