INTRODUCTION
The high unmet need for family planning (FP) in Tanzania—25% of all married women want to space or limit childbearing, but are not using contraception (NBS & ICF Macro, 2011)—affects virtually all segments of Tanzania’s population, regardless of their socioeconomic level, employment status, or urban-rural residence. Such a high unmet need represents a tremendous opportunity to bring FP education and services to women and men in the places they frequent—including their place of work. In addition, employers recognize that poor sexual and reproductive health, including unintended pregnancies or pregnancy complications, has serious implications for workers’ productivity, compromising their livelihoods, their families, and the economic growth of the country overall.

In Tanzania, the RESPOND Tanzania Project (RTP), with support from the United States Agency for International Development (USAID), builds the capacity of service providers to offer FP services, particularly by strengthening the provision of underused long-acting reversible contraceptives (LARCs) and permanent methods (PMs). Recognizing the need for innovative programs to bring reproductive health (RH) and FP information and services to men and women and the important role that the private sector has to play, RTP has developed a strategy for engaging the private sector in increasing access to and support for RH/FP services. The goal is to develop public-private partnerships that increase resources and support for RH/FP services in priority regions, and to improve access to the services themselves.

BACKGROUND
The Government of Tanzania has become a regional leader in advocating for private-sector health capacity and resources to address national health challenges. As a result, there is a positive national policy environment for public-private partnerships (PPPs) and a comprehensive legal and regulatory environment that supports the private health care sector. Tanzania’s National Health Policy “anticipates that a mutually beneficial cooperation of PPPs shall exist among public, faith-based organization, [nongovernmental organization], private and informal and civil society sectors in the identification and prioritization of health needs of the population.”

Globally, companies have tended to establish health promotion programs for improving their employees’ health and well-being, so as to increase worker productivity and reduce costs (Linnan et al., 2008). Workplace initiatives promote access to a broad range of health care services in a way that is cost-effective and can help to reduce employee turnover and absenteeism. Some initiatives have incorporated RH information and services into workplace settings, targeting men and women of reproductive age who are often difficult to reach. In particular, men rarely have a chance to participate in information sessions at health care facilities or at the community level, due to gender norms that discourage them from seeking health services or from accompanying their wives or children for care. Work schedules also can make it difficult for men to visit health care facilities when they are open (RESPOND Project, 2013).
In Tanzania, a variety of donors have supported integration of HIV prevention and treatment into workplace programs. RTP's workplace interventions build off these lessons and those of USAID’s CHAMPION Project, also led by EngenderHealth, which was designed to increase men’s involvement in preventing HIV in Tanzania through awareness and behavior change activities at the workplace and in surrounding communities.

THE INITIATIVE
RTP's strategy builds upon each company's existing health initiatives, while working in close coordination with the Ministry of Health and Social Welfare through district health officials to increase access to key RH/FP services. The objective is to strengthen integrated services for RH/FP and HIV through:

1. Provision of services through on-site outreach visits facilitated by district health authorities or referrals to nearby health centers

2. Training and monitoring support to company-identified peer educators to improve knowledge and information on key RH/FP issues within each company

3. Where appropriate, on-the-job training for a company's medical staff and referrals to nearby government and private-sector facilities

RTP recruits companies interested in investing in additional RH/FP services for their employees and in liaising with district health teams and provides technical assistance in RH, FP, and HIV information and training. The recruitment process focuses on clearly articulating each organization's expected roles and responsibilities, including direct financial support from the company for some of the activities. RTP signs letters of agreement with employers to outline inputs from all organizations, including strong links to district health officials.

RTP coordinates with companies and district health officials on outreach services and on-the-job training opportunities at worksites. RTP then trains company-identified peer educators on gender equity, sexual and reproductive health rights, couple communication, men and women’s health, HIV, and RH/FP. Whenever possible, RTP facilitates on-the-job training for the company's medical personnel, if they are deemed appropriate to provide FP counseling and methods. In addition, the company designates a coordinator as the key contact for project activities, as well as identifying company-supported peer educators to be trained. The initiative supports routine on-site follow-up to medical personnel and peer educators and uses monitoring tools to assess the impact of expanded services.

KEY RESULTS
RTP’s workplace initiative currently includes four companies in Arusha and Dar es Salaam: KiliFlora, SunFlag, Shelys Pharmaceuticals, and ChemiCotex. Together, these companies employ more than 6,100 people. The peer educator training for KiliFlora and SunFlag was conducted in December 2013 in Arusha, while training took place in May 2014 in Dar es Salaam for Shelys Pharmaceuticals and ChemiCotex. During all of the trainings, total of 81 peer educators were trained (Table 1). In all four trainings, the participants stated that they had never received any training on RH/FP previously, that myths and misinformation about FP methods were prevalent in the workplace and the community, and that recently trained peer educators were extremely motivated to share the information with
their co-workers as well as within their communities. Some training participants stated that they would share this knowledge in their women’s groups, with friends, or with village leaders. Each company also designated an RH/FP Coordinator to work with RTP on the initiative and to be responsible for collecting peer educator monitoring forms. Most peer educators’ main concern was a lack of time for their activities during working hours.

Following each training, peer educators were to develop their own action plans on how they would disseminate their new knowledge and skills. These activities are normally conducted on-site during normal working hours. For all activities conducted, peer educators report via a monitoring form that tracks the number of men and women reached, topics discussed, and referrals made to health facilities. RTP collects these monitoring forms on a monthly basis to track the peer educators’ activity levels. At the four companies, not all trained peer educators actively disseminate information, as shown in Table 1. Despite some attrition, the peer educators report having had more than 12,000 contacts with co-workers and community members on RH/FP issues.

**TABLE 1. Number of peer educators and contacts at each company**

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>DATE OF TRAINING</th>
<th>NO. OF PEER EDUCATORS TRAINED</th>
<th>NO. OF ACTIVE PEER EDUCATORS</th>
<th>NO. OF CONTACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>KiliFlora</td>
<td>December 2013</td>
<td>21</td>
<td>8</td>
<td>8,058</td>
</tr>
<tr>
<td>SunFlag</td>
<td>December 2013</td>
<td>16</td>
<td>13</td>
<td>2,945</td>
</tr>
<tr>
<td>Shelys Pharmaceutical</td>
<td>May 2014</td>
<td>23</td>
<td>15</td>
<td>1,472</td>
</tr>
<tr>
<td>ChemiCotex</td>
<td>May 2014</td>
<td>21</td>
<td>21</td>
<td>107</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>81</td>
<td>57</td>
<td>12,582</td>
</tr>
</tbody>
</table>

**FIGURE 1. Number of KiliFlora employees provided with FP services during outreach events, January–December 2014***

*No outreach was conducted in March, April, and September 2014.

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**CONNECTING EMPLOYEES TO SERVICES**

Employees are offered free RH/FP services through either periodic on-site outreach efforts or referrals to nearby public and nongovernmental organization clinics. At KiliFlora Ltd., Tanzania’s largest grower and exporter of roses, two nurse-midwives from the Meru District health team visit the company dispensary monthly for an FP service day. During the first six outreach events (from January to August 2014), use of FP services has been strong (Figure 1). District health teams served an average of 67 clients per outreach, providing a total of 387 clients with FP services (27% of all employees). In addition, RTP plans to support KiliFlora’s nurse-midwife to receive training in implant provision, to support the established referral mechanism to the nearby government clinic for those women and men interested in IUDs or a permanent method. In Dar es Salaam, employees at Shelys Pharmaceuticals and ChemiCotex are referred to nearby health care facilities. These efforts are designed to ensure service linkages, since companies establish direct relationships with the district health teams and employees are oriented on services available through nearby public-sector clinics.
LESSONS LEARNED/RECOMMENDATIONS

RTP’s experience demonstrates that workplace models present viable opportunities to increase access to LARCs and PMs. Workplace programs can be adapted to offer LARCs and PMs in a variety of contexts—including services offered both on-site and through off-site referral centers. The company’s endorsement of RH/FP is an important part of the psychosocial support needed to change people’s attitudes toward LARCs and PMs and is needed to ensure the sustainability of the program.

RTP’s experience demonstrates that it is important to provide continuous, hands-on follow-up to peer educators after the trainings, as well as to ensure that service delivery options function smoothly and without any major disruptions. This requires equally close coordination with districts. At SunFlag Industries, senior management felt that on-site services were too disruptive to employee productivity, and RTP is looking for ways to reintegrate this service so that it does not disrupt the working environment.

RTP’s experience also demonstrates that workplace models must be flexible and tailored to the environment of individual companies. Overall, workplace models should be moving toward increased upfront commitment and investment by employers, building the capacity of a company’s own personnel to implement information and education activities, creating sustainable linkages for services that do not depend on project resources, and linking with business and advocacy organizations that can continue to advocate for RH/FP issues. The impact and effectiveness of peer educator interventions rely heavily on buy-in and support from industry leadership. For many employees, regardless of the company, it becomes a challenge to access RH/FP services or engage in a health talk during working hours, due to high workloads or fear of missing out on pay. Close collaboration with management at all levels is essential, and this support needs to be communicated to employees.

REFERENCES


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