INVOLVEMENT AND INCORPORATION OF ESSENTIAL HEALTH INTERVENTIONS INTO HEALTH CURRICULUM: A CASE OF DIPLOMA IN NURSING SCHOOLS DAR ES SALAAM,

TANZANIA

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By

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Public Health of the Muhimbili University of Health and Allied Sciences

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Certification

The undersigned certifies that he has read and hereby recommends for acceptance by the Muhimbili University of Health and Allied Sciences a dissertation entitled "*Involvement and Incorporation of Essential Health Interventions Into Health Curriculum: A case of Diploma in Nursing Schools Dar es Salaam, Tanzania*" in partial fulfillment of the requirements for the degree of Master of Public Health of Muhimbili University of Health and Allied Sciences.

Signature: _____

Dr. D.C.V. Kakoko

(Supervisor)

Date: _____

DECLARATION

AND

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I, Dominicus Haule, declare that this dissertation is my own original work and that it has not been submitted to any University for a similar degree or any other degree award.

Signature …………………………… Date ……………..………….

Acknowledgement

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Lastly, but not least, I would also like to extend my appreciation to my family and fellow MPH students for their support and assistance during my study.

Dedication

This work is dedicated to my beloved parents for giving me education which is the best heritage in life one can ever receive.

ABSTRACT

Background

National governments and international agencies, have commitment in scaling up health interventions and meeting the Millennium Development Goals (MDGs). Scaling up health intervention means expanding health services that are only reaching small population to the national level. Examples of basic interventions are Malaria Treatment, ART, IMCI, FANC, EmONC, PMTCT, HIV and TB. The question is "to what extent, institutions training health service providers are involved and incorporating these essential health interventions into their health curriculum?"

Objective

The main objective of this study was to assess involvement of training institutions which offer diploma in nursing in incorporating essential health interventions (HIV/TB) into their health curriculum in Dar es Salaam, Tanzania.

Methodology

This study involved four universities which offer diploma in nursing in Dar es Salam, one public (Muhimbili University of Health and Allied Sciences) and three were owned by private organizations (International Medical Training University- IMTU, Agakhani University and Hurbet Kairuki Memorial University. Two respondents were recruited for IDIs from MoHSW and ITECH. Four Principals of the schools and 21 tutors in four universities were interviewed. Qualitative data was analyzed using Framework Analysis while quantitative data were analyzed using frequencies and percentages.

Results

Health interventions are included in training curricula. Few tutors are involved in some stages of curriculum development and few have attended the courses to teach the interventions in recent years. There are also problem in availability and accessibility of teaching and learning materials for students.

Conclusions and Recommendations

It is concluded that training institutions are less involved in updating of curricula, tutors and teaching and learning materials. Seminars and workshops should also consider pre-service nurses and their tutors. This will result in having competent graduates and reduce greatly absenteeism from work place for in-service workers as most workshops are done outside working stations.

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
EmONC	Emergency Obstetric and Neonatal Care
FANC	Focused Antenatal Care
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
IMCI	Integrated Management of Child Illness
ITECH	International Training and Education Centre for Health
MCT	Mother to Child Transmission
MUHAS	Muhimbili University of Health and Allied Sciences
MOHSW	Ministry of Health and Social Welfare
MMAM	Mpango wa Maendeleo wa Afya ya Msingi (PHSDP)
NACP	National AIDS Control Programme
NTLP	National TB and Leprosy Control Programme
PHSDP	Primary Health Services Development Programme
PMCT	Prevention of mother to child transmission
PLHIV	People living with HIV
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
TB/HIV	The Intersecting Epidemics of TB and HIV
UNAIDS	Joint United Nations Programme on HIV/AIDS

APPENDICES

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background information

National governments and international agencies, including programmes such as Global Alliance for Vaccines and Immunizations (GAVI) and the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM), have committed to scaling up health interventions and meeting the Millennium Development Goals (MDGs) (Torres, 2005). Scaling up health intervention means expanding health services that are only reaching small population to the national level (Cesar, 2004). Accordingly, the National AIDS Control Programme (NACP) of the Ministry of Health and Social Welfare (MOHSW) plans to expand and strengthen the care, treatment and support services to rural communities and make the services accessible to all in need by 2017 (MOHSW, 2007).

Examples of basic Intervention are Malaria Treatment, Antiretroviral Treatment (ART), Integrated Management of Childhood Illnesses (IMCI), Focused Antenatal Care (FANC), Emergency Obstetrics and Neonatal Care (EMoNc), Prevention of Mother to Child Transmission of HIV (PMTCT), HIV and TB (MOHSW, 2007). Given these interventions, the study focused more on the involvement of training institutions in scaling up of health interventions specifically on HIV and TB interventions in nursing diploma schools.

Tuberculosis continues to be among the major public health problems in the country accounting for 7% of the burden of disease in the country up from 5% in 1999. The

number of tuberculosis cases notified in country has steadily increased from 11,753 in 1983 to over 64,000 in 2004, which is almost six-fold increase. Data from AMMP shows that TB is the third cause of deaths among adults after malaria and HIV/AIDS. Various studies conducted in the country show that the rapid increase of tuberculosis is mainly attributed to the HIV epidemic, but other contributing factors include population growth and overcrowding especially in urban settings. TB is one of the earlier indicators of HIV infection and it is estimated that 40-50% of all HIV infected individuals in Tanzania may develop tuberculosis during their life time (MOHSW, 2007).

There is a need to intensify the fight against tuberculosis, especially this time with the increased prevalence due to HIV/AIDS. According to the National AIDS Control Programme surveillance report No. 1 December, 1998, it is documented that approximately 49% tuberculosis patients were also infected with HIV. Similarly TB is the leading cause of death among AIDS patients accounting for about 21% of all AIDS-related deaths. Other consequences include stigmatization of the TB diagnosis, which is automatically associated with HIV/AIDS by health workers and the community at large (MOHSW, 2000).

The focus on the involvement of training institutions in incorporation of health interventions into health curriculum specifically on HIV and TB interventions in nursing diploma schools; is due to the fact that it is believed that competent nurses and midwives who provide primary, secondary and tertiary health care will contribute to a significant reduction in deaths and disease for rural women and children.

Health training institutions provide an important contribution to improving the human resource base for the health sector which is very important for meeting the MDGs and general population health improvement. The situation in Tanzanian training institutions has been less involved in incorporating health intervention into health curriculum and produces few health workers in the past fifteen years compared to the actual needs. Since 1994, the health worker density had fallen from roughly 28 to 15 per 10,000 people in 2002, before the reaching its present low (Kurowski et al, 2003). While WHO has determined that 23 skilled health workers per 10,000 people is the minimum ratio to provide the best standard of health care needed to meet the United Nations' (UN) Millennium Development Goals (MDGs), the number in Tanzania is a little over five (Angus et al, 2009).

The MOHSW staffing levels versus existing staff shows an enormous HRH shortage across all main cadres. It is worse among Clinicians, Nurses, Pharmaceutical Technicians, Laboratory Technicians, Radiographers, Therapists, Health Officers and Health Administration cadres. According to the MOHSW staffing level (1999 required) 46,868 qualified health professionals in the public health facilities are while the available technical staffs are 15,060 which equals to 32.1% of the requirement, this reveal a shortage of 31,808 equal to 67.9%. This analysis reflects the whole system from the lower level up to the higher level of the health services (MOHSW, 2008).

The country has 126 training institutions of which government owns 62 and 64 are owned by the private sector and faith based organizations. There are also 6 medical universities 5 of which are privately owned. For the past nine years the output from

medical schools is 23,536 including all cadres in health from certificate to postgraduate studies. This is far below the required output that would bridge the existing human resources shortage. The Ministry of Health and Social Welfare has established 8 Zonal Training Centers (ZTC) to facilitate the update of health workforce skills particularly at the district level. Given the changing and expanding roles of health workers it is necessary to ensure that in service training/continued professional development is essential interventions to build their competence (MOHSW, 2007).

Human resource for health is the first priority of PHSDP. PHSDP seeks to address the human resources crisis by increasing output both in terms of quantity and quality. The thrust is to have in place the right number of qualified, skill mix and motivated staff in right place at the right time. Expansion of training intake, recruitment and creating an enabling environment that will facilitate retention of health workers are some of the measures to be undertaken. This will demand providing attractive incentive package targeting mainly those working in hard to reach difficult areas. Increase, expansion and rehabilitation of health training institutions will be prioritized. Equally important will be provision of teaching equipments and materials. Overall objective is to employ and deploy skilled staff to fill the current gap of 68 percent of required human resources (MOHSW, 2007).

The scaling up of the HIV/AIDS and TB related intervention cluster, in particular the treatment and care of people living with HIV/AIDS; example by 2017, the NACP plans to scale up quality counseling and testing services in the country from 15% to 60% of the population aged 15– 49 years (MOHSW, 2007) was the primary driver of increases

in HIV/TB interventions and hence need for human resource for health requirements. In July 2008 the United States Congress reauthorized the president's Emergency Plan for AIDS Relief (PEPFAR) and in so doing called for investment in pre-service training to create 140,000 general health workers deemed essential to achieve success of its HIV/AIDS specific objectives (Lantos et al, 2008). A common theme in this analysis has been the importance of scaling up pre-service training in building a sustainable health workforce (Crisp et al, 2008)

The main focus of attention when new interventions are introduced has been health providers who are in service and very little to students and their teachers (pre-service training) (Cesar, 2004). For a sustained scaled up response to global public health challenges such as HIV/AIDS will require a functioning and efficient health training institutions. Cost-effective public health interventions are inequitable, and short-lived, this is because training is organized centrally by a vertical programme concerned, with teams from the MoHSW or health NGOs travelling all over the country, taking too long to cover the intended target countrywide. When the people who have been trained move away to other work stations, they leave a few persons or none to implement the change.

1.2 Problem Statement

Involvement of health training institutions in incorporating of essential health interventions into the health curriculum in this country is done through different mechanisms; such as participating in training needs assessment, participating in a workshop to analyze the training needs analysis findings and participating in a workshop

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to review the draft of the curriculum. It has been a usual practice to introduce new interventions into the health care system by training national trainers. National trainers are then expected to roll out the training of health workers country-wide for the new intervention to be implemented by health workers through seminars and workshops (MOHSW, 2007). The main focus of attention when new interventions are introduced has been health providers who are in service. So the main focus of this study was to assess to what extent health training institutions are involved in incorporation and implementation of essential health interventions into the health curriculum specifically HIV/TB.

1.3 Rationale of the Study

The study contributes to an understanding on the importance of involving health training institutions in incorporation and implementation of health interventions into health curriculum. When policy makers, program and project planners as well as implementers of different health interventions; during planning scaling up of health interventions should also consider training institutions as they are the main producer of human health work force. This will also reduce the burden of organizing workshops; which contribute a lot to absenteeism to work station. Such understanding is critical to sustainability of different health programs. In addition, the study through its findings identifies potential areas for further study in utilization of health training institutions in scaling up health interventions.

1.4 Research Question:

The study intended to answer one main question, "to what extent, health training institution has been involved in incorporation and implementation of new essential health interventions into the health curriculum?

1.5 Broad Objective

The main objective of this study was to assess the involvement of training institutions in incorporation and implementation of essential health interventions into the health curriculum (HIV/TB)

1.6 Specific Objectives

The specific objectives of this study were:

1. To assess the extent to which the training institutions offering Diploma in Nursing are involved in incorporation of essential interventions into health curriculum (HIV/TB)

2. To assess the extent to which the new interventions (HIV/TB) are included in diploma nursing curricula.

3. Identify mechanisms which have been used to incorporate new health interventions in the training curricula.

4. Identify factors that facilitate inclusion and delivering of new interventions into health training curricula.

5. Identify factors that hinder inclusion and delivering of new interventions in health training institutions

Diagram: 1. Conceptual framework for incorporating health interventions into health curriculum.


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 ┌─────────────────┐          ┌──────────────┐          ┌──────────────┐
 │                 │          │   Health     │          │ Better quality│
 │ Service providers│ ───────▶ │ Interventions│ ───────▶ │  of life      │
 │                 │          │              │          │              │
 └─────────────────┘          └──────────────┘          └──────────────┘
                                       ▲
                                        \
 ┌─────────────────┐     ┌────────────────────┐     ┌──────────────┐
 │  Training       │     │ -Good curriculum,  │     │ Competent    │
 │  Institutions   │ ──▶ │ Teaching and learning│ ─▶│ Human        │
 │                 │     │ materials, Staff   │     │ resources for│
 │                 │     │ training           │     │ health       │
 └─────────────────┘     └────────────────────┘     └──────────────┘
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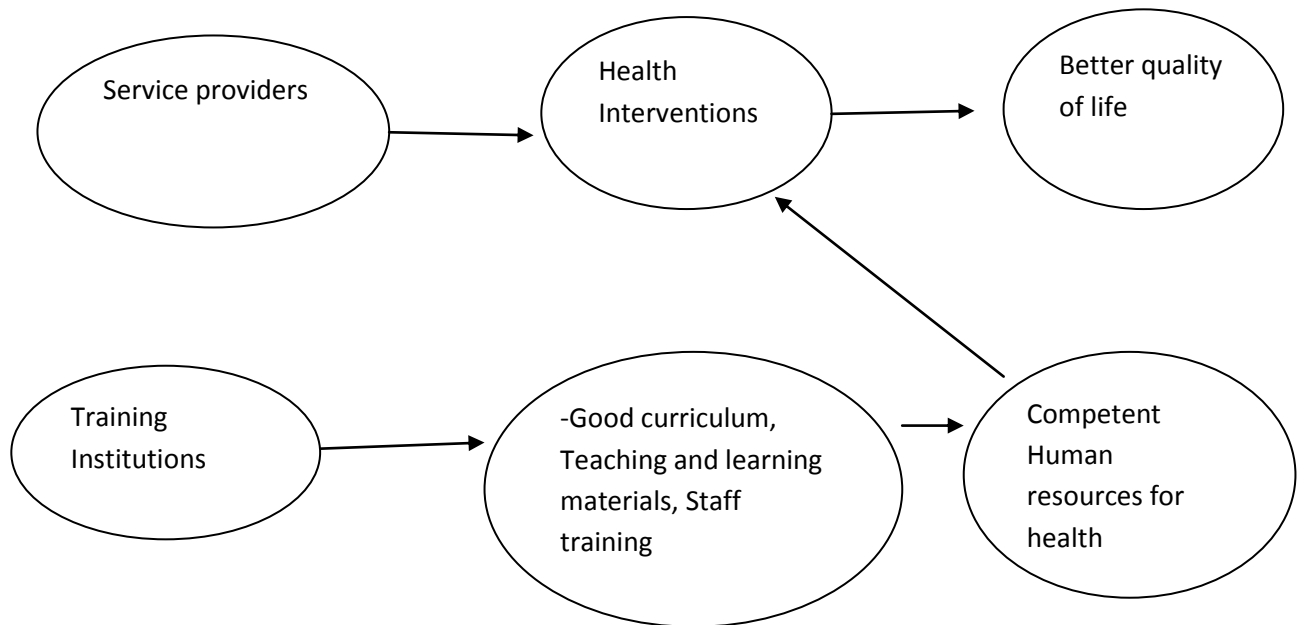
Adapted from: Bosher (2001)

2.0   LITERATURE REVIEW

2.1   Involvement of training institutions in incorporating essential health intervention in health curriculum.

The training institutions are likely to make significant improvements to the implementation of different health interventions, include adapting or revising the curriculum into competence-based which focus mainly on leaner not only to have knowledge but also be able to perform various functions in various context (skills) and revising trainee selection process. Thus on job and continuing education need to be provided to health workers specifically tutors (Kweka, 2010).

Currently the Government of the United Republic of Tanzania has formulated a national plan to increase access to health services called Primary Health Service Development Programme (PHSDP) 2007 – 2017, famously known as MMAM (MOHSW, 2007) One of the key issues in this plan is increasing the output of graduates from health training institutions and deploying them to work in health facilities of all levels. A number of strategies have been implemented to achieve increased outputs of training institutions, such as reducing the duration of training, upgrading of schools for enrolled nurses and doubling the intake into these institutions.

Health training institutions provide an important contribution to improving the human resource base for the health sector which is very important for meeting the MDGs and general population health improvement. Nevertheless, in many health sector programmes in developing countries, there is hardly attention for involving training institutions in scaling up of different health interventions. Tanzania has a total of 116

Health Training Institutions; overall the scope of the existing training institutions is aligned to meet the needs of the Health Sector. However, there exist concerns about the quality of the training provided in relation to National Accreditation Council of Technical Education (NACTE) and Tanzania Commission for Universities (TCU) standards (MoHSW, 2008)

The desired long-term impact of training is to improve performance and ultimately, to contribute to the achievement of demographic and health goals. It is difficult to demonstrate a direct link between training and these long-term results because of many factors other than training that are involved. However, it is possible to demonstrate the impact of training on staff skills and performance. Good individual performance will lead to strong organizational and program performance and better client services, and eventually make a significant contribution to the achievement of desired demographic and health goals (Kweka, 2010).

2.2 The extent to which health interventions are included in curriculum.

A number of training modules have been developed by various programmes, but some of them are not reflected in the school curriculum and hence short term training in form of seminars is predominant. These short term trainings have been undertaken in areas where new skills had to be imparted. The multiplicity of training modules has overwhelmed both countries and training institutions. In service training has neither been integrated nor rationalized thus keeping health workers away from duty stations for long periods of time. Capacity building has occasionally not translated into improved

service delivery due to lack of supervision of those who have been trained and lack necessary inputs e.g. equipment to enable them apply acquired skills (Hans, 2000).

Health interventions are continuously and rapidly invented, thus having proper cost effective mechanisms for scaling up these interventions is important. Training institutions need to be regularly updated to be able to provide effective and quality health care to the population utilizing new knowledge and interventions. Thus, on job and continuing education is needed to be provided to health educators. Guidelines and management protocols need to be updated to guide health educators to deploy new interventions to their students and in the provision of health care (Crisp et al 2008)

 2.3   Factors that facilitate and hinder inclusion of health interventions into curriculum.

Graduates from training institutions need to be provided with training so as to cope with the new interventions while in school. Unless new interventions are incorporated into the training curricula for pre-service training, the burden for organizing in service training will continuously increase. Though the process of curriculum review is extensive, requiring stakeholders' consultation and training needs analysis, it is important to find mechanisms for updating the training institutions on new developments in health, as neglecting them has both social and economic disadvantages (Kweka, 2010).

Training programmes need to be evaluated regularly; evaluation situates the health training schools and their programme within the context of its socio-political environment, i.e. the needs of the population, the health status, the national priorities,

and the situation of health workers (medical and non-medical) including the adequacy of the means put at its disposal to respond to the identified needs (MoHSW, 2007)

The involvement of training institutions in scaling up of different health interventions is low though the number of health schools in sub-Saharan Africa is increasing (Cesar, 2004). Besides government health schools, private non-for-profit nursing schools are coming up. The increased output is necessary to cope with the needs of the health sector. These new nursing schools are struggling to develop a modern up-to-date curriculum. The curriculum in many countries is still geared towards hospital care, with little attention for the curative and preventive activities that nurses carry out in primary health care. Nursing schools are often small institutions, attached to hospitals, they are understaffed, under-resourced and they do not have the capacity to modernise the curriculum (Cesar, 2004)

CHAPTER THREE

3.0 METHODOLOGY

3.1   Study area

This study was conducted in health training institutions which offer diploma in nursing education in Dar es Salaam, Tanzania. This area was chosen because, Dar es Salaam is the only region in Tanzania with many training institutions which offer diploma in nursing and easily to get respondents from both public and private training institutions, with different experience and can answer a research question.

3.2   Study design

The study was cross sectional where by both qualitative and quantitative approach (mixed research methodology) was applied to gather information. The integration of quantitative and qualitative data and findings in studies presented as mixed methods research is rarely seen (Bryman, 2006; Greene, Caracelli, & Graham, 1989; Niglas, 2004), although maximizing the potential of the approach depends on this (O'Cathain, Murphy, & Nicholl, 2007).

Quantitative and qualitative components can be considered ''integrated'' to the extent that these components are explicitly related to each other within a single study and in such a way as to be mutually illuminating, thereby producing findings that are greater than the sum of parts.

Qualitative research methodology was mainly employed due to the strength of the qualitative methodology which situates individuals in a socio-cultural context, basing on the belief that reality is complex and socially constructed (Bernard, 1990; Mason, 2002).

3.3   Study population

Study population was consisted of tutors, trainers and final-year students of the sampled nursing health institutions. In addition, selected key informants from Ministry of Health and Social Welfare, development partners who support the scaling up of the interventions and Program managers were interviewed.

3.4   Sample size

The sample size consisted of a total of 91 respondents as follows; 4 Principals, one from each institution, 21 teachers who teach about HIV/TB, 64 final year students, 2 key informants from MoHSW and International Training and Education Centre for Health (ITECH) and desk review of nursing diploma curriculum

3.5   Sampling technique

Both non probability and probability sampling techniques were used. Non-probabilistic sampling approach involved purposive sampling which involves personal judgment about which units will be most representative of the study population or purposive sampling used to define the characteristics and structure of sample in advance/prior to collecting data. Key informants were purposively selected according to their positions and roles in training and management of programs of the selected interventions in this study e.g. from ITECH, MOHSW. Probability sampling technique involved simple random sampling of the final year students who were studying diploma in nursing.

3.6 Data collection

Several methods of generating research data were used such as; interviews (semi-structured in-depth interviews i.e. with interview guides) and review of curricular documents were used for qualitative data, while questionnaire survey for final year students who study nursing program was used to collect quantitative data.

3.7 Pre-testing

Before the actual data collection process, data collection tools were pre- tested in order to countercheck for appropriateness of the questions. Examples some of the questions were corrected to ensure its validity and reliability, not only that but some errors on spellings and options in the questions were corrected.

3.8 Ethical considerations

Ethical clearance for the study was obtained from the Directorate of Postgraduate Studies of Muhimbili University of Health and Allied Science (MUHAS). Informed consent forms for the participation in the study were attached to the questionnaires. The respondents were informed that information collected was just for research purpose and hence no one is authorized to access it except the principal investigator.

3.9   Data processing and analysis

Qualitative data was analyzed using Framework Analysis and collected quantitative data were analyzed using frequencies and percentages after being checked for consistency and missing information.

As Bogdan and Biklen (1982, p.145) define qualitative data analysis as "working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others". As such, qualitative analysis requires some creativity, for the challenge is to place the raw data into logical, meaningful categories; to examine them in a holistic fashion; and to find a way to communicate this interpretation to others. As therefore recommended by Rich & Ginsburg (1999), qualitative analysis began during data collection and continued and evolve throughout the research as guided by Kvale (1996).

CHAPTER FOUR

4.0 RESULTS

4.1   Socio demographic Characteristics

Four universities which offer diploma in nursing in Dar es Salam were involved in the study, one public (Muhimbili University of Health and Allied Sciences) and three were owned by private organizations (International Medical Training University- IMTU, Agakhani University and Hurbet Kairuki Memorial University. Two respondents were recruited for IDIs from MoHSW and ITECH.

Four Principals of the schools were interviewed to provide information on the incorporation of the interventions in the training in their respective schools.
A total of 21 tutors in the 4 universities were involved in the study. Their average duration of stay in the teaching programmes 5.27 ranged from 1-13 years; thus, the tutors have a long enough experience to provide reliable information on the programmes they are involved in teaching. A total of 64 students in their last year of their training programme were involved in this study. This information can be summarized in table below:

Table 1: Socio Demographic Characteristics (n=91)

Institution	Principals	Tutors	Students	IDI
MUHAS	1	8	25	-
IMTU	1	4	14	-
AGAKHAN	1	4	12	-
KAIRUKI	1	5	13	-
ITECH & MOH	-	-	-	2
TOTAL	**4**	**21**	**64**	**2**

4.2 Incorporating of Interventions into Training Curriculum

According to tutors of the 4 universities, 72% of them reported the inclusion of different interventions in training curricula. In particular ART and IMCI interventions were reported most frequently to have been incorporated into the training curricula (83% and 80% respectively) followed by FANC (70%), PMTCT and EmONC (each by 67%). The MCT intervention was reported to have been least incorporated into the training curricula (63%), Table 2.

On average 8% of the tutors were not aware of the incorporation of the interventions in the training curricula (Range, 3 – 13%)

Table 2: Interventions Included in the Curriculum as Reported by Tutors (n= 21)

Intervention	Response		
	Yes	No	Don't Know
	n (%)	n (%)	n (%)
IMCI	17(80)	3(17)	1(3)
ART	18(83)	3(17)	0
MCT	13(63)	5(21)	3(16)
FANC	15(70)	3(17)	3(13)
PMTCT	14(67)	4(20)	3(13)
EmONC	14(67)	5(23)	2(10)
Total	**15(72)**	**4(20)**	**2(8)**

Depending on the intervention, students ranging from 53% to 59%, acknowledged the incorporation of interventions in the curricula; 23% of the students were not aware of the incorporation of the interventions into the training curricula, range, 21- 25% (Table 3).

Table 3: Interventions that were Incorporated in the Curriculum as Reported by Students (N = 64)

Intervention	Response			
	Yes	No	Don't Know	Missing
	n (%)	n (%)	n (%)	n (%)
IMCI	34(53)	5(8)	16(25)	9(14)
ART	34(53)	5(8)	16(25)	9(14)
MCT	38(59)	3(5)	13(21)	10(15)
FANC	36(57)	3(5)	15(23)	10(15)
PMTCT	38(59)	3(4)	14(22)	10(15)
EmONC	35(54)	4(6)	16(25)	10(15)
Total	**36(56)**	**4(6)**	**15(23)**	**10(15)**

4.3 Mechanisms Used to Incorporate New Interventions in Pre-service Curricula

Tutors reported that the mechanism that was mainly used to incorporate interventions into curricula was schools' participation in workshops to review the draft curricula (60%). However schools were least involved in both Training Needs Assessment (TNA) and in workshop to analyze TNA although according to Tutors' responses, there was a small proportion (20 - 33%) of schools from various programmes that participated in workshop to analyze TNA. Generally there was limited use of other mechanisms such as refresher courses, development of trainers guide or refinement of the curriculum (See Table 4).

Table 4: Mechanisms Involved by Schools in Preparation of the Curriculum by School Ownership (N = 21)

Mechanism	Ownership		Total
	Public n (%)	Private n (%)	n (%)
Participating in Training Needs Assessment (TNA)			
Yes	6(27)	1(3)	7(30)
No	12(60)	2(10)	14(70)
Total	**18(87)**	**3(13)**	**21(100)**
Participating in a Workshop to Analyze TNA Findings			
Yes	4(20)	1(3)	5(23)
No	14(67)	2(10)	16(77)
Total	**18(87)**	**3(13)**	**21(100)**
Participating in a workshop to review the draft of the curriculum			
Yes	10(47)	3(13)	13(60)
No	8(40)	0	8(40)
Total	**18(87)**	**3(13)**	**21(100)**

4.4   Accessibility of Curricula to Trainers

Accessibility of curricula to trainers was observed to be good. Most trainers (N 19, 91%) said that they had the curriculum although when asked to show the curricula, 26% were not able to show it to the interviewers. About half of the trainers had their own copies of the curricula. Other common sources of the copies of the curricula were from the study coordinators and the office of the principal.

4.5   Factors that Facilitated the Inclusion of New Interventions into Pre-service Training Curricula

Tutors noted that the influence to include the new interventions was mainly from policy change in the MOHSW and from Development Partners (See Table 5).

Table 5: Factors that have Facilitated the Inclusion of Tracer Interventions in Training Curriculum (N = 21)

Factor	Tutors
	Number (%)
Policy change in the MoHSW	10(47)
New WHO guidelines and standards	2(10)
Influence of Development Partners	3(13)
Health needs of the community	2(7)
NACTE needed modular style of teaching	1(3)
Don't Know	1(3)
Missing	4(17)
Total	**21(100)**

Tutors also indicated other factors that had an influence to incorporation of interventions into curricula (See Table 6)

Table 6: Other Factors That Facilitated the Inclusion of Tracer Interventions in Training Curriculum

1. 'New WHO guidelines and globalization'
2. 'Science and technology advancement'
3. 'Resource management need'
4. 'Decentralization need people to learn management'
5. 'New WHO guidelines and emerging new diseases'
6. 'I-TECH with HIV/AIDS'
7. 'Ministerial boards'
8. 'A lot of deaths need to be addressed by these interventions'
9. 'Annual report informs about these diseases therefore for incorporation'

4.6   Factors Inhibiting the Incorporation of Interventions in Training Curricula

There were also factors that were inhibiting tracer interventions from being incorporated into the curriculum as expressed by tutors, summarized in Table 7 below.

Table 7: Factors Inhibiting the Inclusion of Tracer Interventions in Training Curriculum (21 Tutors)

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Inhibiting factor	Example
Inadequate Human Resources to teach interventions	'Shortage of tutors and time for the undergoing course'
Lack of funding and resources for curriculum implementation.	'The MoHSW does not have enough fund to develop/update curriculums' 'The big number of tutors makes difficult for them to attend to curriculum review.' 'Inadequate fund for part time tutors' 'Funding for review after every four years is a challenge'
Lack of coordination and organization among stakeholders	'Time factor imparting too much without regarding the challenges of implementing the curriculum on training' 'Lack of cooperation and coordination between stakeholders' 'Stakeholders not aware of what is going on' 'Many vertical programs work individually'
Lack of expertise for curriculum development	'Institutes lack the expertise to train such interventions' 'No capacity to develop curriculum' 'Structure of curriculum does not allow the inclusion of these interventions'

4.7   Availability of Training Materials

Availability of training materials for the interventions as reported by tutors is 59%, ranging from 47% (MCT) to 73% (PMTCT). Materials for tutors (training manuals and reference) are more available (61% and 62%, respectively) than students' learning materials (54%) as seen from Table 8. Thus, in general, there is low availability of training materials for the interventions.

Table 8: Availability of Training Materials for Different Interventions as Reported by Tutors (n=21)

Intervention	TTM n (%)	TRM n (%)	SLM n (%)
TB	15(73)	14(67)	12(57)
HIV/AIDS	14(67)	14(67)	12(57)
Average	**14.5(70)**	**14(67)**	**12(57)**

Key: TTM =   Tutor Training Manual

TRM =   Tutor Reference Materials

SLM =   Student Learning Material

Tutors report a lower level of availability of training materials compared to principals, 43% and 59% respectively. Both principals and tutors reported student learning materials to be more lacking than tutors training manuals and reference materials

Table 9: Availability of Training Materials for Different Interventions as Reported by Students

Intervention	Public n = 25(%)	Private n = 39(%)	TOTAL N = 64(%)
TB	14(55)	21(53)	**35(54)**
HIV/AIDS	17(69)	23(59)	**40(67)**
Average	**15(62)**	**22(56)**	**38(60.5)**

Table 10:   Accessibility of Training Materials for Different Interventions as Reported by Students (Derived From Annex A: 38)

Intervention	Institutions		
	Public n = 25(%)	FBO n =39(%)	Total N = 64(%)
TB	6(22)	9(22)	**14(22)**
HIV/AIDS	9(37)	9(23)	**18(30)**
Average	**7(29.5)**	**9(22.5)**	**16(26)**

4.8   Reasons for Non-Availability of Training Materials

General responses by tutors on why there are no materials, not adequate or why not updated were that there was lack of funds and that there is poor communication between Ministry of Health and Social Welfare and training institutions. However there are specific reasons for poor availability of materials for individual interventions in schools as narrated by Tutors (See Table 11)

Table 11: Reasons given by tutors for poor availability of training materials for individual interventions

Intervention	
TB	'Tutors are not trained' 'Competence based curriculum assessment needs one to one observation, no enough tutors to do this' 'Updated versions of curriculum not supplied by the MOHSW'
HIV/AIDS	'Books not supplied by MOHSW' 'Difficulties in training' 'increases number of students but the number of tutors and materials remains the same'

4.9   Time Allocation

The views about time allocated to the teaching of the intervention in the curricula varied. Views of tutors was balanced between those who thought that the time allocated for teaching interventions was enough and those who thought that it was not. This was particularly noted for TB and FANC that time was enough while tutors of Diploma in nursing (61%) noted that time allocation for HIV/AIDS was inadequate in the curriculum.

4.10   Practical Exposure

There were differing views about students' practical exposure to various interventions. Majority of tutors (61% - 71%) noted that different interventions were provided adequate practical exposure in the curriculum.

4.11   Capacity of Tutors to Train students on the Interventions

Few trainers have attended courses to teach the interventions in the recent years. Those who attended various intervention courses in the last six months range from 5% -18%, and those between 1 - 2 years range from 15% - 35%. Most tutors have either not attended course recently (more than two years) or have never attended any course (See Table 12).

The majority of them (21%) had the training more than two years. The intervention that had the widest coverage in training is HIV/AIDS (53%) and most of the tutors had their training within the past two years

Table 12:   Teachers response to when they last attended courses to teach indicated interventions (N=21)

Intervention	Less than 6 months ago n(%)	Between 1 – 2 years ago n(%)	More than 2 years ago n(%)	Never (%)	TOTAL
TB	1(5)	3(15)	7(34)	10(46)	**21(100)**
HIV/AIDS	4(18)	7(35)	2(8)	8(39)	**21(100)**
Average	**3(11.5)**	**5(25)**	**4(21)**	**9(42.5)**	**21(100)**

Also tutors of schools provided recommendation that are presented as suggestions to specific interventions (See Table 13) and general recommendations (See Table 14).

Table 13: Suggestions given by Tutors for improvement to specific intervention

Intervention	Recommendations by tutors
TB	'TB is good we need more time, teaching books and equipments' 'The ministry should make sure training materials are available refresher training to all tutors' 'If possible funds need to be allocated to our institution to facilitate hiring external tutors' 'Clinical instructors should also be trained' 'Increase number of tutors, getting more funds at the right time and improve the facilities' 'Improve manpower for practical purpose, provide TTM'S, TRM'S, STM'S'
HIV/AIDS	'Students should attend fully HIV clinics' 'We need to have manuals for students as photocopying for each is expensive' 'Teachers/tutors should be exposed to this intervention to reduce challenge when teaching in-service' 'Tutors should not attend too many workshops in order to get little' time to perform their duties' 'We need places for practical exposure to reduce number of students' 'Improve tutors knowledge, and improve the facilities (was mentioned for all interventions)' 'Improve the library, add more manuals' 'Need to have integrate TB/HIV training'

Table 14: RECOMMENDATIONS BY TUTORS

1. 'As researchers please send us new developments that could be useful'

2. 'Curriculum review should be done to incorporate these interventions'

3. 'Needing teaching and supporting staff, majority of tutors are retiring in five years time'

4. 'Need for clear information of what exist and where things are available.'

5. 'Overcrowding of students, becomes challenging to manage practicals'

6. 'Supervision need to be kept up… it will identify gaps and will be easy for tackling.'

7. 'To train institutional teachers as TOT's for other institutes'

8. 'Motivation and incentives to tutors need to be recognized as they are crucial'

9. 'Have transport to take students to the practicals'

10. 'Part time teachers shy away because of lack of funds …no money to pay them.'

11. 'All tutors generally need training to update themselves as they lack skills on the interventions mentioned'

12. 'Be realistic and have adequate time to cover everything in all intervention'

CHAPTER 5

5:0 DISCUSSIONS

5.1 Incorporation of essential interventions into health curriculum

Curriculum reflects the kind of society to which we aspire. It is recognised that there are no effective educational reform processes without a strong vision of curriculum. To further improve the quality of education, it is necessary to develop a curricular that justifies the relevance and pertinence of *what, why, and how* to teach health professional students at different educational levels, according to a society's expectations and demands. Curriculum can be viewed as a product (the "what") and a process ("the how"). Both aspects are equally important and complementary (Njabili, 1999)

A comprehensive vision of curriculum should include: learning outcomes to be achieved, pedagogical strategies related to teaching and learning processes, teaching materials for teachers and students, disciplinary contents, assessment of learning outcomes and achievements, and the management of the curriculum.

Study revealed that all health training institutions visited in this study uses the training curricula that have been developed by the Ministry of Health and Social Welfare. Between 2005 and 2006 the Ministry reviewed the nursing curricula to conform to NACTE competence based and modular curricula requirement, though the ministry has draft of revised curriculum of 2011(MOHSW, 2011) and some faculty have copy, but the commonly used curriculum is of 2006. During this process, the new interventions were also incorporated into curricula.

This study shows that involvement of tutors in curriculum development at the stage of developing and reviewing of the draft of the curriculum has been adequate, but the involvement of the tutors in training needs assessment (TNA) and analysis of the results has not been adequate. Studies done in other developing countries also show that tutors are less involved in training needs analysis (Bosher, 2001).

Training Needs Analysis (TNA) is a collaborative process between key stakeholders e.g. organizations, the workforce and the service user. TNA should be the first step in exploring the needs of the workforce, before developing curriculum. TNA allows for reflection and examination of current and future work and skills in order to identify gaps and explore how these gaps can be bridged. Collaborative TNA aims to increase ownership of outcomes in order to improve the quality of care to service users (Pedder, 1998)

The current NACTE process for curriculum review and development involves training needs assessment, analysis of the results of assessment and development of the draft curriculum. This process is an opportunity for capacity development of tutors as they get to be informed of the market requirement of the training programme that is to be developed, training needs and gaps of the current curriculum, and thus competencies that need to be included in the new curriculum. Greater involvement of tutors for the curriculum development at the various National Technical Awards (NTA) levels is a great opportunity not only for realizing relevance of the curriculum but also for building the capacity for tutors to implement the curriculum. Thus, as much as possible, more tutors should be involved in the curriculum review or development process (Angus, 2009).

Availability and accessibility of copies of the curricula to tutors and students is good. Copies of the training curricula are an important training material that should be available to tutors and students. Tutors should have copies of their own and students should be able to access them in the schools' libraries.

5.2 Factors that facilitate and hinder inclusion of health interventions into health curriculum.

(i) Training of Tutors

Though tutors have been in the training programmes for an average duration of 6.23 years, only few of them have attended courses to teach the interventions in the recent years. Most tutors have either not attended course recently (less than the past two years) or have never attended any course at all.

This is also shown by other studies that not much attention has been paid to Teacher Professional Development. The expansion of health training institutions requires a re-examination of the mechanisms for the preparation and development of tutors so that quality of education is not affected negatively. This is so because in Tanzania, as in most other developing countries, education means teachers. Due to lack of teacher's guides and essential texts, invariably, teachers are the key source of knowledge, skills, wisdom, appropriate orientations, inspiration and models for the students. As a consequence, the teacher is central in facilitating the processes that lead to meaningful education and students' learning outcomes are affected by teacher quality (Komba, 2008)

Considering the fact that the curricula have been reviewed during the years 2005 and 2006 and few tutors were trained in the interventions more than two years before and

most tutors have never had training in the interventions, their effectiveness in the training of the intervention is somewhat doubtful. According to the tutors of health training institutions, one of the inhibiting factors for the inclusion of interventions in the training of students was the lack of institutes' expertise to teach the intervention (Kweka, 2010)

Thus, tutors need to have more exposure in the training of the interventions. The interventions that have had the least coverage in training are EmONC, FANC and MCT. The majority of tutors who have been trained in HIV, had the training more than two years before.

(ii) Availability of Training Materials

Training Material are things used by the facilitators in a training environment interacting with the learner. Example lecture notes, exercises, lesson plans, books, demonstrations models etc. These materials store the information needed by the learner to perform tasks (Komba, 2008)

Generally, the availability of training material in health training institutions is good. However, there is a problem of availability of training material for the interventions in some schools. Studies shows that training materials assist in smooth organization and delivery of course materials (Roger, 2010). However there is a problem of accessibility of training materials to students. In fact, accessibility of training materials declines drastically from principals to tutors and students. The few copies of training materials

that are available tend to be kept at the principals' offices as there are no school libraries,

and if present, they lack a librarian and, or are not properly managed.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

As revealed in the study, not all health training institutions are teaching the interventions and that if taught is not done very effectively, as tutors are not adequately prepared to teach the interventions. Tutors and students also, do not have adequate access to health training materials related to the interventions.

The method of incorporating the interventions into health training curricula has mainly been the participation of tutors in reviewing the draft curriculum. Training needs assessment and training needs analysis have been less often used as methods of involvement of tutors in the curriculum development process. Private health training institutions have been the least involved in incorporating the new health interventions in health training curricula.

The focus of training new interventions had mainly been to in -service health providers and not to pre-service students (health training institutions) and hence has created another serious problem of absenteeism from their work place because most of the training is held outside the health facilities (MOHSW, 2008). Thus, health training institutions are not adequately involved in the campaign of scaling up of new health intervention; little have been done to improve the nursing curriculum and assisting nurse training schools, for example through training of tutors and making training materials available and accessible to tutors and students in different health training institutions in the country.

Policy change in the MoHSW, new WHO guidelines and standards and donor influence have been cited as the facilitating factors in incorporating health interventions in health training curricula while the shortage of tutors, lack of expertise among tutors to teach on the interventions and inadequate funding have been cited as the inhibiting factors.

6.2   Recommendations

1. Since the mechanism mainly used to include interventions into curriculum was schools' participation in workshops to review the draft curriculum, there is need to use more mechanisms such as refresher courses, development of trainers guide or refinement of the curriculum. There is also a need to involve schools in TNA analysis.

2. Mechanisms that were used such as involving schools in workshop to review draft curriculum it was noted that some schools were more involved compared to others and in some cases others were not involved at all. It is recommended that equal representation from all institutions should be considered.

3. There is need to update tutors on new interventions in order to capacitate them to teach students. At the moment most tutors have either not attended any course recently (more than two years) or have never attended any course at all.

4. For all interventions there is a need to have curricula available and accessible to tutors and also training/learning materials should be made available and accessible to both trainers and students. Establishment of libraries and their effective operation is essential for improving accessibility to health training materials.

Recommendations for future research:

This study focused mainly on HIV/TB and carried out in schools which offer diploma in nursing in Dar es Salaam only; therefore further quantitative study is needed to study other health interventions, in different programs not only diploma in nursing and at different regions in Tanzania.

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APPENDIX I: QUESTIONNAIRE FOR TRAINERS (ENGLISH VERSION)

Involvement of training institutions in scaling up of health interventions: The case of nursing diploma in Dar es Salaam, Tanzania.

Number of questionnaire

INTERVIEW TO TEACHERS OF NURSING TRAINING INSTITUTIONS

> **Date of interview…………………………………………………..**
>
> **Name of interviewer………………………………………….. …**
>
> **Name of the School………………………………………………**

> **A: GENERAL CHARACTERISTICS**

1. Region………………………District……………………………….

2. Ownership (Tick appropriate)

    Public   [   ]

    Faith based Organization   [   ]

    Parastatal   [   ]

    Private for profit   [   ]

3. How long have you been teaching? (Tick where appropriate)

No.	Duration	Tick
1.	Less than 6 months	
2.	Between 6 months and 1 year.	
3.	More than 1 year to 2 years	
4.	More than 2 years.	

4. How long have you been into this training institution?

No	Duration	Tick
1.	Less than 6 months	
2.	Between 6 months and 1 year.	
3.	More than 1 year to 2 years	
4.	More than 2 years.	

B: CURRICULUM ACCESSIBILITY

5. Do you use a curriculum for the programme you teach? *(Tick the appropriate)*

No	Response	Tick
1.	Yes.	
2.	No.	

If no please go to question Qn 7

(If yes request to see a copy)

1. *Copy seen_____ year_____ ,*

2. *Not seen_____*

6. How do you access the curriculum? Tick where appropriate.

No.	Response.	Tick.
1.	I have my own copy	
2.	It is available from the principal's office	
3.	I get it from the academic officer	
4.	I get it from the library	
5.	Other places (specify)…………………………..	

> **Observation**: Request to see a copy

Go to QN 8

7. (If you have not been using a curriculum) what guides you in preparation of lessons?

      i.   Experience

     ii.   Use training materials from the training

    iii.   Using manuals/Guidelines

    iv.   Others

           (specify)………………………………………………………………
           …

Go to QN 9

B: INCORPORATION OF THE INTERVENTIONS

8. Does the curriculum contain the following interventions?

INTERVENTION	YES	NO	Don't know
HIV / AIDS, ART			
TB			
IMCI			
Malaria Combination Therapy			
Focused Antenatal Care (FANC)			
Prevention of Mother to Child Transmission of HIV (PMTCT)			
Emergency Obstetric and Neonatal Care (EmONC)			

9. Have you been trained to be a trainer? (i. e teaching methodology courses)

No	Response	Tick
1.	Yes.	
2.	No.	

10. Do you teach the following interventions? (*More than one responses*)

INTERVENTION	YES	NO
HIV / AIDS		
TB		

11. Are the following training intervention materials available in your institution?

Key: √-YES, X-NO, DK-Don't Know

INTERVENTION	Materials		
	Teachers' Training Manual(TTM)	Teacher's reference materials(TRM)	Students learning materials(SLM)
HIV / AIDS			
TB			

12. To what extent are the materials for the following interventions accessible?

INTERVENTIONS	Manuals	Accessible	Moderately accessible	Inaccessible
HIV / AIDS	TTM			
	TRM			
	SLM			
TB	TTM			
	TRM			
	SLM			

Key: TTM: Teachers' Training Manual

TRM: Teacher's reference materials

SLM: Students learning materials

13. When did you last attend the courses to teach the intervention you mentioned above?

INTERVENTION		Duration			
		Less than 6 months ago	Between 1-2 years ago	More than two years ago	Never
HIV / AIDS					
TB					

14. Who organized the training you attended?

INTERVENTION		Organizer		
		Ministry of Health and Social Welfare	Development Partner('s) (Donor Agency) (mention	Others
HIV / AIDS				
TB				

15. Who appointed/selected you to attend the course?

INTERVENTION	Ways of Involvement			
	Ministry of Health and Social Welfare	The Principal	The relevant Program Manager	Others (mention)
HIV / AIDS				
TB				

16. In your views, why do you think you were selected?

Intervention		Reasons for Involvement			
	I teach the subject	A refresher training	Personally known to the Program Manager	There was no one else to attend	Any other (mention)
HIV / AIDS					
TB					

17. What are your recommendation regarding incorporation of interventions into training curriculum?..
....
....
....
....
....
....

Thank you for your cooperation

APPENDIX II: (SWAHILI VERSION) Dodoso ya walimu.

Ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya: Hali katika vyuo vya unesi diploma Dar es Salaam, Tanzania.

Namba ya dodoso

Mahojiano na walimu wa vyuo vya unesi

 Tarehe…………………………………………………..
 Jina la mhojaji………………………………………….. …
 Jina la chuo……………………………………………

 A: Tabia za Ujumla

4. Mkoa………………………Wilaya……………………………….

5. Mmiliki (Weka alama ya "√" katika kisanduku kimojawapo)

    Serikali   [   ]
    Chuo cha Kidini   [   ]
    Shirika la umma   [   ]
    Binafsi   [   ]

6. Je ni kwa muda gani umekuwa ukifundisha? (Weka alama ya "√" katika kisanduku kimojawapo)

Namba	Muda	√
1	Chini ya miezi sita	
2	Kati ya miezi sita na mwaka mmoja	
3	Kati ya mwaka mmoja na miwili	
4	Zaidi ya miaka miwili	

4. Je umefundisha chuo hiki kwa muda gani?

Namba	Muda	√
1.	Chini ya miezi sita	
2.	Kati ya miezi sita na mwaka mmoja	
3.	Kati ya mwaka mmoja na miwili	
4.	Zaidi ya miaka miwili	

B: Upatikanaji wa mtaala

5. Je unatumia mtaala katika kozi unayofundisha? (Weka alama ya "√" katika kisanduku kimojawapo)

Namba	Jibu	√
1.	Ndiyo.	
2.	Hapana.	

Kama jibu ni hapana tafadhali nenda swali namba 7

(Kama jibu ni ndiyo omba kuonyeshwa mtaala)

3. *Umeona mtaala ____ wa mwaka _____ ,*

4. *Hujaona mtaala_____*

6. Je unaupataje mtaala? (Weka alama ya "√").

Namba	Jibu	√
1.	Nina kopi yangu mwenyewe	
2.	Naupata kwenye ofisi ya mkuu wa chuo	
3.	Naupata kwa mwalimu wa taaluma	
4.	Naupata maktaba	
5.	Sehemu nyingine (Taja)………………………..	

7. Kama hutumii mtaala, je ni mwongozo upi unautumia kuandaa somo?

Namba	Jibu	√
1.	Uzoefu	
2.	Natumia matirio niliyoyapata kwenye semina	
3.	Natumia miongozo	
4.	Nyingine (Taja) …………………………	

B: Uwemo wa programu mbalimbali za afya kwenye mtaala

8. Je mtaala una programu zifuatazo?

Programu	Ndiyo	Hapana	Sijui
VVU / Ukimwi			
Kifua Kikuu			
Dawa mseto ya Malaria			
Matunzo ya mama mjamzito kabla ya kujifungua.			
Matibabu ya watoto kwa njia ya uwiano			
Kuzuia maambukizi ya VVU toka kwa mama kwenda kwa mtoto.			
Matunzo ya dharula wakati na baada ya kujifungua			

9. Je umejifunza kufundisha? (Kozi ya njia za ufundishaji)

Namba	Jibu	√
1.	Ndiyo.	
2.	Hapana.	

10. Je unafundisha program au topiki zifuatazo? (unaweza kujibu zaidi ya jibu moja)

Programu / Topiki	Ndiyo	Hapana
VVU / Ukimwi		
Kifua Kikuu		

11. Je mna nyenzo za kufundishia program zifuatazo katika chuo chenu?

Weka alama ya : √-Ndiyo, X-Hapana, S-Sijui

Programu	Nyenzo		
	Mwongozo wa mwalimu	Matirio/Nyenzo za kurejea	Matirio ya kujifunzia wanafunzi
VVU/ Ukimwi			
Kifua Kikuu			

12. Je upatikanaji wa matirio /nyenzo za kufundishia upo kwa kiasi gani?

Programu	Nyenzo	Zinapatikana	Wastani	Hazipatikani
VVU/ Ukimwi	Mwongozo wa mwalimu			
	Matirio ya kurejea			
	Matirio ya kujifunzia wanafunzi			
Kifua Kikuu	Mwongozo wa mwalimu			
	Matirio ya kurejea			
	Matirio ya kujifunzia wanafunzi			

1. Je ni lini ulihudhuria kwamara ya mwisho katika kozi au semina ya kufundisha program ulizozitaja hapo juu?

Programu	Muda			
	Chini ya miezi sita	Mwaka 1-2 iliyopita	Zaidi ya miaka 2	Sijawahi
VVU/ Ukimwi				
Kifua Kikuu				

14. Ni nani aliyeandaa hayo mafunzo?

Programu	Mwandaaji		
	Wizara ya afya	Mfadhili (Mtaje)	Mwingine
VVU/ Ukimwi			
Kifua Kikuu			

15. Ni nani aliye kuteua kuhudhuria hayo mafunzo?

Programu	Mteuzi			
	Wizara ya afya	Mkuu wa chuo	Meneja wa Programu	Wengine (Taja)
VVU/ Ukimwi				
Kifua Kikuu				

16. Kwa mtazamo wako, unafikiri ni kwa nini ulichaguliwa?

Programu	Sababu za kuchaguliwa				
	Nafundisha topiki	Mafunzo ya awali	Tunajuana na program meneja	Hapakuwa na mwingine wa kuhudhuria	Nyingine (taja)
VVU/ Ukimwi					
Kifua Kikuu					

17. Ni nini mapendekezo yako kuhusu kuingizwa kwa program mbalimbali za afya katika mtaala?

....

....

....

....

....

Asante sana kwa ushirikiano wako.

APPENDIX III: (ENGLISH VERSION) QUESTINNAIRE FOR PRINCIPALS.

Involvement of training institutions in scaling up of health interventions: The case of nursing diploma in Dar es Salaam, Tanzania.

Number of questionnaire

Date of interview……………………………………………..

Name of interviewer…………………………………….. …

Name of the School……………………………………………

Region………………………District……………………………….

1. Number of tutors in the institution.

	Male	Female	Total
Part time			
Full time			

2. Does your institution have a curriculum that is in use?

No	Response	Tick
1.	Yes.	
2.	No.	

If No, go to question No 6

Observation: Request to see a copy

(Circle the appropriate)

      i)   *Copy seen_____ year_____ ,*

      ii)   *Not seen_____*

3. How do tutors access the curriculum? Tick where appropriate.

No.	Response.	Tick.
1.	Have their own copies	
2.	available from the principal's office	
3.	from the academic officer	
4.	from the library	
5.	Other place (mention)...	

4. How do students access the curriculum? Tick where appropriate.

No.	Response.	Tick.
1.	Have their own copies	
2.	available from the principal's office	
3.	from the academic officer	
4.	from the library	
5.	Other place (mention)...	

5. Are the following interventions included in the curriculum?

INTERVENTION	YES	NO	Don't know
HIV / AIDS			
TB			
Integrated Management of Childhood Illnesses (IMCI)			
Antiretroviral Treatment (ART)			
Malaria Combination Therapy			
Focused Antenatal Care (FANC)			
Prevention of Mother to Child Transmission of HIV (PMTCT)			
Emergency Obstetric and Neonatal			

Care (EmONC)			
Others (mention) i) ii)			

6. Which of the following interventions are taught in the institution:

       Tick the appropriate response.

No	Intervention	Yes	No
1.	HIV / AIDS		
2.	TB		
3.	Integrated Management of Childhood Illnesses(IMCI)		
4.	Emergency Obstetrics and Neonatal Care (EMoNC)		
5.	TB/HIV Care and Treatment		
6.	Prevention of Mother to Child Transmission of HIV (PMTCT)		
7.	Focused Antenatal Care (FANC)		
8.	Malaria Combination Therapy (Malaria CT)		
9.	Others (mention) i) ii)		

If ALL yes go to QN 8

7. Have you ever made effort to teach the above intervention/s which are not taught in your institution?

No	Response	Tick
1.	Yes.	
2.	No.	

Explain (if yes, how, and if   no why)………………………………………………….

………………………………………………………………………………………

…………

8. Was your institution involved in the review of curriculum to incorporate these interventions?

	INTERVENTION	YES	NO	If no Explain why you were not involved
1	HIV / AIDS			
2	TB			
3	Others (mention) i) ii) iii)			

If ALL above are No, go to Qn.12

9. What were the mechanisms of involvement in preparation of the curriculum?

Tick (more than one response is applicable)

Participated in Training Need Assessment (TNA)   [   ]

Participated in a workshop to include TNA finding   [   ]

Participated in a workshop/session to review the draft of the curriculum   [   ]

Participated in other ways, specify…………………………   [   ]

10. Why do you think your institution got involved?

              Experienced institution in training   [   ]

              Expertise in curriculum development   [   ]

              Virtue of my position   [   ]

              Others reasons, specify

              ………………………………………………….

11. In your opinion what factors facilitated incorporation/inclusion of   tracer interventions in training curriculum? (*Tick where appropriate*)

Facilitating factor	Tick
Policy change in the MoHSW	

New WHO guidelines and standards	
Donor influence	
Others (specify)……	
Don't Know	

12. In your opinion what factors inhibited inclusion of tracer interventions in training curriculum?

…………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

………………………………………………………

13. Which of the following training materials are available in your institution? *Tick √ where Yes, put X where No*

INTERVENTION	Materials			
	Teachers' Training Manual (TTM)	Teacher's reference materials (TRM)	Students learning materials.(SLM)	Any Comment? *eg why no materials, why not enough, why not updated?*
HIV / AIDS				
TB				

14. How accessible are the materials?

INTERVENTION	Material accessibility						
	Accessible			Not accessible			Reasons for inaccessibility
Materials	TTM	TRM	SLM	TTM	TRM	SLM	
HIV / AIDS							
TB							

15. Is the time allocated to train various interventions enough with reference to the curriculum? Tick on the appropriate space.

No	Intervention	Yes	No
1.	HIV / AIDS		
2.	TB		

16 Do the students get enough practical exposure to these interventions as allocated in the curriculum?

Intervention	Yes	No	If no explain why
HIV / AIDS			
TB			

17. Do you have any suggestion for improvement (as per any issue above)?

Intervention	Suggestions for improvement
HIV / AIDS	
TB	

Thank you for your cooperation

APPENDIX IV: (SWAHILI VERSION) Dodoso kwa wakuu wa vyuo.

Ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya: Hali katika vyuo vya unesi diploma Dar es Salaam,   Tanzania.

Namba ya dodoso

Tarehe…………………………………………………………..
Jina la mhojaji………………………………………….. …
Jina la chuo…………………………………………………

A: Tabia za Ujumla

Mkoa………………………Wilaya…………………………….

2. Idadi ya walimu katika chuo chako.

	Wanaume	Wanawake	Jumla
Walimu wa kudumu			
Walimu wa muda			

3. Je chuo chako kina mtaala unaotumika?

Namba	Jibu	√
1.	Ndiyo	
2.	Hapana	

Angalizo: Omba kuona copy

(Zungushia jibu sahihi)

iv)   *Kopi ya mtaala imeonekana _____ Mwaka_____   ,*

v)   *Haijaonekana_____*

vi)   *Je kuna Kopi ngapi za mtaala katika chuo*

   chako_____

4. Je walimu wanapataje kopi ya mtaala? (Weka alama ya "√" katika kisanduku sahihi).

Namba	Jibu	√
1.	Kila mwalimu ana kopi yake mwenyewe	
2.	Wanaupata kwenye ofisi ya mkuu wa chuo	
3.	Wanaupata kwa mwalimu wa taaluma	
4.	wanaupata maktaba	
5.	Sehemu nyingine (Taja)………………………..	

5. Je wanafunzi wanaupataje mtaala? (Weka alama ya "√" katika kisanduku sahihi).

Namba	Jibu	√
1.	Wana copi zao wenyewe	
2.	Wanaupata kwenye ofisi ya mkuu wa chuo	
3.	Wanaupata kwa mwalimu wa taaluma	
4.	wanaupata maktaba	
5.	Sehemu nyingine (Taja)………………………..	

6. Je program zifuatazo zipo kwenye mtaala? (Weka alama ya "√" katika kisanduku sahihi).

Programu	Ndiyo	Hapana	Sijui
VVU/ Ukimwi			
Kifua kikuu			
Matibabu ya watoto kwa njia ya uwiano			
Dawa za kupunguza makali ya ukimwi (ART)			
Dawa mseto ya malaria			
Matunzo ya mama mjamzito kabla ya kujifungua.			
Kuzuia maambukizi ya VVU toka kwa mama kwenda kwa motto.			
Matunzo ya dharula wakati na baada ya kujifungua			
Nyingine (zitaje) i) ii) iii)			

7. Ni zipi kati ya program zifuatazo zinafundishwa katika chuo chako?

(Weka alama ya "√" katika kisanduku sahihi).

Namba	Programu	Ndiyo	Hapana
1.	VVU/ Ukimwi		
2.	Kifua kikuu		
3.	Matibabu ya watoto kwa njia ya uwiano		
4.	Matunzo ya dharula wakati na baada ya kujifungua		
5.	Kuzuia maambukizi ya VVU toka kwa mama kwenda kwa motto.		
6.	Matunzo ya mama mjamzito kabla ya kujifungua.		
7.	Dawa mseto ya malaria		
8.	Nyingine (zitaje) i) ii) iii)		

Kama majibu yote ni ndiyo nenda swali namba 9

8. Je umefanya jitihada zozote za kuzifundisha program ambazo hazifundishwi chuoni kwako?

Namba	Jibu	√
1.	Ndiyo	
2.	Hapana	

Elezea (Kama ndiyo kivipi, na kama jibu ni hapana eleza kwa nini

……………….

………………………………………………………………………………

…………

9   Je chuo chako kilihusishwa wakati wa kubadilisha mtaala wakati zinaingizwa hizi program?

	Programu	Ndiyo	Hapana	Kama jibu ni hapana eleza kwa nini
1	VVU/Ukimwi			
2	Kifua kikuu			
3	Nyingine (zitaje) i) ii) iii)			

Kama majibu yote hapo juu ni hapana nenda swali namba 12

10 Njia zipi zilitumika katika kuwahususha kutengeza mtaala? (Weka alama ya "√" katika kisanduku sahihi, unaweza kutiki zaidi ya sehemu moja).

Mlishirikishwa hatua za mwanzo kabisa za kutafuta kipi kiongezwe kwenye mtaala[ ]

Mlishirikishwa katika semina ya kupitia mapendekezo yaliyotolewa   [   ]

Mlishirikishwa katika hatua ya mwisho ya kuandika mtaala   [   ]

Mlishiriki kwa njia nyingine, zitaje   ……….…………………………   [   ]

2. Kwa nini unafikiri chuo chako kilihusishwa kutengeneza mtaala?

Uzoefu katika kufundisha   [   ]

Uzoefu katika kutengeneza mitaala   [   ]

Kutokana na nafasi yangu   [   ]

Nyingine, zitaje……………………………………………………….

11 Kwa maoni yako sababu zipi zinapelekea kuingizwa kwa program mpya katika mtaala? (Weka alama ya "√" katika kisanduku sahihi, unaweza kutiki zaidi ya sehemu moja).

Sababu	√
Kubadilishwa kwa sera wizarani	
Mabadiliko kutoka shirika la afya duniani	
Ushawishi wa mfadhili	
Nyingine, zitaje …………….	
Sijui	

3. Kwa maoni yako ni mambo gani yanazuia kuingizwa kwa program mpya katika mtaala?

……………………………………………………………………………
……………………………………………………………………………
……………………………………………………………………………
…………………………………………………………

4. Kati ya matirio /nyenzo zifuatazo, ni zipi zipo katika chuo chako? tiki √ *kama zipo , weka X kama hazipo.*

Programu	Nyenzo			
	Mwongozo wa mwalimu (**MW**)	Nyenzo za marejeo (**NM**)	Nyenzo za kujifunzia wanafunzi (**NKW**)	Maoni; mfano kwa nini hamna au hayatoshi, au hayaendi na wakati nk.
VVU/ Ukimwi				
Kifua kikuu				

5. Ni kwa kiasi gani nyenzo za kujifunzia zinapatikana?

Programu	Upatikanaji wa nyenzo						
	Zinapatikana			Hazipatikani			Sababu za kutokupatikana
Nyenzo	**MW**	**NM**	**NKW**	**MW**	**NM**	**NKW**	
VVU/ Ukimwi							
Kifua kikuu							

6. Je muda uliopangwa kufundisha program mbalimbali unatosheleza ukilinganisha na mtaala? (Weka alama ya "√" katika kisanduku sahihi)

Namba	Programu	Ndiyo	Hapana
1.	VVU/ Ukimwi		
2.	Kifua kikuu		

16 Je wanafunzi wanapata muda wa kutosha wa mafunzo kwa vitendo kama

inavyoonyeshwa kwenye mtaala?

Programu	Ndiyo	Hapana	Kama hapana eleza kwa nini
VVU/ Ukimwi			
Kifua kikuu			

17 Je unayo mapendekezo yoyote ya kuboresha (Katika swala lolote tuliyoyaona

hapo juu)

Programu	Mapendekezo ya kuboresha
VVU/ Ukimwi	
Kifua kikuu	

Asante sana kwa ushirikiano wako.

APPENDIX V: (ENGLISH VERSION) QUESTIONNAIRE FOR STUDENTS

Involvement of training institutions in scaling up of health interventions: The case of nursing diploma in Dar es Salaam, Tanzania.

Number of questionnaire

INTERVIEW TO STUDENTS OF NURSING TRAINING INSTITUTIONS

Date of interview……………………………………………..

Name of interviewer……………………………………….. …

Name of the School……………………………………………

A: GENERAL CHARACTERISTICS

1. Region……………………District……………………………….

2. Ownership (Tick appropriate)

   Public   [   ]

   Faith based Organization   [   ]

   Parastatal   [   ]

   Private for profit   [   ]

B: CURRICULUM ACCESSIBILITY

3. Have you ever seen the curriculum that is in use at your school?

No	Response	Tick
1.	Yes.	
2.	No.	

If No, go to Qn. 7

4. How do you access the curriculum? Tick where appropriate.

No.	Response.	Tick.
1.	I have my own copy	
2.	I get it from the principal's office	
3.	I get it from the academic officer	
4.	I get it from the library	
5.	Other places	

If you ticked 5,specify…………………………………………………………………………

B: INCORPORATION OF THE INTERVENTION

5. Does the curriculum contain the following interventions?

INTERVENTION	YES	NO	Don't know
HIV / AIDS			
TB			

6. Are the following interventions being taught in your school?

INTERVENTION	YES	NO	Don't know
HIV / AIDS			
TB			
Integrated Management of Childhood Illnesses (IMCI)			
Antiretroviral Treatment (ART)			
Malaria Combination Therapy			
Focused Antenatal Care (FANC)			
Prevention of Mother to Child Transmission of HIV (PMTCT)			
Emergency Obstetric and Neonatal Care (EmONC)			

7. Are the learning materials for the following interventions available in your institution?

INTERVENTION	YES	NO	Don't know
HIV / AIDS			
TB			

8   To what extent are the learning materials for the following interventions accessible?

INTERVENTION	Material accessibility			
	Accessible	Moderately accessible	Not accessible	Reason for moderate or not accessible
HIV / AIDS				
TB				

9.   Please indicate the extent to which you agree with the following statement (write the correct number) Key: 1 = **Adequate, 2= Moderate adequate 3= Inadequate**

Item	HIV / AIDS	TB
Time allocated for theory learning		
Time allocated for practical exposure		
Teaching models		

10. To what extent are you satisfied on the competence to handle the new interventions (HIV/TB) cases?

INTERVENTION	Competencies			
	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
HIV / AIDS				
TB				

11. What recommendations would you give for improvement of the following interventions?

Intervention
HIV / AIDS:
TB:

APPENDIX VI: (SWAHILI VERSION) Dodoso ya wanafunzi

Ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya: Hali katika vyuo vya unesi diploma Dar es Salaam, Tanzania.

Namba ya dodoso

A: Tabia za ujumla

Tarehe……………………………………………………..

Jina la mhojaji…………………………………………….. …

Jina la chuo……………………………………………………

Mkoa………………………Wilaya……………………………….

5   Mmiliki (Weka alama ya "√" katika kisanduku kimojawapo)

Serikali	[ ]
Chuo cha Kidini	[ ]
Shirika la uma	[ ]
Binafsi	[ ]

B: UPATIKANAJI WA MTAALA

6   Je umewahi kuona mtaala unaotumika chuoni kwako?

Namba	Jibu	√
1.	Ndiyo	
2.	Hapana	

7   Je unaupataje mtaala? (Weka alama ya "√" katika kisanduku kimojawapo)

Namba	Jibu	√
1.	Nina kopi yangu mwenyewe	
2.	Napata toka ofisi ya mkuu wa chuo	
3.	Napata ofisi ya taaluma	
4.	Napata maktaba	
5.	Napata sehemu nyingine (itaje) ……………………………….	

B: KUINGIZWA KWA PROGRAMU MPYA KWENYE MTAALA

8   Je mtaala una program zifuatazo? (Weka alama ya "√" katika kisanduku kimojawapo)

Programu	Ndiyo	Hapana	Sijui
VVU/ Ukimwi			
Kifua kikuu			

9. Je program zifuatazo zinafundishwa katika chuo chako? (Weka alama ya "√" katika kisanduku kimojawapo)

Programu	Ndiyo	Hapana	Sijui
VVU/ Ukimwi			
Kifua kikuu			
Matibabu ya watoto kwa njia ya uwiano			
Dawa za kupunguza makali ya ukimwi			
Dawa mseto ya malaria			
Matunzo ya mama mjamzito kabla ya kujifungua.			
Kuzuia maambukizi ya VVU toka kwa mama kwenda kwa mtoto.			
Matunzo ya dharula wakati na baada ya kujifungua			

10. Je nyenzo za kujifunzia program zifuatazo zinapatikana katika chuo chako? (Weka alama ya "√" katika kisanduku kimojawapo)

Programu	Ndiyo	Hapana	Sijui
VVU/ Ukimwi			
Kifua kikuu			

10. Je ni kwa kiasi gani nyezo za kufundishia program zifuatazo zinapatikanaje katika chuo chako? (Weka alama ya "√" katika kisanduku kimojawapo)

Programu	Material accessibility			
	Zinapatikana	wastani	Hazipatikani	Sababu kwa nini hazipatikani
VVU/ Ukimwi				
Kifua kikuu				

11. Tafadhali onyesha ni kwa kiasi gani unakubaliana na yafatayo: (Andika namba sahihi)

Tafsiri: **1 = Inatosheleza, 2= wastani 3= haitoshelezi**

Kipengele	VVU/ Ukimwi	Kifua kikuu
Muda uliotengwa kwa mafunzo ya nadharia		
Muda wa mafunzo kwa vitendo		
Njia za ufundishaji		

13. Je ni kwa kiasi gani unaridhika na uwezo wako wa kushughulikia mambo yahusuyo VVU/Ukimmwi na kifua kikuu? (Weka alama ya "√" katika kisanduku kimojawapo)

Programu	Uwezo			
	Nimeridhika sana	Nimeridhika	Sijaridhika	Sijaridhika kabisa
VVU/ Ukimwi				
Kifua kikuu				

14. Nini mawazo yako katika kuboresha program zifuatazo katika muktadha wa mambo tuliyoyajadili hapo juu?

Intervention
VVU/ Ukimwi: ……………………………………………………………………………………
Kifua kikuu: ……………………………………………………………………………………..

APPENDIX VII: (ENGLISH VERSION) QUESTINNAIRE FOR OTHER STAKEHOLDERS (MOHSW & ITECH).

Involvement of training institutions in scaling up of health interventions: The case of nursing diploma in Dar es Salaam, Tanzania.

Interview Guide

    Date of interview………………………………………………..
    Name of interviewer……………………………………….. …
    Name of the Organization………………………………………………
    Region………………………District…………………………….

1   How do you involve the health training institutions in incorporation of essential health interventions (HIV/TB) into the health curriculum?

2   How do you involve the health training institutions in curriculum development / review of the new health interventions (HIV/TB)?

3   What are the challenges of involving health training institutions in scaling up of health interventions; and how do you overcome them.

APPENDIX VIII: (SWAHILI VERSION) Dodoso kwa wadau wengine (Wizarani na asasi za kiraia mfano ITECH)

Ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya: Hali katika vyuo vya unesi diploma Dar es Salaam, Tanzania.

Namba ya dodoso

Tarehe………………………………………………..
Jina la mhojaji……………………………………….. …
Jina la chuo……………………………………………

A: Tabia za Ujumla

Mkoa………………………Wilaya……………………………….

1   Je ni kwa kiasi gani mnavihusisha vyuo vya afya katika kukuza program mbalimbali za afya (VVU/ Ukimwi na Kifua kikuu)?

2   Je ni kwa jinsi gani mnavihusisha vyuo (Nesi diploma) katika kutengeneza mitaala ya program mpya?

3   Je ni changamoto zipi mnazokumbana nazo katika kuhusisha vyuo vya afya mnapotengeneza mitaala, na je mnazikabili vipi?

APPENDIX IX: INFORMED CONSENT, ENGLISH VERSION

MUHIMBILI UNIVERSITY COLLEGE OF HEALTH SCIENCES DIRECTORATE OF RESEARCH AND PUBLICATIONS.

INFORMED CONSENT

ID-NO □□□

Consent to participate in this study

Greetings! My name is Dominicus Haule. I am working on this research project with the objective of assessing the involvement of training institutions in scaling up of health interventions: The case of nursing diploma in Dar es Salaam, Tanzania**.**

Purpose of the study

This study has the purpose of generating information on the involvement of training institutions in scaling up of health interventions; specifically on HIV /TB; The case of nursing diploma in Dar es Salaam, Tanzania. You are being asked to participate in this study because you have particular knowledge and experiences that may be important to the study.

What Participation Involves

If you agree to participate in this study the following will occur:

1.   You will sit with a interviewer and answer questions about what factors you think influence involvement of training institutions in scaling up of health interventions and finally your comments on what should be done to improve the situation. The interviewer will be recording your responses using a tape recorder.

2.   You will be interviewed only once for approximately 45 minutes in a private setting.

Confidentiality

I assure you that all the information collected from you will be kept confidential. Only people working in this research study will have access to the information. We will be compiling a report, which will contain responses from several respondents without any reference to individuals. We will not put your name or other identifying information on the records of the information you provide.

Risks

You will be asked questions about involvement of training institutions in scaling up of health interventions. Some questions could potentially make you feel uncomfortable. You may refuse to answer any particular question and may stop the interview at anytime.

Rights to Withdraw and Alternatives

Taking part in this study is completely your choice. If you choose not to participate in the study or if you decide to stop participating in the study you will not get any harm. You can stop participating in this study at any time, even if you have already given your consent. Refusal to participate or withdrawal from the study will not involve penalty or loss of any benefits to which you are otherwise entitled.

Benefits

The information you provide will help to increase our understanding on how training institutions are involved in scaling up of health interventions and prepare effective interventions/programs which will fully involve training institutions in scaling up of different health interventions.

In Case of Injury

We do not anticipate that any harm will occur to you or your family as a result of participation in this study

Who to contact

If you ever have questions about this study, you should contact the study Coordinator or the **Principal Investigator, Dominicus Haule,** Muhimbili University of Health and Allied Sciences (MUHAS), P.O. Box 65001, Dar es Salaam (Tel. no. 0686 312150). If you ever have questions about your rights as a participant, you may call **Prof. M. Abood, Chairman of the University Research and Publications Committee,** P. O. Box 65001, Dar es Salaam. Tel: 2150212-6 and **Dr. D.V.C. Kakoko who is the supervisor** of this study (Tel.no. 0786 015214)

Signature

Do you agree?

Participant Agrees   [__]

Participant disagree   [__]

I _____ have read/understood the contents in this form. My questions have been answered. I agree to participate in this study.

Signature of Participant

_____

Signature of research assistant

_____

Date of signed consent

_____

APPENDIX X   :   RIDHAA YA MSHIRIKI- SWAHILI VERSION

MUHIMBILI UNIVERSITY COLLEGE OF HEALTH SCIENCES DIRECTORATE OF RESEARCH AND PUBLICATIONS.

FOMU YA RIDHAA

NambayaUtambulisho ☐ ☐☐

Ridhaa ya Kushiriki katika utafiti huu

Habari! Jina langu naitwa Dominicus Haule nafanya kazi katika mradi huu wa utafiti wenye lengo la kukusanya maoni yanayohusu ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya: Hali katika vyuo vya unesi diploma Dar es Salaam, Tanzania.

Malengo ya Utafiti

Utafiti huu una lengo la kukusanya taarifa ya maoni yanayohusu ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya. Unaombwa kushiriki katika utafiti huu kwa sababu una uelewa na ambao unaweza kuwa muhimu katika tafiti hii.

Ushiriki.

Ukikubali kushiriki katika utafiti huu yafuatayo yatatokea:

1.   Utakaa na mtafiti aliyepewa mafunzo ya jinsi ya kuhoji na kujibu maswali yahusuyo ufahamu wako kuhusu ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya. Msaili atakua anarekodi majibu yako katika kaseti ya kurekodia.

2.   Utahojiwa mara moja tu kwa takriban dakika 45.

Usiri

Nakuhakikishia kwamba taarifa zote zitakazokusanywa kutoka kwako zitakua ni siri, ni watu wanaofanya kazi katika utafiti huu tu ndio wanaweza kuziona taarifa hizi. Hatutaweka jina lako au taarifa yoyote ya utambulisho kwenye kumbukumbu za taarifa utakazotupa.

Madhara

Utaulizwa maswali juu ya ufahamu wako kuhusu sababau zinazohusishwa ushirikishwaji wa vyuo katika kukuza programu mbalimbali za afya. Baadhi ya maswali yanaweza kukufanya usijiskie vizuri. Unaweza kukataa kujibu swali lolote na unaweza kusimamisha usaili wakati wowote.

Haki ya kujitoa na mbadala wowote

Kushiriki katika utafiti huu ni uchaguzi wako, kama utachagua kutokushiriki au utaamua kusimamisha kushiriki hutapata madhara yoyote. Unaweza kusimamisha kushiriki katika tafiti hii muda wowote hata kama ulisharidhia kushiriki. Kukataa kushiiriki au kujitoa katika utafiti hakutasababisha adhabu yoyote au upotevu wa faida yoyote unayotakiwa kupata.

Faida

Taarifa utakayotupatia itasaidia kuongeza uelewa wetu kuhusu sababu zinazohusu ushirikishwaji au kutokushirikishwa kwa vyuo vya afya katika kukuza programu mbalimbali za afya na jinsi ya kurekebisha kasoro zitakazo jitokeza.

Endapo Utadhurika

Hatutegemei madhara yoyote kutokea kwa kushiriki kwako katika tafiti hii.

Watu wa kuwasiliana nao

Kama una maswaIi katika utafiti huu unaweza kuwasiliana na **mratibu mkuu wa mradi, Dominicus Haule** Chuo Kikuu cha Muhimbili, S.L. P 65001, Dar es Salaam

(Simu. no. 0686 312150). Kama utakua na maswali yoyote kuhusu haki zako kama mshitriki unaweza kupiga simu kwa **Prof. M.Abood,** ambaye ni **Mwenyekiti wa kamati ya chuo ya utafiti na machapisho,** S.L.P 65001, Dar es Salaam. Simu namba: 2150212-6 na **Dr. D.V.C. Kakoko** ambaye ni **msimamizi wa utafiti huu** (Simu nambari. 0786 015214)

<u>Sahihi</u>

Unakubali?

Mshiriki amekubali   [__]

Mshiriki amekataa   [__]

Mimi _____ nimesoma/nimeielewa hii fomu, maswali yangu yamejibiwa. Nakubali kushiriki katika utafiti huu.

Sahihi ya mshiriki

_____

Sahihi ya mtafiti mwandamizi

_____

Tarehe ya makubaliano

_____