HEALTHCARE PROVIDERS' PERSPECTIVE ON THE ROLE OF ON-JOB TRAINING IN IMPROVING NEONATAL CARE AT TUMBI REGIONAL HOSPITAL, PWANI - TANZANIA

Johari Salum Senga, BScN

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By

Johari Salum Senga

A Dissertation Submitted in (Partial) Fulfilment of the Requirements for the Degree of Master of Science (Midwifery and Women's Health) of

Muhimbili University of Health and Allied Sciences
October, 2024

CERTIFICATION

The undersigned certifies that they have read and hereby recommends for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled: **"Healthcare providers' perspective on the role of on-job training in improving neonatal care at Tumbi Regional Hospital, Pwani – Tanzania",** in (partial) fulfillment of the requirements for the degree of Master of Science (Midwifery and Women's Health) of Muhimbili University of Health and Allied Sciences.

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Dr. Beatrice Mwilike
Supervisor

_____

Date

_____

Mr. Ally Lyimo
Co-Supervisor

_____

Date

DECLARATION AND COPYRIGHT

I, **Johari Salum Senga**, declare that this **dissertation** is my original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature…… **Date**……

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DEDICATION

This dissertation is dedicated to my beloved husband Mr. Shaib Adam Nyamatama, my daughter Aisha Shaib Nyamatama and my son Salum Shaib Nyamatama.

ABSTRACT

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Background: The neonatal mortality rate in Tanzania is 24 deaths per 1,000 live births. Tanzania Government has adopted many interventions including on job-training to improve newborn health outcomes and reduce Neonatal Mortality Rate (NMR). Kibaha District is among the Regions where Health Care Providers had the opportunity of receiving On-job training but improvement of newborn care significantly remained a challenge.

Material and methods: The study employed an exploratory descriptive qualitative design. The study was conducted at Tumbi Regional Referral Hospital where 12 participants were selected through a non-probability purposive sampling technique. A semi-structured interview guide with probing questions was used as a data collection tool and the interview was conducted after obtaining the consent of the participants. All interviews were audio-recorded using a digital audio recorder. The recorded data was analyzed by thematic data analysis approach**.**

Results: The findings of this study indicated the health care providers' views that it is necessary to increase the number of trainings, and increase the hospital budget for trainings. Furthermore, on-job training might result in knowledge updates, improved neonatal care services and job satisfaction. Moreover, challenges related to on job trainings included shifting of healthcare workers, theory-based trainings, lack of evaluation as well as few numbers of trainings.

Conclusion: On job trainings stands as a catalyst to enhance health care providers knowledge, skills and improved neonatal care services. Furthermore, the on-job trainings contribute to the improved newborn care services, eventually increasing the confidence to health care providers towards newborn care.

Recommendation: It is essential to enhance investment in on-job training initiatives at the grassroots level, as these facilities frequently refer critical neonatal cases to high level hospitals. The lower-level facilities are where the vast majority of the population seeks medical care. Therefore, provision of the on-job training efforts at this level is crucial for improving overall newborn healthcare outcomes.

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LIST OF ABBREVIATIONS

BEmONC	Basic Emergency Obstetric and Newborn Care
CPAP	Continuous Positive Airway Pressure
ENC	Essential Newborn Care
HBB	Help Baby to Breath
LMICs	Low and Middle-Income Countries
MUHAS	Muhimbili University of Health and Allied Sciences
NGOs	Non-Government Organization
NICU	Neonatal Intensive Care Unit
NMR	Neonatal Mortality Rate
QI	Quality Improvement
RAS	Researcher Assistance
RRH	Regional Referral Hospital
SDG	Sustainable Development Goals
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

DEFINITION OF TERMS

Health care providers: A person or entity that provides medical care or treatment, including doctors, nurse practitioners, midwives, radiologists, labs, hospitals, urgent care clinics, medical supply companies, and other professionals and facilities, that provide such services.

Perspective: Refers to the way an individual sees, interprets and understands the world around them. It shaped by a combination of factors such as personal experiences beliefs, values, culture and social influences.

Role: The function assumed, or part played by a person or thing in a particular situation.

Newborn baby: Is a baby from birth to 28 days of life.
Newborn Care: Is the care given to the baby from birth until discharge from the health facility.

On-Job Training: Refers to the structured or unstructured practical approach to acquiring new competencies and skills needed for a job in a workplace.

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the study

Neonatal mortality, defined as the death of a newborn within the first 28 days of life(Mangu *et al.*, 2021). Neonatal mortality rate remains a significant global health concern. The neonatal mortality rate is high in low income countries compared to high income countries (Mmbaga *et al.*, 2012)**.** Sub-Sahara Africa has highest mortality rate in the world (27 deaths per 1000 live births) with 43% of global newborn deaths, followed by central and southern Asia(23 deaths per 1000 live births) with 36% of global newborn deaths(WHO 2022).The neonatal mortality rate in Tanzania is 24 deaths per 1,000 live births(Survey and Indicators, 2022).

The aim of the sustainable development goals (SDG3) is to reduce the neonatal mortality by 12 deaths per 1000 live births by 2030 (United Nations, 2015). Many countries including Tanzania are working to reduce the neonatal mortality rates by putting in place all necessary health interventions, including improving newborn care through on-job training as well as ensuring the global SDG target of less than 10 deaths per 1,000 live births by 2030 and putting an end to preventable neonatal deaths(UNICEF, 2018).

Existing literature underscores the impact of healthcare provider training on neonatal outcomes. Studies in similar settings have demonstrated positive correlations between improved provider skills and reduced neonatal mortality. However, the contextual factors influencing the implementation and effectiveness of these programs are diverse and context-specific (Mwansisya *et al.*, 2022).Understanding the perspectives of healthcare providers is crucial for modifying interventions that can effectively address improvement of newborn care in specific contexts.(Mmbaga *et al.*, 2012) .The relevance of improving newborn care training becomes apparent in the context of improving Healthcare providers' skills and knowledge to manage newborn effectively. Training programs designed to enhance healthcare professionals' competency in neonatal care have shown promise in reducing neonatal mortality rates in various settings.

These programs encompass a range of topics, including resuscitation techniques, infection prevention, and early detection of critical conditions.(Drake, Dunstan R Bishanga, *et al.*, 2019). Assessing the perspectives of healthcare providers on the relevance of such training is essential for identifying barriers, understanding facilitators, and tailoring interventions to the specific needs of the community.

However, scholars such as (Dhanabhakyam and Monish P, 2022) are emphatic on the significance of the employees training and development by arguing that the relevant employee training, development and education programmers' at the right time provide huge benefit for employers through knowledge, loyalty, increased productivity and contribution in the organization.

The global efforts in redressing the crisis of on-job training on improving newborn care situation have taken place in different forms. These efforts include supporting low- and middle-income countries in training of health workers by high-income countries, as well as sending of facilitators during the situations where trainings are in place, although global efforts have been made to solve the provision on-job training of health care crisis, the fruits produced so far are not enough, therefore calls for more in-country-specific measures(Project, 2016).

WHO estimates that Sub-Saharan Africa has only 1.3 per cent of the world's trained health personnel. Africa had an average of 1.30 trained health workers per 1000 people in 2015, significantly less than the 4.5 needed to meet the Sustainable Development Goals (SDGs). Though gains have been made, Africa has the most severe health personnel shortfall, predicted to reach 6.1 million by 2030.

Tanzania is among the 36 countries in sub-Saharan Africa with a critical shortage of on-job trainings towards improving newborn care, however, the country suffers an average shortage of 56% of trained and skilled workforce. Tanzania not only suffers a shortage but also a provision of the few on-job training available in the country, as for other parts of the world, rural areas suffer more. The shortage of on-job in Tanzania is believed to be a result of multiple factors

including low output of highly trained cadres from the training institutions post-independence, as well as failure to absorb all trained workers in the country in the last two decades(Sirili *et al.*, 2014)

1.2 Problem statement

According to WHO 2020, Africa had the highest neonatal mortality rate of 27 deaths per 1000 live births. A neonate born in Sub-Saharan Africa is 10 times more likely to die in the first month than a neonate born in a high-income country (Mwansisya *et al.*, 2022). The neonatal mortality rate in Tanzania was reported to be 19 deaths per 1000 live births in 2015 (UNICEF, 2016).The Tanzania Demographic Health Survey (TDHS) reported the rate of neonatal mortality to be 24 deaths per 1,000 live births in 2022. It has been noted that the five-year trend of neonatal mortality rate (NMR) from 2015 to 2021 was 24.0, 22.5, 22.1, 21.6, 20.8, 20.4, and 20.0 deaths per 1000 live births, respectively (UNICEF, 2021).

To tackle the challenge, the Tanzanian government has adopted many interventions, including on-the-job training to improve the skills of health care providers in newborn resuscitation, care of preterm and very sick newborns, and the use of modern technology equipment such as Continuous positive airway pressure(CPAP), incubators, ventilators, breathing machines, endotracheal tubes, vital signs monitors, and umbilical catheters (Drake, Dunstan R Bishanga, *et al.*, 2019). Despite of the adaption on-the-job training intervention, the rate of neonatal mortality did not change significantly. Kibaha District in Tanzania is among the regions where health care providers had the opportunity to receive on-the-job training such as Help Baby Breathe (HBB) and Basic Emergency Obstetric and Newborn Care (BemoC) with the aim of improving the newborn care (p simtoe 2020).

However, regarding the number on-the-job trainings in the study area, health care providers presented that, the number of trainings in the work place should be increased as the number is low that some workers do not get chance to attend trainings for long periods of time. This led to some workers who have not received training to continue providing newborn care services without following the guidelines and updates.

Though, according to the District Health Information Survey, the rate does not change significantly regardless of the effort including provision of on-job training of health care providers. As reported in June 2023, the neonatal mortality rate (NMR) was 37 deaths per 1,000 live births. (DHIS-2).This number is high to be achieved as compared to the sustainable development goal (SDG3) which targets to reduce neonatal mortality to at least as low as 12 per 1,000 live births by 2030 (United Nations, 2015).

It worth noting that healthcare workers' knowledge and skills are prepared and enhanced through on-job training and development which enables them to adapt changes that are introduced, new technologies, and working environment within the organization, like improving newborn care. Therefore, this study aims at exploring the health care providers' perspective on the role of on-job training on improving newborn care at Kibaha District, Tanzania.

1.3 Rationale

The findings of this study helped to allows current or future co-workers to learn new skills together and support each other through challenging concepts and its potential impact on reduction neonatal mortality rates. On-job training is the one of the most influential and well-established ways of teaching health care provider`**s** the skills and knowledge needed to work in neonatal care unit. This study helped to Understand the views of healthcare professionals for identifying existing gaps, challenges and opportunity in implementing newborn training programs. Learning and development of employee is the powerful retention tool because it demonstrates that the organization values its people, improving their skills makes them more successful in their work and makes the organization more profitable.

Health care providers play a pivotal role in delivering effective neonatal care, their knowledge, skills, and altitude are crucial determinants of newborn outcomes.

1.4 Research question

1.4.1 Broad research questions

What are the Health Care Provider's perspective on the role of On-job training on the improvement of newborn care in Tumbi Regional Referral Hospital, Kibaha District, Tanzania?

1.4.2 Specific research question

1. What are the Health Care Providers views regarding on job training on improving newborn care in Tumbi Regional Referral Hospital?
2. What are the Health Care Providers perceived contribution of on-job training on improving newborn care in Tumbi Regional Referral Hospital?
3. What are the Health Care Provider perceived challenges related to on-job Training on improving newborn care in Tumbi Regional Referral Hospital?

1.5 Objectives

1.5.1 Broad Objective

To explore the Health Care Provider's perspective on the role of On-Job Training on the improvement of newborn care in Tumbi Regional Referral Hospital, Kibaha District, Tanzania.

1.5.2 Specific research objective

1. To explore the Health Care Providers' views regarding on job training on improving newborn care in Tumbi Regional Referral Hospital.
2. To identify Health Care Providers' perceived contribution of the on-job training on improving newborn care in Tumbi Regional Referral Hospital.
3. To identify the Health Care Providers' perceived challenges related to on-job Training at Tumbi Regional Referral Hospital.

1.6 Theoretical Framework

The social-ecological model was used to conceptualize this study**.** It was developed by psychologist Urie Bronfenbrenner in 1970 (Kilanowski, 2017). The social-ecological model is a framework that describes the interactive characteristics of individuals and environments that underlie health outcomes and guide public health practice. It describes health promotion programs such as health education and behavior, research, and training that enhance successful efforts to modify social and political environments to improve health. The socio-ecological model describes five socio-ecological levels, which articulate the relationship between the individual and their environment. These levels are intrapersonal or individual. Interpersonal, institutional, community, and policy (Shelley D Golden and Earp, 2012).

Intrapersonal level: this model level describes internal determinants of individual behavior such as knowledge, attitudes, beliefs, and skills**.** The model describes changes expected of an individual after receiving training, such as knowledge of participants, perceptions or attitudes of the affected person, changes in behavioral intentions, and self-efficacy (Program, 2015).

Interpersonal level: This level comprises(include) the external influences of family and friends, the individual's health care provider, as well as important opinions. It describes social norms, social identity, and role descriptions that operate at this level and can influence lifestyle and health care choices. The model describes changes expected of people after receiving training, including the perceptions or attitudes of workers and their behavior (Etemadifar *et al.*, 2015).

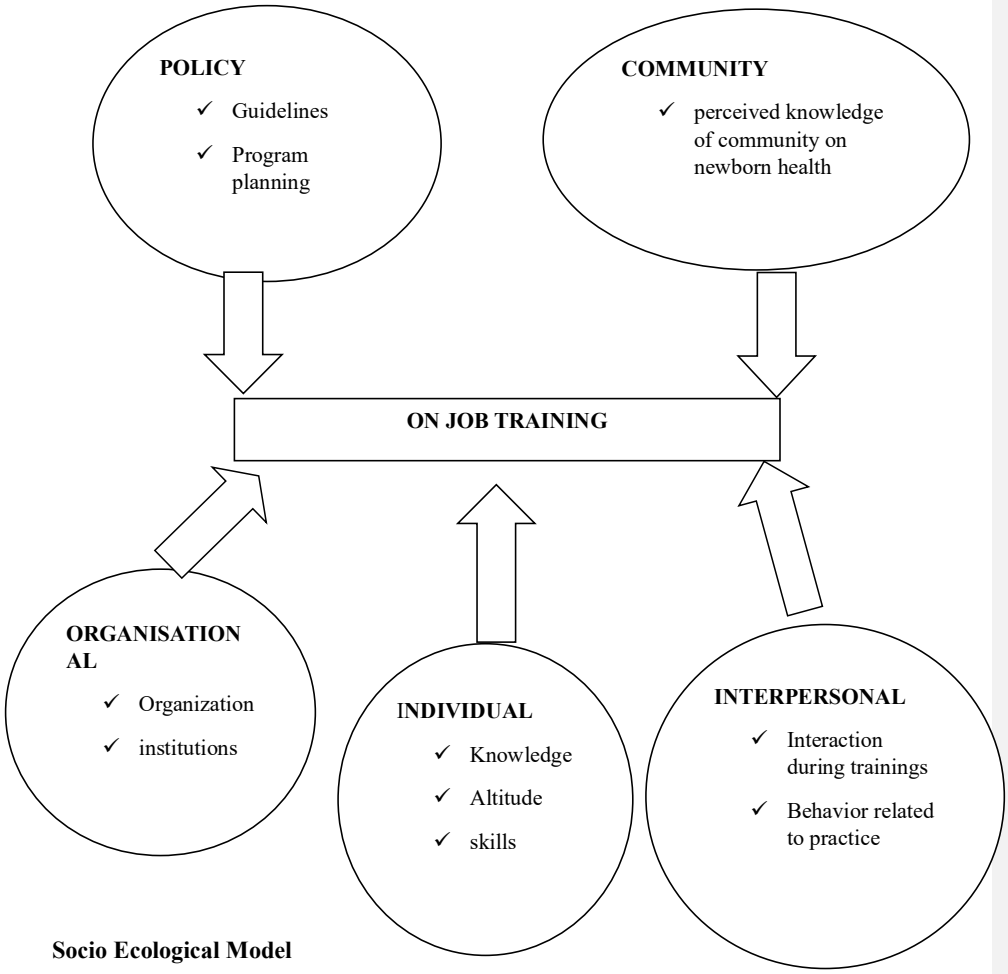
Institution or organizational level; considers the rules and policies that guide and support behavior. The model describes the expected changes such as Perception or attitudes of institution leaders, Institutional culture, Institutional policies, Institutional physical environment, Institutional capacity, institutional environments, policies or services (Unicef, 2020)

Community level. This level describes the interventions involving the whole community such as skills enhancement of general community. It is beyond target population. expected changes

include Delivery of community services and Community physical environment.(Shelley D. Golden and Earp, 2012)

Policy level; immediate contacts specific to policy change. The target is Capacity for policy advocacy, social norms, Perception or attitudes of policy makers, public policy, Creation or modification of public policy(Program, 2015)

For this study, the socio-ecological model helped to provide a framework for describing how different on job training on newborn care influences the newborn outcome and conceptualize how health care providers who work in Neonatal Intensive Care Unit (NICU), perceive these trainings including influence and challenges about on job training.



Socio Ecological Model

CHAPTER TWO

2.0 LITERATURE RE VIEW

On-the-job training (OJT) is a practical method of training where employees learn by performing their job tasks under the guidance of experienced colleagues or supervisors. Employee performance is critical to the success of organizations and countries alike. It is argued that the most important factor of employee performance is training as it enhances the capabilities of employees.(Bafaneli and Setibi, 2015)

It offers several benefits and characteristics. Real-World Experience, On-the-job training allows trainees to apply theoretical knowledge in practical situations, which can enhance their understanding and retention of information. Integrated Learning, Training occurs in the actual working environment, making it easier for employees to adapt to company culture and processes. Mentorship, Experienced employees often mentor newcomers, providing guidance, support, and sharing best practices. Immediate Feedback, Trainees receive real-time feedback from supervisors and peers, allowing them to correct mistakes and improve performance quickly. Cost-Effective, On- the- job training can be less expensive than formal training programs, as it utilizes existing personnel and resources. Customized Training, Training can be tailored to fit the specific needs of the organization and the individual's role.(Rai and Thapa, 2019)

There are different types of On-the-Job Training, that is Job Shadowing, New employees follow experienced colleagues to observe their tasks and learn how to perform them. Apprenticeships, often found in skilled trades, apprentices undergo a structured On- the- job training program combined with classroom instruction. Coaching and Mentoring, ongoing support from a more experienced employee to help the trainee develop their skills over time. Job Rotation, employees are moved between different tasks or roles to gain a broader skill set and understanding of the organization. (Soliman *et al.*, 2020)

Also, there is Challenges related to On-the-Job Training, Inconsistent Quality, the effectiveness of On-the-job training can vary significantly depending on the skills of the trainer and the resources available. Time Constraints, balancing training with productivity demands can be challenging for both trainers and trainees. Potential for Overwhelm, new employees may feel overwhelmed by the demands of performing tasks while learning simultaneously. Resistance to Change, established employees may be resistant to training newcomers if they feel it disrupts their workflow.(Soliman *et al.*, 2020)

World Health Organization (WHO) "skilled care at every birth" "skilled birth attendant" including midwives, doctors or nurses working in maternity with deliveries, who have been trained health care providers to manage child birth and perform newborn care.(Ljungblad, Sandvik and Lyberg, 2019).

In current study, the first breath trial, training in the World Health Organization (WHO) Essential Newborn Care (ENC) program reduce stillbirths by 30% without increasing neonatal mortality among women delivering in developing countries(Chomba *et al.*, 2016) The 2014 State of the world`s Midwifery Report showed that midwives trained and regulated according to international standards can provide more than 80% of the essential care needed for women and neonates(Nove *et al.*, 2021).

In South Africa 2021, a patient health outcome was assessed to be sub-optimal, especially in the areas of maternal and child health. The reasons mentioned including a number of factors related to health care provisions, which are inadequate training, inadequate support and supervision, random distribution with poor coverage, no link between the community- based services and services offered by fixed health facilities, funding being channeled through non- governmental organizations (NGOs) with inadequate accountability and limited or no targets for either coverage or quality to be reached. It was concluded that many of these factors could be collected if health care providers is the part of a team, well trained, supported and supervised(Pattinson *et al.*, 2019).

Health workers in developing countries often have inadequate skills, and these babies are therefore more likely to die (Opiyo and English, 2015). Lack of evidence from sub-Sahara Africa related to promotion of newborn care and newborn survival is remarkable(Reid and Garcia, 2020) despite numerous efforts by governments in developing countries are being taken to reduce stillbirth and neonatal deaths related to intrapartum events in unattended birth(Lehtonen *et al.*, 2017) which include use of antenatal clinic, immunization and insistence to deliver in health facilities and the healthcare providers could be taken on board after training possibly will avert some of these health problems especially maternal and new born mortality.

A prospective cohort study done in three regions in Tanzania from 2010 to 2014 indicate that 66% of intrapartum and early neonatal deaths were attributed to inadequate skills of Health Care Providers (Nyamtema *et al.*, 2016).

2.1 Overview of on-job training to improving newborn care

On job training is often used to improve healthcare provider's performance (Bafaneli and Setibi, 2015), but studies have shown that on job training has an association skills needed in the work environment as well as methods involved in its delivery (Vasanthi and Basariya, 2019). A newborn care, need an adequate knowledge, skills and good attitudes. Although, advances in insights into treatment and diagnosis, as well as changes in roles and responsibilities, require continuous professional development and training among health workers and this serves as a motivator (Swedberg *et al.*, 2015). World health organization advocates for skilled care at every birth, Skilled birth attendants including midwives, doctors or nurses working in maternity who have been trained to manage sick newborns, normal newborns and perform immediate newborn care (World Health Organization, 2017).The on job training has the following importance in improving newborn health

2.1.1 Enhance skills on newborn care

Healthcare systems suffer from various inadequacies related to staff training, knowledge and use of evidence-based protocols, multi-disciplinary care, and lack of quality improvement support (Thaddeus, 2014). Evidence from other countries such as China and India suggest that

provision of health services and their links with the fixed primary health care facilities in particular are critical to good health outcomes, especially child health(Sepúlveda *et al.*, 2006). A study done in Dar es salaam Tanzania revealed that employees who receive on job training have mastery of specific skills they need to successfully perform the task related to their present job.(Swedberg *et al.*, 2015).

2.1.2 Promote improvement in the quality

Numerous on job training courses worldwide promote improvement in the quality of care and resuscitation provided to newborns in developing countries.(Bang *et al.*, 2016). For instance on job training program called Helping Baby Breath (HBB) was created by American Academy of Pediatrics in 2010 to equip birth attendants working in developing countries with skills for neonatal resuscitation and newborn care to improve the outcome of newborns (Ljungblad, Sandvik and Lyberg, 2019).

2.1.3 Improve newborn health outcome

A study conducted in Kenya on effect of training and development of employee performance at Kakamega General Hospital, findings revealed that there`s a positive relationship between newborn training and newborn health outcomes and improved health care providers performance **(Dunkan *et al.*, 2018)**

2.1.4 Improved health care providers morale:

A lifelong learning process must be developed as the start of the professional career in the health sector in order to realize better health benefits,(World Health Organization, 2017).The benefits of on job training are improves morale of employees, helps the employee to get job satisfaction, refreshing past knowledge, practice, and helps to identify and correct mistake(Momanyi *et al.*, 2016).Studies have shown that on job training increase health care workers motivation and performance of work(Saeed and Asghar, 2017)s

2.2 Challenges related to on job training on improving newborn care

2.2.1 Mastering skills

Studies have shown that mastering the skills of newborn resuscitation is difficult, both in high and low resource settings. Health workers in developing countries often do not have enough skills, and these babies are therefore more likely to die. Lack of evidence from sub-Saharan Africa related to promotion of newborn care and newborn survival is remarkable (Ljungblad, Sandvik and Lyberg, 2019)

2.2.2 Inadequate training, support and supervision

Study done in South Africa 2011, reported that, patient health outcomes were assessed to be sub-optimal, especially in the areas of maternal and child health. (Ebenso, 2012). The reasons mentioned include a number of factors related to healthcare providers, which are inadequate training, support and supervision; random distribution with poor coverage, no link between the community-based services and services offered by fixed health facilities, funding being channeled through non-governmental organizations (NGOs) with inadequate accountability, and limited coverage or quality to be reached. It was concluded that many of these factors could be corrected if healthcare providers were part of a team, well trained, supported and supervised (Ljungblad, Sandvik and Lyberg, 2019)

2.2.3 Inadequate number of trained health care providers

In Tanzania studies have described challenges related to newborn health including Lack of health care providers trained in newborn care and midwifery. Inadequate number of trained health care professionals, low payment and lack of incentives are common challenges.(Zanzibar, National Bureau of Statistics, 2009).

2.2.4 High staff turnover and retention issues

Staff turnover and retention problems within health care facilities could present challenge to effective on-the -job training on newborn care. Constant changes in healthcare personnel can disrupt training programs and hinder the establishment of a sustainable learning environment.(Zhao *et al.*, 2014)

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study design

The study design was an exploratory qualitative study, the qualitative research is grounded on the assumption that reality is subjective, multiple, socially constructed and contextually bound. The exploratory approach was used to investigate research questions that are being studied in depth, it was also used in cases when the problem must be defined more precisely and to gain additional insight. For this study, the design helped to obtain rich insight into healthcare providers' perspectives.

3.2 Study setting

This study was conducted at Tumbi Referral Hospital located in the Pwani Region, TRRH the referral center for lower health facilities in Pwani Region. Kibaha District is about 45 kilometers from Dar-es-Salaam. Dar es salaam was previously the central administrative and most populous city in the country with a highest population of 7.4 million. Kibaha Town Council has a total of 24 health facilities of which one is a public (government) Health Centre; 23 are dispensaries (16 of them being public; 12 faith-based organizations; 2 private/for-profit 'commercial'; whereas 3 are owned and run by parastatal organizations). It covers a total area of 750 km², and it lies between latitude 6.80 south and longitude 38.20 and 38.50 East. It is directly linked with Bagamoyo Town by seasonal road, while connection to other District headquarters such as Kisarawe, Mkuranga, Kilindoni (Mafia) and Utete (Rufiji) are accessible through Dar es Salaam city.

3.3 Study Population

The study involved all Healthcare Providers such as Doctors, Midwives and Nurses working in neonatal care.

3.4 Sampling method

Purposive Sampling method was employed to select participants, from the list of Health Care Providers working in Neonatal Intensive Care Unit, the participants was selected by the guidance of hospital management based on their experience of working in neonatal units for two years and above.

3.5 Sample size and selection

There are no set guidelines to determine sample size in qualitative research. In qualitative studies small samples give chance for depth exploration of the phenomena. Studies have shown in most qualitative studies in sample size ranges between 10 to 20 but the number can be affected by saturation of the data(Memon *et al.*, 2020). For the purpose of this study, the sample size depended on participants view saturation point and type of data gathered. A total of 25 participant working in NICU.

3.6 Inclusion criteria

Healthcare providers such as Doctors, Midwives and Nurses with two years or more working experience in neonatal care units who have attended one or more neonatal care training.

3.7 Exclusion criteria

Health Care providers who are not currently practicing example DMOs, RNOs and Retired.

3.8 Data Collection

In-depth interview was used for data collection by a researcher in April 2024. The interview guide was used to guide the process and interview was conducted in Kiswahili lasting at a range of 45-60 minutes. The informed consent was obtained from the participants before the interview. The interview was conducted in a more conducive and relaxed area. There were two research assistants (RAs) selected, preferably among nurses to help with participant recruitment and for assisting during interviews. The research assistants were oriented before starting data collection to familiarize themselves with the study objectives and how to recruit clients and enroll them.

Collected data were audio recorded by using digital audio recorder and some important points were written down on a notebook.

Data collection tool

Data collection tools used in this study was an interview guide containing probing questions, notebook, digital audio recorder which used to capture information during interview, pen and notebook were used to record verbal information.

Data management

Field notes, transcripts, and digital audio recorder were kept confidential that are only accessible to the investigator. All data collected was locked by the principal investigator every day after the data collection activity.

3.9 Data Analysis

Thematic data analysis was employed manually**,** the digitally recorded interview was transcribed and entered into the open code to manage the data and facilitate the analysis. Data was read several times to obtain a sense of all and identify meaning until was summarized into short condensed version then code was elaborated. The analysis of data by using thematic analysis followed under framework with six steps:

Familiarizing and transcribing data; this was the first step in qualitative analysis which involved reading and rereading the data, noting down initial ideas being immersed in the data and obtaining the sense of whole, selecting the unit of analysis and deciding on the analysis.

Generating initial codes; Data was organized in a meaningful and systematic way. Coding and the method were determined by perspective and research questions. Interesting features of the data was coded systematically across the entire data set, collating data relevant to each code.

Searching for themes; For very small data set there was considerable overlap between the coding stage and this stage of identifying preliminary themes collating codes into potential themes and gathering all data relevant to each potential theme.

Reviewing themes; there was modifying and to develop the preliminary themes that were identified in above step.it was useful to gather all the data that is relevant to each theme. It was easily done using the cut and paste function in any word processing package, by taking a scissors to transcripts.

Defining and naming themes; this was the final refinement of the themes. The specifics of each theme and the overall story that the analysis tells, generating clear definitions and names for each theme. Organizing open coding and creating categories, grouping codes under higher order headings, formulating a general description of the research topic through generating categories and subcategories.

Producing the report; this was the end-point of data analysis often a journal article or dissertation. The end report included introduction, method and materials, results and conclusion.

3.10 Ethical Considerations

Ethical approval was obtained from Muhimbili University of Health and Allied Sciences (MUHAS) a relevant ethics committee before initiating the study. The study considered principle of respect for person, confidentiality and justice. No name of participant will be captured, informed consent was obtained from participant before data collection. Written authorization was obtained from Tumbi regional Referral hospital management.

Trustworthiness of the study

Trustworthiness of the qualitative study refers to validity and reliability of the study which address how study findings are credible, transferable, confirmable and dependable (Swedberg *et al.*, 2015).

The trustworthiness of this study based on the analytic triangulation or peer debriefing in which the research methodology, data analysis, and interpretations was discussed continuously throughout the research which enhances credibility as it allows the researcher to ensure that emergent hypotheses, themes, or theories are derived from the data, sensible and plausible to an unbiased debriefed.

3.11 Study Limitations and Mitigation

Limitation

During data collection, some participants hesitated to provide genuine and detailed information regarding on-job training. This was likely due to concerns about potential questioning by authorities, fearing they might have disclosed information that was inappropriate or confidential. Other participants who were eligible for the study had other duties or responsibilities during the time that the interview was taking place, other eligible participants having night shifts limiting their accessibility during the day.

Mitigation

The researcher had to attend the site earlier before the night duty staff left. This helped meeting them in the morning after handing over the shift so that they participate in the study. Also, the in charge was asked to help switch the roster for the participants who could participate in the study. For the busy days with congested ward activities, the research helped to work out and settle the duties before the interview started.

3.12 Dissemination plan

Study findings was disseminated to MUHAS Research and Publication Committee, Muhimbili National hospital, and MUHAS library for student's review. Also, the results published in national and international journals for a wide range of scholars for broadening the body of knowledge.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter presents findings from an in-depth interview with twelve heath care providers working in neonatal intensive care unit. The characteristics of these participants are summarized in table 2. The themes were predetermined based on the research objectives and were guided using the social ecological model. The results are described into theme, health care providers perception which is divided into three subthemes.

4.2 Characteristics of the study participants

The recruited twelve (12) health care workers who have been working in Neonatal intensive care unit for two (2) or more years. The working experience of the health care providers in neonatal intensive care unit (NICU) ranges between two (2) to six (6) years, the participants included four (4) medical doctors, there (3) nurse and five (5) midwives who work in neonatal care unit. The number of trainings attended by each participant ranges between one (1) to four (4). The characteristics are summarized in Table 1.

Table 1: Participants characteristics (n=12)

Participants ID	Working years in NICU(Years)	Number of trainings	profession
PO1	3	2	Nurse
PO2	4	2	Midwife
PO3	4	4	Midwife
P04	6	4	Midwife
P05	3	2	Doctor
P06	3	1	Nurse
P07	2	2	Doctor
P08	3	1	Doctor
P09	2.56	3	Nurse
P10	4	1	Doctor
P11	3	2	Midwife
P12	4	1	Midwife

Analysis of study findings

Thematic data analysis was employed during data analysis. The audio recordings of the interviews were listened and converted to text manually. The data were organized systematically and the codes were generated. From the codes, themes and subthemes were generated, reviewed and they were described.

Table 2: Generating codes

CODES	CODES	CODES
• Trainings are not regular • Prioritized hospital budget • Making trainings necessary • Continuous medical education (CME) • Increase in productivity • Improved neonatal care services • Reduction of morbidity and mortality • Number of staff trained per annual	• Involvement of HCW from other departments • Shifting of HCW after training • Inadequate medical equipment and supplies • Planning programmers	• Trainings are theory based • Interval and frequency of trainings • Inadequate evaluation after training • HCW are satisfied and motivated • Gives knowledge updates • Training participants

Table 3: Generating themes

CODES	THEMES
• Trainings are not regular • Prioritized hospital budget • Making trainings necessary	Views to improve on job training
• Involvement of HCW from other departments • Shifting of HCW after training • Inadequate medical equipment and supplies • Trainings are theory based • Interval and frequency of trainings • Inadequate evaluation after training	Challenges of on job training
• Increase in productivity • Improved neonatal care services • Reduction of morbidity and mortality • HCW are satisfied and motivated • Gives knowledge updates	Contributions of on job training

Table 4: Codes, themes and subthemes

CODES	SUBTHEMES	THEMES
• Trainings are not adequate • Making trainings necessary • Number of staff trained per annual • Planning programmers • Training participants • Unprioritized hospital budget	Number of trainings Existing institutional policy	Views to improve on job training
• Involvement of HCW from other departments • Shifting of HCW after training • Inadequate medical equipment and supplies • Trainings are theory based • Interval and frequency of trainings • Inadequate evaluation after training	Institutional barriers Training barriers	Challenges of on job training
• Increase in productivity • Improved neonatal care services • Reduction of morbidity and mortality • HCW are satisfied and motivated • Gives knowledge updates	Benefits of the on-job training	Contributions of on job training

4.3 Health care workers (HCW) views about on job training

Health care workers provided opinions about on the job training, in this part their views were divided into two subthemes, which are number of training and existing institutional.

4.3.1 Health care workers view on number of trainings

The participants gave their opinion about the training based on their experience in attending the trainings. Three major issues were raised by the health care provider as their opinion about the training. These were inadequate trainings, unprioritized and making trainings necessary. One of the participants stated that "*To be honest the number of trainings is not adequate, on my side I have attended only three trainings in all the years I have worked in this department" (P06,3yrs work experience, Nurse).*

Number of trainings are not adequate

HCW explained that the number of trainings should be increased as there are many trainings organized by the ministry regarding neonatal services, but the trainings that staff attend from the department are few. One participant reported that "*on-the-job training takes a long time, for example last year only two NCW attended a training only once, until this year no any other training that have been attended " (p02,4yrs work experience, midwife.)*

Another participant reported that "*if possible, trainings should be given every six months" (p03, 4yrs work experience, midwife.)*

Unprioritized hospital budgets

Participants stated that the hospital do not prioritize the training budgets on neonatal care training. They explained that relying on external training is not enough as it does not happen frequently and when it does, it involves a few staff unlike the existing needs. One staff member stated that, "*This is a referral hospital, we receive different patients from different health centers. so on-the-job training is necessary, So HCW need more trainings to enhance their skills* ". (*P02,4yrs work experience, midwife)*

Another respondent stated "*The institutional budget for neonatal care trainings should be increased to accommodate the training needs since the training from outside are not enough to meet the need" (P06,3yrs work experience, Nurse).*

Another employee explained that *"I see that neonatal services are not given priority, that's why the budget for on-the-job training does not prioritize the neonatal care trainings." (P10, 4yrs work experience, Doctor).*

Making training necessary

Health care providers explained that on-the-job training should be made necessary or very important for health care providers, especially neonatal unit, as it helps to provide quality services that are consistent with time. They continued to explain that it is important for these trainings to be given to health care workers who work at lower facilities which refer neonates. One employee stated that *"on-the-job training has been very helpful in improving our neonatal care services." (P01, 3yrs work experience, Nurse)*

Another participant stated that *"to me, I think HCW at lower facilities should be given priority on these trainings because it's the route of everything. If we leave them behind nothing will change" (P12, 4yrs work experience, Midwife)*

4.4 Health care providers challenges of on-the-job training

This theme stated Health care workers challenges regarding neonatal care trainings. Health care workers stated number of challenges which were grouped into barriers on job training as the subtheme in this part.

4.4.1 Institutional barriers

The employees explained that there have been many challenges regarding the training. They stated that some of them lack the opportunity to receive training. One employee explained that "*in the case of doctors, "only the same person is always chosen, which means we are not equally involved " (p07,2yrs.' work experience, Doctor).* The common barriers stated by participants in this study include the following:

Involvement of HCW from other departments

HCW stated that some participants who attend the neonatal care training are not working in neonatal care units. This hinders the provision of quality neonatal care as people lose morale.

One employee explained that "*there is always training at work, for example, training requires special people from the NICU, but another person from other department goes to the training, and when they return, continue their services in their units" (p01,3yrs work experience, Nurse)*

Other participants stated that, *you can find a person who is not working in NICU attending the training. This is so much disappointing (P07, 2yrs.'work experience, Doctor)*

Reallocation of HCW after training

The participants explained that there is challenge for service providers working in NICU who has received training being transferred to another department.

The participant stated "*a person who went to a training on newborn care, was released from NICU and sent to another department due to the challenge of shortage of health service providers" (p02, 4 yrs.' work experience, Midwife)*

Another employee explained that, "*for example, doctors who went for training on neonatal care, they have been transferred to other departments or went to school for higher studies, this led to the service going backwards*". (*P06, 3 yrs.' work experience, Nurse).*

Inadequate medical equipment and supplies

Participants of this study stated that, the lack of medical equipment and the challenge of infrastructure at the workplace another challenge. The employees stated that after receiving training, when they return to work, there are some equipment that you find are missing.

"*When we go for training, you can find that after returning at work, some equipment is not available, but also some infrastructures are not friendly as compared to the trainings we received. We are being trained with very sophisticated equipment which are sometimes not available here*" (*p09,2.5yrs work experience, Nurse.)*

Another employee said "*that is, you find that you have gone for training, you learn how to use CPAP, but when you return to work, you find that the device is not there. after a while, you forget what you learned because you do not practice" (p10,4 yrs.' work experience, Doctor)*

4.4.2 Training barriers

Health care workers explained about on the job training barriers, in this part their divided into three subthemes, which are theory-based training, Interval and frequency of trainings and Evaluation after trainings.

Trainings are theory based

Health care workers explained that most of the training base mostly on theory rather than practical. This makes the implementation of training a challenge. One participant said that "*when you go to training, you are taught many things in theory and not practical. Example, you are taught many things about how to use a ventilator, but you can leave the training having not seen it with your eyes" (p11,3 yrs.' work experience, Midwife).*

"*I think that the training should be done in large hospitals with enough medical equipment as an incentive so that we can learn in practice, otherwise people will be eating per Diem for free"(p05,3 yrs.' work experience, doctor).* The employee explained that "*we usually have training once a year and it is held in Arusha, let's say it is a conference, we meet with participants from different parts of the country, then it becomes a challenge to be able to accommodate all of them in doing practice, that remains only theory and if there is practice then few participants will demonstrate" (p04, 6yrs, work experience, Midwife).*

Infrequent trainings

Participants stated that these trainings are held very rarely. It can be done once a year and only two employees attended. Many participants stated that this is a challenge. One participant said: "*On-the-job training is currently not done regularly, for example, this year none of the employees received training"(P08, 3 yrs. work experience, Doctor).*

Inadequate Evaluation after trainings

One of the challenges stated by participants is the lack of the enough supervisions to check the performance after the training. One employee said "*after the training no regular mentorship done to see what we are practicing after training "(p07, 2yrs. work experience, Doctor).*

Other participants said*: some people attend training, but they do not practice what they have learnt may be due negligence, so close supervision and evaluation is important" (P10, 4 yrs. work experience, Doctor).*

4.5 Contributions of on job training

The participants explained that the on-the-job training has a great contribution to providing the best services for neonates. And it has been explained especially on the knowledge side. Health care workers stated contribution of on-the-job training which were grouped into shared providers understanding and customer satisfaction as the subtheme in this part.

Improve continuous medical education

Participants stated that on job trainings help to improve the trainings which are conducted at the work place. They stated that HCW who work in NICU use the skills they have received from attending the job training to remind one another on the important procedures. The one participant stated that "*We always teach one another in our department during ward round and morning sessions. If someone has attended a training, she/he must teach us the skills she/her had received" (p04, 6 yrs. Work experience, Midwife).*

4.5.2 Benefits of the on-job training

Participants stated that on-the-job training helps providers to provide quality and timely services after receiving feedback from people who have attended the training. They explained that most feedback includes new updates. One participant stated *"a service provider who has received on-the-job training on caring for infants will have increased skills and work with confidence." (P05. 3 yrs. Work experience Doctor).* Some states that it is sometimes difficult to give feedback of the training. One participant explained that "*when you give feedback, you can hear a fellow employee saying that you are not the ones who went to the training, so you should do the work*

and sometimes he does not listen at all or does not pay attention to what is being represented." (p08,3 yrs. Work experience, Doctor).

Another employee explained that "*an employee goes to training, when he returns, it becomes a challenge to provide feedback that became a help to employees who did not get that benefit" (p12, 4 yrs. Work experience, Midwife).*

Increase in productivity

Participants stated that the number of clients increase when the services are good. When staff receive trainings, their competence increase which subsequently increases client's satisfaction with services. One of the participants stated that "*Do you know clients need good services? If staff are well trained, services will be improved and the number of clients will increase" (p10, 4 yrs. work experience, Doctor).*

Another participant stated that "*If someone is competent, he/she will provide care on time, professionalism and accountability will be high. (p09,2.5 yrs. Work experience, Nurse).*

Improved neonatal care services

Participants reported that the on-job training help to improve the care given to neonates and reduce complication. The neonates get timely care from skilled healthcare providers. One participant stated that" *I think neonates get equitable care services on time since health care workers have enough skills. (p01,3 yrs. Work experience, Nurse).*

Reduction of morbidity and mortality

Participants reported that on-the-job training have a great contribution to reducing complications and neonatal deaths and believe that training improves their competence which has an impact on reducing neonatal mortality rates. One of the participants stated that "*I think neonatal deaths will decrease because all staff will be able to manage serious neonatal cases" (P06 3 yrs. Work experience Nurse).* Another participant stated that *"if all staff could get trainings, I think neonatal deaths would decrease" (P04,6 yrs. Work experience midwife). Another* participant stated that *"I think these trainings should start at lower facilities because most of serious cases which we receive contribute to large number of deaths. (p03,4 yrs. Work experience. Midwife).*

The service provider said that "*when a service provider has received various trainings, but also due to the knowledge he had from school, that is, he adds more confidence to provide better services, which means that now if there was a gape, we will have covered it, so we will reduce the deaths of infants" (p02, 4yrs. Work experience Midwife).*

HCWs are satisfied and motivated

On-the-job training ensures that employees are equipped with the necessary knowledge, skills, and attitudes to deliver exceptional services to customers. This leads to a higher number of service consumers, loyalty, and positive word-of-mouth, ultimately benefiting the organization.

Participants stated that healthcare professionals who attend these training receive updates and become competent. HCWs are always motivated with their job, resulting in better services. The employees explained that regular training is not only for acquiring skills, but also it increases the work morale.

One employee explained that "*on-the-job training is a motivation for employees because if someone stays without getting training, for two or more years he or she become demotivated especially when seeing others attending different neonatal care trainings" (P11,3 yrs. Work experience Midwife).*

Another employee explained that "*when an employee goes for training, at least they are paid money and it also increases their work morale" (P08, 3 yrs. Work experience).*

Gives Knowledge updates

Health care workers explained that on-the-job training has a great advantage in improving the services of neonates. They stated on-the-job training increases/updates knowledge and skills to provide better services in general. Training increases experience from colleagues whom they meet from different institutions.

Another employee explained *"for example, we have been trained to make an artificial CPAP which were previously not present here at work. We currently have that knowledge which is more important in Managing newborns with respiratory distress syndrome" (P07,2 yrs. Work experience, Doctor).*

The employee said that "*on-the-job training increases the service provider's confidence in providing services". (p08, 3 yrs. Work experience, Doctor).*

Another employee explained that "*To me, I can say on job training are very important to improving neonatal care services and reduce neonatal deaths" (p04, 6 yrs. Work experience, Midwife).*

CHAPTER FIVE

5.0 DISCUSSION

5.1 Introduction

This chapter discusses the health care providers' perspective on the role of on-the-job training in improving newborn care at Tumbi RRH, Kibaha District, Pwani, Tanzania. The discussion provides a unique perspective on how health care providers perceive the significance, challenges, and contribution of on-the-job training to improving neonatal care services.

5.2 Health care providers views about on job training on improving newborn care services

Health care providers have different views about on job trainings which they attend. Their views depended on the experience from the trainings they attended. Participants reported that on job trainings are important because of they give updates and increase morale at work. Training at work is essential due to the presence of updates from WHO, health ministry or various studies. Also, an increase in the treatment that is advanced as well as modern medical equipment. This helps increase the knowledge of the staff in keeping with care of the newborn that is current. These findings are consistent with results of the study conducted in Kenya which stated that on the job training are more likely to enhance the employ capacity, love the work and improve performance (Tukunimulongo, 2016).

Regarding the number of on-the-job trainings in the workplace, health care providers presented that, the number of trainings in the work place should be increased as the number is low that some workers don’t get chance to attend trainings for long periods of time. This led to some workers who have not received training to continue providing newborn care services without following the guidelines and updates. This is supported by another study conducted in Tanzania which revealed the importance of structuring on job trainings to improve the newborn resuscitation skills. The study gave evidence of increasing the on-site training to health care providers for improving newborn care services.(Drake, Dunstan R. Bishanga, *et al.*, 2019)

On the hand, participants suggested that for improving neonatal care services the hospital budget on neonatal care trainings should be increased. This will help to increase the number of trainings at work as relying on external training may not be delivered on time and thus prevent health care workers from getting timely updates. The comprehensive hospital operational plans (CHOP) should include and prioritize the neonatal care trainings for health care workers.

5.3 Health care providers challenges of on -job training

Healthcare providers face several challenges in training for improving newborn care, such as barriers to Training, involvement of healthcare workers from another department, shifting of healthcare workers after training, limited resources or medical equipment, theory-based training, evaluation after training and lack of supervision.The findings of this study are similar to the research findings by Syeda which stated barriers to on job training including the institutional perspective(Rida Fiza *et al.*, 2015). Most of the trainings involve large part theories. A large number training is done in theory rather than practice where health care workers need more practice than theory. This reduces the ability of health care workers to use the knowledge they have received in improving neonatal care services. The findings are similar to a study by Katajavuori which stated that learners should be able to rehearse their reflective skills during theoretical training because the practice period was too short to permit the adequate development of the reflective skills (Katajavuori, Lindblom-Ylänne and Hirvonen, 2006)The use of some medical equipment requires enough time to enhance skills, which is limited during these trainings. Also, this medical equipment is not available at the institution, which makes the practice challenging.

Additionally, shifting healthcare workers from one department to another is a common practice in healthcare settings due to staff deficit. Reallocations are always done to meet the institutional demands and goals. These reallocations tend to affect or involve people who have attended neonatal care trainings. Health care workers are either shifted from the neonatal care departments to other departments or vice versa This is similar to the study done by Michael on a resource allocation during COVID-19 in suburban hospital system(Meneghini, 2020).

Also, the evaluation of the health care service after training seems too not effective. Health workers who attend training are not evaluated on the use of skills they have archived, to make sustainability; The other challenge is health care providers or staff from another unit to attend training in the field of neonatal services; this leads to challenges in the effectiveness of the work.

Furthermore, there is challenge in giving feedback after training either to inadequate skills of giving feedback or poor participation related to attitude of staff members in the department. This decreases the mutual sharing of the knowledge acquired from the training.

5.4 Contribution of on-the-job training on improving newborn care

On the job training has significant impact on neonatal care services leading to reduction of neonatal mortality and morbidity. This finding is similar to study by Elroy Joseph which stated that on job training contributes to personal competencies, skills and increased productivity (Joseph *et al.*, 2015).

On-the-job training has contributed to increasing the quality of care given to newborns. Healthcare providers who attend training are equipped with skills and knowledge that help them to provide evidence-based care to newborns. Clients are always satisfied with the quality of services provided at the health facility. The quality of the trainings the higher the productivity. These findings were supported by the study conducted in Kenya, which stated that on-the-job training enhances staff performance, leading to higher productivity(Bang *et al.*, 2016).The number of neonates which are referred to a certain facility depend on the quality of care which can be facilitated by type of on the job training they receive. Another training conducted in Tanzania reveled that on job training on newborn resuscitation improved providers performance and strengthened quality of care(Bang *et al.*, 2016)

On the other hand, on the job training is said to be associated with neonatal morbidity and mortality. Participants of this study stated that the number of neonatal deaths could be decreased if more work is invested on training staff at work to enhance their competence in managing neonatal complications. This is consistent with the study done by grace Phiri which stated that

training done to traditional birth attendants on neonatal care reduced the number of neonatal mortality(Survival *et al.*, 2015).

Implication of the study

The study will help the policy makers to review the neonatal care training plans that will help the midwives and other healthcare providers who are working in neonatal units to acquire more skills and knowledge that will aid in improving care services and reducing the neonatal mortality rates.

Regular training session boost the confidence and competence of health care providers, leading them to perform tasks more effectively and make better clinical decisions, also encourage team work and communication among different healthcare roles, leading to more comprehensive approach to newborn care.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATION

6.1 Conclusion

On-job, training are key factors in enhancing health care providers' knowledge, and skills and improving neonatal care services. Health care providers' views about on-the-job training include increased number of trainings, hospital budget, Necessity of training, Knowledge updates, Job satisfaction and motivation. On the other hand, the on-the-job trainings have challenges, including Involvement of HCWs from other departments, Shifting of HCWs after training, Human resources and medical equipment, Theory-based training, Interval, frequency of training and Evaluation after training. Furthermore, the on-job trainings contribute to the improved newborn care services which lead to reduced neonatal morbidity and mortality.

6.2 Recommendation

From the findings of this study the following are recommended

1. More studies should be done on the plans and implementation of the on-job trainings in lower facilities with neonatal care services
2. More efforts about these on job trainings are required to be invested more to the lower facilities that send most neonatal case as referrals to higher hospital facilities.
3. The ministry of health and other funders should involve health care providers who work in RCH, antenatal and labor wards in these on job trainings.

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APPENDICES

Appendix I: A semi-structured interview guide (English version)

Interview No. ☐

Introduction

I am Johari Salum Senga a postgraduate student at Muhimbili University of Health and Allied Sciences, I would like to thank you for your approval and acceptance to be among the interviewee in this research**.** The interview was consisting of four major questions with their probes which will be held for 45-60 minutes. The digital recorder and notebook were used to record the information during the interview. your cooperation is highly appreciated.

The purpose of the study: To explore the Health Care Providers perspective on the influence of on job training on the improvement of newborn care.

Is there any question or an area for clarification from what I have explained to you.

SECTION A:

1. For how long have you been working in NICU?
   a) Less than 6months
   b) 2 years
   c) 2-5years
   d) More than 5 years
2. What is your profession?
   a) Midwife
   b) Medical officer
   c) Pediatrician/Neonatologist
   d) Nurse
3. How many newborn care trainings have you attended?
   e) a) 2 Training
   f) b) 3 Training
   g) c) More than 3

h) d) None

4. Have you ever attended any on job training on newborn care?

a) YES

b) NO

SECTION B: INTERVIEW GUIDE

1. What is your perception on contribution of the on-job training to improving newborn care at Tumbi Regional Referral Hospital, Kibaha Region, Tanzania.?
    i. Can you describe your person experiences with on-the-job training in the content of newborn care?
    ii. In your opinion, what do you see as the main benefits of-on-the-job training for enhancing newborn care practice?

2. What are the challenges related to on-job Training on improving newborn care at Tumbi Regional Referral Hospital Kibaha Region, Tanzania.?
    i. What are same potential challenges or limitation you see with on-job-training in relation to improving newborn care?
    ii. In your experience, what factors contribute to the success or failure of utilizing on-the-job training improving new born care?
3. What are your views on job training on improving newborn care in Kibaha Region, Tanzania.
    i. How do you think on-the-job training can be further optimized to better contribute to the enhancement of newborn care practice?
    ii. Based on your perception. Do you believe on-the-job training should be a mandatory requirement for healthcare professionals involved in newborn care, or should it be optional? Why?

4.Thank you for participation.do you have anything forgotten that you wish to add?

Appendix II: A semi-structured interview guide (Swahili version

Nambari ya mshiriki ☐

Utangulizi

Naitwa Johari Salum Senga ni mwanafunzi wa shahada ya uzamili ya sayansi katika fani ya magonjwa ya Uzazi na wanawake katika chuo kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS). Napenda kukushukuru kwa kujitolea kwako katika kushiriki mahojiano ya utafiti huu. Mahojiano hayo yatakuwa na maswali vipengele vinne ambayo yatafanyika kwa muda wa dakika 45-60. Wakati wa mahojiano Sauti yako itarekodiwa na baadhi ya maneno yatanukuliwa kwenye daftari ili kurahisisha uhifadhi wa kumbukukumbu.Tunathamini ushiriki wako.

Lengo la utafiti: Mtazamo wa watoa huduma ya afya kuhusu mafunzo kazini na mchango wake katika kuimalisha huduma za Watoto wachanga

Kutotakana na nilichokueleza una swali lolote au kuna sehemu unahitaji maelezo ya ziada?

Taarifa Binafsi (Swahili Version)

Namba ya dodoso:_____ Tarehe: ___/___/

SEHEMU YA KWANZA

1. Umekuwa ukifanya kazi NICU kwa muda gani?
    a) Chini ya miezi 6
    b) miaka 2
    c) miaka 2-5
    d) Zaidi ya miaka 5
2. Taaluma yako ni ipi
    a) Mkunga
    b)Daktari wa watoto/Neonatologist
    c)Muuguzi
3. Je, umehudhuria mafunzo mangapi ya utunzaji wa watoto waliozaliwa?
    a) 2 Mafunzo
    b) 3 Mafunzo

c) Zaidi ya 3

d) Hakuna

4.Je, umewahi kuhudhuria mafunzo yoyote ya kazi kuhusu utunzaji wa watoto wachanga?

a) Ndiyo

B) Hapana

Maswali ya Maudhui ya Mahojiano:

I. Nini maoni yako kuhusu mchango wa mafunzo ya kazini katika kuboresha huduma ya watoto wachanga katika Hospitali ya Rufaa ya Mkoa ya Tumbi, Mkoa wa Kibaha, Tanzania.?
    - Je, unaweza kuelezea uzoefu wa mtu wako na mafunzo ya kazini katika maudhui ya utunzaji wa watoto wachanga?
    - Je, kwa maoni yako, unaona faida gani kuu za mafunzo ya kazini kwa ajili ya kuimarisha matunzo ya watoto wanaozaliwa?

2. Je, ni changamoto zipi zinazohusiana na Mafunzo ya kazini juu ya kuboresha huduma ya watoto wachanga katika Hospitali ya Rufaa ya Mkoa ya Tumbi Mkoa wa Kibaha, Tanzania.?

- Je, ni changamoto zipi zile zile zinazowezekana au vikwazo unavyoona kuhusu mafunzo ya kazini kuhusiana na kuboresha utunzaji wa watoto wanaozaliwa?
- Katika uzoefu wako, ni mambo gani yanayochangia kufaulu au kutofaulu kwa kutumia mafunzo ya kazini kuboresha utunzaji wa watoto wanaozaliwa?

3.Nini maoni yako kuhusu mafunzo ya kazi kuhusu uboreshaji wa matunzo ya watoto wachanga katika Mkoa wa Kibaha, Tanzania.

- Je, unafikiri mafunzo ya kazini yanaweza kuboreshwa zaidi ili kuchangia vyema katika uboreshaji wa mazoea ya kuwatunza watoto wachanga?
- Kulingana na mtazamo wako. Je, unaamini kwamba mafunzo ya kazini yanapaswa kuwa hitaji la lazima kwa wataalamu wa afya wanaohusika na utunzaji wa watoto wachanga, au yawe ya hiari? Kwa nini?

4.Asante kwa kushiriki.una kitu chochote umesahau ambacho ungependa kuongeza?

Appendix III: Informed consent form Participants (English version)

MUHIMBILI UNIVERSITY OF HEALTH ALLIED SCIENCES

DIRECTORATE OF RESEARCH AND PUBLICATION

ID. No. [ ]

Introduction

I am Johari Salumu Senga postgraduate student from the Muhimbili University of Health and Allied Sciences (MUHAS) pursuing a Master of Science in Midwifery and Woman's Health. I am conducting research titled: Health care provider's perspective on the role of Newborn On-Job Training on the reduction of neonatal mortality rate in Kibaha District, Tanzania.

I am kindly inviting you to participate in this study because you can help in giving out information that is needed for this research. Once you accept to participate in this study you will be required to sign consent. The interview was audio-recorded because it is difficult to write everything. If you have any questions or you need more clarification, please don't hesitate to ask. I hope that you will participate and share your valued information.

The aim of the study

To explore the Health Care Provider's perspective on the influence of On-Job Training on the improvement of newborn care in Tumbi Regional Referral Hospital, Kibaha District, Tanzania.

Confidentiality

All information and matters about participation will strictly be kept confidential, no unauthorized person will have access to them except the researcher. The audio recorded files will be accessed through the use of a password which will be kept by the principal investigator. No, information will be linked to the research participant; therefore, numbers will be assigned instead of names.

Right to refuse or withdraw participation

The decision to participate in this study is voluntary, you are free to decide whether to participate or not. You may stop participation any time you feel so, however, your participation is highly beneficial for this study.

Benefits

The information shared will help to address challenges that are encountered to the health care providers who care for neonatal. It will augment the formulation and implementation of prevention strategies, and guidelines, improving the service in health care facilities as well as the formulation of policy to improve services regarding neonatal morbidity and mortality prevention and treatment.

Risk

There will be no harm as a result of participation, however, some questions may disclose personal information and trigger emotions and feeling. If this situation occurs during the interview, you may stop and withdraw participation.

Reimbursement

No compensation/reward will be given for participation in this study.

Whom to Contact

In case of any questions about this study, kindly contact the principal investigator Ms. Johari Salum Senga, Muhimbili University of Health and Allied Sciences (MUHAS), P.O.BOX 65001, Dar-es-salaam. Mobile No.0620437920.The chairperson of the Research and Publication Committee, MUHAS. P.O.BOX 65001, Dar-es-salaam. Supervisor of Research Dr. Beatrice Mwilike mobile No.0712620924 and

Co-Supervisor Mr. Ally Abdul Lyimo Mobile No 0679000461

This is to inform you that I _____ have read and understood the content of this form, and I agree to participate voluntarily in this study.

Signature of participant _____

Date of signed consent _____

Signature of researcher_____

Kiambatanisho IV: Fomu ya ridhaa ya mshiriki

CHUO KIKUU CHA AFYA NA SAYANSI YA TIBA MUHIMBILI

KURUGENZI YA UTAFITI NA MACHAPISHO

No. ya Fomu

Utangulizi

Naitwa Johari salum senga ni mwanafunzi wa shahada ya uzamili ya sayansi katika fani ya ukunga na afya mama katika chuo kikuu cha Afya na Sayansi Shirikishi Muhimbili (MUHAS). Nafanya utafiti unaolenga kuchunguza sababu zinazofanikisha au kukwamisha kupunguza vifo vya Watoto wachanga. Naomba ushiriki wako katika utafiti huu kwasababu unaweza kunipa taarifa zinazohitajika kwa utafiti huu.Ukikubali utapewa kitabu cha muongozo wa mahojiano pamoja na fomu ya kukuomba idhini ya ushiriki katika utafiti huu.Sauti yako itarekodiwa wakati wa mahojiano ili kurahisisha uhifadhi wa kumbukukumbu. Endapo una swali au unahitaji ufafanuzi kuhusu kipengele chochote kile usisite kuniuliza. Natumaini utashirikiana nami kwa kunipa taarifa kuhusu utafiti huu.

Lengo la utafiti

Mtazamo wa watoa huduma ya afya kuhusu mafunzo kazini na mchango wake katika kuimalisha huduma za Watoto wachanga.

Usiri

Taarifa za ushiriki wako ni siri na hakuna mtu yeyote asiye husika atakaye ruhusiwa kuziona wala kuzifatilia isipokuwa Mtafiti peke yake. Sehemu ya mahojiano yako itakayorekodiwa itatunzwa sehemu salama na majina yako hayatatumika katika nakala yeyote ya utafiti huu, badala yake namba zitatumika.

Ushiriki wa hiari /haki ya kukataa au kujitoa

Ushiriki wako katika utafiti huu ni wa hiari, kwa hiyo uko huru kuamua kushiriki au kutoshiriki.Unaweza kujitoa kushiriki muda wowote itakapobidi, Japo ushiriki wako una manufaa na tija katika utafiti huu.

Faida

Ushiriki wako katika utafiti huu utasaidia kugundua changamoto zinazopelekea watoa huduma wa afya kufanikiniwa/kushindwa kupunguza vifo vya Watoto wachanga Sambamba na hilo, utafiti huu pia utasaidia katika utengenezaji na utekelezaji wa miongozo na sera katika ngazi mbalimbali za utoaji huduma za afya ili kuboresha huduma hizi.

Madhara

Hatutegemei ya kwamba utapata Madhara yeyote kwa ushiriki wako katika utafiti huu, ingawa baadhi ya maswali utakayoulizwa ni ya kibinafsi na yanaweza kuibua utofauti wa kihisia na mawazo. Endapo hali hii itajitokeza wakati wa mahojiano unaruhusiwa kutokujibu swali lolote na kujiondoa katika ushiriki.

Fidia

Hutapata fidia/zawadi katika kushiriki kwako kwenye utafiti huu.

Watu wa kuwasiliana nao

Kama utakuwa na swali lolote kuhusiana na utafiti huu, tafadhari wasiliana na Mtafiti mkuu Bi. Johari Salum Senga Chuo kikuu cha Afya na Sayansi ya Tiba Muhimbili, S.L.P 65001, Dar-es-salaam. Simu No.0620 437920.Mwenyekiti wa kamati kuu ya chuo ya utafiti na machapisho, (MUHAS). S.L.P 65001, Dar-es-salaam. Simu No. +2556-079186. Msimamizi wa Utafiti Dkt. Beatrice Mwilike Simu No.0712620924 na msimamizi msaidizi Mr. Ally Lyimo Simu No.067900461. Nathibitisha kwamba Mimi _____ nimesoma na kuelewa kilichoandikwa

Tarehe _____

Saini ya mtafiti_____

Appendix V: Approval for ethical clearance

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – RESEARCH, PUBLICATIONS AND INNOVATIONS

Ref. No.DA.282/298/01.C/2265 Date: 31/05/2024

MUHAS-REC-05-2024-2265
JOHARI SALUM SENGA
SHOOL OF NURSING
MUHAS

RE: APPROVAL FOR ETHICAL CLEARANCE FOR A STUDY TITLED: HEALTH CARE PROVIDER'S PERSPECTIVE ON THE ROLE OF ON-JOB TRAINING ON IMPROVING NEONATAL CARE AT KIBAHA DISTRICT, TANZANIA.

Reference is made to the above heading,

I am pleased to inform you that the Chairperson has on behalf of the University Senate, approved ethical clearance of the above-mentioned study, on recommendations of the Senate Research and Publications Committee meeting accordance with MUHAS research policy and Tanzania regulations governing human and animal subjects research.

APPROVAL DATE: 31/05/2024
EXPIRATION DATE OF APPROVAL: 31/05/2025

STUDY DESCRIPTION:
Purpose:
Descriptive qualitative study is to explore the Health Care Provider's perspective on the influence of On-Job Training on the improvement of newborn care in Tumbi Regional Referral Hospital, Kibaha District, Tanzania.

The approved protocol and procedures for this study is attached and stamped with this letter, and can be found in the link provided: https://irb.muhas.ac.tz/storage/Certificates/Certificate%20-%2015503.pdf and in the MUHAS archives.

The PI is required to:

1. Submit bi-annual progress reports and final report upon completion of the study.
2. Report to the IRB any unanticipated problem involving risks to subjects or others including adverse events where applicable.
3. Apply for renewal of approval of ethical clearance one (1) month prior its expiration if the study is not completed at the end of this ethical approval. You may not continue with any research activity beyond the expiration date without the approval of the IRB. Failure to receive approval for continuation before the expiration date will result in automatic termination of the approval for this study on the expiration date.
4. Obtain IRB amendment (s) approval for any changes to any aspect of this study before they can be implemented.
5. Data security is ultimately the responsibility of the investigator.
6. Apply for and obtain Data Transfer Agreement (DTA) from NIMR if data will be transferred to a foreign country.
7. Apply for and obtain Material Transfer Agreement (MTA) from NIMR, if research materials (samples) will be shipped to a foreign country.
8. Apply for and obtain permission to publish the results from National Institute for Medical Research. The application should be before submitting to a publisher and not concurrently through the email publications@nimr.or.tz.
9. Any researcher, who contravenes or fail to comply with these conditions, shall be guilty of an offence and shall be liable on conviction to a fine as per NIMR Act No. 23 of 1979, PART III section 10 (2)
10. The PI is required to ensure that the findings of the study are disseminated to relevant stake holders.
11. PI is required to be versed with necessary laws and regulatory policies that govern research in Tanzania. Some guidance is available on our website https://drp.muhas.ac.tz/.

Muhimbili University of Health and Allied Sciences
DIRECTOR
Research, Publications & Innovations
Box 6500

Dr. Nahya Salim Masoud,
Chairperson, MUHAS Research and Ethics Committee

Appendix VI: Introduction Letter

UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
OFFICE OF THE DIRECTOR – POSTGRADUATE STUDIES

In reply quote;
Ref. No. HD/MUH/T.449/2022 03rd June, 2024

The Regional Medical Officer,
Pwani Region,
P.O. Box 30080,
KIBAHA

Re: INTRODUCTION LETTER JOHARI SALUM SENGA

We would like to inform you that the bearer of this letter is **Johari Salum Senga** with Reg. No. **HD/MUH/T.449/2022** is a student at Muhimbili University of Health and Allied Sciences (MUHAS) "pursuing **MSc. Midwifery and Women's Health.**

As part of her studies, she will be doing an elective research titled: **"Healthcare Provider's Perspective on the Role of On-Job Training on Improving Neontal Care at Kibaha District, Tanzania."**

The research has been approved by the Chairman of University Senate.

Kindly provide her the necessary assistance to facilitate the conduct of her research.

We thank you for your cooperation.

Ms. Victoria Mwanilwa
For: DIRECTOR, POSTGRADUATE STUDIES

c.c **Johari Salum Senga**

9 United Nations Road; Upanga West; P.O. Box 65001, Dar Es Salaam: Tel. G/Line: +255-22-2150302/6; Ext. 1015; Direct Line:+255-22-2151378;Telefax:+255-22-2150465;E-mail:dpgs@muhas.ac.tz;Web:https://www.muhas.ac.tz

Appendix VII: Permission Letter

THE UNITED REPUBLIC OF TANZANIA
Ministry of Health

Telegram" AFYA" KIBAHA
Tell Phonce no: +255 026 - 2323267
FAX Na:
(All letter should be addressed to the permanent Secretary)

Medical Officer In charge
Tumbi Regional Referral Hospital
P.O.Box 30041
KIBAHA.

In reply please quote:

REF: NO: TDRRH/AB.144/247/01 07/06/2024

Director,
Muhimbili University of Health and Allied Science,
P.O.Box 65001,
DAR ES SALAAM.

REF: INTRODUCTION OF JOHARI SALUM SENGA

Reference is made to your letter dated 03rd June 2024.

2. I would like to authenticate your letter which introduces JOHARI SALUM SENGA as a student in your institution, who is aspired to collect research Data titled: Healthcare Provider's Perspective on the Role of On –Job Training on Improving Neontal Care at Kibaha District in our Hospital.

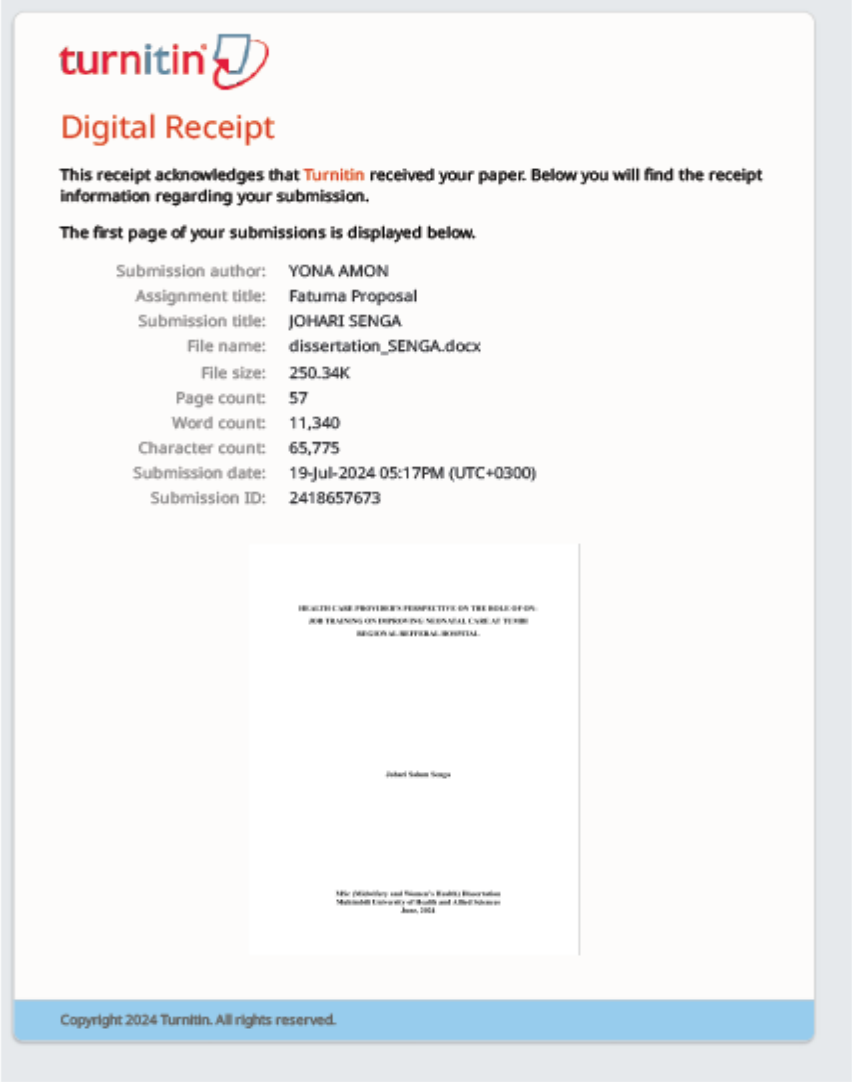
3. it's here to inform you, she has been permitted to do her research work and with a due respect, she is required to abide with all the policies and practice of Tumbi hospital during her run through.

4. You're sincerely,

For: MEDICAL OFFICER INCHARGE
TUMBI REGIONAL REFERRAL HOSPITAL
P. O. Box 30041
KIBAHA - PWANI

Fatuma Makupula
For: MEDICAL OFFICER INCHARGE
TUMBI REGIONAL REFEERAL HOSPITAL.

Appendix VIII: Digital Receipt



turnitin

Digital Receipt

This receipt acknowledges that Turnitin received your paper. Below you will find the receipt information regarding your submission.

The first page of your submissions is displayed below.

Submission author:	YONA AMON
Assignment title:	Fatuma Proposal
Submission title:	JOHARI SENGA
File name:	dissertation_SENGA.docx
File size:	250.34K
Page count:	57
Word count:	11,340
Character count:	65,775
Submission date:	19-Jul-2024 05:17PM (UTC+0300)
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Appendix IX: Plagiarism Report

JOHARI SENGA

ORIGINALITY REPORT

17%	12%	10%	13%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Submitted to Muhimbili University of Health and Allied Sciences Student Paper	6%
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