Where Is Family Planning?
An Assessment of Preservice Training Curricula in Tanzania

2011 International Conference on Family Planning: Research and Best Practices
November 29–December 2, 2011
Dakar, Senegal

Feddy Mwanga, Joyce Ishengoma, Richard Killian, Nassor Kikumbih, Joseph Kanama, Projestine Muganyizi, and Erin McGinn
Background

- Much training related to family planning (FP) in Tanzania occurs after health care providers are posted at a health facility; this is known as in-service training.
- In-service training has advantages—including the ability to deliver more focused content to targeted providers. However, it can be costly and disruptive to routine service delivery when providers are removed from their workplaces for long periods of time.
- Preservice training can reach more providers at once, ensures that providers are receiving the same up-to-date knowledge and skills, and is an opportunity to instill “good provider practices” and curb provider biases before they happen.
Background

- Having competency-based training in FP during preservice is also a more cost-effective, efficient, and sustainable way to expand FP services.
- Preservice training curricula for most cadres of health care providers in Tanzania include sessions on knowledge of FP. However, these curricula are not standardized, and skills are not emphasized.
About the ACQUIRE Tanzania Project (ATP)

- ATP is a 5-year project awarded to EngenderHealth in October 2007 by USAID/Tanzania.

- The project supports the Tanzanian Ministry of Health and Social Welfare (MOHSW) to increase access to, quality of, and use of FP and reproductive health (RH) services, including the scale-up and provision of long-acting and permanent methods of contraception (LA/PMs) nationwide and has as a key role capacity building of service providers through training.

- In 2009, ATP partnered with the Association of Gynecologists and Obstetricians of Tanzania (AGOTA) to assess the content and the quality of preservice FP training for physicians, assistant medical officers (AMOs), clinical officers (COs), assistant clinical officers (ACOs), and nurses.
Research Questions

- Key areas of exploration:
  - Is FP adequately taught in clinical preservice training institutions in Tanzania?
  - Are preservice curricula suitable to effectively teach FP?
  - Will current curricula produce competent graduates, with the expected levels of FP knowledge and skills?
Methodology

- A total of 35 schools and 11 curricula were assessed, including standard national curricula for various nursing and clinical medicine levels.
- All schools that offer clinical preservice training and whose graduates are expected to provide FP services were eligible for inclusion. They were randomly selected according to type of award, geographic zone, and ownership.
- Data collection methods included:
  - Document review
  - On-site observations
  - Key informant interviews
- Curricula from selected schools were assessed between September and October 2009 using a checklist aligned with the International University Council for East Africa (IUCEA) recommendations.
- Each curriculum was reviewed by two separate assessors trained in curriculum development.
Methodology

- Multiple criteria were set to assess the “suitability” of the FP curriculum, teaching methods, and graduates’ level of FP competency, including:
  - Suitability of curriculum to teach FP
  - Level of FP competence among graduates
  - Presence of teaching resources
  - Effectiveness of examinations to measure competencies, and other observations about the curriculum/program.

- Criteria followed National Council for Technical Education and Tanzania Commission for Universities standards and were in line with IUCEA standards.
KEY FINDINGS: “Suitability” of Curriculum to Teach FP

- Seven out of 11 (64%) curricula assessed included FP.
- The four curricula that did not include content on FP were standard national curricula for diplomas in two levels of nursing and clinical medicine.
- Only one curriculum was rated as “suitable” to teach FP.
- Reasons why the other 10 curricula were not deemed “suitable” to teach FP included:
  - Requiring students to have FP knowledge or skills but not specifying these will be evaluated
  - Poor or no continuity between modules
  - Assuming FP will be taught elsewhere
KEY FINDINGS:
Level of FP Competence among Graduates

- All types of FP methods were taught, but duration varied widely.
- Twenty-eight of the 30 non degree schools (93%) claimed to provide some form of practical skills training; however, the duration ranged from 0 to 280 hours.
- Most of the practical modules or sessions were not exclusive to FP and lacked effective evaluation.
- None of the five schools offering degrees (all universities) conducted formal FP practical skills training within their associated clinical facilities.
- Ten of the 35 schools assessed (29%) were determined to produce graduates with some level of competence in the provision of FP, but with only one in the provision of permanent methods.
KEY FINDINGS:
Other Aspects of FP Teaching

- While all schools followed a curriculum, curriculum guides were not verified in two of the 30 schools (7%) offering non-degree courses.

- Schools lacked an adequate number of teachers, particularly for non-degree schools, which were found to rely on part-time teachers to fill in the gaps.

- Additionally, schools were short of teaching facilities and teachers had limited FP knowledge updates.
Knowledge Contribution

- The assessment found that FP was marginalized across non-degree and degree schools in Tanzania, with insufficient content and attention in almost all preservice curricula for non-degree and degree programs.
- A majority of schools produced graduates with low FP competence levels, and schools were short of teaching facilities, competent teachers, and varieties of FP methods.
- The assessment concluded that providers are not learning any significant FP content in preservice training, and thus the health system is relying on in-service training for providers to acquire FP skills.
Commentary

Based on the gaps identified by the assessment, ATP is starting to strengthen preservice training for FP through the following activities:

- Training preservice Assistant Medical Officers (AMOs) on FP methods, particularly LA/PMs
- Reviewing national FP policy guidelines to include a section on how to improve preservice training