

**Technical Report # 39**  
**Performance Needs Assessment of**  
**Zonal Training Centre: Capacity to Provide**  
**Support for Improving Reproductive and**  
**Child Health Services in Tanzania**

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# *Acronyms*

AIDS	Acquired Immunodeficiency Syndrome
AMOs	Assistant Medical Officers
CEDHA	Centre for Educational Development in Health. Arusha
CHMT	Council Health Management Team
COTC	Clinical Officers Training Centre
DMO	District Medical Officer
DPT	Diphtheria Pertussis Tetanus
EPI	Expanded Program on Immunization
FGI	Focus Group Interview
FP	Family Planning
HE	Health Education
HIV	Human Immunodeficiency Virus
HLM	Health Learning Materials
HRDD	Human Resources Development Directorate
HRH	Human Resources for Health
HSR	Health Sector Reform
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
JHPIEGO	John Hopkins Program for International Education in Gynecology and Obstetric
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-governmental Organization
PHN 'A'	Public Health Nursing 'A'
PI	Performance Improvement
PIA	Performance Improvement Approach
PNA	Performance Needs Assessment
RCH	Reproductive and Child Health
RCHS	Reproductive and Child Health Section
RHMT	Regional Health Management Team
SMI	Safe Motherhood Initiative

STI	Sexually Transmitted Infections
TNA	Training Needs Assessments
TT	Tetanus Toxoid
TV	Television
USAID	United States Agency for International Development
VCR	Video Cassette Recorder
ZTC	Zonal Training Centre
ZTRT	Zonal Training Resource Team

# *Executive Summary*

## **Background**

The Ministry of Health/Tanzania (MOH/Tanzania) has immediate plans to strengthen the six Zonal Training Centres (ZTC) to take up in-service training for Primary Health Care (PHC) training activities, including training for Reproductive and Child Health (RCH). The decision is a response to one of the Health Sector Reform (HSR) recommendations, which calls for a move away from centralized planning and training to decentralized training as a way to achieve access to quality RCH services.

The RCHS of the MOH with funding support from the USAID mission in Tanzania is spearheading the RCH training decentralization process. RCHS has teamed up with the Human Resources Development Directorate of the MOH (HRDD MOH); The Regional Centre for Quality of Health Care (RCQHC), Makerere University, Uganda; and PRIME II/IntraHealth International to develop the ZTC capacity which enables the Centres support districts to improve RCH services.

In the recent past, the training of ZTC resource persons would have been the most logical strategy for developing the centers capacity to enable the centers to take up the expanded role. However, after careful consideration of the benefits and limitations of the use of training as the main intervention strategy for building ZTC capacity, the partners have opted to apply the PIA. The PIA allows for the search and implementation of other interventions apart from training that will lead to more sustainable results.

In addition to appropriate skills and knowledge, the approach considers other factors known to influence worker performance such as: organizational support, clear job expectations, clear and immediate performance feedback, supportive environment, and motivation. The PIA is implemented in five inter-related steps beginning with:

Step 1: getting and maintaining agreement with stakeholders,

Step 2: conducting PNA,

Step 3: identifying and selecting interventions,

Step 4: implementing interventions, and

Step 5: monitoring and evaluating effect of the interventions.

## **PNA Methodology for ZTCs**

RCHS and other key stakeholders (HRDD, RCQHC, and PRIME) began the PI effort for ZTC in October 2000. Between October and November 2000, stakeholders reached agreements on, and formulated in measurable terms, eight desired performances for residential and part-time trainers at ZTC (hereafter referred to as Zonal Training Resource Teams (ZTRT)), relevant to training management - **(Step 1 of PIA process)**. Six of the eight areas for which standards for performance were established (desired performance), pertained to staff selection procedures, partnering with CHMT and RHMT for planning and implementing RCH training, capacity for RCH training, conducting trainee follow-up for supportive supervision, reproducing and distributing health learning materials (HLM) and costing of activities to achieve

sustainability. Two statements of desired performance were also formulated to reflect stakeholders' expectations in training and application of the PIA.

The PNA step (**Step 2 of the PIA process**) was completed by the end of December 2000. The purpose of the PNA was to gather information that will help stakeholders establish the actual level of performance of ZTC on six of the eight desired performances, estimate the performance gaps and identify root causes for the performance gaps found. The PNA also sought to collect data on factors to support the institutionalization of the PIA at ZTC (Desired Performance 7 and 8). The required data was gathered using seven instrument types:

1. Focus Group Interview (FGI) guide for ZTRT
2. Observation checklist
3. Document review checklist
4. Questionnaire for assessment of ZTRT perceived knowledge and competencies in RCH core areas
5. Questionnaire to test ZTRT knowledge in RCH core areas
6. and 7. Interview Guides for CHMTs and RHMTs, and selected section heads based at the central level of the Ministry and RCHS program coordinators.

Due to funding limitations, only one urban-based CHMT, one rural-based CHMT, and the RHMT located in the same region as the target ZTC were selected for the assessment. Data analysis and preparation of this PNA report were accomplished in January 2001 by a team of six persons representing key stakeholder groups (MOH, PRIME II and RCQHC). The analysis was done on a center-specific basis in compliance with stakeholders' request. ZTC actual performance in each of the six dimensions of performance relevant to training management function was obtained by comparing aggregated scores on pre-determined indicators, against the maximum expected score.

The major findings of the PNA and proposed recommendations are presented below by desired performance. The accompanying table gives estimates of performance gaps by desired performance for each of the six ZTCs.

## **Major Findings and Recommendations by Desired Performance**

### **Desired Performance 1**

All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training so as to have adequate RCH training staff for the essential RCH package.

## **Finding**

### ***Standardized guidelines for staff selection and remuneration***

In any training institution, standardized guidelines stipulating procedures for hiring and remunerating part-time trainers are helpful to ensure adequacy of part-time trainers with the appropriate qualifications, and transparent remuneration practices.

No systematic guidelines exist to standardize selection and remuneration for ZTC part-time trainers. The coordinators at the ZTCs, based at Iringa and Arusha regions, nevertheless use guidelines developed in-house, for selecting and for paying for the services of part-time trainers. The other four ZTCs identify and hire part-time trainers on a need basis.

When asked about the existence of an inventory of part-time trainers as a way of assessing centers' tracking system of potential human resource within their respective zones, only the ZTC at Mwanza and Mtwara were observed to maintain an inventory of part-time trainers. The Centres at Arusha, Iringa, Kigoma and Morogoro have initiated efforts for inventory of potential resource persons in their zones, but the inventory is incomplete.

### ***Adequacy of RCH training staff***

The Centres at Iringa and Morogoro report having adequate staff to train in at least two of the RCH core areas:

- Safe Motherhood Initiative (SMI),
- Family Planning (FP),
- Integrated Management of Childhood Illnesses (IMCI),
- STI/HIV/AIDS,
- Information, Education, Communication (IEC)/Health Education (HE).

According to ZTRTs at Kigoma and Mtwara, there has been a persistent problem of staff shortage due to negative perceptions regarding geographical location, infrastructure, and available facilities.

## **Recommendations**

- MOH to provide guidelines to ZTC in order to standardize selection and remuneration procedures for ZTRT members;
- ZTCs should adopt a policy of maintaining an active inventory of potential resource persons residing in the zone. The list should include Regional and District Health Management Team members and other experts in the field of RCH;
- MOH to put in place strategies for increasing, motivating and retaining trainers especially for Kigoma and Mtwara regions.

## **Desired Performance 2**

All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.

### **Finding**

The ZTC based at Iringa, Arusha, Morogoro and Mwanza report having conducted Training Needs Assessments (TNA), within the last three years, using appropriate instruments. TNA specifically for RCH services was not done because this was not an expectation of centers original mandate. When TNA are conducted, the centers do not necessarily involve RHMT, CHMT and other organizations within their zones due to unclear roles and expected linkage patterns between each group.

### **Recommendations**

- MOH should accelerate efforts to develop and disseminate specific roles and responsibilities to trainers at centers, as well as to all stakeholders including CHMTs, RHMTs, NGOs who are expected to partner with ZTC for the planning, implementation and coordination of training activities;
- MOH should facilitate and support a ZTC/CHMT/RHMT partnership for joint identification of health and training needs, and for planning, implementing and monitoring interventions. The availability of job descriptions will greatly enhance the partnership by helping each partner understand their roles, relationships, linkage patterns, and the results expected of a successful partnership;
- MOH to provide leadership skills to ZTC Coordinators to enable the coordinators to manage the new partnership roles.

## **Desired Performance 3**

All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.

### **Finding**

None of the ZTCs met the minimum requirement stipulated by this desired performance. The Centres at Morogoro and Iringa conducted two RCH courses and one RCH course respectively, between July 1999 and June 2000. The Arusha based ZTC on the other hand has in the past conducted courses in syndromic management of STIs. Trainers' poor understanding of the expectations with regard to RCH training, inadequate knowledge and skills in RCH areas, and inadequate instructional facilities for use by trainers especially at the Kigoma based ZTC, were the three main reasons for the performance gaps.

Except for one trainer, the remaining 30 trainers who took the knowledge test scored below the set passing score of 75% in the selected RCH core areas. The relatively low scores (group mean % score of 59%) can be attributed to two main reasons.

First, ZTCs were not required to train in RCH because RCH was not a focus area. Second, none of the trainers had participated in previous RCH short courses organized by RCHS.

### **Recommendations**

Once the role clarification process is completed, MOH needs to take two critical actions, if ZTCs are to fulfill minimum expectation of facilitating at least three RCH courses annually.

- MOH should facilitate mechanisms to develop knowledge and skills of trainers at ZTCs and implement cost effective strategies to ensure RCH skills remain updated;
- MOH should ensure that all ZTCs have adequate instructional facilities and facility for material reproduction, especially the ZTC in Kigoma (e.g., flip chart stands, equipment for reproducing materials desk, laptop computers, and multi-capacity photocopier).

### **Desired Performance 4**

All ZTRTs will conduct at least one supportive follow-up visit, annually per trainee group according to standard guidelines in order to ensure quality services.

ZTCs at Iringa, Arusha, Morogoro and Mwanza schedule and implement follow-up of trainees of in-service programs, using standardized in-house guidelines. While trainees are followed-up in Iringa, Arusha and Mwanza at the request of the donors sponsoring the training, Morogoro conducts follow-up only for weaker trainees. Mtwara and Kigoma have no follow-up system in place, because the two institutions mainly conduct pre-service training, which does not require follow-up of trainees after graduation.

### **Recommendation**

MOH to provide standardized guidelines to ZTCs to facilitate the setting up of trainee follow-up systems especially at the Mtwara and Kigoma based Centres, and strengthening of existing systems at the other four centers. Mechanisms should also be put in place to facilitate fund generation at centers, so as to reduce the current dependency on donor support for the conduct of trainee follow-up activities.

### **Desired Performance 5**

All ZTRTs will reproduce and distribute available HLMs quarterly to the CHMTs and RHMTs.

### **Finding**

With the exception of the ZTC based at Kigoma region, the other five ZTC reproduce and distribute materials. However, the distribution of HLMs to key target groups, e.g., CHMT, RHMTs is irregular and not demand driven. On their part, CHMT and RHMT do not request materials from ZTC, because they are not aware and or not clear about ZTCs role in this area.

## **Recommendations**

- MOH to determine the equipment needs for material reproduction at all ZTCs and ensure availability of modern equipment (heavy-duty photocopiers, binding machines, scanners, printers, desk and laptop computers);
- MOH to facilitate collaboration and communication between ZTC, CHMT and RHMTs especially with regard to reproduction and distribution of HLMs to meet the needs of districts and regions.

## **Desired Performance 6**

All ZTRTs will determine costs for training activities and mobilize funds to enable them sustain the institution.

## **Finding**

All ZTC use MOH financial guidelines for managing and monitoring institutional finances. Although MOH has not provided standardized guidelines for costing, ZTCs in Mwanza, Kigoma and Iringa report carrying out costing of the training activities to include staff time, as one way to ensure sustainability of training activities. The ZTC in Arusha, Mtwara and Morogoro, report not having the expertise for costing, but are experienced in budgeting. The reported ability in costing at three centers should be interpreted with caution, given the data was gathered through self-reporting. It is the view of key stakeholders that it is likely that respondents at the three ZTCs may have been referring to abilities in budgeting and not in costing.

## **Recommendation**

MOH to define dimensions of costing for training and orient ZTRT members on costing procedures, to ensure sustainability of training related activities.

## **Recommendation for New Performance 7 and 8**

### **Desired Performance 7**

All ZTRT will apply the PIA to assist districts improve RCH services.

### **Desired Performance 8**

All ZTRT will conduct at least one training activity annually on the concept and application of the PIA.

## **Recommendation**

MOH to begin the process of institutionalization of PIA at ZTC, Districts and Regions through:

- Training/Orientation of policy makers at Presidents Office, Regional Administration and Local Government (PORALG) on the concept of PIA;
- Training of ZTC Trainers on the concept and application of PIA;
- Expanding the curricula of managers, supervisors, trainers and providers to

include selected components on PI as appropriate:

- Assessing existence of other performance factors that will allow ZTCs to conduct their own PI assessments and implement both training and non-training interventions (clear expectations, performance feedback, etc.).

## *Estimates of ZTC Performance*

(See Appendix 7 for a detailed description of methodology used to compute performance gaps)

<b>Desired Performance</b>	<b>% Gap Found In Zonal Training Centre</b>					
	<b>Arusha</b>	<b>Iringa</b>	<b>Kigoma</b>	<b>Morogoro</b>	<b>Mtwara</b>	<b>Mwanza</b>
1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate training staff for the essential RCH package.	44%	11%	67%	67%	67%	33%
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	58%	67%	75%	42%	92%	50%
3. All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.	45%	40%	55%	15%	50%	50%
4. All ZTRTs will conduct at least one supportive follow-up visit annually, per trainee group according to standard guidelines in order to ensure quality services.	33%	33%	67%	67%	67%	0%
5. All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.	75%	69%	81%	69%	81%	69%
6. All ZTRTs will determine costs for training activities and mobilize funds to enable them to sustain the institution.	33%	0%	11%	78%	67%	11%

# *Introduction*

## **Background**

The RCHS of the MOH in Tanzania was first set up in 1989 as the Family Planning unit (FPU) with a mandate to manage the National Family Planning Program (NFPP). The goal of the NFPP was to accelerate the availability of quality FP services throughout Tanzania through training and support to service providers at the same time providing equipment and supplies to selected facilities.

In the last 10 years, NFPP has made notable achievements in terms of systems development, service expansion and role changes. Major achievements include strengthening management and coordination capacity of RCHS, expansion of RCHS' responsibility for all RCH activities (hence a change of name from FPU to RCHS). In order to achieve sustainability and increase access to RCH services, RCHS began to support decentralized planning, implementation and monitoring of RCH services in the regions and districts by training Regional and District Trainer Teams (RTT and DTTs) to train service providers to provide higher quality RH services.

However, lessons learned from different RCH studies such as the Demographic Health Survey (DHS), evaluation findings of the five year (1994 -1999) National Family Planning Training Strategy, and situation analysis of 37 first phase HSR districts suggest that a lot still needs to be done to increase demand and access to quality RCH services in the country. The RCHS undertook a visioning exercise to help guide its activities over the next five years. The RCH vision for year 2004 is "**a healthy and well informed Tanzania population with access to quality RCH services that are accessible, affordable, and sustainable and which are provided through an efficient and effective support system.**"

The timing of the 2000 – 2001 RCHS workplan corresponded with the International Development and Donor agencies' period for re-thinking their strategies to accelerate quality health services in general, including RCH services. In the past, development and donor agencies in the RH field have made heavy investments in training believing that training was the only way to improve provider and service performance. With the passage of time, however, it has become clear to partners in the human development field that when faced with scarce resources, gains derived from training do not always fully justify the heavy emphasis and investment placed in training alone to improve performance.

## **Change in the Strategy to Improve RCH Service Delivery**

Improvement in the health and well being of the Tanzanian population is also top on USAID Mission to Tanzania's agenda. The mission's support for Tanzania is outlined in the strategic objective document agreement for the health sector for 1997 – 2002. The services that will be of priority over the next five years for both RCHS and the USAID Mission will be those services that seek to address the high rates of fertility and STIs, high rates of infant mortality, unmet need for FP, and the declining health status that has been brought about by HIV/AIDS epidemic.

In this era of HSRs the RCHS, USAID/T and other RCH supporting partners are refocusing their priorities and strategic plans to match the on-going reform process. The reform process calls for a move away from centralized planning and training to a decentralized system where planning and management occur at district levels. The strategic plans (1999 – 2004) of RCHS and USAID Tanzania aim to strengthen ZTCs to take up reproductive health in-service training management. ZTCs were known to be performing some aspects of the in-service training management functions, even if not specifically for RCHS.

## **Description of Zonal Training Centre Functions**

The development of HRH in Tanzania is the responsibility of the MOH through the HRDD. The roles of the department include; development, management, supervision and monitoring of activities taking place at all health-training institutions in the country.

In its efforts to effectively manage training activities, HRDD formally known as “Training and Manpower Development Department” decentralized the role of coordinating Continuing Education programs to the established six zonal centers. These are:

- Northern Zone - Centre for Educational Development in Health, Arusha (CEDHA)
- Southern Highland Zone - Primary Health Care Institute (PHCI) in Iringa
- Western Zone - Clinical Officers Training Centre (COTC) in Kigoma
- Eastern Zone - Public Health Nursing School ‘A’ (PHN ‘A’) in Morogoro
- Southern Zone - COTC in Mtwara
- Lake Zone - Assistant Medical Officers (AMOs) Training Centre in Mwanza

The main responsibilities of the Continuing Education Centres are:

1. Determine/assess continuing education needs for health workers/service providers in their respective areas or zones.
2. Plan and implement continuing education programs and activities in-service training.
3. Mobilize training resources for implementation of Continuing Education activities in the zone.
4. Link up and provide technical support to Regions/Districts in the zone with regard to Continuing Education activities.
5. Disseminate up-to-date information regarding changes in, for example technology, epidemiology, new disease management approaches for improved performance of health workers in the zone.
6. Develop and distribute simple, affordable and relevant HLM for updating information on HIV such as leaflets, pamphlets, booklets, as well as provide support in establishing mini-resource centers.

However, with the HSR demands, the MOH initiated a restructuring process. To comply with the recommendations in the **Report on Strategic Restructuring of Training and Manpower Development Department**, the HRDD was to decentralize more functions of supporting regions/districts training activities to the Zonal Centres in addition to their roles of coordinating continuing education programs.

Zonal Continuing Education Centres (ZCECs) were reviewed to take up more challenges. The Zonal Centres now not only oversee Continuing Education activities, but also plan, manage, implement and monitor Human Resource activities in the zone in a more comprehensive approach. Specific Human Resource and training activities will have to be further determined, developed and implemented as demanded by the HSR by Districts and Regions, assisted by ZTCs.

In effect, in line with the HSR implementation process, the use of ZCECs has been reinforced to undertake comprehensive training functions under the name of ZTCs.

### **Application of PIA to Realize Vision of ZTC in RCH**

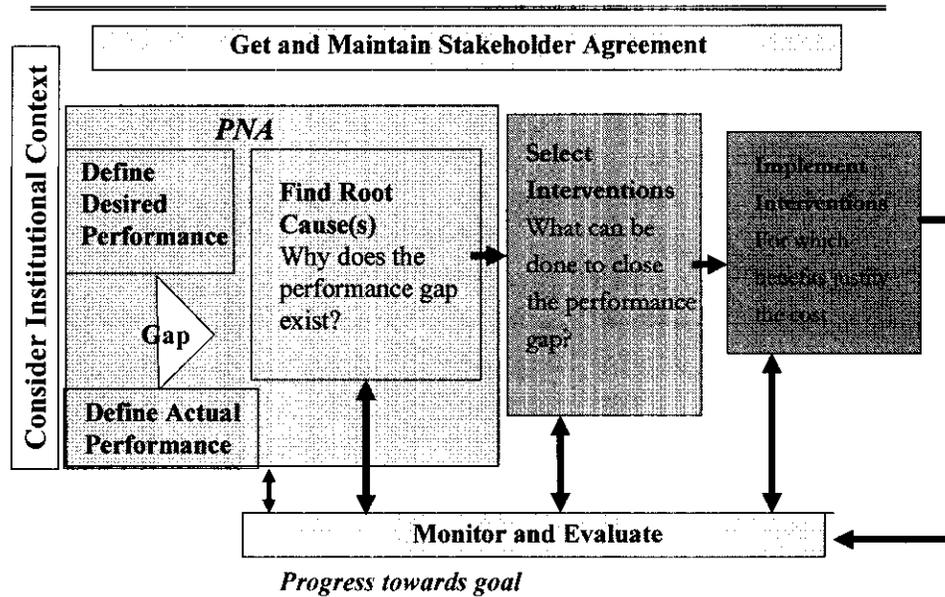
In the RCHS 2000/2001 workplan to begin to transfer responsibility for RCH training management to ZTC, RCHS and partners chose to adopt the methodology of the PIA for developing ZTC capacity in RCH training management. RCHS is working with the HRDD/MOH, PRIME II, and the RCQHC at Makerere University, Uganda, to strengthen ZTCs capacity for this expanded role. The partnership is also working to institutionalize the training and application of PIA at ZTCs.

The PIA is implemented in five inter-related steps.

#### **The steps are:**

1. Stakeholder Agreements on the performance problems, and desired performance;
2. PNA to establish actual performance, performance gaps, and root causes for Performance gaps;
3. Selecting and Designing interventions to address performance gaps;
4. Implementing Interventions;
5. Monitoring and evaluating the effects of the intervention.

# PI Framework



A unique feature of this approach is that it allows users to consider other factors apart from deficiency in knowledge and skills that can influence a worker or organization's performance. The full range of performance factors considered are:

- Organizational support in terms of strategic direction, leadership and management;
- Clear job expectations;
- Performance feedback;
- Work environment including adequate and proper tools;
- Incentives and motivation to encourage people to perform to expectations;
- Skills and knowledge for doing the job.

# ***Methodology***

## ***Objectives and Methodology of the PNA for ZTCs***

### **The Objectives**

The specific objectives of this PNA are to:

1. Identify the target group at ZTC for performance improvement.
2. Define the desired performance for the performer group at ZTC in objective terms; identify relevant indicators and data sources for measuring performance.
3. Establish actual performance, performance gaps and root causes for the performance gaps.
4. Assess the extent to which performance factors are being met.
5. Propose recommendations that will guide stakeholders in selecting and designing appropriate interventions.

### **PNA Methodology**

#### ***Getting Stakeholder Agreements***

A series of stakeholder meetings were organized between October and November 2000, to reach agreements on the problem to be addressed, the target performer group at ZTC, desired performance, indicators, and data sources. Stakeholder teams also met to select CHMTs and RHMTs that would participate in the PNA exercise and, to develop the data collection instruments. The stakeholders were representatives from the MOH (RCHS, HRDD, and ZTC), the RCQHC, and PRIME II.

Stakeholders agreed that the desired performer will be the ZTRT. The ZTRT was defined as the residential (full-time) trainers and part-time training resource persons at each of the six ZTCs. The stakeholder team also agreed on six desired performance statements for PI and two desired performance statements as new performance for ZTRT.

### **Desired Performance (PI)**

#### **All ZTC Coordinators**

1. Will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.

#### ***All Zonal Training Resource Teams (ZTRT)***

2. Will work with CHMT, RHMT, NGOs and the private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.

3. Will conduct at least one RCH in-service training activities annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.
4. Will conduct at least one supportive follow-up visit annually per trainee group according to RCH guidelines in order to ensure quality services.
5. Will reproduce and distribute available HLMs quarterly to the CHMTs and RHMTs.
6. Will determine cost for training activities and mobilize funds to enable them to sustain the institution.

### **Desired Performance (New Performance)**

All Zonal Training Resource Teams (ZTRT)

7. Will apply the PIA to support districts' efforts in improving RCH services.
8. Will conduct at least one training activity annually on the application of the PIA.

### ***PNA Instrument Construction***

Seven PNA instruments were developed in a five-day activity. The instruments were:

- Group Discussion guide for ZTRTs;
- Group Discussion Guide for CHMTs, RHMTs and NGOs;
- Document Review checklist;
- Observation Checklist;
- Self Administered Questionnaire for assessment of ZTRT knowledge in selected RCH areas;
- Questionnaire for ZTRT Self Assessment of perceived knowledge and competency in RCH;
- Semi-Structured Interview guide for MOH Heads of Directorates and section heads of RCHS.

### ***Pre-testing and Instrument modification***

The instruments were pre-tested at a COTC in Kibaha District, Coast Region. Interviews with CHMT and the RHMT served for pre-testing the instruments developed for these target groups. The instruments were refined based on the pre-test findings.

### ***PNA data collection***

- a) Team composition, training of data collectors and data collection

The data collection team members were drawn from RCHS, HRDD, PRIME II, and RCQHC. Before the data collection exercise, the team had a two-day training, which covered a brief orientation to the PIA, the purpose and content of

each instrument, and the proposed process for collecting the data. Facilitation of the training was done jointly by PRIME II and the RCQHC. The two-day orientation session was held in Arusha as a way of jointly field testing the instruments and data collection processes. The entire team (four facilitators and five data collectors) collected the required data at the ZTC, Northern Zone (CEDHA). Two teams collected the data relevant for the remaining five ZTCs, including the selected RHMTs and CHMTs. One team gathered data relevant to ZTC based in Mwanza and Kigoma regions, while the other team gathered data from ZTC based at Morogoro, Iringa and Mtwara regions. The data collection process at field level lasted approximately four weeks from November 29 to December 21, 2000.

The ZTCs, CHMT and RHMT concerns guided the development of the questionnaire content for Directors and Managers at MOH central level. The key informants at central level completed the self-administered questionnaire between February and March 2001.

b) Selection procedure of respondent groups

The residential and part-time trainers at the six ZTC were the primary targets for the PNA. For each ZTC, the team selected two CHMTs and two RHMTs to provide data on desired performance for ZTRTs, stating expectations of partnering among ZTRT, CHMT and RHMT. One of the CHMTs was urban-based and the other rural-based.

Given the limited resources, three criteria were considered for selecting RHMTs and/or CHMTs to be included in the PNA:

- RHMTs and CHMTs in the urban districts in which ZTC are located;
- CHMTs in a rural district at a convenient distance from the ZTC;
- CHMTs in JHU/PCS and JHPIEGO focus districts in Arusha and Iringa.

The key informants at central level were: Senior management staff at the Directorate of Human Resource Development, including the heads of Continuing Education, Inspectorate, Educational Audit and Support unit, and Basket Funding, and selected unit heads of the RCHS.

The list of participating CHMTs for this PNA is provided as Appendix 2 to the report.

***Data analysis and report writing***

The analysis of the PNA data and drafting of the PNA report took place in Morogoro town in January 2001. Five of the six-member data analysis team had earlier participated in either instrument development, pre-testing of the instruments and or in data collection. The sixth member of the team was a PI Specialist from PRIME II/IntraHealth International Head office at Chapel Hill, North Carolina, USA.

In compliance with the RCHS and HRD request, data relevant to each ZTC was assessed independently in order to uncover each center's unique strengths and weaknesses related to RCH training. It was anticipated that this approach will facilitate choice of interventions for closing gaps common to all centers as well as interventions specific to each center.

In analyzing the data, the team followed a systematic process. The process steps and an illustrative example are provided below.

1. For each of the six desired performances, all questionnaires were screened to identify questions providing direct answers to the indicators under that desired performance.
2. A scoring guide was developed, by assigning scores to the responses of each question, so that responses best meeting the indicator are assigned the highest score, using a scale agreed jointly by all team members.
3. The maximum expected score for each desired performance was obtained by cumulating the highest score.
4. Each ZTC level of achievement (i.e., actual performance) of each of the six desired performance standards was then established using the scoring guide.
5. The performance gap was derived by calculating the difference between the desired level and the actual level, and then expressed as a percentage of the desired level.
6. Once the gap was established and assessed to be large enough (i.e., over 20%), the team established the root causes, drawing from data gathered from ZTRTs to explore root causes and from contributions from team members based on own experience and observations made during the data collection visit.

**Illustrative Example Showing Desired Performance, Actual Performance and Performance Gap of a Desired Performance**

<b>Desired Performance 1</b>		
<p><b>All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, and have adequate training staff for the essential RCH package</b></p> <p>Establishing actual performance for ZTC, Northern Zone (ARUSHA)</p>		
<b>Desired Indicator</b>	<b>Desired Score</b>	<b>Actual Score</b>
Existence of an inventory of potential resource persons	1	0
Existence of a guideline or procedure for selecting resource persons from CHMT, RHMT and other experts. Guideline to specify: <ul style="list-style-type: none"> <li>- procedure for recruitment;</li> <li>- when recruitment should be done;</li> <li>- minimum qualification of trainers;</li> <li>- how to remunerate;</li> <li>- how to evaluate performance;</li> <li>- staffing levels.</li> </ul>	6	4
Existence of resource persons drawn from either CHMT, RHMT and other experts	1	1
ZTC has enough staff to train in two or more areas	1	0
<b>Total</b>	<b>9</b>	<b>5</b>
<p>Desired score = 9, Actual score = 5, Performance gap = 4 (44%)            The scoring guide and summary of ZTC individual scores achieved for each indicator by desired performance are shared in Appendix 7 of the report.</p>		

***Limitations of the PNA exercise***

The challenges faced in the planning and implementation of the PNA are discussed under two headings, technical related challenges and field challenges.

**Technical related challenges**

a) Design Implications

The PNA uses a cross sectional design. The data collected therefore, largely reflects the current situation at ZTC and not necessarily ZTC practices over time. For example, the desired performance on the conduct of RCH courses (Desired Performance 3) and on materials distribution (Desired Performance 5) specify reference periods. ZTCs, which did not fulfill the desired performance within the reference period, will rate low, even if the ZTC met the desired performance at a time just outside the reference period.

b) Use of multiple indicators to describe the desired performance

In the past three years, the PRIME project has pioneered the use of the PIA in a number of developing countries. Although this PI initiative for ZTC benefited from past PRIME PI experiences and lessons learned, the uniqueness of the Tanzania PI program presented new challenges for the MOH/PRIME team with responsibility to plan and implement this PNA.

Unlike past PRIME PI experiences in which performer groups are either providers, or supervisors, for this PNA, the target performer group was the trainer team at the six ZTCs. Whereas desired performance for a cadre group such as provider, could be described to reflect specific tasks, in the case of trainer teams at ZTC, desired performance was formulated to convey the multiple nature of the training management jobs training coordinators and /or trainer teams are expected to perform.

For example, the first desired performance for trainer teams at ZTCs was stated as:

*All Zonal Training Resource Centre Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate training staff for the essential RCH package.*

To quantify the desired performance level, the PNA team opted to isolate and weight indicators, instead of a single indicator as shown in the illustrative example on the previous page under "Limitations of the PNA exercise". This Tanzania PNA design for ZTC that uses more than one indicator to measure a desired performance, will present the first test to MOH/Tanzania and PRIME in managing multiple indicators to demonstrate change in a desired performance.

c) Root cause analysis

The PNA attempted at conducting root cause analysis with key stakeholders (ZTRT, CHMT RHMT) at the same sitting during which other data were gathered. Even though this data collection strategy saved on costs, there was an inherent disadvantage. Root cause analysis diagrams were not developed in a transparent manner, so that stakeholders could see and contribute to the diagrams as they were being developed. Instead, data collectors developed rough paper sketches of the diagrams based on stakeholders responses to the "why, why, why" questions. The diagrams were later refined and expanded during the data analysis stage. As a result stakeholders cannot claim ownership of the diagrams as the true perceptions of pathways leading to the real root causes of the performance problems.

### **Field Challenges**

Unlike other assessments done in Tanzania, in which data is collected from a representative sample to yield valid results, the PNA for ZTC required 100% coverage of ZTCs, because of the small sample and the known diversity in characteristics between ZTCs. The ZTCs are spread out in Tanzania; travel by road to the centers was therefore long and difficult. Traveling by air even though more comfortable, was not a practical alternative. Air travel would have deprived the data

collection team of ground transportation facilities to make daily visits to ZTCs and to reach the selected 12 urban and rural districts, to carry out interviews with Council and RHMTs.

Because only 12 of the 120 CHMTs were visited to find out the extent of partnering between CHMTs and ZTC, the sample is too small to generalize findings from CHMTs perspective about extent of partnering between CHMTs and ZTCs.

# *PNA Findings*

## *Organization of the Findings and Appendices to the Report*

At the series of stakeholder meetings to agree on the set of Desired Performances for ZTCs, stakeholders had emphasized on the wide variations between the six ZTCs, in terms of infrastructure and technical capacity. For this reason, stakeholders expressed preference for center-specific analysis and reporting, rather than a comparative analysis.

The format used for the presentation of the PNA findings in this report takes into account stakeholder's preference. The format also reflects the unique characteristics of a PNA. Each ZTC's strengths and weaknesses are presented separately by desired performance for the six areas (Desired Performance 1 to 6) for which PI is being sought. The root causes responsible for the gaps found in each ZTC are also discussed under weaknesses.

In the section presented immediately after the center-specific findings ("Factors relevant to the six performance factors"), information gathered from ZTC and other respondents, including MOH Directors and Managers at central level that are relevant to the six performance factors are discussed. The purpose of this section is to illustrate to what extent performance factors are being met for ZTC, and remedial actions that need to be taken to address gaps common to all ZTC, to enable ZTC meet performance expectations.

This presentation format will allow reviewers of the report to appreciate the differences between the design of a PNA, which is guided by desired performance standards and performance factors as opposed to conventional needs assessment designs which are largely driven by objectives.

To conclude the main section of the report, recommendations are proposed to address ZTCs weaknesses. No attempt has been made in this report to give recommendations for each ZTC separately. It is assumed the detailed root causes of gaps by desired performance, will easily guide stakeholders to identify specific actions needed for each ZTC.

The Appendix section provides more information, including technical details, for the benefit of users interested in replicating this methodology. The Appendix section contains:

- Appendix 1: Beginning ideas to guide stakeholders on the support factors needed to institutionalize PI training at ZTC and the application of the approach for service improvement - Desired Performance 7 and 8;
- Appendix 2: List of districts selected for the PNA by region;
- Appendix 3: Brief description of each ZTC (Location and area of specialty);

- Appendix 4: Listing of the eight desired performance, corresponding indicators and sources of data for providing data on the indicators;
- Appendix 5: Scoring guide for establishing ZTC desired and actual performance levels;
- Appendix 6: List of questions in each instrument relevant to the performance factors;
- Appendix 7: Actual Performance scores and estimates of gaps for each ZTC by desired performance;
- Appendix 8: Root cause analysis diagrams, by ZTC by desired performance.

## Findings for ZTC - Arusha (Northern Zone)

**Table 1: Estimates of performance gaps and root causes for gaps for Zonal Training Centre Northern Zone (Arusha), by desired performance (See Appendix 7 for a detailed description of methodology used to compute actual scores and gaps.)**

Arusha				
Desired Performance	Desired Score	Actual Score	Gap	Root Causes
1. All ZTC coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.	9	5	44%	<ul style="list-style-type: none"> <li>ZTC does not have clear understanding of its current role in RCH training as per 1994 HSRs.</li> <li>ZTC does not see a need for maintaining an up to date inventory of potential resource persons.</li> </ul>
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	12	5	58%	<ul style="list-style-type: none"> <li>ZTC, CHMT, and RHMT do not have a clear understanding of the new role of the ZTC in identifying training needs and planning for RCH training.</li> </ul>
3. All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.	20	11	45%	<ul style="list-style-type: none"> <li>ZTC does not have a clear understanding of its new role in RCH training as per HSRs.</li> <li>ZTC full-time staff knowledge/skills have not been updated in RCH core areas in the recent past.</li> </ul>
4. All ZTRTs will conduct at least one follow-up visit annually per trainee group annually according to standard guidelines in order to ensure quality services.	3	2	33%	<ul style="list-style-type: none"> <li>Follow-up of trainees has not been seen as a priority by the ZTC.</li> </ul>
5. All ZTRTs will reproduce available HLM quarterly for the CHMTs and RHMTs.	16	4	75%	<ul style="list-style-type: none"> <li>ZTC, CHMT, and RHMT do not have a clear understanding of the new role of the ZTC in producing and distributing HLM for districts and regions.</li> <li>No funds budgeted by the MOH for the</li> </ul>

**Arusha**

Desired Performance	Desired Score	Actual Score	Gap	Root Causes
				printing/distribution of HLM by ZTC <ul style="list-style-type: none"> <li>• Districts/regions have not been involved in the identification of HLM needs.</li> <li>• There is no logistics system to monitor district and regional needs for HLM</li> <li>• Existence of vertical programs which produce and distribute HLM directly to regions and districts</li> </ul>
6. All ZTRTs will determine costs for training activities and mobilize funds to enable them to sustain the institution.	9	6	33%	<ul style="list-style-type: none"> <li>• Inadequate skills and knowledge of costing</li> </ul>

## Summary of Findings by Desired Performance — *Arusha*

### Desired Performance 1

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff.*

#### Strengths

Foremost among its strengths in this desired performance is the existence of an in-house procedure for recruiting part-time staff. Additionally, the ZTC has in-house guidelines for determining minimum qualifications for recruitment, remuneration, and how to evaluate performance. Another strength of the ZTC at Arusha is the high number of potential resource persons it can draw on when additional trainers are needed. The ZTC draws from the Mount Meru regional hospital; CHMTs; Kilimanjaro Christian Medical Centre; the School of Accountancy; Eastern, Southern, Management Institute (ESAMI) and other NGOs.

#### Gaps

However, the ZTC does not have an adequate number of full-time staff with expertise in the core RCH areas. The staff has inadequate technical skills in RCH because RCH is not a focus area for the Training Centre. RCH training is not in the current mission statement even though the HSRs of 1994 recommend decentralization of all PHC in-service training to ZTC. The ZTC does not have a clear understanding of its roles in RCH training due to an inadequate communication of the changes described in the HSRs.

Although the Arusha ZTC has a base of potential resource persons, it does not maintain a written inventory of the individuals on file. Having a written inventory of potential resource persons from which to select appropriate candidates can help ensure a more efficient and smooth process of recruitment and contribute to further standardized recruitment procedures. The ZTC does not maintain an inventory because it is not required to have one. The inventory is not a requirement because it is not seen as a need.

### Desired Performance 2

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.*

#### Strengths

All ZTRTs conduct TNA in order to know what courses to offer. Although the frequency of conducting TNA is not standard, as it is dependent on donor funding, the ZTC at Arusha was able to conduct a TNA in 1999. The center has a number of standardized tools for identifying training needs.

## **Gaps**

The ZTC at Arusha has a more than 50% gap in working with CHMT, RHMT and other partners to identify training needs and plan for RCH training. The planning and implementation for the needs assessment the Arusha team conducted in 1999, did not fully involve the CHMT, RHMT or NGOs. The involvement of these institutions consisted only of being interviewed to ascertain their particular needs (CHMT and NGO), providing logistical support (CHMT), and giving permission to conduct the TNA (RHMT).

This lack of partnering for TNA is due in part to the fact that ZTCs are not sufficiently sensitized on this expectation, as the original mission of the ZTC did not incorporate this. However, ZTCs are mandated by the HSRs to work with the CHMTs and RHMTs in the area of RCH training, which includes identifying training needs and planning for training. At the same time, the district and regional teams do not understand what the ZTC roles are, and have only seen the ZTC as a provider of continuing education. This lack of understanding results from unclear communication of the changes brought about by the reforms. As a result, the ZTC, CHMT, and RHMT do not know how they should relate to each other.

## **Desired Performance 3**

*All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.*

## **Strengths**

The ZTC at Arusha has very good training facilities and materials. The classroom and hostel facilities are in good condition. The center also has all the necessary audiovisual equipment which is in good working condition for conducting its courses, such as an three overhead projectors, 27 desktop and laptop computers, and two TVs and two VCRs.

## **Gaps**

The gap in this desired performance is due to the fact that the ZTC does not conduct RCH related in-service training activities. RCH is not a component of the focal courses given at the ZTC. The center is not mandated to conduct RCH courses routinely but only on client request. The original mission of the ZTC does not include RCH training, and there has been inadequate communication to the center regarding the new emphasis placed on RCH training as per the HSRs. As a result, the ZTC has not updated its mission to include its new role in training CHMTs, RHMTs, trainers, supervisors, and providers.

In addition, the ZTC does not have adequate technical capacity to conduct RCH courses. One reason is because ZTC trainers do not have adequate knowledge and skills in RCH. Their skills have not been updated since basic training as there was no felt need to do so. Another reason is that ZTRT members have not personally been included in RCH training and as such have not gained capacity in this area. Their

lack of involvement is due to the RCHS having worked directly with the RHMT and CHMT in a vertical system, and not going through the ZTC. This system has continued because there is no clear linkage between the RCHS, Human Resource Department, and the ZTC.

#### **Desired Performance 4**

*All ZTRTs will conduct at least one follow-up visit annually per trainee group according to standard guidelines, in order to ensure quality services.*

##### **Strengths**

The ZTC in Arusha conducts follow-up visits of trained participants in both general courses and for trainees who had received STI syndromic management training. However, during the period covered by the interview (July 1999-June 2000), the ZTC had not conducted follow-up visits, although it plans to follow-up CHMT trainers in 2001. The ZTC is not only for the Arusha zone, but is also a national and regional training center for Africa. The ZTC conducts follow-up of zonal participants primarily through visits. Because of the distance, workshops are organized to follow-up the international trainees. To assist in conducting the follow-up visits, the ZTC has a supportive follow-up plan and guidelines, and tools for surveys and evaluations.

##### **Gaps**

The relatively small gap (33%) in the ability of the ZTC to conduct supportive follow-up visits of trainees is related to budget. Follow-up in Arusha is conducted only when the client requests it and provides the necessary funds. The ZTC does have standardized follow-up and supportive supervision guidelines for use during follow-up of trainees. However, the ZTC has not been receiving funds for follow-up of ex-trainees from the MOH or other sources, and as such has not routinely included follow-up visits in their annual training plans. The ZTC has also not mobilized alternative sources of funding to perform follow-up of trainees. The main reason for this is that follow-up is not considered to be a priority from among their other activities.

#### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

##### **Strengths**

The Centre at Arusha has immense capacity for producing and reproducing materials. The center also maintains an inventory of the type of materials it reproduces and distributes and keeps records of the materials received from other sources.

##### **Gaps**

There are a variety of causes for the large gap (75%) in production and distribution of HLM to the districts and regions. One cause is a financial one where the ZTC does not have funds of its own for the reproduction and distribution of HLM. Instead, the

ZTC can only reproduce materials for clients who provide the necessary funding. The MOH does not set aside funding for the printing and distribution of materials.

Another cause for the gap is that there is no systematic materials distribution plan for districts and regions as its role. This may be a logical pattern given that the MOH has used other channels to distribute materials and not the ZTC. There still exist vertical programs, which are not integrated, that produce and distribute HLM directly to districts and regions. The ZTC states that the MOH has not adequately communicated the changes brought about by HSR concerning the ZTC's role in distribution of HLM. As a result, the ZTC is not clear of its role in this area.

Finally, the CHMT and RHMT do not request materials from the ZTC. Among the reasons is that they do not know the ZTC is also a resource center since the ZTC has not created awareness of their role as a resource center. This too illustrates that the ZTC does not clearly understand its new role as per HSR. At the same time, the CHMT and RHMT do not perceive the ZTC as meeting their health learning material needs. The ZTC does not have a continuous availability of HLM nor does it have a logistics system to monitor district and regional learning material needs. Likewise, the CHMT and RHMT are not involved in the identification of health learning material needs since the identification of these needs is top down and does not take into account the field perspective.

## **Desired Performance 6**

*All ZTRTs will determine cost for training activities and mobilize funds to enable them to sustain the institution.*

### **Strengths**

For the most part, the ZTC tends to manage its finances fairly well overall. The budget approved by various funding sources was enough to fund activities for the Centre's non-RCH training activities. Additionally, the ZTC uses standardized procedures for monitoring funds and has cost sharing mechanisms in place for its other training activities (non-RCH).

### **Gaps**

The gap then is largely related to the issue of costing for training courses. Team member skills and knowledge on costing are inadequate since previously costing was not needed, as the courses offered at the ZTC were free. More importantly, in the past the MOH financed the operations of the ZTC so team members did not have to concern themselves with financial issues.

## Findings for ZTC - Iringa (Southern Highland Zone)

**Table 2: Estimates of performance gaps and root causes for gaps for Zonal Training Centre Southern Highland Zone (Iringa), by desired performance (See Appendix 7 for a detailed description of methodology used to compute actual scores and gaps.)**

Iringa				
Desired Performance	Desired Score	Actual Score	Gap	Root Causes
1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.	9	9	11%	<ul style="list-style-type: none"> <li>Gap relatively small. Root causes not explored.</li> </ul>
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	12	4	67%	<ul style="list-style-type: none"> <li>ZTC is not clear of its role in identifying training needs and planning for RCH training as per HSR.</li> </ul>
3. All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.	20	12	40%	<ul style="list-style-type: none"> <li>MOH has not prescribed RCH content to be taught at ZTC.</li> <li>Inadequate knowledge and skills in RCH</li> </ul>
4. All ZTRTs will conduct at least one follow-up visit annually per trainee group according to standard guidelines in order to ensure quality services.	3	2	33%	<ul style="list-style-type: none"> <li>Funds received from MOH do not include support for follow-up.</li> <li>Follow-up is not a priority for the ZTC.</li> </ul>
5. All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.	16	5	69%	<ul style="list-style-type: none"> <li>Funds not obtained from MOH for reproduction and distribution of health learning materials.</li> <li>ZTC has not been fully empowered to undertake the new role.</li> </ul>

**Iringa**

Desired Performance	Desired Score	Actual Score	Gap	Root Causes
				<ul style="list-style-type: none"> <li>ZTC, CHMT, and RHMT are not fully involved in the identification of health learning material needs.</li> </ul>
6. All ZTRTs will determine costs for training activities and mobilize funds to enable them to sustain the institution.	9	9	0%	<ul style="list-style-type: none"> <li>No gap, therefore root cause analysis not relevant.</li> </ul>

## Summary of Findings by Desired Performance — *Iringa*

### Desired Performance 1

*All ZTC Coordinators will use an explicit standardized procedure for recruiting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.*

#### Strengths

The ZTC in Iringa serving the Southern Highland zone has an in-house standardized procedure for recruiting its part-time resource persons and reports having adequate staff to train in two or more RCH areas. Even though the MOH has not provided a guideline specifying how and when recruitment for part-time staff is to be done, the center has developed a guideline for internal use. The inventory of potential resource persons in the zone indicates that resource persons have varied expertise and include some CHMT and RHMT members.

### Desired Performance 2

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training in order to improve service performance in the key areas of the essential RCH package.*

#### Strengths

Pertinent observations were made at this center regarding the conduct of TNA. The center is proactive in conducting TNA, using appropriate data collection methods, such as questionnaires, semi-structured interview guides, observation checklist and rapid assessment guidelines. However, TNA activities when conducted are generally not demand-driven, but done at the request from organizations. Among the agencies that have benefited from technical assistance provided by experts at the ZTC for conducting TNA, are Tanzania Essential Health Intervention Project (TEHIP), Meyer Family Health Project and Singe Development Association.

#### Gaps

The observed weaknesses (67% gap) were seen in the preferred partnering approach for conducting TNA. The findings indicate that no formal partnering exists between the ZTC, CHMT and RHMT. The ZTC trainers who participated in the assessment exercise nevertheless mentioned that the center seeks assistance, especially from CHMT members to serve as data collectors or supervisors when carrying out TNAs. ZTRT members in turn are sometimes involved in the development of district plans.

The two CHMTs contacted to verify information about partnering with ZTC, especially for carrying out TNA, report to be neither aware nor clear about the role of ZTC or its capacity to plan and implement TNA. Nor do they recognize an effort on the part of the ZTC to initiate partnership with CHMT or RHMT. The RHMT in turn perceives the center as an MOH training institution mandated to conduct specific activities and programs, but not as an institution with the capacity to conduct TNA, monitoring or evaluation activities.

### **Desired Performance 3**

*All ZTRTs will conduct at least one RCH in-service training activity, per target group, annually to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.*

#### **Strengths**

The center is equipped to fulfill training functions and will be able to meet the demands of RCH training in so far as availability of training equipment and teaching aids are concerned. Essential equipment found to be in working order include: overhead projector (2), desktop computer (8), TV/VCR (1), flip chart stand( 2), photocopiers (3). This center was also a beneficiary of the RCH models and teaching aids donated by IntraHealth International, under the PRIME I project. The equipment status could nevertheless be further strengthened if some faulty equipment are repaired or replaced.

#### **Gaps**

The six trainers at the center who participated in the PNA rated their perceived knowledge and competencies as moderate. The trainers mean knowledge scores (65%) which emerged a little below the set (75%) passing score matched the perceived competency level. On probing for reasons for the moderate RCH knowledge base, the responses were similar to those documented for the other ZTC.

- RCH was not a focus area of the ZTC;
- ZTC trainers have never participated in RCH short courses organized by RCHS;
- MOH is yet to prescribe the RCH content to be taught at ZTC.

### **Desired Performance 4**

*All ZTRTs will conduct at least one follow-up visit per training group annually according to standard guidelines in order to ensure quality services.*

#### **Strengths**

In general, the center conducts follow-up of trainees sponsored by donors as per the policy of the donors. For example, follow-up activities were arranged for trainers who attended short courses on STIs management between 1995 and 1998.

#### **Gaps**

However no follow-up was planned or done between the July 1999 and June 2000 reference period, hence the rating of 66% achievement of this desired performance.

### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

## **Strengths**

A formalized system for reproducing and distribution of HLMs exist. Availability of equipment such as multi-capacity photocopiers, as well as binders, scanners and duplicating machines allows the center to offer services to other MOH institutions at a fee, and to print or reproduce books. Sustainability of its material reproduction activities is assured through an effective maintenance plan. The center also tracks the number of materials reproduced and distributed and the particulars of persons requesting for materials.

## **Gaps**

The estimated 68% gap in meeting the desired performance level emerges as a result of dependency on donor funding to reproduce materials and CHMT and RHMT views concerning unmet need for materials.

The findings suggest that distribution of materials by the ZTC is done passively. According to ZTC trainers, distribution of HLM is not demand driven. The center maximizes on supervision visits to distribute materials to district resource centers. Responses from CHMT and RHMT interviewed suggest gaps in role clarification and communication links between ZTC and health management teams. Some examples of CHMT and RHMT responses include:

- CHMT and RHMT not involved in identification of training needs;
- No communication collaboration between ZTC, CHMT, RHMT and sources of HLM;
- CHMT/RHMT do not request for materials from ZTC;
- CHMT/RHMT do not know what is available at ZTC.

## **Desired Performance 6**

*All ZTRTs will determine cost for training activities and mobilize funds to enable them to sustain the institution.*

## **Strengths**

No gap was found in the financial system available at the center based on the indicators used to make the assessment. The center follows the government financial guidelines and has in place mechanisms for ensuring sustainability. The mechanisms include: taking into account staff time when costing activities; and by cost sharing with trainees. The center also reports having adequate funding during the 1999/2000 financial year to carry out its planned activities.

## Findings for ZTC - Kigoma (Western Zone)

**Table 3: Estimates of performance gaps and root causes for gaps for Zonal Training Centre Western Zone (Kigoma), by desired performance (See Appendix 7 for a detailed description of methodology used to compute actual scores and gaps.)**

Kigoma				
Desired Performance	Desired Score	Actual Score	Gap	Root Causes
1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff.	9	3	67%	<ul style="list-style-type: none"> <li>Posted staff are not motivated to work at the ZTC.</li> <li>MOH has not provided guidelines for recruiting resource persons, but has directed ZTC to use hospital staff as trainers.</li> </ul>
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	12	3	75%	<ul style="list-style-type: none"> <li>No clear understanding of the roles of the ZTC in identifying training needs and planning for RCH training.</li> <li>Posted staff are not motivated to work at the ZTC.</li> <li>ZTC does not have expertise in mobilizing funds.</li> <li>Inadequate knowledge and skills in conducting TNA.</li> </ul>
3. All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors and providers in key areas of the essential RCH package.	20	9	55%	<ul style="list-style-type: none"> <li>ZTC does not have a clear understanding of its new role as per HSR.</li> <li>Full-time staff have inadequate knowledge and skills in RCH areas.</li> <li>Inadequate equipment for RCH training.</li> <li>ZTC does not have expertise in raising funds.</li> </ul>
4. All ZTRTs will conduct at least one follow-up visit annually per trainee group according to standard guidelines in order to ensure quality services.	3	1	67%	<ul style="list-style-type: none"> <li>Follow-up of trainees not seen as a priority</li> </ul>
5. All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.	16	3	18%	<ul style="list-style-type: none"> <li>No clear understanding of the new role of ZTC in reproducing and distributing HLM to CHMT and</li> </ul>

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**Kigoma**

Desired Performance	Desired Score	Actual Score	Gap	Root Causes
				RHMT; • No distribution system for HLM maintained.
6. All ZTRTs will determine costs for training activities and mobilize funds to enable them to sustain the institution.	9	8	11%	• Limited gap root cause analysis not explored

## Summary of Findings by Desired Performance — *Kigoma*

### Desired Performance 1

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff.*

#### Strengths

The PNA found that the ZTC for the Western zone based in Kigoma has filed correspondences that enables the center to draw up a list of resource persons on request. An assessment of the profile of resource persons shows that resource persons are drawn from both regions in the zone (Kigoma and Tabora), and include members from the CHMT and RHMT.

#### Gaps

Two main reasons account for the estimated 67% gap. Although the ZTC is careful to recruit resource persons with appropriate qualifications, the method of recruitment and contractual arrangement is nevertheless informal. The center does not have any set format which guides the recruitment and remuneration procedures. The informal process applied might raise questions about transparency, especially in the area of remuneration.

The inadequacy of staff for RCH in-service training also contributes to the observed gap. Trainers interviewed perceived a need for more full-time and part-time staff if the center is to be able to teach all seven components of RCH. According to them, the biggest challenge will be motivating posted staff to relocate to Kigoma, a region perceived as inaccessible and having inadequate infrastructure and facilities.

### Desired Performance 2

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training in order to improve service performance in the key areas of the essential RCH package.*

#### Strengths

The PNA found that the ZTC for the Western zone based in Kigoma has yet to take initiative in conducting TNA, because the center has so far relied on directives from MOH central on the courses to offer. Nevertheless, there is an emerging strength at the center pertaining to TNA. Selected residential trainers at the center are currently part of the trainer team for conducting the CHMT management training, and the identification of training needs forms part of this CHMT training. This means trainers involved in this training now have a good theoretical knowledge in planning and implementing TNA that can be further developed through field application of the skill.

## Gaps

The estimated 75% gap in fulfilling this desired performance arises out of ZTC's reported:

- Inability to conduct TNA every three years;
- The unavailability of TNA instruments;
- The limited partnering between the ZTC, CHMT and RHMT in implementing TNA and in planning for training; and
- The unavailability of TNA reports.

The ZTC does not carry out TNA as a rule, because this activity is not perceived as a designated function of the center. This might explain in part the absence of TNA instruments and reports. Apart from the issue of role clarification for the conduct of TNA, the ZTC trainers interviewed report having inadequate knowledge and skills to carry out TNA. The trainers also expressed the unlikelihood of attracting trainers with this skill to the center, because of the negative perceptions about the region's infrastructure.

The limited partnering between ZTC, CHMT and RHMT for the conduct of TNA is not unexpected, given that the ZTC has not initiated any TNA activity. In any case, the two CHMTs and RHMT interviewed do not view the ZTC as a potential resource to assist with planning for and implementing TNA's, underscoring the need for clarifying ZTC roles and responsibilities expected under the HSR.

## Desired Performance 3

*All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.*

## Strengths

The ZTC at Kigoma has RCH models and three of the six pieces of equipment identified as essential for RCH training (one overhead projector, two desktop computers, and one television/VCR). The four classrooms have a sitting capacity for 115. The catering services were rated as good, and have a dining capacity of 100. The hostels accommodate 44 trainees at any one time. The center enjoys uninterrupted electricity and regular water supply. This conducive environment for learning earned the Kigoma ZTC 45% of the desired capacity for RCH training.

## Gaps

The 55% gap occurred primarily because the center did not conduct any RCH training activity within the reference period. Apart from the common problem of lack of clarity about roles in RCH training, other factors related to inadequacy of essential training equipment and limited knowledge and skills among trainers in RCH core areas, will hamper the ZTC at Kigoma's effort to conduct RCH training. The center lacks flip chart stands and the single laptop computer and photocopier available at the

center, are not in working order. Flip chart stands and accessories are useful instructional materials, especially for illustrative purposes during classroom sessions. Because flip chart stands are moveable, they can be used for teaching purposes at any convenient space. In the absence of this equipment, the ZTC Kigoma relies on chalkboards and one overhead projector for instructional purposes. Although trainers were confident that the photocopier found faulty at the time of the visit, will be repaired in a short time, it was observed that the photocopier was small, and has limited capacity for reproducing handouts and other HLM.

Six of the seven full-time and part-time trainers who were tested for knowledge on the RCH core areas achieved scores below the acceptable 75% passing score. The reasons for this knowledge gap can be summarized as a lack of motivation and or opportunities to attend RCH courses since RCH in-service training was not perceived as ZTC role.

Trainers at the center also held the view that apart from funding limitations, which hinder the hiring of more qualified staff, the negative perception about region in terms of infrastructure also serves as a de-motivating factor for building up staff strength to the desired level.

#### **Desired Performance 4**

*All ZTRTs will conduct at least one follow-up visit per trainee group annually according to standard guidelines in order to ensure quality services.*

##### **Gap**

Although the ZTC center has a standardized guideline for conducting follow-up, traditionally, the center schedules for institutional follow-up, but not trainee follow-up. As such follow-up of visits are not included in the workplans, given the ZTC does not see it as a priority.

#### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLMs quarterly to the CHMTs and RHMTs.*

##### **Gaps**

The Kigoma ZTC was found to be rather weak (81% gap) in maintaining a logistics system relevant for monitoring HLM reproduction and distribution. According to trainers interviewed systematic documentation of materials received, distributed, and reproduced was not seen as a relevant task. The center nevertheless tracks in part the distribution flow by documenting the number of materials distributed but not by type. The center also does not keep track of materials reproduced.

The two CHMTs and RHMT interviewed, who represent MOH's key target recipient of HLM, confirmed that they do not request materials from the ZTC because of lack of information about materials available at the center and ZTC's role in materials reproduction and distribution. They also stated that they do not receive HLM materials from the ZTC.

## **Desired Performance 6**

*All ZTRTs will determine cost for training activities and mobilize funds to enable them to sustain the institution.*

### **Strengths**

The center meets five of the six criteria set to assess ZTC ability to determine costs and mobilize funds to sustain the institution. The financial guidelines available take into account staff time, and operate on a cost recovery system by charging students for tuition, accommodations, and other services. While the center reports having adequate funds to carry out its planned activities, it does not have funds to implement RCH training activities, given that RCH is not among the activities planned.

## Findings for ZTC - Morogoro (Eastern Zone)

**Table 4: Estimates of performance gaps and root causes for gaps for Zonal Training Centre Eastern Zone (Morogoro), by desired performance (See Appendix 7 for a detailed description of methodology used to compute actual scores and gaps.)**

Morogoro				
Desired Performance	Desired Score	Actual Score	Gap	Root Causes
1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.	9	3	67%	<ul style="list-style-type: none"> <li>• MOH has not developed guidelines or procedures for recruiting resource persons.</li> <li>• ZTC does not see a need for maintaining a list of resource persons.</li> </ul>
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	12	7	42%	<ul style="list-style-type: none"> <li>• ZTC, CHMT, and RHMT do not have a clear understanding of the new role of the ZTC in identifying training needs and planning for RCH training and how they can work together.</li> <li>• ZTC not yet known by CHMT/RHMT for conducting TNA and in-service training of providers.</li> </ul>
3. All ZTRTs will conduct at least one RCH in-service training activities annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.	20	17	15%	<ul style="list-style-type: none"> <li>• Inadequate knowledge and skills in RCH areas</li> </ul>
4. All ZTRTs will conduct at least one follow-up visit per trainee group annually according to standard guidelines in order to ensure quality services.	3	1	67%	<ul style="list-style-type: none"> <li>• Follow-up is not seen as a priority for ZTC.</li> </ul>
5. All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.	16	5	69%	<ul style="list-style-type: none"> <li>• ZTC does not have a clear understanding of its role as a HLM resource center.</li> <li>• Inadequate communication of the new financial</li> </ul>

<b>Morogoro</b>				
<b>Desired Performance</b>	<b>Desired Score</b>	<b>Actual Score</b>	<b>Gap</b>	<b>Root Causes</b>
				system, about mechanism for getting support from 'Basket Funding'.
6. All ZTRTs will determine costs for training activities and mobilize funds to enable them to sustain the institution.	9	2	78%	<ul style="list-style-type: none"> <li>• ZTC is not mandated to do costing.</li> <li>• ZTC does not have costing guidelines.</li> </ul>

## Summary of Findings by Desired Performance — *Morogoro*

### Desired Performance 1

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.*

#### Strengths

The Morogoro ZTC has an adequate number of trainers, both full-time and part-time, with expertise in at least the core areas of RCH. Should the center require additional training assistance, it has a base of potential resource persons at both the CHMT and RHMT from which to draw upon. The reasons for this favorable situation are many and include the ZTC's good working relationship with individuals and other training institutions and its close proximity to the regional hospital. Additionally, the MOH has made an effort to deploy adequate staff to the ZTC. Finally, the facilities of the center are utilized by many departments, which creates linkages between personnel.

#### Gaps

The 60% gap in desired performance then is mainly a result of the deficiencies in procedures for recruitment of resource persons for conducting in-service training. In house decisions regarding recruitment consist only of a letter to request permission to use the individual. The ZTC depends on the MOH for the development of a standardized procedure. They state, however, that the MOH has not developed guidelines or procedures for recruiting resource persons.

Another component useful for standardizing recruitment procedures is to maintain an inventory of potential resource persons. Although the ZTC has a large base of resource persons, it does not formally document them. The ZTRT explained that they do not see a need for maintaining a list since they know the resource persons personally. Therefore, when they need services or assistance, they request them directly from the individual.

### Desired Performance 2

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training in order to improve service performance in the key areas of the essential RCH package.*

#### Strengths

The Morogoro Training Centre has been conducting assessments to identify training needs. The last TNA in the Zone was conducted in 1997 in collaboration with the MOH. Additionally, the ZTC involved the Anglican Diocese of Morogoro in the development of tools and data collection because of Diocese's experience in implementing a FGI program. As a result, the ZTC has its own tools to conduct TNA.

### **Gaps**

Although the ZTC is conducting TNAs in the zone, it is not fully involving the CHMT and RHMT in the whole process. The TNA conducted in 1997 incorporated CHMT members, but only as data collectors, not as full partners in the process of identifying needs and planning for training. As a result, the CHMT conducted its own TNA in 1998, and the RHMT in 1999. If the ZTC, CHMT, and RHMT were to conduct TNA in partnership, there would be less waste of the limited resources in the zone. However, there is no formal relationship between ZTC, RHMT, and CHMT, which is a considerable limitation for a partnership. This is due to the lack of a clear understanding of the roles of each institution and how they can work together in conducting TNA and planning for RCH training. The ZTC, CHMT, and RHMT have tended to work independently of each other. Further limiting the involvement of ZTC with the district and region is that the ZTC is primarily known by the CHMT and RHMT for conducting Public Health Nurse 'A' training and not TNA.

### **Desired Performance 3**

*All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.*

### **Strengths**

The ZTC in Morogoro exhibits many strengths in the area of RCH training. The ZTC has conducted distance learning in RCH for 239 individual members from the Eastern Zone. This training was complemented by two classroom sessions for skills development. As a result of the center's expertise in this area, the ZTC provides guidance to other ZTCs for distance learning.

Additionally, the ZTC has adequate facilities for training and for housing in-service participants. The audiovisual equipment and teaching aids are in good working condition with the exception of the two overhead projectors, which have no bulb.

### **Gaps**

Therefore, the gap (15%) experienced in Morogoro is due to inadequate knowledge and skills of the staff in RCH. The ZTRT members have not been updated in key areas of RCH since their basic training.

### **Desired Performance 4**

*All ZTRTs will conduct at least one follow-up visit annually per trainee group according to standard guidelines in order to ensure quality services.*

### **Gaps**

Although the ZTRT conducts follow-up of students who do poorly, it does not conduct follow-up of trainees as a regular practice. As such, follow-up visits are not included in the workplans since the ZTC does not see it as a priority. The ZTC has to prioritize activities in order to make the greatest use of the limited resources it receives. Likewise, the MOH does not allocate funding for follow-up. The Zonal Training Team members at Morogoro stated that they have requested the MOH to

allow them to introduce cost sharing for income generation to meet the ZTC's needs for follow-up.

### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

#### **Strengths**

The ZTC at Morogoro has the capability to develop and reproduce training materials on-site. The center has been reproducing training modules for upgrading various cadres of providers, such as MCH aides and Assistant Clinical Officers II, among others. The ZTC also receives additional HLM from AMREF Tanzania and Uganda. The center states that it distributes some learning materials to districts and regions but on an irregular basis. In order to keep track of the materials, the ZTC maintains an inventory listing the type of materials reproduced and distributed, and materials received from other sources.

#### **Gaps**

Although it is desired that the ZTC reproduce and distribute HLM quarterly to the CHMT and RHMT, the ZTC does not have adequate funds to do so. The center does not receive money from the MOH for reproducing and distributing materials. Since the HSRs, there exists a new financial system within the MOH whereby all ZTCs must submit proposals/requests for funding for its activities. The ZTC at Morogoro does not have a clear understanding of this financial system and as such does not know how to source money from the basket funding. Information on sourcing for money has not been adequately communicated to the ZTC.

On the demand side, the CHMT and RHMT as a whole do not request materials from the ZTC. Some materials are requested on an individual basis and by those who participated in distance learning, but not as organization. The district and regional teams also stated that they purchase or request HLM from other sources such as AMREF, the MOH, and UNICEF. In general, the CHMT and RHMT do not have information on what is available at the center, what the center is able to do or even what activities are conducted there. The ZTC does not communicate with the CHMT regarding its role as a health learning material resource center. This lack of communication can be explained by the fact that the ZTC does not have a clear understanding of its new role as a resource center as per HSRs.

### **Desired Performance 6**

*All ZTRTs will determine cost for training activities and mobilize funds to enable them to sustain the institution.*

#### **Gaps**

The ZTC at Morogoro has a relatively large gap (78%) in being able to determine costs for training related activities. The ZTC does not have guidelines for costing as it has only depended on MOH for funding and has not been directed to mobilize resources on its own. Additionally, the ZTC has not been mandated to do costing

since most times it receives pre-paid packages from the MOH and other institutions for the implementation of training activities.

## PNA Findings

### Findings for ZTC - Mtwara (Southern Zone)

**Table 5: Estimates of performance gaps and root causes for gaps for Zonal Training Centre Southern Zone (Mtwara), by desired performance (See Appendix 7 for a detailed description of methodology used to compute actual scores and gaps.)**

<b>Mtwara</b>				
<b>Desired Performance</b>	<b>Desired Score</b>	<b>Actual Score</b>	<b>Gap</b>	<b>Root Causes</b>
1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff.	9	3	67%	<ul style="list-style-type: none"> <li>•Guidelines for recruitment of resource persons are not made available by the MOH.</li> <li>•ZTC does not have adequate funds to remunerate resource persons.</li> </ul>
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	12	1	92%	<ul style="list-style-type: none"> <li>•ZTC, CHMT, and RHMT do not have a clear understanding of the new role of the ZTC in identifying training needs and planning for RCH training.</li> </ul>
3. All ZTRTs will be able to conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.	20	10	50%	<ul style="list-style-type: none"> <li>•ZTC does not have a clear understanding of its new role in RCH training as per HSRs.</li> <li>•Inadequate knowledge and skills in RCH areas.</li> <li>•Posted staff are not motivated to work at the ZTC.</li> </ul>
4. All ZTRTs will conduct at least one follow-up visit annually per trainee group according to standard guidelines in order to ensure quality services.	3	1	67%	<ul style="list-style-type: none"> <li>•No system established for follow-up.</li> </ul>

**Mtwara**

Desired Performance	Desired Score	Actual Score	Gap	Root Causes
5. All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.	16	3	81%	<ul style="list-style-type: none"> <li>• ZTC, CHMT, and RHMT do not have a clear understanding of the new role of the ZTC in producing and distributing HLM for districts and regions.</li> <li>• MOH is not providing recurrent budget for reproduction and distribution of HLM.</li> </ul>
6. All ZTRTs will determine costs for training activities and mobilize funds to enable them to sustain the institution.	9	3	67%	<ul style="list-style-type: none"> <li>• Inadequate skills and knowledge of costing.</li> <li>• ZTC does not have a clear understanding of its new role in RCH training.</li> </ul>

## Summary of Findings by Desired Performance — *Mtwara*

### Desired Performance 1

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff.*

#### Strengths

The Mtwara Training Centre has a large base of potential resource persons from which to draw additional trainers. The majority of the resource persons are Assistant Medical Officers from the regional hospital in Mtwara. Also, there are three Clinical Officer schools in the region, which provide additional resource persons.

#### Gaps

The reason for the fairly large gap (67%) in this desired performance is attributed to the ZTC's lack of guidelines or procedures for recruiting resource persons from the CHMT, RHMT or other sources. The minimum qualifications for potential resource persons are also not written, but the ZTC knows that part-time trainers should at least have a diploma. Although the center maintains an inventory of potential resource persons from the CHMT, RHMT, and other sources, the potential resource persons outside the regional hospital are not interested in part-time services. Resource persons do not see material gain in providing part-time services to the ZTC since the ZTC does not have adequate funds to remunerate part-time staff. This lack of funds is a result of the center not receiving MOH grants as before due to the change in policy on remuneration.

### Desired Performance 2

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training in order to improve service performance in the key areas of the essential RCH package.*

#### Gaps

The Mtwara Training Centre's very large gap (92%) in this desired performance is due to a number of factors. The ZTC is not conducting TNAs every three years nor do they have tools to do so. The ZTC is not undertaking assessments because it does not have the resources to facilitate a TNA. The ZTC's original mission did not mandate the conducting of TNA, and the ZTC does not have a clear understanding of its current role in identifying training needs and planning for RCH training as per HSR.

In addition to not conducting TNA, the ZTC is yet to establish partnership with the CHMT, RHMT or NGOs in planning for RCH training. The CHMT and RHMT state that they do not understand the role of the ZTC and that the ZTC does not inform them of its activities or potential. The ZTC has not been sharing information about itself and its capacity with the CHMT and RHMT because there is no linkage between the three entities. The reporting system may also play a part in this lack of interaction between the ZTC and the district and regional teams since the ZTC reports to the MOH while the CHMT reports to the District Executive Director.

Additionally, the ZTRT does not share information related to the ZTC among its own members as the ZTC and the COTC are operating as separate entities.

### **Desired Performance 3**

*All ZTRT will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.*

#### **Strengths**

The ZTC has adequate facilities and materials for conducting training courses. The classrooms and hostels for in-service training are in good condition. The necessary instructional equipment is also in good working condition.

#### **Gaps**

The Mtwara ZTC exhibited an almost 50% gap in annually conducting in-service training in the key areas of the essential RCH package. The ZTC is not conducting in-service training in RCH, due to an unclear understanding of the current role of the ZTC in RCH training as per HSRs. Additionally, the center is perceived to be only for Clinical Officer training.

Another cause for the gap is that the ZTC has a shortage of staff and has only four residential trainers. Most staff posted by the MOH to this zone do not report to the ZTC because of a lack of motivation to work at the Mtwara ZTC. Mtwara is perceived as a punishment post and many have negative attitudes or perceptions regarding the Mtwara region. Mtwara is perceived as inaccessible and as having inadequate infrastructure and facilities.

### **Desired Performance 4**

*All ZTRTs will conduct at least one follow-up visit per training group according to standard guidelines in order to ensure quality services.*

#### **Gaps**

In Mtwara the large gap is entirely related to the fact that the ZTC does not have a system established for the follow-up of trainees. The ZTC has been mainly conducting pre-service training and not in-service training. In general, the pre-service training does not include follow-up of students after graduation.

### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

#### **Strengths**

The Mtwara ZTC maintains a documented inventory of the materials it reproduces and the materials received from other sources.

## **Gaps**

In Mtwara the ZTC reports that it has never distributed HLM to the CHMT and RHMT. The primary reason stated for this is a lack of funds. The MOH does not provide a recurrent budget for reproduction and distribution of learning materials.

Also important to note is the low demand for HLM from the districts and regions. The reason for this is twofold. The CHMT and RHMT do not express their needs to the ZTC but neither does the ZTC provide information to the CHMT and RHMT on the availability of HLM. This lack of communication is a result of there not being a forum for meeting between the ZTC and the RHMT and CHMT to express their needs. As the result, the CHMT and RHMT are not sensitized to the role of the ZTC in the reproduction and distribution of HLM for the zone. This reflects the ZTC's unclear understanding of its own role of serving as a resource center for HLM.

## **Desired Performance 6**

*All ZTRTs will determine cost for training activities and mobilize funds to enable them to sustain the institution.*

### **Strengths**

Overall, the ZTC reports having financial monitoring guidelines and processes, which it uses for general financial management. The ZTC tends to use the MOH financial circulars as their guides. Additionally, the ZTC has cost sharing mechanisms in place for training activities. These include hiring out classrooms, teaching aids, hostel facilities and secretarial services.

### **Gaps**

The Mtwara ZTC has a relatively large gap (67%) in the area of determining costs for training related activities. The ZTC only does budgeting and not costing as they have never been required to do costing. Costing has always been done by the MOH for the Clinical Officer Training Course. As such, financial staff lack the skills and knowledge to do costing of training activities.

Additionally, funding for ZTC activities for RCH training and other training has not been adequate. However, the ZTC was able to raise funds from other sources, of up to 10 percent of to implement planned activities for June 2000 to July 2001.

## PNA Findings

### Findings for ZTC - Mwanza (Lake Zone)

**Table 6: Estimates of performance gaps and root causes for gaps for Zonal Training Centre Lake Zone (Mwanza), by desired performance (See Appendix 7 for a detailed description of methodology used to compute actual scores and gaps.)**

<b>Mwanza</b>				
<b>Desired Performance</b>	<b>Desired Score</b>	<b>Actual Score</b>	<b>Gap</b>	<b>Root Causes</b>
1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.	9	6	33%	<ul style="list-style-type: none"> <li>• ZTC, and Bugando hospital do not have clear procedures and guidelines for recruitment of resource persons.</li> <li>• No clear understanding of ZTC roles in RCH training.</li> <li>• Inadequate skills and knowledge of ZTC staff in RCH.</li> </ul>
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	12	6	50%	<ul style="list-style-type: none"> <li>• ZTC and CHMT have not realized the importance of generating/soliciting funds for TNA.</li> <li>• Inadequate communication of the new roles of ZTC, CHMT, and RHMT in identifying training needs and planning for RCH training.</li> </ul>
3. All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.	20	10	50%	<ul style="list-style-type: none"> <li>• Inadequate communication of ZTC role in RCH training as per HSR.</li> <li>• Inadequate knowledge and skills in RCH</li> </ul>
4. All ZTRTs will conduct at least one follow-up visit annually per trainee group according to standard guidelines in order to ensure quality services.	3	3	0%	<ul style="list-style-type: none"> <li>• No gap, therefore root cause analysis not relevant.</li> </ul>
5. All ZTRTs will reproduce and distribute available	16	5	69%	<ul style="list-style-type: none"> <li>• No clear understanding of ZTC role in</li> </ul>

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## **Summary of Findings by Desired Performance — Mwanza**

### **Desired Performance 1**

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff.*

#### **Strengths**

The ZTC at Mwanza already has an in-house system for recruiting resource persons, despite the absence of standardized guidelines. The center maintains an inventory of potential resource persons in the Zone. Among the 14 specialists listed, eight are located in Mwanza region and the remaining six are from the other three regions in the zone, indicating an effort to search for specialists outside the Mwanza region in which the ZTC is based.

The ZTC has the added advantage of being one of the six units of the Bugando Medical Centre. This arrangement gives the center easy access to specialists working at other sub-units at no cost.

#### **Gaps**

For this center to close the 33 % gap to enable it attain a standardized mechanism for staffing and desired level of competent staff, the center needs to address the issue of the absence of a guideline or procedure for recruiting resource persons.

Although the center recognizes the need to seek part -time services of other specialists when needed, the center does not have a guideline developed either by the MOH or the Bugando Medical Centre to enable them to recruit resource persons using a standardized procedure. This shortfall may have implications when the center takes on full responsibility for RCH training, and needs to recruit persons from within the zone with the right qualifications and experience.

Another reason for the 33% gap is the limited technical capacity for RCH found among trainers who took the knowledge test. Like their counterparts at the other ZTC, the trainers at the Mwanza ZTC have not been invited to participate in any RCH training. Their lack of participation is because RCHS in the past worked with CHMT and RHMT directly in a vertical system.

### **Desired Performance 2**

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training in order to improve service performance in the key areas of the essential RCH package.*

#### **Strengths**

On the basis of the identified indicators, the Mwanza based ZTC is halfway through meeting the MOH desire to institutionalize partnering between ZTC, CHMT, RHMT, NGOs, and the private sector for identification of training needs at least every three years and in planning for training. The center worked with an NGO-"Tanzania Netherlands Support Program on Aids" - (TANESA), in 1999 to organize a TNA in the areas of RH services for youth and quality of midwifery services. The TNA was

### **Gaps**

Trainers' RCH knowledge, based on the mean test scores achieved by five trainers, was found to be below the 75% passing score. This is not unexpected given that the primary role of the ZTC is to offer a 24 month course to prepare AMOs. Until now, RCH in-service training has not been perceived as a full-time responsibility at the center, and as a result, has not been one of the key focus areas for short courses.

### **Desired Performance 4**

*All ZTRTs will conduct at least one follow-up visit annually, per trainee group according to standard guidelines in order to ensure quality services.*

### **Strengths**

A rudimentary trainee follow-up system is in place. The center has standardized guidelines for conducting follow-ups, identifies a follow-up team prior to a follow-up activity, and schedules and implements follow-up activities. Between July 1999 and June 2000, all 45 service providers, 13 supervisors, and 7 institutions scheduled for follow-up received a follow-up visit. Other trainee and institutional follow-up strategies used apart from visits include use of telephones, faxes, and written correspondences.

### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

### **Strengths**

The logistics system in the area of material reproduction and distribution is in its early stages of development. The center maintains an inventory that specifies the type of materials received from MOH and other sources; the types and number of materials, and the identification of persons or institutions requesting materials.

### **Gaps**

The 67% gap reflects the weakness in the system to create demand for HLM and to meet CHMT and RHMT health learning material needs. CHMTs and RHMTs surveyed reported being unaware and unclear about the roles of the ZTC in materials reproduction and distribution. On the part of the ZTC's, material distribution is done irregularly, maximizing on the presence of trainees attending courses at the center and supervisory visits for dissemination of information about materials available at the center.

### **Desired Performance 6**

All ZTRTs will determine cost for training activities and mobilize funds to enable them to sustain the institution.

### **Strengths**

The ZTC met five of the six set criteria for assessing the financial processes and support system in place. The center has: a financial guideline to track its income and expenditure; costs its activities to include staff time to enable the center sustain itself; has strategies in place for cost sharing; and reports adequacy of funding to carry out

# ***Factors Relevant to the Six Performance Factors***

## **Preamble**

The findings documented from the PNA Findings sections examine in-depth each ZTC's actual level of performance against the desired level. Using a systematic root cause analysis approach, the real causes for the performance gaps found were uncovered and discussed. The root causes contributing to the deficit in performance at ZTC are directly or indirectly related to the six factors known to influence workers performance: organizational support, clear job expectations, immediate performance feedback, adequate physical environment and tools, motivation, appropriate knowledge and skills.

This section brings together findings gathered from all respondents including policy makers at the central level, related to the strengths and deficiencies in the system, in so far as the six performance factors are concerned, which will influence ZTC readiness to undertake the RCH training management role.

It is anticipated that the content of this section that examines the PNA findings in relation to the six performance factors, will be of advantage especially to MOH key stakeholders who will have the ultimate responsibility to select interventions using these PNA results. The findings under this section will be particularly useful for the selection of remedial actions that cut across all six Zonal Centres.

## **Job Expectations**

An excellent method of communicating job expectations is through a written job description. In this way the worker clearly knows what is expected for the job, the roles and responsibilities, and any other relevant job information. It is important that the job description be written so that the worker can refer to it as many times as necessary to clearly understand the job.

The PNA sought to find out ZTC job expectations in the context of HSRs and the mechanisms used by the MOH (central) to communicate the job expectations. The internal mechanism used within ZTC to communicate the expected roles and responsibilities of residential and part-time trainers was also explored.

The Director for Human Resources Development at the MOH delineates five critical roles for ZTC recommended by the reforms.

- Determine and support training needs and priorities based on district problems;
- Promote health worker competence through effective continuing education for overall improvement of quality of health care delivery to communities;
- Support training institutions;
- Explore other new ways of enhancing performance and improving patterns of health care delivery;
- Improve patterns of health care through community involvement, integration and multi-sectoral collaboration.

## **Motivation**

Another important factor that greatly affects performance is motivation. Without motivation an individual will not feel inclined to perform well. A very simple and effective form of motivation is recognition of good performance. If a person does something well and it is recognized, s/he will be motivated to continue performing that task well. Overall, the ZTCs have incorporated motivational schemes into their working style. At the centers, students mainly recognize the good performance of trainers verbally. In Arusha, the ZTC gives out the "Best Teacher Award" annually to that trainer whose performance was rated highest for that year while part-time staff who excel are given more courses to teach. The Centre at Mwanza recognizes good performance of trainers through high success rates in subjects taught by trainers. Morogoro was the only center that did not report the existence of a scheme for recognizing good performance.

While good performance is recognized, there must be mechanisms for dealing with poor performance. If poor performers are not dealt with appropriately, good performers quickly lose motivation for continuing high levels of performance. All ZTCs responded that they have mechanisms for dealing with poor performance. The majority of the centers deal with a poor performance verbally during academic meetings. Oftentimes, the poor performance is documented and placed in the files. In Arusha and Iringa weak part-time trainers are either sent for training or dropped.

However, there is need to establish a more standardized system for rewarding trainers for good performance, guided by job descriptions.

## **Environment and Tools**

Overall, the environment at the ZTCs is conducive to the training activities they undertake. All ZTCs reported having sufficient classrooms and catering facilities in good working condition. Additionally, the centers have hostel services, which can accommodate trainees for short courses. Overall, the centers report having the essential audiovisual equipment necessary for conducting quality training, such as computers, overhead projectors, flip chart stands and TV/VCR, among others. In Kigoma, however, the laptop computer and photocopier are not working. Library facilities also need upgrading. Morogoro especially does not have a fully functional library as it lacks books, furniture, and a librarian. The libraries at the other ZTCs have deficient supplies of HLM, especially in the area of RCH.

All ZTCs but Kigoma have the capability to reproduce training materials as they have the necessary technical equipment such as photocopiers, binding machines, and scanners. The Centres at Arusha and Iringa have the added capacity for producing materials including manuals, brochures, curricula, posters, and calendars. However, except for Mwanza and Iringa, the ZTCs do not have regular maintenance plans for the equipment and just fix them when the need arises or when funds are made available. All ZTCs have a storeroom for their materials and equipment, except for Mwanza which uses the hospital's storeroom.

### ***Organizational prospects for successful transitioning of training management responsibilities to ZTCs***

Policy makers and managers at central level who participated in this assessment show unanimous support for the MOH policy that calls for decentralization of health related training management including RCH training management to Zonal Centres. The reasons cited for the positive support though varied are non-the less related. According to some managers, decentralization will reduce the workload at central level creating more time for policy makers and managers at central level to focus on standards setting, capacity building and monitoring institutional and provider performance for quality assurance.

Through decentralization, policy makers and managers at central level predict that Zonal Centres and District Health Management teams will understand better the needs of the population they serve and as a result be more responsive to meet identified needs.

In the past, the availability of funding to carry out planned activities was always an issue. There is every indication that Zonal Centres and districts will have access to funds to support their planned activities under the recently instituted sector wide approach (SWAP) system as part of the HSR strategy. Annual funding under the SWAP is linked to the availability of a comprehensive district health plan plus budget that accounts for all earmarked activities, including RCH activities. If Districts are to meet this criterion an effective partnership between District Health Management Teams and their zonal and regional partners is inevitable.

Once roles and responsibilities are clarified, Zonal Centres and District teams will need to team up to carry out systematic assessments that will enable them develop comprehensive plans and access funds to implement training and other PI related activities.

### ***Challenges with implications on sustained support for ZTC***

The subject about challenges that may threaten the performance of ZTC as they take up the training management role was discussed with RHMTs, unit heads of RCHS and senior managers at the Directorate for Human Resources Development.

Although the original set of questions developed for the group interview with RHMTs did not cover the subject of challenges for ZTC, the subject always emerged during the course of the interview as an issue. The RHMTs emphasized the need for clarity of roles and functions if the partnership between the Ministry of Local Government (MOLG), CHMTs, RHMTs, and ZTC is to work. The RHMTs expressed uncertainty about the implication in the shift in management control from regions, to local governments, CHMTs and ZTC. If RHMTs are unclear about their functions and placement in the hierarchical system, it may be difficult for CHMTs and ZTCs to benefit from the team's technical expertise, during the planning and implementation of RCH activities.

# ***Summary of Findings and General Recommendations by Desired Performance***

## **Desired Performance 1**

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training so as to have adequate RCH training staff for the essential RCH package*

### **Findings**

#### ***Standardized guidelines for staff selection and remuneration***

In any training institution, standardized guidelines stipulating procedures for hiring and remunerating part-time trainers are helpful to ensure adequacy of part-time trainers with the appropriate qualifications, and transparent remuneration practices.

No systematic guidelines exist to standardize selection and remuneration for ZTC part-time trainers. The coordinators at the ZTCs based at Iringa and Arusha regions, nevertheless use guidelines developed in-house, for selecting and for paying for the services of part-time trainers. The other four ZTC identify and hire part-time trainers on a need basis.

When asked about the existence of an inventory of part-time trainers as a way of assessing centers' tracking system of potential human resource within their respective zones, only ZTC at Mwanza and Mtwara were observed to maintain an inventory of part-time trainers. The Centres at Arusha, Iringa, Kigoma and Morogoro have initiated efforts for inventory of potential resource persons in their zones, but the inventory is incomplete.

#### ***Adequacy of RCH training staff***

The Centres at Iringa, and Morogoro report having adequate staff to train in at least two of the RCH core areas (SMI, FP, IMCI, STI/HIV/AIDS, IEC/HE). According to ZTRTs at Kigoma and Mtwara, there has been a persistent problem of staff shortage due to negative perceptions regarding geographical location, infrastructure, and available facilities.

### **Recommendations**

- MOH to provide guidelines to ZTC in order to standardize selection and remuneration procedures for ZTRT members;
- ZTCs should adopt a policy of maintaining an active inventory of potential resource persons residing in the zone. The list should include Regional and District Health Management Team members and other experts in the field of RCH;
- MOH to put in place strategies for increasing, motivating and retaining trainers especially for Kigoma and Mtwara regions.

Second, none of the trainers had participated in previous RCH short courses organized by RCHS.

### **Recommendations**

Once the role clarification process is completed, MOH needs to take two critical actions, if ZTCs are to fulfill minimum expectation of facilitating at least three RCH courses annually.

- MOH should facilitate mechanisms to develop knowledge and skills of trainers at ZTCs and implement cost effective strategies to ensure RCH skills remain updated;
- MOH should ensure that all ZTCs have adequate instructional facilities and facility for material reproduction, especially the ZTC in Kigoma (e.g., flip chart stands, equipment for reproducing materials desk, lap-top computers, and multi-capacity photocopier).

### **Desired Performance 4**

*All ZTRTs will conduct at least one supportive follow-up visit, annually per trainee group according to standard guidelines in order to ensure quality services.*

ZTCs at Iringa, Arusha, Morogoro and Mwanza schedule and implement follow-up of trainees of in-service programs, using standardized in-house guidelines. While Iringa, Arusha and Mwanza follow-up trainees at the request of the donors sponsoring the training, Morogoro conducts follow-up only for weaker trainees. Mtwara and Kigoma have no follow-up system in place, because the two institutions mainly conduct pre-service training, which does not require follow-up of trainees after graduation.

### **Recommendation**

MOH to provide standardized guidelines to ZTCs to facilitate the setting up of trainee follow-up systems especially at the Mtwara and Kigoma based Centres, and strengthening of existing systems at the other four centers. Mechanisms should also be put in place to facilitate fund generation at centers, so as to reduce the current dependency on donor support for the conduct of trainee follow-up activities.

### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

### **Finding**

With the exception of the ZTC based at Kigoma region, the other five ZTCs reproduce and distribute materials. However, the distribution of HLM to key target groups, e.g., CHMT, RHMTs is irregular and not demand driven. On their part, CHMT and RHMT do not request materials from ZTC, because they are not aware and/or not clear about ZTC role in this area.

## PNA Findings

### Findings for ZTC - Mwanza (Lake Zone)

**Table 6: Estimates of performance gaps and root causes for gaps for Zonal Training Centre Lake Zone (Mwanza), by desired performance** (See Appendix 7 for a detailed description of methodology used to compute actual scores and gaps.)

<b>Mwanza</b>				
<b>Desired Performance</b>	<b>Desired Score</b>	<b>Actual Score</b>	<b>Gap</b>	<b>Root Causes</b>
1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff for the essential RCH package.	9	6	33%	<ul style="list-style-type: none"> <li>• ZTC, and Bugando hospital do not have clear procedures and guidelines for recruitment of resource persons.</li> <li>• No clear understanding of ZTC roles in RCH training.</li> <li>• Inadequate skills and knowledge of ZTC staff in RCH.</li> </ul>
2. All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.	12	6	50%	<ul style="list-style-type: none"> <li>• ZTC and CHMT have not realized the importance of generating/soliciting funds for TNA.</li> <li>• Inadequate communication of the new roles of ZTC, CHMT, and RHMT in identifying training needs and planning for RCH training.</li> </ul>
3. All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.	20	10	50%	<ul style="list-style-type: none"> <li>• Inadequate communication of ZTC role in RCH training as per HSR.</li> <li>• Inadequate knowledge and skills in RCH</li> </ul>
4. All ZTRTs will conduct at least one follow-up visit annually per trainee group according to standard guidelines in order to ensure quality services.	3	3	0%	<ul style="list-style-type: none"> <li>• No gap, therefore root cause analysis not relevant.</li> </ul>
5. All ZTRTs will reproduce and distribute available	16	5	69%	<ul style="list-style-type: none"> <li>• No clear understanding of ZTC role in</li> </ul>

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**Mwanza**

Desired Performance	Desired Score	Actual Score	Gap	Root Causes
HLM quarterly to the CHMTs and RHMTs.				reproduction and distribution of HLM.
6. All ZTRTs will determine costs for training activities and mobilize funds to enable them to sustain the institution.	9	8	11%	<ul style="list-style-type: none"> <li>• Not applicable.</li> </ul>

## Summary of Findings by Desired Performance — *Mwanza*

### Desired Performance 1

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate RCH training staff.*

#### Strengths

The ZTC at Mwanza already has an in-house system for recruiting resource persons, despite the absence of standardized guidelines. The center maintains an inventory of potential resource persons in the Zone. Among the 14 specialists listed, eight are located in Mwanza region and the remaining six are from the other three regions in the zone, indicating an effort to search for specialists outside the Mwanza region in which the ZTC is based.

The ZTC has the added advantage of being one of the six units of the Bugando Medical Centre. This arrangement gives the center easy access to specialists working at other sub-units at no cost.

#### Gaps

For this center to close the 33 % gap to enable it attain a standardized mechanism for staffing and desired level of competent staff, the center needs to address the issue of the absence of a guideline or procedure for recruiting resource persons.

Although the center recognizes the need to seek part-time services of other specialists when needed, the center does not have a guideline developed either by the MOH or the Bugando Medical Centre to enable them to recruit resource persons using a standardized procedure. This shortfall may have implications when the center takes on full responsibility for RCH training, and needs to recruit persons from within the zone with the right qualifications and experience.

Another reason for the 33% gap is the limited technical capacity for RCH found among trainers who took the knowledge test. Like their counterparts at the other ZTC, the trainers at the Mwanza ZTC have not been invited to participate in any RCH training. Their lack of participation is because RCHS in the past worked with CHMT and RHMT directly in a vertical system.

### Desired Performance 2

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training in order to improve service performance in the key areas of the essential RCH package.*

#### Strengths

On the basis of the identified indicators, the Mwanza based ZTC is halfway through meeting the MOH desire to institutionalize partnering between ZTC, CHMT, RHMT, NGOs, and the private sector for identification of training needs at least every three years and in planning for training. The center worked with an NGO-"Tanzania Netherlands Support Program on Aids" - (TANESA), in 1999 to organize a TNA in the areas of RH services for youth and quality of midwifery services. The TNA was

done in a workshop setting bringing together 7 CHMTs, spiritual healers and Traditional Birth Attendants (TBA). Data gathering was done systematically using standardized instruments.

### **Gaps**

The 50% gap observed is as a result of weaknesses found in the:

- Extent of partnering between ZTC and either CHMT, RHMT and NGO's.
- Ability to raise funds for TNA.

Whereas the ZTC through its coordinator reports that the center works with CHMT for the conduct of TNA citing the 1999 TANESA workshop as an example, the CHMTs interviewed (Magu and Mwanza Urban) hold a different view. The CHMTs report lack of awareness on the part of ZTC capacity to assist CHMTs carry out TNA. The weak communication links between ZTC and CHMT was identified as a likely contributing factor for this gap.

The availability of funds to conduct TNA emerged as another determining factor of whether TNA gets done, when it is done, and who gets involved. The decision to plan for and conduct TNA is usually made by the donor source and not by the ZTC, CHMT and RHMT. Scheduling of TNA in the workplans developed by ZTC, CHMT and RHMT is atypical. Therefore, funds are hardly ever set aside for the implementation of TNA. Even when the need for TNA is identified, ZTC and health management teams are not able to raise funds to perform the TNA because of lack of expertise in fund raising.

### **Desired Performance 3**

*All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.*

### **Strengths**

The center's greatest strength for conducting RCH courses is having in place essential training facilities that are in working order. The center has teaching aids relevant for RCH (Models) as well as:

- three overhead projectors;
- four desk top computers;
- one TV/VCR;
- two flip chart stands;
- two photocopiers.

### **Gaps**

Trainers' RCH knowledge, based on the mean test scores achieved by five trainers, was found to be below the 75% passing score. This is not unexpected given that the primary role of the ZTC is to offer a 24 month course to prepare AMOs. Until now, RCH in-service training has not been perceived as a full-time responsibility at the center, and as a result, has not been one of the key focus areas for short courses.

### **Desired Performance 4**

*All ZTRTs will conduct at least one follow-up visit annually, per trainee group according to standard guidelines in order to ensure quality services.*

### **Strengths**

A rudimentary trainee follow-up system is in place. The center has standardized guidelines for conducting follow-ups, identifies a follow-up team prior to a follow-up activity, and schedules and implements follow-up activities. Between July 1999 and June 2000, all 45 service providers, 13 supervisors, and 7 institutions scheduled for follow-up received a follow-up visit. Other trainee and institutional follow-up strategies used apart from visits include use of telephones, faxes, and written correspondences.

### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

### **Strengths**

The logistics system in the area of material reproduction and distribution is in its early stages of development. The center maintains an inventory that specifies the type of materials received from MOH and other sources; the types and number of materials, and the identification of persons or institutions requesting materials.

### **Gaps**

The 67% gap reflects the weakness in the system to create demand for HLM and to meet CHMT and RHMT health learning material needs. CHMTs and RHMTs surveyed reported being unaware and unclear about the roles of the ZTC in materials reproduction and distribution. On the part of the ZTC's, material distribution is done irregularly, maximizing on the presence of trainees attending courses at the center and supervisory visits for dissemination of information about materials available at the center.

### **Desired Performance 6**

*All ZTRTs will determine cost for training activities and mobilize funds to enable them to sustain the institution.*

### **Strengths**

The ZTC met five of the six set criteria for assessing the financial processes and support system in place. The center has: a financial guideline to track its income and expenditure; costs its activities to include staff time to enable the center sustain itself; has strategies in place for cost sharing; and reports adequacy of funding to carry out

its planned activities, e.g., CHMT management training. This situation is indicative of a reliable system for monitoring and reporting on finances pertaining to RCH training management.

**Gaps**

In spite of the above advantages the center will require assistance in mobilizing funds/sourcing for funds for RCH training.

# ***Factors Relevant to the Six Performance Factors***

## **Preamble**

The findings documented from the PNA Findings sections examine in-depth each ZTC's actual level of performance against the desired level. Using a systematic root cause analysis approach, the real causes for the performance gaps found were uncovered and discussed. The root causes contributing to the deficit in performance at ZTC are directly or indirectly related to the six factors known to influence workers performance: organizational support, clear job expectations, immediate performance feedback, adequate physical environment and tools, motivation, appropriate knowledge and skills.

This section brings together findings gathered from all respondents including policy makers at the central level, related to the strengths and deficiencies in the system, in so far as the six performance factors are concerned, which will influence ZTC readiness to undertake the RCH training management role.

It is anticipated that the content of this section that examines the PNA findings in relation to the six performance factors, will be of advantage especially to MOH key stakeholders who will have the ultimate responsibility to select interventions using these PNA results. The findings under this section will be particularly useful for the selection of remedial actions that cut across all six Zonal Centres.

## **Job Expectations**

An excellent method of communicating job expectations is through a written job description. In this way the worker clearly knows what is expected for the job, the roles and responsibilities, and any other relevant job information. It is important that the job description be written so that the worker can refer to it as many times as necessary to clearly understand the job.

The PNA sought to find out ZTC job expectations in the context of HSRs and the mechanisms used by the MOH (central) to communicate the job expectations. The internal mechanism used within ZTC to communicate the expected roles and responsibilities of residential and part-time trainers was also explored.

The Director for Human Resources Development at the MOH delineates five critical roles for ZTC recommended by the reforms.

- Determine and support training needs and priorities based on district problems;
- Promote health worker competence through effective continuing education for overall improvement of quality of health care delivery to communities;
- Support training institutions;
- Explore other new ways of enhancing performance and improving patterns of health care delivery;
- Improve patterns of health care through community involvement, integration and multi-sectoral collaboration.

Another senior MOH personnel reacting to the same question on ZTC expected roles summarizes the role as “ ZTC to take up more decentralized provision of health services whereby ZTC take up more technical facilitation roles of RHMT and CHMT for improvement of health care.”

The MOH (central) reported to have sensitized ZTC on the expected roles through a workshop and through the issuance of letters of intent. Although the letter of intent issued to ZTC was not assessed for details of content, the MOH nevertheless admitted that the supporting document detailing ZTC roles and functions is yet to be finalized and disseminated to centers and districts.

It is therefore not unexpected that lack of clarity on the part of ZTC of the new roles expected under the HSRs, emerged as the fundamental root cause for all ZTCs weak performance especially in the areas of partnership with CHMT, and reproduction and distribution of materials. The ZTC at Arusha specifically requested for clarity of roles of ZTC and relationship with districts and region.

The two respondents from the HRDD who provided information on the availability of job descriptions for residential trainers at ZTC differed in their views. One respondent reported availability of job descriptions while the other is of the view that development of job descriptions was a ZTC responsibility and not a MOH central responsibility. When asked the same question, the majority of ZTC report not to have written job descriptions for residential trainers or part-time trainers. The ZTCs at Morogoro report not to be aware of the need for a job description. At the ZTC Arusha, instead of written job descriptions, the expected tasks trainers are to perform are communicated verbally. However, all ZTCs have developed in-house roles and responsibilities for trainers. Four ZTCs do not display the roles and responsibilities, but maintain them in filed documents. The Kigoma and Arusha ZTCs on the other hand display trainers' roles and responsibilities in the offices of the Principal and the Health secretary, respectively.

To keep the staff informed of the activities being conducted at the center, the majority of ZTCs display workplans either on notice boards, in classrooms or the principal's office.

## **Performance Feedback**

Providing feedback on a worker's performance is an important factor for improving performance. This allows the performer to know how well s/he is doing in the job, which areas to improve or strengthen, and what to continue doing. The six ZTCs unanimously stated that they have feedback mechanisms in place for residential and part-time trainers. The majority of the feedback is given either verbally, in written format or both, by trainees and trainers.

On MOH central part, supervisory visits are conducted on annual basis to ensure training standards at ZTC are maintained. A supervisory guide is used to carry out the assessment. It is not clear however what feedback mechanism is in place to share findings of the supervisory visit and what follow-up actions are taken.

## **Motivation**

Another important factor that greatly affects performance is motivation. Without motivation an individual will not feel inclined to perform well. A very simple and effective form of motivation is recognition of good performance. If a person does something well and it is recognized, s/he will be motivated to continue performing that task well. Overall, the ZTCs have incorporated motivational schemes into their working style. At the centers, students mainly recognize the good performance of trainers verbally. In Arusha, the ZTC gives out the "Best Teacher Award" annually to that trainer whose performance was rated highest for that year while part-time staff who excel are given more courses to teach. The Centre at Mwanza recognizes good performance of trainers through high success rates in subjects taught by trainers. Morogoro was the only center that did not report the existence of a scheme for recognizing good performance.

While good performance is recognized, there must be mechanisms for dealing with poor performance. If poor performers are not dealt with appropriately, good performers quickly lose motivation for continuing high levels of performance. All ZTCs responded that they have mechanisms for dealing with poor performance. The majority of the centers deal with a poor performance verbally during academic meetings. Oftentimes, the poor performance is documented and placed in the files. In Arusha and Iringa weak part-time trainers are either sent for training or dropped.

However, there is need to establish a more standardized system for rewarding trainers for good performance, guided by job descriptions.

## **Environment and Tools**

Overall, the environment at the ZTCs is conducive to the training activities they undertake. All ZTCs reported having sufficient classrooms and catering facilities in good working condition. Additionally, the centers have hostel services, which can accommodate trainees for short courses. Overall, the centers report having the essential audiovisual equipment necessary for conducting quality training, such as computers, overhead projectors, flip chart stands and TV/VCR, among others. In Kigoma, however, the laptop computer and photocopier are not working. Library facilities also need upgrading. Morogoro especially does not have a fully functional library as it lacks books, furniture, and a librarian. The libraries at the other ZTCs have deficient supplies of HLM, especially in the area of RCH.

All ZTCs but Kigoma have the capability to reproduce training materials as they have the necessary technical equipment such as photocopiers, binding machines, and scanners. The Centres at Arusha and Iringa have the added capacity for producing materials including manuals, brochures, curricula, posters, and calendars. However, except for Mwanza and Iringa, the ZTCs do not have regular maintenance plans for the equipment and just fix them when the need arises or when funds are made available. All ZTCs have a storeroom for their materials and equipment, except for Mwanza which uses the hospital's storeroom.

## Skills and Knowledge

Knowledge of residential trainers in RCH was assessed using an administered test. The test incorporated a series of questions from the different components of the essential RCH package. These areas include IMCI, EPI, FP, STI/HIV/AIDS, and SMI. The passing score for the test was set at 75%. Overwhelmingly, the trainers from each of the ZTCs did not receive a passing score. Only one trainer from the ZTC at Kigoma earned a score of more than 75%. Although the ZTCs claim to have residential trainers with expertise in RCH, this assessment clearly illustrates their inadequate knowledge in the area of RCH. Although skills in RCH were not assessed, the majority of those interviewed expressed an inadequacy of skills in this area also.

## Organizational Support

PRIME II PI literature (reference: PI poster) summarizes the meaning of organizational support as “*being part of an organization that communicates its mission and helps me understand my role and meet my responsibilities*”. This performance factor is key among the six performance factors, given the organization—in this case MOH Central level – is responsible for implementing health policies that have direct bearing on the other five performance factors.

For this reason, key informants representing ZTC, CHMT, RHMTs, and MOH central provided information for better understanding of the existing organizational support environment for Zonal Centres, including prospects and challenges for the transitioning of RCH training management to Zonal Centres.

### ***Policy, financial, logistical and material support received by ZTC and additional support needs***

ZTCs enjoy autonomy to plan for activities with minimal involvement by the MOH central. This managerial approach is in line with MOH policy to move away from bureaucratic top down management approaches to approaches that promote independence and autonomy, especially at ZTC and districts levels.

Both ZTC staff and MOH central respondents confirm reliable, financial support for ZTC through the MOH budget allocation, including allocation for the payment of salaries. Aside from government funding, the Centres at Arusha and Iringa benefit from external funding support, while all centers have the mandate to cost share by charging for services offered. Likewise, the MOH provided vehicles and provided for the renovation and construction of buildings and infrastructure at all ZTCs.

As material support, the MOH provides guidelines, models, and books. Examples of training related guidelines made available during supervisory visits, at meetings or through the post are, Human Resource Development Policy Guidelines; Supervision Guidelines; and Manual on Institution indicators for continuing improvement of performance.

When asked what additional support is needed from the MOH, many ZTCs requested additional staff, housing, transport, and support for trainee follow-up.

### ***Organizational prospects for successful transitioning of training management responsibilities to ZTCs***

Policy makers and managers at central level who participated in this assessment show unanimous support for the MOH policy that calls for decentralization of health related training management including RCH training management to Zonal Centres. The reasons cited for the positive support though varied are non-the less related. According to some managers, decentralization will reduce the workload at central level creating more time for policy makers and managers at central level to focus on standards setting, capacity building and monitoring institutional and provider performance for quality assurance.

Through decentralization, policy makers and managers at central level predict that Zonal Centres and District Health Management teams will understand better the needs of the population they serve and as a result be more responsive to meet identified needs.

In the past, the availability of funding to carry out planned activities was always an issue. There is every indication that Zonal Centres and districts will have access to funds to support their planned activities under the recently instituted sector wide approach (SWAP) system as part of the HSR strategy. Annual funding under the SWAP is linked to the availability of a comprehensive district health plan plus budget that accounts for all earmarked activities, including RCH activities. If Districts are to meet this criterion an effective partnership between District Health Management Teams and their zonal and regional partners is inevitable.

Once roles and responsibilities are clarified, Zonal Centres and District teams will need to team up to carry out systematic assessments that will enable them develop comprehensive plans and access funds to implement training and other PI related activities.

### ***Challenges with implications on sustained support for ZTC***

The subject about challenges that may threaten the performance of ZTC as they take up the training management role was discussed with RHMTs, unit heads of RCHS and senior managers at the Directorate for Human Resources Development.

Although the original set of questions developed for the group interview with RHMTs did not cover the subject of challenges for ZTC, the subject always emerged during the course of the interview as an issue. The RHMTs emphasized the need for clarity of roles and functions if the partnership between the Ministry of Local Government (MOLG), CHMTs, RHMTs, and ZTC is to work. The RHMTs expressed uncertainty about the implication in the shift in management control from regions, to local governments, CHMTs and ZTC. If RHMTs are unclear about their functions and placement in the hierarchical system, it may be difficult for CHMTs and ZTCs to benefit from the team's technical expertise, during the planning and implementation of RCH activities.

From the interviews with Directors at the HRDD, it is clear that the directors understand the roles between the key players at field level as complementary rather than conflicting or competitive. The local government sets or adapts government's policies, the RHMT is the technical body charged with the responsibility to ensure service standards are maintained, while the ZTC is expected to facilitate and coordinate all technical training activities for the zone. The directorate of HRDD nevertheless recognized the need for putting in place effective mechanisms to clarify roles and responsibilities, and to develop clear linkages between partners in order to alleviate fears and threats.

On RCHS part, the challenges and threats to ZTC new role is linked to the capacity to undertake the role. According to RCHS unit heads, the transfer of the training management role from central to ZTC requires careful planning, and development of the human resource base at the centers both in terms of numbers and technical capacity.

# ***Summary of Findings and General Recommendations by Desired Performance***

## **Desired Performance 1**

*All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training so as to have adequate RCH training staff for the essential RCH package*

### **Findings**

#### ***Standardized guidelines for staff selection and remuneration***

In any training institution, standardized guidelines stipulating procedures for hiring and remunerating part-time trainers are helpful to ensure adequacy of part-time trainers with the appropriate qualifications, and transparent remuneration practices.

No systematic guidelines exist to standardize selection and remuneration for ZTC part-time trainers. The coordinators at the ZTCs based at Iringa and Arusha regions, nevertheless use guidelines developed in-house, for selecting and for paying for the services of part-time trainers. The other four ZTC identify and hire part-time trainers on a need basis.

When asked about the existence of an inventory of part-time trainers as a way of assessing centers' tracking system of potential human resource within their respective zones, only ZTC at Mwanza and Mtwara were observed to maintain an inventory of part-time trainers. The Centres at Arusha, Iringa, Kigoma and Morogoro have initiated efforts for inventory of potential resource persons in their zones, but the inventory is incomplete.

#### ***Adequacy of RCH training staff***

The Centres at Iringa, and Morogoro report having adequate staff to train in at least two of the RCH core areas (SMI, FP, IMCI, STI/HIV/AIDS, IEC/HE). According to ZTRTs at Kigoma and Mtwara, there has been a persistent problem of staff shortage due to negative perceptions regarding geographical location, infrastructure, and available facilities.

### **Recommendations**

- MOH to provide guidelines to ZTC in order to standardize selection and remuneration procedures for ZTRT members;
- ZTCs should adopt a policy of maintaining an active inventory of potential resource persons residing in the zone. The list should include Regional and District Health Management Team members and other experts in the field of RCH;
- MOH to put in place strategies for increasing, motivating and retaining trainers especially for Kigoma and Mtwara regions.

## **Desired Performance 2**

*All ZTRTs will work with CHMT, RHMT, NGOs and private sector to identify training needs at least every three years and plan for RCH training to improve service performance in the key areas of the essential RCH package.*

### **Findings**

The ZTC based at Iringa, Arusha, Morogoro and Mwanza report having conducted TNA, within the last three years, using appropriate instruments. TNA specifically for RCH services was not done because this was not an expectation of centers original mandate. When TNA are conducted, the centers do not necessarily involve RHMT, CHMT and other organizations within their zones due to unclear roles and expected linkage patterns between each group.

### **Recommendations**

- MOH should accelerate efforts to develop and disseminate specific roles and responsibilities to trainers at centers, as well as to all stakeholders including CHMTs, RHMTs, NGOs who are expected to partner with ZTC for the planning, implementation and coordination of training activities;
- MOH should facilitate and support a ZTC/CHMT/RHMT partnership for joint identification of health and training needs, and for planning, implementing and monitoring interventions. The availability of job descriptions will greatly enhance the partnership by helping each partner understand their roles, relationships, linkage patterns, and the results expected of a successful partnership;
- MOH to provide leadership skills to ZTC Coordinators to enable coordinators manage the new partnership roles.

## **Desired Performance 3**

*All ZTRTs will conduct at least one RCH in-service training activity annually, per target group, to update the knowledge and skills of CHMT, trainers, supervisors, and providers in key areas of the essential RCH package.*

### **Finding**

None of the ZTCs met the minimum requirement stipulated by this desired performance. The Centres at Morogoro and Iringa conducted two RCH courses and one RCH course respectively, between July 1999 and June 2000. The Arusha based ZTC on the other hand has in the past conducted courses in syndromic management of STIs. Trainers' poor understanding of the expectations with regard to RCH training, inadequate knowledge and skills in RCH areas, and inadequate instructional facilities for use by trainers especially at the Kigoma based ZTC, were the three main reasons for the performance gaps.

Except for one trainer, the remaining 30 trainers who took the knowledge test scored below the set passing score of 75% in the selected RCH core areas. The relatively low scores (group mean % score of 59%) can be attributed to two main reasons. First, ZTCs were not required to train in RCH because RCH was not a focus area.

Second, none of the trainers had participated in previous RCH short courses organized by RCHS.

### **Recommendations**

Once the role clarification process is completed, MOH needs to take two critical actions, if ZTCs are to fulfill minimum expectation of facilitating at least three RCH courses annually.

- MOH should facilitate mechanisms to develop knowledge and skills of trainers at ZTCs and implement cost effective strategies to ensure RCH skills remain updated;
- MOH should ensure that all ZTCs have adequate instructional facilities and facility for material reproduction, especially the ZTC in Kigoma (e.g., flip chart stands, equipment for reproducing materials desk, lap-top computers, and multi-capacity photocopier).

### **Desired Performance 4**

*All ZTRTs will conduct at least one supportive follow-up visit, annually per trainee group according to standard guidelines in order to ensure quality services.*

ZTCs at Iringa, Arusha, Morogoro and Mwanza schedule and implement follow-up of trainees of in-service programs, using standardized in-house guidelines. While Iringa, Arusha and Mwanza follow-up trainees at the request of the donors sponsoring the training, Morogoro conducts follow-up only for weaker trainees. Mtwara and Kigoma have no follow-up system in place, because the two institutions mainly conduct pre-service training, which does not require follow-up of trainees after graduation.

### **Recommendation**

MOH to provide standardized guidelines to ZTCs to facilitate the setting up of trainee follow-up systems especially at the Mtwara and Kigoma based Centres, and strengthening of existing systems at the other four centers. Mechanisms should also be put in place to facilitate fund generation at centers, so as to reduce the current dependency on donor support for the conduct of trainee follow-up activities.

### **Desired Performance 5**

*All ZTRTs will reproduce and distribute available HLM quarterly to the CHMTs and RHMTs.*

### **Finding**

With the exception of the ZTC based at Kigoma region, the other five ZTCs reproduce and distribute materials. However, the distribution of HLM to key target groups, e.g., CHMT, RHMTs is irregular and not demand driven. On their part, CHMT and RHMT do not request materials from ZTC, because they are not aware and/or not clear about ZTC role in this area.

## **Recommendations**

- MOH to determine the equipment needs for material reproduction at all ZTCs and ensure availability of modern equipment (heavy-duty photocopiers, binding machines, scanners, printers, desk and laptop computers);
- MOH to facilitate collaboration and communication between ZTC, CHMT and RHMTs especially with regard to reproduction and distribution of HLM to meet the needs of districts and regions.

## **Desired Performance 6**

*All ZTRTs will determine costs for training activities and mobilize funds to enable them sustain the institution.*

### **Finding**

All ZTC use MOH financial guidelines for managing and monitoring institutional finances. Although MOH has not provided standardized guidelines for costing, ZTCs in Mwanza, Kigoma and Iringa report carrying out costing of the training activities to include staff time, as one way to ensure sustainability of training activities. The ZTC in Arusha, Mtwara and Morogoro, report not having the expertise for costing, but are experienced in budgeting. The reported ability in costing at three centers should be interpreted with caution, given the data was gathered through self-reporting. It is the view of key stakeholders that it is likely that respondents at the three ZTCs may have been referring to abilities in budgeting and not in costing.

### **Recommendation**

MOH to define dimensions of costing for training and orient ZTRT members on costing procedures, to ensure sustainability of training related activities.

## **Recommendation for New Performance 7 and 8**

### **Desired Performance 7**

*All Zonal Training Resources Teams will apply the PIA to assist districts improve RCH services.*

### **Desired Performance 8**

*All Zonal Training Resources Team (ZTRT) will conduct at least one training activity annually on the concept and application of the PIA*

### **Recommendation**

MOH to begin the process of institutionalization of PIA at ZTC, Districts and Regions through:

- Training/Orientation of policy makers at Presidents Office, Regional Administration and Local Government (PORALG) on the concept of PIA;
- Training of ZTC Trainers on the concept and application of PIA;
- Expanding the curricula of managers, supervisors, trainers and providers to include selected components on PI as appropriate;

- Assessing existence of other performance factors that will allow ZTCs to conduct their own PI assessments and implement both training and non-training interventions (clear expectations, performance feedback etc.).

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# ***Appendix 1: Support for New Performance: Training and Application of PIA***

Desired Performance 7 and 8 are considered as new performance since they are expanded roles for the ZTRT. When establishing new performance, it is necessary to define the job and describe what is needed to ensure good performance at the outset. When specifying new performance, it is important to connect the new desired performance expectations to the goals and objectives of the organization. In this case, the new performance desired of the ZTRT links well with objective 4 of the USAID/Tanzania Mission that aims to increase the capacity of the ZTC to implement the RCH program applying the PIA. Next, the tasks needed to achieve the desired performance need to be defined, along with the indicators which will be used to assess performance. Finally, support factors related to the new desired performance must be put into place so as to ensure good performance for each new PI role for the ZTRT.

## **Desired New Performance 7**

All ZTRTs will conduct at least one training activity on the application of the PIA.

### ***Tasks to achieve desired new performance***

- Attend PI facilitator workshop to gain skills and knowledge in the PIA;
- Study materials, particularly the trainer guidelines, to become familiar with them;
- Identify potential participants in the Zone for PI training;
- Arrange for PI training workshops: date, venue, logistics, reproduction of materials;
- Conduct PI training workshop;
- Conduct follow-up of trainees.

### ***Indicators***

- Number of PI training activities conducted annually;
- Number of CHMT trainers, supervisors, and providers in the Zone who are trained in PI;
- Percent of ZTRT members with adequate knowledge of the PIA;

### ***Support Factors***

- Skills and knowledge of the PIA and communication and facilitation skills
- PI training materials: trainer guidelines, participant manual and workbook, PI Stages, Steps and Tools, and other reference materials
- Logistical support for training workshop: venue, accommodations, finances, etc.
- Performance feedback: from trainees, supervisor, technical consultant, etc.

## **Desired New Performance 8**

All ZTRTs will have the ability to apply the PIA.

### ***Tasks to achieve desired new performance***

- Identify performance problem within zone and potential stakeholders;
- Conduct stakeholder meeting to reach agreement on performance problem, desired performance, and plans for PNA;
- Select PNA team and conduct PNA team meeting; develop data collection instruments; train data collectors;
- Implement data collection at selected sites in the Zone;
- Analyze data (determine gaps, root causes) and develop PNA report;
- Disseminate PNA report to stakeholders;
- Conduct intervention selection meeting with stakeholders/intervention team to prioritize and select appropriate interventions;
- Design and develop interventions;
- Implement and monitor interventions;
- Evaluate interventions to determine extent to which performance gaps closed.

### ***Indicators***

- Stakeholder agreements reached on performance problem, desired performance, and plans for PNA;
- Pans conducted to determine root causes for performance problems;
- Selection of interventions based on PNA results;
- Identified interventions implemented to address performance problems;
- Existence of an updated training related database to keep track of trainee numbers, entry and exit RCH knowledge and skills, knowledge and skills at work site, material distribution, and funds availability.

### ***Support Factors***

- Skills and knowledge of the PIA and communication and facilitation skills;
- Logistical and organizational support;
- Motivation;
- Feedback on performance from supervisors and PI technical consultants;
- Clear job expectations.

## ***Appendix 2: List of Districts Selected for the PNA by Region***

<b>Region</b>	<b>District</b>
Arusha	Arusha Municipal Monduli
Mwanza	Mwanza Municipal Magu
Mtwara	Mtwara Urban Masasi
Kigoma	Kigoma Urban Kibondo
Morogoro	Morogoro Municipal Turin
Iringa	Iringa Municipal Ludewa

## ***Appendix 3: Brief Description of Zonal Training Centres***

<b>Northern Zonal Training Centre - Arusha</b>	<p>The centre is situated at the CEDHA region. It geographically covers four regions, namely Arusha, Kilimanjaro, Tango and Singed.</p> <p>The centre coordinates training programs, and it has a core function of conducting long and short courses on educational methodology and management.</p>
<b>Southern Highland Zonal Training Centre - Iringa</b>	<p>The Primary Health Care Institute (PHCI) at Iringa region is the centre for the Southern Highland zone. It covers Iringa, Meyer, Runway, and Uvula for training activities for health workers.</p> <p>In addition to other training activities, the centre is specialized in training on primary health care services. Being the only centre for PHC training in the country, it draws candidates from all regions and outside the country.</p>
<b>Eastern Zonal Training Centre - Morogoro</b>	<p>The ZTC for the Eastern zone is situated in the PHN 'A' school in Morogoro region. The centre is coordinating training activities in Morogoro, Dar as Salaam, Coast and Doom regions. It has an additional role of coordinating distance learning programs for health nation wide. The basic function of the centre is to offer a long course on Advanced Diploma in Public Health Nursing 'A'.</p>
<b>Western Zonal Training Centre - Kigoma</b>	<p>The centre for the Western zone is accommodated at the COTC in Kigoma region. This centre serves Kigoma and Tabor regions on issues pertaining to training activities for health workers. However, the Centre is specifically responsible for the training of Clinical Officers (CO) who upgrade from Assistant Clinical Officers (Aces).</p>
<b>Lake Zonal Training Centre - Mwanza</b>	<p>The centre for the Lake zone which serves Mwanza, Mara, Camera and Shinying regions is located at the Assistant Medical Officers Training School at Bugando Hospital in Mwanza region. Like other zonal centers, the centre is responsible for all issues pertaining to training activities of health workers in the above mentioned regions.</p> <p>However, the main function of the school is to upgrade Clinical Officers to AMOs.</p>
<b>Southern Zonal Training Centre - Mtwara</b>	<p>The Southern zone centre is situated at the COTC in Mtwara region. The centre serves the Mtwara and Linda regions in training activities. The basic course offered at this centre is the Diploma in Clinical Medicine for pre-service candidates.</p>

## ***Appendix 4: PI Objective for ZTC, Definition of the Performance Group at ZTC, Desired Performance, Indicators, and Data Sources***

### **Objective 4 of RCHS PI Workplan**

To increase capacity of the selected institutions (ZTCs) to implement RCH program using PIA.

### **The Performer Group**

Team of Residential Trainers and the part-time Training Resource Persons at each of the Six ZTCs (Termed ZTRTs - ZTRT in report.)

### **Stakeholder Team Composition for Defining Desired Performance, Indicators, Data Sources and Data Gathering Methods for the PNA for ZTRT**

- RCHS (MOH);
- HRD(MOH);
- Zonal Training Centre – Morogoro;
- PRIME II;
- JPHIEGO (contributed to defining desired performance).

Desired Performance	Indicator/measure	Source of information/how
<p>1. All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, so as to have adequate training staff for the essential RCH package.</p>	<p>Existence of an inventory of potential resource persons available in the Zone (DTT, RTT, other experts)</p> <p>Existence of a guideline or procedure for recruiting resource persons from CHMT, RHMTs, and other experts (e.g., Management, Safe Motherhood, FP, PAC, IMCI, EPI, STI/HIV, IEC)</p> <p># of resource persons from a) CHMT, b) RHMT, c) experts in public sector, d) Private/NGOs</p> <p># of resource persons with the following expertise: Training Skills, Safemotherhood, MCH, FP, IMCI, EPI, STI/HIV, IEC</p> <p>% of resource persons with attributes conforming to the recruitment standards</p>	<p>Inventory list of potential resource persons /Document Review</p> <p>Guideline for recruiting resource persons/Document Review</p> <p>ZTRT/Document Review</p> <p>ZTRT/FGI</p> <p>ZTRT Records/ Document Review</p>
<p>2. All ZTRTs will work with the CHMT, RHMT, NGOs and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package.</p>	<p>Joint TNA performed at least every three years</p> <p>Availability of TNA Tools</p> <p>Availability of a joint TNA report</p> <p>Demonstrated partnering between ZTRT, RHMT, CHMT ,NGOs in conducting training need assessment or developing training plans/health plans or in support of training</p> <p>An Inventory of Priority RCH Training Needs</p> <p># of Clients receiving RCH services</p>	<p>ZTRT/CHMT/RHMT FGI</p> <p>ZTRT Records /Document Review</p> <p>ZTRT Records /Document Review</p> <p>CHMTs RHMTS/ FGI</p> <p>ZTRT/CHMT/RHMT FGI</p> <p>ZTRT Records /Document Review</p> <p>RCHS/JHPIEGO PNA report</p>

Desired Performance	Indicator/measure	Source of information/how
<p>3. All ZTRTs will conduct at least one in-service training activity Par target group to update the knowledge and skills of CHMTS, trainers, supervisors and providers in key areas of the essential RCH package</p>	<p>(The annual) # of training sessions in the following areas: Safe-motherhood, MCH, FP, IMCI, EPI, STI/HIV, IEC/HE.</p> <p>(The annual) # of CHMTs, trainers, supervisors, providers) in the Zone who are trained in each of the following: Safe-motherhood, MCH, FP, IMCI, EPI, STI/HIV/AIDS , IEC/HE.</p> <p>Availability and Adequacy of basic Training Facilities</p> <p>% of ZTRT members, <i>in that zone</i> with adequate knowledge level in RCH essential package (Safe-motherhood, FP, PAC, IMCI, EPI, STI/HIV, IEC/HE).</p> <p>ZTRT members' perceived competencies in selected RCH areas.</p>	<p>ZTRT/training records ZTRT/FGI</p> <p>ZTRT training records</p> <p>ZTC/Observation</p> <p>ZTRT/Administration of knowledge test based on application type questions</p> <p>ZTRT/Administration of Perception rating scale on competencies</p>
<p>4. All ZTRTs will conduct annually at least one <i>follow-up</i> visit per trainee group according to standard guidelines.</p>	<p># of follow-up visits conducted as planned (using guidelines/standards).</p> <p>Availability of supervision plan or guideline</p> <p>CHMTS (ex-management trainees) followed up who perceived follow-up visit as useful.</p> <p>% of service providers performing to RCH standard</p>	<p>ZTRT/follow-up reports Follow-up Reports/Document Review</p> <p>ZTC/Observation</p> <p>CHMTs/Focus Group Discussions</p> <p>RCHS/JIPIEGO PNA report</p>

Desired Performance	Indicator/measure	Source of information/how
5. All ZTRTs will reproduce and distribute available health learning materials quarterly	Availability of an inventory list specifying: <ul style="list-style-type: none"> <li>- no and type of materials reproduced</li> <li>- - no and type of materials distributed</li> <li>- no of health workers that received a reference material</li> </ul> # of RHMT/CHMTs whose health learning material needs are met. <ul style="list-style-type: none"> <li>- Materials distributed in the last two quarters</li> </ul>	ZTRT/Training Records/Document Review  RHMT/CHMT members/Focus Group Discussions  ZTRT/FGI
6. All ZTRTs will have ability to determine the costs for training related activities to enable them sustain the institution	Costing for training related activities done  Costing of training related activities takes into account staff time  Knowledge of available sources for funding  Adequacy of funding  Strategies for mobilizing resources in place  <b>NEW PERFORMANCE</b>	Training Budgets/Observation check       ZTRT/FGI
7. All ZTRTs will conduct at least one training activity on the application of PIA ( <b>New Performance/Added Role</b> )	ZTRT Members' capacity for Training on the PIA ( <b>Desired Performance 7</b> ) is considered <b>new performance/Added Role</b> .  The Indicators listed will guide the intervention team that will be set up after the PNA, to identify: the support needed by the ZTRT for PI Training and monitoring strategies that should be in place following the intervention.	
	# of PI training activities conducted annually  (The annual) # of CHMTs, trainers, supervisors, providers) in the Zone who are trained in PI  % of ZTRT members with adequate knowledge on PIA	ZTRT training records/document review    ZTRT/Knowledge assessment

Desired Performance	Indicator/measure	Source of information/how
<p>8. ZTRTs will have ability to apply PIA (New Performance/Added Role)</p>	<p>ZTRTs (ZTRT) competency to apply PIA (Desired Performance 8) is considered <b>new performance/Added role</b>.</p> <p>The Indicators listed will guide the intervention selection team that will be set up after the PNA, to identify: the support needed to enhance ZTRT's competency for PI Training and monitoring strategies that should be in place following the intervention.</p>	
	<p><i>Stakeholder agreements reached on performance problem, desired performance and plans for PNA</i></p> <p>PNAs conducted to find out root causes for performance problems</p> <p>Selection of interventions based on PNA results</p> <p>Identified Interventions implemented to correct performance problems</p> <p>Presence of an updated training related data-base to keep track of trainee #s, entry and exit RCH knowledge and skills; knowledge and skills at worksite; material distribution and funds availability</p>	<p><i>Stakeholder meeting report</i></p> <p>PNA reports</p> <p>Minutes</p> <p>Reports</p> <p>Minutes</p> <p>Reports</p> <p>Observation check</p> <p>ZTRT/FGI</p>



## ***Appendix 5: Scoring Guide to Establish Desired and Actual Performance Levels***

### **Desired Performance 1**

All ZTC Coordinators will use an explicit standardized procedure for selecting resource persons for undertaking in-service training, and have adequate training staff for the essential RCH package.

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
Existence of an inventory of potential resource persons in the zone (e.g., DTT, RTT, other experts)	E	B7	Yes = 1 No = 0	1
Existence of a guideline or procedure for recruiting resource persons from CHMT, RHMT and other experts. Guideline to specify <ul style="list-style-type: none"> <li>- procedure for recruitment</li> <li>- when recruitment should be done</li> <li>- minimum qualification of trainers</li> <li>- how to remunerate</li> <li>- how to evaluate performance</li> <li>- staffing levels</li> </ul>	A	A7	Yes = 1 No = 0  (Whether MOH or In-house)	6
# of resource persons from CHMT, RHMT and other experts	A	A3	Yes = 1 No = 0	1
# of resource persons with experts in training skills, safe motherhood, MCH, FP IMCI/EPI, STI/HIV and IEC	A	A6	Centre has adequate staff to train in two or more areas score = 1  Centre has not have adequate staff to train in two or more areas score = 0	1
			<b>Total Expected Score</b>	<b>9</b>

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## Scoring Guide To Establish Desired And Actual Performance Levels

### Desired Performance 2

All ZTRTs will work with CHMT, RHMT, NGO and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
Joint TNA performed at least every three years	A	B5	Every 1-3 Years = 1 Other = 0	1
Availability of TNA tools	A	B3, B4	Tools Mentioned = 1 Tools Not Mentioned = 0	1
	F urban F rural	3	Yes = 2 No = 0	2
Demonstrated partnering between ZTRT, CHMT, RHMT, NGO's in conducting TNA or developing training plans/ health plans or in support of training.	A	B6, B7, B9, B10	If ZTC works with either CHMT, RHMT or NGO = 1 If ZTC works with neither =0	1
	F urban F rural or F RHMT	4, 6, 8, 15, 17,18 or Part B 3	If CHMT partners with ZTC to either plan for TNA, conduct TNA or for funding of TNA = 1 If neither = 0	2
Availability of joint TNA report	A	B8	Yes = 1 No = 0	1
	E	B5 or B6	TNA Report Available =1 TNA report not Available =0	1

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
	F urban F rural	Part A 11	If ZTC mentioned=1 If ZTC not mentioned=0	2
	F RHMT	Part B 4	If ZTC mentioned=1 If ZTC not mentioned=0	1
	<b>Total Expected Score</b>			<b>12</b>

## Scoring Guide To Establish Desired And Actual Performance Levels

### Desired Performance 3

All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT trainers, supervisors, and providers in essential RCH package

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
The annual # of training sessions in the following areas: safe motherhood, MCH, FP, IMCI EPI, STI/HIV,IEC/HE	A	C1 C4	3 or more courses =3 2 courses = 2 1 course = 1 no course done =0	3
The annual # of CHMT, trainers supervisors providers, in the zone who are trained in each of the following: Safe motherhood, MCH, FP,IMCI, EPI, STI/HIV, IEC/HE	A	C1	45 or more participants = 5 30-44 participants = 4 25-34 participants = 3 15-24 participants = 2 5-14 participants = 1 Less than 5 participants = 0	5
% of ZTRT members in zone with adequate knowledge level in RCH essential package	D		Item analysis of Knowledge Test Cut-off score = 75%	Mean score of all ZTRT Members rated to 1

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
ZTRT members perceived competencies in selected RCH areas.	C		Item analysis of perceived competency level	Maximum expected score = 44 Rated to 1 Total expected score = mean score for all ZTRT members
Availability and Adequacy of basic training facilities	B	1.1	Essential working equipment = overhead projector, desktop computer, laptop, photocopier, flipchart stand, and TV/VCR	6
	B	1.2	Classroom in good condition = 1 Classroom not in good condition = 0	1
	B	1.3	Uninterrupted water supply Yes = 1 No = 0	1
	B	1.3	Uninterrupted electricity supply Yes=1 No 0	1
	B	1.3	Hostel in good condition 1 Hostel in not so good condition 0	1
			<b>Total Expected Score</b>	<b>20</b>

## Scoring Guide To Establish Desired And Actual Performance Levels

### Desired Performance 4

All ZTRTs will conduct at least one follow-up annually per training group according to standard guidelines to ensure quality services

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
Availability of supervision plan or guideline	E	D1, D4	Yes = 1 No = 0	1
# of follow-up visits conducted as planned	A	D1 D2	Yes = 1 No = 0 If most followed up = 1 If none = 0	2
% of CHMTs followed up who perceived follow-up visit as useful	NOT APPLICABLE			
% Of Service Providers performing to RCH standards	JHPIEGO PNA REPORT			
			<b>Total Expected Score</b>	<b>3</b>

## Scoring Guide To Establish Desired And Actual Performance Levels

### Desired Performance 5

All ZTRTs will reproduce and distribute available health learning materials quarterly to CHMTs and RHMTs

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
Availability of an inventory list specifying <ul style="list-style-type: none"> <li>• # and type of materials reproduced</li> <li>• # and type of materials distributed</li> <li>• # of health workers that receive a reference material</li> <li>• Materials received from other sources</li> </ul>	E	C2 C2 C5 C3	Yes = 1 No = 0	4
Materials Distributed in at least two quarters annually	A	E10	Distribution target met = 1 Distribution target not met done = 0	1
% of RHMT/CHMT whose learning materials are met	F (Part A) F urban F rural	1	HLM received from ZTC = 1 HLM not received from ZTC = 0	2
	F (Part A) F urban F rural	3	Satisfied or highly satisfied = 1 Not satisfied = 0 Don't know = 0	2
	F (Part A) F urban F rural	4	CHMT requests for HLM from ZTC = 1 CHMT does not request for HLM from ZTC = 0	2
	F (Part A) F urban F rural	6	CHMT receives information about HLM from ZTC = 1 CHMT does not receive information	2

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
			about HLM from ZTC= 0	
	F (Part B) F RHMT	5	HLM received from ZTC = 1 HLM not received from ZTC = 0	1
	F (Part B)	7	Satisfied or highly satisfied = 1 Not satisfied = 0 Don't know = 0	1
	F(Part B)	9	RHMT receives information about HLM from ZTC = 1  RHMT does not receive information about HLM from ZTC = 0	1
			<b>Total Expected Score</b>	<b>16</b>

## Scoring Guide To Establish Desired And Actual Performance Levels

### Desired Performance 6

All ZTRTs will determine the costs for training activities and mobilize funds to enable them to sustain the institution.

Indicator/Dimension	Form No.	Question No.	Scoring Guide	Total Expected Score
Costing for training related activities done	A	F1	Yes for either RCH or other training =1 No for both =0	1
Costing for training related activities takes into account staff time	A	F2	Yes =1 No=0	1
Know available sources for funding	A	F5	Funding source identified = 1 No funding source identified = 0 Don't Know = 0	1
	E or A	D5 F6	Financial /Supervision guidelines exist = 1 Do not exist = 0 or Yes = 1 No = 0	1
Adequacy of funding	A	F3	Yes for RCH or other training = 4 50% or more of funds raised = 3 20-40% of funds raised = 2 less than 20% of funds raised = 1 No 0	4
Strategies for mobilizing resources in place	A	F7, F8	Yes 1 No 0	1
<b>Total Expected Score</b>				<b>9</b>

# Appendix 6

## Questions Relevant To Performance Factors

Performance Factor	Relevant Questions in Form						
	A	B	C	D	E	F	G
	<b>FGI for ZTRT</b>	<b>Observation Checklist</b>	<b>ZTRT Perceived Knowledge</b>	<b>ZTRT Knowledge Assessment</b>	<b>Document review list</b>	<b>FGI for CHMT and RHMT</b>	<b>Interview guide for MOH central</b>
Information/Job Expectation	A8	2.1, 2.3, 2.4			A4 A5		A.3, 4, 5, 6, 7, 8, 9, 10 B. 3, 4,
Performance Feedback	A8				A3 A6		B6
Environment and Organizational	E1, E3, E4, E5				C4		
	A10 A11				A1, A1.1, A1.2, A7, D3		A.12, 13, 14, 15, 16, 25 C1-3 D 1-6
Motivation	A8						
Skills and Knowledge			All Questions in Form C	All Questions in Form D			

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# Appendix 7

## Actual Performance Scores and Gaps by Zonal Training Centre (ZTC)

### Desired Performance 1

Indicators	1	0	1	1	1	0	1
Existence of an inventory of potential resource persons in the Zone.	1	0	1	1	1	0	1
Existence of a guideline or procedure for recruiting resource persons from CHMT, RHMT and other experts. Guideline specifies procedure for recruitment <ul style="list-style-type: none"> <li>- when recruitment should be done</li> <li>- minimum qualification of trainers</li> <li>- how to remunerate</li> <li>- how to evaluate performance</li> <li>- staffing levels</li> </ul>	6	4	4	0	1	1	5
Existence of resource persons drawn from either CHMT, RHMT or from other experts	1	1	1	1	1	1	1
ZTC has enough staff to train 2 or more RCH core areas	1	0	0	1	0	1	1
<b>Total</b>	<b>9</b>	<b>5</b>	<b>6</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>8</b>
<b>Gap</b>		<b>44%</b>	<b>33%</b>	<b>67%</b>	<b>67%</b>	<b>67%</b>	<b>11%</b>

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## Actual Performance Scores and Gaps by Zonal Training Centre (ZTC)

### Desired Performance 2

Indicators	Desired Score	Arusha	Mwanza	Mtwara	Kigoma	Morogoro	Iringa
TNA performed at least every three years	1	1	1	0	0	1	0
Availability of TNA tools	1	1	1	0	0	1	1
	1	0	1	0	0	1	0
	1	0	0	0	1	0	0
Demonstrate partnering with ZTRT, CHMT, RHMT or NGOs in conducting TNA or developing training plans/health plans or in supporting training	1	1	1	0	1	1	1
	1	0	0	1	0	1	0
	1	0	0	0	1	0	0
Availability of joint TNA report	1	1	1	0	0	1	1
	1	1	1	0	0	1	1
	1	0	0	0	0	0	0
	1	0	0	0	0	0	0
	1	0	0	0	0	0	0
<b>Total</b>	<b>12</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>4</b>
<b>Gap</b>		<b>58%</b>	<b>50%</b>	<b>92%</b>	<b>75%</b>	<b>42%</b>	<b>67%</b>

## Actual Performance Scores and Gaps by Zonal Training Centre (ZTC)

### Desired Performance 3

Indicators							
Annual number of training sessions in RCH essential package areas.	3	0	0	0	0	0	2
Annual number of CHMT/RHMT trainers, etc., trained in each of the RCH essential package areas.	5	0	0	0	0	5	0
ZTRT members in zone with adequate knowledge level in RCH essential package	Mean = 1.00 # with score >= 75%	0.43 0/7(0%)	0.54 0/5	0.57 0/2 (0%)	0/6 1/7	0/64 0/7	0/64 0/3/(0%)
ZTRT perceived competencies in selected RCH areas.	1.00	0.68	0.78	0.78	0.72	0.66	0/58
Adequacy and availability of basic training facilities (overhead projector, desktop computer, laptop computer, photocopier, flipchart stand, TV/VCR).	6	6	5	6	4	5	6
- classroom in good condition	1	1	1	1	1	1	1
- uninterrupted water supply	1	1	1	1	1	1	1
- uninterrupted electricity supply	1	1	1	1	1	1	1
- hostel in good condition	1	1	1	1	1	1	1
<b>Total</b>	<b>20</b>	<b>11.11</b>	<b>10.32</b>	<b>10.35</b>	<b>9.32</b>	<b>17.24</b>	<b>12.22</b>
<b>Gap</b>		<b>45%</b>	<b>50%</b>	<b>50%</b>	<b>55%</b>	<b>15%</b>	<b>40%</b>

## Actual Performance Scores and Gaps by Zonal Training Centre (ZTC)

### Desired Performance 4

Indicators	Desired Score	Arusha	Mwanza	Mtwara	Kigoma	Morogoro	Iringa
Availability of supervision plan/guidelines.	1	1	1	1	1	1	1
Follow-up visits conducted using guideline/standards per training group in a year.	2	1	2	0	0	0	1
<b>Total</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>Gap</b>		<b>33%</b>	<b>0%</b>	<b>67%</b>	<b>67%</b>	<b>67%</b>	<b>33%</b>

## Actual Performance Scores and Gaps by Zonal Training Centre (ZTC)

### Desired Performance 5

Indicators							
Availability of an inventory list specifying:							
• Type of materials reproduced.	1	1	0	1	0	1	1
• Type of materials distributed.	1	1	1	0	0	1	1
• Health workers CHMT/RHMT needs documented.	1	1	1	1	1	1	1
• Materials received from other source.	1	1	1	1	1	1	1
Materials distributed last year to CHMT/RHMT..	1	0	1	0	1	1	1
CHMT/RHMT learning materials needs met							
• Received	1	0	1	0	0	0	0
	1	0	0	0	0	0	0
• Satisfied	1	0	0	0	0	0	0
	1	0	0	0	0	0	0
• Request made	1	0	0	0	0	0	0
	1	0	0	0	0	0	0
• Information on HLM received	1	0	0	0	0	0	0
	1	0	0	0	0	0	0
• RHMT received HLM	1	0	0	0	0	0	0
• RHMT satisfied with HLM	1	0	0	0	0	0	0
• RHMT receives information on HLFAM	1	0	0	0	0	0	0
<b>Total</b>	<b>16</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>5</b>
<b>Gap</b>		<b>75%</b>	<b>69%</b>	<b>81%</b>	<b>81%</b>	<b>69%</b>	<b>69%</b>

## Actual Performance Scores and Gaps by Zonal Training Centre (ZTC)

### Desired Performance 6

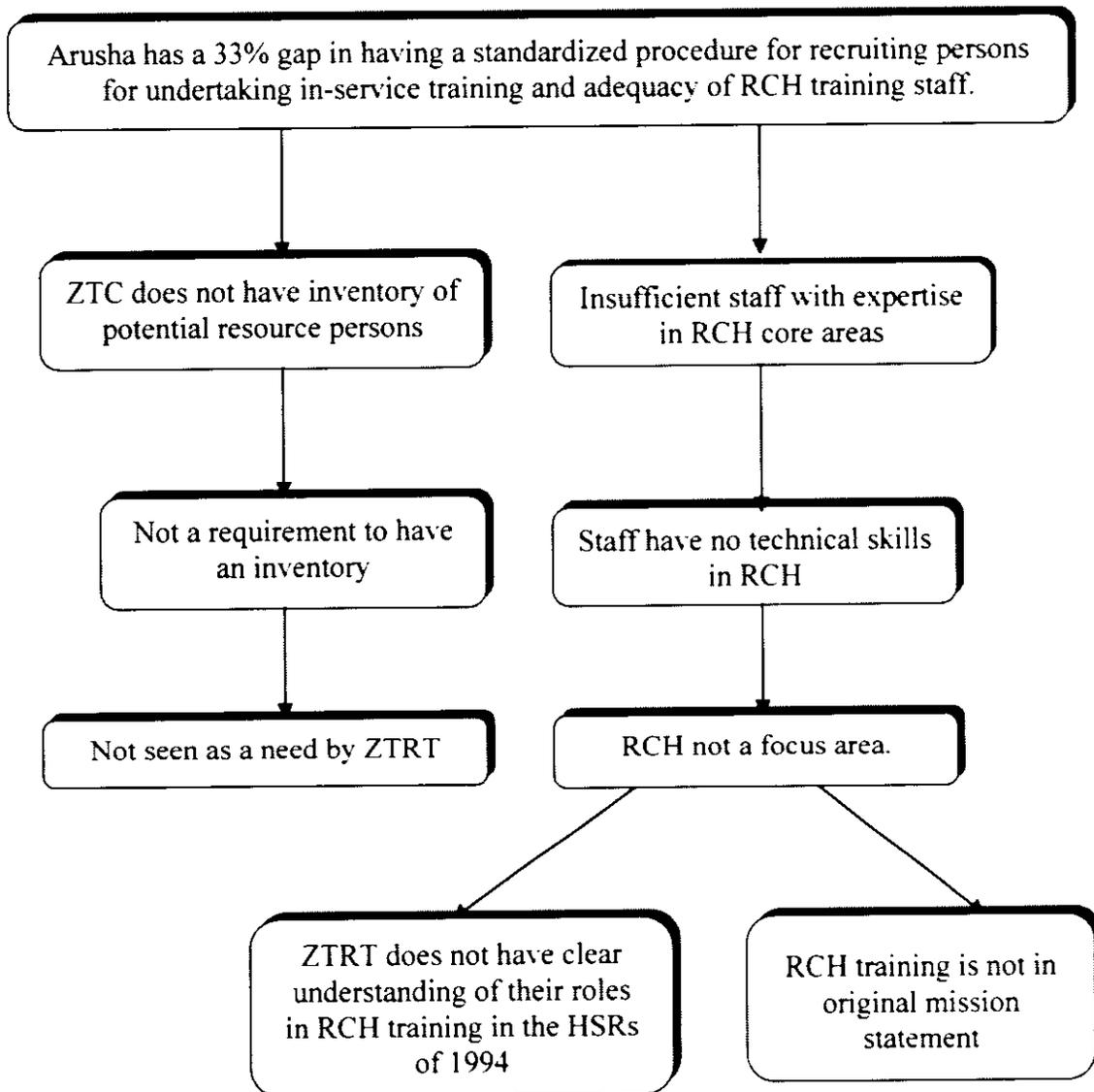
Indicators	Desired Score	Arusha	Mwanza	Mtwara	Kigoma	Morogoro	Iringa
Costing/budgeting for training activities:	1	0	1	0	1	0	1
Costing takes into consideration staffing costs.	1	0	1	0	1	0	1
Sources of funding for RCH training available.	1	0	0	0	0	1	1
Financial supervision guidelines/process available.	1	1	1	1	1	1	1
Funding for RCH and other courses adequate	4	4	4	1	4	0	4
Strategies for cost sharing/mobilizing funds in place	1	1	1	1	1	0	1
<b>Total</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>3</b>	<b>8</b>	<b>2</b>	<b>9</b>
<b>Gap</b>		<b>33%</b>	<b>11%</b>	<b>67%</b>	<b>11%</b>	<b>78%</b>	<b>0%</b>

# Appendix 8

## Arusha: Root Cause Analysis

### Desired Performance 1

All ZTC Coordinators will have an explicit standardized procedure for selecting persons for undertaking in-service training that can be adapted to suit recruitment of resource persons for the essential RCH package and have adequate RCH training staff.



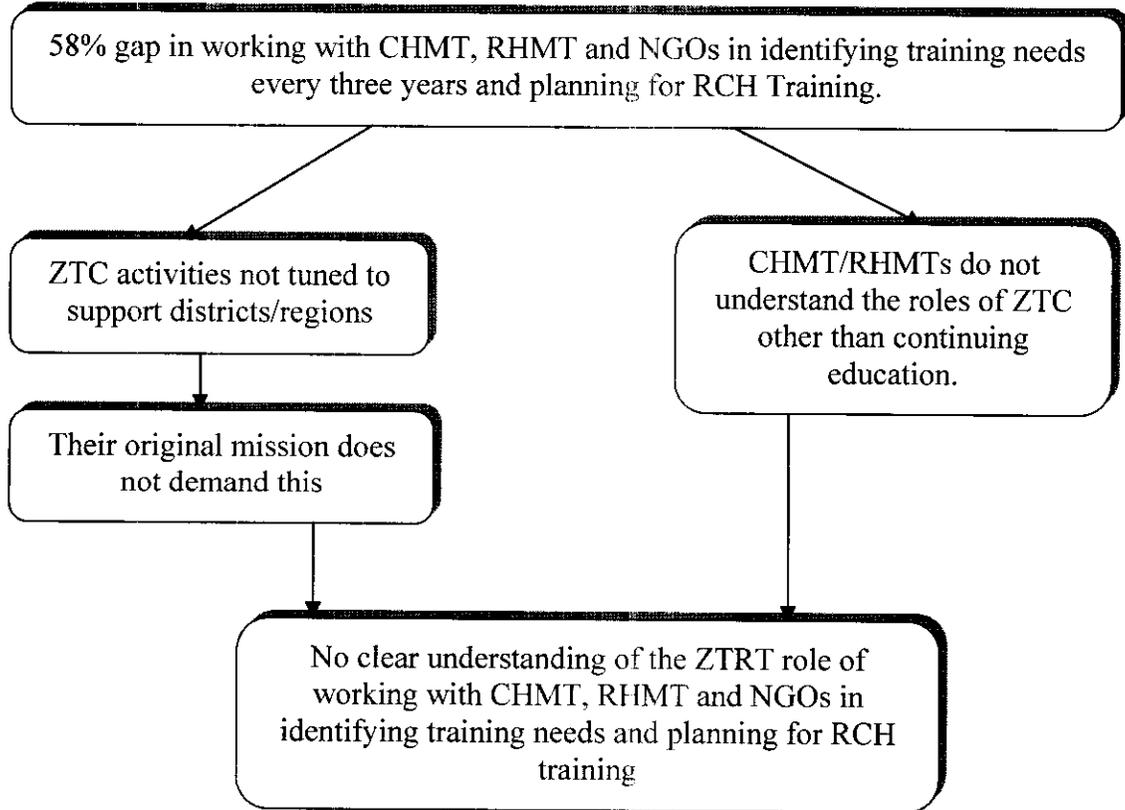
#### Root causes:

1. ZTRT does not have clear understanding of their roles in RCH training as pr HSRs of 1994.
2. ZTC does not see a need for maintaining an inventory of potential resource persons

## Arusha: Root Cause Analysis

### Desired Performance 2

All ZTRTs will work with CHMT, RHMT, NGO and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package



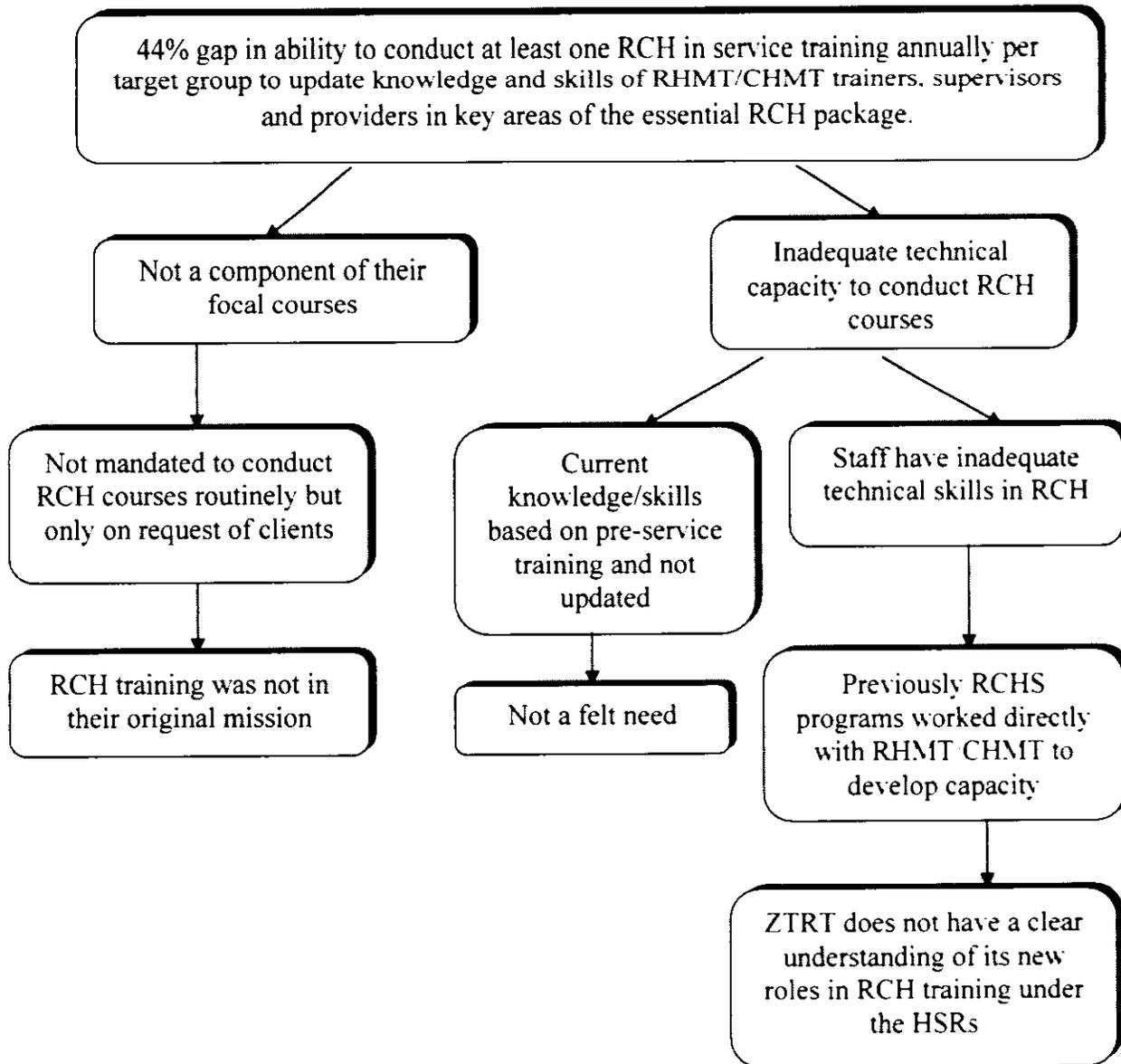
#### Root cause:

1. ZTC, CHMT and RHMT do not have a clear understanding of the new role of the ZTC in identifying training needs and planning for RCH training.

## Arusha: Root Cause Analysis

### Desired Performance 3

All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT trainers, supervisors, and providers in essential RCH package.



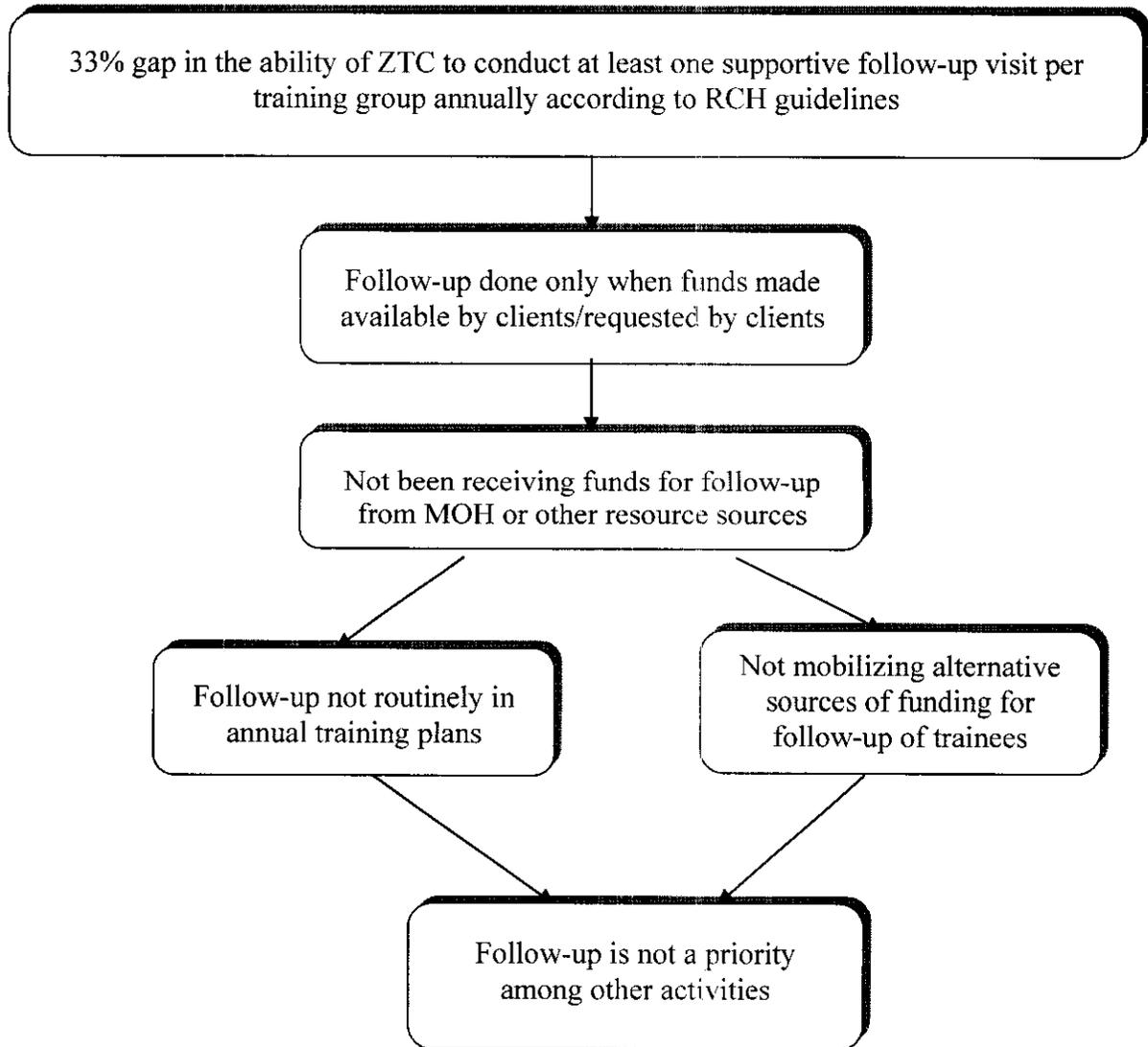
#### Root causes:

1. ZTRT does not have a clear understanding of its new roles in RCH training as per HSRs.
2. Full-time staff in the ZTC have not been updated in RCH core areas in the recent past.

## Arusha: Root Cause Analysis

### Desired Performance 4

All ZTRTs will conduct at least one follow-up visit annually per training group according to standard guidelines to ensure quality services.



#### Root cause:

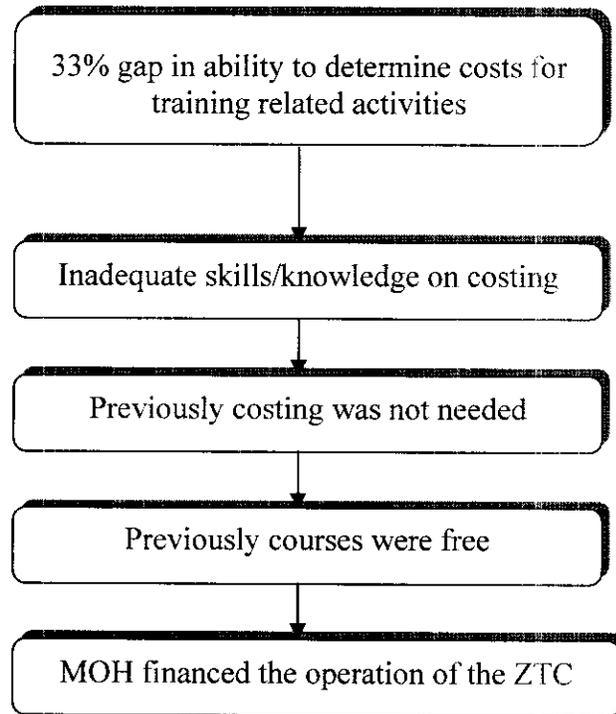
1. Follow-up of trainees has not been seen as a priority by ZTC.



## Arusha: Root Cause Analysis

### Desired Performance 6

All ZTRTs will determine the costs for training activities and mobilize funds to enable them to sustain the institution



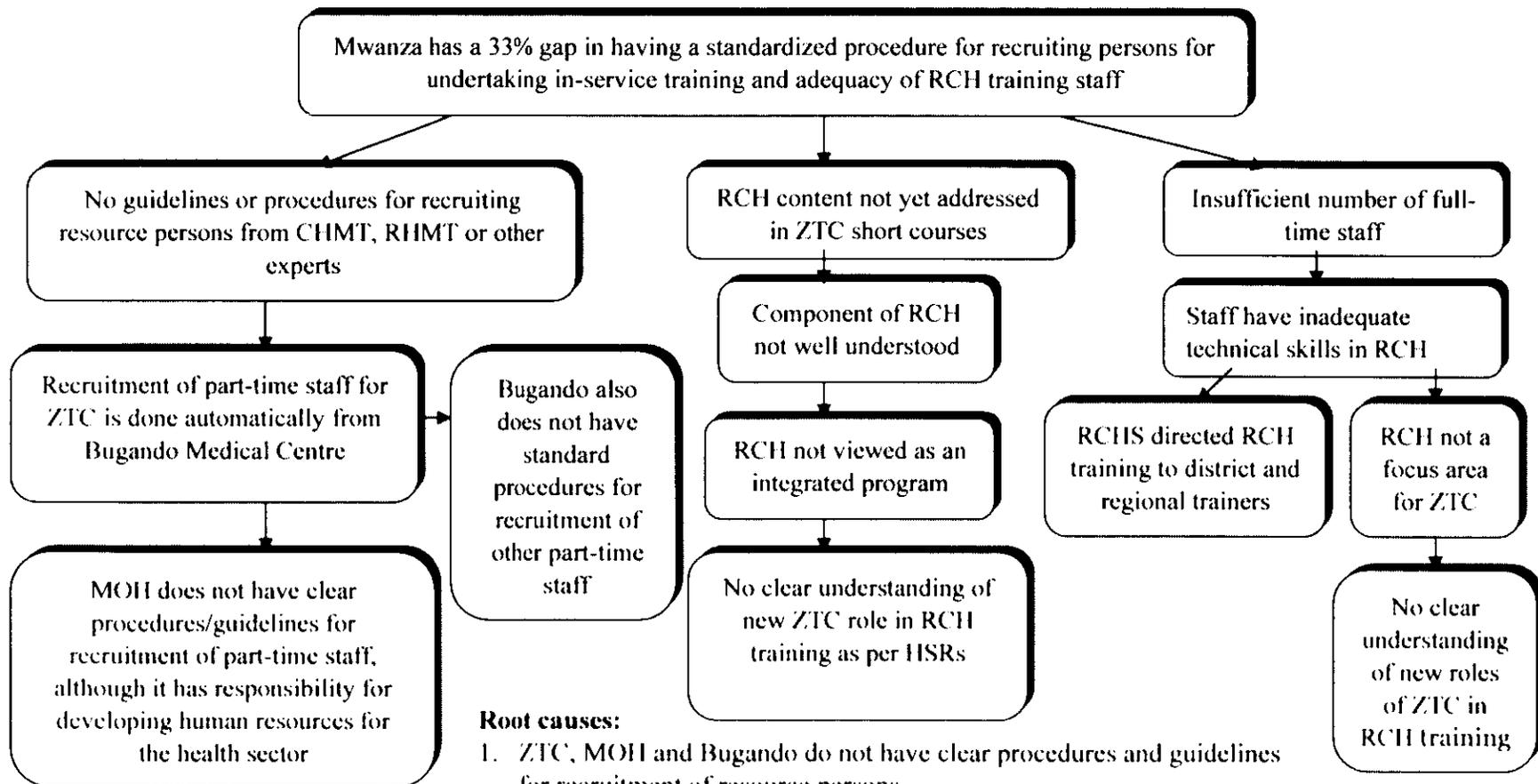
#### Root causes:

1. Inadequate skills and knowledge of costing.
2. No clear understanding of the roles of ZTC in conducting RCH training.

## Mwanza: Root Cause Analysis

### Desired Performance 1

All ZTC Coordinators will have an explicit standardized procedure for selecting persons for undertaking in-service training that can be adapted to suit recruitment of resource persons for the essential RCH package and have adequate RCH training staff.



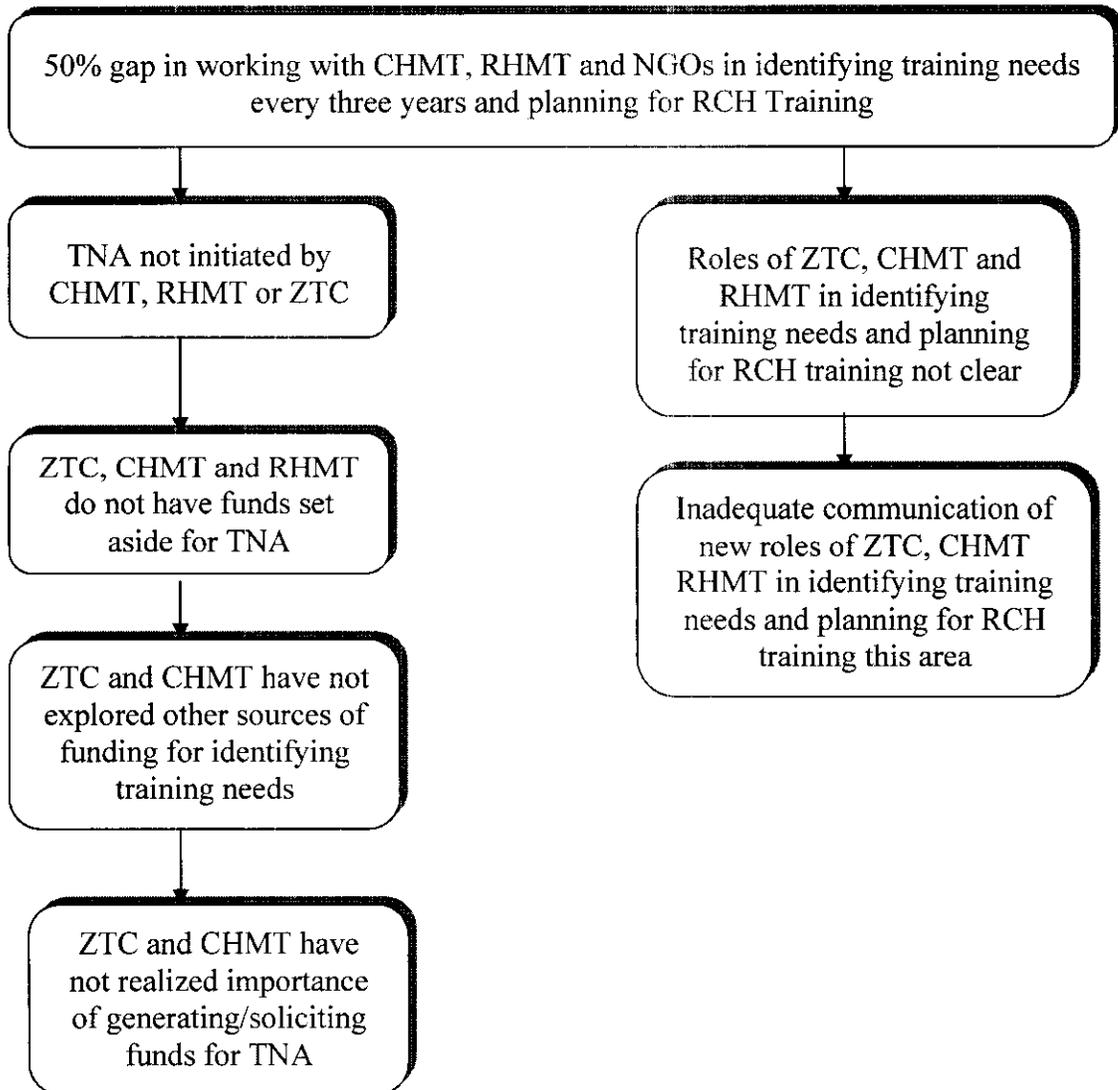
#### Root causes:

1. ZTC, MOH and Bugando do not have clear procedures and guidelines for recruitment of resource persons.
2. No clear understanding of new ZTC roles in RCH training.
3. Inadequate skills and knowledge of ZTC staff in RCH.

## Mwanza: Root Cause Analysis

### Desired Performance 2

All ZTRTs will work with CHMT, RHMT, NGO and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package



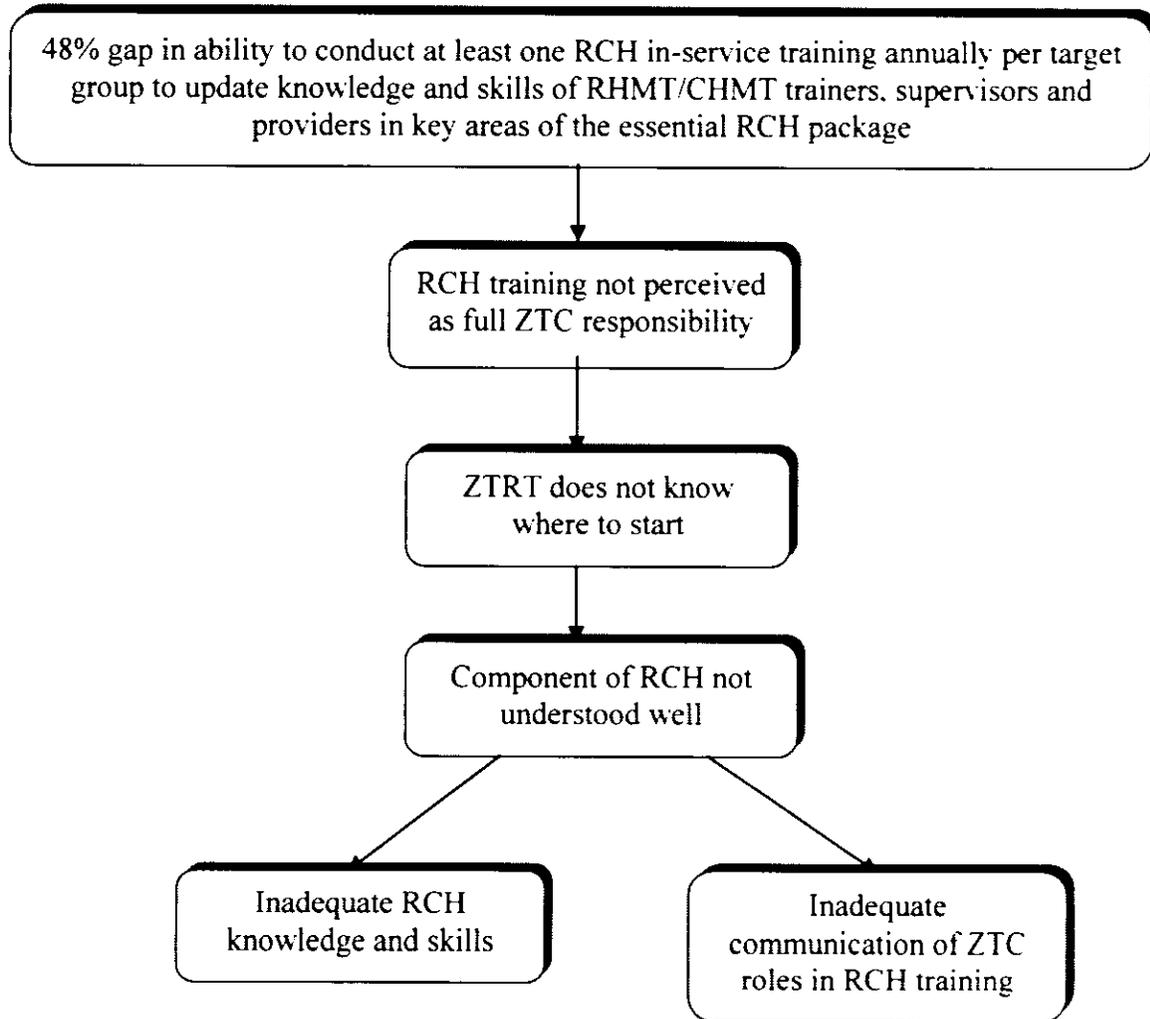
#### Root causes:

1. ZTC and CHMT have not realized the importance of generating/soliciting funds.
2. Inadequate communication of new roles of ZTC, CHMT and RHMT in identifying training needs and planning for RCH training.

## Mwanza: Root Cause Analysis

### Desired Performance 3

All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT trainers, supervisors, and providers in essential RCH package



#### Root causes:

1. Inadequate communication of ZTC roles in RCH training.
2. Inadequate RCH knowledge and skills.

## Mwanza: Root Cause Analysis

### Desired Performance 4

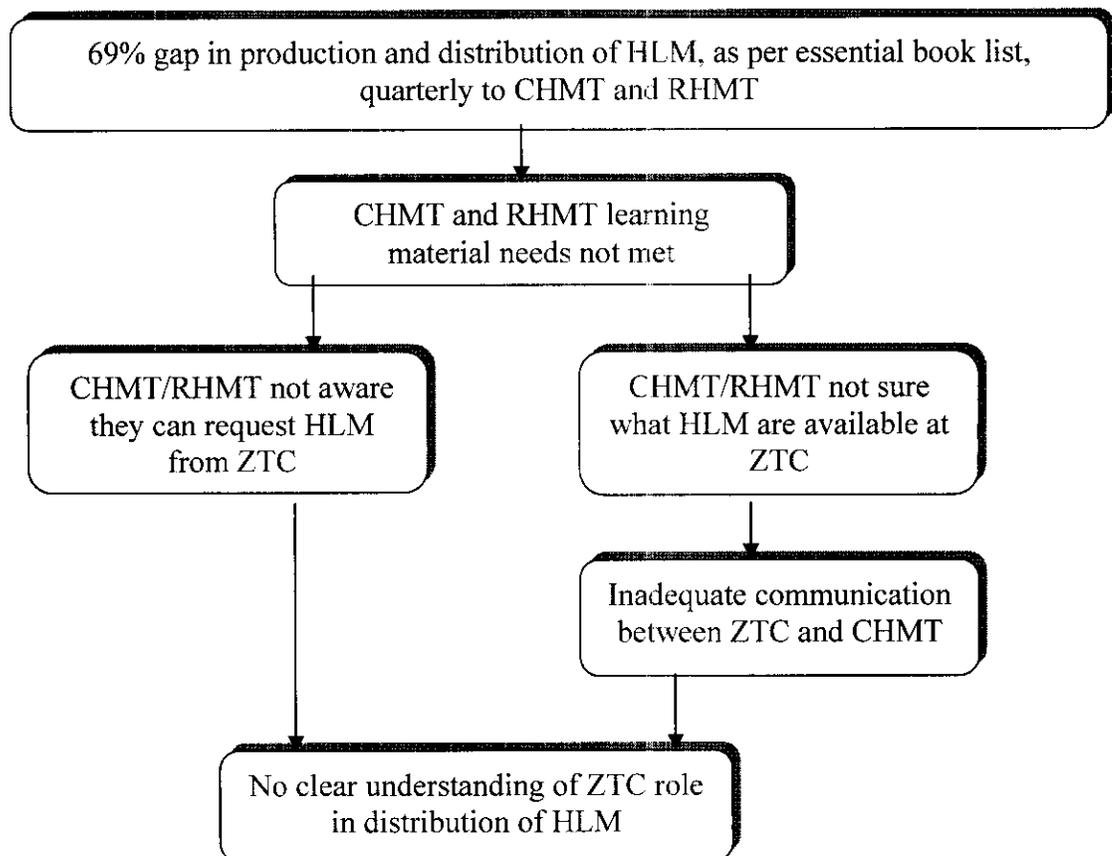
All ZTRTs will conduct at least one follow-up visit annually per training group according to standard guidelines to ensure quality services

0% gap therefore no root cause analysis was conducted.

## Mwanza: Root Cause Analysis

### Desired Performance 5

All ZTRTs will reproduce and distribute available health learning materials quarterly to CHMTs and RHMTs.



#### Root causes:

1. No clear understanding of ZTC role in distribution of HLM.

## **Mwanza: Root Cause Analysis**

### **Desired Performance 6**

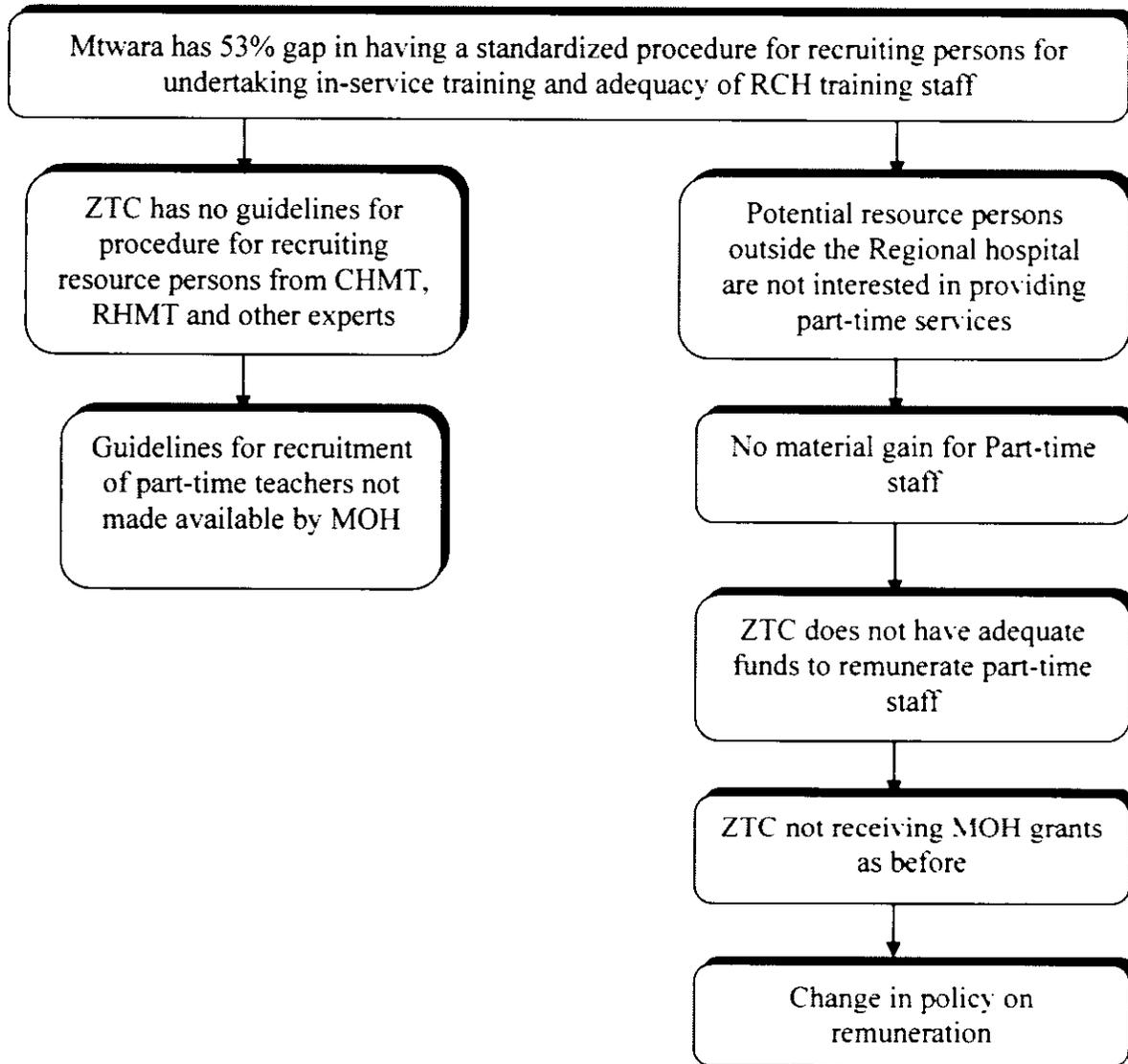
All ZTRTs will determine the costs for training activities and mobilize funds to enable them to sustain the institution

11% gap in ability to determine costs for RCH training related activities.

Very small gap – No root cause analysis.

**Mtwara: Root Cause Analysis**  
**Desired Performance 1**

All ZTC Coordinators will have an explicit standardized procedure for selecting persons for undertaking in-service training that can be adapted to suit recruitment of resource persons for the essential RCH package and have adequate RCH training staff.



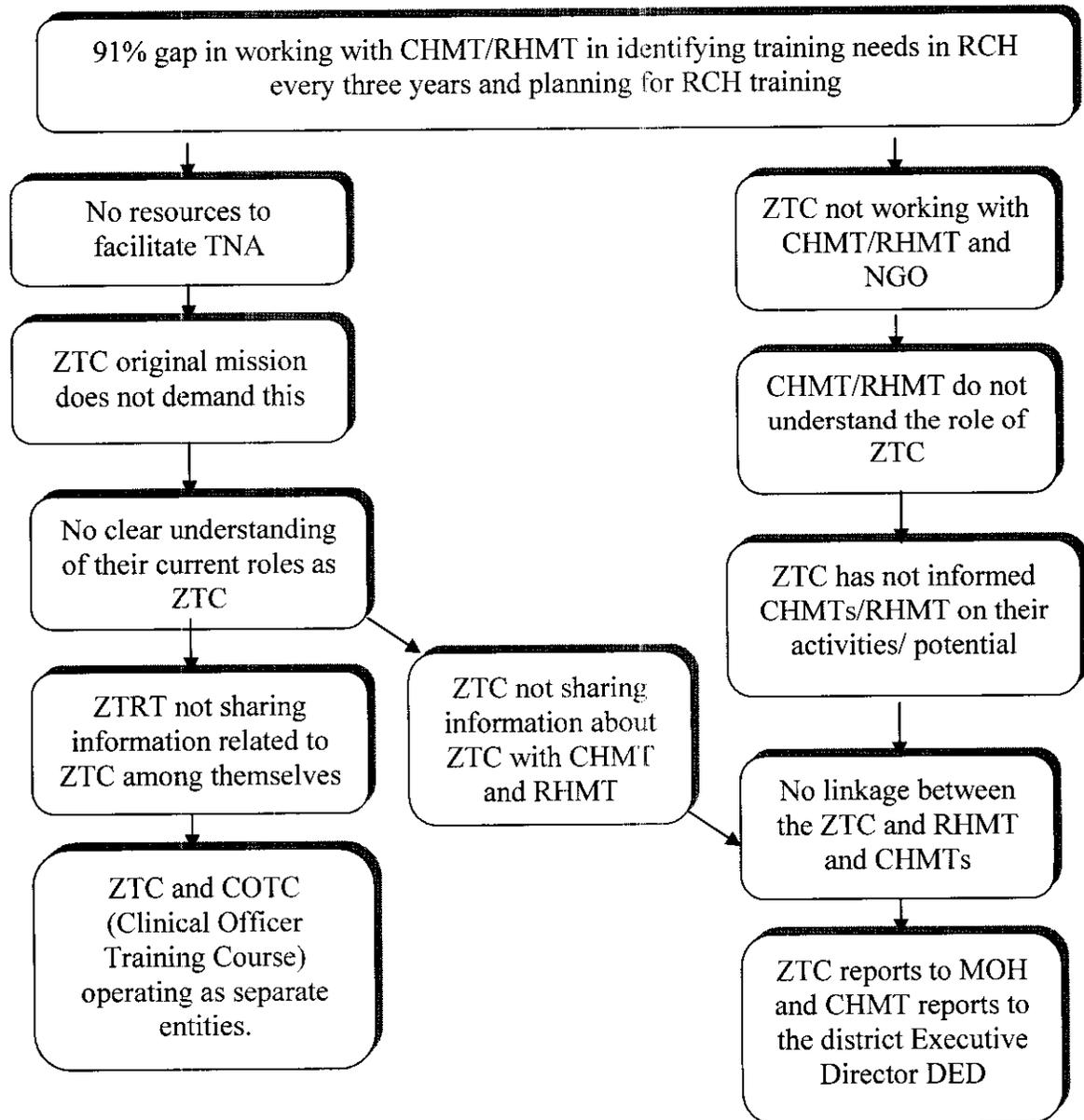
**Root causes:**

1. Guidelines for recruitment of resource persons not made available by MOH.
2. ZTC does not have adequate funds to remunerate part-time staff.

## Mtwara: Root Cause Analysis

### Desired Performance 2

All ZTRTs will work with CHMT, RHMT, NGO and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package

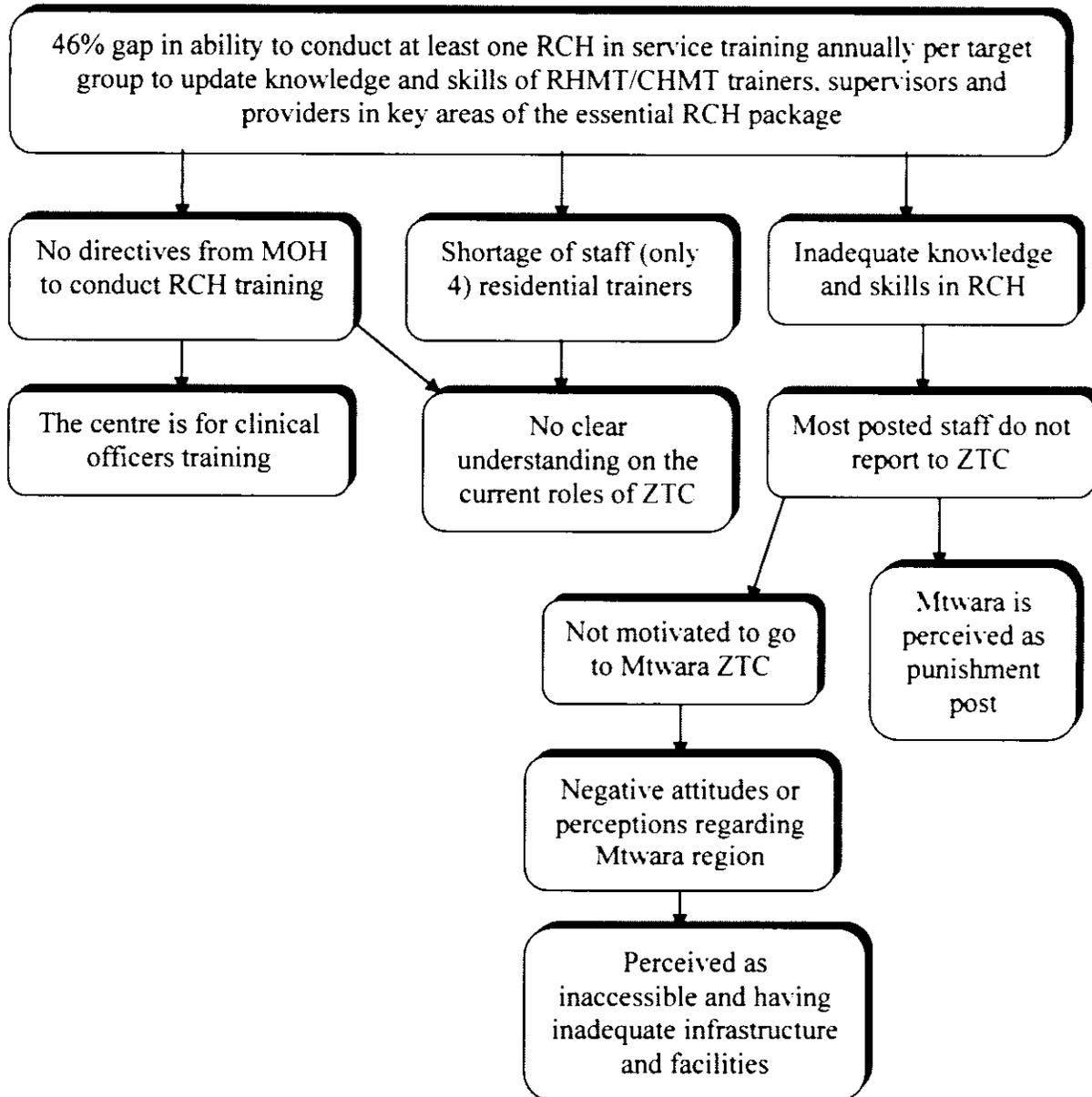


#### Root cause:

1. ZTC, CHMT and RHMT do not have a clear understanding of the new role of the ZTC in identifying training needs and planning for RCH training.

**Mtwara: Root Cause Analysis**  
**Desired Performance 3**

All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT trainers, supervisors, and providers in essential RCH package



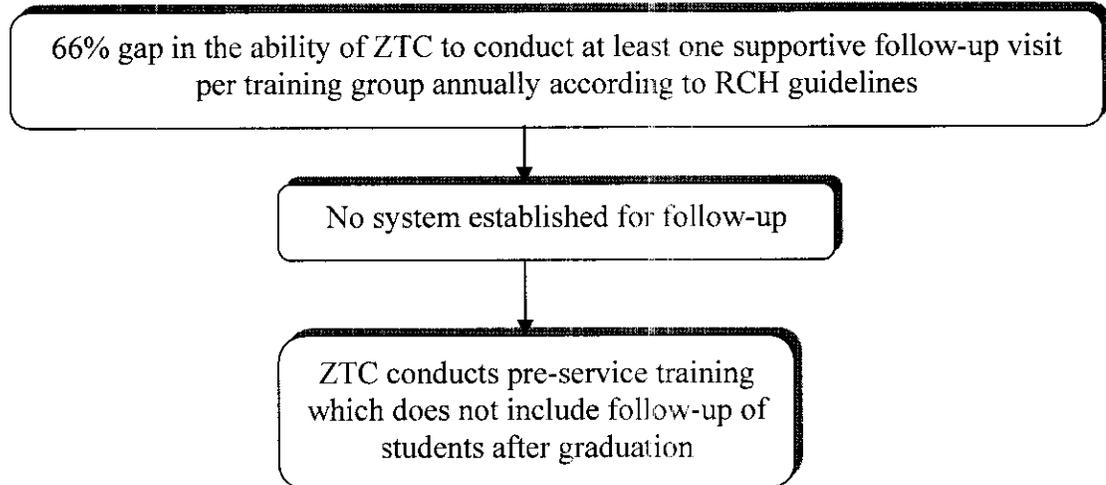
**Root causes:**

1. ZTC does not have a clear understanding of its current roles in RCH training.
2. Inadequate knowledge and skills in RCH areas.
3. Posted staff are not motivated to work at the Mtwara ZTC.

## Mtwara: Root Cause Analysis

### Desired Performance 4

All ZTRTs will conduct at least one follow-up visit annually per training group according to standard guidelines to ensure quality services



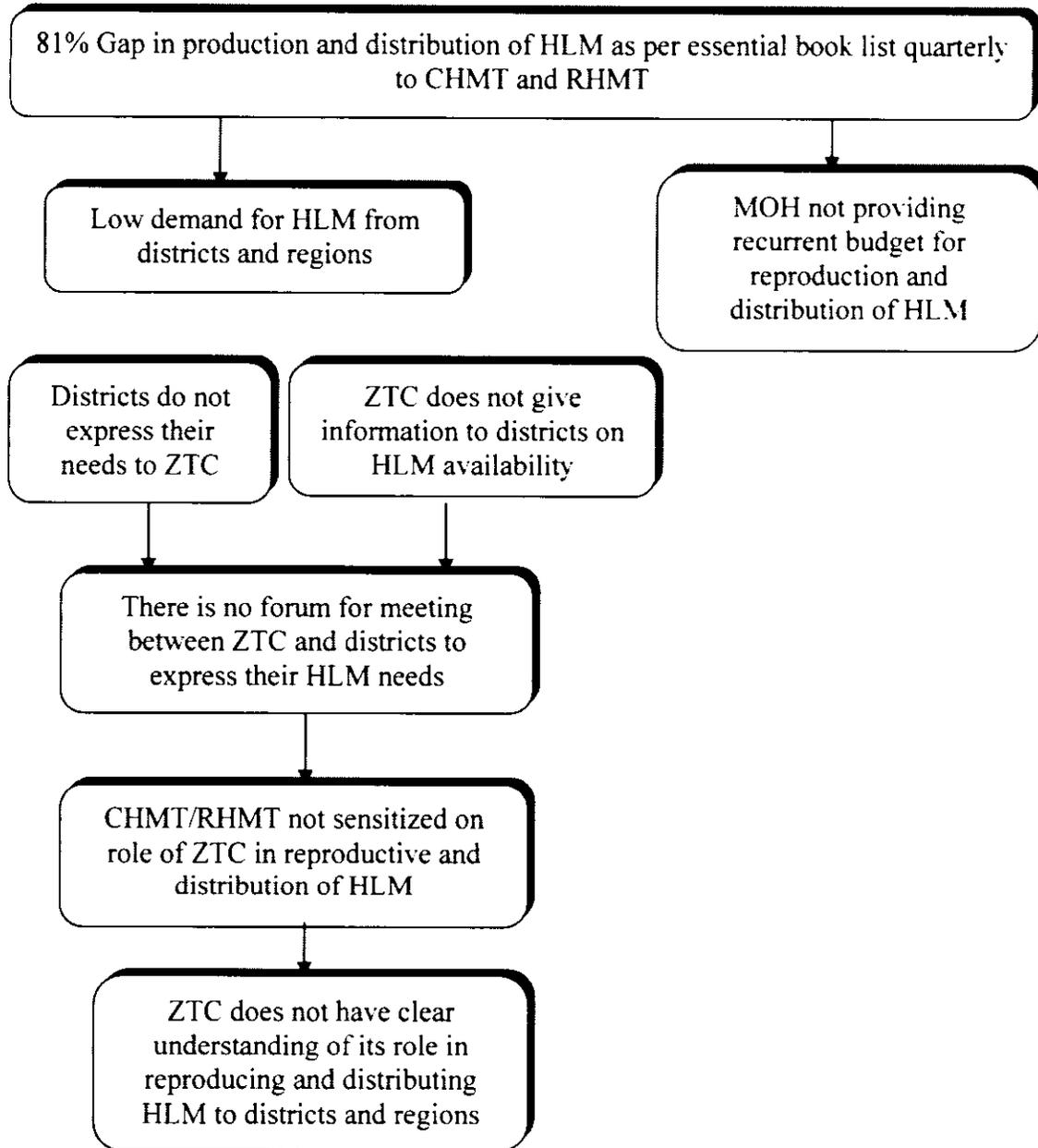
#### Root cause:

1. No system established for follow-up.

## Mtwara: Root Cause Analysis

### Desired Performance 5

All ZTRTs will reproduce and distribute available health learning materials quarterly to CHMTs and RHMTs.



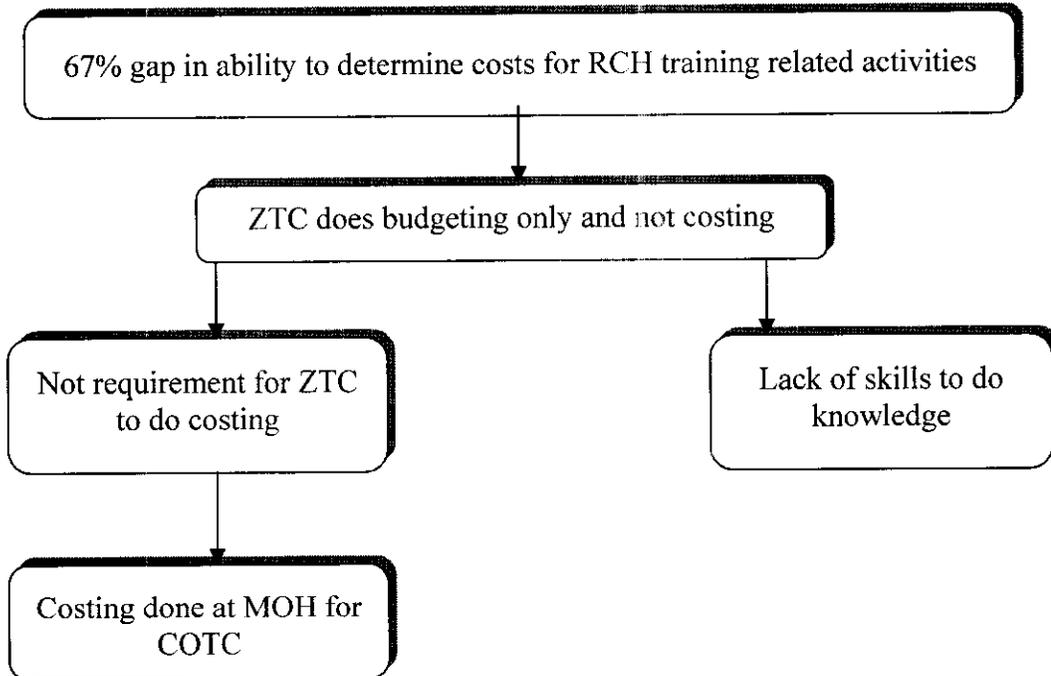
#### Root causes:

1. ZTC, CHMT and RHMT do not have clear understanding of the ZTC role in reproducing and distributing HLM to districts and regions.
2. MOH not providing recurrent budget for reproduction and distribution of HLM.

## Mtwara: Root Cause Analysis

### Desired Performance 6

All ZTRTs will determine the costs for training activities and mobilize funds to enable them to sustain the institution



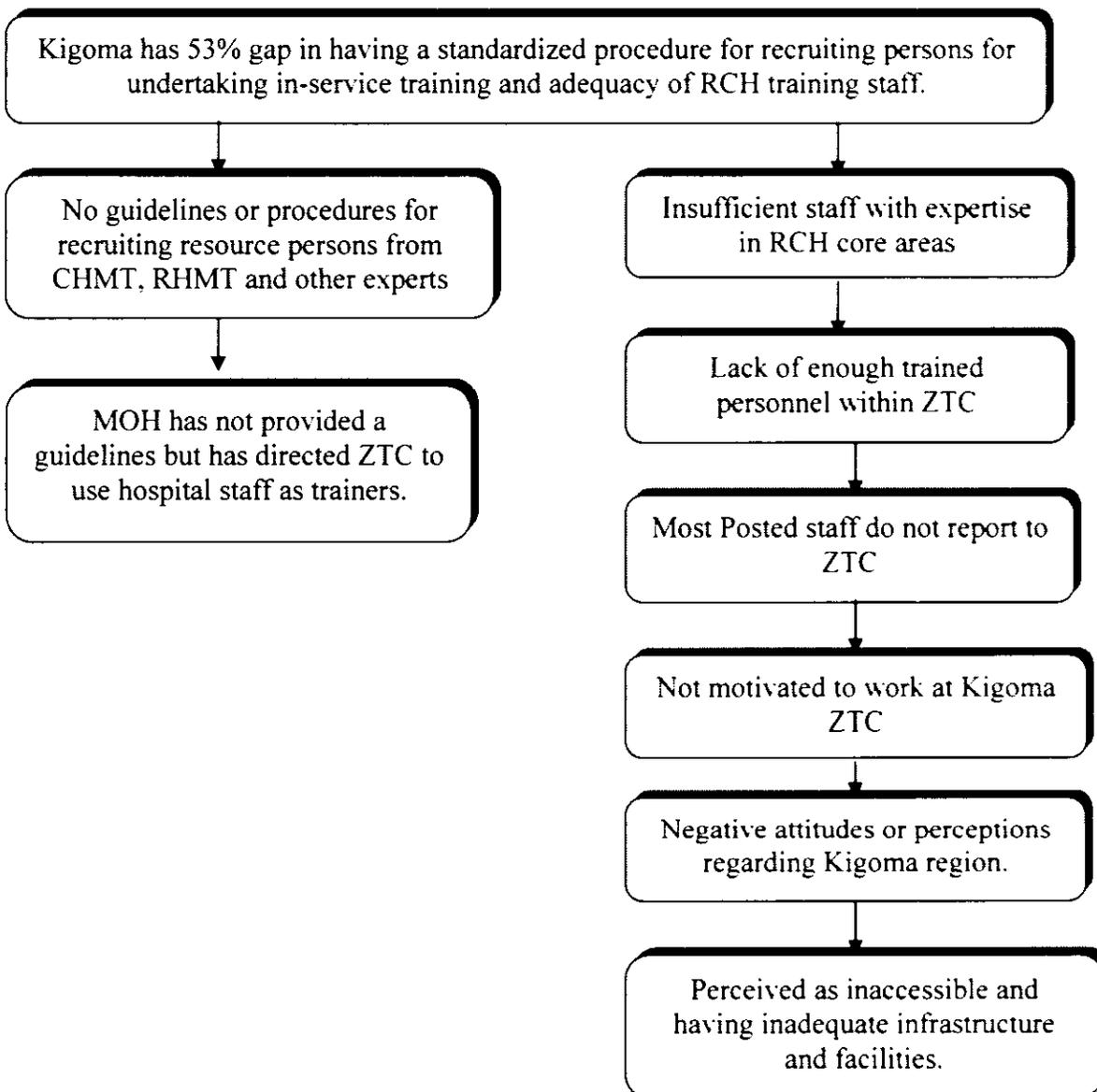
#### Root causes:

1. ZTC not required to do costing.
2. Inadequate skills and knowledge in costing.

## Kigoma: Root Cause Analysis

### Desired Performance 1

All ZTC Coordinators will have an explicit standardized procedure for selecting persons for undertaking in-service training that can be adapted to suit recruitment of resource persons for the essential RCH package and have adequate RCH training staff.



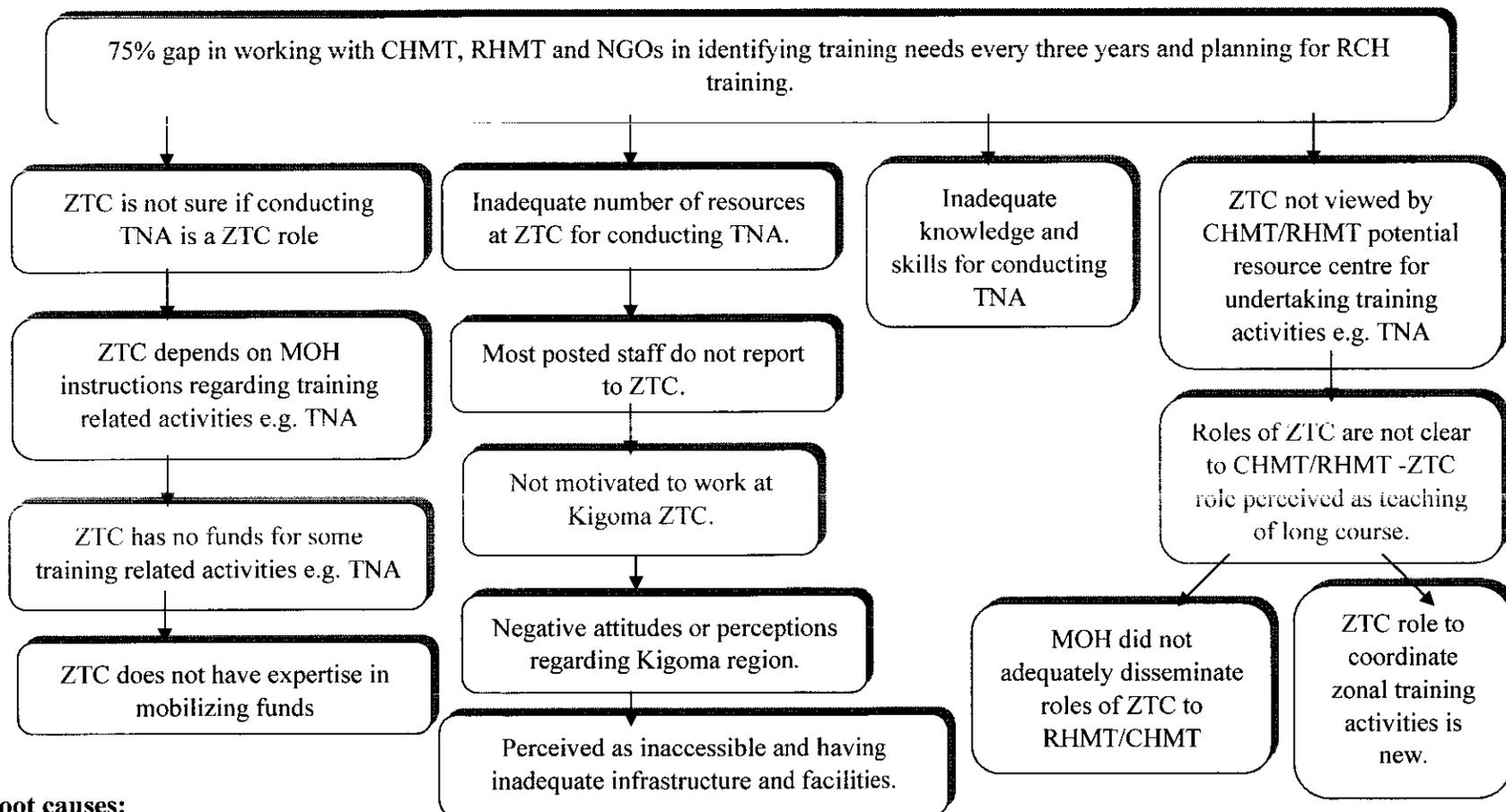
#### Root causes:

1. Posted staff are not motivated to work at the Kigoma ZTC.
2. MOH has not provided guidelines for recruiting resource persons, but has directed ZTC to use hospital staff as trainers.

## Kigoma: Root Cause Analysis

### Desired Performance 2

All ZTRTs will work with CHMT, RHMT, NGO and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package



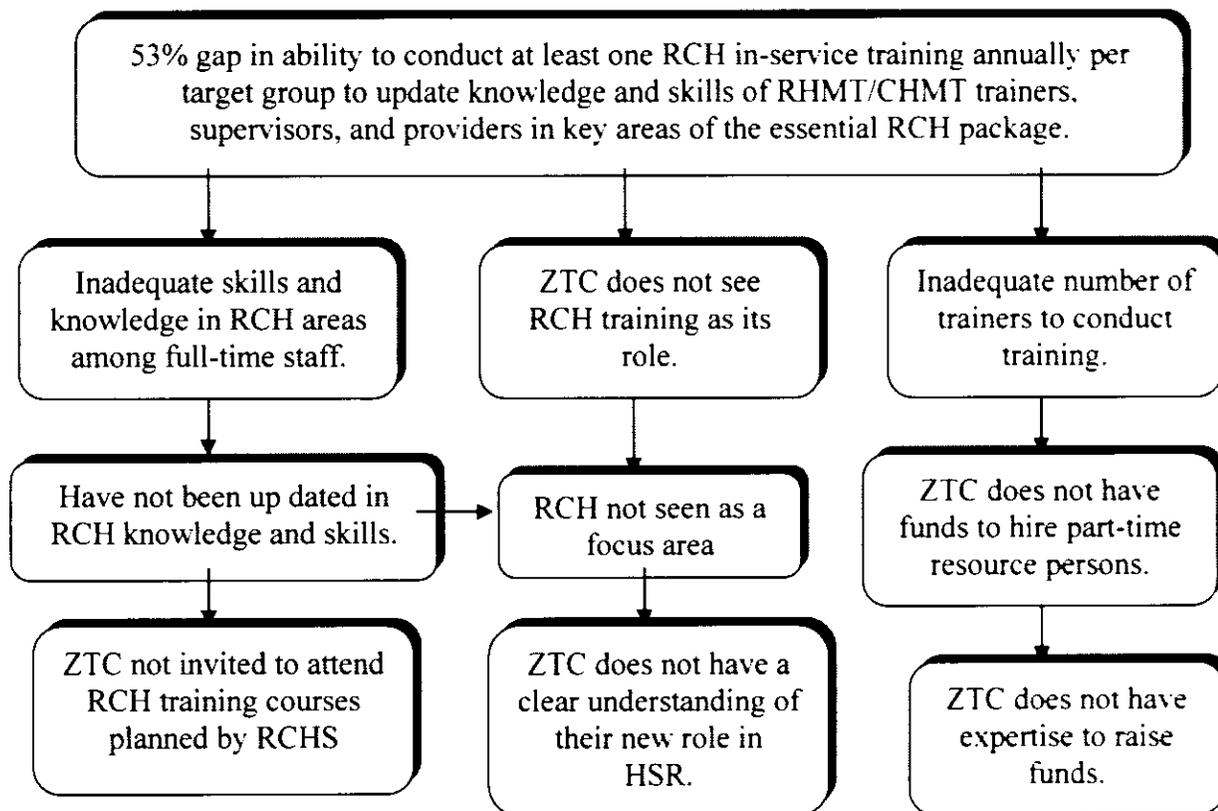
#### Root causes:

1. No clear understanding of the roles of the ZTC in identifying training needs and planning for RCH training
2. Posted staff are not motivated to work at the ZTC
3. ZTC does not have expertise in mobilizing funds
4. Inadequate skills and knowledge in conducting TNA

## Kigoma: Root Cause Analysis

### Desired Performance 3

All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT trainers, supervisors, and providers in essential RCH package



#### Root causes:

1. ZTC does not have a clear understanding of its new role as per HSR.
2. Inadequate skills and knowledge in RCH areas among full-time staff.
3. ZTC does not have expertise in raising funds.

## Kigoma: Root Cause Analysis

### Desired Performance 4

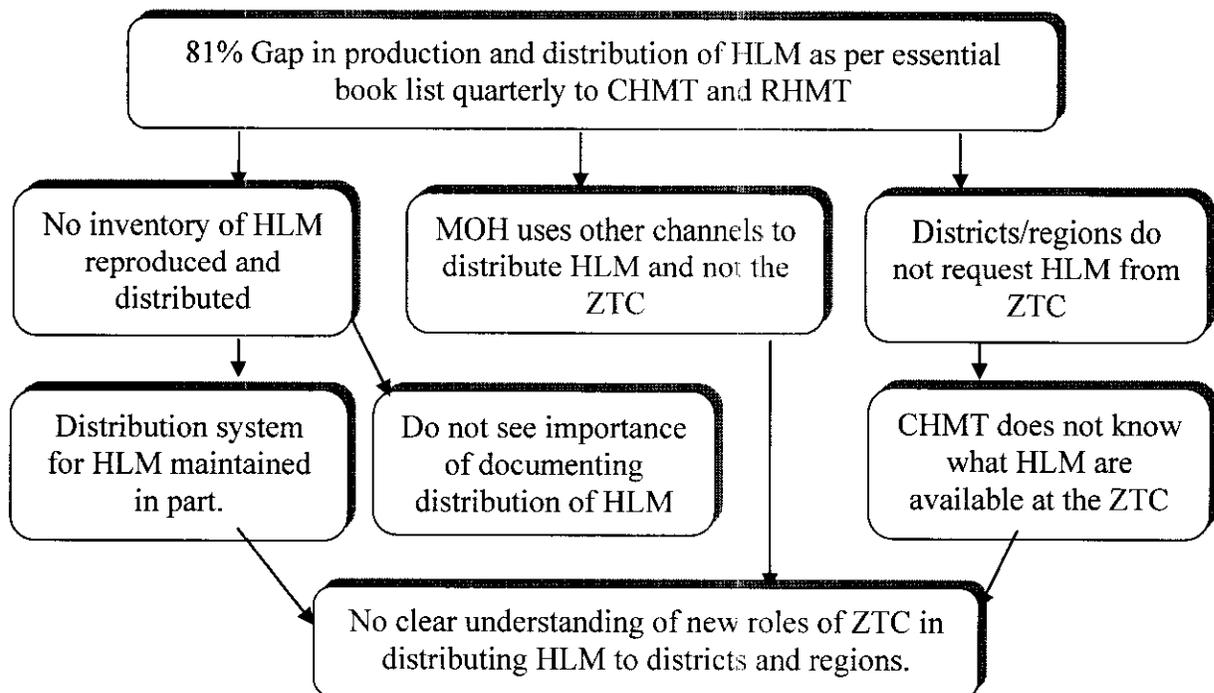
All ZTRTs will conduct at least one follow-up visit annually per training group according to standard guidelines to ensure quality services

0% gap – NO root cause analysis.

## Kigoma: Root Cause Analysis

### Desired Performance 5

All ZTRTs will reproduce and distribute available health learning materials quarterly to CHMTs and RHMTs.



#### Root cause:

1. No clear understanding of new roles of ZTC in producing and distributing HLM to CHMT/RHMT.
2. No distribution system for HLM maintained.

## **Kigoma: Root Cause Analysis**

### **Desired Performance 6**

All ZTRTs will determine the costs for training activities and mobilize funds to enable them to sustain the institution

11% gap – No root cause analysis.

## Iringa: Root Cause Analysis

### Desired Performance 1

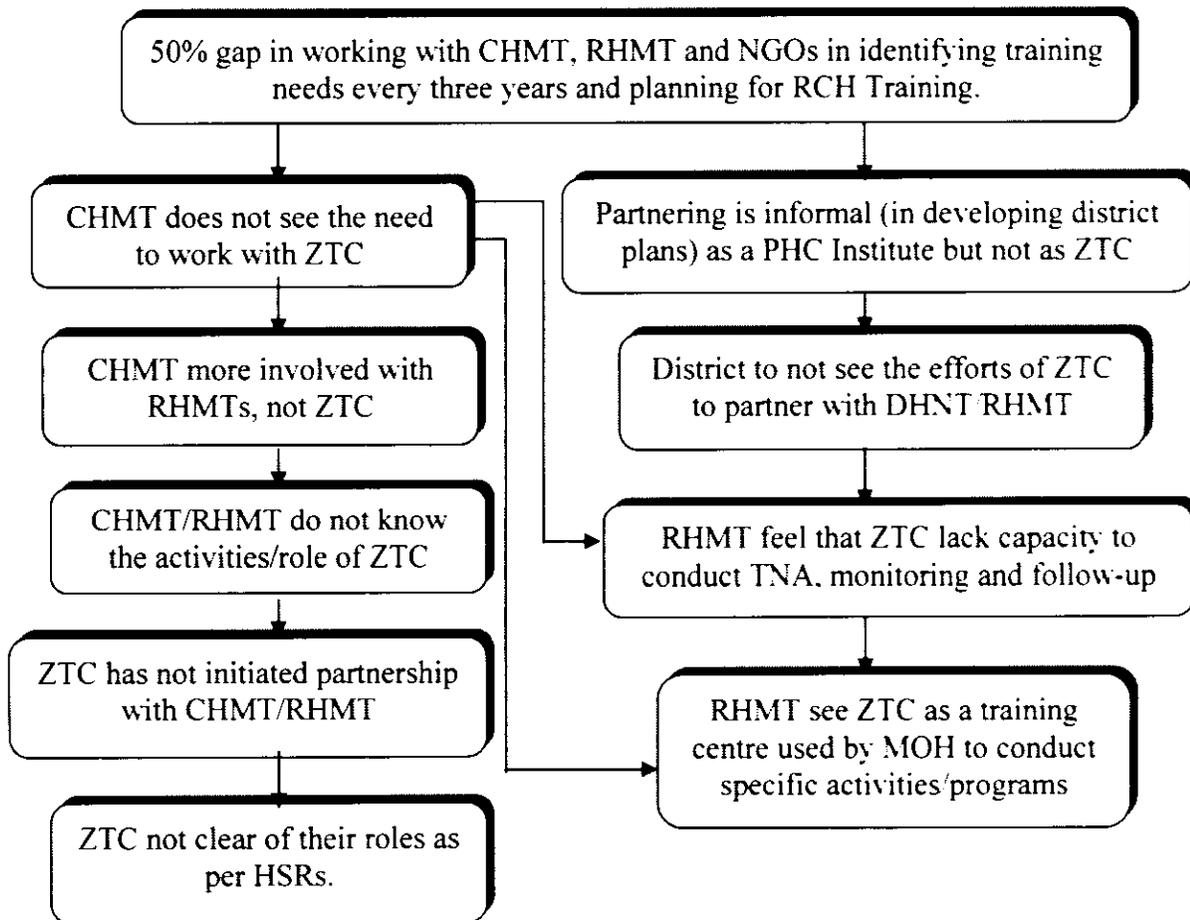
All ZTC Coordinators will have an explicit standardized procedure for selecting persons for undertaking in-service training that can be adapted to suit recruitment of resource persons for the essential RCH package and have adequate RCH training staff.

13% Gap. No root cause analysis done.

## Iringa: Root Cause Analysis

### Desired Performance 3

All ZTRTs will work with CHMT, RHMT, NGO and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package

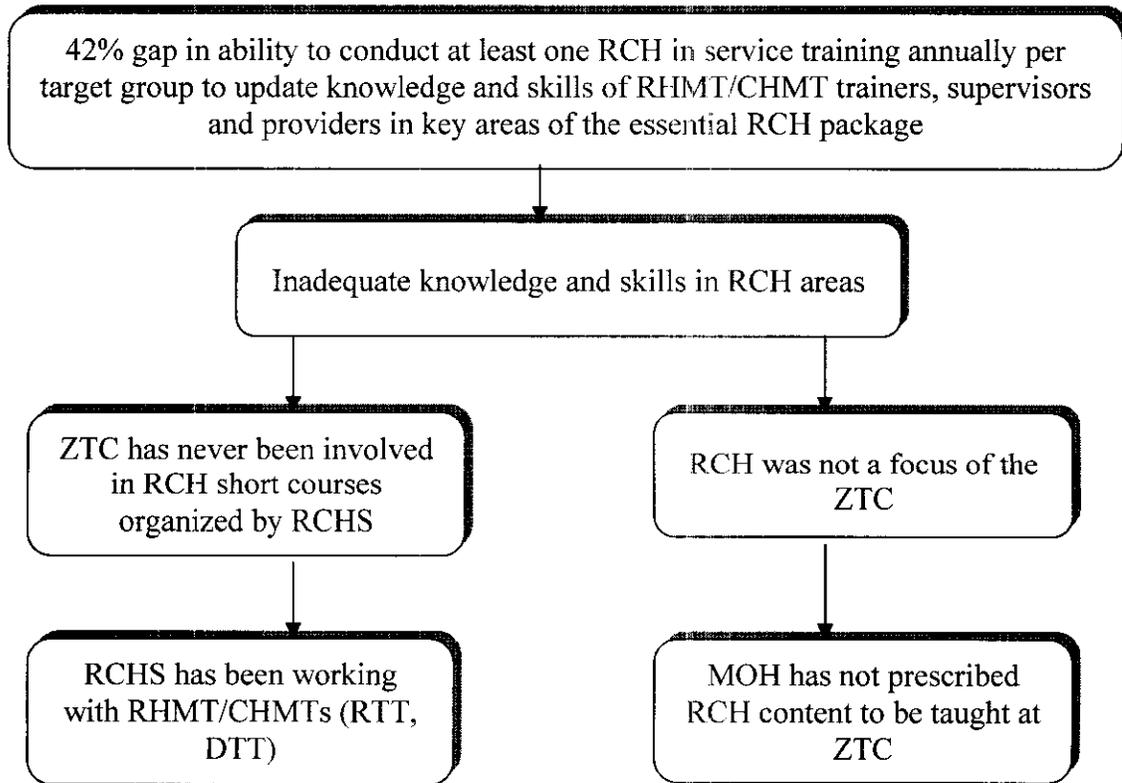


#### Root causes:

1. ZTC not clear of their roles as per HSRs
2. ZTC has not initiated partnering with RHMT/CHMT

**Iringa: Root Cause Analysis**  
**Desired Performance 3**

All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT trainers, supervisors, and providers in essential RCH package

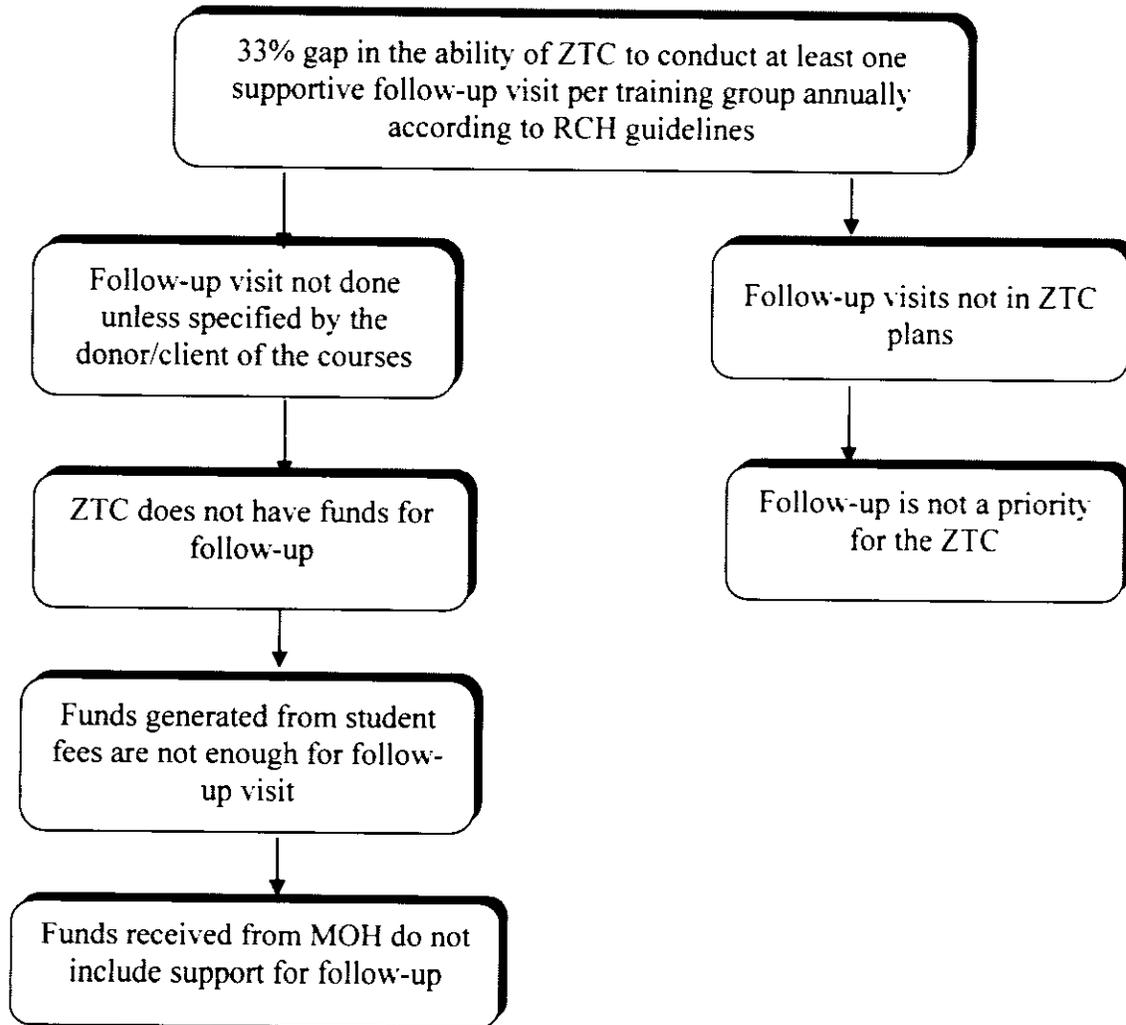


**Root causes:**

1. MOH has not prescribed RCH content to be taught at ZTC.
2. Inadequate knowledge and skills.

**Iringa: Root Cause Analysis**  
**Desired Performance 4**

All ZTRTs will conduct at least one follow-up visit annually per training group according to standard guidelines to ensure quality services



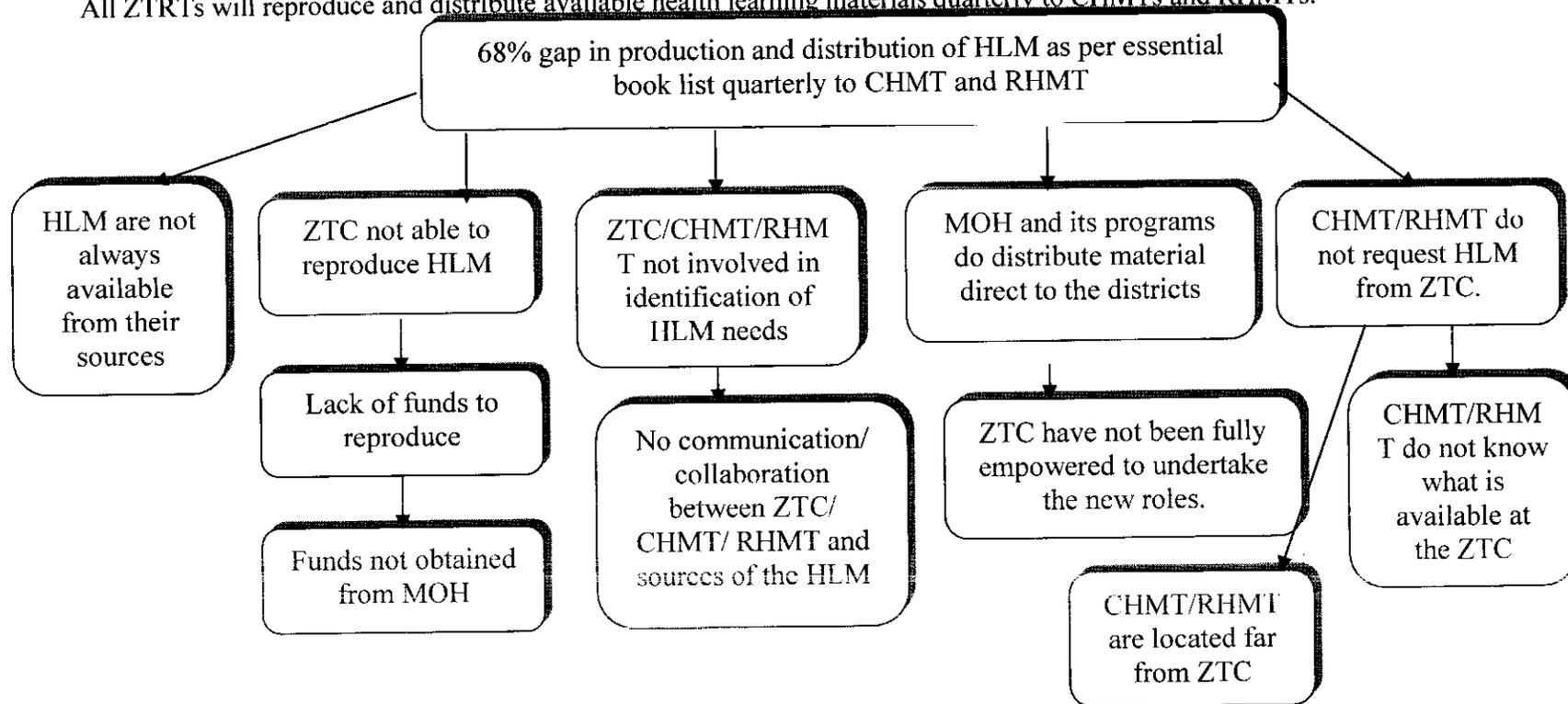
**Root causes:**

1. Funds received from MOH do not include support for follow-up.
2. Follow-up is not a priority for the ZTC.

## Iringa: Root Cause Analysis

### Desired Performance 5

All ZTRTs will reproduce and distribute available health learning materials quarterly to CHMTs and RHMTs.



#### Root causes:

1. Funds not obtained from MOH for reproduction and distribution.
2. ZTC have not been fully empowered to undertake the new roles.
3. ZTC, CHMT and RHMT are not fully involved in the identification of HLM needs.

## **Iringa: Root Cause Analysis**

### **Desired Performance 6**

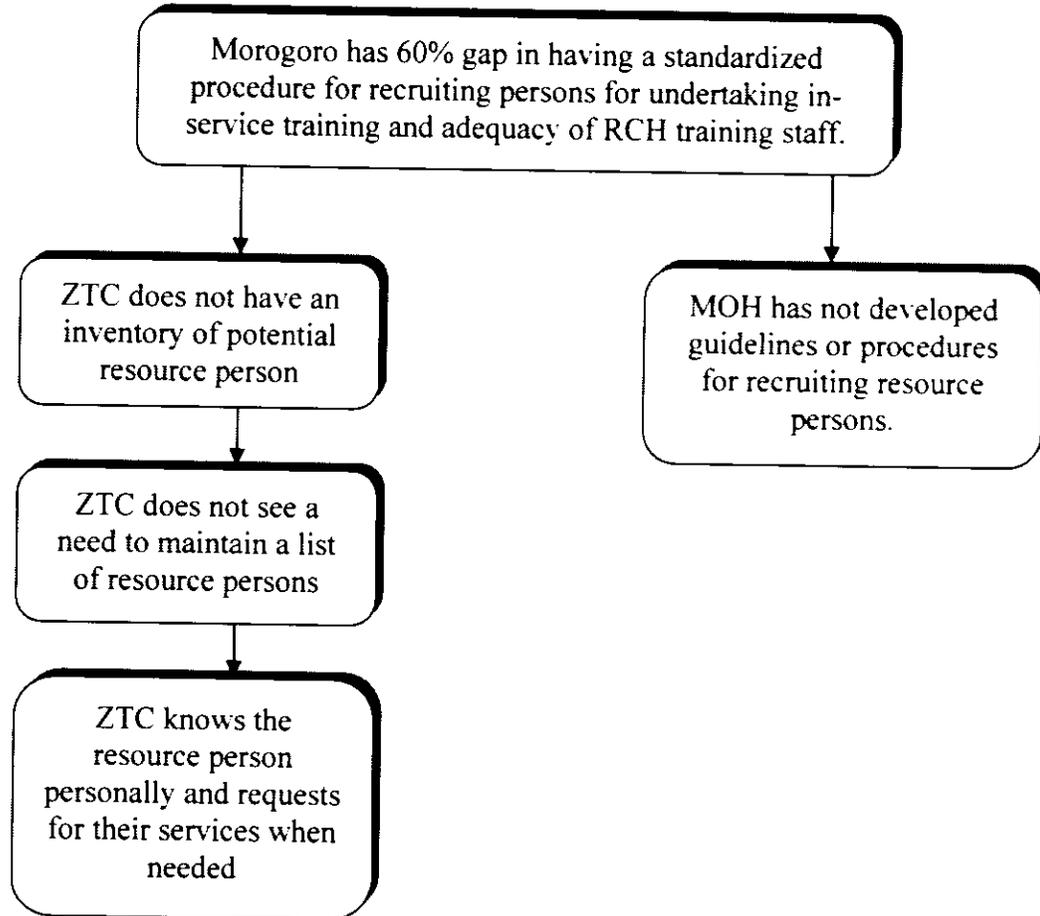
All ZTRTs will determine the costs for training activities and mobilize funds to enable them to sustain the institution

No gap.

## Morogoro: Root Cause Analysis

### Desired Performance 1

All ZTC Coordinators will have an explicit standardized procedure for selecting persons for undertaking in-service training that can be adapted to suit recruitment of resource persons for the essential RCH package and have adequate RCH training staff.



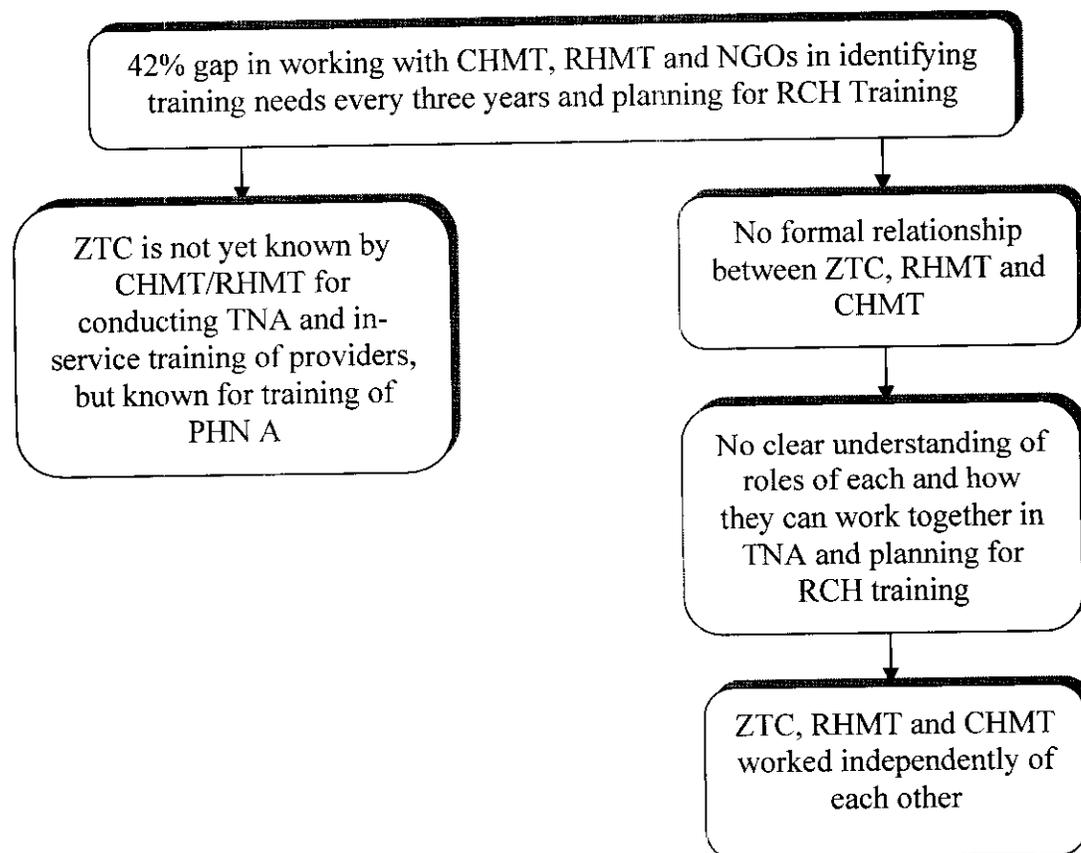
#### Root causes:

1. MOH has not developed guidelines or procedures for recruiting resource persons.
2. ZTC does not see a need for maintaining a list of resource persons.

## Morogoro: Root Cause Analysis

### Desired Performance 2

All ZTRTs will work with CHMT, RHMT, NGO and Private sector to identify training needs at least every three years and to plan for RCH training in order to improve service performance in the key areas of the essential RCH package



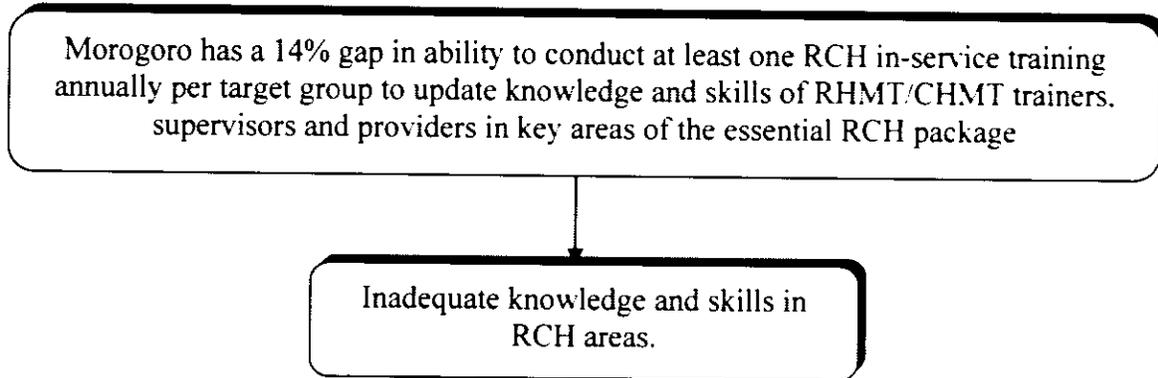
#### Root causes:

1. ZTC not yet known for in-service training of providers.
2. No clear understanding of roles of ZTC, CHMT and RHMT and how they can work together.

## Morogoro: Root Cause Analysis

### Desired Performance 3

All ZTRTs will conduct at least one RCH in-service training activity annually per target group to update the knowledge and skills of CHMT trainers, supervisors, and providers in essential RCH package



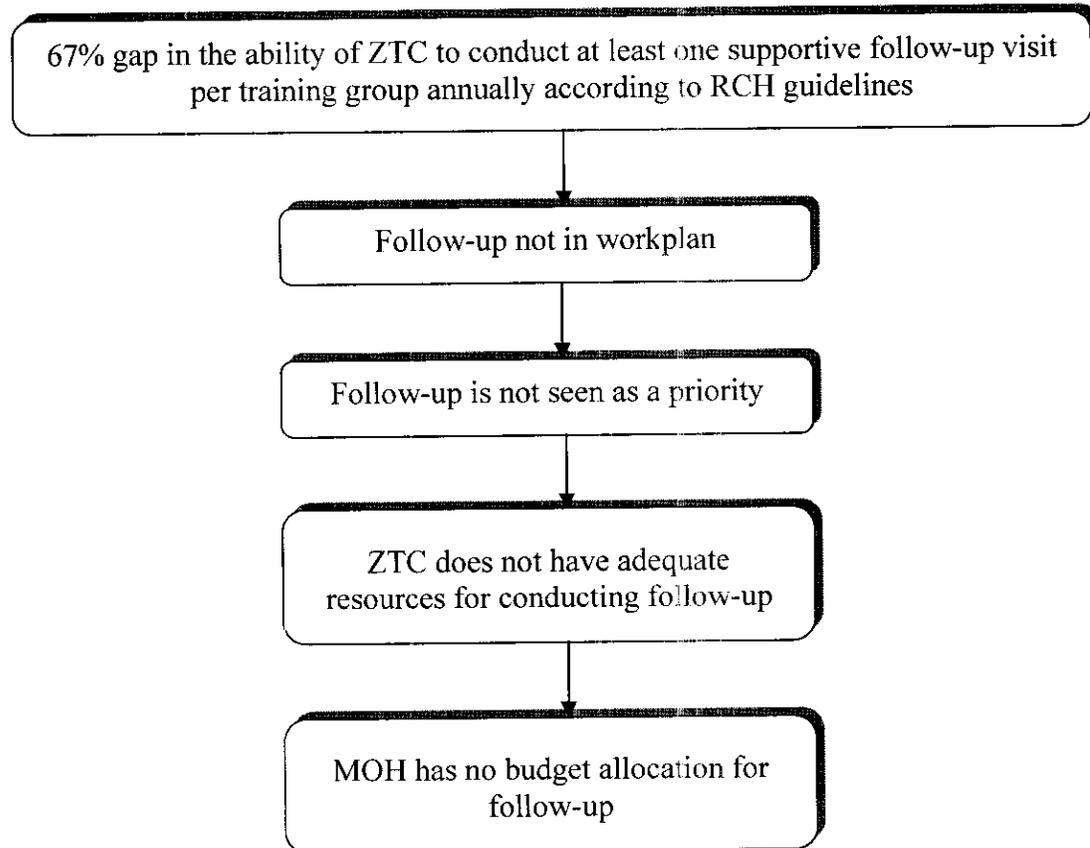
#### Root cause:

1. Inadequate knowledge and skills in RCH areas.

## Morogoro: Root Cause Analysis

### Desired Performance 4

All ZTRTs will conduct at least one follow-up visit annually per training group according to standard guidelines to ensure quality services



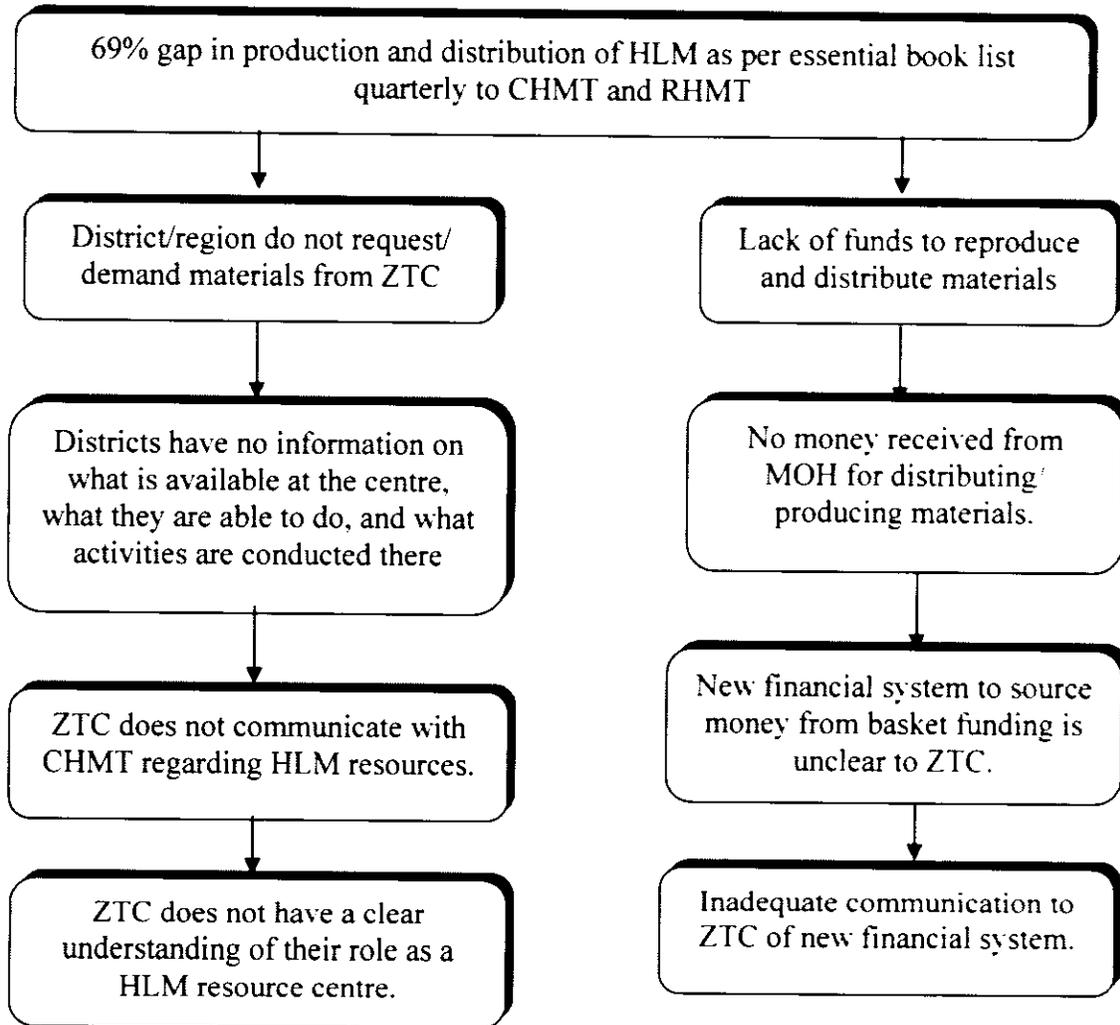
#### Root cause:

1. Follow-up is not seen as a priority for ZTC.

## Morogoro: Root Cause Analysis

### Desired Performance 5

All ZTRTs will reproduce and distribute available health learning materials quarterly to CHMTs and RHMTs.



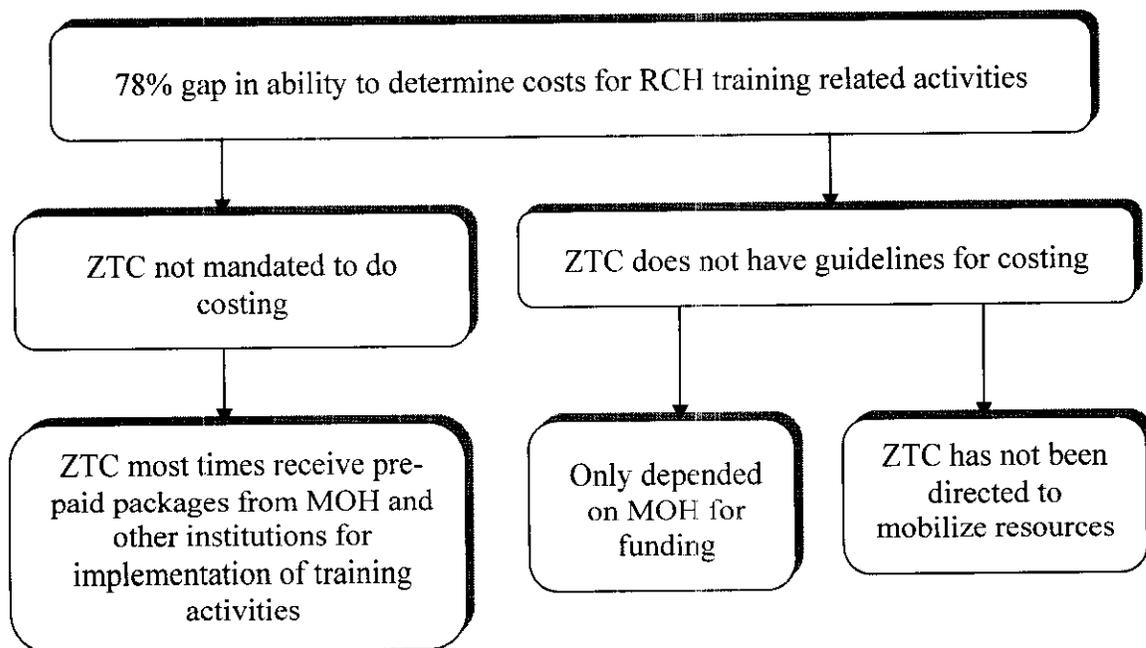
#### Root causes:

1. ZTC does not have a clear understanding of its role as a HLM resource center.
2. Inadequate communication of ZTC of new financial system.

## Morogoro: Root Cause Analysis

### Desired Performance 6

All ZTRTs will determine the costs for training activities and mobilize funds to enable them to sustain the institution



#### Root causes:

1. ZTC is not mandated to do costing.
2. ZTC does not have costing guidelines.