TRIP REPORT B

Travelers: Miss Pauline Muhuzu, INTRAN Regional Director for Anglophone Africa

Country Visited: Tanzania
Date of Trip: February 9-18, 1992

Purpose:
1) To represent INTRAN at the Tanzania National Family Planning Program Participating Agencies Meeting, February 12-14, 1992.
2) To follow-up on the UNC-CH/MOH subcontract.

Program for International Training in Health
PAC llb

University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27514 USA
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*On file with INTRAH/Nairobi  
**Bound document containing all papers on file with INTRAH/Nairobi Library and INTRAH/Chapel Hill Library
EXECUTIVE SUMMARY

During the period February 9-18, 1992, Miss Pauline Muhuhiu, INTRAH Regional Director for Anglophone Africa, represented INTRAH at the Tanzania National Family Planning Program Participating Agencies Meeting, February 12-14, 1992, in Morogoro. Miss Muhuhiu also followed up University of North Carolina at Chapel Hill/Ministry of Health (UNC-CH/MOH) subcontract issues, held discussions with other cooperating agencies (CAs) whose work has a direct relationship with INTRAH's work in Tanzania, and held training planning meetings with INTRAH trainers and MOH personnel.

The meeting was convened by the MOH with financial support from USAID/Tanzania and technical assistance from SEATS. INTRAH was a member of the planning and facilitation committee made up of the MOH, SEATS, INTRAH, USAID/Tanzania, and UNFPA. INTRAH provided one of the six meeting facilitators, Mr. Pape Gaye, INTRAH Regional Director for Francophone Africa. A separate meeting facilitation report was submitted by Mr. Gaye (see Trip Report B-#248-1 and 2).

The major finding at the meeting was the recognition of the need to coordinate various agencies' activities, as well as the family planning program components and their implementation strategies and plans.

Major recommendations were:

- Development of a mechanism for increasing the MOH's capability and capacity to implement the national training strategy; development of practicum training sites for clinical family planning training; ensuring proper selection and deployment of personnel providing family planning services; and development and implementation of a plan for monitoring and evaluating training strategies.
Establishment of a functioning IEC coordinating body with sufficient resources; a unified IEC strategy; training in IEC skills, evaluation and data analysis. Upgrading of data analysis capacity, equipment and facilities; development of mechanisms for identifying research gaps and needs; and enhancement of data storage and sharing capacity.

Coordination by the Family Planning Unit (FPU) of the MOH of the activities of all participating agencies; develop strategies to enhance the FPU coordinating function; and maintenance of current dialogue.

Assignment and clarification of responsibilities for logistics; improved transport capability; development of logistics manuals and guidelines between government, party and religious leaders; introduction of cost and cost recovery schemes; and establishment of a FP management information system (MIS) in the National Health Information System.

An inventory of researchers and research work; establishment of a data bank; better research proposals; integration of evaluation in all research activities; and sharing of monitoring and evaluation reports.
### SCHEDULE OF ACTIVITIES

**February 9**  
Arrived in Dar es Salaam.

**February 10**  
Visited USAID/Tanzania.  
Prepared for the INTRAH presentation.  
Met with Dr. Calista Simbakalia, Deputy Manager of the National Family Planning Program.

**February 11**  
Travelled to Morogoro.

**February 12-14**  
Attended Participating Agencies meeting.  
Held discussions with PCS representatives.  
Held discussions with UMATI and MOH staff on coordination of JHPIEGO/INTRAH activities.  
Held discussions with Dr. A. T. Kapesa, an OB/GYN Specialist from Muhimbili Medical Centre, on STD management protocols and orientation of district health teams to the family planning training program.

**February 15-16**  
Briefed with INTRAH trainers for the FP training skills workshop for trainers.  
Participated in final preparation for the FP training skills workshop with INTRAH trainers and MOH staff.

**February 17**  
Attended morning sessions of the INTRAH-sponsored Clinical FP Skills workshop.  
Met with Dr. Simbakalia and Dr. Fatma Mrisho, Manager of the National Family Planning Program, to review the status of actions recommended by the INTRAH team during the January 1992 visit.  
Drafted job descriptions for the training manager and training coordinator.  
Reviewed draft job descriptions with Dr. Mrisho, Dr. Simbakalia and Mr. Deryck Onyango-Omuodo, SEATS Resident Advisor.
February 18

Held discussions with Dr. Simbakalia to confirm 1992 INTRAH/MOH training plan dates and participant selection criteria.

Debriefed with Ms. Dana Vogel, USAID/Tanzania Health and Population Officer.

Departed for Nairobi at 6:30 p.m.
**List of Abbreviations**

<table>
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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CAPS</td>
<td>Centre for African Family Studies</td>
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<td>FPU</td>
<td>Family Planning Unit</td>
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<td>GOT</td>
<td>Government of Tanzania</td>
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<td>HEU</td>
<td>Health Education Unit</td>
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<td>MCHAs</td>
<td>Maternal Child Health Aides</td>
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<td>MNC</td>
<td>Muhimbili Medical Centre</td>
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<td>UMATI</td>
<td>Family Planning Association of Tanzania</td>
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I. PURPOSES OF TRIP

The primary purpose of the visit was to represent INTRAH at the National Family Planning Program Participating Agencies meeting, February 12-14, 1992, in Morogoro.

Other purposes were to follow-up on UNC-CH/MOH subcontract issues raised during the January 1992 INTRAH visit (see Trip Report B-#184-1 and 2) and participate with MOH and INTRAH trainers in the final technical and logistical preparations for the first family planning training skills workshop for trainers.

II. ACCOMPLISHMENTS

A. Miss Muhuhu presented the INTRAH training strategy in Tanzania during the meeting. From all the presentations and discussions, the need for intensified coordination among the agencies with training components was realized. New inputs to finalize the draft national training strategy were identified. Participants also recognized that gaps still exist in the strategy, especially in the areas of information, education, communication (IEC) and community-based distribution (CBD).

B. In meetings with PCS representatives and the MOH/Health Education Unit (HEU) IEC Project Coordinator, agreements were made that INTRAH, PCS and the HEU would work together to finalize the counselling section of the Tanzania Family Planning Service Delivery Procedure Manual for service providers, being developed with INTRAH technical assistance. It was further agreed that the HEU would be represented during the MOH family planning clinical curriculum revision to be conducted with INTRAH technical assistance in March 1992 with UNFPA funds.
C. In the absence of JHPIEGO representation at the meeting, efforts were made for the MOH/PPU and INTRAH to have clarification from UMATI on the JHPIEGO training plans for non-physicians in order to identify and minimize areas of possible duplication and gaps. Based on information provided by INTRAH and UMATI, and expressed needs for training from Dr. Fatma Mrisho, Manager of the National Family Planning Program, it was agreed that INTRAH will complete the Procedure Manual in the process of development, and JHPIEGO will continue with its plan to adapt the CuT380A manual for pre-service training purposes. JHPIEGO will also extend the tutors' training to medical assistants and rural medical aides programs.

D. To ensure broader inputs from those familiar with the Tanzania environment, Dr. A. T. Kapesa, an OB/GYN Specialist from Muhimbili Medical Centre, was requested to conduct a technical review of the Procedure Manual, especially the STD section. Dr. Kapesa agreed to review the manual and to attend the STD section technical review meeting scheduled for March 6, 1992.

E. Job descriptions for the training manager and the USAID/Tanzania-funded training coordinator were drafted, at the request of Dr. Mrisho, to assist the Chief Medical Officer in the recruitment of the training coordinator and to help differentiate the training manager's job from the training coordinator's job. The two job descriptions are working documents, and will be reviewed and finalized at a later date by the MOH and INTRAH.

F. INTRAH supplied additional copies of the USAID-funded MOH/INTRAH subcontract to Dr. Mrisho for MOH review and action. Miss Muhuhu learned that there has been no progress towards resolution of issues raised during the
previous contract negotiation meeting, including decisions on the length of residency for the INTRAH resident trainer and identification of the central training team.

G. Miss Muhuhu presented and discussed with Dr. Calista Simbakalia, Deputy Manager of the National Family Planning Program, the master INTRAH/MOH training plan compiled from UNFPA and USAID/Tanzania-funded activities for 1992 (see Appendix I). Dates for the next six months were confirmed. Trainee selection criteria were set for the major activities, and possible training venues identified and agreements made to assess the sites prior to training. It was further agreed that one of the major jobs for Mrs. Grace Mtawali, INTRAH Regional Clinical Program Officer for Anglophone Africa, during her Tanzania assignment in April/May 1992 would be to assess the training sites in Arusha, Moshi and Dar es Salaam.

H. The need to revisit the training strategy based on the outcomes of participating agencies was discussed with Dr. Simbakalia. Agreement was made that when the meeting proceedings report is completed and if the need exists, Miss Muhuhu may return to assist Dr. Simbakalia in finalizing the national strategy still in draft form.

I. In a briefing with INTRAH trainers, Miss Muhuhu learned of inadequate clinical facilities for practical trainings, and the confusion as to which training group (INTRAH and contraceptive technology update groups) was to use which clinics. At a later meeting with the MOH team of Dr. Simbakalia and Mrs. Rose Wasiira, Public Health Nurse at the FPU, plans were made for the INTRAH trainers to visit all potential practicum clinics and receive more practicum training supplies from the MOH.
Expectations of INTRAH and the MOH during the training were discussed and agreed upon.

J. To strengthen the STD section of the draft procedure manual currently under revision, Miss Muhuhu and Dr. Simbakalia discussed ways of soliciting more technical information from the people in the STD management frontline in Tanzania. It was agreed that Dr. Simbakalia would convene a meeting of key persons with her and with Ms. Dana Vogel, USAID/Tanzania Health and Population Officer. The meeting date was set for March 6, 1992, when Mrs. Mtawali, the INTRAH staff responsible for the manual, would be in Tanzania.

K. Miss Muhuhu briefed a representative from the Centre for African Family Studies (CAFS) at the meeting on the national training strategy, discussed the potential role CAFS could play, and made a suggestion that CAFS make a proposal for assistance to the MOH based on the national training strategy and CAFS' capabilities.

L. In a debriefing with Miss Vogel, the need for INTRAH to facilitate distribution of the Family Planning Policy Guidelines and Standards by the MOH/FPU to agencies that need guidance was discussed. It was noted that the guidelines have not been sanctioned yet and as such, FPU will not make them public. A dissemination opportunity was missed during the meeting.

III. BACKGROUND

The Tanzania National Family Planning Program became effective in 1989 under the major financial sponsorship of the UNFPA. In 1990, USAID/Tanzania became a co-funder of the national program. INTRAH has participated in this program since 1990 with financial support from USAID/Tanzania and UNFPA. To date, the major contribution by INTRAH has been in training needs assessment (USAID/
Tanzania), technical assistance in the formulation of Family Planning Service Policy Guidelines and Service Standards (UNFPA), development of a Family Planning Service Delivery Procedure Manual (UNFPA), and formulation of a National Training Strategy (USAID/Tanzania). At the time of the training strategy formulation, a need was identified to coordinate training efforts in order to reduce duplication of effort, to bridge gaps and to maximize the use of available resources.

Based on the national training strategy, INTRAH and the MOH/FPU developed a training project to accelerate family planning services through accelerated and improved training to be assisted by INTRAH. This project addresses only part of the training needs and demands. The training plans under this project include training agencies' annual coordination meetings. However, at a joint training meeting between the MOH, INTRAH, USAID/Tanzania and SEATS, the need for a larger coordination meeting was identified and proposed in order to bring together agencies participating in implementation of all components of the program. This report addresses the first coordination meeting for all program components.

IV. DESCRIPTION OF ACTIVITIES

A. Participating Agencies Meeting

1. Miss Muhuhu participated in the three-day meeting, February 12-14, 1992, at the Morogoro Hotel. The meeting was attended by 52 persons from 39 agencies (see Appendix B). In a plenary session, Miss Muhuhu presented a paper on INTRAH's role, strategy, accomplishments to date, project funding sources, and actual and potential collaborating agencies in Tanzania. Apart from general session participation, Miss Muhuhu also participated in group sessions on service delivery and 1992 training plans and in a plenary session for sharing experiences on the outcomes.
of coordinated and uncoordinated efforts in family planning work.

In Miss Muhuhu's judgment, the meeting accomplished the following:

- General awareness among the participating agencies about what each agency was doing or planning to do.

- Realization of the numerous actors within the program and the need for coordinated efforts. Several areas of coordination emerged but mechanisms for their coordination were not identified.

- Opportunity for various agencies to begin networking. The experience should be fostered as one avenue for interagency coordination.

- The MOH/FPU was identified as the focal point for program coordination. However, the mechanism for the coordination and resources required to achieve the coordination were not identified. There is a great need to define and put the coordination mechanism in place as soon as possible. The service policy guidelines that were not shared contain some coordination mechanisms which could be expanded and strengthened.

- The MOH/FPU is now in possession of plans from the agencies that are providing family planning services, training, and IEC. The meeting group also made recommendations on what needs to happen with each program component in order to realize an effective program.

2. Contacts were made with agencies with which INTRAH needs to coordinate and collaborate in Tanzania. Discussions were held with PCS representatives and the MOH/HEU IEC Project Coordinator regarding development of a family planning service delivery manual (assisted by INTRAH) and the counselling manual for maternal child health aides (MCHAs) (to be adapted by PCS). Also discussed was the role of PCS in clinical family planning curriculum revision. The PCS/INTRAH team agreed to incorporate into the service manual any
aspects of counselling that are not already addressed in the INTRAH-assisted manual but are in the PCS manual. To facilitate this, Mrs. Mtawali and Mr. Sunny S. A. Kiluvia, HEU and PCS Project Coordinator, should meet during March 1992 to decide on what and how PCS inputs will be incorporated into the family planning service delivery manual. It was further agreed that Mr. Kiluvia will participate in the MOH family planning curriculum revision and materials development exercise scheduled for March 9 - April 3, 1992. His role would be to facilitate revision of the education/counselling curriculum component.

3. INTRAH also perceived a need to coordinate plans with JHPIEGO; unfortunately, JHPIEGO was not represented at the meeting. Since JHPIEGO provides assistance to UMATI in the training of non-physicians, INTRAH convened a meeting of the MOH, INTRAH and UMATI for UMATI to brief on JHPIEGO plans and address areas so far identified as potentially duplicative. These included development of a procedure manual and MCHA and nursing pre-service family planning curricula.

UMATI confirmed that the JHPIEGO CuT380A manual was being adapted for tutors' use in training and that no plans were underway to develop MCHA and nursing pre-service family planning curricula. It was then decided that INTRAH continue with the plans for completion of the service delivery manual and revision of the family planning components of the MCHA and nursing pre-service curricula that are under the jurisdiction of the MOH Training Division.

Dr. Mrisho expressed concern that medical assistants and rural medical aide tutors were not included in either INTRAH or JHPIEGO training. She suggested that JHPIEGO include these two categories in its plans and
consider their post-training functions which are different from nursing and MCHA groups. AVSC volunteered to represent JHPIEGO's interest at this meeting.

4. A representative from the Seventh Day Adventist Health Services expressed the need for a dialogue with INTRAH regarding assistance in training. It is suggested that Dr. Simbakalia and the INTRAH Resident Trainer pursue the Seventh Day Adventist Health Services interest.

5. A CAFS representative inquired about how INTRAH and CAFS could collaborate in Tanzania. Miss Muhuhu briefed him on the training needs, the national training strategy and the role INTRAH plans to play in the implementation of the strategy. Miss Muhuhu observed that there is a lot of training to be done in Tanzania and that if CAFS was interested, it should approach the Ministry of Health with a proposition for technical/training assistance.

6. A debriefing was held with Mr. Pape Gaye, INTRAH Regional Director for Francophone Africa and the INTRAH facilitator to the meeting, to review and share INTRAH experiences as a participant, facilitator and member of the planning committee. Mr. Gaye shared, in general terms, the evaluation comments of the participants which were mostly positive. However, inadequate preparation of participating agencies and late invitations were identified by participants as limitations that influenced the outcome of the meeting. An impression was formed that a smaller group of facilitators could have enhanced faster decision-making during pre-meeting planning sessions. Abrupt departures from Morogoro at the end of the meeting did not allow facilitators to review the process and outcomes of the meeting as a group, and to make
recommendations for future meeting applications and for handling materials generated by the meeting participants.

7. Brief discussions on Tanzania were held with Ms. Maria Busquets-Moura, the INTRAH Project Manager from A.I.D. More discussions were to continue in Nairobi.

8. Miss Muhuhu held separate debriefings in Dar es Salaam with Ms. Vogel and Dr. Mrisho. The three had a consensus that the meeting paved the way for much more work towards identification and establishment of coordination mechanisms.

B. Discussions with Ministry of Health/Family Planning Unit

1. Two meetings were held with Dr. Mrisho. The status of the USAID/Tanzania subcontract which was to have been reviewed by the Principal Secretary since the INTRAH team's last visit to Tanzania, was reviewed during the first meeting. Dr. Mrisho had not had a chance to meet with the Principal Secretary so no progress had been made. However, Miss Muhuhu learned that the MOH legal office may have assumed that the Government of Tanzania (GOT)/USAID bilateral contract covered all CAs working in Tanzania. Additional copies of the subcontract were given to Dr. Mrisho. Miss Muhuhu also learned that the MOH was ready to begin recruitment of the training coordinator for which Dr. Mrisho requested assistance in drafting job descriptions for both training manager and training coordinator.

During the second meeting attended by Dr. Mrisho and Mr. Deryck Onyango-Omuodo, SEATS Resident Advisor, the two drafts were reviewed and revised. Second draft copies were left with Dr. Mrisho and Ms. Vogel. They are yet to be finalized.
2. A series of meetings was held with Dr. Simbakalia regarding the Clinical FP Skills workshop that started on February 17, 1992, and other issues related to 1992 training plans for UNFPA and USAID/Tanzania-funded activities.

A trainers' briefing was held involving the MOH team of Dr. Simbakalia and Mrs. Wasiira and the INTRAH team of Miss Muhuhu and consultants Mr. Muthungu Chege and Mrs. Irene Ruminjo. The teams shared expectations towards successful completion of the training activity. They agreed to increase the number of practicum sites and to plan an MOH/INTRAH team visit to the sites. Because two clinical skills workshops were being conducted simultaneously, it was also agreed that Dr. Simbakalia would specify in writing which of the clinics should be used by USAID Consultant Mrs. Ruth Odindo's group and which should be used by INTRAH to limit potential conflicts and to ensure that no one clinic is overcrowded with trainees.

Dr. Simbakalia and Miss Muhuhu reviewed the 1992 INTRAH/MOH master training plan compiled by Miss Muhuhu as a reference. Most dates were confirmed. Except for the UNFPA-funded activities, it was agreed that adherence to the rest of the dates is subject to the MOH signing of the subcontract. Miss Muhuhu learned that the proposed central training team had not been identified yet. This affects the Tanzanians' participation in the Uganda training skills workshop scheduled for April/May 1992 and the speedy progress in establishing technical self-reliance of the FPU in training.

Selection criteria were discussed for major training activities in the next six months. The seriousness and implications of non-compliance with selection criteria
were discussed at length. The example of the February 1992 activity was used (selected candidates did not have the pre-requisite family planning service delivery skills and yet they were expected by the MOH to train others after receiving training). Miss Muhuhu emphasized the importance of avoiding the situation INTRAH was in: trying to do a patch-up job and at the same time produce competent trainers and subsequent competent service providers. The suggestion was made that if the pool from which trainers will be drawn for the UNFPA-funded project is the same as the pool of trainees attending the February 1992 activity, the MOH should consider amending the contract to replace training skills activities with clinical skills training until there is an adequate number of competent service providers from which to draw potential trainers. INTRAH would concur with such an amendment. The original proposal used the suggested amendment approach but there was an impression that more service providers would have been trained by now from other sources.

Miss Muhuhu updated Dr. Simbakalia on the status of the procedure manual following field-testing and technical reviews. Miss Muhuhu noted that key personnel in Tanzania had not submitted their review comments, especially in relation to management of STDs. In view of the feedback received regarding the need to expand the STD section to include management (the first draft had only dealt with identification), it was critical that Tanzanians have more input in protocols that are appropriate and in keeping with other treatment regimes in Tanzania. It was agreed that Dr. Simbakalia convene an experts' review meeting for the STD section in March 1992 when Mrs. Mtawali will be in Tanzania. Dr. Lukonge from UMATI, Dr. Kapesa, a representative from
an AIDS program, and a doctor involved with research on STDs were identified as participants in the review meeting.

Regarding the service policy guidelines and service standards, the disadvantage of not sharing the content at the participating agencies meeting was discussed. The final revisions based on reviewers' comments and reformatting were underway. Miss Muhuhu and Dr. Simbakalia agreed to have at least the summary of the content as an attachment to the package that will be sent to participants of the participating agencies meeting.

V. FINDINGS AND RECOMMENDATIONS

1. Finding

The meeting deliberations brought about awareness of the diversity of activities being carried out; some independently and others in coordination and collaboration. Several concerns were registered regarding assurance of a viable and productive national program through effective coordination of inputs. The Family Planning Unit of the Ministry of Health, as the custodian of the FP program, was seen as the focal point of coordination. However, mechanisms for coordination and resources to facilitate the coordination need to be put in place.

Recommendations

Through another forum the FPU should be provided assistance to define the most appropriate coordination mechanisms for each component of the Tanzanian program, and to identify and secure necessary resources for coordination efforts.

Such coordination should include assurance of the completion/strengthening and or development of strategies for all program components.

2. Finding

Opportunity to disseminate the content of the policy guidelines was missed because these are yet
to be sanctioned. The guidelines contain some elements that could be useful in promoting coordination and collaboration and giving needed guidance.

**Recommendation**

The MOH and INTRAH should expedite availability of the guidelines to all involved in the implementation of the national program. A summary of what is to be expected could be included in the meeting report package while awaiting official sanctioning of the guidelines.

3. **Findings**

The UNC-CH/MOH subcontract presented to the MOH in January 1992 has not been approved yet by the MOH. There are no guidelines yet provided to INTRAH for action towards getting the document signed. The MOH decision about the length of the INTRAH resident trainer's assignment has not yet been communicated to INTRAH. This delays any recruitment efforts on the part of INTRAH and will certainly delay commencement of the project implementation. If the MOH insists on its previous suggestion for a six-month period, it will not be justifiable for the training project to provide a vehicle. Six months is not long enough for the person to establish systems.

There is technical justification for 24-30 months for the resident trainer's assignment as illustrated in the training plans. Any reduction below 24 months will be jeopardizing the quality and expedience of the training program.

**Recommendations**

Dr. Mrisho should continue follow-up of the contract documents approval processes with the principal secretary and the legal advisor.

INTRAH should proceed with its plan to place Mrs. Mtawali in Tanzania for 8 weeks during April/May 1992 to help with the in-country preparation for implementation of the project. Her costs are to be paid from central funds.

4. **Finding**

The UNFPA-funded INTRAH/MOH training project component commenced in-country training in February 1992. Serious problems were encountered
in trainee selection: the participants did not have FP service delivery skills prior to being selected as trainers. The contract expects INTRAH to train this group in training skills. The MOH was not agreeable to postponing training for this particular group until they were trained in FP. INTRAH had to substitute curriculum within 5 days' notice to train the group in service delivery skills and to only introduce training methodologies. This presented two problems. First, there was already another clinical skills training scheduled by the MOH in Dar es Salaam on the same dates so there was competition for practicum sites, transport burden on the FPU for the two groups and on the FPU for logistics support. Second, there were problems with the assurance of competencies in FP for these "trainers" and the pressure put on INTRAH to refocus training and trainers' composition on very short notice.

Recommendations

The MOH and INTRAH should review the pool from which future UNFPA-sponsored participants will be drawn. If the current problem is likely to re-occur, both parties should amend the contract so that service provision skills are developed prior to training skills at both regional and district levels.

The February 1992 group being trained in clinical FP skills for trainers should be given time to gain confidence before they are further trained. Training skills for this group should be developed during the December 1992 activity or thereafter.

The May 1992 Training Skills workshop participants should be those who are attending Mrs. Odindo's clinical skills training workshop in February/March 1992 as proposed by Dr. Simbakalia. The participants should be encouraged to provide services during April 1992 to gain some confidence in service delivery.

5. Finding

The procedure being used by the MOH to select trainers is not yet clear to INTRAH. It is critical that trainers be proficient service providers (service and IEC). Service delivery skills must precede training skills.
Recommendation

The selection of regional and district trainers should be discussed during the orientation of the district teams in April and May 1992 (USAID-funded). Responsibilities for and selection criteria and accountability should be agreed on by the FPU and the district teams.
APPENDIX A

Persons Contacted/Met
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Persons Contacted/Met

USAID/Tanzania
Ms. Dana VOGEL, Health and Population Officer

Ministry of Health
Dr. Fatma MRISHO, Manager, National Family Planning Program, Family Planning Unit

Dr. Calista SIMBAKALIA, Deputy Manager, National Family Planning Program, Family Planning Unit

Mrs. Rose WASIIRA, Public Health Nurse, Family Planning Unit

Mr. Sunny S. A. KILUVIA, Health Education Unit Project Coordinator

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Mr. Marc OKUNNU, Program Director

Mr. Deryck ONYANGO-OMUODO, Resident Advisor

UMATI
Dr. A. D. RUKONGE, Deputy Executive Director

Dr. Gottlieb MPANGILE, Director of Operations

Others
Mr. Pape GAYE, INTRAH Regional Director for Francophone Africa

Ms. Maria BUSQUETS-MOURA, A.I.D. Project Manager

Ms. Cheryl LETTENMAIER, PCS Senior Program Officer

Dr. A. T. KAPESA, OB/GYN Specialist, Muhimbili Medical Centre
APPENDIX B

List of Participants
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List of Participants

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<tr>
<th>Organization/Institution</th>
<th>Representative</th>
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| | Resident Advisor  
| | c/o Ministry of Health  
| | Family Planning Unit  
| | P O Box 9083  
<p>| | Dar es Salaam |</p>
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<tr>
<th></th>
<th>Name</th>
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<tr>
<td>24</td>
<td>Marie Stopes International</td>
<td>Regional Director</td>
<td>P O Box 59328, Nairobi, Kenya</td>
<td>Tel: 721704/711743</td>
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<td>25</td>
<td>Ministry of Health</td>
<td>Statistician</td>
<td>P O Box 9083, Dar es Salaam</td>
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<td>Ag. Director Preventive Services</td>
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<td>30</td>
<td>MMC</td>
<td>Senior Lecture</td>
<td>Department of OBGYN</td>
<td>Phone: 26211</td>
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<td>Morogoro</td>
<td>Regional MCH Coordinator</td>
<td>P O Box 110, Morogoro</td>
<td>Phone: 2011</td>
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<td>32</td>
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<td>Principal, Public Health Nursing</td>
<td>School</td>
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<td>33</td>
<td>National AIDS Control Program (MOH)</td>
<td>Consultant</td>
<td>P O Box 9083, Morogoro</td>
<td>Phone: 38281 Fax: 38282</td>
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<td>Number</td>
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<td>34.</td>
<td>NFPP</td>
<td>M.R. KAZAURA&lt;br&gt;Logistics Officer&lt;br&gt;P O Box 9083&lt;br&gt;Dar es Salaam&lt;br&gt;Phone: 72131</td>
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<td>35.</td>
<td>NFPP</td>
<td>Peter RIWA&lt;br&gt;Research &amp; Evaluation&lt;br&gt;Box 9083&lt;br&gt;Dar es Salaam&lt;br&gt;Phone 72131</td>
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<td>36.</td>
<td>OTTU (Organization of Tanzanian Trade Union)</td>
<td>Judith KAJULA&lt;br&gt;Trainer&lt;br&gt;P O Box 15359&lt;br&gt;Dar es Salaam&lt;br&gt;Phone 36148</td>
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<td>37.</td>
<td>Pathfinder International</td>
<td>N.A. KEYONZO&lt;br&gt;Associate Regional Representative&lt;br&gt;P O Box 48147&lt;br&gt;NAIROBI, Kenya&lt;br&gt;Phone: 331468/224154</td>
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<td>POFLEP</td>
<td>Ezra Mouma&lt;br&gt;P O Box 281&lt;br&gt;Morogoro&lt;br&gt;Tel: 250</td>
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<td>39.</td>
<td>Population Council</td>
<td>Dr. Davy M. CHIKAMATA&lt;br&gt;Medical Associate&lt;br&gt;P O Box 17643&lt;br&gt;NAIROBI Kenya&lt;br&gt;Phone: 449003/447871&lt;br&gt;442475 Fax: 449074</td>
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<td>40.</td>
<td>President's Office Planning Commission</td>
<td>U.P.K. TENENDE&lt;br&gt;Assistant Director&lt;br&gt;P O Box 9242&lt;br&gt;Dar es Salaam&lt;br&gt;Phone: 29241</td>
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<td>41.</td>
<td>SDA Church Health Services</td>
<td>Dr. Ruth EYEMBE&lt;br&gt;Director of DSA Health Services&lt;br&gt;P O Box 82&lt;br&gt;Morogoro&lt;br&gt;Phone: 3396</td>
<td></td>
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</table>
42. Tanzania Housing Bank
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   Development and Administration (Meeting Facilitator)
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   Phone: 3510

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   Dar es Salaam
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44. UMATI
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   Director of Operations
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   Dar es Salaam
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   Fax: 28426

45. UNFPA
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G.A.S. MANDARA
Project Manager
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Phone: 31106/7
APPENDIX C

Meeting Objectives and Schedule
DAY ONE

PURPOSE:

To review the NFPP and to identify National and International Institutions Cooperating in its Implementation.

OBJECTIVES:

1. To present an overview of the NFPP.

2. To share information on achievements, activities' constraints and future plans.

3. To highlight the nature, level and scope of institutional inputs.

4. To identify actors in each component of the NFPP.
DAY TWO

PURPOSE

To review the directions of the NFPP in order to clarify institutional roles and responsibilities.

OBJECTIVES:

1. To review the main components of the NFPP and their key elements.

2. To identify factors which facilitate implementation of NFPP activities for each component.

3. To identify factors which hinder implementation of NFPP activities for each component.

4. To agree on needed refinements of institutional roles and responsibilities.

5. To identify issues and lessons in coordination and collaboration.

6. To agree on strategies for strengthening coordination and collaboration.
FAMILY PLANNING PARTICIPATING AGENCIES

MEETING MOROGORO - 12-14/4/1992

DAY THREE

PURPOSE
To develop a joint approach for planning, implementing and monitoring NFPP activities.

OBJECTIVES

1. To share existing work plans and identify areas of complementarity.

2. Agree on harmonization of existing workplans.

3. Agree on mechanisms for ensuring long-term coordination of activities.
DEFINITIONS

COOPERATION: TO WORK TOGETHER TO REACH A COMMON GOAL.

COORDINATION: TO PLAN AND ACT IN CONCERT SO AS TO AVOID CONFLICTS IN TIME, LOCATION AND OR PROGRAMME COMPONENTS.

COLLABORATION: TO POOL RESOURCES IN PLANNING, FUNDING IMPLEMENTING AND/OR EVALUATING AGREED UPON ACTIVITIES.
APPENDIX D

INTRAH Presentation
TANZANIA

INTRAH/MOH TRAINING PROJECT

PRESENTATION

PAULINE MUIUIIU
INTRAH REGIONAL DIRECTOR FOR ANGLOPHONE AFRICA.
INTRODUCTION

ROLE OF INTRAH
Provision of training and technical assistance to institutionalize family planning training within the Ministry of Health in order to improve the quality and accelerate availability of family planning services.

MECHANISM
Introduction/creation of a sequence of training processes and functions at The National Family Planning and at regional and district levels.

FUNDING
The INTRAH/ MOH project is co-funded by USAID, UNFPA, SEATS, INTRAH.

OTHER COLLABORATING AGENCIES
UMATI, POPULATION COUNCIL, JHPIEGO, AVSC, PCS, CAFS, NATIONAL AIDS PROGRAM OF THE MOH, NATIONAL MCH PROGRAM OF THE MOH, GTZ, CHURCH ORGANIZATIONS.
TANZANIA
INTRAH/MOH TRAINING PROGRAM

INPUTS
- Generated by INTRAH, The Ministry of Health, Donor Organizations and Collaborating Agencies
- Training Strategy and Training Plan
- Financial and Technical Resources
- Training Management, Trainers, and Coordination
- Service Guides and Guidelines
- Reference and Training Materials including Curricula
- Training Documentation System
- Service Documentation System
- IEC for Client Recruitment and Public Awareness
- Financial Management and Reporting

PROCESS
- 3-Tier Training
- Training Follow-up
- Training and Service Supervision
- Applications of Service Guides and Guidelines
- Use of Standardized Curricula
- Monitoring and Evaluation

OUTPUTS
- Decentralized Trained Trainers
- Decentralized Training Teams
- Trained Service Providers
- Trained Tutors
- Trained Supervisors
- Health Professions’ Students Oriented to Family Planning
- Improved Linkage Between In-service and Pre-service Training
- Improved Linkage between Training and Services
TRAINING STRATEGIES

Strengthening Ministry of Health family planning training capability and capacity by:

- Development of a three-tier training system (the FPU and regional and district levels).
- Strengthening family planning reference and training materials resources for trainers and service providers.
- Provision of a short term resident trainer to provide technical support and training assistance to the training manager, the central training team, the training teams.

Acceleration of family planning service availability and promotion of service supervision by:

- Dissemination of the content of the service policy guidelines and service standards, and familiarization of the project districts teams (DMO/DMCHC/ZMCH teams) with the project's expectations.
- Development/strengthening of clinic based family planning service delivery skills in 32 districts.
- Strengthening supervision and service monitoring skills at regional and district levels.

INTRAH
TRAINING STRATEGIES

Enhancing coordination of training efforts

- Annual (or more frequent) training agencies' meetings.
- Exchange of materials, training plans, and training experience on a continuing basis.
- Exchange of information among resident advisors for planning and monitoring purposes.
- Exchange of training reports and outputs from training documentation system.
ACCOMPLISHMENTS TO DATE

- Training Needs Assessment and Service Inventory (USAID).

- Assistance in strengthening the family planning service policy guidelines and service standards (UNFPA & USAID).

- Assistance in formulation of a national family planning training strategy (MOH & USAID).

- Assistance in development of a family planning service procedures manual (UNFPA).

- Development of a basic training skills curriculum (UNFPA).


- Provision of INTRAH Training Calendars with 7 Planning Questions applied to Planning counselling training session, and List of Free Materials.

- Revision of existing family planning curriculum based on identified needs, new technologies and specifications in the service policies and standards.
- Training of Trainers, service providers and supervisors.
- Dissemination of the content and training applications of policy guidelines and standards.
- Provision of resource libraries and training models.
- Development of training monitoring and evaluation mechanisms.
- Coordination of training efforts and coordination of training with service, IEC and other program inputs.
- Encouragement of linkages between pre-service and in-service training and between training and service.
- Measurement of training on improved quality and availability of family planning services.
ISSUES AND CONCERNS

- Strong training leadership and training management will be required to coordinate and move the national training program, as well as to ensure that the training program continuously addresses national and local service needs, incorporates new technologies, communicates effectively with trainers, and service supervisors and providers, and links pre-service training with in-service training for long-term sustainability.

- Training of physicians in public and private sectors and the medical students in family planning service provision will be required so that proper back-up is available and accessible to paramedical service providers. On the other end of the continuum, refresher or updates training for TBAs and VHWs will help to recruit clients, who are the ultimate beneficiaries of training and service.

- Clear job descriptions regarding family planning service provision, supervision, management and training are necessary in order to facilitate focused training based on family planning jobs and tasks of various groups of workers. Job descriptions promote informed decisions—making on types of family planning training curricula required for effective implementation of a national family planning program.
ISSUES AND CONCERNS

- The number of training events and the number of persons to be trained assume that the training program will proceed like clock-work. This will not be the case.

- The extent of family planning clinical competence of persons to be trained as clinical trainers will require that time and technical assistance be devoted to increasing competence and confidence of the trainers not only to train but also to provide, supervise and evaluate clinical performance skills.

- Absence of a national IEC strategy impairs effective and informed decisions-making about training in IEC, promotion of client recruitment and messages to the general public about the national family planning program and the benefits and the benefits of the program to Tanzanians. Without a strategy and strategy implementation, there will not be enough clients during the clinical practice of family planning clinical trainees, thereby hindering training effectiveness and efficiency.

- Application of family planning training to service delivery improvement and acceleration will be limited if support for commodities, equipment supply and maintenance, establishment of a service information system, client recruitment, and service supervision do not keep pace with training.

INTRAH
APPENDIX E

List of Meeting Participant Recommendations
RECOMMENDATIONS

I.E.C.

1. A functioning IEC coordinating body should be established with sufficient resources at its disposal. IEC resources should be inventoried.

2. There should be a unified IEC strategy.

3. IEC agencies should provide training in IEC skills in - Evaluation - Data Analysis - General IEC - Radio production - Interpersonal skills for service providers

4. Financial resources for IEC should be increased

5. Data analysis capacity, equipment and facilities should be upgraded.

6. Data storage and sharing capabilities should be enhanced and mechanisms developed for identifying research gaps and relevant research needs.

Training

1. Mechanisms should be developed for increasing the MOH's capabilities and capacity to implement the National Training strategy.

2. Practicum training sites should be developed for clinical FP training.
Appendix E

3. The MOH should ensure proper selection and deployment of personnel providing FP services.

4. MOH and collaborating agencies should develop and implement evaluation and monitoring of the training strategy.

POLICY AND MANAGEMENT

1. FPU should coordinate all participating agencies.

2. Develop strategies to enhance FPU coordinating function.

3. There is a high need for inter and intra-agency component coordination.

4. Provide some mix in integrated and vertical linkages.

5. Maintain current dialogue

LOGISTICS

1. Establish an MIS in the National Health MIS

2. Improve/strengthen transport capability for PP supplies

3. Assign and clarify responsibility for logistics.

4. Develop logistics manual and guidelines between Government, Party and Religious leadership

5. Introduce cost sharing and cost recovery schemes.
RESEARCH AND EVALUATION

1. Take inventory of researchers and research done.

2. Establish some information/data bank.
   * Matching research with financiers

3. Researchers should develop better proposals.

4. Provide more resource - finance vehicles to research activities.

5. Evaluation should be integral part of all activities.

6. Monitoring and evaluation reports should be shared.
APPENDIX I

1992 INTRAH/MOH Master Training Plan
# APPENDIX I

## MASTER PLAN

### TANZANIA/INTRAH FAMILY PLANNING TRAINING MASTER PLAN

<table>
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<tr>
<td>1. Coordinating Meeting</td>
<td>USAID</td>
<td>Feb. 12-14</td>
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<td>MOH INTRAH SEATS</td>
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<td>2. Training skills for RTT I in Regions</td>
<td>UNFPA</td>
<td>Feb. 17 - March 5</td>
<td>20: Res. Trainers</td>
<td>Muthungu Ruminjo</td>
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<td>3. Revision of Prototype curriculum for Nurses and MCHA.</td>
<td>UNFPA</td>
<td>March 9-13 Dar</td>
<td>10: National Curriculum</td>
<td>INTRAH/UMATI/HEU</td>
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<td>4. Development of FP Training Materials</td>
<td>UNFPA</td>
<td>March 15 April 3</td>
<td>Same as above</td>
<td>G. Mtawali I. Ndile</td>
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<td>5. Training project Orientation for District Health Teams I (Kilimanjaro Zone)</td>
<td>USAID</td>
<td>April 28-30</td>
<td>17 DMOs 1 ZMCHS 3 Other</td>
<td>P. Muhuru A. Kapenga I MOH Kapesa Resource person</td>
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<td>6. Training project Orientation for District Health Teams II (Lake Zone &amp; Dar) Mwanza</td>
<td>USAID</td>
<td>May 19-21</td>
<td>16 DMCHCs 1 DMCHC 3 TBD</td>
<td>P. Muhuru Resident Trainer 1 MOH Kapesa</td>
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<td>7. Training Skills for Central Team (Uganda)</td>
<td>USAID/SEATS</td>
<td>April/May 27-15, 92</td>
<td>7: 3 full-time, 2 Resource Persons</td>
<td>2 TRG</td>
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<td>8. Comprehensive Clinical Skills (Outside Tanzania)</td>
<td>USAID/SEATS</td>
<td>April/May TBD</td>
<td>6: 2 Trainers, 4 Service</td>
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<td>9. Complimentary Team to RTT in ...... Region</td>
<td>TBD</td>
<td>TBD</td>
<td>15: Service Providers from ...... Region</td>
<td>1 INTRAH</td>
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<td>10. Provision of TRLs</td>
<td>USAID/UNFPA</td>
<td>May-Nov.</td>
<td>5: Regions 1 UMATI, 1 FP, 3 RTT(TBD)</td>
<td>1 INTRAH</td>
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<td>11. Technical Assistance to RTT in Region</td>
<td>UNFPA</td>
<td>TBD Based on Regional Plans</td>
<td>15: Service Providers from .... Region</td>
<td>1 INTRAH</td>
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<td>12. Training Skills for RTT II in Regions</td>
<td>UNFPA</td>
<td>May 4-22 (3 weeks)</td>
<td>20: Regional Trainers from Feb/March CTU</td>
<td>F. Githiori</td>
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February 1992
## Appendix I

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<th>OUTPUT</th>
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<td>15. Technical Assistance to 3 major urban and hospital clinics in organizing FP services</td>
<td>USAID</td>
<td>June 15-26</td>
<td>10: Nurses and MA from previous training activities</td>
<td>1 INTRAH Resident Trainer 2 Central Trainers</td>
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<td>16. Technical Assistance to RTT in Region</td>
<td>UNFPA</td>
<td>July</td>
<td>15: Service providers from hospital clinics</td>
<td>1 INTRAH RTT</td>
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<td>17. Technical Assistance to RTT in Region</td>
<td>UNFPA</td>
<td>July</td>
<td>15: Service Providers from hospital clinics</td>
<td>1 INTRAH RTT</td>
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<td>18. Comprehensive Clinical Skills (outside Tanzania)</td>
<td>USAID/SEATS</td>
<td>July/August</td>
<td>16: 1 Central Trainer TBD 5 Service Providers from Urban clinics</td>
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<td>21. Training in use of Supervisory Checklist (This activity may be modified during annual review to match activity 19)</td>
<td>UNFPA</td>
<td>September 7-25 (3 weeks)</td>
<td>20: 10 DMCH coord. 10 Reg. Trainers! Central Trainer</td>
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<td>22. Basic Training Skills III for RTT</td>
<td>USAID</td>
<td>Oct. 5-30</td>
<td>24: From Arusha: 1 Resident Mosh, Tanga: 1 Trainer Mwanza, Dar: 1 CTT Mara, Kagera: 1 Other INTRAH</td>
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<td>23. Basic Training Skills IV</td>
<td>USAID</td>
<td>Oct. 5-30, 1992</td>
<td>24: 4 from each Region: F. Githiori TBD 1 Other INTRAH 1 CTT</td>
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<td>24. Supervision and Monitoring Skills for DMCH Coordinators II</td>
<td>USAID</td>
<td>Nov. 16-Dec. 4, 1992</td>
<td>15: DMCH Coord: 1 Resident from Lake Trainer Zone 1 Other INTRAH 1 CTT</td>
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<td>25. Update Training Skills</td>
<td>UNFPA</td>
<td>Dec. 1-12, 1992</td>
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February 1992