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Maternal and Child
Survival Program



Pre-Service Education in Tanzania

MCSP Tanzania Program Brief

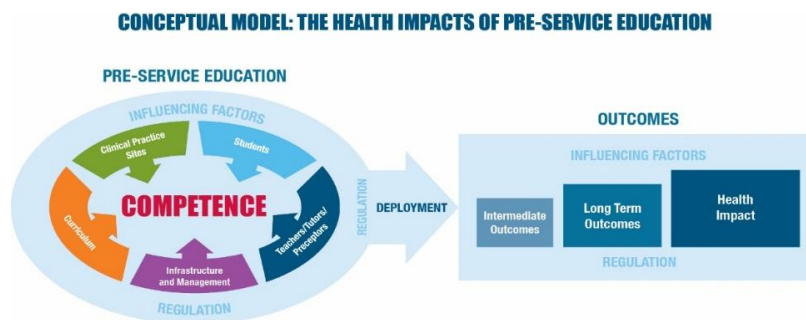
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Goal and Program Approach

One of the key components of the Maternal and Child Survival Program (MCSP)'s work in Tanzania is pre-service education (PSE). MCSP Tanzania provided technical assistance to the Ministry of Health, Community Development, Gender, Elderly and Children (MOHCDGEC) to strengthen PSE systems and improve governance and midwifery training. MCSP's work in PSE takes place nationally and within the regions of Mara and Kagera in the Lake Zone.

Improved PSE systems will produce competent midwives who are ready for deployment throughout Tanzania upon graduation. MCSP Tanzania's work in PSE is guided by a conceptual framework developed by Jhpiego in 2012 (shown below), which identifies direct and indirect factors that influence graduate competence. MCSP applied this framework in Tanzania, integrated with health system strengthening approaches, to ensure midwives are competent and prepared for deployment.



Key Program Interventions

Updating tutors with current reproductive, maternal, newborn, and child health (RMNCH) knowledge and teaching best practices

MCSP Tanzania supported 10 health training institutions (HTI) to train tutors on RMNCH skills, skills lab management, and effective teaching skills. Tablets were also provided to each HTI to enable tutors to keep updated on RMNCH interventions and to use as teaching aids.

Facilitating a continuous quality improvement (CQI) process

MCSP supported the MOHCDGEC to implement CQI, a set of standards and verification criteria designed to improve learning and teaching environments at supported HTIs. Standards were developed based on Tanzania's existing accreditation and registration standards and education institutional standards used in other MCSP-supported countries. As part of transition planning, MSCP supported a review of current accreditation

processes and tools to identify a sustainable and feasible plan to integrate CQI into national accreditation processes and registration processes.

Strengthening the Lake Zonal Health Resource Center (LZHRC)

The LZHRC is the arm of the MOHCDGEC responsible for overseeing HTIs' education activities in the Lake Zone. MCSP trained the LZHRC and engaged them in the planning and implementation of PSE activities in Mara and Kagera regions, and this collaboration will ensure the sustainability of PSE activities after MCSP successfully transitions program ownership to the government.

Strengthening health training institution relationships with practicum sites

MCSP conducted an assessment that revealed gaps in relationships between HTIs and their respective practicum sites. As a result, MCSP helped establish agreements defining each party's responsibility in clinical training, and established preceptor corners within practicum sites to facilitate on-site learning.

Key Accomplishment

More than **2,800** students have graduated from improved HTIs that now have functioning computer labs, skills labs, and libraries and meet all associated CQI standards. Overall quality improvement scores increased at supported HTIs from **37% in 2015 to 81% in 2017**.

An end line assessment identified a significant improvement in competence demonstrated by graduating students from MSCP-supported schools, **an average of 80% compared to 68% from non-supported MCSP schools**. Of note, the difference in newborn resuscitation was most marked, at 80% average performance for MCSP-supported schools, vs. 56% for non-MCSP supported schools.

Updated RMNCH curricula and PSE learning packages are now being used nationwide. These will enhance clinical instructors' ability to provide high-quality midwifery education.

Lessons Learned and Recommendations

Evidence shows that tutors, clinical instructors, and preceptors need up-to-date knowledge and skills in order to produce competent graduates. However, they are often forgotten in capacity building and quality improvement activities. **When tutors, instructors, and preceptors receive comprehensive clinical and teaching skills training, they can better employ the strategies that will create a supportive learning environment for their students.**

The CQI process is an effective method to improve the teaching-learning environment. All health training institutions under MCSP support were able to institutionalize CQI. The CQI process takes time, encouragement, and support to implement, but it encourages incremental changes and builds ownership within institutions to eventually make greater impact. CQI processes must also link to and support national accreditation and registration efforts.

ZHRCs, when given the appropriate training and resources, are in a strong position to improve PSE. They have a close working relationship with their respective HTIs and can ensure that action plans are implemented effectively and sustained beyond donor support. **The MOHCDGEC should consider engaging and continuing to build the capacity of ZHRC staff to ensure that PSE improvements are continuous and sustainable.**

It is vital for health training institutions to invest resources in clinical practice strengthening, both in quality and quantity. Early, varied, and well-managed clinical practice is critical for developing competent graduates but remains a pervasive challenge. Skills labs can provide practice in clinical simulation and develop students' competence. **Efforts to provide more practice hours and varied practice opportunities should be prioritized in PSE activities.**

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