

Ensuring continuous availability of ADD0 dispensers in Tanzania by Institutionalizing the Training

Group Two

The recommendations from the contractor

- **Recommendation 1:** Institutionalize the current model first by piloting in 6-8 institutions before rolling out to more institutions.
- **Recommendation 2:** The selected institutions to develop specific implementation plans with the support of partners before starting the training.
- **Recommendation 3:** Technical assistance should be provided until each institution has conducted its first training.

The recommendations from the contractor (2)

- **Recommendation 4:** PC should continue to have oversight of the program for quality assurance
- **Recommendation 5:** PC and other partners need to provide technical assistance to the training institutions
- **Recommendation 6:** Orient the institutions on the current ADDO training curriculum and guide them on coordination and implementation of the program

Task 1: Comments on the recommendations

- The group agreed in one voice that the recommendations are good and should be implemented

HOWEVER

More recommendations were provided

Task 2: Missing recommendations

- **Recommendation 7:** Only those institutions willing to conduct onsite and outreach trainings should be selected for the pilot phase
- **Recommendation 8:** Institute efficient and effective monitoring mechanism
- **Recommendation 9:** Pilot the program for 18-24 months divided into three components
 - Preparation phase
 - Implementation of training
 - Evaluation phase

Task 2: Missing recommendations (2)

- **Recommendation 9:** Perform an evaluation of the competencies of the practicing graduates

Task 4: What other qualifications should be considered under the current shortages of NA?

- Form IV and above graduates with at least one pass in either Biology, Chemistry or Physics subjects
- They must be monitored closely to see how they perform in the field after the training
- Evaluation will be needed to establish whether dispensing practices after the training differ between the trainees who had NA and Form 4 education background.

Task 5: Process and criteria for selecting training institutions (1)

Criteria

- Institutions currently running Pharmacy programs
- Institutions which satisfy minimum requirements for establishing pharmacy training programs
- Other zonal training institutions which satisfy the prescribed conditions to conduct the ADDO trainings

Process and criteria for selecting training institutions (2)

Process of selection

- Institutions for the pilot phase should be selected among those visited during the assessment
- Geographical representation must be taken into consideration
- After the pilot phase
 - The PC should advertise for the eligible institutions
 - The institutions should apply to the PC
 - PC should screen and select the institutions

1. Define process: Set application/selection criteria
2. Set standards/guidelines for institutions implementing training and PC's involvement
3. Initial meeting with selected institutions to gauge interest & capacity
4. TOT to building capacity of institutions' trainers (list on next slide + central level TFDA & PC)
5. Develop monitoring mechanism, including indicators (may connect to Obj. 3)
6. Discuss continued education/refresher training as criteria for reaccreditation
7. Discuss Form 4 Lever—can we train them? What additional education is needed? Additions to curriculum? # of days to be added to training? Can we assess their experience? How?

Meeting (PC, TFDA, MSH) to Discuss these issues & define process—October 2012

Scoring the recommendations (1)

- Recommendation 1: Institutionalize the current model first by piloting in 6-8 institutions before rolling out to more institutions.
Score: **Low effort?, High Impact**
- Recommendation 2: The selected institutions to develop specific implementation plans with the support of partners before starting the training.
Score: **Low effort?, High Impact**
- **Recommendation 7:** Institutions willing to conduct onsite and outreach trainings be selected for the pilot phase
Score: **Low effort, High Impact**
- Recommendation 3: MSH/PC/TFDA to provide technical assistance until each institution has conducted its first training.
Score: **High effort, High Impact**

Selected Institutions

1. Morogoro School of Public health - Morogoro
2. Lake Zone Training Center-Mwanza
3. St. Luke –KCMC- Moshi
4. COTC Mtwara
5. Royal Pharmaceutical College – Dar
6. Primary Health Care Institute – Iringa
7. Ruaha University College– Iringa
8. COTC Kigoma
9. COTC Sumbawanga
10. Mirembe Dodoma

Communicate with them to determine whether they are interested.

Central Level people (PC, TFDA) should be trained as well



Scoring the recommendations (2)

- **Recommendation 4:** PC to continue overseeing of the program for quality assurance after the first training

Score: **Low effort?, High Impact**

- **Recommendation 8:** PC to institute efficient and effective monitoring mechanism

Score: **Low efforts?, High Impact**

- **Recommendation 5:** PC and other partners to orient the institutions on the current ADDO training curriculum

Score: **Low effort, High Impact**

- **Recommendation 6:** PC and other partners to guide the institutions on coordination and implementation of the program

Score: **High effort ?,High Impact**

Scoring the recommendations (3)

- **Recommendation 9:** Pilot the program for 18-24 months divided into three components
 - Preparation phase
 - Implementation of training
 - Evaluation phaseScore: **High effort, High Impact**

- **Recommendation 10:** Perform an evaluation of the competencies of the practicing ADDO graduates
Score: **High effort, High Impact**