EVALUATION OF LONG TERM METHODS FAMILY PLANNING TRAINING TO SKILLED HEALTH CARE PROVIDER TO REACH THE NATIONAL TARGET

A CASE OF MUFINDI DISTRICT

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A CASE OF MUFINDI DISTRICT

By

Elizabeth Balama

A Dissertation Submitted to School of Public Administration and Management of Mzumbe University in partial fulfillment of Requirements for the Award of Masters of Science Degree in Health Monitoring and Evaluation of Mzumbe University.

2019

CERTIFICATION

We, the undersigned, certify that we have read and hereby recommend for acceptance by the Mzumbe University, a dissertation entitled "**Evaluation of long term methods family planning training to skilled health care providers to reach the national target: A Case of Mufindi District"** in partial fulfillment of the requirements for award of the degree of Master of Science in Health Monitoring and Evaluation of Mzumbe University.

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Major Supervisor

Dr. Mackfallen Giliadi Anasel

_____

Internal Examiner

_____

External Examiner

Accepted for the Board of the School of Public Administration and Management (SOPAM)

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DECLARATION AND COPYRIGHT

I, **Elizabeth I. Balama**, declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other university for a similar or any other degree award.

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Date: _____

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First, I would like to give out my special thanks to almighty God for giving me strengths, good healthy and courage to overcome different challenges in accomplishing this dissertation.

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DEDICATION

I dedicate this thesis to my beloved Husband Hosea Benjamin Mang'ombe, my children Johnson and Jonnas for their support, patience love and encouragement, which continually strengthens me. Thank you so much for all unconditional support constantly given has been an inspiration and to all my friends for their prayers.

ABBREVIATION AND ACRONYMS

AIDS	Acquired immune deficiency syndrome
AMO	Assistant Medical Officer
ANO	Assistant Nursing Officer
BRNCO	Big Result Now Coordinator
CA	Clinical Assistant
CHMT	Council Health Management Team
CHW	Health care workers
CO	Clinical Officer
DHIS	District Health Information system
DHS	District Health Secretary
DMO	District Medical Officer
DNO	District nursing officer
DRCHCO	District Reproductive and Child Health Coordinator
EN	Enrolled Nurse
FP	Family planning
HRHIS	Human Resource for Health Information System
IUCD	Intra uterine cervical device
IUCD	Intra Uterine Cervical Device
LACM	Long acting contraceptive methods
LAFP	Long acting family planning methods
LAPM	Long acting and permanent methods
MD	Medical doctor
MoHCDEC	Ministry of Health Community Development Gender Elderly and Children
NFPCIP	National family planning costed implementation plan
NFPCIP	National family planning coasted Implementation plan
PACE	Program for accessible Health Communication and education.
PAHCE	Program for accessible health communication and education.
SAFP	Short acting family planning
TFR	Total fertility rate

FGD	Focus Group Discussion
IDI	In depth Interview
RH	Reproductive health
HIV	Human Immunodeficiency Virus
CPR	Contraceptive prevalence rate
HMIS	Health management information system
CHWs	Community health workers

DEFINITION OF KEY TERMS

Family planning Family planning is the planning of when to have children, the use of birth control and other techniques to implement such plans. FP should be safe for user means free from any kind of side effects, reliable, easy to administer and convenient, also it should be cost effective, should be culturally feasible and acceptable. FP helps in prevention of pregnancy as long as they are used. These methods can help in timing and spacing of pregnancies, preventing unwanted children. It Require a great deal of self-control because withdrawal can lead to pregnancy (Sharma, 2013).

Long acting methods of family planning refers to the methods of family planning, which includes vasectomy, Intrauterine devices, implants, male and female sterilization. They are effective types of modern contraception and are very safe, convenient, and cost-effective (Engenderhealth, 2005).

Total Fertility Rate is the average number of children a woman would have if she survives all her child bearing years. Childbearing years are considered as age 15 to 49. TFR is the calculation of adding up all the age-specific birth rates for a population and multiplying by five (Rios, 2018).

ABSTRACT

Introduction; The government through its councils wants to put an emphasis on training health care providers on family planning in the implementation of family planning program. The main objective of this study is to assess the training on long term methods of family planning to skilled health care provider to reach the family planning National target.

Methodology; The study included 10 health facilities (1 private hospital, 3 public Health Centers and 6 public Dispensaries). In-depth Interviews (IDIs) were conducted to all 10 RCH in charges from 10 facilities and 1 Focus Group Discussion were conducted to 6 members from Council Health Management Team (CHMT) who were DRCHCo, DHS, DHIS2 Coordinator, BRN coordinator DNO and CBHCo.

A cross sectional design was used in evaluating this program using purposive sampling methods. Data was collected through Focus Group Discussions where by 6 members of CHMT were involved in FGD and in-depth interviews for Council Health Management Teams and RCH in charges. Phenomenological and narrative analysis was used to explore individual and group experience with the help of Atlas.ti software.

Findings; The findings show that family planning is conducted as it planned and the family planning health care providers are trained on the provision of long term methods of family planning methods. But there are inadequate documentations for the training conducted on who have been trained, what methods were used, where the training was conducted and who funded it. Also training on long acting methods of family planning is offered through the MoHCDGEC and Boresha Afya with full package according to the family planning teaching module.

Conclusion; The provision of long term methods of family planning training to skilled health care providers is of great impact on the process of reaching the National target. Follow up should be done to those who are trained and proper documentation should be made.

Key word: Evaluation; long term; family planning; skilled health care providers

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CHAPTER ONE
INTRODUCTION

1.1 Background

Training on family planning is the most important part in the whole process of family planning implementation program. Family planning training helps a provider to acquire new knowledge and skills on how to provide a quality family planning services to a client. On top of that a provider will be able to provide a quality family planning services according to the guidelines based on the type of method used, which can either be short term or long term methods of family planning.

Also training helps a provider to be oriented on a new job aid and guidelines for service provision, be updated with their skills and newly employed staffs could be acquiring new skills on family planning service provision, counseling as well as report writing (MOHCDGEC, 2017)

Family planning training can be used as one of the activity in realizing the national target due to the fact that if a provider has a training on family planning service provision it will help him /her to understand different methods of family planning the way it offered to a client, how to write report and also it will help in provision of quality family planning according to the guidelines.

Preventing unintended pregnancies through equitable access to high-quality family planning (FP) services has a great potential of not only contributing to significant reduction in maternal, neonatal and child mortality but also improving women's participation in economic productivity and fostering educational attainment for girls. In the 1990s, Tanzania had one of the largest annual increases (2% points per annum) in contraceptive prevalence rates in the East Africa region. The contraceptive prevalence rate has, however, slowed considerably since the 1990s, during which the annual increase in the use of any method dropped to 0.2 percentage points per year, with prevalence reaching only 26.4 percent in 2004/2005. On the other hand, the population of Tanzania has grown from 34.4 million in 2002 to 44.9 million in 2012 a 30.5 percent increase in a period of 10 years. Early initiation of childbearing and a high rate of fertility are the principal factors contributing to this rapid population growth with detrimental effects on the health of women and children. Recognizing the need to reposition FP in the country, the Tanzanian Ministry of Health and Social

Welfare (MOHSW) launched the National Family Planning Costed Implementation Program (NFPCIP) in 2010 with a goal to increase the contraceptive prevalence rate (CPR) from 20 to 60 percent by 2015. The NFPCIP stipulates five strategic action areas, each of which has a set of activities for implementation in order to address the issues and challenges for repositioning FP as a national priority for health and development, (MoHSW, 2013).

Previously in 1993 the government of Tanzania in collaboration with the Tanzania Capacity and Communication Project at the Johns Hopkins Center for Communication programs introduced the Green Star Family Planning Campaign (Nyota ya Kijani Campaign) with the aim of spreading the messages of family planning by using community outreach, social medias and mass medias. The campaign provides family planning services to 28,000 and the majority chose to use long-acting and permanent methods (Shariff, 2014).

Among the 6,734 health facilities with RCH services in 2011, 5,366 (80%) were offering family planning services. This proportion increased to 85% in 2012 (HMIS, 2011 & 2012), and to 93.9 % out of the 5,820 facilities providing RCH services in 2014. However, despite high facility coverage of FP services, there is limited availability of long term contraceptive methods such as implants, Inter-Uterine Contraceptive Devices (IUCD), and emergency contraceptives (SARA, 2012; MOHSW & USAID, 2012). This has severely hampered women's wider choice/method mix of contraceptive methods, a reality reflected in community surveys which show that only 0.6% of women use IUCD and 2% use implants (MoHCDGEC, 2016).

In 2010, the Ministry of Health and Social Welfare (MoHSW) launched the National Family Planning Costed Implementation Program 2010-2015 (NFPCIP) and it has a goal of increasing the contraceptive prevalence rate (CPR) to 60 percent by 2015. However, the program had a limited level of investments in FP during the stated period, the limited investment lead to the failure of achieving that goal in 2015. So the MOH put more efforts and strengthening family planning interventions in the One Plan II which sets a goal of 27% in 2015 to 45% CPR by 2020 (MOHCDGEC, 2017). Furthermore, the stated target went together with some activities like Train skilled

health care providers to provide method mix with special focus on long term methods. This is where my evaluation study will focus on.

1.2 Statement of the problem

According to the One Plan II document there is a need to provide training to skilled health care providers to provide method mix with special focus on long term methods of family planning so as to realize the national target. In order to reach the stated target provision of training to skilled health care providers on method mix and Long term methods of family planning should be done in all districts which implement the family planning program (MOHCDGEC, 2016).

Many family planning providers have not update their knowledge and skills in several years also there are many newly employed staffs have limited FP knowledge and skills that are needed to provide quality family planning servises (MOHCDGEC, 2017). Also on the study done by (Anasel 2017), it shows that family planning services are provided by untrained nurses and even medical attendants in some health care facilities especially at Musoma district and Musoma Municipal council.

Investments through comprehensive council health plan will be employed by the council for trainning and skills development to health care providers who are in service so as to ensure that health care providers have an appropriate knowledge and skills in provision of health servises. The study evaluates long term methods family planning training to skilled health care provider to reach the national target.

1.3 Evaluation Objectives

1.3.1 General Objective

To assess the training on long term methods family planning to skilled health care provider to reach the family planning national target.

1.3.2 Specific Objectives

1. To find out how the district organize the training on long term methods of family planning.
2. To investigate how the training on long term methods is conducted at Mufindi DC.

3. To determine if skilled health care providers are trained on long term methods of family planning.

1.4 Evaluation Questions

1.4.1 Main Evaluation Question

Does training on long term methods of family planning provided to skilled health care providers at Mufindi District in a process of reaching the national family planning target?

1.4.2 Evaluation Questions

1. How the training on long term methods of family planning is planned and organized by the council?
2. How does training on long term methods of FP conducted in Mufindi DC?
3. Does the skilled health care providers train on long term methods of family planning service provision?

1.5 Significance of the Study

Firstly, the government and stakeholders will be able to preparing their training schedules, training materials as well as provision of trainings to health care providers on long term methods of family planning.

Secondly, the study can remind the government and stakeholders on providing trainings to a new guidelines and new methods of family planning to health care providers hence health care providers will acquire new skills on providing family planning services.

And academically, the study was conducted so as to meet the requirement of completion of an evaluation report for the completion of the masters' degree in Health monitoring and Evaluation of Mzumbe University.

1.6 Description of Program to be Evaluated

In 2010, the Ministry of Health and Social Welfare (MoHSW) launched the National Family Planning Costed Implementation Program 2010-2015 (NFPCIP) and it has a goal of increasing the contraceptive prevalence rate (CPR) to 60 percent by 2015. However, the program had a limited level of investments in FP during the stated period, the limited investment lead to the failure of achieving that goal in 2015. So

the MOH put more efforts and strengthening family planning interventions in the One Plan II which sets a goal of 27% in 2015 to 45% CPR by 2020 (MOHCDGEC, 2017).

1.6.1 Program activities

i. Train skilled health care providers to provide method mix with special focus on long term methods.
ii. Train on Training Skills, preceptorship, mentoring and coaching on FP.
iii. Update FP contents of in service and pre-service curricular of different cadre/ health training institutions.
iv. Conduct Contraceptive Technology Update for supervisors, service providers and pre-service tutors.
v. Support trainings follow-up

1.6.2 Expected program results

i. Increase modern contraceptive prevalence rate from 27% to 45% in 2020
ii. Increase the proportion of new clients receiving modern FP methods among all acceptors from 2.6 million in 2015 to 4.2 million in 2020.
iii. Increase the proportion of modern FP methods clients reached through outreach service approach from 15.2 % in 2015 to 30 % in 2020.
iv. Increased Couple Years of Protection by all modern methods from 4.3 million in 2015 to 6.4 million in 2020.
v. Increase male involvement on HIV testing during PITC interventions from 8% to 30 % in 2020 program

1.6.3 Family planning program logic model

A logic model is referred to the systematic and visual way of presenting and sharing the understanding of the relationships among resources you need to operate to the program, the activities you plan and changes or results you hope to achieve. It shows how the program will implement its activities based on the resources available (Kellogg, 2004).

Table 1.1: The program logic model

INPUTS	ACTIVITIES	OUTPUTS	OUTCOME	IMPACT
Fund Training materials	Conduct training on long term and short term methods -Paying sitting allowance	Number of personnel trained on short and long term methods of FP -Number of participants paid .	Quality of LAFP services increased -Good participation on FP training	Realization Of National Target By 45% By 2020.
Human resource. Training venue	Organize and conduct FP training.	Number of training conducted	Improved knowledge and skills on FP services provision	
	Facilitate the provision of FP training to HCPs	Number of training conducted	Increased knowledge and skills on FP services provision	
	Conduct on job training on provision of LAFP services	Number of personnel received on job training	Increased number of skilled personnel on LAFP services.	

Source: Evaluator's own construct

1.6.4 Stakeholders analysis

Stakeholders' analysis refers to persons, groups or organizations that must somehow be taken into account by leaders, managers and front-line staff (Bryson, 2004). The stakeholders' analysis is carried out to identify individuals or organizations with an interest in the program and they are supposed to work together in the implementation of planned activities. In FP, there are various stakeholders involved in the implementation of the program and planned activity. These stakeholders differ in their power of influence ranging from high, medium to low.

Table 1.2: Stakeholders Analysis

SN	Stakeholders	Role in the programme	Interest or perspective in the evaluation	Role in the evaluation	Means of communication	Level of importance
1	Ministry of health (MOH	- Governing body which sets standards for implementation and guidelines. Also, overseas the programme implementation	-To assess the effectiveness of the project implementation	Source of information for evaluation	Report	High
2	CHMT	Implementer	To assess the effectiveness of the project Ethical consideration	Source of information during evaluation also receive evaluation report at the end	Face to face, e-mail, report	High
3	Health care providers	Respondents during evaluation Provision of LAFP	-To assess the effectiveness of the program	Source of information for evaluation	Face to face, report, e-mail	High
4	Mufindi district community	-Service utilizes -Receivers of health education	-To be informed on the level of LAFP utilization	LAFP Service utilizes	Face to face	medium

Source: Evaluator's own construct

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of both theoretical and empirical literatures surrounding the area of the study. The chapter consist of family planning in Tanzania, on theoretical part it consists of FP reflect the national policies, coverage of FP in Tanzania, challenges of implementation of FP program and supply and demand solution for FP in Tanzania. The theoretical part consists of importance of using Long acting methods of family planning, reasons for non use, what should be done to realize the national FP target and the last part was conceptual framework.

2.2 Theoretical Literature Review

The MOH in Rwanda understand the need to increase access to services at the village level. So the MOH commenced an ambitious plan to hire 4 CHWs to work in each of the 15,000 villages, who will be trained on providing some methods of family planning as well as providing some information to the community. The training for these CHWs in family planning provision began in 2010. Another CHW provides support for maternal and child health services, and the fourth works on community sensitization (Qureshi, 2010).

According to Qureshi 2010 at Pakistan more than half of all trained staff worked at clinics which were permitted and about 75% of health workers were joined with that permitted clinics. Post-Abortion Care training was provided to more than half of doctors, health workers with less than ten years of experience in either general healthcare or Family Planning and female providers (about 80%). Approximately 70% of providers had less than ten years of family planning experience, suggesting that medical education, gender and age were important determinants of selection into franchise networks and subsequent training. 67% of providers reported ever working for government suggesting that this is a key predictor of FP and PAC training received in the public sector. About 30% of trained providers committed 40 hours per week to family planning care (Qureshi, 2010).

Building the capacity of providers to provide FP methods and services in a safe and effective manner, there are some activities in which NFPCIP included for building capacity of all in-service providers and rehiring the retired health workers so as to

increase the number of family planning providers. Family planning providers were trained on short term acting methods of family planning as well as on long term methods of family planning on the first two years of NFPCIP implementation, but the great challenges on increasing the access and use of long ating methods of family planning like IUD continue to exist. In addressing it the Government direct more investments towards capacity building to health care providers to provide LAPM through in service training (NFPCIP, 2010).

On top of that the health care workers from government have high probabilities of being trained on family planning service provision, compared to those from private health facilities. And the private health care facilities have a low volume of clients compared to public health care facilities also Providers can benefit after attending the family planning training is to gain the skills in organizing RCH clinics and to offer a quality family planning and other Reproductive and Child Health (RCH) services to the clients. More over health care providers can attains the abilities to provide counseling, screen clients and provide short acting and long acting methods of family planning. Also they will be able to provide counseling to the clients on different contraceptives related problems as well as maintaining the use of FP and other RCH records to improve service provision (Anasel, 2017).

Child spacing methods was used by many families in Tanzania, a mother was supposed to breastfeed her baby about two years or even above. Also there was a belief that if mothers get pregnancy before two years after the previous birth her and her child's health will be in danger. So at that time mother will be able to breastfeed her baby for more than two years before she gets another pregnancy. Also UMATI (chama cha umoja na malezi bora cha Tanzania) later Family planning association of Tanzania was formed in 1967 by old people after the succeed on traditional methods of child spacing. The aim of the association was to continue to emphasize on the good traditional practices like promoting wellbeing of a mother as well as a children and of a whole nation. For example, doctors, nurses and housewives were the first members of the association. It was started in Dar es Salaam and later was registered as a family planning association with responsibilities of providing family planning clinical services and supply of contraceptives materials. So family planning was existed from the past and was used by many people in other word family planning was not knew

but the family planning methods or contraceptives are the one which is new in Tanzania (Nsekela, 1978).

Furthermore, in 1993 the government of Tanzania in collaboration with the Tanzania Capacity and Communication Project at the Johns Hopkins Center for Communication programs introduced the Green star Family planning Campaign (nyota ya kijani campaign) with the aim of spreading the messages of family planning messages by using community outreach, social medias and mass medias. The campaign provides family planning services to 28,000 and the majority chose to use long-acting and permanent methods (Shariff, 2014).

So in order to increases high coverage of using LAFP Tanzania government through Ministry of health introduced different strategies like intensification of public-private partnerships for sustained support for contraceptive procurement, capacity building for family planning service provision, intensification of family planning outreach services and training of service providers in (ILS) integrated logistics System which can contribute to rise the coverage of LAFP (MoHCDGEC, 2016).

The FP program faces a lot of challenges and constraints that must be address for effective relocation of FP so as to meet the country's reproductive health (RH) and development goals. Some of the challenges includes, a reliable and sufficient supply of contraceptive commodities, adequate numbers of health care providers who have the essential knowledge and practical clients interactions skills to provide a quality FP services safely and effectively, Health facilities should be equipped with a flexible selection of service delivery modalities and systems to meet the needs in different socio cultural context and levels of development in Tanzania's different regions, strong advocacy to increase visibility and support for the program and deal with the knowledge-use gap among FP clients, and strong management systems and leadership to ensure efficient and effective program implementation (MoHSW, 2010).

In implementation of family planning in Tanzania Supply and demand of family planning commodities appear to be one of a setback. Solutions to the problems needed so as to enable the family planning commodities to be available to the users. The solutions include prioritization of family planning in budgets to all districts, outreach services should be available more closer to the community through Community

Health Workers (CHWs), family planning services should be expanded so as to reach adolescents and young people, skills of healthcare workers should be increased so as to provide the quality family planning services through supportive supervision and mentorship, make sure that health care providers are trained on long term methods of family planning, availability of management protocols and guidelines in provision of family planning services, and professional bodies and supportive supervision should be linked to ensure accountability, ensure improved means of availability of the family planning methods, including long-term methods (MoHCDGEC, 2014).

2.3 Empirical literature review

However, they face challenges such as maintaining a trained work-force in health facilities. For example, most facilities undergo many challenges when trained health care providers decide to move or when skilled providers move to other departments or facilities where their LAPM skills are not required, not to mention staff moving to other organizations or to other countries. Other challenges include provider bias based on personal beliefs about LAPMs and religious and cultural barriers (URK, 2008).

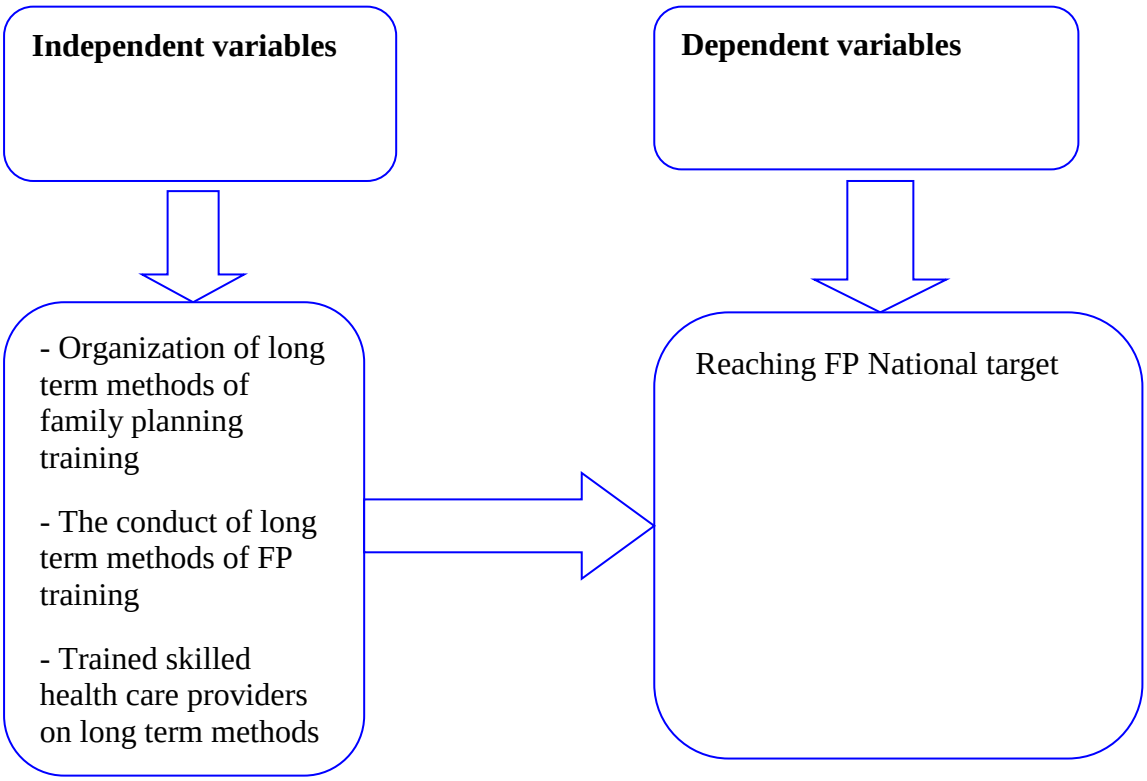
Most of the FP training carried out by private organizations. For example, Engender Health mostly conducts training for long acting methods and sometimes they provide training on short acting method of family planning, Also Engender Health is actively concerned in the provision of long acting methods of family planning as well as permanent methods (Minilap). On the other side the ministry of health itself is using its employees to conduct some of the family planning training when there is funds available. The organizer of a training sends the letter to a particular region and specifically to Local Government Authority to inform the administration about the date of training, the Local Government Authority is responsible in selecting the participants to participate in the training, to identify the conference in which the training will be carried on. It evidenced that the MOHSW and other stakeholders have been providing in-service training to health care personnel though, the implementation of the knowledge and skills acquired, monitoring of the different ongoing trainings was insufficient. Stakeholders report insufficient coordination of various ongoing trainings, leading to poor documentation of family planning trained providers, made it hard to capture exactly number of all trained Family Planning providers by type of training at National level (Anasel, 2010).

Also health care providers should offer a quality long acting family planning services so as to enable the clients to choose any methods. By ensuring that health care providers provide a quality services it is important that they have up to date knowledge and skills through seminal, trainings, on job trainings as well as mentorship On top of that, the government should put more emphasis on the family planning trainings to all health care providers so as to help them to provide a quality family planning services as well as meeting the national target URK, 2008).

2.4 Conceptual Framework

The conceptual framework represents the dependent variables from this evaluation that is the realizing the National target of increasing the modern contraceptive prevalence rate (CPR) from 27% to 45% in 2020, and the independent variables are Family Planning Training, training on long term methods of family planning to service providers and skilled family planning services providers.

Figure 2.1: The Conceptual Framework



Source: Researcher's own construct (2019)

CHAPTER THREE

EVALUATION METHODOLOGY

3.1 Description of study area

This study was conducted Mufindi district council. Mufindi District is among 5 administrative councils in Iringa region namely Kilolo DC, Mafinga TC, Iringa MC and Iringa DC. The council is located 80 km South of Iringa Regional Headquarters. Geographically the District is located at 30^0-36^0 longitudes East and latitudes 80^0-90^0 South. It is bordered by Iringa DC to the North West and Kilolo DC to the North East, Mbarali DC on the West, while in the East, borders Kilombero DC and South, borders Njombe Region. Administratively the Council has 5 divisions, 27 wards, 121 Villages, 59,152 households and with an estimated population of 246,090 people (116,499 men and 129,591 women) based on the 2012 national population census with a growth rate of 1.1% per annum (District Health profile, 2016). The council has an area of 7,123 square Kilometres (Mufindi, 2017)

Table 3.1: Demographic characteristics of Mufindi DC

Division	Area Sq. Kms.	Wards	Villages
Ifwagi	2,100	7	36
Kasanga	1,500	6	29
Kibengu	820	4	16
Malangali	1,500	6	23
Sadani	1,203	4	17
Total	**7,123**	**27**	**121**

Source: (District Health profile, 2016)

Mufindi DC is one of the council implementing FP program in which through their budget and development partners support they implement all the planned activities. The council was purposively chosen due to its proximity to the researcher and relevancy of the evaluation, as it is among the councils implementing FP program in Tanzania.

According to (District Health profile, 2016) Mufindi District Council has a total of 73 health facilities which include 1 is Hospital, 9 Health Centers and 63 Dispensaries. The details of the ownership are clarified in Table 3.2

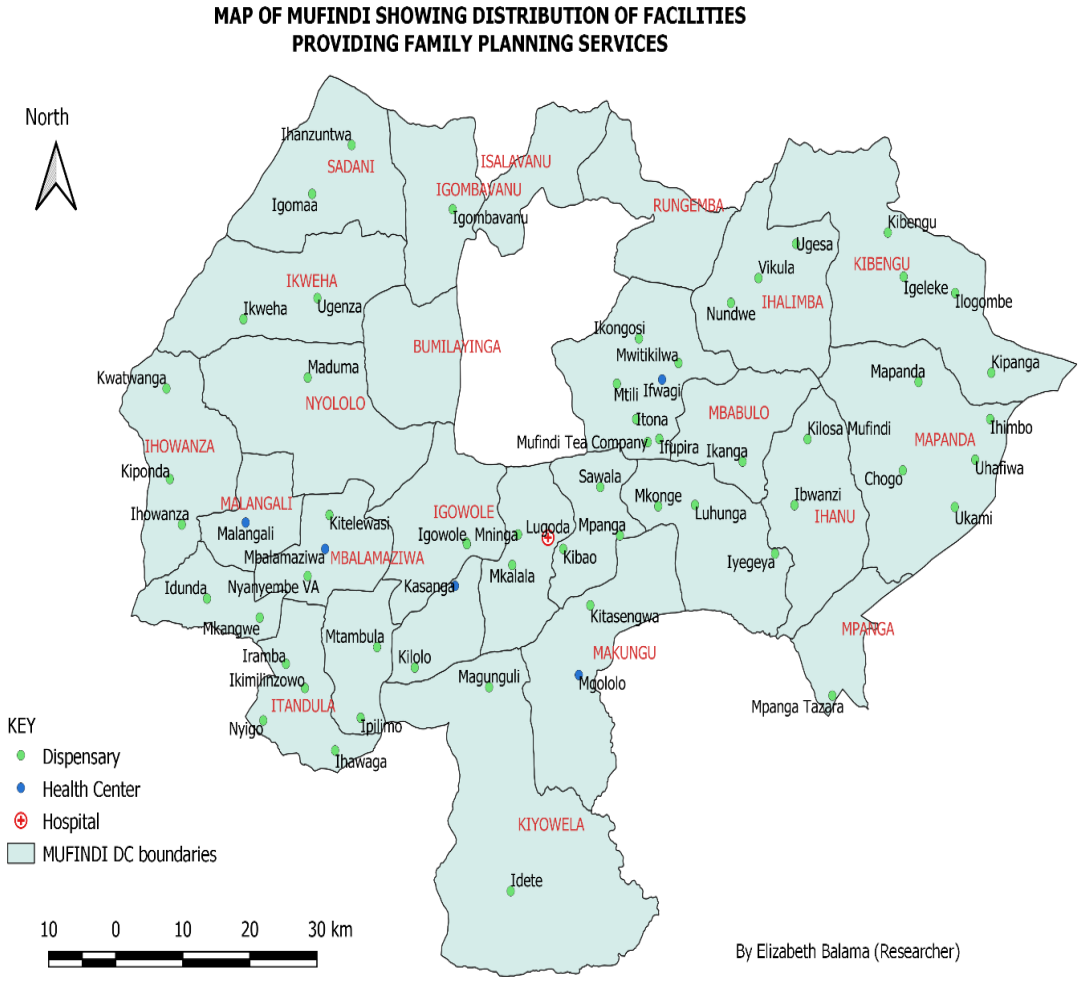
Table 3.2: Number of Health Facilities and Their Ownership

Type Of Facility	Ownership				Total
	LGA	FBO	Prison	Private	
Hospitals	0	0	0	1	1
Health Center	6	3	0	0	9
Dispensary	53	7	3	0	63
Total	**59**	**10**	**3**	**1**	**73**

Source: Mufindi District Health Profile

Out of 73 health facilities, only 63 are providing FP services. Figure xx shows the distribution of facilities, which provide family planning for long term, short-term methods and permanent methods of family planning.

Figure 3.1: Number of facilities providing FP services in Mufindi DC



Source: Researcher design (2019)

3.2 Evaluation Period

The study started from November 2018 to August 2019 whereby the proposal development was completed in April 2019, followed by data collection which was done in May and June 2019 after that data analysis and report writing were conducted between July and August 2019.

3.3 Evaluation Approach

A process evaluation was applied to assess the training on Long term methods of family planning to a skilled health care provider to reach the national target. Process evaluation approach was used because the program is still on the implementation process as some of its strategic action and activities are still used.

3.4 Evaluation Design

A descriptive cross- sectional study design was applied to assess the training on long term methods of family planning to a skilled health care provider to reach the national target. The choice of this design based on the fact that the evaluation intended to collect information on one point at a time and use important and detailed information from a single person or group (Ritchie & Lewis, 2013).

The study included 10 health facilities (1 private hospital, 3 public Health Centers and 6 public Dispensaries). In-depth Interviews (IDIs) were conducted to all 10 RCH in charges from 10 facilities and due to the geographical location of the study area the participants from FGD were available together at DMO office and they are responsible in one way or another in organizing an selecting the participants to participate in LTM of family planning training so, 1 Focus Group Discussion were conducted to 6 members from Council Health Management Team (CHMT) who were DRCHCo, DHS, DHIS2 Coordinator, BRN coordinator DNO and CBHCo.

3.5 Focus of Evaluation and Dimensions

The main focus of this study was to assess the training on long term methods of family planning to skilled health care providers to reach the national target as it was stipulated on program activity to train skilled health care providers to provide method mix with special focus on long term methods of family planning

3.6 Populations and Sampling

3.6.1 Target Population

The target population was all health staff that provides family planning from all health facilities in which family planning services is provided. Also, some members of the CHMTs (DRCHCo, DHS, DHIS2 Coordinator, BRN coordinator DNO and CBHCo) were involved in the study because they are responsible in planning, organizing and selecting the participants to participate in LTM of family planning training as well as providing the needed information.

3.6.2 Study population and Study units

The study population includes RHC in charges from selected health facilities and for the facilities where the RCH in charge was not available on the day of data collection, family planning provider was interviewed, CHMT members like DRCHCo, DHS,

DHIS2 Coordinator, BRN coordinator DNO and CBHCo were purposily selected so as to yield the key information about this study.

3.7 Sampling Techniques and Sample Estimation

The study participants were purposely selected until the saturation was reached and the data was collected until all necessary information were gathered and no newer information was evolving (Fowler, 2014; Vasileiou, Barnett, Thorpe, & Young, 2018; Anasel M. G., 2017). The study used a non-probability sampling technique to identify the key informants who provided the information for this study.

For this evaluation, purposive sampling technique was applied whereby all RCH in charges were purposely selected from the study facilities. Also, some of the members from CHMTs (like DRCHCo, DHS, DHIS2 Coordinator, BRN coordinator, DNO and CBHCo) were involved in order to elucidated common themes and shared stories.

Therefore, a total of 10 health facilities were involved in the study namely Lugoda Hospital, Ifwagi Health Centre, Kasanga Health Centre, Malangali Health Centre, Ikongosi Dispensary, Makungu Dispensary, Nyololo Dispensary, Ihowanza Dispensary, Igomaa Dispensary, and Chogo Dispensary. A total of 16 participants through FGDs IDIs. One (1) FGD was conducted with 6 participants, 2 men and 4 women while 10 participants, 5 men, and 5women, took part in IDIs as summarized in table 3.3.

Table 3.3: Study sites and participants

Category	Male	Female	Total
FGDs			
1. CHMTs (DRCHCo, DHS, DHIS2 Coordinator, BRN coordinator, DNO and CBHCo)	2	4	6
IDIs			
1. Lugoda Hospital	-	1	1
2. Ifwagi Health Centre	1	-	1
3. Kasanga Health Centre	1	-	1
4. Malangali Health Centre	-	1	1
5. Ikongosi Dispensary	-	1	1
6. Makungu Dispensary	-	1	1
7. Nyololo Dispensary	1	-	1
8. Ihowanza Dispensary	1	-	1
9. Igomaa Dispensary	-	1	1
10. Chogo Dispensary	1		1
Total	**7**	**9**	**16**

Source: Research data (2019)

3.8 Inclusion and Exclusion Criteria

RCH in charges from 10 selected health facilities (1 hospital, 3 health centers, and 6 dispensaries) were included in the study, also CHMTs members such as DRCHCo, DHS, DHIS2 Coordinator, BRN Coordinator, DNO and CBHCo) were included in the study. RCH in charges from 53 health care facilities which was not selected was excluded from the study.

3.9 Data Collection methods

In-depth Interview (IDI) and Focus Group Discussions (FGD) guide were used for data collection. The IDI was conducted to all Reproductive and Child Health provider to the selected facilities because it was difficult to gather them at one place due to geographical location because the facilities are far from one another.

3.9.1 Development of Data Collection Tools

Interview guide and focus group discussion guide was developed for qualitative data collection the tools were tested for their suitability and translated into Swahili language. The researcher with 3 trained research assistant conducted data collection from participants. The research assistants were selected based on their knowledge about Long term methods of family planning. To ensure the quality of data collected a one-day orientation was conducted to research assistants before the data collection.

3.9.2 Data Collectors

Three research assistants were oriented and involved in data collection activity. To ensure the quality of data collected a one-day orientation on how to interview the participants was conducted to research assistants before the data collection activity.

3.9.3 Data Collection Field Work

All data collectors were oriented on how to collect data and each data collector was assigned a specific health facility. IDIs guide was used in collecting data from all family planning providers from selected health facilities where by the researcher conducted a face to face interview and the questions were translated into Swahili language, FGD guide was used to collect data from Council Health Management Team (CHMT) and the note taker takes the important notes during focus group discussion.

3.9.4 Documentary Review

Documentary review also was used to collect data where by the researcher reviewed different documents and data from District Health Information System (DHIS2), Human Resource for Health Information System (HRHIS), DHS Office, DRCHCO Office and Health facilities Office.

3.10 Data Management and Analysis

Data collected from FGD and IDIs through audiotape were transcribed and compared with the field notes. The transcription of recorded FGDs and IDIs were done within 24 hours of data collection. The recorded transcriptions were translated to English and the transcriptions were read repeatedly to ensure the quality of data and acquire the sense of overall data. Stories were developed through a narrative analysis of the collected data. Then the transcribed texts were imported into the Atlas.ti (7.1.3 version). The coded of the texts was based on the objectives of the study followed by grouping of codes in families. Then, the transcripts were inductively coded using pre-determined themes and the emerging themes during coding will be deductively coded. The texts were coded based on the objectives of the study and followed by grouping of codes in families that reflect the objectives of the study. Finally, the outputs were created for all codes, quotations, memos and families for writing the final descriptive report.

3.11 Ethical Issues

Permission from Mzumbe University was obtained where by the Ethical Clearance Committee provides an approval letter to District Executive Director (DED) for data collection. The permission for the collection of data was obtained from DED of Mufindi DC. All participants were informed about the purpose of this study and assured that participating in this study is solely voluntary. Furthermore, all data collected were kept in a safe place anonymously and only given a special identity to help during analysis. Privacy was maintained during data collection by hiding the names and participants' designation so as to give the participants the freedom to express themselves without external or internal interferences. Audio taped and paper-based data were carefully stored in a manner that wouldn't allow any unauthorized persons to access.

3.12 Evaluation Dissemination Plan

Findings of this evaluation study will be disseminated to Mufindi council Health management team through meeting while health facilities through clinical meeting.

3.13 Limitations of Evaluation

The evaluation findings cannot be representative of the whole health facilities in Tanzania. Rather it can only be generalizable to the facilities that implement family planning activities especially long term methods of family planning services.

CHAPTER FOUR
FINDINGS

4.1 Introduction

This chapter represents the study findings and data analysis in the Evaluation of long term methods of family planning training to skilled health care providers to reach the national target.

The total of 16 participated in the study where by six CHMT members participated in Focus Group Discussion and ten RCH in charges participated in an in-depth interview. The interview was done at the facility and FGD was done at DMOs office. On top of that, some of the documents concerning training on long term methods of family planning were reviewed so as to collect the necessary information.

4.2 How the district organizes the training on long term methods of family planning.

The findings show that the training is conducted as it planned but there are no records to those health care providers who attended a certain training it terms of what method of family planning offered. Also, the training records do not show where, when and who sponsored that training.

Also on the documentary review which I have done on this part I realize that there are no records (on HRHIS and even on paper document) on training not only on family planning but also on other areas. The reasons are that when a health care providers go for a training after coming back they don't bring feedback to head the section as well as to them in charges.

> "*We don't have a surely documents on who attended the training, where, when and who sponsored it. This is a problem in our department and this is because of a geographical reasons that many health facilities are located far away from main office and another reasons is that we are having a shortage of staffs to make follow up on training issues even on HRHIS there is no document or records of those who are trained on family planning because I was assigned to update all the information on the system but I didn't trained much on how to use that system, only I do is to update the number of health care providers available in the council but to update training part I don't know. In addition, there is a lot of work here as you can see and we have a shortage of staff so it makes difficult for me to remember to update on HRHIS system for a long time"* (1ST FGD-CHMT, 2019).

Lack of proper documentation about family planning training can make those who select a provider to participate in the training to select one participant on the same training as a result it will be a problem to other person who does not participate even once. Also it will be difficult to understand who have got training and who does not as a result it will be difficult to understand staff skills on family planning services.

> "*mhh… I don't know exactly who participated on what training and who does not, but I understand the number of health care providers who are trained on short term and long term methods of family planning" (2nd IDI 2019)*

The documents from DHS office show that the table below should be filled by every coordinator so as to keep the records of training to all health care providers after being attend a certain training. But the template is empty this means that coordinators are not fill in the template

Tables 4.1 Number of Health care providers who have been trained on Family planning (both methods) in Mufindi Distrit Council.

S/N	FACILITY NAME	TITLE	NUMBER OF STAFF TRAINED	METHOD	YEAR TRAINED
2	**LUGODA HOSPITAL**	EN	1	SHORT TERM	2009
		EN	1	LONG TERM WITH IUCD	2014
		ANO	1	LONG TERM WITH IUCD	2014
3	**SADANI H/CENTRE**	EN	1	SHORT TERM/LONG TERM IMPLANTS /JADELLE	2009 and 2015
4	**KASANGA H/CENTRE**	CO	1	SHORT TERM	2009
		EN	1	SHORT TERM	2009
		EN	1	SHORT TERM/LONG TERM IMPLANTS /JADELLE	2009
5	**MALANGALI H/C**	EN	1	SHORT TERM	2009
		CO	1	SHORT TERM	2013
		M/ATT	1	SHORT TERM	2007
		EN	1	SHORT TERM	2009
		M/ATT	1	SHORT TERM	2007
6	**USOKAMI H/C**	EN	1	SHORT TERM	2009
7	**IFWAGI H/C**	EN	1	SHORT TERM	2009
		EN	1	LONG TERM /IMPLANTS/JADELLE	2015
8	**MGOLOLO H/C**	M/ATT	1	SHORT TERM	2012
		EN	1	SHORT TERM	2009
		EN	1	SHORT TERM	2013
15	**NYOLOLO DISP**	M/ATT	1	SHORT TERM	2009
		EN	1	SHORT TERM	2009
		CO	1	SHORT TERM	2009
16	**MADUMA DISP**	M/ATT	1	SHORT TERM	2009
17	**IRAMBA DISP**	M/ATT	1	SHORT TERM	2011
18	**NYANYEMBE VA DISP**	EN	1	SHORT TERM/ IMPLANTS/JADELE	2013 AND 2015
		ANO	1	LONG TERM WITH IUCD	2012
19	**IKIMILINZOWO DISP**	M/ATT	1	SHORT TERM	2012
20	**IDUNDA DISP**	EN	1	SHORT TERM	2009
21	**IHOWANZA DISP**	EN	1	SHORT TERM	2013
22	**KWATWANGA DISP**	EN	1	LONG TERM	2014
23	**UGENZA DISP**	M/AT	1	SHORT TERM	2007

		T			
		CO	1	SHORT TERM	2012
24	**IGOMAA DISP**	M/ATT	1	SHORT TERM	2009
		CA	1	SHORT TERM	2013
25	**IHANZUTWA DISP**	CO	1	SHORT TERM	2012
		EN	1	SHORT TERM	2013
26	**IGOMBAVANU DISP**	EN	1	SHORT TERM	2009
27	**ISALAVANU DISP**	EN	1	SHORT TERM	2009
		M/ATT	1	SHORT TERM	2007
30	**IBWANZI DISP**	M/ATT	1	SHORT TERM	2008
31	**UHAFIWA DISP**	M/ATT	1	SHORT TERM	2009
32	**UKAMI DISP**	EN	1	SHORT TERM	2013
33	**CHOGO DISP**	EN	1	SHORT TERM	2009
34	**MAPANDA DISP**	M/ATT	1	SHORT TERM	2009
35	**ISIPII DISP**	EN	1	SHORT TERM	2009
36	**SAWALA DISP**	EN	1	SHORT TERM	2009
37	**MKONGE DISP**	EN	1	SHORT TERM	2009
		CO	1	SHORT TERM	2009
38	**LUHUNGA DISP**	EN	1	SHORT TERM	2009
44	**MPANGA TAZARA DISP**	M/ATT	1	SHORT TERM	2007
48	**MNINGA DISP**	EN	1	SHORT TERM	2009
49	**IGOWOLE DISP**	ANO	1	SHORT TERM	2009
		EN	1	SHORT TERM/ IUCD	2009
		M/ATT	1	SHORT TERM	2009
51	**KITASENGWA DISP**	EN	1	SHORT TERM	2009
52	**IHAWAGA DISP**	M/ATT	1	SHORT TERM	2009
		M/ATT	1	SHORT TERM	2012
53	**MTAMBULA DISP**	EN	1	SHORT TERM	2009
55	**MAGUNGULI DISP**	M/ATT	1	SHORT TERM	2013
56	**KIPANGA DISP**	EN	1	SHORT TERM	2009

***Source**: DHS Office (2019)*

Family planning training is conducted when the stakeholder organizes it or a ministry of Health plan to provide training to a skilled health care provider, but some of the facility at Mufindi District Council could have a non skilled personnel especially new

one have only Medical attendants who provides all services at the facility including Family Planning services.

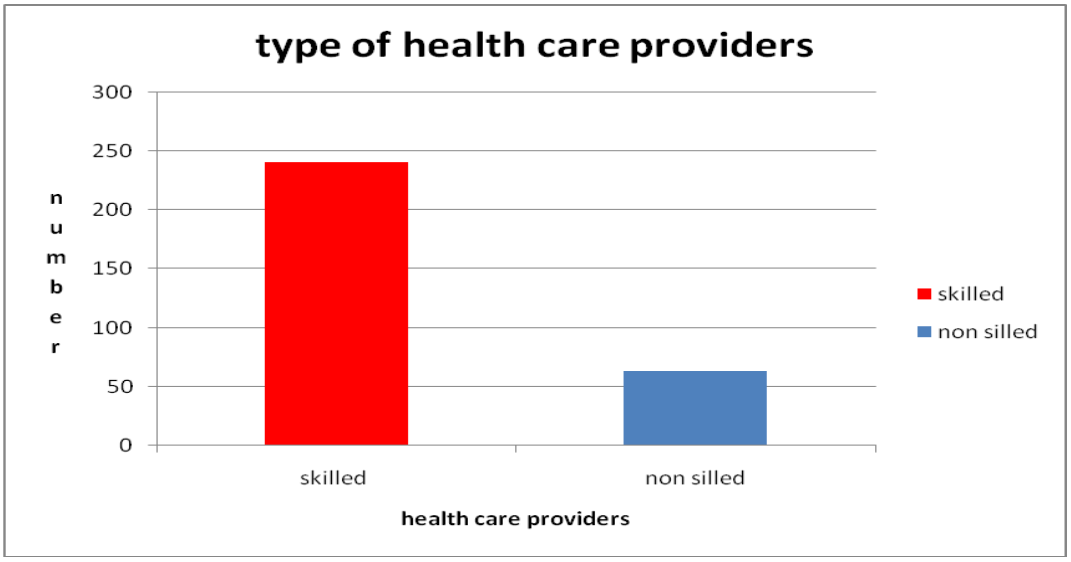
> *" Mhhh…As you know the problem of staffs we do have some facilities which have only medical attendants and the facility have allot of FP clients what we do is that we align with the guidelines that Medical attendants should be trained and provide short term methods only, but long term methods are not allowed" (6th FGD-Mufindi,2019).*

The training on FP is conducted as planned but this makes facilities that are under medical attendants to lose some of clients because some of them need long-term methods of family planning. Also number of health care providers should be increased so as to enable the facility to have skilled personnel and meet the requirements of a provider to be trained on FP services provision.

> *"By the year 2018/2019 facilities which plan to have on job training on their budget they managed to implement it by welcoming other health care providers from other facilities who are trained on FP to train them on fp service provision Also the government should make sure that there is a balance between the guidelines and a real situation at our facilities. We do have a shortage of health care providers so when they update their guidelines they have to know what a real situation at our facility is." (5th FGD 2019).*
>
> *3rd FGD-CHMT 2019).*

Figure 4.1 shows the number of trained and non-trained health care providers at Mufindi District. Although the number of skilled health care personnel is high compared to non skilled but that small number of non skilled affect the implementation of family planning in the district. This is because all facilities which has a non skilled will not have a trained personnel on family planning services due to the program document which require skilled health care personnel to be trained on the provision of method mix of family planning with special focus on long term methods of family planning. So the facilities with non skilled health care providers will remain without trained personnel on family planning service provision.

Figure 4.1 Type of Health care providers.



Source: *Researchers Own Construct (2019)*

4.3 How the training on Long term methods is conducted at Mufindi DC

The findings show that health care providers trained with a full package on long term methods of family planning which most of the time offered by Engender Health or Boresha Afya.

> *"All I know is that all trainings on Long term methods of family Planning are offered at our district by ministry of health and a stakeholder known as BORESHA AFYA whereby on job training is offered to those who are not trained on Providing LAFP. Also it depends on the available budget, the district and Boresha afya managed to provide training on long term methods of Family planning to 21 health care provider (6.8%) The selection of health care providers to be trained based on the site with high volume FP clients, and who are committed"* (1st FGD-CHMT, 2019).

> *"I have trained on Long term methods of family planning with Maria Stopes when I was working in Mbeya Region but when I was transferred to my new facility which is Kasanga health centre I got a refresher training which was supported by Boresha Afya and after that I gain more competency on providing long term methods of family planning to a client" (7th IDI 2019).*

Also on the documents I reviewed, I find out that there are health care providers who trained on Long- term methods of family planning. The training was comprehensive and was funded by different funder. Also the documents show that there are few health care providers who are trained on comprehensive long term family planning provision.

Table 4.2 Health Care Workers Trained on Long Term Family Planning Methods Mufindi DC

S/NO	FACILITY NAME	TITLE	SEX	METHOD	YEAR TRAINED	FUNDER
1	**DMO'S OFFICE**	ANO	F	LONG TERM FP	2007	PHCI IRINGA
2	**LUGODA HOSPITAL**	ANO	F	LONG TERM FP	2014	PSI
3	**LUGODA HOSPITAL**	EN	F	LONG TERM FP	2014	PSI
4	**SADANI H/CENTRE**	EN	M	LONG TERM FP	2015	PHCI IRINGA
5	**KASANGA H/CENTRE**	EN	F	LONG TERM FP	2009	PHCI IRINGA
6	**IFWAGI H/C**	EN	F	LONG TERM FP	2015	PHCI IRINGA
7	**IGOWOLE DISP**	EN	F	LONG TERM FP	2009	PHCI IRINGA

Source; (DRCHCO OFFICE)

Also when I reviewed various documents I observed that there are some of health care providers received an invitation from MOH and MARIE STOPES to attend training on long acting method of family planning at different places.

> "*I attended training on Long term methods of family planning on December 2018 at Morogoro Region and the training was for two weeks offered by Boresha Afya."* (10th IDI 2019).

TABLE 4.3 Type of FP methods offered and funder.

FACILITY NAME	TITLE	SEX	METHOD	YEAR TRAINED	FUNDER
DMO'S OFFICE	ANO	F	SHORT TERM	2009	PHC IRINGA
	AMO	M	SHORT TERM	2012	PHC IRINGA
	M/ATT	F	SHORT TERM	2009	PHC IRINGA
	ANO	F	LONG/SHORT TERM FP	2007	PHCI IRINGA

LUGODA HOSPITAL	EN	F	LONG/SHORT TERM FP	2014	PSI
LUGODA HOSPITAL	ANO	F	LONG/SHORT TERM FP	2014	PSI
SADANI H/C	EN	M	LONG/SHORT TERM FP	2015	PHCI IRINGA
IGOWOLE DISPENSARY	EN	F	LONG/SHORT TERM FP	2009	PHCI IRINGA
IFWAGI H/C	EN	F	LONG/SHORT TERM FP	2015	PHCI IRINGA
KASANGA H/C	EN	F	LONG/SHORT TERM FP	2009	PHCI IRINGA
KASANGA H/CENTRE	CO	F	SHORT TERM	2009	PHC IRINGA
MALANGALI H/C	EN	F	SHORT TERM	2009	PHC IRINGA
	M/ATT	F	SHORT TERM	2012	PHC IRINGA
MBALAMAZIWA HC	M/ATT	F	SHORT TERM	2007	PHC IRINGA
USOKAMI H/C	EN	F	SHORT TERM	2009	PHC IRINGA
IFWAGI H/C	EN	F	SHORT TERM	2009	PHC IRINGA
MGOLOLO H/C	EN	F	SHORT TERM	2013	PHC IRINGA
MAKUNGU DISP	EN	F	SHORT TERM	2009	PHC IRINGA
IKWEHA DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
NYOLOLO DISP	EN	F	SHORT TERM	2009	PHC IRINGA
IHOWANZA DISP	M/ATT	F	SHORT TERM	2011	PHC IRINGA
IDUNDA DISP	ANO	F	SHORT TERM	2016	ENGENDER HEALTH
NYANYEMBE	EN	F	SHORT TERM	2009	PHC IRINGA
UGENZA DISP	M/ATT	F	SHORT TERM	2007	PHC IRINGA
IGOMAA DISP	CA	F	SHORT TERM	2013	ENGENDER HEALTH
IHANZUTWA DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH

IBWANZI DISP	M/ATT	F	SHORT TERM	2008	PHC IRINGA
UKAMI DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH
CHOGO DISP	EN	F	SHORT TERM	2009	PHC IRINGA
MDABULO DISP	EN	F	SHORT TERM	2009	PHC IRINGA
MTILI DISP	EN	F	SHORT TERM	2009	PHC IRINGA
MKONGE DISP	CO	F	SHORT TERM	2009	PHC IRINGA
KASANGA HC	EN	F	SHORT TERM	2009	PHC IRINGA
IGOWOLE DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
KITASENGWA DISP	EN	F	SHORT TERM	2009	PHC IRINGA
IPILIMO DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
	EN	F	SHORT TERM	2013	ENGENDER HEALTH
IHAWAGA DISP	M/ATT	F	SHORT TERM	2012	ENGENDER HEALTH
MTAMBULA DISP	EN	F	SHORT TERM	2009	ENGENDER HEALTH
ILOGOMBE DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
IFUPIRA DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH
ISIPII DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH
MPANGA DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH

Source: SOURCE; DRCHCO OFFICE 2019

4.4 Determine if skilled health care providers are trained on long term methods of family planning.

The findings show that there are providers who are trained on long term methods of family plnning and they are able to provide services on long term methods of family planning to a client, provide counseling, doing FP outreach services. Also the findings

show that health care providers are trained but they fail sometimes to provide services as it intended due to some reasons concerning family planning methods as it revealed into the participants' responses as follows.

> *"I have trained on family planning service provision and I can provide different methods of family planning especially long term methods of family planning to my clients. Aaaamm…. also I can provide counseling to clients, and on top of that I work with different development partners in Family planning outreach services in providing family planning services to hard to reach areas and those villages in which their dispensaries are not offered family planning services also there is another problem to trained family planning providers in providing services. You can find that the provider is trained but fail to provide services to the clients just because of shortage of fund in doing outreach services, transport problem, work load and lack of motivation to providers"* (4th FGD-CHMT, 2019).

Table 4.4 Number of Health Care Workers Trained on Short Term Methods of Family Planning -Mufindi District Council.

FACILITY NAME	TITLE	SEX	METHOD	YEAR TRAINED	FUNDER
DMO'S OFFICE	ANO	F	SHORT TERM	2009	PHC IRINGA
	AMO	M	SHORT TERM	2012	PHC IRINGA
	M/ATT	F	SHORT TERM	2009	PHC IRINGA
KASANGA H/CENTRE	CO	F	SHORT TERM	2009	PHC IRINGA
MALANGALI H/C	EN	F	SHORT TERM	2009	PHC IRINGA
	M/ATT	F	SHORT TERM	2012	PHC IRINGA
MBALAMAZIWA HC	M/ATT	F	SHORT TERM	2007	PHC IRINGA
USOKAMI H/C	EN	F	SHORT TERM	2009	PHC IRINGA
IFWAGI H/C	EN	F	SHORT TERM	2009	PHC IRINGA
MGOLOLO H/C	EN	F	SHORT TERM	2013	PHC IRINGA
MAKUNGU DISP	EN	F	SHORT TERM	2009	PHC IRINGA
IKWEHA DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
NYOLOLO DISP	EN	F	SHORT TERM	2009	PHC IRINGA
IHOWANZA DISP	M/ATT	F	SHORT TERM	2011	PHC IRINGA
IDUNDA DISP	ANO	F	SHORT TERM	2016	ENGENDER HEALTH
NYANYEMBE	EN	F	SHORT TERM	2009	PHC IRINGA
UGENZA DISP	M/ATT	F	SHORT TERM	2007	PHC IRINGA
IGOMAA DISP	CA	F	SHORT TERM	2013	ENGENDER HEALTH
IHANZUTWA DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH
IBWANZI DISP	M/ATT	F	SHORT TERM	2008	PHC IRINGA
UKAMI DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH
CHOGO DISP	EN	F	SHORT TERM	2009	PHC IRINGA

MDABULO DISP	EN	F	SHORT TERM	2009	PHC IRINGA
MTILI DISP	EN	F	SHORT TERM	2009	PHC IRINGA
MKONGE DISP	CO	F	SHORT TERM	2009	PHC IRINGA
KASANGA HC	EN	F	SHORT TERM	2009	PHC IRINGA
IGOWOLE DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
KITASENGWA DISP	EN	F	SHORT TERM	2009	PHC IRINGA
IPILIMO DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
	EN	F	SHORT TERM	2013	ENGENDER HEALTH
IHAWAGA DISP	M/ATT	F	SHORT TERM	2012	ENGENDER HEALTH
MTAMBULA DISP	EN	F	SHORT TERM	2009	ENGENDER HEALTH
ILOGOMBE DISP	M/ATT	F	SHORT TERM	2009	PHC IRINGA
IFUPIRA DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH
ISIPII DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH
MPANGA DISP	EN	F	SHORT TERM	2013	ENGENDER HEALTH

Source*:* SOURCE; DRCHCO OFFICE 2019

The participants who were participated in answering this question said that some of them have trained on short term methods and others have trained on long term methods of family planning.

> "In *answering this question I can say that I have appointed as a nurse assistant thirty years ago, by that time there was artificial methods of family planning so, I participated on providing that artificial methods in terms of education to the community but when my fellow worker arrived to my facility she trained me on how to provide short term methods of family planning like condom, pills and others" (medical attendant from one of a health facility).*

Some of health care providers from health facilities were trained but they do not have enough equipment in terms of family planning commodities.

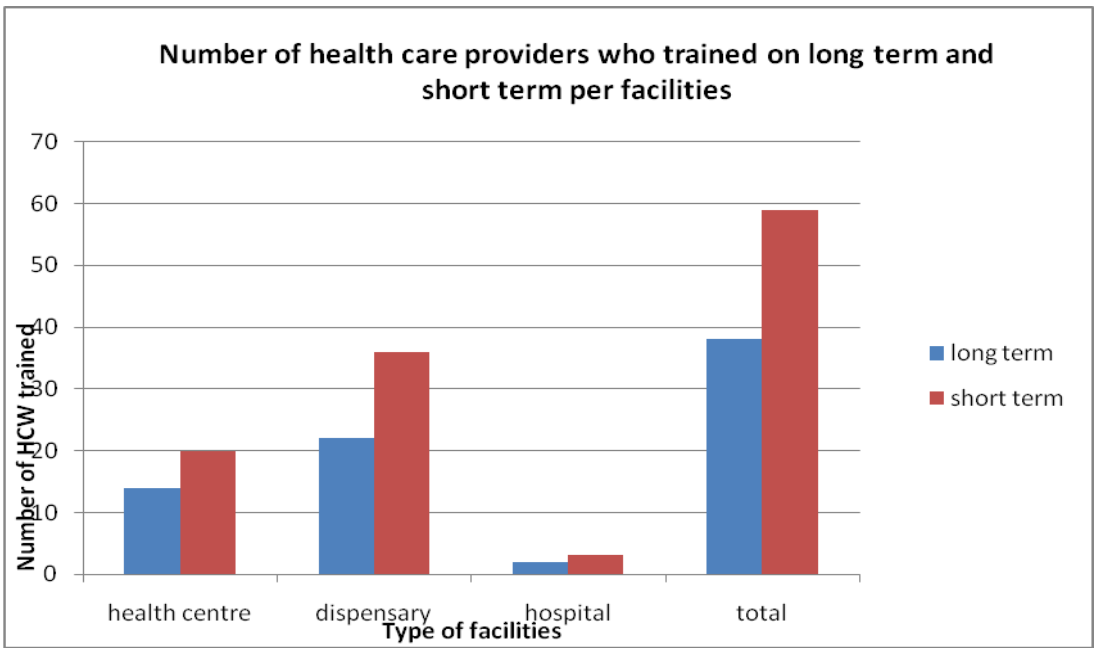
> "*Let me say the truth…… I was trained on providing family planning services but I practice less due to the availability of fp commodities. My facility does*

not support by Boresha Afya so we depend on government supply of commodities so I have forgot on how to provide some of the family planning services" (9th IDI, 2019).

More over most of health care providers are trained on Family planning service provision, some are trained on short term and others on long term methods of family planning.

Figure 4.2 shows the number of health care providers who are trained on the provision of short term and long term methods of family planning in the facility from hospital level, health centre and dispensary level. The chart also shows that there are many health care providers who are trained on the provision of short term methods of family planning than long term methods.

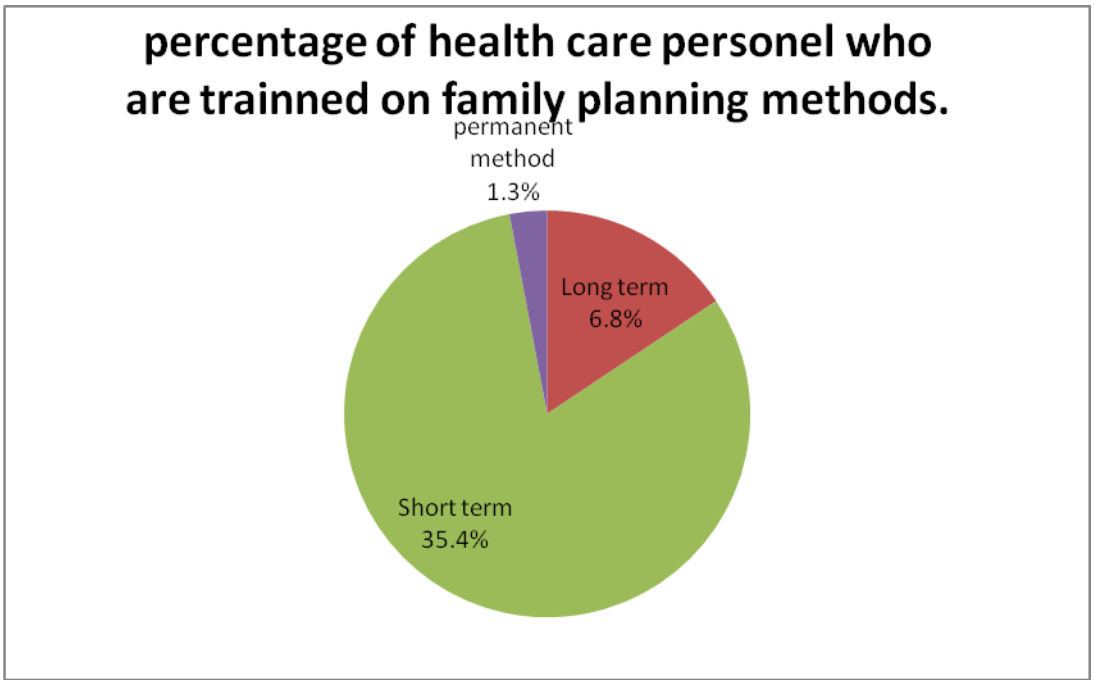
Figure 4.2 Numbers of health care providers who are trained on long term and short term per type of facility facilities.



Source: DRCHCO office (2019)

Another observation from the field show that the percentage of health care personnel who are trained on short term methods is high compared to the percentage of those who are trained on long term and permanent methods of family planning.

Figure 4.3 Percentage of health care personnel who are trained on FP methods



Source: DRCHCO office (2019)

Figure 4.3 Shows the percentage of health care personnel who are trained on short term methods, long term and permanent methods of family planning. The percentage is out of 304 health care providers.

> *"There are a lot of health care providers who are trained on short term methods of family planning compared to other method because it is easy to provide on job training on short term methods also it is less costly compared to long term methods because it needs a real practice like implant incision and IUCD"* (2nd FGD-CHMT, 2019).

Also some of health care providers just attend the training and when it comes to a real practice they don't participate in providing services to the clients as a result the council cannot have a good report on family planning service provision hence it will be difficult in realizing the national target.

> "*I have an experience to many of health care providers who just attended family planning training and after that they fail to achieve what it meant to be achieved because after receiving the money from that training they fail to practice what they have been taught in that training"* (4th FGD-CHMT, 2019).

"*hahaaaaa, I do have a training on long term and short term, but I work hard when I know that there is money I am going to receive because family planning activities are planned and implemented by "Mdau" but I usually write report and provide services to clients as routine"(10th IDI; 2019).*

CHAPTER FIVE

DISCUSSION OF THE FINDINGS

5.1 Introduction

This chapter five present the discussion of the research findings, this is based on the analysis and presentation of the findings available in chapter four above guided by the evaluation objectives.

5.2 How the district organizes the training on long term methods of family planning.

The findings show that the district is responsible in including different activities concerned family planning activities as well as implementing it. Also long term methods of family planning are not conducted as it planned because a lot of facilities do not have enough skilled health care providers who can be trained on family planning as it was stipulated on One Plan II that only skilled health care providers should be trained on family planning.

On the study of (Mwanambesi, 2018), shows that there is a discrepancy on the data, which have been, recorded the number of training offered to health care providers. So there will be no evidence on if family planning is conducted as it planned, the facility or a council could plan to provide FP training to certain number but due to lack proper documentation it will be difficult to understand if the training has been conducted as it was planned.

Also the findings reveal that by the year 2018/2019 some of the facilities, which plan to have on job training, they managed to implement it by welcoming other health care providers from other facilities who are trained on FP to train them on FP service provision. This means that our facilities are able to plan and implement their own family planning activities if they have enough budgets.

On top of that the findings show that the government updates the family planning guidelines without understanding the real situation at our facilities. The changes on guidelines could be made without doing any prior investigation to the facility if the

changes which were made can be accepted and used without any problem. So trainings have to be on place when there is an introduction of a new guidelines concerning family planning.

5.3 To investigate how the training on long term methods is conducted at Mufindi District council.

On this objective the findings show that the ministry of health in collaboration with Boresha Afya is the one who providing long term methods of family planning by offering on job training. In addition, the findings show that the council and boresha Afya managed to select a committed health care provider to train them on long acting methods of family planning. Also, some of health care providers in the facilities invited to participate in different training offered by different development partners like Marie Stopes, Boresha Afya as well as ministry of health.

On the study done at Kasulu by (Mwanambesi, 2018), it shows that the development partners are the ones who sponsor the training of family planning and they have the specific facilities which they support, so all trainings which are conducted will be on that facilities which are supported by that development partners. By doing so it may create a repetition of one health care provider to participate more than once when the training is conducted. Also training can work as non monetary incentives to health care providers also it seems that providers who are trained on family planning at public facilities seems to provide better care than those who are not receive similar training. Also staffs who are working at government facilities have high chances of being trained in family planning than those who are working at private facilities

According to One plan II skilled health care providers should be trained on Long term methods of family planning, this is stipulated on page number 44 on a key result area number one. Respondents who were interviewed responded to that question that all trainings on long term methods of family planning are conducted in collaboration between BORESHA AFYA and Ministry of health.

5.4 To determine if skilled health care providers are trained on long term methods of family planning.

Programme document emphasis on the provision of training to skilled health care providers on family planning with special focus on long term methods of family planning so as to realize the national family planning target by 2020.

As pointed out by (Wendo, 2016) shows that lack of trained staff or transfer of trained and motivated staff resulted in low commitment of the staff that remained to provide the FP services. This is also our problem in our facilities there are facilities which have no trained staff in the provision of family planning services. The shortage of skilled staff could be the reason of having no trained staff at the facility because according to the guidelines in needs a skilled and you can find other facilities have only non trained staff (medical attendant).

The findings show that many health care providers are trained on provision of family planning services, as some of them are trained on long term methods of family planning and others are trained on short term methods of family planning.

More over the findings show that health care personnel are trained but they fail to provide services as it intended to the clients. The reasons behind this is that there is a shortage of fund to implement some of the activities like family planning outreach services, a problem of transport to perform outreach services, misconception between clients which lead them not to go to the facility to seek family planning services.

Although health care providers have trained on family planning services still some of them are not providing services to the clients as intended. The reasons behind are that some of them think that family planning activities are for the development partners' activities so they don't work hard so as to achieve the intended goal. Other reasons are on clients' side, they believe that modern family planning methods can cause cervical cancer this is because some of the method prevent the menstrual and lead the clotting of blood and at the end it will cause a woman to have a cervical cancer.

Observation from the field reveal that Health care providers have trained on family planning service provision as it observed in some of the facilities that health care provider provides family planning health education to the clients every morning

before the provision of health services. Other family planning provides family planning education on its importance, how it works and reasons to use family planning into the village meetings, at the church, mosques and at the market

CHAPTER SIX
CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the research conclusion, suggestions and recommendations in which different researchers; people and other stakeholders should work on it. Also the chapter provides the conclusion, advices, and recommendation, which can bring up the improvement in some areas concerning family planning.

6.2 Summary

The study is about evaluation of long term methods of family planning training to skilled health care providers at Mufindi district council to reach the national target. A cross sectional evaluation design was used to evaluate this program. The sample consisted of collecting the information to participants until I reach the saturation point. The participants were as follows; RCH in charges from the selected health facilities which provides family planning services, also among members of CHMT were purposively selected, they consist of DRCHCo, DHS, DHIS2 Coordinator, BRN coordinator DNO and CBHCo. Primary data was collected through interviews and focus group discussion, and secondary data were collected through documentary reviews. Atlas.Ti content analysis method was used to analyze the in-depth interviews.

The finding show that the training on family planning is conducted as it was planned but there are no records on those who are trained on long term methods of family planning. Also the facilities which have enough budgets organize and implement their own activities on long term methods of family planning.

Also the findings show that Boresha Afya and Ministry of health are working together in providing trainings on long acting methods of family planning by teaching them while on job, also health care providers are trained through receiving an invitation from development partners and MOH. Also health care providers are trained on how to provide long term methods of family planning services to the clients.

6.3 Conclusion

In order to reach the stated target on long term methods of family planning, training should be provided to skilled health care providers so as to enable them to acquire new knowledge and skills on how to provide quality family planning services, the same applies to the council there should be a mechanism of making sure that health care providers are trained on providing family planning services to the clients. If they are trained they can be able to provide quality family planning services especially on long term methods of family planning.

6.4 Recommendations

i. CHMT should make follow up to those who are trained on long term methods of family planning to participate in service provision to a clients.
ii. DRCHCO should organize for the training on long term methods of family planning so as to enable many health care providers to be trained on long term methods of family planning.
iii. In order to reach the national target training on long term methods of family planning should be provided to health care providers.
iv. CHMT should make an emphasis to health facilities to plan for training on long term methods of family planning on their facility plans.
v. The council through CHMT has to make a special request to MOH and Boresha Afya to plan for training on long term methods of family planning

6.5 Policy Implication

The Ministry of health and development partner will be able to plan for training on long term methods of family planning.

6.6 Area for Further Evaluation

Further evaluation can be done to evaluate the quality of family planning services provided by Family Planning trained health care workers.

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APPENDICES

Appendix I

Interview guide for RCH in charges.

Participant No……

Dear Sir/ Madam

My name is Elizabeth Balama, a student at Mzumbe University pursue Masters' of Science in Health Monitoring and Evaluation, thank you very much for allocation of your time to do this interview with me. My research title is **evaluation of long term methods of family planning training to skilled health care provider to reach the national target at mufindi district"** I am conducting this evaluation for the academic purpose and I will make sure that all information which you will provide will be confidentially maintained and will not be disclosed to any other persons. This

interview will take about 30 to 45 minutes to complete. I hope that you will help me in getting the relevant information required.

1. What do you understand about Family planning?
2. Have you ever attended any of family planning training?
3. What is the importance of family planning?
4. Is there any FP training conducted at your facility? If yes, what method of family planning have you trained?
5. Do you think that FP training is conducted as it planned at your district?
6. Can you explain to me how the training on long term methods is conducted at your district?
7. Do you organize and conduct FP training at your facility/district?
8. If yes (above) do you see the positive impact in realizing the national FP target?

Appendix II

FGD Guide for Health Management Team

How are you….

Thank you for your time to talk with me today, my name is Elizabeth Balama, a student from Mzumbe University pursuing MSc. Health Monitoring and Evaluation.

I am here to obtain your opinion on training of **Long term methods of family planning.** This study requires me to undertake an "**evaluation of long term methods of family planning training to skilled health care provider to reach the national target at mufindi district"** which will ultimately allow me to write a report as per requirement for the partial fulfillment of the award of the Master Degree.

I want to assure you that any information which you will provide in the course of this session will only be used for the purposes of the study and not otherwise. No information given will be disclosed to unintended audiences.

Ground rules

Before we start, I would like to remind you that there are no right or wrong answers in this discussion. We are interested in knowing what each of you think and know, so please be free and frank to share your point of view, regardless of whether you agree or disagree with what you hear. It is very important that we hear all your opinions.

Let's start by doing an introduction to each other.

1. What do you know about the topic that has brought us here today (Family planning program implementation)?

   Probe: When started? Who initiated it? Have you participated in any of the Fp implementation activities? Mention the activities.
2. Do you know the current Nationl FP target per each district? Mention yours…Can you say about it in relation to that of the Nation?
3. Can you explain to me the importance of family planning training?
4. Do you think that if training on FP is conducted as it planned can help in realizing the national target? Why?

   Probe: Do you have planned activities on FP training on your CCHP?
5. Can you explain to me on how the training on long term methods is conducted at Mufindi DC?
6. Have you trained on FP service provision?

Have a nice day!

Appendix III

MADODOSO YA KISWAHILI.

Ndugu mshiriki, kwa majina naitwa **Elizabeth Balama,** mwanafunzi wa shahada ya pili, chuo kikuu Mzumbe nikisomea Ufuatiliaji na Usimamizi wa shughuli za Afya. Nafanya **TATHMINI YA UTOAJI WA MAFUNZO KWA WATOA HUDUMA ZA AFYA WENYE UJUZI KATIKA NJIA ZA MUDA MREFU ZA UZAZI WA MPANGO ILI KUWEZA KUFIKIA LENGO LA TAIFA KATIKA HALMASAHAURI YA WILAYA YA MUFINDI**. Pia tathmini hii ni mojawapo ya matakwa ya kuhitimu masomo yangu.

Utafiti huu ni kwa ajili ya masuala ya kitaaaluma na si vinginevyo. Hivyo kwa unyenyekevu mkubwa naomba ushiriki wako kwa kujibu maswali utakayoulizwa kwa lengo la kukusanya taarifa ambazo zitatumika kama matokeo ya utafiti. Majibu yako yatakuwa ni siri, na pia ushiriki wako hautawekwa wazi.

Naomba ushirikiano wako.

1. Unaelewa nini juu ya uzazi wa mpango wa muda mrefu?
2. Je umewahi kushiriki katika mafunzo ya uzazi wa mpango wa muda mrefu?
3. Nini umuhimu wa kuwapatia mafunzo watoa hudauma wenye ujuzi namna ya kutoa hduma za uzazi wa mpango wa muda mrefu?
4. Je kuna mafunzo yoyote ya uzazi wa mpango wa muda mrefu yaliyowahi kutolewa katika wilaya yako?
5. Unadhani kwamba mafunzo hayo yanatolewa kama inavyotakiwa?
6. Unaweza kunieleza ni namna gani mafunzo mafunzo ya uzazi wa mpango yanavyotolewa wilayani kwako?
7. Je mnapanga na kuendesha mafunzo ya uzazi wa mpango katika kituo chako cha kutolea huduma?

Appendix IV

MWONGOZO WA MAJADILIANO NA BAADHI YA WAJUMBE WA TIMU YA UENDESHAJI NA UTOAJI WA HUDUMA ZA AFYA JUU YA TATHMINI YA UTOAJI WA MAFUNZO YA UZAZI WA MPANGO WA MUDA MREFU KWA WATOA HUDUMA WENYE UJUZI ILI KUWEZA KULIFIKIA LENGO LA TAIFA LA UZAZI WA MPANGO.

1. Unelewa nini juu ya mada iliyotuleta leo?
2. Je umewahi kushiriki katika shughuli yoyote ya utekelezaji wa program hii ya uzazi wa mpango? Unaweza kutaja shughuli hizo?
3. Je unajua shabaha ya taifa kwa kila wilaya ya uzazi wa mpango? Unaweza kutaja ya wilaya yako? Na je unaweza kusema chochote juu ya shabaha ya wilaya yako ukilinganisha na ya nchi nzima?
4. Kwa maoni yako unadhani ni sababu gani inapelekea wilaya nyingi kushindwa kulifikia lengo (shabaha) ya nchi ya uzazi wa mpango?
5. Unadahani kuwa iwapo mafunzo ya uzazi wa mpango yakifanyika kama ilivyopangwa yatasaidia katika kulifikia lengo la taifa la uzazi wa mpango? Kwa nini?
6. Je kuna shughuli za mafunzo ya uzazi wa mpango ya muda mrefu zilizowekwa katika mpango kabambe wa Afya.
7. Unaweza kunieleza ni namna gani mafunzo ya muda mrefu ya uzazi wa mpango yanavyotolewa hapa wilayani?
8. Je umepata mafunzo ya namna ya utoaji wa huduma za uzazi wa mpango wa muda mrefu?