VALIDATION MEETING
REPORT:

Development of Regional Model Nutrition Curricula for Frontline Workers

East Central and Southern Africa (ECSA) Health Community

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1.0 Introduction

1.1 Background

ECSA Health Community with the support from the World Bank is implementing a capacity development for nutrition project in Kenya, Tanzania and Uganda. The project aims at improving the knowledge and competences of frontline workers at health facility and community levels to effective deliver nutrition services. ECSA has since undertaken several activities towards attaining this end, namely: a) convened a regional planning meeting to set an agenda for capacity development project and clearly define categories of frontline workers b) conducted a desk review that examined i) status of available pre and in - service packages ii) health workforce capacity and iii) nutrition policies, strategies & plans c) held in country consultative workshops with stakeholders to discuss the need for building capacity of frontline workers on nutrition and d) developed a framework of action for development of pre – service and in service packages.

A regional consultative workshop was held in September 2017to discuss and agree on the nutrition functions/tasks to be undertaken by various frontline workers and build consensus on the requisite competencies (knowledge, skills and attitudes). These were incorporated into a draft model pre – service curriculum that has since been developed. This stakeholder's validation workshop was organized to critically evaluate this draft curriculum to ensure, it is responsive to the nutrition needs and address the capacity gaps and key competences required by the front line health workers..

2.0 Purpose and Objectives of the Validation Workshop

2.1 Purpose of the Workshop

1. To validate the model pre – service nutrition curriculum for frontline workers in Eastern African region.
2. To develop plans for dissemination and adoption of the curriculum in collaboration with stakeholders that includes regulators, professional bodies and associations, government agencies and other partners implementing nutrition services in the three East African countries

2.2 Objectives of the workshop

1. Critically evaluate the appropriateness and relevance of content in meeting nutrition needs of the region
2. Critique the effectiveness of the training approach in imparting the requisite knowledge, skills and attitudes of frontline workers to provide nutrition services. *Is the curriculum competency based?*
3. Evaluate the adequacy/sufficiency of time allocated for each content area
4. Review the organization and sequencing of content for training; interrogate whether it facilitates effective learning of the content
5. Interrogate the quality of training materials to determine their adequacy and relevance in supporting attainment nutrition competencies
6. Undertake stakeholders mapping & develop plans and roadmap for dissemination & adoption of curriculum by the three East African Countries

3.0 Methodology/Approach of the Workshop

The workshop approach entailed the following activities:

1. Brief presentations were made by consultants and ECSA on work done up to this point and feedback received from stakeholders as part of the knowledge exchange platform was shared.
2. Group work was undertaken to critically review the content, training approach, time allocated and organization and sequencing of content
3. Plenary sessions were held to discuss and critique these components and consensus attained.
4. Regional and country specific work groups discussed country dissemination and adoption/adaptation plans

4.0 Opening Remarks and Official Opening

1. Ms. Grace R. Moshi from the Ministry of Health officially opened the workshop and made the following remarks: She thanked participants for the work done in putting together a regional model curriculum and indicated that such a curriculum is crucial in supporting build frontline workers competencies to respond to nutrition needs within the region. She indicated that human resource for nutrition was a still challenge in the

region and that to remedy this Tanzania has recognised nutrition as a cadre within the scheme of work for health professionals; additionally nutritionists have been deployed to districts and key ministries. She welcomed all participants to the workshop and requested them to enjoy Tanzania's hospitality.

2. Ms. Rosemary Mwaisaka, Manager FSN & NCDs at ECSA-HC, began by providing a brief She background of the capacity development for nutrition project. She mentioned that Tanzania, Uganda and Kenya are among the countries facing high burden of under nutrition. These countries joined the SUN movement to accelerate implementation of high impact nutrition actions. These countries however still experience gaps in knowledge and capacity of existing human resource to effectively deliver nutrition actions across the different sectors. In 2011 a regional capacity assessment of nutrition workforce was undertaken by Hellen Keller foundation and other regional partners and revealed the following gaps: a) insufficient knowledge and practical experiences b) gaps in workforce planning and leadership including i) management of workforce, ii) work environment and iii) nutrition training. It was recommended that one of the strategies to address the gaps is to develop regional modules for pre-service and in-service nutrition training for frontline workers. The objectives of the Capacity Development for Nutrition Project are:

- To strengthen ability of the Governments of Kenya, Uganda and Tanzania to build the technical capacity of their front line workers
- To strengthen knowledge of frontline workers on "What to deliver" and "How to deliver"

The project has three components:

- Building capacity for In-service training on nutrition for community and health facility workers
- Development of Pre-service model curriculum for health workers
- Knowledge exchange and advocacy for curricula development and adoption

She further highlighted the following as progress attained to date following implementation of the project:

- A regional planning meeting was conducted
- A Desk review undertaken to assess available pre and in service training packages, health workforce capacity and nutrition policies, strategies & plans within the region.
- In country consultative workshops have been convened to develop a framework of action for development of training packages and to serve as a platform for advocacy to decision makers
- A regional consultative workshop to discuss training packages for in service and a model pre – service curriculum has been held and drafts developed awaiting validation by stakeholders.
- Piloting of in service packages was done in January, 2017
- A knowledge exchange platform was facilitated to critique and review the draft curriculum and training packages. The feedback has since been integrated into the curriculum to improve on it.

After the regional validation meeting, advocacy materials will be developed to support adoption of the curriculum by the three countries.

5.0 Review and Critique of the Draft Curriculum

The review of the draft curriculum focused on the following parameters:

1. Relevance and appropriateness of content
2. Adequacy of the content in supporting attainment of requisite competencies
3. Adequacy/sufficiency of time allocated to cover prescribed content
4. Effectiveness of proposed approach in imparting knowledge, skills and attitudes for performance of nutrition tasks by frontline workers?
5. The organization and sequencing of content – whether it flows logically and facilitates effective learning for the participants
6. Adequacy of the training materials to enable learning of nutrition competencies for frontline workers

5.1 Relevance/appropriateness and adequacy of the content

5.1.1 Organization of Training Content

The content in the current curriculum is organized under the different service delivery levels. This doesn't bring out a distinction between educational levels of

qualification. There was a proposal to change the organization of content to make a distinction between what should be covered by a certificate, diploma and degree levels. The learning outcomes should also be reviewed so that a distinction is made between the different educational levels. The team proposed organizing the curriculum in a modular approach based on the three levels of education and training, i.e. module one certificate, two diploma and three degree to be integrated within existing levels of service where different cadres of frontline health workers.

5.1.2 Adequacy of Training Content

It was generally agreed that the proposed content was relevant and adequate albeit with a few additions in the some sections;

- In the **health promotion** unit the following content should be included; ***Water Sanitation and Hygiene (WASH), Water*** Safety, faecal – oral transmission, construction of wells, water sanitation, food safety, housing, water supply and sanitation. ***Community Diagnosis;*** Definition, The community diagnosis process, community analysis, community public health and nutrition indicators.
- In **Nutrition in the life cycle** – the content for the lower levels should be concentrated within the principles of nutrition

5.1.3 Adequacy of Time and Effectiveness of Training Approach

It was resolved that the time allocated was sufficient of to cover prescribed content; however with regard to the effectiveness of the proposed training approach it was resolved that there was need to include more practical sessions particularly for the certificate and diploma programs

6.0 Implementation and Monitoring and Evaluation Framework for the Model Curriculum

The group was divided into their respective countries to discuss the implementation of the curriculum. A framework consisting of the following parameters, objective, strategy, deliverable/output, inputs (What will be needed to achieve this strategy), planned activities (How do we achieve this strategy), collaborations (other persons involved), means of verification, timelines, costing person responsible - Focal point person. The reports from the three countries are

attached in the excel sheets accompanying this report. It was generally agreed that the following should be observed to ensure effective implementation of the curriculum.

1. Indicate timelines for implementation and purpose to work within these timelines
2. Include all the key stakeholders in the implementation process that includes regulators, ministries and implementing partners.
3. Avoid bringing together professional regulators with associations, these two groups could conflict
4. Minimise bureaucracies and approvals from many sources, the less bureaucracy the more effective, the implementation process
5. ECSA still has a role in the national level advocacy, they will develop a communique and hold a sensitization sessions with policy makers
6. Feedback will be given back to ministers as part of the ECSA advocacy process
7. Advocacy materials are under development, the mapping tool will inform the development of advocacy material.
8. The M&E framework will be reworked from the implementation plan, this will be country specific, to track performance
9. Financial resources are critical to the success of projects at national level – it is easier to push for this jointly and to lobby with government and partners with existing nutrition programmes

7.0 Mapping of Stakeholders

An exercise to map stakeholder that would facilitate implementation was done. A template was provided for this purpose with the following guidelines was provided by ECSA, stakeholder/institution, their mandate/role, their influencers/departments, motivations, barriers, influence and Interest. Each group presented an adoption process described after the mapping process; the details of stakeholder's mapping process can be found in appendix 2. Below is a summary of stakeholders and adoption plans for each of the three countries.

7.1.1 Uganda:

Uganda mapped the following as the key stakeholders:

1. Office of the Prime Minister,

2. Ministry of Health,
3. Ministry of Education and Sports,
4. Health Professional Councils (in Ministry of Health),
5. Academia including health training institutions
6. Regulatory bodies (Ministry of Education) and Professional Associations/societies.

Adoption Process:

What would it take (resources, timing and complexity) to adopt / implement these packages?

- **Cost: if its relatively cheap (comparatively / absolutely**
  - *(i) Relative cost of approximately 400,000 – 500,000 USD (refer to M&E activities)*
- **Timing: if there's a window of opportunity in the coming months**
  - *(i) Upcoming of review of the curricula for nurses and clinical officers (soon)*
- *Ongoing review and development of programmes at the University and other tertiary institutions (open)*
  - *(i) Upcoming review of the Human Resources for Health (HRH) strategic plan and projections (in 1-2 years' time)*
  - *(ii) Some of the course units proposed already exists in existing curricula of the training programmes of frontline health cadres.*
  - *(iii) Supportive enabling environment for integration in the country.*
- **Complexity: is it relatively straightforward to undertake?**
  - *(i) Not straight forward and there is need for advocacy and consultations of all the relevant stakeholders.*

- **What would the benefits of implementation / adoption be that that we can articulate to target audiences?**
  - (i) Policy alignment: does it align to the commitments/ strategies? *Yes*

(ii) Nutrition outcomes: can we quantify / qualify the burden of malnutrition / undernutrition that this will impact on? *Yes; need for a cost-benefit analysis study*.

(iii) Multiplier effects: can we articulate what other things this could lead to e.g. improvements in WASH, Human Resource for Health etc? *Yes; projection study would provide this information.*

- **What are the overriding narratives in the system at the moment we should know about:**

- **Cost-cutting?**
  - *(i) Not sure*
- **Unit costing**
  - *(i) May increase the unit cost due to practical competences emphasized*
- **Access versus quality of care?**
  - *(i) Not sure*
- **SDG / HANCI carrots and sticks?**
  - *(i) Yes; contributes to majority of SDGs*

1. End poverty in all its forms everywhere 2. End hunger, achieve food security, improve nutrition, and promote sustainable agriculture 3. Ensure healthy lives and promote wellbeing for all at all ages 4. Ensure inclusive and equitable quality education and lifelong learning opportunities for all 5. Achieve gender equality and empower all women and girls 6. Ensure availability and sustainable management of water and sanitation for all 7. Ensure access to affordable, reliable, sustainable and modern energy for all 8. Promote sustainable economic growth, productive employment, and decent work for all

9. Build resilient infrastructure, sustainable industrialization, and foster innovation
10. Reduce inequality within and among countries

(ii) It will also contribute to other global and regional frameworks like WHA Resolutions, UN Decade of Action on Nutrition, ICN2, AU Declaration on Nutrition e.g. Malabo Declaration & EAC declarations

- **How will the curricula be adopted / implemented generally?**
  (i) Through a consultation, negotiation and vigilant monitoring with all relevant stakeholders.

Comments:

1. Bureaucratic structures may delay the processes.
2. Inclusion, ownership and appreciation of approach.
3. Strategy will be vital in identifying who is critical in influencing the processes very fast.
4. The role of the National Council for Higher Education and relevant Councils of Higher Education Institutions is vital in ensuring an accelerated adoption process.

7.1.2 Tanzania:

Tanzania mapped the following as their key stakeholders:

1. Ministry of Health,
2. Community Development,
3. Ministry of Health Gender, Elderly and Children (MoHCDGEC),
4. PMO,
5. Professional Bodies,
6. TMC, TNMC, TPC, LPCT,
7. Tanzania Council of Universities,
8. National Council of Technical Education,
9. Ministry of Education Science and Technology (MoEST),
10. President's office Regional Administrative Local Government,
11. Universities(SUA, Open Univ, KCMC, MUHAS, CUHAS, UDOM),
12. Development Partners, (FAO, UNICEF,UNFPA, USAID, WHO, IRISH AID,DFID, UNESCO, JICA, SIDA, CIDA, ECSA-HS,

13. Non-Governmental Organization (NGOs), (Local & International) and Civil Society Organizations (CSOs).

Adoption/Adaptation Process:

- **What would it take (resources, timing, and complexity) to adopt / implement these packages?**
    - **Cost: if its relatively cheap (comparatively / absolutely)**
        (i) Buy in and advocacy - relatively cheap
        (ii) Adapting / Adopting the model curriculum into existing curricula will be relatively expensive
        (iii) Implementation of the adapted / adopted curricula will be relatively cheap as existing resources can be easily utilised to implement (e.g. human resource and teaching facilities are available – TFNC, SUA and other institutions)
    - **Timing: if there's a window of opportunity in the coming months**
        (i) According to the training programme of the Ministry of Health, curriculum review is done after every 3 to 5 years.
        (ii) Universities are in the process of undertaking curricula reviews under universal qualifying frameworks (UQF).
    - **Complexity: is relatively straight forward to undertake?**
        (i) Buy in and advocacy - relatively straight forward
        (ii) Adapting / Adopting the model curriculum – Relatively complex to go through the bureaucracy
        (iii) Implementation - relatively straight forward
- **What would the benefits of implementation / adoption be that that we can articulate to target audiences?**
    - **Policy alignment: does it align to the commitments/ strategies?**
        (i) Nutrition is getting much attention by the government and development partners
    - **Nutrition outcomes: can we quantify / qualify the burden of malnutrition / undernutrition that this will impact on?**
        (i) Under Scale Up Nutrition (SUN) Movement the burden of malnutrition is well established e.g. Stunting rate is 34%

- **Multiplier effects: can we articulate what other things this could lead to:**
  (i) Improvement in WASH
  (ii) Improved infant feeding
  (iii) Reduced under-fives mortality
  (iv) Reduced maternal mortality

- **What are the overriding narratives in the system at the moment we should know about:**
  - **Cost-cutting**
    (i) Reduced treatment costs for the families and government
  - **Unit costing**
    (i) Will not be affected
  - **Access vs quality of care**
    (i) Training frontline health workers on nutrition will equip them with appropriate competence to deal with nutrition issues which are currently overarching in the society. Hence the community will access quality nutrition care.
  - **SDGs / HANCI carrots and sticks**
    (i) Commitment of the government to support implementation of this curriculum will boost its ranking in achieving SDGs / HANCI
- **How will the curricula be adopted / implemented generally?**
  - Through sensitization of the responsible high level decision markers (government and academic institutions).

7.1.3 Kenya:

Kenya mapped the following as key stakeholders:

1. Kenya Nutritionist and Dieticians Institute (KNDI),
2. Commission for University Education (CUE),
3. Nursing Council of Kenya (NCK),
4. Kenya Medical Laboratory and Technologies Board (KMLTTB),
5. Kenya Medical and Dentist Practitioners Board (KMPDB),
6. Public Health Officers and Technicians Council (PHOTC),
7. Clinical Officers Council (COC),

8. Technical and Vocational Education and Training Authority (TVETA),
9. Kenya Medical Training College,
10. Ministry of Health,
11. Ministry of Education,
12. Recognized Universities, Other recognized colleges,
13. Related Professional Associations,
14. Partners (World Bank, UNICEF, IMC, AMREF, JPHIEGO, Intra-health among others
15. Council of Governors

Adoption Process: Team Kenya

- **What would it take (resources, timing, complexity) to adopt / implement these packages?**
    - **Cost: if its relatively cheap (comparatively / absolutely**

Relatively expensive:

- 2 stakeholder meetings in which travel, accommodation and per diem is required
- Printing and distribution of the curriculum (for the meetings and dissemination)
- Internal and external (Monitoring, Evaluation & Reporting)

    - **Timing: if there's a window of opportunity in the coming months**

Yes, there is a window of opportunity

- Annual Work Plans (AWPs) to be developed in all ministries
- Upcoming curricula reviews within the different training institutions training FLWs
- Health systems strengthening by partners and donors

    - **Complexity: is relatively straightforward to undertake?**

No, it relatively complex

- A new idea normally undergoes a process before it is accepted
- Diverse timing in curricula review for the various FLWs

- Perceptions of nutrition by the FLWs
- Value of nutrition training by FLWs in comparison to their specific cadre training
- What would the benefits of implementation / adoption be that we can articulate to target audiences?
    - Policy alignment: does it align to the commitments/ strategies?

Yes, it does align to the commitments/strategies. The current policy guidelines include the:

- Kenya Constitution 2010
- Vision 2030 aims to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030"
- Sustainable Development Goals (elimination of malnutrition & hunger)
- Kenya Health Sector Strategic & Investment Plan (2013 -2018)
- Food & Nutrition Security Policy
- National Nutrition Action Plan (2013 -2018)
- Kenya Nutrition Capacity Development Framework (2014)
    - Nutrition outcomes: can we quantify / qualify the burden of malnutrition / undernutrition that this will impact on?
- A skilled FLW who is better qualified to offer nutrition services at all levels. This will ultimately lead to reduction of both over and under nutrition hence better nutrition outcomes.
    - **Multiplier effects:** can we articulate what other things this could lead to e.g. improvements in WASH, Human Resource for Health etc?
- This will reduce public spending on health (treatment and control of disease e.g. HIV/TB)
- Reduction of socio-economic impact of nutrition related diseases on health e.g. Non Communicable Diseases (NCDs)
- Reduction in mortalities and morbidities in children and adult populations
- Due to enhanced nutrition capacity of FLWs there will be a general improvement in KAP

- Due to enhanced teamwork, comprehensive nutrition care will be achieved

What are the overriding narratives in the systems at the moment we should know about?

- **Cost –cutting**

In Kenya currently most training institution's programmes are advised to cut down on costs toward this delivery. Implementation of this model curriculum and adoption of its content would attract additional cost for each programme for each targeted curriculum. This would require negotiations for sustainability with programme implementers.

- **Unit costing**

Integration of model curriculum into existing curricula would change unit costing for the programmes. This needs to be dealt with to avoid raising concerns among the implementers and the government funding systems for a university programme.

- **Access vs quality of care**

Currently accessibility to healthcare and nutrition services is a challenge in many areas of the devolved units. This is due to infrastructural inadequacies in terms of distribution at County level reduces accessibility to nutrition workforce.

This reduces the quality of care due to reduced client to service provider ratio. This also applies to access to quality tangible supplies especially for vulnerable populations.

By empowering nutrition frontline workers increase access to nutrition services would be assured as a stop gap measure as professionals in this area are continuously being trained to close the gap.

SGDs

Training frontline healthcare workers will go a long way in contributing towards achievement of SGD 3 which aims at attainment of good health and well-being.

How will the curriculum be adopted/ implemented generally?

By putting across a curriculum that can be integrated to enrich nutrition knowledge and competencies among frontline healthcare workforce at pre-service

8.0 Way Forward/Next Steps

Rosemary Mwaisaka, Manager NFSN, provided the way forward As follows;

- The meeting deliberations will be consolidated by the facilitators in the form of a report
- A final version of the curriculum will be ready for circulation in the next two months in country implementation will be done based on the implementation plans drawn by each country.

9.0 Appendices

9.1 Appendix 1: Workshop Programme

Development of Regional Model Nutrition Curriculum for Frontline Workers
Stakeholders Meeting
14th – 16th March, 2017
Arusha, Tanzania

DAY 1 – Tuesday 14th March		FACILITATOR
Session Chair:		
08.30 – 09.00am	**Preliminaries** • Welcome and Opening Speeches • Workshop purpose and objectives	
9.00 – 10.30am	**Background Information and Stakeholder Feedback** • Background Information and Progress Report on Work done up to this date,	
10:30 – 11.00 am	Tea/Coffee Break	
11:00 – 12.00 pm	**Presentation of Draft Model Curriculum** • Sharing of feedback received from stakeholders (knowledge Exchange Platform)	
12.00 – 1.00 pm	**Group work: Evaluation of Training Content** *What is the appropriateness of the content in imparting nutrition competencies for frontline workers?*	
1.00 – 2.00 pm	Lunch Break	
2.00 – 4.30 pm	Group work continued	

4.30 – 5.00 pm	Coffee/ Tea Break	
5.00 – 5.30 pm Facilitators meeting -		
DAY 2 – Wednesday 15th March		**FACILITATOR**
Session Chair:		
8.00 – 8.30 am	Recap of previous day & Housekeeping issues Agenda for the day	Rapporteur
08:30 – 10.30 am	**Plenary Session: Group Reports on Training Content** • Group report, discussion and consensus building	
10:30-11.00 am	Tea/Coffee break	
11:00 – 1:00 pm	**Group work: Evaluation of Training Approach and Time** 1. *Is the training approach effective in imparting knowledge, skills and attitudes to perform nutrition tasks expected of frontline workers?* 2. *Is the time allocated adequate sufficient to cover the content prescribed?* **Evaluation of Training Organization and Sequencing of Content and Quality of Training Materials.** 1. *Does the organization and sequencing of content flow logically and facilitates effective learning for the participants* 2. *Are the training materials adequate to enable learning of nutrition competencies for frontline workers?*	
1.00 – 2.00 pm	Lunch Break	
2.00 – 3.00 pm	**Plenary Session: Group Reports on Training Approach and Time** • Group report, discussion and consensus building	
3.00 – 4.30pm	**Presentation of draft M&E framework** **Discussions**	
4.30 – 5.00pm	Tea/Coffee Break	
DAY 3 – Thursday 16th March		**FACILITATOR**
Session Chair:		
08.30 – 09.00am	Adoption and implementation strategies Stakeholder mapping exercise	Rapporteur
9.00 – 12.00am	**Group work: Stakeholder mapping** **Plans for Dissemination and Adoption of the Curriculum by the three East African Countries** • In country plans to develop dissemination and adoption plans	
10:30 – 11.00 am	Tea/Coffee Break	
12:00 – 1.00 pm	**Plenary Session:** Group report, discussion and consensus building	
1.00 – 2.00 pm	Lunch Break	
2.00 – 3.00 pm	**Plenary Session:** • Presentation of dissemination an adoption plans	
4.00 – 4.30 pm	**Endings** 1. Workshop evaluation 2. Way Forward 3. Closing Remarks 4. Workshop Closure	
4.30 – 5.00 pm	Coffee/ Tea Break	
Departure		

9.2 Appendix 2: Details of the Stakeholder Mapping Process for the Three Countries

Uganda:

Stakeholder/institution	Mandate/ Role	Influencers/Departments	Motivations	Barriers	Influence	Interest
Office of the Prime Minister	Coordination of multi-sectoral efforts on nutrition	Department of Policy Implementation and Coordination	Effective multi-sectoral coordination of nutrition	• Inadequate human resources • Weak lobbying capacity	Low	Medium
Ministry of Health	Guide on nutrition training needs	• Nutrition Division • Division of Human Resource Development • Quality Assurance Department	Quality trained health workforce for improved nutrition service delivery and health outcomes	• Low funding • Inadequate infrastructure • Inadequate leadership, management and stewardship • Weak coordination	High	High
	Provide policy guidelines on training	• Division of Human Resource Development • Quality Assurance Department • Clinical Department				
	Supervision of trainees	• Clinical Department • Department of Nursing • Human Resource Development				
	Provide practicum facilities to trainees	• Clinical Department • Department of Nursing • Division of Human Resource Development				
Ministry of Education and Sports	Training of cadres	• Department of Business Technical and Vocational Education Training (BTVET) • Department of Higher Education, Technical and Higher Education • Division of Teacher Education • Directorate of Education Standards	Ensure quality training and human capital development	• Low funding • Inadequate training institutions • Inadequate infrastructure • Inadequate leadership, management and stewardship • Weak coordination	High	Low
	Setting standards on training	• Department of Business Technical and Vocational Education Training (BTVET)				

		• Department of Higher Education, Technical and Higher Education • Division of Teacher Education • Directorate of Education Standards				
	Provide policy guidelines on training Supervision of trainees Training facilities/infrastructure	• Department of Education Policy and Planning • Department of Business Technical and Vocational Education Training (BTVET) • Department of Higher Education, Technical and Higher Education • Division of Teacher Education • Directorate of Education Standards • Engineering Unit				
Health Professional Councils (in Ministry of Health)	Regulate training of health workers Review and recommend approval of curriculum Monitor and inspection of training institutions Register graduates	• Uganda Medical and Dental Practitioners Council • Uganda Nurses and Mid-wives Council • Allied Health Professionals Council	Professionalism and quality health service delivery	• Low funding • Inadequate leadership structures • Inadequate monitoring system • Weak coordination	High	High
Academia including health training institutions	Train nutritionist and other health professionals Research Community outreach services	• Institutional councils • Institutional senates • Academic registrars • Academic Departments responsible for health and nutrition related programmes	Quality trained professionals	• Low funding • Inadequate training institutions • Inadequate infrastructure • Inadequate leadership, management and stewardship • Weak coordination	High	High
Regulatory bodies (Ministry of Education)	Accreditation of programmes/course Examination and award of Diploma's and	• National Council for Higher Education • Uganda Allied Health Examination Board • Uganda Nursing and Midwifery	Quality and professional development	• Low funding • Inadequate leadership structures • Inadequate monitoring system • Weak coordination	High	Medium

	Certificates Approval of curriculum Monitoring of quality nutrition professionalism	Examination Board				
Professional Associations/societies	Advocacy for professionalism and quality of delivery	Uganda Medical Association, Nurses Association, Clinical Officers Association, Mid-wives Association, Environmental Health Officers, Association, Public Health Association, Uganda Action for Nutrition Society, Uganda Nutrition and Dietetics Association, Uganda Dietetics Association, Health Educators Association, Home-Economics Association, Food Science Association	Improved welfare of cadres	Inadequate funding and leadership structures	High	High

Tanzania:

Actor/ Stakeholder/ Organization	**Mandate/ Role**	**Influence**	**Interest**	**Motivations**	**Barriers**	**Influential position/ Department**
Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC)	Training Health Institutions curriculum are controlled and harmonized by the Ministry Selection criteria for applicants are set by the Ministry Government THIs is being financed by the MoHCDGEC.	High	High	All training courses are in lined with the National Health Policy Better trained workforce – improved service delivery, stronger health system	Inadequate resources (human, financial and materials)	Director of Administration, Human Resource and Management (DAHRM)
PMO	Coordination through high level steering committee of Nutrition (HLSCN)	High	High	Implementation of national policies	Inadequate funding	Directorate of government business
Professional Bodies TMC, TNMC, TPC, LPCT,	Reinforce adherence to professional ethics and standards	High	High	Maintain standard and scope of practices	Low awareness on the curriculum	Chief medical Office

Tanzania Council of Universities,	Enact and approve curricula for degrees Coordinate and collaborate with ministry and Higher learning institutions	High	High	• In line with National Education Policy. • Maint ain standard of curricula according to coarse offered	Low awareness on the curriculum	Ministry of Education Science and Technology
National Council of Technical Education	Enact and approve curricula for Certificates and Diplomas	High	High	In line with National Education Policy. Maintain standard of curricula according to coarse offered	Low awareness, Overlapping of roles between NACTE and TCU	Ministry of Education Science and Technology
Ministry of Education Science and Technology (MoEST)	Training Institutions are controlled by the Ministry Government THIs is being financed by the MoEST.	High	High	In line with National Education Policy. Maintain standard of curricula according to coarse offered	Inadequate resource(Human, Financial and materials Low awareness, Overlapping of roles between NACTE and TCU	Permanent Secretary
President's office Regional Administrative Local Government,	May play role to support supervision of implementing the curricula They are consumers of the products	Low	Medium	Implement both national Health and education policies	Low awareness on the curricula Inadequate resource(Human, Financial and materials	Permanent Secretary PoRALG
Universities(SUA, Open Univ, KCMC, MUHAS, CUHAS, UDOM)	Develop Review and use of approved curricula	High	High	Maintain standard of curricula according to courses offered, update contents and materials, Capacity building	Inadequate resource(Human, Financial and materials Low awareness,	Deputy Vice Chancellor (academic)
Development Partners, (FAO, UNICEF,UNFPA, USAID, WHO, IRISH AID,DFID, UNESCO, JICA, SIDA, CIDA, ECSA-HS	Support Government efforts (Technical, financial and Materials)	High	High	In line with international conventions and National Policies	Specific priorities	Country Reps

Non-Governmental Organization (NGOs)(Local & International)	Support Government efforts (Technical, financial and Materials	Medium	Medium	In line with National Policies/ strategies	Specific priorities	Country Directors
Civil Society Organizations (CSOs)	Support Government efforts (Technical, financial and Materials	Medium	Medium	In line with National Policies/ strategies	Specific priorities	Partnership for Nutrition in Tanzania (PANITA) and CSOs Directors

Kenya:

Actor	Mandate	Influence	Interest	Motivation	Barriers
Kenya Nutritionist and Dieticians Institute	Regulation of training, Registration and licensing of Nutrition professionals, and connected purposes in Kenya	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Inadequate competent nutrition professionals to offer services. • Legal framework and regulation • Resources allocation
Commission for University Education	Regulate university education in Kenya	High	High	To enhance quality of training towards a Healthy nation	• Conflicting health related legal frameworks
Nursing Council	Regulate training and practice in nursing profession in Kenya.	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Legal framework and regulations
Kenya Medical Laboratory and Technologies Board	Regulate training and practice in medical lab technologist in Kenya.	High	Medium	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Legal framework and regulations
Kenya Medical and Dentist Practitioners Board	Regulate training and practice in medical doctors and dentists in Kenya.	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Legal framework and regulations
Public Health Council	Regulate training and practice of public health officers and technicians in Kenya	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Legal framework and regulations
Clinical Officers Council	Regulate training and practice of clinical officers and	High	High	Building human capacity to strengthen nutrition and dietetics service	• Legal framework and regulations

	technicians in Kenya			delivery in Kenya to reduce the burden of malnutrition.	
Technical and Vocational Education and Training Authority (TVETA)	Regulate Technical and Vocational Education and Training	High	Medium	To enhance quality of training towards a Healthy nation	• Conflicting health related legal frameworks
Kenya Medical Training College	Training health professionals	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Legal framework and regulations • Budgetary allocation
Ministry of Health	Nutrition and health service delivery	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Low, slow and not well coordinated recruitment of adequate nutrition professionals to offer services. • Legal framework and regulation • Budgetary allocation
Ministry of Education	Overseeing training of health professionals	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Conflicting health related legal frameworks • Budgetary allocation
Recognized Universities	Training health professionals	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Conflicting health related legal frameworks • Budgetary allocation • Supportive Infrastructure and human resource
Other recognized colleges	Training health professionals	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Conflicting health related legal frameworks • Supportive Infrastructure and human resource • Budgetary allocation
Related Professional Associations	Best practices in delivery of related professional services	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Legal framework and regulations
Partners (World Bank, UNICEF, IMC, AMREF, JPHIEGO, Intra-health among others	Funding and resource motivation	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Legal framework and regulations • Competition and duplication of projects/programmes
Council of Governors	Employment of health professionals in the Counties	High	High	Building human capacity to strengthen nutrition and dietetics service delivery in Kenya to reduce the burden of malnutrition.	• Low, slow and not well coordinated recruitment of adequate nutrition professionals to offer services. • Legal framework and regulation • Budgetary allocation

9.3 Appendix 3: List of Participants

ECSA REGIONAL WORKSHOP ON VALIDATION OF PRE-SERVIC MODEL CURRICULA FOR FRONT LINE WORKERS IN KENYA, TANZANIA AND UGANDA

21 – 23 March, 2017
Kunduchi Beach Hotel – Dar es Salaam, Tanzania

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