

Enhancing Diabetes Care Services in Tanzania's Primary Health Facilities: Evaluating the Impact of Healthcare Worker Training

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Abstract

Background: Over 70% of Tanzania's population seeks healthcare services at primary healthcare (PHC) facilities. The growing burden of diabetes and other non-communicable diseases (NCDs) necessitates strengthening PHC capacity. The Ministry of Health, in collaboration with the Tanzania Diabetes Association, trained healthcare workers from 708 public health centres nationwide to improve screening, diagnosis, and management of diabetes.

Objective: To assess the effectiveness of healthcare worker training in strengthening diabetes care services within primary healthcare settings in Tanzania.

Methods: A pre- and post-intervention evaluation was conducted in 68 health facilities selected through stratified random sampling. Baseline assessments were conducted prior to training and follow-up evaluations one year later. Descriptive statistics were used to compare facility readiness indicators between baseline and follow-up using STATA version 15.

Results: Facilities with operational NCD clinics increased from 25% to 35.3%. Availability of NCD education materials improved from 23% to 70.6%, while essential screening and diagnostic equipment increased from 37% to 88.2%. Patient satisfaction with NCD services reached 90% at follow-up.

Conclusion: Healthcare worker training significantly improved diabetes service readiness and patient satisfaction at the PHC level. Sustainable financing mechanisms for NCD medications remain essential to maintain gains.

Keywords: Diabetes, Primary Healthcare, Non-Communicable Diseases, Health Worker Training, Tanzania, Health Systems Strengthening.

Introduction

Non-communicable diseases (NCDs), particularly diabetes mellitus, are increasing rapidly in sub-Saharan Africa. Tanzania is experiencing an epidemiological transition characterized by rising chronic disease prevalence. Primary healthcare facilities provide the first point of contact for most citizens, yet historically have faced capacity limitations in delivering comprehensive diabetes care.

Methods

Study Design: Pre- and post-intervention evaluation.

Study Setting: 708 public health centres nationwide; evaluation

conducted in 68 facilities selected through stratified random sampling.

Intervention: Structured training covering diabetes screening, diagnosis, management protocols, patient education, and use of essential diagnostic tools.

Data Collection: Standardized facility assessment tools administered at baseline and one-year follow-up.

Data Analysis: Descriptive statistical analysis comparing key readiness indicators using STATA version 15.

Results

Operational NCD clinics increased from 25% at baseline to 35.3% at follow-up. Availability of NCD education materials increased from 23% to 70.6%. Essential screening and diagnostic equipment availability rose from 37% to 88.2%. Patient satisfaction surveys showed that 90% of respondents were satisfied with services provided.

Discussion

The findings demonstrate that targeted healthcare worker training significantly enhances facility readiness for diabetes care. Improved availability of educational materials and diagnostic tools reflects strengthened service delivery capacity. High patient satisfaction suggests improvements in provider competency and communication. However, long-term sustainability requires reliable financing mechanisms for NCD medications and integration into national insurance schemes.

Conclusion

Structured healthcare worker training effectively strengthened diabetes care services at primary health facilities in Tanzania. Continued investment in workforce development and health financing reforms is necessary to sustain progress.

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