



MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES (MUHAS)

Short Course on Palliative Care for Health and Social Welfare Professionals

Introduction

Muhimbili University of Health and Allied Sciences (MUHAS), and the Directorate of Continuing Education and Professional Development (DCEPD) in collaboration with the Palliative Care Trainers and Research Network of Tanzania (PTR-N) will conduct a short course on Palliative Care for Health and Social Welfare Professionals. The course offers basic knowledge, skills, and attitude toward Palliative care services in Tanzania and is designed to impart health workers with appropriate knowledge and improved skills on how to manage pain and symptoms in patients with life-threatening illnesses.

Aim

The course is designed to provide Knowledge, skills, and correct attitudes to practice palliative care for pain and symptoms management to patients with terminal illnesses and life-limiting illnesses in health facilities in Tanzania. The course also intended to produce a cadre of health professionals in Tanzania who possess the skills to practice and integrate palliative care in their continuum of care.

Course learning objectives

After completion of this course the participants should be able to; -

1. Gain knowledge and skills in Palliative care provision so that they are able to meet the increasing palliative care needs of the patients within the country and beyond.
2. Demonstrate a good attitude and ability in handling complex palliative care needs in varying situations during the provision of health care services.
3. Provide Palliative care services to Patients in Tanzania and beyond.
4. Demonstrate knowledge of the contextual variables influencing the provision of Palliative care in Tanzania and beyond.

5. Demonstrate skills on how to manage pain and symptoms to patients with life-threatening illnesses and life-limiting illnesses
6. Promote interdisciplinary and family involvement in treatment and care.

Target group

The course is open to all health care professionals in hospital settings i.e., Nurses, Doctors, Clinicals officers, clinical assistants, Pharmacy tech/assistants, Pharmacists, and social workers from public and private health facilities worked for at least one year of experience in Tanzania and beyond.

Course duration

The course will run for a period of two weeks, whereby the first week will cover the theoretical part of the course while the second week will be for the practical aspect of palliative care competencies for pain and other symptoms management. A certificate of completion with CPD points will be provided at the end of the course. Participants are encouraged to attend the course in full. The course will commence from **08th to 19th June 2026 at MUHAS, DAR ES SALAAM.**

VENUE: MUHAS, DAR ES SALAAM

Travelling and Accommodation costs

Per-diem, Travel, and Accommodation costs will have to be borne by the participants. MUHAS will only cover Lunch and Breakfast for the whole duration of the course.

Course Fees

Each local participant will be required to pay Tanzania shillings 600,000/= for the course while Foreigners is USD 500. The fees for the locals should

be deposited at MUHAS NMB account, Muhimbili Branch, Account number **2091100002** after being given a control number for the payment **while** Foreigners is USD 500 via MUHAS NBC account, Samora Branch, Account number **012105003582**. The applicant should scan and submit payment in a slip at least two weeks before the commencement of the course.

Application procedures

The prospective applicants are required to fill in the application form on the website www.muhas.ac.tz (attached here to be downloaded). The duly filled **application form, CV, and other accompanying information/attachments i.e., Certificate, Diploma, Advanced diploma, and degree certificates or above/equivalent in health-related fields** should be submitted to the course director via contact details indicated below; -The closing date for receiving applications is **01st June 2026.**

All applications should be addressed to

Directorate of Continuing Education and Professional Development (DCEPD)
Dr. Christina V. Malichewe,
MUHAS,
P.O. Box 65001.
Dar es Salaam, Tanzania.

Please send your application electronically using the following e-mails:christinamalichewe@gmail.com,
verofenesi@gmail.com,
ramadhan.chikalile@gmail.com,
billyrique@gmail.com

For further information and clarification, please contact (direct calls or whatsapp via **+255767504315**, **+255754292682**, **+255784855191** and **+255782417203**



INSERT YOUR
PASSPORT SIZE
PHOTOGRAPH

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MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

APPLICATION FORM FOR THE SHORT COURSE TRAINING ON PALLIATIVE CARE FOR HEALTH AND SOCIAL WELFARE PROFESSIONALS FROM 08TH TO 19TH JUNE 2026

*(Please read carefully the advertisement and instructions before filling this form.
Deadline for receiving application is 1ST June 2026)*

1.0 PERSONAL PARTICULARS

1.1 FULL NAME

1.2 SEX: MALE [], FEMALE []

1.3 DATE OF BIRTH:.....

1.4 PLACE OF BIRTH:

COUNTRY REGION DISTRICT.....

1.5 PLACE OF RESIDENCE:

COUNTRY REGION DISTRICT

1.6 RELIGION:

1.7 MARRITAL STATUS (Tick appropriately):

1.7.1 Married

1.7.2 Not Married

1.8 POSTAL ADDRESS:

1.9 PHONE NUMBER:

2.0 EMAIL ADDRESS.....

3.0 EDUCATION (Tick):

Diploma in Nursing/Midwifery [] Diploma in Clinical Medicine [] Degree of Doctor of Medicine
(MD) [] Degree of Pharmacy [] Others [].....

4.0 OCCUPATION (Tick Appropriately)

4.1 Nurses []

4.2 Clinical Officers []

4.3 Medical Doctors []

4.4 Pharmacists []

4.5 Pharmacy tech/assistants []

4.6 Social Workers []

4.7 Other (Mention.....) []

5.0 COURSE FEE: WHO WILL PAY FOR THE FEES OF THIS COURSE?

5.1 Self-sponsored []

5.2 Relative []

5.3 Employer []

5.4 Other (Mention.....) []

Details about the sponsorship

6.0 Write half a page(1/2) personal statement describing why you want to undertake the training in Palliative Care

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7.0 Please briefly describe how you see your future development in Palliative Care (Immediate and long term)

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8.0 Please briefly describe how you plan to share your knowledge and skills in Palliative Care.

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9.0 DECLARATION

I hereby declare that the above information provided are true and correct to the best of my knowledge.

Signature..... Date