Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access: A Strategic Planning Guide

August 20th, 2020

Intissar Sarker, Abt Associates, Moderator

Intissar Sarker is a Family Planning Specialist on the SHOPS Plus project, Abt Associates and supports family planning service delivery activities. She has almost 10 years of experience in sexual, reproductive, maternal, newborn, and child health. She holds an MS in gender, development, and globalization from the London School of Economics and Political Science and a BA in international studies from American University.
Task sharing technical working group

- Established in 2014
- Task sharing technical working group members represent a range of implementers, researchers, and donors
- Platform for key stakeholders in FP task sharing to share experiences and knowledge, guide future research and implementation agendas, and enhance collaboration
- Involved in the development of the SPG

Today’s Agenda

- Opening Intissar Sarker
- TWG & Setting the stage James White
- SPG Overview Leigh Wynne
- PSI Niger Erin Dumas
- IntraHealth South Sudan Stembile Mugore
- Questions & Answers Intissar Sarker
- Closing James White
Before we Begin

- Webinar will be recorded
- Submit your questions anytime! We’ll do Q&A after the presentations
- Visit our website: fphighimpactpractices.org
- Download the handouts

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Today’s Panelists

- James White
  Abt Associates
- Leigh Wynne
  FHI 360
- Erin Dumas
  PSI
- Stemble Mugore
  IntraHealth

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James White is Abt Associates’ Programs Lead for Global Health Security and the Clinical Advisor for the SHOPS Plus project. He is a registered pediatric nurse and clinical service delivery specialist with nearly 20 years of experience in delivering HIV and AIDS, maternal and child health, and health systems strengthening projects in resource-constrained environments. His background includes clinical pediatric and infectious disease nursing, refugee healthcare, harm reduction and street health, global health and development, and private-public partnerships for health. He has experience working on multiple USAID, CIDA (now Global Affairs Canada), and DFID-funded global health programs. James holds a BSc in nursing and a BA from Queen’s University Canada, and an MSc in international development and refugee healthcare from the London School of Economics. He is currently pursuing a PhD in nursing and global public health from the University of Toronto.

“Task-sharing: Setting the Stage: Global lessons and key questions for operationalization”

James White RN
Abt Associates/SHOPS Plus
August 20th, 2020
Task-sharing can build stronger and more resilient health systems

- Human Resources for Health (HRH) are the backbone of health systems
  - Systems can only function with adequate and quality health workers; the health workforce is vital in building resilient communities and health systems (WHO Workforce 2030)
  - HRH allocation: effectively matching supply and skills of HCWs to population needs (WHO Workforce 2030)

- Task-sharing is envisioned to create a more rational distribution of tasks and responsibilities among cadres of health workers to improve access and cost-effectiveness (WHO 2020)
  - Diverse approaches by cadre, facility-type, sector, geographic Location
  - Advanced policy landscape for TS and for FP-TS guidelines
  - Practical lessons and experiences are needed to guide operationalization

Global lessons worth sharing

- Several examples emphasize the need for systematic ‘policy to action’ approaches
  - Changing scopes of practice broadly or specifically
  - Formally sharing tasks with cadres or sectors already 'informally' providing can be a rapid policy advance for service expansion
  - Tailor training approaches, and don’t forget PTFU!
  - Measure outcomes and success more robustly
SHOPS Plus lessons worth sharing

• **Rwanda: Advocating for change**
  - Throughout 2019 SHOPS Plus advocated with APPOR for policy changes permitting pharmacists to administer injectable contraceptives
  - The change was approved in 2020, allowing stakeholders to now focus on developing a strategy to roll-out policy changes, training, and discussion with other stakeholders.

• **Nigeria: Building ‘quality cultures’**
  - Since 2018, SHOPS Plus has provided tailored trainings to CHEWs to deliver quality FP services in four states.
  - The program involved adapting trainings for CHEWs, PTFU designed around their services, and supportive supervision through partnership with government

James White
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Leigh Wynne, FHI 360

Leigh Wynne, MPH is a Technical Advisor in the Global Health, Population and Nutrition (GHPN) department at FHI 360. Her areas of specialization include research utilization, family planning, reproductive health and gender. Her tasks include synthesizing research results and programmatic experience into materials that meet global needs and promote evidence-based practices, building and maintaining partnerships; facilitating dissemination meetings, trainings and technical consultations; and supporting strategic advocacy, scale-up and institutionalization activities.

Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access: A Strategic Planning Guide

LEIGH WYNNE, MPH

Technical Advisor, Research Utilization
Global Health, Population and Nutrition
HIP briefs define the **practice**. Summarize evidence of **impact** and experiential learning from implementing.

**Strategic Planning Guides**

SPGs outline a **process** to identify the most effective and efficient investments to address the challenge and/or address the needs of a population group.
Why is task sharing important?

- Improving access among underserved and remote communities
- Expanding method choice
- Increasing health system efficiencies
- Enhancing effectiveness of FP HIPs

Task Sharing Enhances Several HIPs

<table>
<thead>
<tr>
<th>High Impact Practice</th>
<th>Task Sharing enhances the practice by:</th>
<th>Example</th>
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<tbody>
<tr>
<td>Immediate Postpartum FP</td>
<td>Allowing a broad range of health providers to meet client needs through integrated service delivery—a common strategy to achieve health system efficiencies, provide comprehensive client-centered care, and reach disenfranchised communities that may be less likely to seek stand-alone family planning services.</td>
<td>In India until 2009, only doctors were authorized to provide IUDs post-partum, yet most deliveries were attended by nurses and midwives. Development partners worked with the government to demonstrate that nurses and midwives could safely and effectively provide IUDs during the immediate post-partum period, and therefore offer more comprehensive care as part of delivery care.</td>
</tr>
<tr>
<td>Postabortion FP</td>
<td></td>
<td></td>
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<tr>
<td>Immunization and FP</td>
<td></td>
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<tr>
<td>Social Franchising</td>
<td>Supporting client-centered access to products and services through preferred and convenient service delivery points. Task sharing allows clients to access their preferred contraceptive method through their preferred access point/provider.</td>
<td>Community-level provision of implants in Ethiopia through health extension workers has expanded access to long-acting family planning methods.</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td></td>
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<tr>
<td>Mobile Outreach</td>
<td></td>
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<tr>
<td>Drug Shops/ Pharmacies</td>
<td></td>
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<tr>
<td>Social Franchising</td>
<td>Building private sector health care professional capacity to provide a broader range of methods, which expands their client base and can potentially strengthen linkages between the public and private health systems.</td>
<td>Drug shop operators in two Ligandan districts were trained to provide DMPA. Data showed that clients were satisfied with the services received, and nearly half of FP clients preferred accessing services at the drug shop compared to clinics.</td>
</tr>
<tr>
<td>Mobile Outreach</td>
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<tr>
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<tr>
<td>FP Vouchers</td>
<td>Increasing provider availability/accessibility in communities where financial or information barriers hinder uptake of contraceptive methods.</td>
<td>In Nicaragua, adolescents who received vouchers three times more likely to visit health centers and twice as likely to use modern contraception delivered by a facility-based provider.</td>
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</table>
How do you get there?

<table>
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<tr>
<th>Components</th>
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<tbody>
<tr>
<td><strong>Component 1</strong>: How will task sharing help you achieve your goals?</td>
</tr>
<tr>
<td><strong>Component 2</strong>: Defining your task sharing strategy – which FP service providers and which methods.</td>
</tr>
<tr>
<td><strong>Component 3</strong>: Which stakeholders should be involved in developing the task sharing strategy?</td>
</tr>
<tr>
<td><strong>Component 4</strong>: What components are recommended to ensure the cadre is supported by the health system?</td>
</tr>
<tr>
<td><strong>Component 5</strong>: How will beneficiaries be informed of task sharing and benefit from the service?</td>
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What to remember?

- Successful task-sharing strategies focus on the setting(s), contraceptive method(s) and cadres of health workers involved.
- This determination should be based on the feasibility of the approach, country’s context and family planning goals while meeting the needs of women and couples.
- They integrate considerations of gender, human rights and include monitoring and evaluation.
- Scaling up may require institutional strengthening and takes human, material, financial and time resources.
Thank you!

Leigh Wynne: Lwynne@fhi360.org

Erin Dumas, Population Services International

Erin Dumas is a Senior Technical Advisor at Population Services International (PSI). She currently supports the roll-out of high-impact practices for voluntary family planning service delivery through the USAID-funded project “SIFPO2”. Erin specializes in remote and fragile settings, particularly in francophone West Africa, having previously focused on SRH in humanitarian emergencies. She holds an MPH from Emory University and has co-authored several peer-reviewed articles on topics in SRH.
Task-Sharing for voluntary family planning in Niger

Erin Files Dumas
Support for Family Planning and Health Organizations 2 (SIFPO2)

How SIFPO2 used the "Task Sharing Strategic Planning Guide" to inform its approach to mobile outreach in rural Niger.

Pictured: Participants at an FP education session

Pictured: Dr. Maimouna Saley
PSI/Niger
Initial Model

• NGO staff traveled with public-sector midwives from health centers to offer voluntary FP services at lower-level health posts.

• Community Health Agents staffing the health posts supported with logistics, client flow, and some integrated services during the events.

• Outreach would sometimes see very long lines/waiting times.

• Clients were referred to closest health centers for follow-up as needed, and LARC removals.

Pictured: The crowd at a mobile event (pre-COVID19)

Mobile outreach Method Mix (18 months)

- Implants: 16%
- Injectables: 34%
- IUDs: 45%
- Pills (COC & POP): 5%

N=4612
Using the Strategic Planning Guide

<table>
<thead>
<tr>
<th>Strategic Questions</th>
<th>Project Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How will task sharing help the project achieve its goals? (including “Enhancing” other HIPs)</td>
<td>Expand the method choice available to rural clients; enhance mobile outreach.</td>
</tr>
<tr>
<td>2. Which Family Planning Service Providers/Which Methods?</td>
<td>Contraceptive Implants (as part of a wide range)/ Community Health Agents*.</td>
</tr>
<tr>
<td>3. Which Stakeholders should be involved?</td>
<td>Providers, Communities (Clients and Relais), Health Posts, Health Centers, District, NGO, Donor.</td>
</tr>
<tr>
<td>4. What components needed to ensure support for the cadre?</td>
<td>Training, Supportive Supervision, Commodities Support, Data Collection.</td>
</tr>
<tr>
<td>5. How will clients be informed and benefit from services?</td>
<td>Mobile outreach as an introduction to fixed services.</td>
</tr>
</tbody>
</table>

*Cadre approved through national guidelines and previously piloted in Niger

How the Model Changed

Trained 22 community health agents in voluntary FP; emphasis on inserting and removing implants (new technology for this cadre), August 2019.

- Community Health Agents provided voluntary FP services during and following mobile outreach services.
- Supportive supervision was conducted at the health posts.
- Contraceptive implants were integrated into monthly commodity requests.
- Starting collecting and analyzing data at the health post level.
Learning and implications for future initiatives

- Community Health Agents successfully and safely counseled for, provided, and removed implants as part of a wide range of methods, responding to the preferences of their clients.

- Routine data collection shows an increase in the number of implant users/diversified method mix and the health posts.

- Mobile outreach was an effective way to introduce new methods, and to normalize their use (and task-sharing) within communities.

- The task-sharing initiative has informed the scale-up of mobile outreach services in SIFPO2: now, community health agents are trained as part of the mobile outreach setup.

Where to learn more

A brief outlining PSI’s experience with mobile outreach (another HIP!), including more detail about the task-sharing elements, is available in French and English.

https://www.psi.org/publication/mobile-outreach-for-family-planning-in-rural-niger/
Thank you

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Stembile Mugore, IntraHealth

Stembile “Tembi” Mugore is a nurse, midwife and public health professional with extensive experience and professional expertise in policy, strategy development, clinical service delivery strengthening, health systems strengthening, integration of maternal, neonatal and child health, family planning, and HIV and AIDS. Tembi has provided technical assistance and built capacity for improvements in programming, development of service delivery guidelines, pre- and in-service training, performance, and quality improvement systems. She has worked for IntraHealth International in senior technical advisory capacities for over twenty years, in East, West and Southern Africa, Asia and global projects. Years before task shifting was formally documented, she led introduction of task shifting for insertion and removal of Norplant and treatment of complications of incomplete abortion for nurses and midwives and provision of injectable contraceptives DMPA-IM and selected maternal health tasks to Nursing Assistants in Uganda resulting in additions to scopes of practice for nurses and midwives and policies.
Task Sharing in South Sudan to Increase FP Service Access and Method Choice

Stembile (Tembi) Mugore  
Senior Technical Advisor, MNCH-FP, IntraHealth International

HIPs Task-sharing Webinar  
Aug 20, 2020

Context of South Sudan: “An extremely difficult programming environment”.

- World’s newest country: 2011
- Very poor: per capita GDP: < $200
- Violence & insecurity in much of country
- Very high disease burden
- Weak Health system
Why task sharing matters/what’s at stake?

- Modern CPR: 3.9%: Lowest in Africa (PRB 2019)
- Unmet need for FP: 31%
- TFR = 6.7 children per woman
- Maternal mortality ratio = 1:49
- For every mortality, 20-30 serious morbidities
- A woman’s lifetime risk of maternal death: 1 in 18 (highest in world)

Health Workforce to address MNCH-FP Challenges in South Sudan

WHO recommends 2.3 doctors and nurse/midwives per 1,000 population

Health Workforce:

- low in numbers & skills – estimated doctors 1 per 65,574 population) and midwives (1 per 39,088 population)
- inequitably distributed the few available are in urban areas where less than 20% of the population resides.
- high attrition
  - low and irregular pay
  - Insecurity
- poor performance support systems: in-service training, supportive supervision
The arc of demedicalization: task-shifting to more cadres to increase access to FP services

Task-shifting & task-sharing

Ob-Gyns
MDs

Nurses
Midwives

Auxiliary Nurses
Auxiliary Nurse Midwives

Lay Health Workers

Clients themselves (home care & self care)

WHO task-sharing recommendations:
by health worker cadre and FP methods
## Our FP task-sharing strategies

<table>
<thead>
<tr>
<th>Dedicated FP providers</th>
<th>Community health workers</th>
<th>Self-care in the era of COVID-19</th>
</tr>
</thead>
</table>
| Supplementation services at high volume facilities  
  • Trained 17 nurses and midwives as FP clinical providers and mentors of CHWs  
  • Placement at 9 high volume facilities and community outreach | Trained 27 CHWs to offer:  
  • OCs and Condoms  
  • Re-injection of DMPA-SC  
  • Generate demand and refer for LARCs | 42 clients volunteered and were trained for Self Injection –DMPA-SC |

## Influencing and responding to task sharing policy

**Building Local Capacity for:**  
Training and Mentorship  
Developed Curricula and supervision Tools

**Dedicated Providers**  
CTU and Mentoring Skills  
Continuous mentoring and supportive supervision  
Logistics and HIS support  
Job Aids

**CHW**  
Training and mentoring  
Logistics and HIS support  
Job Aids

**Promoting Self Care**  
Training and support via SMS and telephone
Where task sharing was implemented

Wau County
1. Wau Teaching Hospital

Yambio County
2. Yambio State Hospital
3. Yambio PHCC

Juba County
4. Gurei PHCC

Magwi County
5. Nimule Hospital
6. Magwi PHCC
7. Mogali PHCC
8. Abara PHCC
9. Obbo PHCC

Marked increase in clients served

Trend in number of clients who received method by month

Source: E2A-FP Activity
Dedicated providers augmented FP service delivery

Number of clients who received method by provider type

Source: E2A-FP Activity

The method mix is diversified

Distribution of number of clients by method

Injectable
Implant
Pill
Male Condom
LAM
Female Condom
ECP
IUCD

Sayana Press: 1349
Depo: 1405
POP: 1204
COC: 1162
Implant: 2754
Injectable: 2218
ECP: 44
IUCD: 4
Marked increase in use of longer-acting, more effective methods

Self-Injection

- 42 clients volunteered for self-injection.
- 35% (15) were from rural health facilities.
- By end of June, all clients expected to self-inject had self-injected on time.
- SMS reminders and follow-up

Source: E2A-FP Activity (December 2019 – June 2020)
Summary

• The 3 Task-Sharing Approaches are effective in South Sudan:
  • Dedicated Provides doubled client load, reached youth, improved access to methods
  • DMPA-SC and implants – well suited for COVID-19 situation
  • CHWs do make a difference with good training and supportive supervision.
  • Self Care – new and showed potential for success

Thank you!

Contact:
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Questions & Answers

Before we close:

Presentation and Recording available here:

For more information, please visit:

www.fphighimpactpractices.org
www.ibpnetwork.org
www.familyplanning2020.org

THANK YOU