

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

August 20th, 2020

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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.



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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



Before we Begin



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Today's Panelists



James White
Abt Associates



Leigh Wynne
FHI 360



Erin Dumas
PSI



Stembile Mugore
IntraHealth

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James White, Abt Associates, Task Sharing Technical Working Group

James 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

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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



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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

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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.

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AUGUST
2020

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*

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HIP briefs define the **practice**. Summarize evidence of **impact** and experiential learning from implementing.



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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.



Adolescents



Engaging Men and Boys in Family Planning



Family Planning in Humanitarian Settings



Task Sharing Family Planning Services to Increase Health Workforce Efficiency and Expand Access

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Why is task sharing important?

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

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

This document is intended to lead program managers, planners, and policymakers through a strategic process to determine if and how task sharing family planning (FP) services can be used to help achieve development goals. Task sharing is defined as the systematic redistribution of family planning services, including counseling and provision of contraceptive methods, to expand the range of health workers who can deliver services (WHO, 2017). Task sharing is a safe, effective, and efficient means to improve access to voluntary sexual and reproductive health services and reach untold FP goals.

This guide builds on experiential learning from implemented programs and is informed by recognized experts in the field. When contemplating a task sharing strategy, stakeholders should reflect on the considerations below to ensure the potential strategy will address the specific country context, available resources, and diverse needs of the target population.

Note that this process may not be linear. Task sharing implementation should occur within the framework of a functioning health system and within a family planning program that ensures subnational and informed choice.



Midwives after counseling a client at a community-based health center in Mozambique. Courtesy of Pheasant

Consideration 1: How will task sharing help you achieve your goals?

Task sharing can support a variety of program goals, including improving equitable access to contraceptive services for disenfranchised populations or remote communities, allowing clients to obtain their selected contraceptive method from their preferred service delivery point, and/or increasing health system efficiencies by equipping a wider range of providers to deliver key services. Task sharing can also provide an opportunity for health providers, particularly female providers, to advance their professional roles, expand core competencies, and experience economic empowerment. The impact of evidence-based family planning interventions or High Impact Practices (HIPs) is bolstered when responsibilities for delivering high-quality contraceptive services are optimally shared and distributed across different types of family planning service providers within the health system.

Modeling tools can estimate impacts on health outcomes and answer important questions, such as: (1) Which were expected to offer additional method (task share), is not likely to increase? (2) Which is the potential contribution of task sharing to averting unintended pregnancies, abortions, maternal deaths or unsafe abortions? (3) Which 2 Models? How many clients would pharmacist need to be ready to serve if injectables were task shared? (See Family Planning Market Analysis)

*Anella Brown, Erin Dwyer, Sara Chant Dwyer, Maria Franks, Melissa Freeman, Nancy Harris, Rebecca Hubbard, Cynthia Lee, Shweta Maheshkar, Erin McElroy, Kathryn Morris, Tullius Oglethorpe, English Othman, Sarah Othman, Nelson Sarker, Lisa Scheller, Tony Van Boven, James White, Leigh Ylase

September 2019

Task Sharing Enhances Several HIPs

| High Impact Practice | Task Sharing enhances the practice by... | Example |
|--|--|--|
| Immediate Postpartum FP Postabortion FP Immunization and FP | 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. | 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. |
| Social Franchising Community Health Workers Mobile Outreach Drug Shops/ Pharmacies | 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. | Community-level provision of implants in Ethiopia through health extension workers has expanded access to long-acting family planning methods. |
| Social Franchising Mobile Outreach Drug Shops/ Pharmacies | Building private sector health care professionals' 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. | Drug shop operators in two Ugandan 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. |
| FP Vouchers | Increasing provider availability/ accessibility in communities where financial or information barriers hinder uptake of contraceptive methods. | In Nicaragua, adolescents who received vouchers were three times more likely to visit health centers and twice as likely to use modern contraception delivered by a facility-based provider. |

How do you get there?

Components

Component 1: How will task sharing help you achieve your goals?

Component 2: Defining your task sharing strategy – which FP service providers and which methods.

Component 3: Which stakeholders should be involved in developing the task sharing strategy?

Component 4: What components are recommended to ensure the cadre is supported by the health system?

Component 5: How will beneficiaries be informed of task sharing and benefit from the service?

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!

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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.

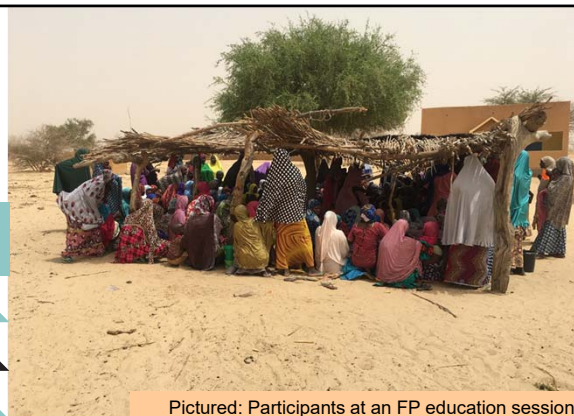


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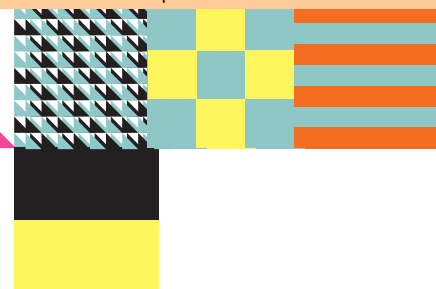


Pictured: Participants at an FP education session

Task-Sharing for voluntary family planning in Niger

Erin Files Dumas

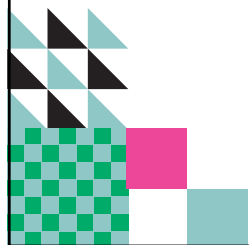
Support for Family Planning and Health Organizations 2
(SIFPO2)



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



Pictured: Dr. Maimouna Saley
PSI/Niger



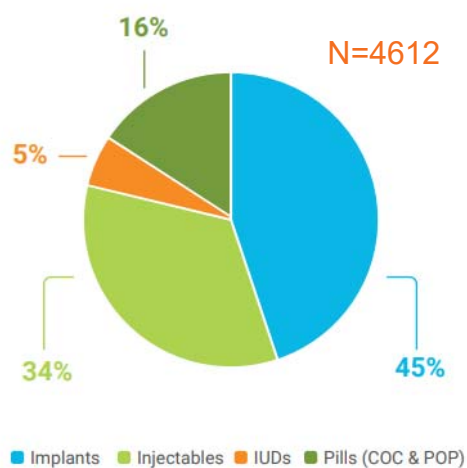
Initial Model

- 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)



Using the Strategic Planning Guide



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

*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.

Number of contraceptive implants provided at...



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.

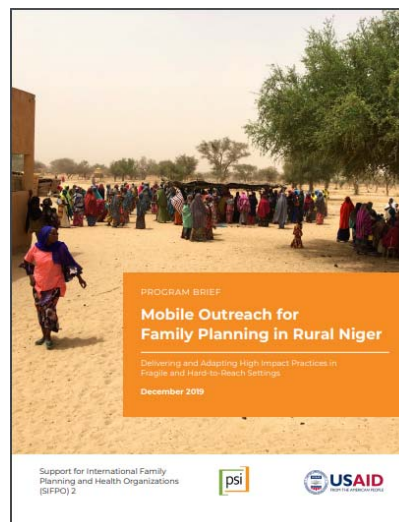



Pictured: PSI and public providers work in tandem to serve a client during an outreach event



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)

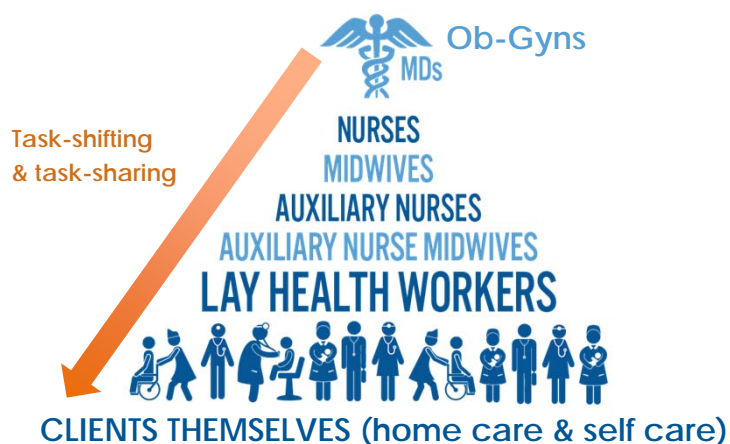
Health Workforce to address MNCH-FP Challenges in South Sudan

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



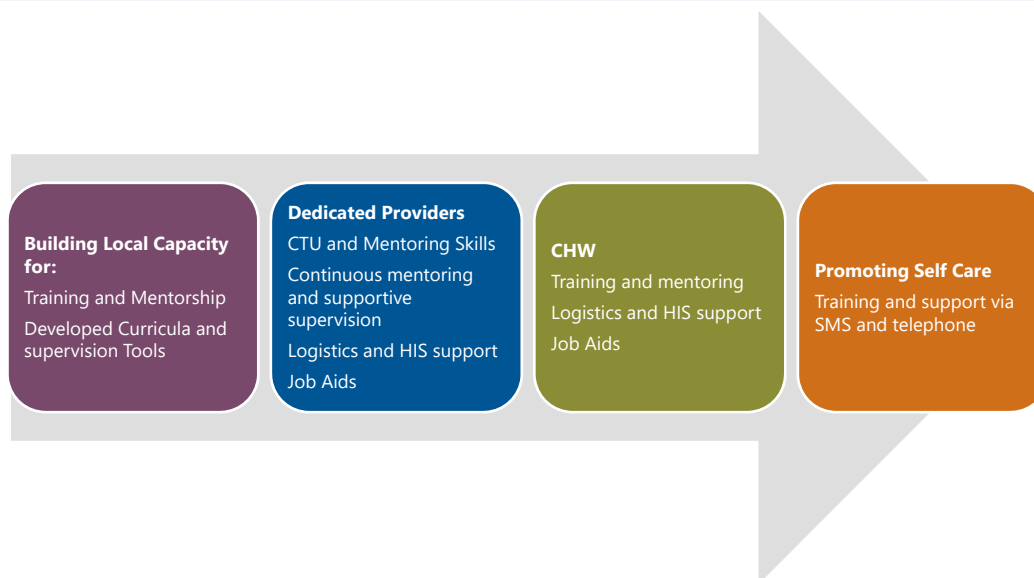
WHO task-sharing recommendations: by health worker cadre and FP methods

| | Lay Health Workers | Auxiliary Nurses | Auxiliary Nurse Midwives | Nurses | Midwives | Associate Clinicians | Advanced Level Associate Clinicians | Non-Specialist Doctors |
|--|---|------------------|--------------------------|--------|----------|----------------------|-------------------------------------|------------------------|
| Contraceptive delivery | | | | | | | | |
| 11.1.1.12 Provision of maternal, newborn and reproductive health interventions | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12.1 Initiation and maintenance of injectable contraceptives - IPIED | Because the product is still in development and studies are ongoing, no recommendation was made by the panel. | | | | | | | |
| 12.2 Initiation and maintenance of injectable contraceptives - IPIED | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12.3 Initiation and maintenance of injectable contraceptives - IPIED | ✗ | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12.4 Initiation and maintenance of injectable contraceptives - IPIED | ✗ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| 12.5 Initiation and maintenance of injectable contraceptives - IPIED | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ |
| 12.6 Initiation and maintenance of injectable contraceptives - IPIED | ✗ | ✗ | ✗ | ✗ | ✗ | ✓ | ✓ | ✓ |

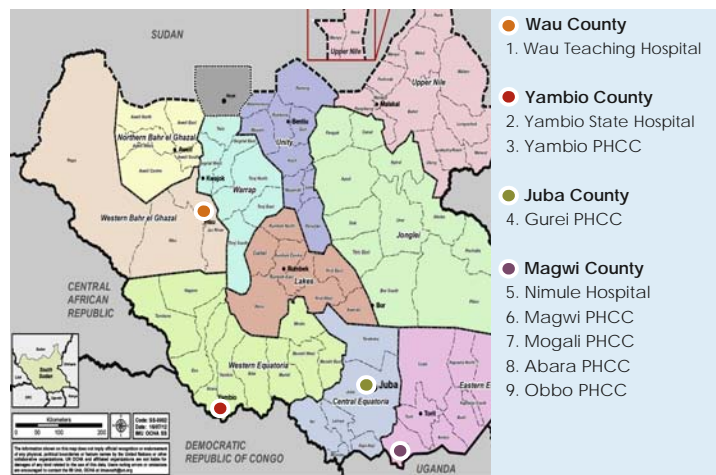
Our FP task-sharing strategies

| Dedicated FP providers | Community health workers | Self-care in the era of COVID-19 |
|---|--|---|
| <p>Supplementing services at high volume facilities</p> <ul style="list-style-type: none"> Trained 17 nurses and midwives as FP clinical providers and mentors of CHWs Placement at 9 high volume facilities and community outreach | <p>Trained 27 CHWs to offer:</p> <ul style="list-style-type: none"> OCs and Condoms Re-injection of DMPA-SC Generate demand and refer for LARCs | <ul style="list-style-type: none"> 42 clients volunteered and were trained for Self Injection –DMPA-SC |

Influencing and responding to task sharing policy

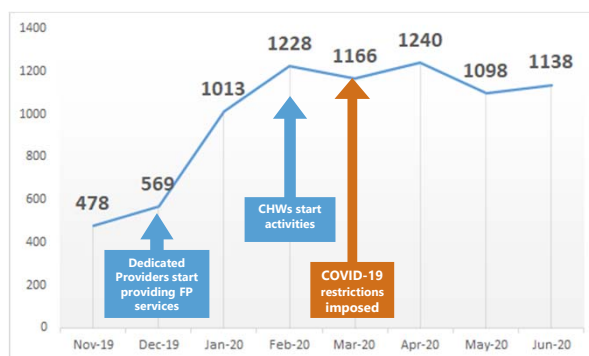


Where task sharing was implemented



Marked increase in clients served

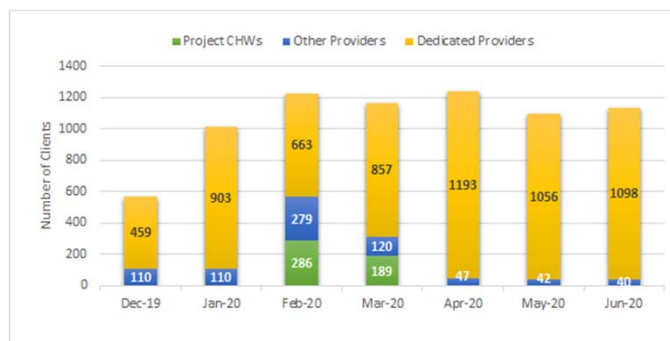
Trend in number of clients who received method by month



Source: EZA-FP Activity

Dedicated providers augmented FP service delivery

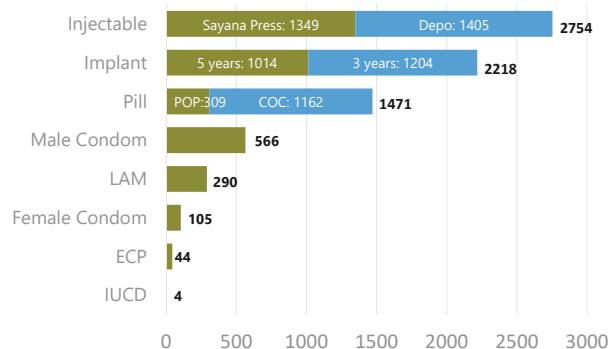
Number of clients who received method by provider type



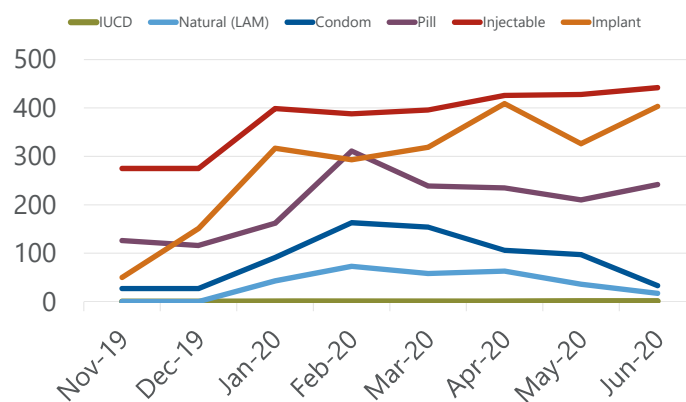
Source: E2A-FP Activity

The method mix is diversified

Distribution of number of clients by method



Marked increase in use of longer-acting, more effective methods



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

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

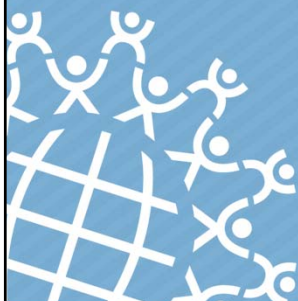




Summary

- 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



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Before we close:



Presentation and Recording available here:

<https://www.fphighimpactpractices.org/task-sharing-family-planning-services-to-increase-health-workforce-efficiency-and-expand-access-a-strategic-planning-guide-webinar/>

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