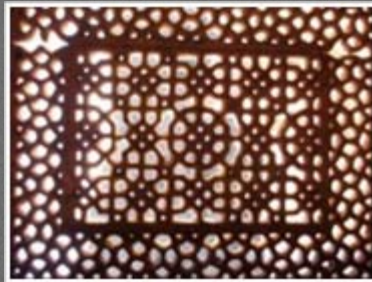# Human Resources for Maternal Health: Midwives, TBAs, and Task-Shifting

Pape Gaye, President and CEO
IntraHealth International, Inc
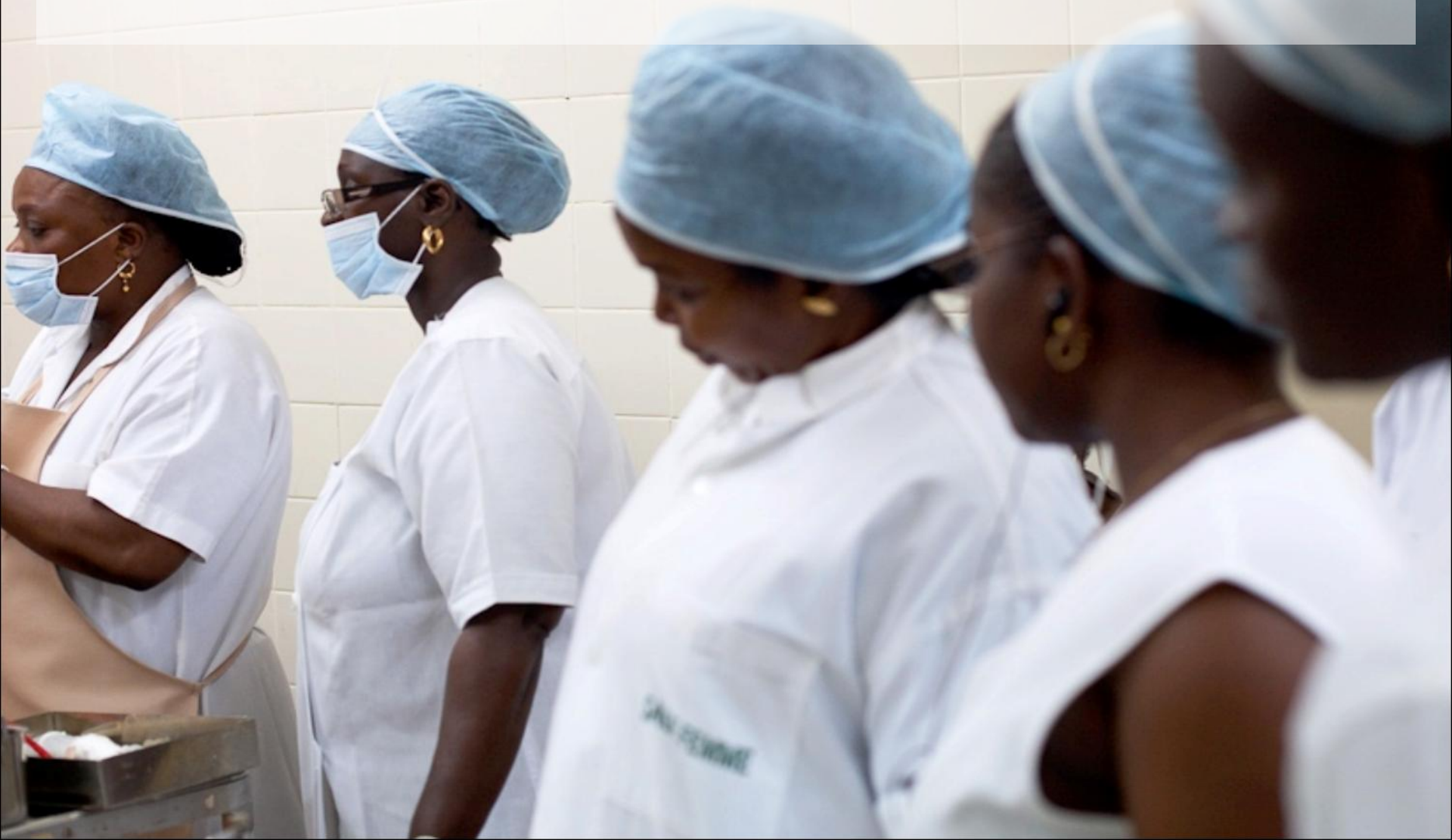
Health workers save lives!

Probability of survival (Low → High) vs. Density of health workers (Low → High)

- Maternal survival
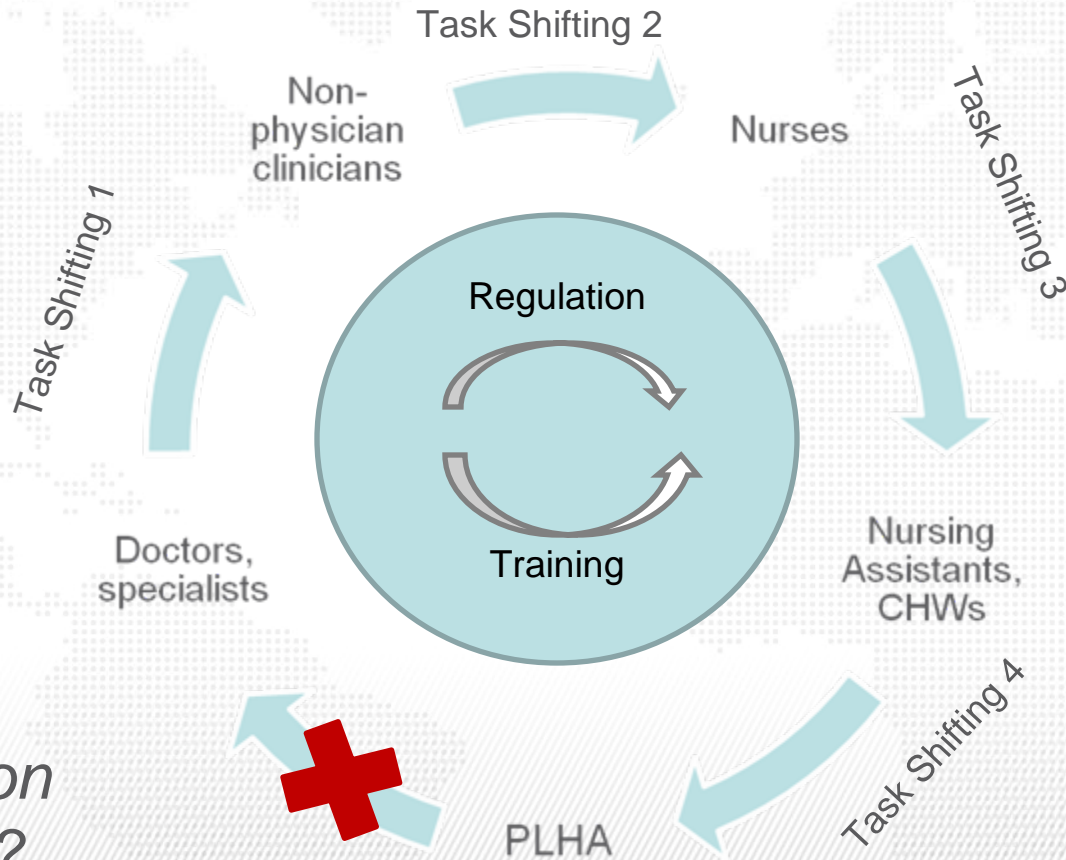- Child survival
- Infant survival

Source: World Health Organization (WHO). Working together for health. World Health Report 2006

Task Shifting is defined in the WHO Guidelines as the rational redistribution of clinical and other tasks, among health care workers, according to their skills, rather than their roles.

Task Shifting: four types

Task Shifting 2

Non-physician clinicians → Nurses

Task Shifting 1

Task Shifting 3

Regulation

Training

Doctors, specialists

Nursing Assistants, CHWs

Delegation upwards?

PLHA

Task Shifting 4

4 simultaneous goals: supported by broad HSS and implementation strategies

- ***Share and assign tasks*** among health workers to take advantage of the ***different competencies***

- Take advantage of ***simplified health promotion & treatment protocols*** that permit task-shifting to less intensively trained and specialized cadres

- ***Shift more health promotion, treatment & care delivery*** to the community level by introducing new or strengthening existing ***cadre of community health workers***

- ***Increase access*** to care & advice in under-served communities

Intervention points to increase (decrease) HR inputs

Develop partnerships (MoH, other sectors, NGOs, FBOs non-formal providers)

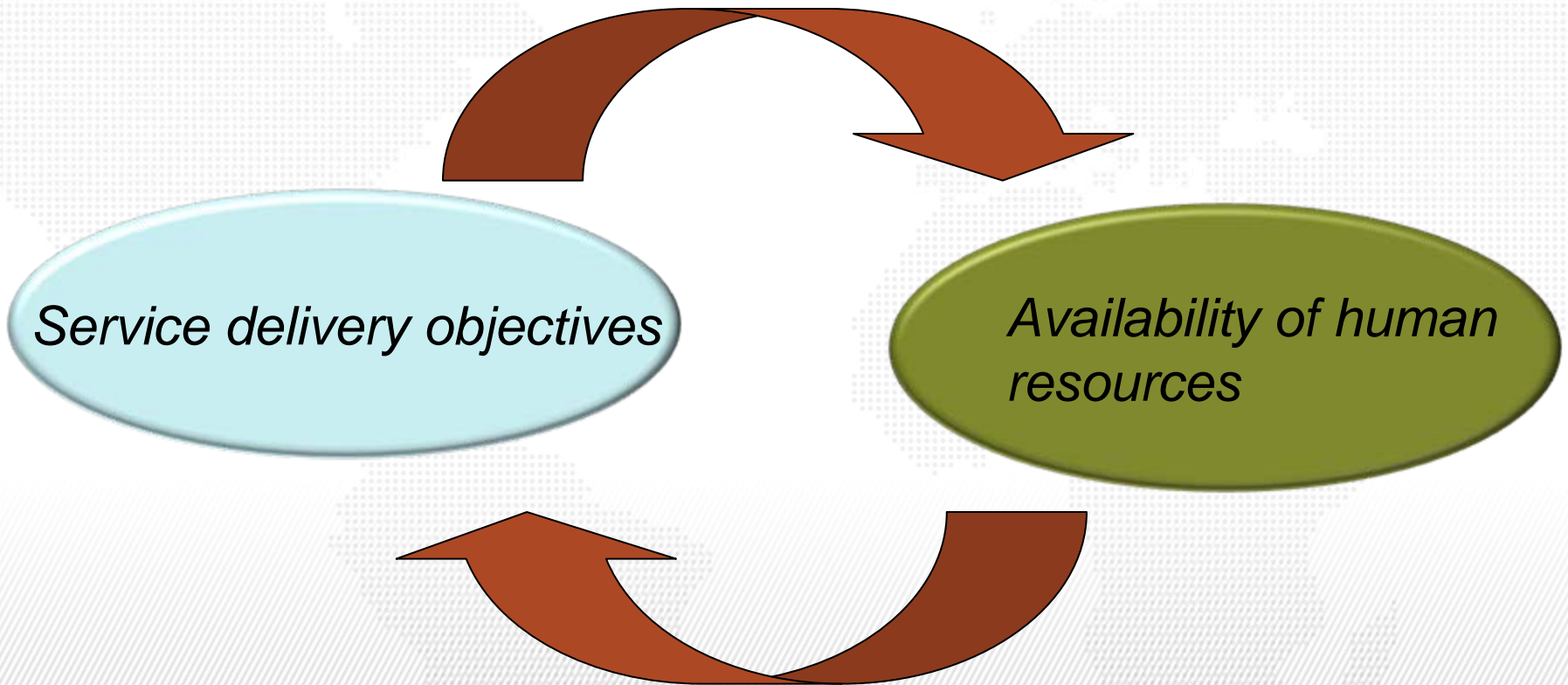Change skills mix (inc. volunteers)

Increase entrants

Reduce losses

Improve distribution

Improve productivity

... or modify the service delivery objectives

Service delivery objectives

Availability of human resources

Avoiding the same old traps…

- Lack of country-country level coordination of health training among donors, partners, ministries and other key players.

- Inequitable access to training due to gender, types of cadres, location of health workers, etc.

- Interrupted services: Central training locations often result in deficiencies at service facilities effecting the most vulnerable populations

- Failure to reinforce skills and knowledge training by addressing other performance factors.

![IntraHealth International — Because Health Workers Save Lives.]

New opportunities of technologies for training:

- Generation "Y" and the Implications on Teaching and Learning
- Increases access to real time data for decision making through mobile phone and PDA use
  - Low cost, increased access, ease of use in low resource settings
- Self study and peer reviews minimize impact on service delivery
  - Increased access through use of DVDs and e-learning courses

Training & performance as key pillars for effective scaling up:

- **Assessing performance gaps and opportunities**
- **Addressing all performance factors**
- Learning for performance
- Linking pre-service education, in-service training and professional associations
- Continuous competency based learning across cadres

Factors Influencing Performance:

- Clear Job Expectations

- Clear and Immediate Performance Feedback

- Motivation:
  - Transparent Incentives to Perform as Expected

- Knowledge and Skills:
  - Job Based Information and Technical Competencies

- Organizational Support:
  - Strategic Direction, Job Roles and Responsibilities
  - Supportive Supervision System

- Environment:
  - Adequate and Proper Tools, Supplies and Workspace

Frameworks for Improving Performance

Instructional Frameworks…

A Systems Framework: Performance Technology

Meeting Strategic Objectives

| Information Based |
| Competency Based |
| Performance Based |

| Individual Level | → | Knowledge Competency & Skills Experience Motivation |
| Organizational Level | → | Personnel Selection Leadership Incentives & Rewards Site Preparedness |
| Institutional Level | → | Standards Procedures Policy |

Training & performance as key pillars for effective scaling up:

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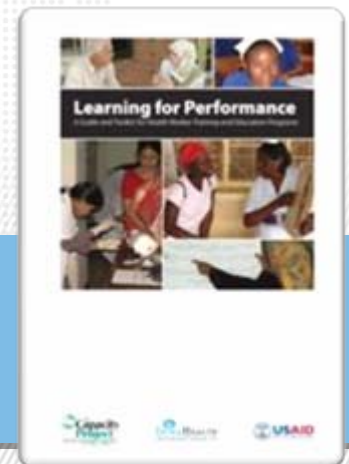- Continuous competency based learning across cadres

Learning for Performance uses an instructional design process and practical tools on essential content, effective methods and job performance.
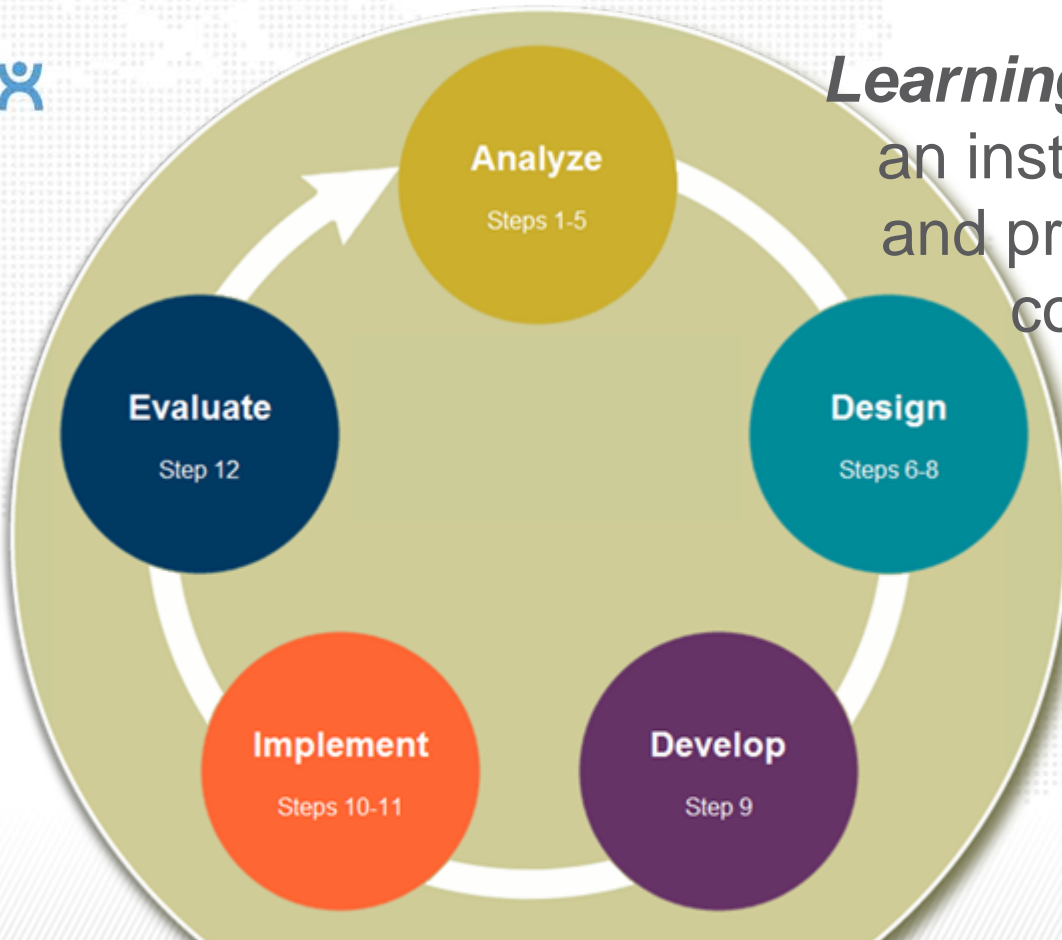
Learning for Performance
http://www.intrahealth.org/lfp/

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Training and learning within the health system

Legal Framework

Education System (Pre-Service Education)

Health System

Professional Associations I

Facilities

Individuals, Families & Communities

COMMUNITY HEALTH WORKERS

NURSES

Shared Competencies

Shared Competencies

Shared Competencies

TRAINING!!!

Medical products, vaccines and technologies

PHYSICIANS

Professional Associations II

Systems within systems: a snapshot of 1 cadre

NURSE PRACTITIONERS

REGISTERED NURSES

COMMUNITY NURSES

COMMUNITY HEALTH WORKERS

Training & performance as key pillars for effective scaling up:

- Assessing performance gaps and opportunities
- Addressing all performance factors
- Learning for performance
- Linking pre-service education, in-service training and professional associations
- **Continuous competency based learning across cadres**

Competency based education and training puts the focus on:

- Health outcomes
- Meeting practice needs
- Clear task delineation
- Practice based learning processes (that can be shared)
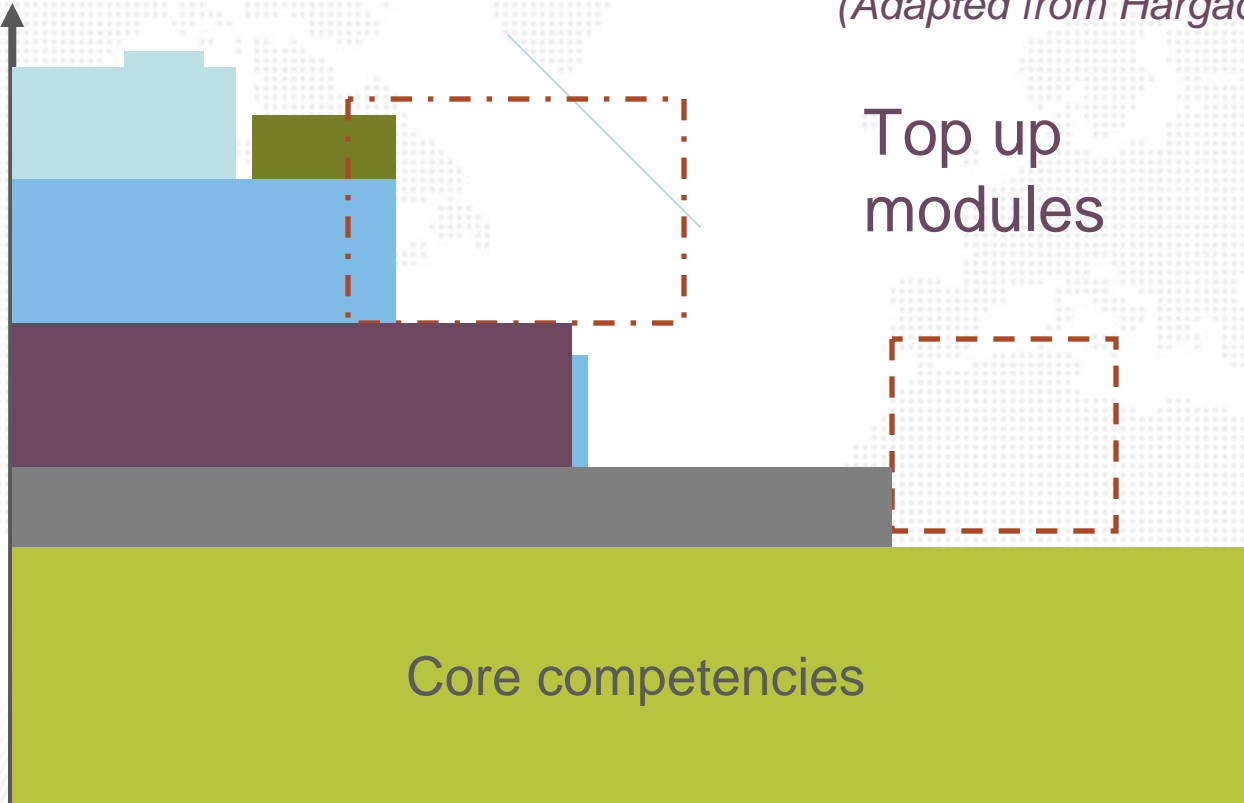- Describing, measuring and managing performance

What are the core competency areas?

- Technical expertise

- Risk management and quality assurance

- Analytical thinking and judgement

- Resource management

- Working with others

- Achieving results

- Analytical thinking and judgement

- Communicating and influencing

- Managing knowledge and information

A competency framework
(Adapted from Hargadon and Plsek 2004)

Top up modules

Specialist

Core competencies

Roles (or scope of practice)

Seeking integration:

- Across systems
- Across roles
- Across courses
- Within learning processes
- Between in-service training and pre-service education systems
- For maximum adaptability

Tools to help: measuring competencies

Competencies	Unable to perform procedure	Can perform procedure accurately sometimes	Performs and records procedure but may not understand implications of results	Performs and records procedure and understands implications of results
Conducts initial ante-natal visit				
Measures blood pressure of pregnant women	Does not understand how to use equipment	May not use a large cuff for obese women, may not put arm into optimal position, may not have woman in resting position	Uses equipment properly	√

For more information visit us at
http://www.intrahealth.org