Human Resources for Maternal Health: Midwives, TBAs, and Task-Shifting
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Health workers save lives!

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 1
  - Non-physician clinicians
- Task Shifting 2
  - Nurses
- Task Shifting 3
  - Nursing Assistants, CHWs
- Task Shifting 4
  - PLHA

Delegation upwards?
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
- Improve distribution
- Improve productivity
- Reduce losses
... 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.
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...

- Information Based
- Competency Based
- Performance Based

A Systems Framework: Performance Technology

Meeting Strategic Objectives

- Individual Level
  - Knowledge
    - Competency & Skills
    - Experience
    - Motivation
  - Personnel Selection
  - Leadership
  - Incentives & Rewards
  - Site Preparedness

- Organizational Level
  - Standards
  - Procedures
  - Policy

- Institutional Level
Training & performance as key pillars for effective scaling up:

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- **Learning for performance**
- Linking pre-service education, in-service training and professional associations
- 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.
Training & performance as key pillars for effective scaling up:

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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:

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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)

Roles (or scope of practice)

Core competencies

Top up modules
Seeking integration:

- Across systems
- Across roles
- Across courses
- Within learning processes
- Between in-service training and pre-service education systems
- For maximum adaptability
<table>
<thead>
<tr>
<th>Competencies</th>
<th>Unable to perform procedure</th>
<th>Can perform procedure accurately sometimes</th>
<th>Performs and records procedure but may not understand implications of results</th>
<th>Performs and records procedure and understands implications of results</th>
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</thead>
<tbody>
<tr>
<td><strong>Conducts initial ante-natal visit</strong></td>
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<tr>
<td>Measures blood pressure of pregnant women</td>
<td>Does not understand how to use equipment</td>
<td>May not use a large cuff for obese women, may not put arm into optimal position, may not have woman in resting position</td>
<td>Uses equipment properly</td>
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