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Columbia University Averting Maternal Death and Disability (AMDD): Shifting to SHaRP: Strengthening Human Resources in Partnership



An award was made in November 2012 to the *Averting Maternal Death and Disability (AMDD) Program at Columbia University*, to study the implementation of task shifting of cesarean sections (C-sections) from physicians to associate clinicians (previously known as non-physician clinicians) in Zambia and Kenya. The goal of the research is to develop guidance for low-income countries seeking to implement and improve task shifting programs. The research aims to understand the process of moving from policy adoption of task shifting to actual implementation on the ground. Partners on the project include Chainama College of Health Sciences (Zambia), the American College of Nurse Midwives, Community Health Promotion Kenya (CHPK), and the Africa Network for Associate Clinicians (ANAC).

Background

Many developing countries do not have enough resources or skilled health workers to provide critical, evidence-based interventions, such as C-sections, that can reduce maternal and infant mortality. Task shifting has been adopted as a way to address this shortage, by expanding the scope of practice of associate clinicians to include C-sections. Research indicates associate clinicians are less expensive to train and deploy compared to physicians, and have similar outcomes to doctors. However, information on how to implement task shifting at a national level is limited. To address this, TRAction is funding research to determine the factors that influence successful task shifting programs, and develop guidance on how to successfully implement task shifting programs.

Research Setting

Zambia is one of the most recent countries in sub-Saharan Africa to adopt a national policy for task shifting surgery including obstetric surgery. For the past 10 years, selected health officers in Zambia have been trained as medical licentiates able to deliver comprehensive emergency obstetric care. **Kenya**, in contrast, has not established a national policy for task shifting of C-sections, although different models of task shifting are currently being explored, including the introduction of a reproductive health specialization for clinical officers. Conducting research in these two contrasting countries will provide important information on factors that both facilitate and hinder task shifting efforts, which will allow AMDD to develop more comprehensive implementation guidance.

Research Design

AMDD's research on task shifting in Zambia and Kenya will employ components of a realist evaluation approach to identify the mechanisms critical for implementation of task shifting. The research will identify the drivers and barriers for task shifting of C-sections, what roles policies and government leaders play in institutionalizing task shifting, what specific contextual factors helped or hindered the implementation, and what implementation support structures must exist. The research will be structured into three phases:

1. **Country Case Studies in Zambia and Kenya:** In Zambia, AMDD will investigate the implementation of task shifting and process of integration of medical licentiates into the Zambian health system. In Kenya, AMDD will work with CHPK to conduct a situational analysis of C-section task shifting approaches amongst clinical officers.
2. **Development of Research Reports:** In close collaboration with their partners and stakeholders, AMDD will summarize findings from the Zambia case study and the Kenya situational analysis in two research reports.
3. **Development of Implementation Guidance:** AMDD will work with their partners and various stakeholders to develop and refine a guidance document that can inform the implementation of task shifting programs in other countries.

Data Collection

Data will be collected through desk reviews of the literature; document reviews (including policy documents, meeting reports and minutes, administrative documents, and media reports); in-depth and semi-structured interviews with key informants including Ministry of Health officials, regulatory bodies, trainers, professional associations, district and facility management and medical licentiates.

Collaboration with ECSA

AMMD will collaborate closely with the East, Central, and Southern Africa Health Community (ECSA) to conduct this research. ECSA will be conducting similar research in Malawi and Tanzania, where task shifting programs have been ongoing for more than 30 years. By sharing their findings and working together, ECSA and AMDD will be able to create implementation guidance that is applicable to a wider range of countries, ranging from those who have not yet begun to implement task shifting to those who want to improve established task shifting programs. Through collaboration, AMDD and ECSA will expand the dissemination and adoption of the implementation guidance by engaging each of their established networks.

Research Applications

The implementation guidance that results from this research will be shared through dissemination meetings, policy dialogues, conference presentations, journal publications, website fora, and other methods. The findings will provide detailed guidance on how to implement task shifting to facilitate the translation of task shifting policies into action, which will ultimately help address work force shortages and improve maternal and newborn health.