# Research Planning Framework for Task-Sharing Family Planning Services

## Introduction

This tool was developed for country-level policy makers, implementers and researchers to assist in determining whether task-sharing family planning research might be appropriate for their respective context. The purpose of the tool is to help stakeholders evaluate the need to generate task sharing evidence, hence facilitating more effective, efficient and appropriate use of resources. This tool was designed primarily for country-level use, though may be helpful in generating evidence to influence regional or global level task-sharing guidance. In the latter case, it is suggested World Health Organisation (WHO) inclusion criteria be considered for study design.

## Background

The WHO recognises task-sharing as a promising strategy for addressing the critical lack of health care workers to provide maternal and newborn care in low-income countries. The WHO recommendations on task-sharing family planning (FP) services, outlined in the development of their key guidelines on the matter, 'Optimize4MNH', are based on the identification of priority questions and critical outcomes and the retrieval, assessment and synthesis of evidence.[i]

Various types and levels of evidence were reviewed during the development of the recommendations including:

- Systematic reviews of randomised and non-randomised studies which looked at the potential benefits and harms of task-sharing;
- Qualitative evidence and case studies of large scale programs measuring the acceptability and feasibility of task-sharing services to patients, health workers and others.

This level of evidence has informed WHO guidance on task-sharing of FP and recommendations for the level of cadre of health worker to carry out clinical FP services safely (see Figure 1).

*Figure 1: WHO Guidance on Task-Sharing of FP*

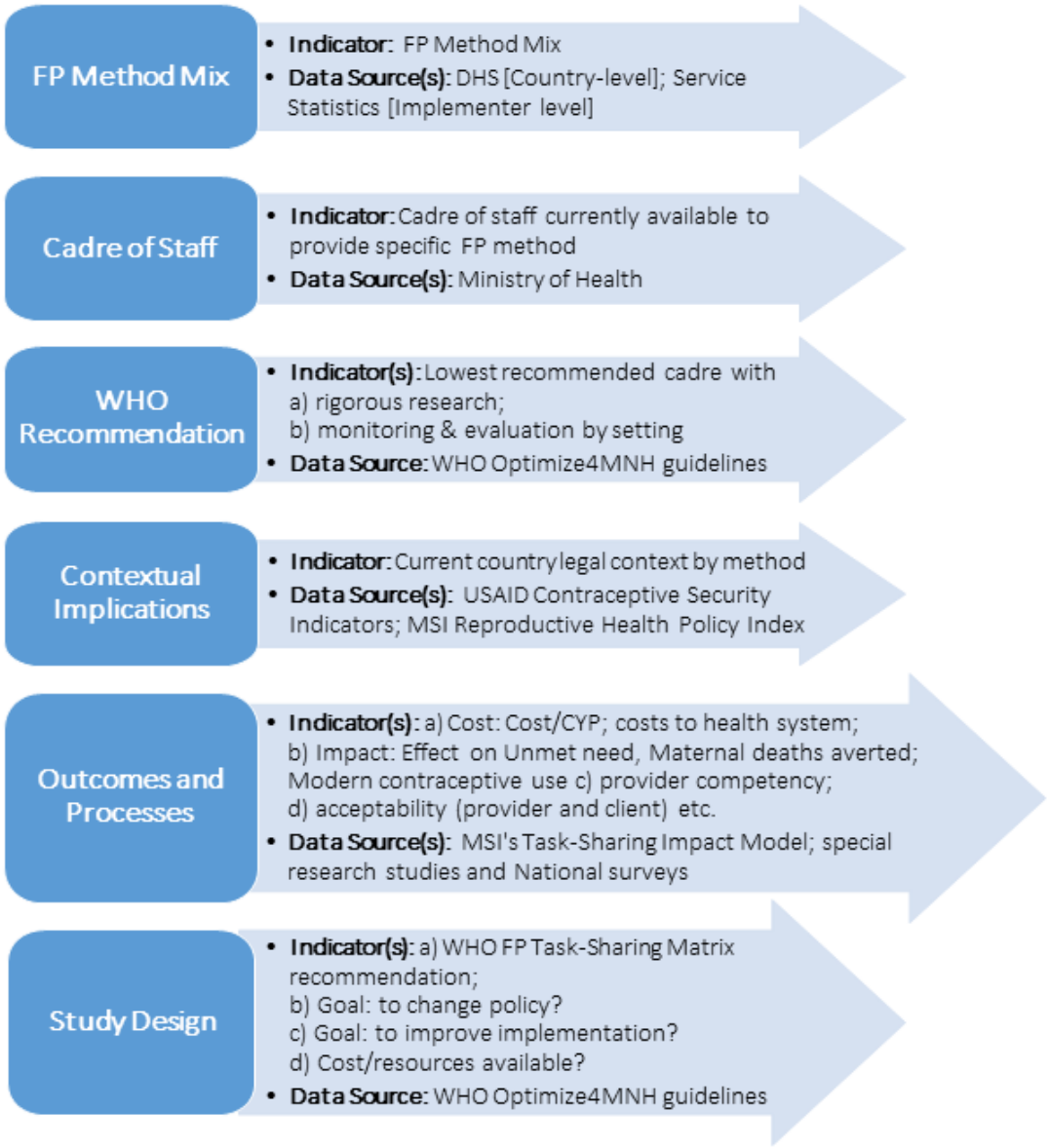
| | LHWs | Auxiliary Nurses | Auxiliary Midwives | Nurses | Midwives | Associate Clinicians | Doctors |
|---|---|---|---|---|---|---|---|
| **Tubal Ligation** | Not Recommended | | | | | | |
| **Vasectomy** | | With Rigorous Research | | | | | |
| **IUDs** | | | | | | | |
| **Implants** | | With M&E | | | | | |
| **Injectables** | | | | | Recommended | | |
| **OCPs & Condoms** | | | | | | | |

These WHO recommendations form a global research agenda for task-sharing FP services. A global research agenda is helpful in setting research priorities at an overall or general level—for instance, as shown in Figure 1, the WHO recommends more rigorous research for task-sharing of tubal ligation (TL), vasectomy, intrauterine devices (IUDs) and implants to lower level cadres of workers. Similarly, monitoring and evaluation is recommended for the provision of implants and injectables by auxiliary nurses, auxiliary midwives or lay health workers (LHWs).

## A Research Planning Framework for Task-sharing

At a country or implementer level, the global research agenda will require tailoring to suit the needs of those rolling-out task-sharing strategies in the field. Thus, a research planning framework for task-sharing has been developed for use by those planning to undertake research to plan or support changing policies based at service delivery organisations, other implementing organisations, donors, and at the country-level. The framework is described in Figure 2.

*Figure 2: A Research Planning Framework for Task-Sharing*



## Using the Framework to Plan a Task-Sharing Research Agenda

There are six components of the research planning framework for task-sharing. It is recommended that they are implemented as follows:

1. FP Method Mix. A good starting point for the development of a task-sharing research agenda is to examine the current method mix at level of implementation that is planned (i.e. national-level; implementer-level; service point; type of service etc.).
    a. Is long-acting and permanent method uptake lower than expected?
    b. Is there a specific method that you would like to expand access to, and there are currently insufficient staff to provide it?

2. Cadre of Staff. Once a specific FP method has been identified—what cadre of staff is currently providing that method? Does this differ by facility type (clinic or hospital) or geographic setting (rural or urban)? Consider all potential cadres including drug shops, pharmacists and self-injection.

3. WHO Recommendation. What do the WHO guidelines recommend for the specific method identified—i.e., what is the lowest cadre able to provide that method, and in what context?

4. Contextual Implications. The contextual implications of task-sharing are important considerations both when planning task-sharing implementation, as well as research.
    a. What is the legal context? Are mid-level providers currently legally allowed to provide services (indicating other barriers, such as training, perceptions, etc.), or are service provision duties limited to physicians?

5. Outcomes and processes. Marie Stopes International's Task-Sharing Impact Model can be used to understand the following outcomes and processes of task-sharing FP:
    a. Health-systems: including the number of additional services available through task-sharing, the number of additional providers available through task-sharing, the number of additional hours of time freed for physicians from task-sharing, the cost/savings to the health system through task-sharing, etc.
    b. Efficiency: cost/Couple Year of Protection delivered through task-sharing
    c. Health outcomes: additional maternal deaths, unsafe abortions averted as a result of expanding access to FP through task-sharing.

6. Study Design. There are several important considerations in settling on a study design:
    a. What is the goal of the study? Is it to change policy, or to improve implementation?
        i. If the goal of the study is to change policy, then it would be a logical next step to begin stakeholder engagement at the policy level, to (among other reasons) get a sense for the level of evidence needed. Often time's national-level stakeholders will prefer the most rigorous types of studies, such as randomised controlled trials.
        ii. If the goal of the study is to improve implementation, then this should be taken into account when planning the study, as more documentation of the process and monitoring & evaluation activities may be most useful.
        iii. Regardless of the type of study design, it is recommended that as part of the study, evidence on the implementation (such as training programmes, scale-up plans, monitoring systems, etc.) is incorporated into the study design.
    b. What do the WHO guidelines recommend for the particular method/cadre?
        i. If the guidelines recommend task-sharing only in the context of rigorous research, then it is likely that a more rigorous study design, such as an RCT, will be required.

ii. Otherwise, if the guidelines are for the particular method/cadre are 'recommended' (the forest green matrix cell in Figure 1) or 'recommended with M&E' (the light green matrix cell in Figure 1), then more operational research or monitoring & evaluation may be appropriate.

c. What resources are available to fund the study?
   i. Consider cost of study design options in light of available resources.

## Further Resources

- Marie Stopes International Reproductive Health Policy Index: http://mariestopes.org/data-research/infographics/reproductive-health-policy-index
- USAID Contraceptive Security Indicators: http://deliver.jsi.com/dhome/whatwedo/commsecurity/csmeasuring/csindicators
- World Health Organisation Optimize4MNH guidelines: http://apps.who.int/iris/bitstream/10665/77764/1/9789241504843_eng.pdf

[i] Optimizing health worker roles to improve access to key maternal and newborn health interventions through task shifting. Geneva: World Health Organization; 2012.



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