

## Example SURE checklist for identifying barriers to implementing an option and enablers

The problem: Shortage of medically trained health professionals to deliver cost-effective maternal and child health (MCH) services

Policy option(s): Task shifting to optimise the delivery of maternal and child healthcare by (1 = community or lay health workers (CHWs), 2 = nursing assistants, 3 = nurses, midwives, clinical officers, 4 = drug dispensers)

Country: Low income country

Level	Barriers and enablers to the policy options	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
The policy option	Feasibility	X				Expanded use of CHWs and TBAs may be perceived as impractical because of lack of funds to train and motivate CHWs and previous experience with TBAs  Evidence for TBAs may be in conflict with perceptions of previous experience in the country.  Cadres with more training may be skeptical of cadres with less training having sufficient competency for tasks that they perceive as being within their scope of practice.  Nurses and midwives may perceive both increased responsibilities and delegation of responsibilities to less trained cadre as threatening. May also be an enabler, if seen as freeing up their time for tasks requiring more training and skill.	Experience from previous large scale programmes (e.g. Bhattacharyya 2001, Walt 1990)	Include evidence of the feasibility and costs of CHWs  Reconcile the country experience with the international evidence for TBAs  Check that focus of the policy option is on extension of roles, not substitution of roles currently undertaken by other cadres
	The option may be perceived as impractical or difficult to implement	X	X	X	X			
	Credibility		X	X	X			
	The purported benefits of the option may not be perceived as credible							
	Attractiveness							
	Perceptions of the desirability of the option and its benefits relative to its downsides may differ							
Recipients	Knowledge and skills	X	X	X	X	Mothers may have limited	Varied knowledge of mothers	Disseminate reliable information

Level of care	Barriers and enablers to the policy options	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
of care	<p>Recipients of care may have varying degrees of knowledge about the healthcare issue or the intervention, or may not have the skills to apply this knowledge</p> <p>Attitudes</p> <p>Recipients of care may have opinions about the healthcare issue and the intervention, including views about the acceptability and appropriateness of the intervention and the credibility of the provider and the healthcare system</p> <p>Motivation to change</p> <p>Recipients of care may have varying degrees of motivation to change behaviour or adopt new behaviours</p>	X	X	X	X	<p>knowledge of some maternal and child health interventions, may not recognise symptoms and signs and may not seek care when needed.</p> <p>There may be a lack of motivation to use some interventions for maternal and child health</p> <p>Mothers have mixed attitudes – want higher level cadres, but feel more comfortable with lower-level cadres</p> <p>The attitudes of health workers may be a problem in some settings</p>	<p>documented in reviews of factors affecting the uptake of interventions, e.g. Pell 2011.</p> <p>Poor treatment of mothers and other care recipients by health care providers documented across a number of settings (e.g. Dlamini 2007, Jewkes 1998, Jewkes 2005)</p>	<p>through community structures, mass media or using patient education materials.</p> <p>Provide incentives for the use of high priority health services</p> <p>Put in place mechanisms to monitor the quality of care delivered to mothers and identify strategies to improve quality</p>
	<p>Providers of care</p> <p>Knowledge and skills</p> <p>Providers may have varying degrees of knowledge about the healthcare issue or the intervention, or may not have the skills to apply this knowledge</p>	X	X	X	X	<p>Providers may have inadequate knowledge regarding new roles or tasks or may not feel confident to undertake these tasks</p> <p>Professional cadres may feel that less skilled cadres, such as CHWs and drug dispensers, are not able to</p>	<p>Reviews of task shifting in low income countries have documented quality and safety issues, professional and institutional resistance to task shifting, and the need to put in place mechanisms to sustain motivation and performance</p>	<p>Clarify the roles and tasks of different health providers, and provide a clear rationale for the distribution of tasks</p> <p>Provide adequate training through educational materials; educational</p>

Level	Barriers and enablers to the policy options	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
	<p>Attitudes</p> <p>Providers may have opinions about the healthcare issue and the intervention, including views about the acceptability and appropriateness of the intervention and the credibility of the provider and the healthcare system</p> <p>Motivation to change</p> <p>Providers may have varying degrees of motivation to change behaviour or adopt new behaviours</p>	X	X	X	X	<p>safely and effectively deliver an intervention or that the health systems is unable to provide adequate support for them</p> <p>There may be resistance to taking on new tasks without additional remuneration or other incentives,, particularly if these tasks were previously considered the work of other cadres</p>	(e.g. Fulton 2011).	<p>meetings; and / or outreach visits</p> <p>Improve motivation to undertake new tasks through improved supervision and recognition.</p> <p>Consider locally appropriate incentives</p>
	<p>Procurement and distribution systems</p> <p>Adequate systems for procuring and distributing drugs and other supplies may be needed to implement the option</p>	X	X	X	X	<p>These systems generally working well, apart from very peripheral facilities</p>	Local information	<p>Audit reasons for poor distribution of supplies to very peripheral facilities and plan strategy to address these</p>
Other stake-holders	<p>Knowledge and skills</p> <p>Attitudes</p> <p>Motivation to change</p>	X	X	X	?	<p>Community leaders may be supportive of options that increase the range of services available at community level</p> <p>Donors may have concerns regarding task shifting interventions that impact on vertical programmes that they fund</p>		<p>Utilise community leaders to build local support for the new roles of health providers</p> <p>Consultation with, and dissemination of information to, donors regarding the anticipated effects of policy options</p>

Level	Barriers and enablers to the policy options	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
Health system constraints	<p>Accessibility of care</p> <p>The accessibility of healthcare facilities may affect implementation of the option</p>			X		<p>Access to nurses, midwives and clinical officers may be limited in more peripheral sites</p> <p>Access to drug dispensers may be limited in more peripheral sites</p> <p>Patients may experience financial barriers to accessing care due to the costs of transport to distant clinics</p>	MoH, WHO documents on the distribution of health providers across the country	<p>Consider whether the same tasks can be undertaken by other cadres who are available in these settings</p> <p>Reduce financial barriers by providing care closer to communities, e.g. through CHWs or through mobile clinics staffed by professional providers</p>
	<p>Financial resources</p> <p>Additional financial resources may be needed to implement the option</p>	X	X	X	X	<p>Financial resources will be required to expand a particular group of cadres, to provide training and to provide ongoing supportive supervision</p> <p>Recurrent MoH budgets may have limited flexibility for moving resources between levels of care or between different health care provider groups</p>	Limited global evidence available on the cost-effectiveness of task shifting by specific cadres (e.g. Corluka 2009). Will need to rely on country level information	<p>Plan for the incremental scaling up of the new option/s</p> <p>Seek additional funds from external sources, e.g. donors</p>
	<p>Human resources</p> <p>An increased supply or distribution of health workers may be needed to implement the option</p>		?	X		Problems in recruiting and retaining midwives	For example: UNFPA 2011.	This is a key reason for exploring task shifting options. Need to consider appropriate recruitment and retention strategies for all cadres

Level	Barriers and enablers to the policy options	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
	<p>Educational system</p> <p>The educational system for health workers may need to be modified</p>	X	X	X	X	There may be no single authority with the mandate and resources to make the necessary changes in the educational system to ensure appropriate quantities of providers are trained and to ensure appropriate training for non-professional cadres such as CHWs, TBAs, nursing assistants, drug dispensers.	MoH human resources department and Ministry of Education	<p>Work with stakeholders to develop a national strategy and plan for the training of non-professional cadres</p> <p>Utilise existing training for CHWs and drug dispensers offered by NGOs</p>
	<p>Clinical supervision</p> <p>Health workers may require more supervision than is currently provided to implement the option</p> <p>Internal communication</p> <p>Changes in communication between different levels of the health system or between the health and social care systems may be needed to implement the option</p> <p>External communication</p> <p>Changes in communication between health workers and recipients of care needs may be needed to implement the option</p> <p>Information systems</p> <p>Adequate information systems to assess and monitor needs, resource</p>	X	X	X	X	<p>Lack of clarity regarding responsibility for provision of supervision to lower units, particularly to non-professional cadres</p> <p>Some evidence of inappropriate referrals and of communication problems between levels</p> <p>Users complain that primary care service providers are not providing adequate information to them regarding where and when to attend for specific health issues</p> <p>Difficult to obtain up-to-date information on the tasks and roles of specific cadres in the field</p>	Evidence from reviews suggests that the content and quality of supervision is very variable (e.g. Bosch-Capblanch 2008)	<p>Clarify responsibility for supervisory functions in primary care</p> <p>Develop clear supervisory support protocols for different cadres and implement training for supervisors</p> <p>Establish clear referral pathways and implement guidelines for providers regarding referral criteria for different health issues</p> <p>Improve provision of information to service users through community meetings, mass media, printed materials</p>

Level	Barriers and enablers to the policy options use, and utilisation of targeted services may be needed to implement the option to implement the option or the types of effective care at which the option is targeted	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
		X		X				
	Facilities Adequate supply and distribution of necessary supplies and equipment to facilities, and maintenance of these facilities, may be needed to implement the option	X		X		Linked to inadequate supplies and equipment  In many areas, there are adequate numbers of primary care facilities but their condition is poor. Both providers and service users are dissatisfied with the quality of facilities	Local information, but systems for obtaining this information are inadequate	Put in place audit to gather information on the condition of primary care facilities. Base plans for further intervention on the results of this audit
	Procurement and distribution systems Adequate systems for procuring and distributing drugs and other supplies may be needed to implement the option	X		X	X	See access to supplies above		As for access to supplies above
	Management and / or leadership Adequately trained managers or sufficient leadership may be needed to implement the option	X	X	X	X	Currently no training programmes for managers in the country. Management responsibility is taken on by technical people without management training and often without sufficient experience	Local information	Put in place mechanisms to train and support managers, drawing on both government and NGO capacity  Provide a toolkit for MCH managers to facilitate their day-to-day work

Level	Barriers and enablers to the policy options	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
	<p>Incentives</p> <p>Reimbursement systems for patients, health workers or others may need to be structured to facilitate rather than hinder implementation of the option</p>	X		X	X	<p>Poor motivation and retention of CHWs linked to inadequate incentives</p> <p>Inadequate incentives for professional providers to serve in rural areas</p>	<p>Local information and evidence from reviews (Bhattacharyya 2001)</p>	<p>Tailor incentive systems to address CHWs' expectations</p> <p>Consider a range of incentives for the retention of professional providers in peripheral settings (WHO 2010)</p>
	<p>Allocation of authority</p> <p>Changes may be needed regarding the levels or individuals that have the authority to make decisions</p> <p>Accountability</p> <p>Changes may be needed so that those with the authority to make decisions are accountable for the decisions they make</p> <p>Bureaucracy</p> <p>Paperwork and procedures may need to be structured to facilitate rather than hinder implementation of the option</p>	X	X	X	X	<p>Overlapping roles, unclear who has authority to take decisions at different levels regarding allocation of tasks, supervisory responsibilities etc.</p> <p>Poor accountability of local health services to communities. Few mechanisms for communities to have a say in the way in which services are run</p> <p>Excessive form-filling required by primary care providers, as well as duplication of items, poorly designed data collection forms and lack of feedback on information submitted</p>	<p>Information from the local setting</p> <p>Local information from service providers</p>	<p>Establish clearer governance arrangements, including lines of accountability for specific services and facilities</p> <p>Increase the transparency of decision making and put in place mechanisms for public participation in policy decisions regarding task shifting broadly and regarding the organization of services at community level</p> <p>Audit the key procedures involved in the proposed task shifting interventions and put in place mechanisms to streamline these</p> <p>Involve frontline service providers in the re-design of procedures and paperwork, to help ensure that these meet their needs as well as those of management</p>
Social and political constraints	<p>Ideology</p> <p>Ideological beliefs (e.g. in 'free markets') may affect implementation of the option</p>	X	X	X	X	<p>Strong international and national support for improving MCH may provide impetus for the proposed policy options</p>		<p>Work with opinion leaders at national level to build support for the selected policy options</p>

Level	Barriers and enablers to the policy options	Relevance*				Comments	Evidence	Strategies
		1	2	3	4			
	Contracts Contracts with service providers or enforcement of contracts may not be adequate to ensure implementation of the option or the types of effective care at which it is targeted					Not a significant barrier in this setting, but may become more important if specific services are delegated to NGO providers, with funded from the MoH		Explore how contracts with NGO providers in other settings have been structured to ensure that services are provided as intended
	Donor practices Donor policies and programmes may influence implementation	X	X	X	X	Where vertical programmes receive significant donor funding, negotiations with donors may be needed regarding any planned changes in the distribution of roles and tasks of providers	Local information	Involve donors in the planning process for the selection and implementation of policy options
	Influential people The opinions of influential people may influence the option or the types of effective care at which it is targeted	?	?	?	?	Some key people may have reservations regarding expanding the roles of non-professional providers	Local information Evidence from other settings (e.g. Fulton 2011)	Engage key individuals in the policy process for taskshifting
	Corruption Corrupt behaviour by decision makers may influence implementation	X	X	X	X	Concerns about corruption in the allocation of senior management posts in drug procurement systems	Local information	Increase transparency of processes to appoint senior managers Institute independent auditing of drug procurement systems for PHC
	Political instability Political instability may influence implementation	X	X	X	X	An upcoming election could be an enabler for new policies but it may be difficult to move forward with policies until the election process is completed	Local information	Try to ensure continuity within the group planning the new policy options

## References:

- Bhattacharyya, K., Winch, P., Le Ban, K., & Thien, M. (2001). Community health worker incentives and disincentives: How they affect motivation, retention, and sustainability. Arlington, Virginia: BASICS II.
- Bosch-Capblanch X, Garner P. Primary health care supervision in developing countries. *Trop Med Int Health*. 2008;13(3):369-83
- Corluka A, Walker DG, Lewin S, Glenton C, Scheel IB. Are vaccination programmes delivered by lay health workers cost-effective? A systematic review. *Hum Resour Health*. 2009;7:81.
- Dlamini PS, Kohi TW, Uys LR, Phetlhu RD, Chirwa ML, Naidoo JR, Holzemer WL, Greeff M, Makoae LN. Verbal and physical abuse and neglect as manifestations of HIV/AIDS stigma in five African countries. *Public Health Nurs*. 2007;24(5):389-99.
- Fulton BD, Scheffler RM, Sparkes SP, Auh EY, Vujicic M, Soucat A. Health workforce skill mix and task shifting in low income countries: a review of recent evidence. *Hum Resour Health*. 2011;9(1):1.
- Jewkes R, Abrahams N, Mvo Z. Why do nurses abuse patients? Reflections from South African obstetric services. *Soc Sci Med*. 1998 Dec;47(11):1781-95.
- Jewkes RK, Gumedde T, Westaway MS, Dickson K, Brown H, Rees H. Why are women still aborting outside designated facilities in metropolitan South Africa? *BJOG*. 2005;112(9):1236-42.
- Pell C, Straus L, Andrew EV, Meñaca A, Pool R. Social and cultural factors affecting uptake of interventions for malaria in pregnancy in Africa: a systematic review of the qualitative research. *PLoS One*. 2011;6(7):e22452
- UNFPA. The State of the World's Midwifery 2011 Report: Delivering Health, Saving Lives. Geneva: UNFPA. 2011.
- Walt G. Community health workers in national programmes: just another pair of hands?. Community health workers in national programmes: just another pair of hands? Open University Press, 1990.
- WHO. Increasing access to health workers in remote and rural areas through improved retention: global policy recommendations. Geneva: World Health Organization. 2010.