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Task Shifting/Sharing of C-Section deliveries in Malawi: health worker experiences and perceptions

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HRH

- Population 17,000,000
- Shortage of staff
- Most clinical care provided by Mid-level providers(MLPs)
- Efforts being made by MOH
 - Preservice training
 - Postgraduate training
 - Increasing in intake
- District level MLP
- Doctors mainly in administration
- Nurses numbers





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Background

- In Malawi the CO cadre was introduced as early as 1976
- The COs undergo a 3 year training
- A 1 year internship program follows at either a central hospital or at a district hospital
- Afterwards a license is given to practice on their own to conduct major and elective surgeries.



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Background Cont'd

- In an ideal situation the COs are supposed to be supervised by an MD if working in district, or central hospital level
- COs are next in command of clinical services in the absence of an MD.
- In practice it is usually the COs who are in charge of most of the clinical services since there are usually a few MDs at a facility and mostly are occupied with administrative duties as well.



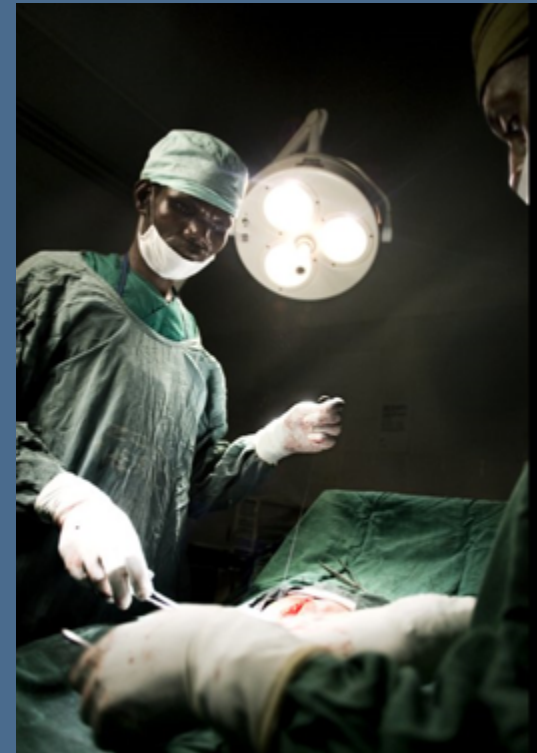
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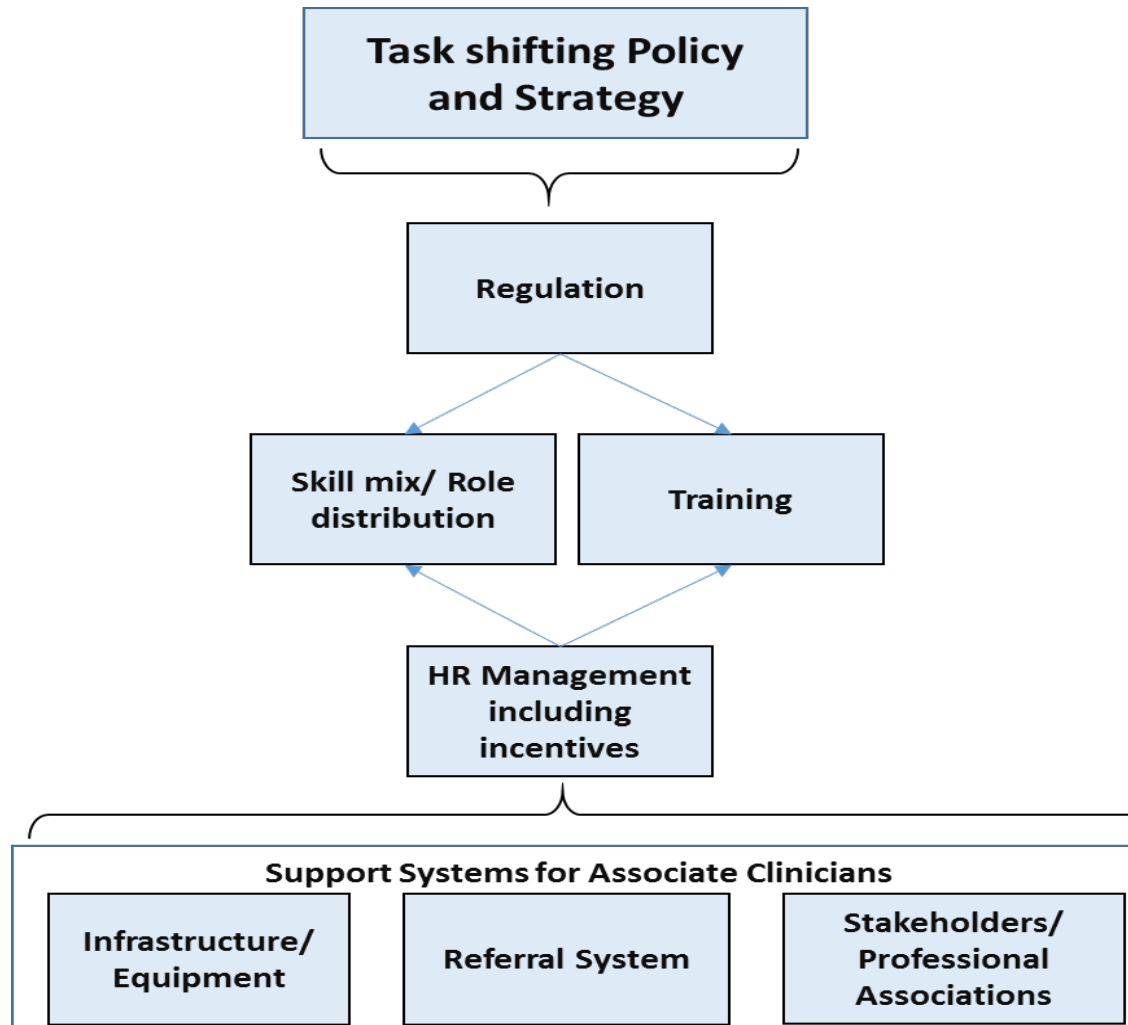
Study Objective

- Through the use of implementation research, identify barriers and facilitators to task-sharing for the provision of Caesarian section services by **clinical officers**





Analysis Domains





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Methodology

- This is an exploratory case study
- Methods: key informant interviews and focus group discussions
 - KII: Clinical Officers, MDs, MOH representatives, nurses, anesthetists, educators, professional associations regulatory body representatives
 - Focus group discussions with trainee COs
- Study sites: Southern, Central & Northern regions



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Understanding Provider Experiences

- Clinical officers (and other key informants) were asked to comment on their experiences, motivation and satisfaction



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Preliminary Results

“we go on with the reputation just to go on as CO”

“as of financial....finance has been a problem but you try to work hard”

“with our medical doctors, our relationship is good they treat us as colleagues.....we do things together.....if they have problems they call us...”



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Preliminary Results

“Yeah we people are different and some people get disappointed even their working ability on the ground it becomes affected.....rentals....school fees..... and you don't work effectively”



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Preliminary Results

“I have been here for a year and seven months, but(since) my arrival day we have been talking of medicines, medicines. Now I am fed up, I just feel that I have to quit because if you tell your patient you have no medication is as if you don't know what you doing. I cant work without medication and we only treat simple conditions”



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Job Satisfaction

- All respondents indicated that their job satisfaction and motivation comes from passion to help and treat people and see them well
- Almost all Cos interviewed indicated that their job is not a financially rewarding job and that if it was about money they would have been in a different profession



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Fairness of Remuneration

- There seemed to be a common agreement among all respondents that their salaries were on the lower side.
- However this was not indicated to have a negative impact on their work despite that it affected their daily upkeep and morale
- In addition late payments of their already low salaries and locum allowances were also reported to affect their daily living and upkeep such as paying house rentals and transport fares from their homes to work.



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Ability to Provide Quality CEmOC

- Almost all Cos interviewed indicated they had no problems performing any kind of CS.
- The reason being a comprehensive internship program they underwent before they were registered as Cos.
- Some of the Cos indicated they performed more than 100 C-sections during their internship which gave them confidence to perform C-sections with ease



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Discussion

- Staff motivation
- Enabling environment
 - Equipment
 - Medicines etc
- Improved management practices
 - Effective managerial skills
 - Equal opportunities to staff for upgrading and promotion
- Fair and transparent policies



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Conclusion

- Findings will assist in developing guidance notes
- Develop **implementation guidelines** to support national level decision makers in countries seeking to **implement task shifting** or **improve task sharing** to increase or strengthen access to caesarean sections.



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Thank you!

Questions?

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