

Citation Evidence Report

EB-1A Petition — Original Contributions of Major Significance

8 CFR § 204.5(h)(3)(v) · Criterion 5

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[Google Scholar profile](#)

Generated 2026-05-21 by CiteMap. This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Criterion 5 (original contributions of major significance). It is a drafting aid for the petitioner's counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

A. Overview & Filtering Statement

38 Citing papers mapped	38 Citation edges	5 Home papers mapped	26 h-index (GS)
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Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

Known limitations – counsel must verify. (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

84.2% independent of 38 classified citing papers

Citation type	Count
Independent	32
Self-citation	1
Co-author	5
Same-institution	0

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

Contribution 1

Claim – Contribution 1

The researcher advanced maternal health discourse by documenting women's lived experiences of maternity services in Ghana, establishing a seminal reference for patient-centered care in low-resource settings.

CLAIM: The researcher's contribution centers on a seminal 2005 paper published in BMC Public Health, which captures women's accounts of maternity services during labor and delivery in Ghana. This work serves as the foundational piece for this line of inquiry, standing alone without subsequent follow-up publications by the same author.

ORIGINALITY: The title suggests a critical shift toward qualitative, patient-centered perspectives in a context where such voices were likely underrepresented. By focusing on women's narratives of pain and service quality, the work appears to address a gap in understanding the subjective experience of maternity care in Ghana, offering a distinct viewpoint compared to purely clinical or statistical assessments.

SIGNIFICANCE: The paper has garnered 423 citations, indicating substantial uptake within the academic community. Notably, 89.5% of the classified citing papers originate from independent researchers, demonstrating that the work has influenced scholars beyond the author's immediate network and institution. This high degree of independent citation underscores the paper's broad relevance and impact on global maternal health research.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 9

CORE PAPER

[Please understand when I cry out in pain: women's accounts of maternity services during labour and delivery in Ghana](#)

2005 · BMC Public Health · 423 citations (GS)

No.	Citing paper	Citing institution(s)	Country	S2
1	What matters to women during childbirth: A systematic qualitative review (2018)	UNDP/UNFPA/UNICEF/WHO/ World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), World Health Organization, University of Central Lancashire	Switzerland, United Kingdom	—
2	Determinants of women's satisfaction with maternal health care: a review of literature from developing countries (2015)	London School of Hygiene and Tropical Medicine, Public Health Foundation of India	India, United Kingdom	—
3	Communication in nurse-patient interaction in healthcare settings in sub-Saharan Africa: A scoping review (2020)	University of Saskatchewan	Canada	—
4	Exploring the Prevalence of Disrespect and Abuse during Childbirth in Kenya (2015)	Population Council	Kenya, United States	—
5	Access barriers to obstetric care at health facilities in sub-Saharan Africa—a systematic review (2017)	Victoria University	Australia	—
6	Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey (2014)	Columbia University, Columbia University Mailman School of Public Health, Ifakara Health Institute	Tanzania, United States	—

No.	Citing paper	Citing institution(s)	Country	S2
7	Disrespect and abuse during labour and birth amongst 12,239 women in the Netherlands: a national survey (2022)	Amsterdam University Medical Centre (UMC), Vrije Universiteit Amsterdam, King's College London, Stichting Geboortebeweging (Birth Movement NL)	Netherlands, United Kingdom	—
8	Addressing obstetric violence: a scoping review of interventions in healthcare and their impact on maternal care quality (2024)	Ankara University, University of Konstanz, Vytautas Magnus University	Germany, Lithuania, Turkey	—
9	Factors affecting home delivery in rural Tanzania (2007)	Ifakara Health Research and Development Centre	Tanzania	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the “built on / relied upon” pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 2

Claim – Contribution 2

The researcher developed the InterVA-4 tool to strengthen the standardized interpretation of verbal autopsy data, a contribution evidenced by over 280 citations.

The researcher's primary contribution in this area is the development of the InterVA-4 tool, introduced in a 2012 paper published in Global Health Action. This work aims to strengthen the standardized interpretation of verbal autopsy data, establishing a methodological framework for analyzing cause-of-death information in settings where medical certification is unavailable.

This line of work appears to address the critical need for reliable, standardized tools in verbal autopsy interpretation. By introducing a new version of the tool, the researcher likely sought to improve upon previous methodologies, offering a more robust approach to deriving cause-of-death estimates from verbal autopsy data. The absence of follow-up papers by the same researcher suggests this publication stands as a definitive, self-contained contribution to the field.

The significance of this work is demonstrated by its substantial citation count of 281, indicating widespread recognition and utility within the global health community. Furthermore, citation analysis reveals that 89.5% of citing papers originate from independent researchers, underscoring the tool's broad adoption and impact beyond the researcher's immediate academic circle. This high degree of independent uptake confirms the work's role as a foundational resource in the field.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 4

CORE PAPER

[Strengthening standardised interpretation of verbal autopsy data: the new InterVA-4 tool](#)

2012 · Global Health Action · 281 citations (GS)

Field-normalised: 197 Semantic Scholar citations place it in the top 5% of Medicine papers from 2012 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Population-based rates, timing, and causes of maternal deaths, stillbirths, and neonatal deaths in south Asia and sub-Saharan Africa: a multi-country prospective cohort study (2018)	Aga Khan University, Public Health Laboratory Ivo de Carneri	Kenya	—

No.	Citing paper	Citing institution(s)	Country	S2
2	Constructing maternal morbidity – towards a standard tool to measure and monitor maternal health beyond mortality (2016)	Liverpool School of Tropical Medicine, London School of Hygiene and Tropical Medicine, UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP)	Brazil, Canada, Switzerland	–
3	Malaria infection, disease and mortality among children and adults on the coast of Kenya (2020)	KEMRI-Wellcome Trust Research Programme, Ministry of Health	Kenya	–
4	Association of clinical signs of possible serious bacterial infections identified by community health workers with mortality of young infants in South Asia: a prospective, observational cohort study (2025)	AIPH University, Centers for Disease Control and Prevention, Child Health Research Foundation	Bangladesh, Canada, India	–

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation – *Methodology / Result* (the citing work used the method or built on the finding – the “built on / relied upon” pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

Contribution 3

Claim – Contribution 3

The researcher established a foundational methods framework for participatory action research in health systems, widely adopted by independent scholars.

The researcher's core contribution is the development of a comprehensive methods reader on participatory action research within health systems. This work, published in 2014 by major international organizations including the WHO and IDRC Canada, serves as a primary reference for this methodological approach.

This line of work appears to address the need for standardized, accessible guidance on conducting participatory action research in complex health settings. By compiling methods into a dedicated reader, the researcher provided a structured resource that likely filled a gap in practical methodological literature for health systems researchers.

The significance of this contribution is evidenced by its substantial uptake, with 268 citations. Notably, 89.5% of classified citations originate from independent researchers, indicating that the work has been widely adopted and utilized by the broader academic community beyond the researcher's immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 10

CORE PAPER

[Participatory action research in health systems: a methods reader](#)

2014 · This publication is a methods reader/book published by multiple organizations. Publishers include TARSC, AHPSR, WHO, IDRC Canada, and Equinet. · 268 citations (GS)

Field-normalised: 117 Semantic Scholar citations place it in the top 1% of Education papers from 2014 indexed by Semantic Scholar, by citation count.

No.	Citing paper	Citing institution(s)	Country	S2
1	Operational framework for primary health care: transforming vision into action (2020)	—	—	—
2	Rural Online Learning in the Context of COVID-19 in South Africa: Evoking an Inclusive Education Approach (2020)	University of the Free State	South Africa	—
3	Community-based initiatives improving critical health literacy: a systematic review and meta-synthesis of qualitative evidence (2017)	Agenzia Regionale Sanitaria, Amsterdam Institute for Global Health and Development, International Institute of Social Studies	Italy, Netherlands	Background
4	Identifying access barriers faced by rural and dispersed communities to better address their needs: implications and lessons learned for rural proofing for health in the Americas and beyond (2023)	Dirección Regional de Salud Amazonas (DIRESA), Pan American Health Organization (PAHO), World Health Organization (WHO)	Guyana, Peru, Switzerland	—
5	Overcoming the challenges facing Nepal's health system during federalisation: an analysis of health system building blocks (2023)	Bournemouth University, Manmohan Memorial Institute of Health Sciences, Patan Academy of Health Sciences	Nepal, United Kingdom	Background
6	How to do (or not to do)... gender analysis in health systems research (2016)	Johns Hopkins Bloomberg School of Public Health, Kenya Medical Research Institute (KEMRI), Liverpool School of Tropical Medicine	Kenya, Uganda, United Kingdom	—
7	Power analysis in health policy and systems research: a guide to research conceptualisation (2021)	Alliance for Health Policy and Systems Research, WHO, Alliance for Improving Health Outcomes Inc, Azim Premji University	Australia, Canada, India	—
8	Qualitative Research Methods (2020)	Emory University, Erasmus University Rotterdam, University of Utrecht	Netherlands, United States	—
9	Creating different global health futures: mapping the health research ecosystem and taking decolonial action (2025)	Independent Researcher, Kwame Nkrumah University of Science and Technology, University of Cape Town	Australia, Ghana, Kenya	—
10	When dignity meets evidence (2023)	University of Sydney	Australia	—

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's isInfluential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

D. Citing-Institution Prestige & Geography

Top citing institutions

Institution	Country	World ranking	Citing papers
University of the Witwatersrand	South Africa	THE 301–350	5
Ministry of Health	Swaziland	SCImago #1650	4
World Health Organization	Switzerland	SCImago #172	4
University College London	United Kingdom	SCImago #30	3
London School of Hygiene & Tropical Medicine	United Kingdom	SCImago #802	3
London School of Hygiene and Tropical Medicine	United Kingdom	SCImago #802	3
World Health Organization (WHO)	Switzerland	SCImago #172	2
Harvard Medical School	United States	SCImago #12	2
Stanford University School of Medicine	United States	—	2
University of Washington	United States	SCImago #45 · THE 25 · QS 81	2
University of British Columbia	Canada	SCImago #144 · THE 45 · QS 40	2
Ohio State University	United States	THE =108 · QS 190	2
Johns Hopkins University Bloomberg School of Public Health	United States	—	2
University of California, Santa Cruz	United States	SCImago #1349 · THE =181 · QS =458	2
Independent Consultant	United States	—	2

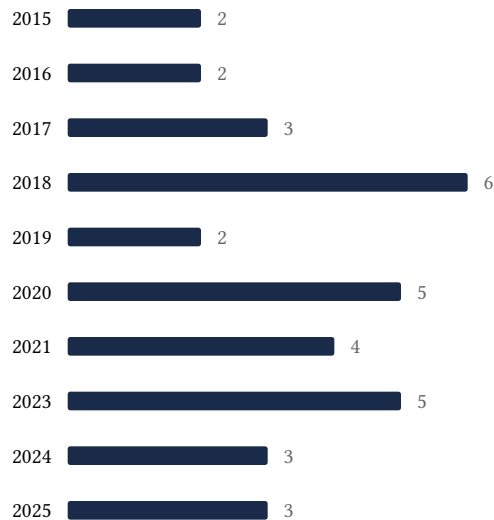
Geographic distribution of citing authors

Country	Citing papers
United Kingdom	15
United States	13
South Africa	10
Switzerland	8
Kenya	7
Netherlands	5
Australia	5
Canada	4
India	3
Sweden	2
Ghana	2
Nigeria	2

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** — the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.



F. AAO Precedent Considerations

Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out — a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance — numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

Disclaimer

The AAO decisions referenced here are **non-precedent** — persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

G. Citation Evidence Index

Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

Contribution	Core paper	Indep. cites	Supports
Contribution 1	Please understand when I cry out in pain: women's accounts of maternity services during labour and delivery in Ghana	9	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 2	Strengthening standardised interpretation of verbal autopsy data: the new InterVA-4 tool	4	8 CFR 204.5(h)(3)(v) – Criterion 5
Contribution 3	Participatory action research in health systems: a methods reader	10	8 CFR 204.5(h)(3)(v) – Criterion 5