

Institutionalizing Task Shifting and Task Sharing

Policy and Operational Pathways for Optimizing the Primary Health Care Workforce in Kaduna State

POLICY BRIEF | JUNE 2025

Background

Nigeria's health system faces a critical shortage of skilled health workers, particularly at the primary health care (PHC) level.



To address these shortages and improve service delivery, Nigeria adopted the Task Shifting and Task Sharing (TSTS) policy in 2014, with revisions in 2018 and 2022. The policy expands the roles of lower-cadre health workers, including Community Health Extension Workers (CHEWs), Junior Community Health Extension Workers (JCHEWs) and Community Health Officers (CHOs) by expanding their roles in the provision of essential healthcare services. Building on the national direction, Kaduna state developed its own TSTS policy in September 2017 to respond to the state-specific workforce challenges. The policy seeks to optimize human resources by reallocating selected responsibilities from highly specialized medical professionals to trained mid- and lower-level cadres. Aligned with the National Frameworks, the Kaduna TSTS policy prioritizes the delivery of key health interventions, including Reproductive, Maternal, Newborn, Child Adolescent and Elderly Health (RMNCHAE+N), Tuberculosis (TB), Malaria, HIV/AIDS, and other communicable and non-communicable diseases.

PROGRESS AND GAPS

Despite this policy foundation, the implementation of TSTS in Kaduna State has been fragmented and heavily donor-dependent. Several pilot initiatives by partners demonstrate proof of concept, a few examples are:

- **Marie Stopes International (2015–2016):** Supported implant provision by CHEWs in 12 local government areas (LGAs).
- **Pathfinder Nigeria (2015–2016):** Delivered competency-based implant training for 40 CHEWs in Kajuru and Igabi LGAs.
- **PPFN and UNFPA (2016):** Trained CHEWs to deliver injectables, including Sayana Press.
- **IntegratE Project (2017–2021):** Enabled Community pharmacists and private and patent medicine vendors to offer injectables and implants under supervision.

While these efforts highlight the viability of task sharing, they remain isolated interventions without a cohesive state-led strategy. Training and mentoring have primarily focused on service delivery metrics, such as volume and recordkeeping, rather than building the clinical competencies and confidence of frontline providers. Additionally, oversight mechanisms remain weak, with limited strategic monitoring, supportive supervision, or long-term funding structures in place.

KEY CHALLENGES

Despite early successes in partner-led pilots, Kaduna's TSTS rollout has exposed persistent gaps that undermine scale-up and sustainability. These gaps have posed significant challenges in the domestication of the TSTS policy.

1 **Absence of a Detailed Operational Framework**

The Kaduna TSTS policy lacks a sequenced, costed plan with assigned roles. This causes duplication in some LGAs and neglect in others, undermining accountability and resource mobilization.

2 **Limited Political & Financial Commitment**

At the national level, TSTS still sits on the fringes of Nigeria's Health Sector Strategic Plans and overshadowed by larger programs like NHIS and BHCPF. In Kaduna, no dedicated state budget exists, leaving activities reliant on short-term donor funding.

3 **Siloed, Partner-Driven Training**

TSTS Trainings are led by separate partners (e.g., UNFPA, Global Fund, Gavi) meet vertical program goals, creating skill silos rather than an integrated PHC workforce. CHEWs struggle to deliver integrated, people-centered care.

4 **Weak Monitoring & Supportive Supervision**

Supervision in most PHC facilities is focused on paperwork, not clinical mentoring. Without TSTS-specific indicators, it's impossible to track quality or identify CHEWs needing refresher support.

Implementation Approach

To help close critical service delivery gaps at the primary health care level, Pathfinder Nigeria alongside its consortium partner, Impact Catalyst, and with funding from the Gates Foundation, is implementing a two-year initiative (2024–2026) to pilot a comprehensive TSTS framework in Kaduna and Kano States.

By improving service delivery and expanding access at the frontline, the project will generate actionable evidence for policy reforms, scale-up, and long-term investment in Nigeria's health workforce. Ultimately, the pilot will serve as a proof-of-concept for the effectiveness and scalability of the TSTS implementation framework.

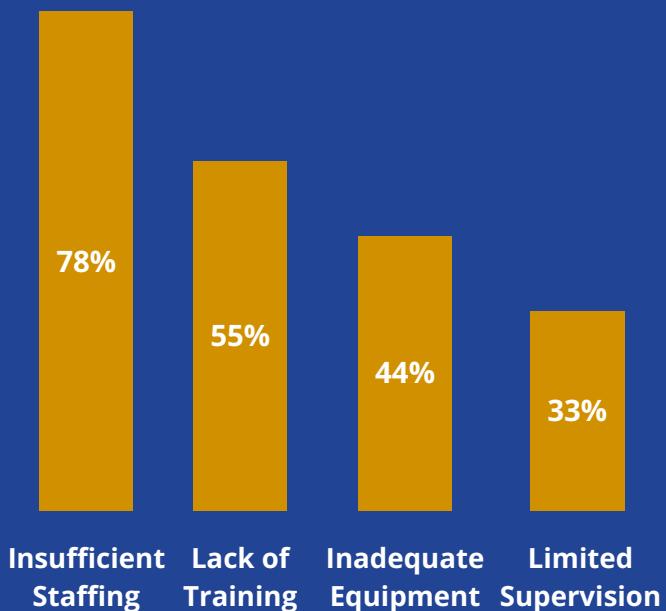
This ongoing TSTS project aims to strengthen the capacity of Junior Community Health Extension Workers (JCHEWs) to deliver a broader range of integrated PHC services, including Antenatal Care (ANC), Family Planning (FP), Basic Emergency Obstetric and Newborn Care (BEmONC), and Immunization.

The recent baseline assessments conducted by Pathfinder Nigeria in Kaduna State show limited awareness and inconsistent application of the policy, despite widespread informal task shifting. Therefore, a robust implementation framework is necessary to standardize practices, ensure safety, and guide policy into action.

Assessment Results

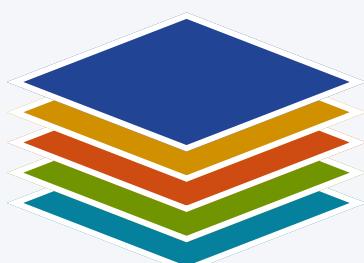
- **77%** of CHEWs, CHOs, JCHEWs perform tasks beyond their formal scope
- **44%** of staff have received relevant training in shifted tasks
- **0** facilities had a TSTS-specific standard operating procedure
- **>90%** of OICs expressed willingness to delegate and accept new tasks
- **89%** of respondents see staff training, clear policies, and better supervision as key to improving TSTS

ADDITIONAL CHALLENGES



Framework-Informed Policy Implications

Together with the State Ministry of Health, State Primary Healthcare Management Board, regulatory bodies, professional bodies, implementing partners, and Civil Society Organizations (CSOs), a structured implementation framework has been developed to translate the TSTS policy into practice. It emphasizes Capacity Building, Clinical Mentoring, Quality Improvement (QI), and Stakeholder Engagement. It introduces mechanisms for performance monitoring, inter-professional collaboration, and accountability. The framework is organized across five strategic layers and is adaptable for different levels of care. It prioritizes equity and inclusion for underserved populations such as women, adolescents, and people in remote areas.



1. Enabling Environment
2. Capacity Building
3. Quality Improvement
4. Accountability & Learning
5. Outcome Measurement

Call to Action for Policymakers

- Strengthen the capacity of the primary health care workforce by institutionalizing task shifting and task sharing (TSTS) within pre-service training curricula, implementing competency-based in-service training, and establishing certification and accreditation mechanisms.
- Ensure operational readiness across all facilities by providing SOPs, documentation tools, and standing orders, while institutionalizing supervision and quality improvement systems. Integrating these into PHC financing frameworks like BHCDF will promote consistency, sustainability, and adherence to national standards.
- Promote community engagement and ownership by building public trust, advancing gender equity, ensuring accessibility, and involving Ward Development Committees and local organizations in oversight. Embedding inclusion and responsiveness will enhance uptake, accountability, and sustainability of task-shifted services, especially in maternal and newborn care.
- Institutionalize TSTS in Kaduna State by integrating it into strategic health plans, appointing LGA focal persons, and aligning PHC facility plans with state priorities. This coordinated, policy-driven approach will replace informal practices with a structured model backed by leadership, accountability, and intersectoral collaboration to address workforce shortages.
- The state should leverage digital tools and data systems to support implementation, using mobile-based job aids, e-learning platforms, and digital dashboards to enhance frontline knowledge, track training and mentorship, and monitor quality indicators. Embedding TSTS indicators into routine data systems and conducting regular reviews will inform decision-making and drive adaptive learning across all levels of care.
- Promote a high-performing workforce by fostering peer learning platforms, recognizing outstanding performance, and creating clear advancement pathways for health workers engaged in task-shifted roles. Formalizing referral networks and mentorship support within a well-integrated network of care will strengthen service continuity between communities, PHC centers, and higher-level facilities.

REFERENCES

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The Task-Shifting/Sharing initiative, funded by Gates Foundation and conducted in collaboration with Impact Catalysts and state governments, strengthens primary health care services in Kaduna and Kano and seeks to improve health workforce distribution and service quality in rural and underserved areas. The initiative takes a holistic strategy to supporting current health systems and personnel, providing high-quality, sustainable, and gender-responsive health care for all.

Pathfinder expands access to reproductive, maternal, newborn and child health services, opening the door to opportunities for women and all individuals to thrive—economically, educationally, and civically. Driven by our country-led leadership and local community partners, Pathfinder brings together a suite of services and programs that enable millions of people to choose their own paths forward.

