PATHFINDER impact CATALYSTS

Institutionalizing Task Shifting and Task Sharing
Strengthening the Foundation for TSTS: A Snapshot of Progress in Kaduna & Kano

PROGRESS BRIEF | JULY 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. Aligned with the National Frameworks, Kaduna and Kano states have domesticated the TSTS policy prioritizing 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.

The TSTS investment (Investment INV-074254) seeks to generate evidence to support the full implementation and scale-up of the TSTS policy in Nigeria. By piloting the TSTS approach in Kano and Kaduna States, the investment aims to demonstrate the feasibility, effectiveness, and impact of task shifting and task sharing in improving service delivery outcomes at the Primary Health Care (PHC) level.

TSTS Highlights (Kaduna and Kano)

HRH Gaps:
Critical shortage of doctors, urban-rural workforce disparity.

Capacity Building:
Expanded (J)CHEW training and mentorship; supportive supervision ongoing.

Challenges:
Professional resistance, weak monitoring, cultural barriers.

Policy Action:
Fully domesticated and validated 2022 policy + SOPs developed.

Private Sector:
Task-sharing with CPs/PPMVs in FP and primary care (Via IntegratE)

Enablers:
Political commitment, integration of self-care, strong donor support and engagement

Before a policy changes practice at the facility level, it must first be owned, understood, and strategically planned for. Over the last 8 months, Pathfinder International and Impact Catalysts with funding from the Gates Foundation have supported Kaduna and Kano States to lay that foundation for success.

Laying the Groundwork for Sustainable Change in Kaduna and Kano States

The journey toward strengthening primary healthcare delivery through the Task Shifting Task Sharing (TSTS) policy in Kaduna and Kano states began with early engagements aimed at introducing the investment, followed by a series of strategic workshops and advocacy efforts to secure stakeholder buy-in and co-develop a robust implementation framework. This foundational work ensures that the project is well-positioned for impactful scaling once facility-level activities commence.

Key Milestones

Stakeholder Engagements & Entry Visits"

State-led Co-design of Operational Documents

Advocacy & Securing Buy-In

A Strong Foundation for Sustainable Change

1. Stakeholder Engagements & Entry Visits"

In the early stages, we conducted entry visits to Kaduna and Kano states, engaging key stakeholders to introduce the Investment. These visits helped set the stage for open discussions around the TSTS policy, ensuring that all relevant actors understood the project's objectives and the expected outcomes.

Key insights

- Created early visibility and awareness of the project among key government stakeholders (SMOH, SPHCDA, LGA health teams).
- Sparked renewed interest in TSTS policy as a tool to address HRH gaps, particularly at the PHC level.
- Revealed variations in state-level understanding and application of the national TSTS policy, highlighting the need for contextualization.
- Helped identify champions within government structures who later played key roles in framework and plan development.
- Surfaced early concerns around provider resistance, capacity gaps, and regulatory oversight, shaping the agenda for follow-up advocacy and technical support.
- Established the foundation for state ownership, ensuring the project was not seen as externally driven but as a catalyst for strengthening health systems.

2. Advocacy & Securing Buy-In

Following these initial engagements, we organized advocacy meetings with state health leaders, including SMOH, SPHCDA, regulatory bodies such as the MDCN, NMCN, and PCN, ward development committees, traditional leaders and development partners, to highlight the importance of the TSTS policy in addressing the health workforce shortage and the need for task-sharing at the community level. These efforts garnered strong buy-in, with a shared vision of improving healthcare outcomes.

Key insights

- Facilitated alignment across public sector leaders, regulators, and community representatives on the relevance of TSTS in closing critical HRH gaps.
- Strengthened inter-agency collaboration, especially with regulatory bodies (MDCN, NMCN, PCN) around task-sharing boundaries, scope of practice, and supervision needs.
- Garnered community-level support through engagement with Ward Development Committees (WDCs) and traditional leaders, helping to lay the groundwork for social acceptability.
- Helped clarify and reinforce the legal and policy basis for task shifting and sharing, reducing resistance among professional groups.
- Identified opportunities to integrate community-level actors (e.g., CHEWs, PPMVs, TBAs) into service delivery and referral pathways.
- Built momentum for state-led ownership and sustainability, with commitments from key actors to support policy operationalization and scale-up.

3. State-led Co-design of Operational Documents

Through a series of interactive workshops, we supported the states in the validation of the TSTS policy, followed by the co-development of the implementation framework. This included detailed, costed plans for both the implementation and training components. These workshops were collaborative in nature, ensuring that local realities were reflected in the final documents.

Key insights

- TSTS Implementation Framework: Provides practical guidance for operationalizing the TSTS policy.
- Costed Implementation Plan: Designed to ensure sustainability and effective resource allocation for the policy rollout.
- Costed Training Plan: Focused on enhancing the capacities of health workers in all cadres, who will play a pivotal role in service delivery.

A key takeaway from the workshops was the strong commitment of state leadership to train and equip (J)CHEWs with life-saving skills under the TSTS framework, including neonatal resuscitation, family planning, and management of the third stage of labor, recognizing their role in expanding access to quality care in underserved areas.

4. A Strong Foundation for Sustainable Change

The validation of the TSTS policy, coupled with the development of these comprehensive operational documents, provides the strong foundation for scaling up TSTS activities in both states. The collaborative approach, combined with the local ownership of the process, ensures that the path forward is one of sustainability and impact. With CHEWs at the heart of the implementation strategy, Kaduna and Kano states are poised to see significant improvements in healthcare delivery, particularly in maternal and child health outcomes.

Next Steps

With the policy validated and operational documents finalized, Kaduna and Kano States are now poised to move from planning to action. The following steps have been outlined to operationalize the TSTS framework and accelerate impact at the facility level

Refresher Training for State Clinical Mentors:
Conduct targeted refresher sessions for state-level clinical mentors to align them with the updated TSTS training content, supervisory tools, and quality assurance protocols.

Rollout of Clinical Training for Health Workers:
Launch competency-based intensive training for CHEWs and JCHEWs focused on core PHC services, including contraceptive method provision, and active management of the third stage of labor, neonatal resuscitation, vitamin A supplementation and Penta 3 immunization.

Deployment of Extended Clinical Mentoring:
Implement structured, ongoing clinical mentoring at facility level to reinforce training, ensure skill retention, and address real-time service delivery challenges. Mentors will provide supportive supervision, observe practice, and facilitate peer learning.

Restructuring of Referral Networks:

Review and strengthen existing referral pathways to establish a functional Network of Care. This includes:
- Linking PHCs with community actors (TBAs, PPMVs, WDCs) to ensure timely referrals and follow-up.
- Positioning CHEWs as central coordinators of care and referral.
- Forming peer learning and mentorship clusters among facilities for skill sharing and support.
- Integrating supportive supervision through LGA focal points and state mentors.
- Engaging communities in monitoring service quality and accountability.

Implementation Monitoring and Learning:

Initiate tracking of early implementation outcomes using agreed-upon indicators. Facilitate periodic learning reviews to adapt and refine the TSTS rollout based on emerging evidence from the field.

PHOTO GALLERY

High-Level Entry Meeting with the Leadership of Kaduna State Ministry of Health

Entry Meeting with Kano State Primary Health Care Management Board

Stakeholder Engagement Meeting for the Implementation of TSTS in Kaduna State

Pathfinder International and Impact Catalysts Team Paid a Courtesy Visit to His Highness Ahmad Nuhu Bamali, the Emir of Zazzau, in Zaria, Kaduna State.

Kaduna Stakeholders During a Groupwork Session for Framework Development Co-creation Workshop

Kano Stakeholders During a Groupwork Session for the Framework Development Co-creation Workshop

REFERENCES

1. Federal Ministry of Health Nigeria: Task-shifting and task-sharing policy for essential health care services in Nigeria. Federal Ministry of Health Abuja Nigeria; 2014
2. Kaduna State Ministry of Health. 2017. Task Shifting and Task Sharing Policy. Kaduna.

The Task-Shifting/Sharing initiative, implemented in partnership 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.

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