PATHFINDER

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PROGRESS BRIEF | JANUARY 2026

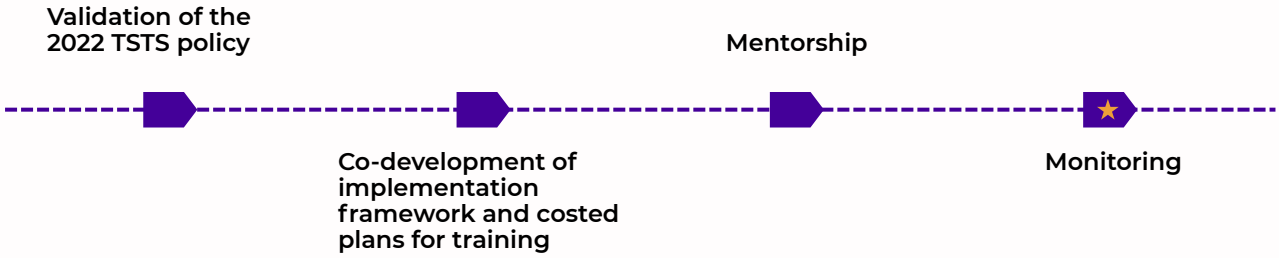
Operationalizing TSTS at the Frontline

Strengthening Clinical and Data Capacity in Kaduna and Kano

Background

In the first Task Shifting and Task Sharing (TSTS) Progress Brief, "Strengthening the Foundation for TSTS: A Snapshot of Progress in Kaduna and Kano," we documented the groundwork for operationalizing Nigeria's TSTS policy in Kaduna and Kano States. With that foundation in place, the project has transitioned from policy and planning to frontline service delivery.

Key Milestones



This brief focuses on the implementation phase, during which the project equipped clinical providers and Monitoring and Evaluation (M&E) officers with the clinical, supervisory, and data-use skills required to implement the TSTS framework safely and effectively. These efforts strengthen provider performance and service quality while establishing the systems needed for sustained clinical mentorship and routine monitoring of results. This phase is critical because provider training and capacity strengthening translate policy intent into safe, high-quality service delivery for mothers, newborns, and communities.

Building Clinical Competence

Training CHEWs to Deliver Integrated Primary Health Care Services

At the heart of the TSTS investment are the Community Health Extension Workers (CHEWs) who staff 222 primary health care facilities across Kaduna and Kano. Through intensive, competency-based training, these frontline health providers were prepared to take on expanded responsibilities in line with the national TSTS policy and implementation frameworks. In both states, CHEWs participated in multi-day, residential courses covering the full continuum of reproductive, maternal, newborn, and child health care and nutrition services.

The curriculum covered:

- Basic emergency, obstetric, and newborn care, including E-MOTIVE postpartum hemorrhage management
- Antenatal, intrapartum, and postnatal care
- Family planning and postpartum family planning counseling
- Infection, prevention, and control practices
- Active management of the third stage of labor; recognition and management of pre-eclampsia and eclampsia
- Newborn resuscitation and essential newborn care
- Routine immunization, growth monitoring, and nutrition counseling
- Respectful maternity care and quality-of-care principles

The training model was competency-based and intentionally practice-oriented. Providers progressed from facilitated case discussions and hands-on simulations, including mannequin drills, to supervised clinical practicums at general hospitals and high-volume primary health care facilities.

Field practicum during training

Practical session on how to use the anti-shock garment

During these placements, trainees jointly conducted antenatal care consultations, supervised deliveries, and performed manual vacuum aspirations and implant and IUD insertions under structured supervision. This approach enabled CHEWs to translate theory into practice while building clinical confidence and competence.

Pre- and Post-Test Findings

Pre- and post-test assessments in both Kaduna and Kano showed consistent knowledge gains, with post-test scores markedly higher than pre-test scores across clusters and training groups. Using state-specific training approaches based on trainee numbers and context, Kaduna organized participants into standard class-based groups, while Kano clustered trainees by location. In Kaduna, average scores rose by over 10 percent (Figure 1). In Kano, clusters that started with the lowest baseline performance demonstrated the greatest absolute improvement (Figure 2), underscoring the value of a competency-based, practice-oriented approach. Furthermore, CHEWS reported increased confidence in recognizing complications, using the Labor Care Guide, resuscitating newborns, managing postpartum hemorrhage, and providing family planning counseling and services.

One trainee mentioned, "Before, I was afraid when I see anemic clients, but this training has built my capacity around nutrition needs, during pregnancy, infancy, childhood, and other stages of development."

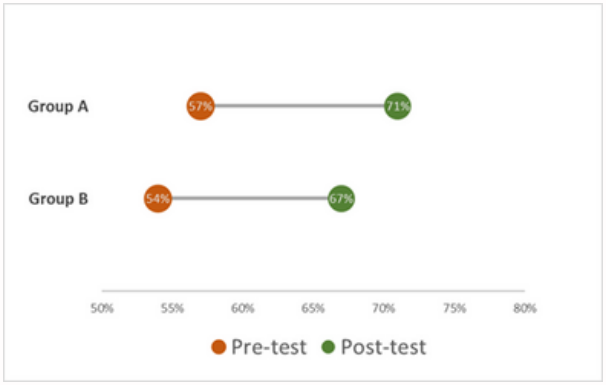


Fig. 1: CHEW Training Pre & Post Test Results in Kaduna

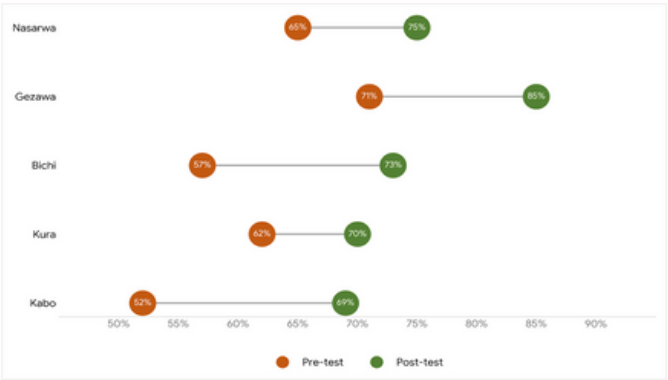


Fig. 2: CHEW Training Pre & Post Test Results in Kano

Another trainee said, "I feel privileged to have been trained. I learned how to accurately quantify blood loss using a calibrated drape. Before, we did not measure blood loss at all, but now I can determine it precisely, which is critical for early detection and management of postpartum hemorrhage."

Beyond technical content, the trainings nurtured a culture of quality improvement. Facilitators linked every clinical skill to documentation, data use, and client experience, emphasizing safety, timeliness, equity, and client dignity. Providers reflected on how consistent adherence to these principles can rebuild community trust in primary health care and reduce preventable deaths.

Strengthening the Data Backbone

Training M&E and HMIS Officers

Because TSTS is a proof-of-concept investment designed to generate evidence, strengthening data systems is just as important as improving clinical skills. To support accurate tracking of TSTS indicators and routine reproductive, maternal, newborn, and child health services, the project convened dedicated trainings for zonal and local government area (LGA) M&E and Health Management Information System (HMIS) officers.

Practical, hands-on exercises were central to the training, reinforcing the shift from data reporting to data use. Participants practiced completing service registers using mock scenarios, identifying and resolving data inconsistencies, and developing simple dashboards and running charts to visualize performance trends.

The curriculum covered:

The updated national HMIS data flow and 2025 tools.

Data visualization and basic analysis to support routine decision-making.

Core data quality concepts and simple data quality assessment methods.

Detailed use of routine registers and monthly summary forms for antenatal care, labor and delivery, postnatal care, family planning, immunization, and growth monitoring.

Introduction to TSTS-specific tools such as the Coaching Quality Assessment Form and Client Exit Interview survey.

DHIS2 structures and operations, including data elements, indicators, and basic analytics.

Pre- and Post-Test Findings

In Kaduna, post-training assessments showed a 19 percent increase in knowledge levels, with M&E and HMIS officers reporting a stronger understanding of how data quality underpins effective supervision, performance management, and adaptive implementation. The training strengthened officers' capacity to provide technical support to frontline health workers, ensure the quality of service delivery data, and promote routine, data-driven decision-making across the primary health care system.

As one LGA M&E Officer in Kaduna North noted, "This training sharpened my skills in data analysis, improved my understanding of data quality, and showed me how to better support TSTS tools."

M&E and HMIS officers (participants) during the hands-on session on Labour and Delivery Register

Group presentation on data quality assessment

In Kano, post-training assessments recorded a 19 percent increase in knowledge, alongside improved understanding of TSTS indicators and renewed confidence in supervising facility-level documentation and DHIS2 reporting. These gains are now being applied through routine monthly supportive visits, during which M&E officers validate facility registers against DHIS2 entries and work directly with providers to resolve common data quality issues. Missing register entries, incomplete documentation leading to under-reporting, and errors in tallying and summarizing monthly forms are reviewed step-by-step with facility staff during these visits.

Importantly, M&E and HMIS officers now use data discrepancies as coaching opportunities rather than compliance checks. For example, when inconsistencies are found between facility registers and DHIS2 reports, the officer sits with the facility in-charge and records officer to trace the source of the error – such as skipped register fields, double counting, or incorrect monthly summaries – and supports immediate correction prior to submission.

Dawakina Tofa, LGA M&E officer, explaining how to document service data in the labor and delivery data

As one LGA M&E Officer noted, "We no longer wait until the data reaches the state level before discovering errors. By validating registers against DHIS2 during facility visits, we help facilities see how small documentation gaps affect their reported performance."

With the conclusion of the trainings, both states agreed on clear next steps, including cascading key content to facility medical record officers and officers in charge, commencing routine monitoring of TSTS indicators, and integrating TSTS-focused data checks into existing integrated supportive supervision visits. Together, these actions reposition M&E and HMIS officers not only as data collectors, but as active partners in quality improvement and evidence generation.

Combining Training and Data

Laying the Groundwork for Mentorship and Measurement

Bringing together trained CHEWs and M&E officers reflects a deliberate strategy of paired clinical and data capacity strengthening. CHEWs now have a stronger foundation in the clinical competencies required under the TSTS policy, while M&E officers are better equipped to document, analyze and use service delivery data. The next phase of facility-based mentorship, clinical competency, and diagnostic-accuracy builds directly on this dual investment.

As mentors begin regular visits to the 222 primary health care facilities, they will reinforce the core competencies emphasized during training, including recognition of danger signs, correct use of job aids, adherence to clinical protocols, respectful maternity care, and systematic documentation. In parallel, trained M&E and HMIS officers will ensure that improvements in practice are accurately and consistently reflected in the national HMIS and DHIS2. This will enable the project to track trends in antenatal care, skilled birth attendance, postpartum family planning, immunization, and newborn outcomes, and assess the linkages between these changes and the TSTS model.

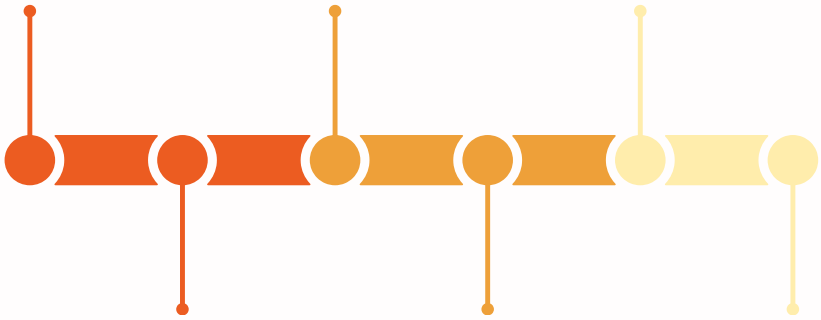
Taken together, the training phase has shifted the investment from “framework on paper” to “people and systems ready for change.” Providers are better prepared to deliver services within their expanded scope of practice, and data teams are positioned to capture, interpret, and generate timely, high-quality evidence of those actions.

Looking Ahead

Sustain clinical mentorship through ongoing supportive supervision.

Conduct routine data reviews to track service delivery gains in real time.

Monitor the reactivation of previously dormant delivery sites.



Use simulations and case vignettes to strengthen diagnostic accuracy and clinical decision making.

Track improvements in quality of care indicators.

Document changes in antenatal care attendance and utilization.

Over the coming months, these actions will generate and share timely evidence demonstrating the effectiveness and scalability of TSTS as a practical and viable response to Nigeria’s human resources for health gap, with insights disseminated through future briefs.

PHOTO GALLERY

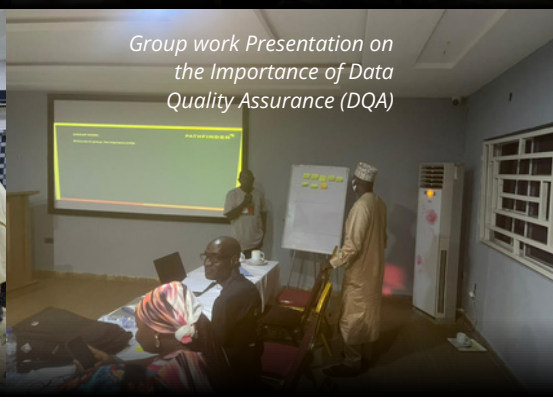
TSTS MEL Officer Supervising LGA M&E Officers During Data Analysis Practical Session

Lead Consultant Facilitating Sessions on PPH Management

Participants During Objective Structured Clinical Examination (OSCE)

Cross Section of Participants During M&E Training

Kaduna State Group Training



Group work Presentation on the Importance of Data Quality Assurance (DQA)

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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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