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From Pilot to Government Ownership

Sustaining the Gains of Task Shifting Task Sharing in Kaduna State

ADVOCACY AND SUSTAINABILITY BRIEF | SEPTEMBER 2026

EXECUTIVE SUMMARY

Nigeria continues to face significant shortages and inequitable distribution of skilled health workers, particularly at the primary healthcare level.[1] In Kaduna State, the Pathfinder International and Impact Catalysts-supported Task Shifting Task Sharing (TSTS) investment demonstrated how task shifting can strengthen the health system beyond one-off training by combining competency-based training with clinical mentorship, supportive supervision, routine performance monitoring, data use, and institutional strengthening across 77 PHC facilities in nine LGAs. More than 90% of trained frontline health workers demonstrated improved competencies, while the initiative strengthened the capacity of clinical mentors, LGA supervisors, and M&E Officers and supported greater government ownership through Kaduna State's leadership, policy domestication, costed implementation planning, and integration of TSTS into existing PHC systems. The experience shows that sustained improvements in provider performance require continued mentorship, supportive supervision, data use, and government leadership alongside training. This brief highlights the results and lessons from Kaduna's TSTS experience and sets out the priorities for institutionalizing the model, including sustainable domestic financing, stronger workforce management, continued quality improvement, and phased expansion to additional LGAs.

THE TRANSITION TEST

The transition from pilot to ownership will be complete when Kaduna State routinely plans, finances, supervises, monitors, and improves TSTS through its own systems.



Hand over of supplies to the Prof. Dr. Bello Jamoh, ES, Kaduna State Primary Healthcare Board

THE CASE FOR TSTS IN KADUNA STATE

Kaduna State has prioritized primary health care as a foundation for improving access to essential health services. However, workforce shortages and inequitable distribution remain challenges to effective service delivery. A competent, adequately staffed, and supported frontline workforce is therefore essential to delivering quality services, particularly in underserved communities.[2,3]

The TSTS investment was designed to translate this priority into practical improvements at the facility level. Rather than treating TSTS simply as an expansion of the responsibilities of community health extension workers (CHEWs) and other frontline providers, implementation focused on the broader systems required to make task shifting safe, effective, and sustainable. These included:

- Competency-based workforce development
- Clinical mentorship and workplace learning
- Supportive supervision
- Routine performance monitoring
- Data quality improvement and data use
- Strong state and Local Government Area (LGA) coordination
- Institutional strengthening and government leadership

The investment was deliberately implemented through existing government structures rather than creating parallel systems. This allowed Kaduna State institutions to progressively assume responsibility for planning, coordination, supervision, monitoring, and quality improvement.

THE CENTRAL LESSON

TSTS is most sustainable when treated as a health systems strengthening intervention, not as a stand-alone training project.

WHAT THE INVESTMENT ACHIEVED

Strengthening the frontline workforce

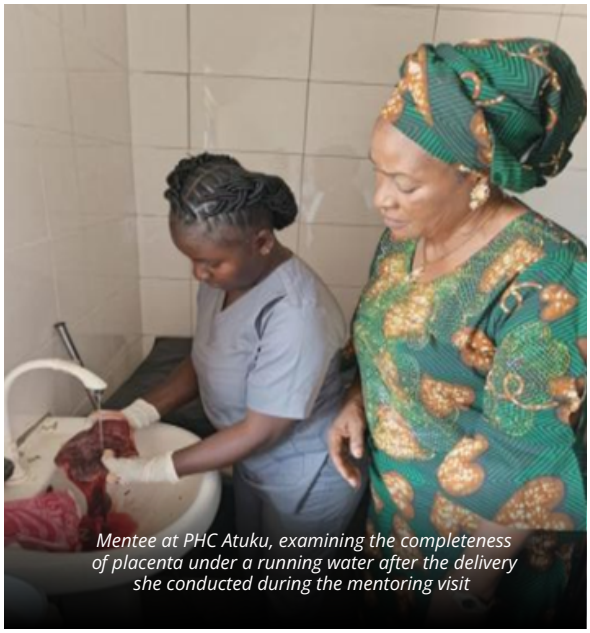
The investment reached frontline health workers across 77 PHC facilities in nine LGAs. More than 90% of trained providers demonstrated improved competencies following competency-based training and ongoing clinical mentorship. The approach strengthened not only frontline health workers but also the supervisors and mentors responsible for supporting continued performance. This created a foundation for continuous professional development within the health system.

A defining feature was the use of structured clinical mentorship following training. Experienced mentors provided on-site coaching, practical demonstrations, case reviews, supportive feedback, identification of performance gaps, and reinforcement of national clinical standards. Supportive supervision similarly shifted from a primarily compliance-oriented function toward coaching, problem-solving, quality improvement, and continuous professional development. This matters because clinical competencies are reinforced through repeated opportunities for health workers to practice, receive feedback, and strengthen their confidence

The 77 trained CHEWs recorded an average 13–14% pre-/post-test knowledge gain, 100% reported increased clinical confidence, and 99.3% reporting applying skills gained in daily practice. As a result, between October 2025 and June 2026, CHEWs managed more than 4,330 deliveries and 190 postpartum hemorrhage cases. These results demonstrate the potential of structured mentorship to translate workforce investment into frontline service delivery improvements.

Strengthening the system behind the workforce

The TSTS investment also strengthened the management systems needed to sustain improved performance. Routine supportive supervision, monthly data review meetings, competency assessments, and performance monitoring became increasingly integrated into implementation. State and LGA managers used routine data to identify performance gaps, address bottlenecks, and guide corrective action.



Mentee at PHC Atuku, examining the completeness of placenta under a running water after the delivery she conducted during the mentoring visit

The investment also strengthened the capacity of LGA Monitoring and Evaluation (M&E) Officers to support routine performance monitoring and data quality improvement. In Kaduna, indicator over-reporting declined from 18.7% to 4.6%, while DHIS2–MSF concordance increased from 44.8% to 90.1%.

THE SUSTAINABILITY LESSON

Health workforce strengthening is more likely to produce lasting results when it is accompanied by the systems that enable providers to perform, supervisors to support them, and managers to use data to improve performance.

WHAT KADUNA LEARNED

Lessons from implementation in Kaduna offer practical guidance for health workforce reform in Nigeria.

01 Government ownership must be built from the beginning.

Sustainable ownership cannot be achieved at the end of an investment, it must be intentionally developed from the outset. Throughout implementation, the Kaduna State Ministry of Health and the Kaduna State Primary Health Care Board were not passive recipients of technical assistance; they served as co-leaders of planning, implementation, supervision, monitoring, and transition activities. This approach strengthened institutional accountability, aligned implementation with state priorities, and enabled government institutions to progressively assume responsibility for key technical functions. As a result, the transition to state ownership became a gradual process of institutional strengthening rather than a sudden transfer of responsibilities at project close-out.

02 Training is only effective when reinforced through mentorship.

Training alone is insufficient to achieve lasting improvements in service quality. While competency-based training strengthened the knowledge and skills of frontline health workers, sustained improvements in clinical practice were achieved through continuous workplace mentorship and supportive supervision.

Regular coaching enabled health workers to apply newly acquired competencies within their routine clinical environment, receive immediate feedback, and strengthen confidence in delivering integrated PHC services. This continuous learning model also helped reinforce adherence to national clinical standards and encouraged reflective practice among providers. The observed improvements in provider competency across supported facilities demonstrate the value of combining formal training with structured post-training support.

03 Sustainable results come from strengthening systems.

A defining feature was the deliberate decision to strengthen existing government systems instead of establishing project-specific mechanisms. Technical coordination, supportive supervision, performance monitoring, and quality improvement processes were integrated within existing government structures, allowing state institutions to progressively assume responsibility for implementation. This approach reduced dependence on external support while strengthening institutional capacity across multiple levels of the health system. More importantly, it ensured that improvements introduced through the investment became part of routine government practice rather than isolated project achievements.

04 Data use is a powerful driver of quality improvement.

The investment demonstrated that routine health information becomes most valuable when it is actively used to improve performance. Regular data review meetings, supportive supervision visits, and competency assessments created opportunities for managers and health workers to identify implementation challenges, monitor progress, and implement corrective actions. This reinforced a culture of accountability and encouraged evidence-informed decision-making at state, LGA, and facility levels. Over time, routine data evolved from a reporting requirement into a practical management tool that informed planning, supervision, and continuous quality improvement.



Kaduna M&E officers doing a group work during the M&E training

05 Sustainable financing is the bridge between pilot implementation and state ownership.

Technical capacity alone cannot sustain health system reforms. Although Kaduna has established strong governance structures, competent health workers, and effective quality improvement systems, maintaining these gains will require predictable domestic financing. Routine clinical mentorship, supportive supervision, refresher training, monitoring, and performance review all require dedicated financial resources. Embedding these functions within government budgets and annual operational plans will ensure that TSTS continues to strengthen PHC long after external funding has concluded. The experience in Kaduna illustrates that the transition from pilot implementation to state ownership is ultimately completed when governments finance the systems they have institutionalized.

KADUNA'S READINESS FOR GOVERNMENT OWNERSHIP

Kaduna State's readiness for transition can be considered across four interconnected functions.

Transition function	Readiness	Evidence
Governance	**High**	Strong MoH and KSPHCB leadership, domestication of the revised national TSTS policy, costed implementation plan, technical coordination mechanisms, and integration within existing PHC structures.
Human Resources	**Moderate to High**	Frontline workforce capacity strengthened across 77 PHCs, more than 90% demonstrating improved competencies, and strengthened mentors, supervisors, and M&E Officers.
Service Delivery	**High**	Clinical mentorship, supportive supervision, integrated PHC delivery, routine performance monitoring, and quality improvement mechanisms established.
Financing	**Moderate**	State commitment is evident, but predictable domestic financing is still required for mentorship, supervision, professional development, competency assessments, transport, and replacement training.

What this tells us

Kaduna is not starting the transition from zero. Many of the building blocks of ownership are already in place. The critical issue is moving from institutionalization in practice to institutionalization through policy, budgets, roles, and accountability mechanisms.

FROM PROJECT INVESTMENT TO GOVERNMENT OWNERSHIP: THE SUSTAINABILITY ROADMAP

Kaduna State has established important foundations for sustaining TSTS, but several functions still require full institutionalization, financing, and integration into routine government systems. A structured 12–18-month transition period can help complete this process while protecting the investments already made in frontline capacity, mentorship, supervision, data systems, and quality improvement.



Institutionalize clinical mentorship and supportive supervision

Clinical mentorship should become a routine function of KSPHCB's quality assurance and supportive supervision system, with standardized schedules, clearly defined roles for LGA and facility-level mentors, and resources for routine visits. Mentorship responsibilities should be incorporated into relevant staff roles, including Reproductive Health Coordinators, while establishing a structured pathway for trained mentees to become mentors under the supervision of Master Trainers.



Secure sustainable domestic financing

TSTS should transition from project financing into routine state and LGA health budgets. Resources should cover clinical mentorship, supportive supervision, refresher training, competency assessments, monitoring, transportation, and other essential implementation costs. TSTS priorities should be reflected in the 2026–2030 Costed Implementation Plan and Annual Operational Plans, with budget allocations protected and released to support implementation.



Protect and continuously develop the trained workforce

Kaduna should protect investments in trained providers through strategic deployment, timely replacement of staff who leave supported facilities, and structured orientation and training for newly deployed staff. Continuous professional development should be linked to competency assessment, while workforce managers should minimize unnecessary transfers that disrupt service continuity.



Institutionalize data-driven quality improvement and learning

Routine data review and validation meetings, competency assessments, clinical audits, performance reviews, and quality improvement processes should be integrated into existing government systems. Mentorship and performance should continue to be monitored through routine supportive supervision, ensuring that data are used not only for reporting but also to identify gaps, guide corrective action, and inform management decisions.



Standardize systems and prepare for scale

TSTS tools, including competency assessment, supervision, mentorship, and performance monitoring tools, should be standardized and formally adopted within Kaduna's PHC system. The systems and capacities developed through the initial implementation should then provide the foundation for phased expansion to additional LGAs and facilities, with scale-up remaining government-led and matched with sustainable financing and quality assurance.

CALL TO ACTION

Kaduna has demonstrated that TSTS can work. The next test is whether the gains can be sustained. The state now has an opportunity to move from donor-supported implementation to a government-owned model of workforce optimization and PHC quality improvement.

Stakeholder	Priority action
Kaduna State Government	Approve and implement the TSTS transition roadmap, ensure TSTS priorities are reflected in state planning and budgets, and lead the scale-up of the model to additional LGAs through government leadership and financing.
MoH and KSPHCB	Make clinical mentorship and supportive supervision routine PHC functions, and institutionalize competency assessment, performance monitoring, and routine data use for quality improvement.
Ministry of Finance and Planning and Budget Commission	Finance TSTS through routine government budgets and Annual Operational Plans, and establish and protect budget allocations for TSTS-related activities.
LGA Health Authorities	Integrate mentorship, data review, and quality improvement into routine supervision, and promote peer learning between LGAs.
Civil Service Commission and health workforce managers	Protect investments in trained health workers: retain trained staff, ensure timely replacement, and strengthen continuous professional development and competency-based deployment.
Development partners and donors	Professional bodies and training institutions
Professional bodies and training institutions	Support continuous learning, competency development, quality assurance, and evidence-informed policy implementation.

The goal is not to sustain a project.

The goal is to sustain a system.

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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.

This publication is based on research funded by the Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Gates Foundation

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