

Conference track: Strengthening Workforce Research and Planning based on Data-Driven Strategies, Motivation and Retention, and Integrated Workforce Models

Title: From Policy to Practice: Readiness and Implementation Gaps in Task Shifting Task Sharing in Kaduna State's PHC System

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Background:

Nigeria faces a critical shortage of skilled health workers, with only 1.83 health professionals per 1,000 people, well below the WHO's recommended minimum (World Bank, 2023). This shortage is more pronounced at the Primary Healthcare (PHC) level. To address these gaps, Nigeria developed the TSTS policy, which enables trained lower-cadre workers to assume tasks that are beyond their scope.

Methods:

A mixed-method baseline assessment was conducted in 15% of the BHCPF PHC facilities selected by the SPHCB as part of Pathfinder International's TSTS intervention. Quantitative data were collected via questionnaires from facility Officers-in-Charge (OICs), while qualitative data came from focus group discussions with the OICs and lower cadre staff. Quantitative data were analyzed using descriptive statistics, while qualitative responses were analyzed thematically.

Results:

The health workforce across facilities was predominantly female (90%), with over 90% of facilities staffed by nurses/Midwives and community health extension workers (CHEWs), and 45% with junior community health extension workers (JCHEWs). About 77% of lower cadre workers performed tasks beyond their formal scope, including antenatal care, immunization, delivery, and management of NCDs. However, only 44% had received relevant training, 78% of OICs reported supervision of shifted tasks, and none of the facilities had TSTS-specific SOPs. Qualitative findings revealed widespread, but informal TSTS practices driven by workforce shortages. Participants identified potential benefits such as increased service coverage, improved peer learning, and reduced burden on senior staff. However, risks such as task overstepping, poor quality of care, and unclear boundaries were noted. Respondents emphasized the need for training, SOPs and interprofessional collaboration.

Conclusion:

The findings revealed an urgent need to institutionalize TSTS in Kaduna State through comprehensive training, policy enforcement, supportive supervision, mentoring, and coaching. These findings offer critical insights for optimizing Human Resources for Health and scaling sustainable PHC interventions across similar contexts in Africa.