



# MINISTRY OF HEALTH

## OFFICE OF THE HONOURABLE COMMISSIONER

Our Ref: HA1147/T

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### REPORT ON BASELINE MAPPING OF PRIMARY HEALTH CARE WORKFORCE AND DEVELOPMENT OF MULTI-YEAR COSTED RECRUITMENT PLAN

#### 1. Introduction

This report presents the findings of the baseline exercise mapping conducted on the number and duty stations of **primary health care (PHC) workers** across Edo State. The report developed a multi-year, cost-worker recruitment and deployment plan to address identified staffing gaps. This initiative is essential for strengthening the health workforce and improving healthcare service delivery.

**2. Objectives:** The primary objectives of this baseline exercise are to:

- Conduct a comprehensive enumeration of **primary health care workers** in Edo State.
- Identify and map health worker duty stations across the 18 Local Government Areas (LGAs).
- Assess health workers' distribution, qualifications, and specialization to determine staffing gaps.
- Develop a multi-year, costed health-worker recruitment and deployment plan to address deficiencies.
- Provide policy recommendations for sustainable workforce planning and improved health outcomes.

**3. Methodology** A mixed-methods approach was used to ensure a comprehensive analysis:

- **Data Collection:** Enumeration of health workers, facility visits, and stakeholder consultations.
- **Gap Analysis:** Patient-health worker ratios, area-specific shortages, and deployment imbalances are assessed.
- **Financial Analysis:** Estimating recruitment, training, and deployment budgetary requirements.

#### 4. Key Findings

- **Health Worker Distribution:** A total of 2,174 existing health workers were identified across 480 primary healthcare facilities in the state out of 6268 required. Urban areas have a higher concentration of health workers, while rural and underserved communities experience critical shortages. In many LGAs, **clinical cadres** (those directly providing patient care) are below 50% of the required number, while **non-clinical cadres** are closer to adequate.
- **Staffing Gaps:** Edo State has a shortfall of 4,094 health workers, particularly in doctor, pharmacists nurses, midwives, and community health services cadres. Rural LGAs experience high health worker attrition due to inadequate infrastructure and lack of incentives. In some PHC facilities, the patient-health worker ratio exceeds recommended standards, negatively impacting service delivery.
- **Financial and Workforce Projections:** Based on projected population growth and worker retirements, the state must recruit **4,094** new health workers over the next five years. The estimated recruitment, training, and deployment cost is ₦ 6,196,906,800.

**5. Multi-Year Health-Worker Recruitment and Deployment Plan** A structured approach is required to bridge the staffing gap. The following are the phased plans:

#### **2025-2029 EDO STATE MULTI-YEAR COSTED HEALTH WORKERS RECRUITMENT AND TRAINING PLAN**

<b>Year</b>	<b>Recruitment Plan</b>	<b>Training Plan</b>	<b>Budget (Naira)</b>
2025	Recruit 1,364 health workers for primary healthcare centers.	Provide foundational training for newly recruited health workers.	1,655,235,600 annual salaries 136,400,000 for training
2026	Recruit an additional 1,364 health workers for underserved areas.	Develop structured induction training and specialization programs.	1,655,235,600 annual salaries 136,400,000 for training
2027	Recruit 1,366 more health workers to address staffing gaps.	Implement continuous professional development courses.	1,658,235,600 annual salaries 136,600,000 for training
2028	Evaluate recruitment impact and address emerging needs.	Enhance refresher training and mentorship initiatives.	409,400,000
2029	Achieve full-health worker sufficiency in Edo State.	Upgrade digital literacy and emergency response training.	409,400,000



### 5.1 2025 RECRUITMENT PLAN PRIMARY HEALTHCARE WORKERS

Activity	Timeline	Responsible Body	Output
Conduct Health workers Gap and Needs Assessment	Q2 2025	Human Resource/EDSPHCDA	Needs assessment report
Engage Stakeholders and Community Leaders	Q2 2025	Community and Family Health/EDSPHCDA	Validated recruitment needs
Develop and Approve Recruitment Guidelines	Q2 2025	Human Resource/EDSPHCDA	Recruitment framework
Advertise Positions	Q3 2025	Human Resource/EDSPHCDA	Call for applications
Shortlist, Interview, and Select Qualified Candidates	Q3–Q4 2025	Human Resource/EDSPHCDA	Final list of Health workers.
Issue Offer Letters and Conduct Orientation	Q4 2025	Human Resource/EDSPHCDA	Health workers onboarded

### 5.2 DEPLOYMENT PLAN

Activity	Timeline	Responsible Body	Output
Develop a Deployment Strategy (using data and GIS)	Q3 2025	Human Resource/EDSPHCDA	Equitable deployment map
Prioritize underserved LGAs and rural/remote Health facilities.	Q3 2025	Human Resource/EDSPHCDA	Deployment priority list
Deploy Newly Recruited Health workers	Q4 2025	Human Resource/EDSPHCDA	Deployment letters
Engage Traditional Institutions and SBMCs	Q4 2025	Community and Family Health/EDSPHCD	Local support for retention

Monitor Compliance and Retention	Continuous	A Human Resource/ EDSPHCDA	Quarterly deployment report
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### 5.3 TRAINING PLANS

Activity	Timeline	Responsible Body	Output
Training Needs Assessment (TNA)	Q2 2025	Human Resource/ EDSPHCDA	Skills gap report
Develop an Annual Health workers Training Plan	Q3 2025	Planning, Research and Statistics/ EDSPHCDA	Endorsed training calendar
Induction and Pedagogical Training for New Health workers	Q4 2025	Community and Family Health/EDSPHCD A	Trained new recruits
In-Service Training	2025-2027	Human Resource/ EDSPHCDA	Continuous capacity building

### 5.4 RISK & MITIGATION

Risk	Mitigation
Reluctance to work in rural areas	Rural posting incentives, housing schemes, recognition awards
Budgetary constraints	Timely release of counterpart funding, explore donor grants.
High attrition rate	Rural posting incentives, housing schemes, recognition awards
Political interference in recruitment	Transparent, merit-based recruitment system with oversight



## 6. Policy Recommendations

To ensure the sustainability of the workforce plan, the following policy measures should be considered:

- Introduce rural posting allowances and career progression incentives for health workers in underserved areas.
- Strengthen pre-service and in-service training programs for continuous professional development.
- Establish a digital health workforce database for real-time monitoring and planning.
- Leverage support from development partners to enhance recruitment efforts.

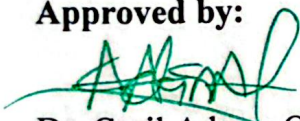
## 7. Conclusion

The findings of this baseline exercise highlight the urgent need for strategic health worker recruitment and deployment in Edo State. The state can enhance primary health care service delivery by implementing the proposed multi-year plan and bridging critical workforce gaps. Strong government commitment and stakeholder collaboration will be essential to achieving these objectives.

## 8. Next Steps

- Official publication and dissemination of the report by **March 28, 2025**.
- Stakeholder validation workshop to review and finalize the implementation plan.
- Commencement of phased health worker recruitment and deployment to address identified gaps.

Approved by:



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Hon. Commissioner for Health  
Edo State