



Primary Health Care Human Resources for Health mapping and Multi-Years Recruitment Plan



Executive Summary

The Human Resources Mapping and Recruitment Plan for Ekiti State Primary Health Care (PHC) aims to strengthen the healthcare workforce, ensuring equitable distribution of skilled personnel across all 16 LGAs. The plan provides a structured approach to addressing critical workforce shortages, improving service delivery, and advancing Universal Health Coverage (UHC).

A comprehensive workforce mapping was conducted to assess existing staff levels, identify gaps, and project future needs. The findings informed a multi-year recruitment strategy (2025–2030) designed to gradually expand the PHC workforce. The plan prioritizes the recruitment of Doctors, nurses, midwives, community health workers (CHEWs), community health officers (CHOs), laboratory scientists, and pharmacists, with emphasis on underserved areas and rural communities.

Key elements of the plan include:

- Annual recruitment targets, starting with 80 healthcare workers in 2025 and scaling up to 880 by 2030.
- Targeted hiring to strengthen maternal and child health services, disease surveillance, and primary healthcare delivery.
- Retention strategies such as competitive salaries, career development, rural service incentives, and training opportunities.
- Strategic funding sources, including state budget allocations, health insurance schemes, and development partner support.
- Implementation of a Human Resource Management Information System (HRMIS) for real-time workforce monitoring and evaluation.

Successful execution of this plan will enhance healthcare service delivery in Ekiti State, ensuring a well-staffed and resilient PHC system. By aligning recruitment efforts with health sector priorities, the state will be better positioned to meet national and global healthcare goals, ultimately improving health outcomes for its residents.

ACKNOWLEDGMENT

On behalf of the Ekiti Ministry of Health and Human Services, I express my sincere appreciation to all stakeholders who contributed to the successful completion of this Human Resources for Health (HRH) Mapping and Gap Analysis Report.

This report represents a vital step toward strengthening our healthcare workforce by identifying existing gaps and providing strategic recommendations. I extend my gratitude to State Primary Health Care Development Agency as well as our esteemed partners for their technical support.

I also acknowledge the dedication of our healthcare professionals, data collectors, and the HRH Technical Working Group for their invaluable contributions. Their efforts have ensured the accuracy and depth of this report, which will serve as a guide for evidence-based planning and policy decisions

Together, we remain committed to building a resilient and well-equipped health workforce to enhance service delivery and ensure quality healthcare for all.

Abbreviations

ANC	Antenatal Care
BHCPF	Basic Healthcare Provision Fund
CHAI	Clinton Health Access Initiative
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CPD	Continuing Professional Development
DHIS	District Health Information Systems
EKHIS	Ekiti State Health Insurance Scheme
EKSUTH	Ekiti State University Teaching Hospital
FETHI	Federal Teaching Hospital, Ido
GL	Grade Level
HCWs	Healthcare Workers
HMB	Hospitals Management Board
This Health workforce	Health Training Institutions
LGA	Human Resource for Health
LGHA	Local Government Area
MSP	Local Government Health Authority
NPHCDA	Minimum Service Package
	National Primary Healthcare Development Agency
PHC	Primary Healthcare
SHIA	State Health Insurance Agency
SMoH	State Ministry of Health
SPHCDA	State Primary Healthcare Development Agency
SRMNCH	Sexual, Reproductive, Maternal, Neonatal and Child Health
VA	Vacancy Analysis
WHO	World Health Organisation

Introduction

The health workforce consists of doctors, nurses, midwives, other healthcare professionals, and others who play a crucial role in providing health services within a healthcare system and ensuring the efficient operation of healthcare systems globally. The presence, allocation, and efficiency of healthcare professionals substantially influence the quality, availability, and responsiveness of healthcare provisions. Health workforce management is an important aspect of the healthcare system that involves training, recruiting, deploying, retaining, and managing healthcare personnel. PHC health workforce availability is vital in achieving health system objectives, enhancing health outcomes, lowering morbidity and mortality rates, and promoting universal health coverage.

There is a global health workforce challenge; however, this is worse in low- and middle-income countries. Inadequate healthcare professionals, especially in rural and underserved regions, an uneven distribution of healthcare personnel between urban and rural areas, inadequate training and education resources, low absorption/recruitment, migration of skilled healthcare workers to more developed nations, insufficient investment in healthcare workforce infrastructure and management systems, and disparities in healthcare access among various population groups are key workforce challenges in low resource settings. Moreover, changes in population demographics, such as ageing and a growing burden of non-communicable diseases, put additional pressure on the capacities of the healthcare workforce and worsen shortages and gaps in skills.

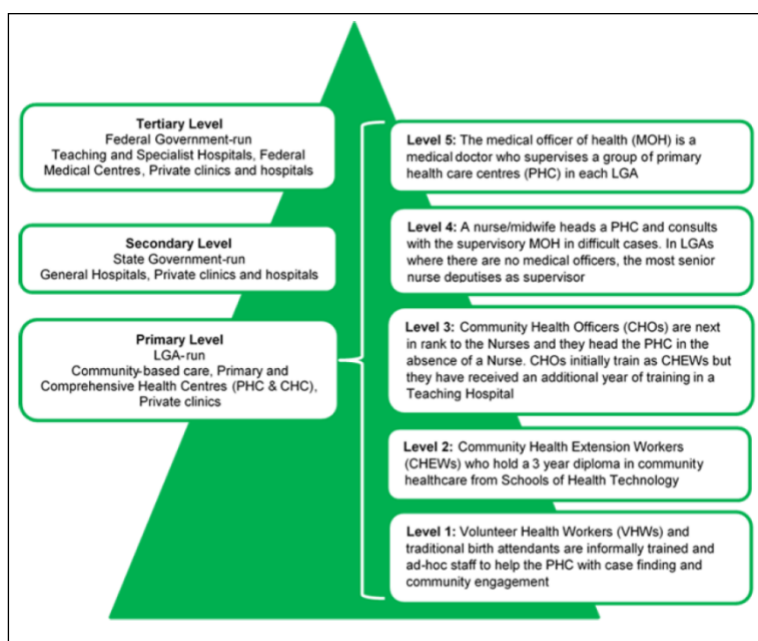
Nigeria's health workforce landscape mirrors the global challenges while presenting country-specific issues. Healthcare professionals are scarce, worsened by challenges such as the human capital flight of skilled health workers to more economically developed countries. Like most states in Nigeria, Ekiti faces many challenges in the health workforce capacity of the PHCs, with issues of inadequate number of needed PHC workforce and inequitable distribution of PHC health workers across facilities impacting negatively on the facility's ability to provide a gender-sensitive service package to increasing populations. The scarcity of healthcare workers, particularly in rural and underserved areas, exacerbates health disparities and limits access to essential services.

Addressing these health workforce issues is paramount to enhancing the state's healthcare system, improving health outcomes, and ensuring equitable access to quality healthcare for all residents.

This document outlines a comprehensive strategy to address Ekiti's critical health workforce issues, particularly within the public Primary Health Care (PHC) system. The critical health workforce issues were identified through a vacancy analysis that evaluated the number of PHC facilities that met the Minimum Service Package (MSP) requirements for the health workforce. Then, through a co-creation workshop, the root cause analysis (RCA) identified the drivers of poor PHC workforce and developed recommendations to optimise the health workforce.

Health systems organization and service delivery structure

The state has 345 PHCs, and 21 secondary and 3 public tertiary facilities. The PHCs are managed by the LGHA (Local Government Health Authority), which is comprised of Medical Officers of Health and/or Health Secretaries. However, the State Primary Healthcare Development Agency (SPHCDA) also provides oversight and support to the PHCs. The Hospitals Management Board (HMB) manages the secondary healthcare facilities, while the state-owned tertiary healthcare facility, Ekiti State University Teaching Hospital (EKSUTH), is managed by its management board. The federal tertiary facility, Federal Teaching Hospital Ido-Ekiti (FETHI) and federal Medical Centre, owned by the federal government, are managed by the Federal Ministry of Health (FMOH).



Overview of Health Workforce Governance and Management in Ekiti State

The Ekiti State Human Resource for Health Unit is situated in the State Ministry of Health under the Department of Planning, Research, and Statistics (PR&S). The Hospital Management Board, State Primary Health Care Development Agency, Ekiti State Teaching Hospital, and Federal Teaching Hospital Ido-Ekiti (HMB & SPHCDA, EKSUTH, and FETHI) have respective focal persons who submit health workforce data to the SMOH. This unit reports to the Director of Planning, Research, and Statistics (DPRS).

The health workforce unit collects and manages statistical data on human resources in health from all healthcare-providing institutions in the state. It informs relevant stakeholders on the state of HRH in the State and liaises with the FMOH health workforce unit to track the adequacy of skilled health workers and their distribution at the state and national levels. Currently, no Human Resource for Health TWG and Human Resource for Health strategic plan. Also, at the LGA level, there is no Health workforce management system in place. This has led to weak Health workforce coordination, planning, management, and organizational capacity.

The Departments of Administration and Supply in the MDAs (SMOH, HMB, SPHCDA, and State Health Insurance Agency (SHIA) oversee workers' postings and transfers, while recruitment is done centrally at the Local Government service commission and SPHCDA.

PHC Personnel List

S/N	CADRE	PHC		
		MALE	FEMALE	TOTAL
1	Medical consultants	0	0	0
2	Medical doctors	7	1	8
3	Dental surgeon	0	0	0
4	Nurse/ midwives	8	41	49
5	Pharmacy	0	0	0
6	Pharmacy attendance	0	0	0
7	Pharmacy technician	6	56	62
8	Laboratory scientist/Superintendent	0	0	0
9	Laboratory technician	11	69	80
10	Laboratory attendance	0	0	0
11	Laboratory assistance	0	0	0
12	Medical record officer	1	4	5
13	Medical record assistance	0	3	3
14	Medical record technicians	27	634	661
15	Honorary consultant	0	0	0
16	Senior Community Health Extension Worker	53	889	942
17	Junior Community Health Extension Worker	1	140	141
18	Community Health Officer	11	103	114

19	Community health technician	0	0	0
20	Scientific officer	0	0	0
21	Health attendant/Ass	44	440	484
22	Anesthetise technicians	0	0	0
23	Porters	0	0	0
24	Dental therapist	0	0	0
25	Dental technology	0	0	0
26	Dental technician	11	332	343
27	x-radiographer	0	0	0
28	X-Ray technician	2	16	18
29	X-Ray assistance	0	0	0
30	Laundry assistance	0	0	0
31	Hospital secretary	0	0	0
32	Secretary (confidential	0	0	0
33	Secretary assistance	0	0	0
34	Mortuary attendance	0	0	0
35	Tailoring	0	0	0
36	Telephone assistance	0	0	0
37	Statistician/Planning	0	0	0
38	Executive Officer /Account	0	0	0
39	Clerk	0	0	0
40	Accountant	0	0	0
41	Typist	0	0	0
42	Driver	0	0	0

43	Messenger	0	0	0
44	Gardener /security	0	0	0
45	House office	0	0	0
46	Dental therapist interim	0	0	0
47	Laboratory interim	0	0	0
48	Pharmacy interim	0	0	0
49	Clinical psychologist	0	0	0
50	Imaging scientist	0	0	0
51	Contract appointment	0	0	0
52	Physiotherapist	0	0	0
53	Physiotherapist attendance	0	0	0
54	Medical social services	0	0	0
55	Nutrition and dietary	4	68	72
56	Occupational therapist	0	0	0
57	Optometrist	0	0	0
58	Admin /Executive Officer	0	0	0
59	Store and supplies	0	0	0
60	Nurse/ midwives Tutor	0	0	0
61	Auditor	0	0	0
62	Works department /	0	0	0
63	Information communication	0	0	0
64	Environmental	0	0	0
65	Horticulturist	0	0	0
66	Procurement	0	0	0

67	Population off	0	0	0
	Others (specify)	4	573	577
	Total number of staffs	186	2796	2982

Health workforce Attrition

S/N	CADRE	SPHCDA ATTRITION									
		2022			2023(SEPT)			TOTAL RETIRED	TOTAL DEATH	TOTAL LEFT/RESIGNED	SUB TOTAL
		RETIRED	DEATH	LEFT/RESIGNED	RETIRED	DEATH	LEFT/RESIGNED				
1	DOCTOR	0	0	1	0	0	0	0	0	1	1
2	NURSE/MIDWIVES	18	0	0	9	0	0	27	0	0	27
3	CHO	1	0	0	2	0	0	3	0	0	3
4	SCHEW	13	3	1	18	0	0	31	3	1	35
5	JCHEW	1	0	0	4	0	0	5	0	0	5
6	HEALTH INFO MANAGERS	3	0	0	4	0	0	7	0	0	7
7	PHARM TECH	4	0	0	2	0	0	6	0	0	6
8	MED LAB TECH	0	0	0	0	0	0	0	0	0	0
9	DENTAL	5	1	0	4	0	0	9	1	0	10
10	H/ASS	14	1	0	14	0	0	28	1	0	29
11	H/ATT	11	2	0	18	0	0	29	2	0	31
12	H/EDU TECH	0	0	0	1	0	0	1	0	0	1
13	H/TECHNICIAN	3	1	0	1	0	0	4	1	0	5
14	FSO	0	0	0	1	0	0	1	0	0	1
15	SLT	0	0	0	1	0	0	1	0	0	1
16	NUTRITION	1		0	0	0	0	1	0	0	1
17	XRAY	0	0	0	0	0	0	0	0	0	0
	TOTAL	74	8	2	79	0	0	153	8	2	163

Health Workforce Recruitment and Management

A Multi-Year Recruitment Plan for the Ekiti State Primary Health Care (PHC) system is essential to address workforce gaps, improve service delivery, and enhance healthcare access across the state. Below is a structured plan for recruitment over 5 years (2025–2030):




Objectives of the Recruitment Plan

- Strengthen the Primary Health Care workforce across all 16 LGAs.
- Ensure equitable distribution of health workers in rural and underserved areas.
- Improve the availability and quality of healthcare services.
- Align recruitment with state health policies and national PHC guidelines.
- Enhance retention strategies for healthcare workers.

PHC Health Workforce Vacancy Analysis

A key deliverable is the expansion of health coverage for vulnerable populations to increase access to gender-responsive SRMNCH services. The availability of an adequate and competent PHC health workforce is a critical input to achieving gender-responsive SRMNCH service coverage in the state.

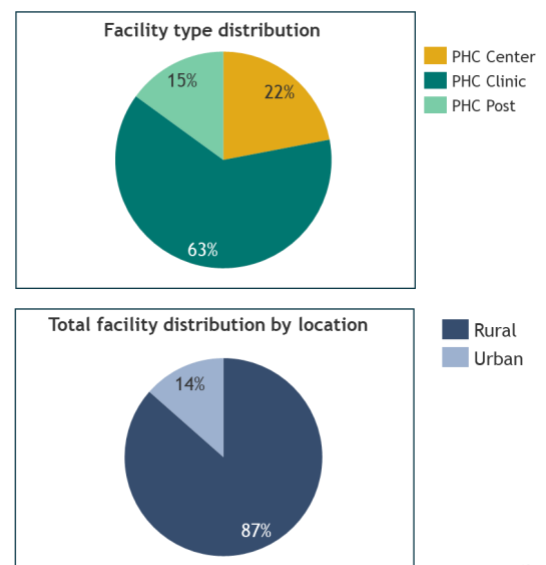
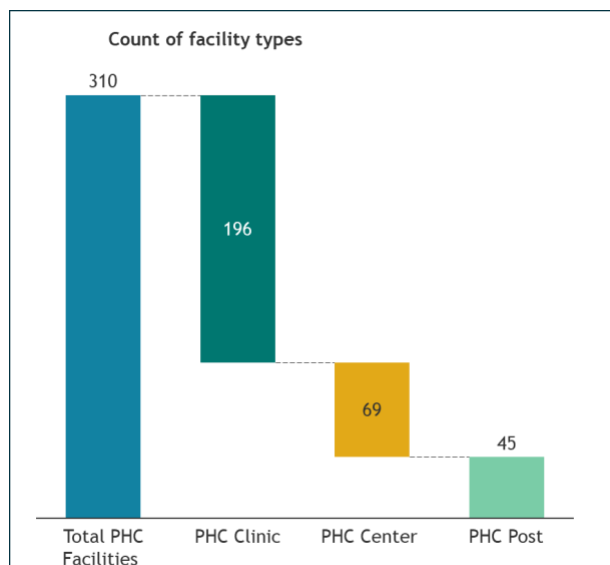
The program conducted a vacancy analysis, quantifying the health workforce gap/surplus in a given location by comparing the current number of HCWs in the health system to the required number stated in the MSP, as shown in figure four below. Subsequently, the program conducted a root cause analysis to determine the problems contributing to the health workforce gaps/surplus.

Facility Type	Description	Minimum Personnel Requirement
Health Post 	<ul style="list-style-type: none"> A health facility domiciled in at the settlement or village level Serves a population of 500 	<ul style="list-style-type: none"> At least one JCHEW
Primary Health Clinic 	<ul style="list-style-type: none"> A health facility that serves a group of villages or communities Serves a population of 2,000-5,000 	<ul style="list-style-type: none"> Nurse/Midwife – 2 CHEW – 2 JCHEW – 4
Primary Health Centre 	<ul style="list-style-type: none"> A health facility that serves a political ward Serves a population of 10,000-20,000 	<ul style="list-style-type: none"> Medical Officer – 1 CHO - 1 Nurse/Midwife – 4 CHEW – 3 Pharmacy technician – 1 JCHEW – 6 Environmental Health Officer – 1 Medical Records Officer – 1 Laboratory technician - 1

MSP requirement for PHC facilities

MSP Cadres		Non-MSP Cadres		
Cadre	Details	Category	Cadre	
Doctor	Doctor	B	Auxiliary Nurse	
Nurse	Nurse		Health Educator	
Midwife	Midwife		Medical Social Worker	
Nurse/Midwife	Nurse/Midwife		Dental Personnel	
CHEW	Community Health Extension worker		Emerging Themes from the database	Nutrition Officer
JCHEW	Junior Community Health Extension Worker			Public Health Officer
CHO	Community Health Officer			Health Assistant
Laboratory Personnel	Laboratory Assistant, Laboratory Technologist, Laboratory Technician, Laboratory Scientist			Health Attendant
Environmental Health Personnel	Environmental Health Assistant, Environmental Technician, Environmental Health Officer, and Environmental Health Technologist			X-ray Technician
Medical Records Personnel	Medical Records Officer, Records officer, Health Records officer, Health Information Officer, Health information technician, Recorder and records, Health Information manager		C Other non-clinical cadres	Administrative staff
Pharmacy Personnel	Pharmacy Technician, Pharmacist, Dispenser and Pharmacy technologist	Others		

MSP cadre segregations

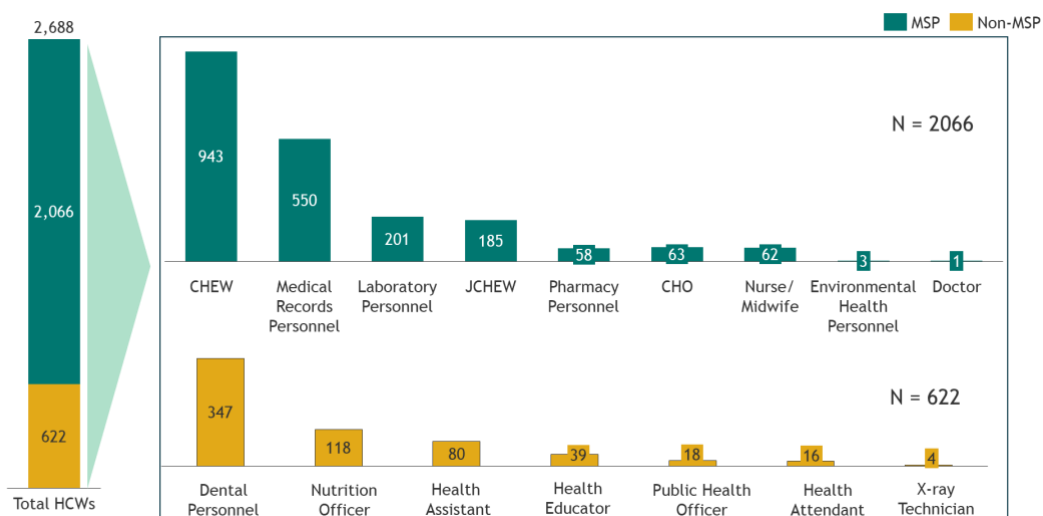


Facility distribution

Availability by Cadres: Community health extension workers (CHEW), medical records personnel, and dental personnel collectively represent 68% (1,827 out of 2,688) of all HCWs within these facilities.

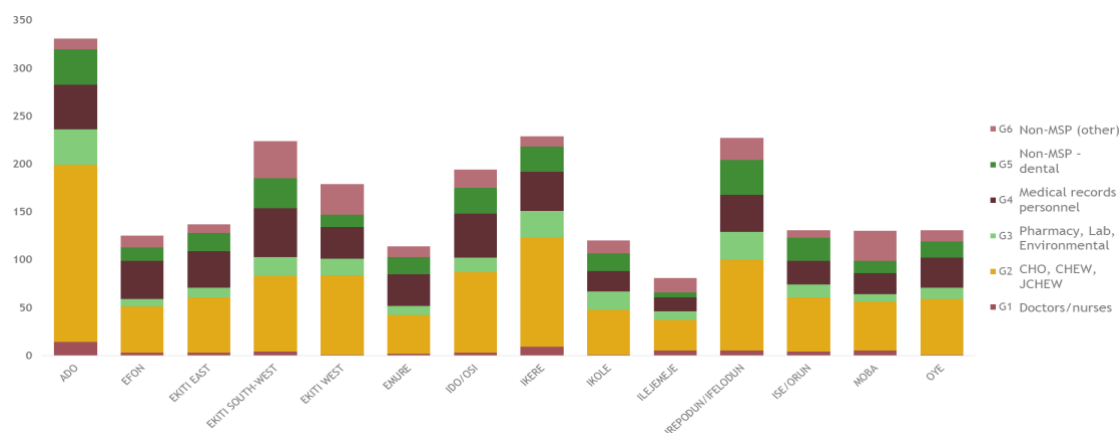
Among the 622 HCWs classified as non-MSP in the state, a disproportionate number are dental personnel at 55%. This disproportion is particularly pronounced at all levels of PHC facilities.

Health Posts employ 27 dental personnel, Primary Health Care Clinics employ 199, and Primary Health Care Centres employ 121, resulting in an overrepresentation of non-MSP cadres.



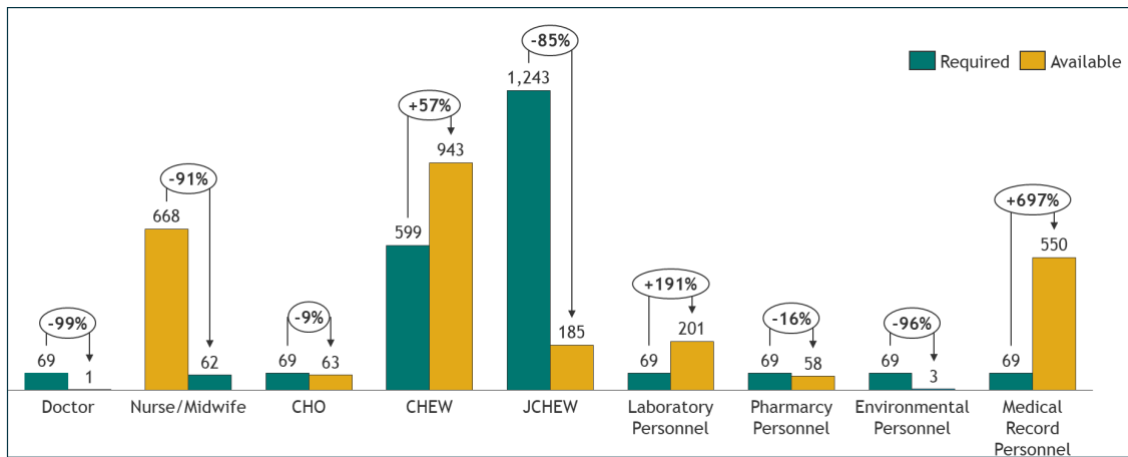
Availability of HCWs by cadres

Distribution by LGA: Findings showed that 12% of the permanent healthcare workforce works in Ado LGA. The remaining portion is dispersed among the other 15 LGAs within the state.



Distribution of HCWs across LGAs

Gap/Surplus by Cadre: Findings show that there is a 91% gap for nurses/midwives, painting a concerning picture of HCWs distribution in the state. Conversely, there's a surplus of 191% for laboratory personnel and a surplus of 697% for medical record personnel.

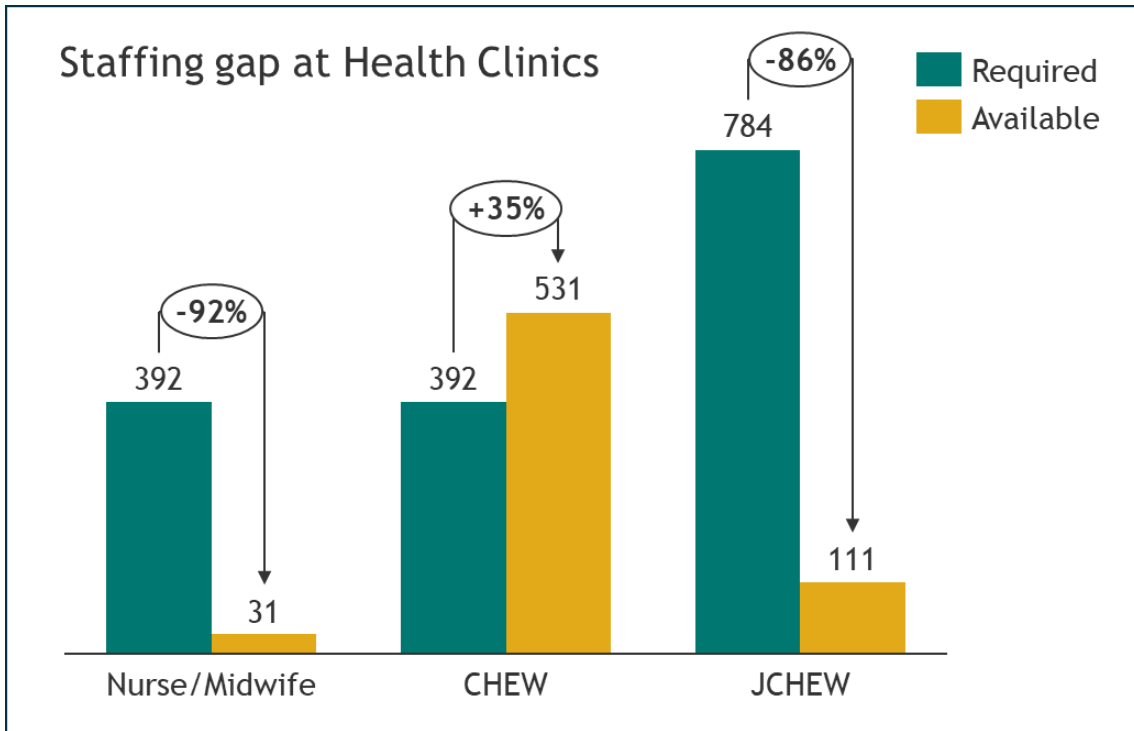


Gap/Surplus of HCWs by cadre

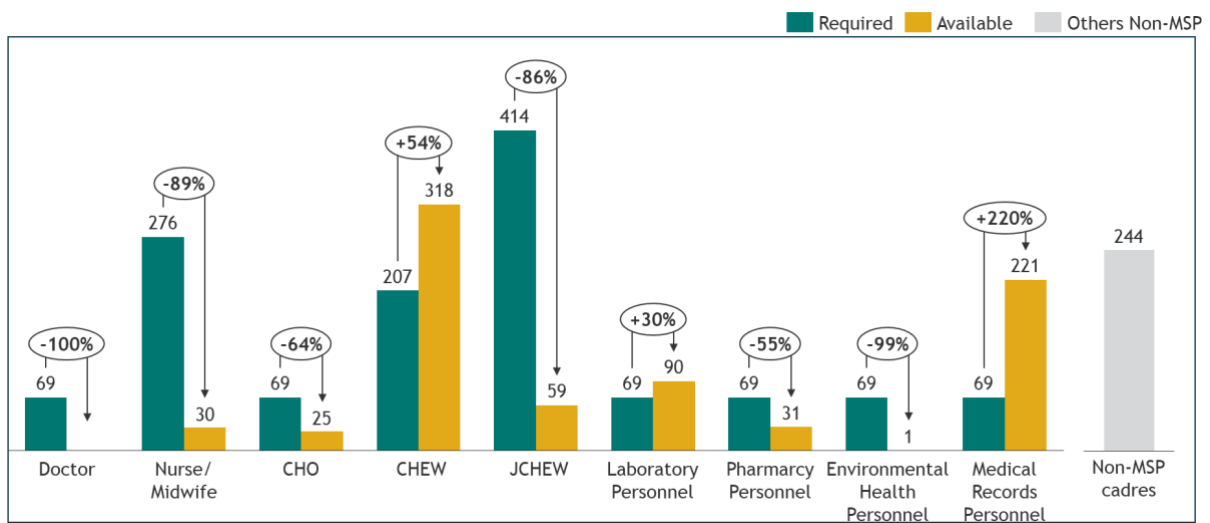
	Doctor	Nurse/ Midwife	CHO	CHEW	JCHEW	Laboratory Personnel	Pharmacy Personnel	Environmental Personnel	Medical Records Personnel
ADO	0%	37%	800%	436%	15%	1300%	550%	0%	2350%
EFON	0%	9%	400%	97%	17%	700%	100%	0%	4000%
EKITI EAST	0%	8%	125%	122%	13%	175%	75%	0%	950%
EKITI SOUTH-WEST	0%	12%	120%	210%	19%	260%	140%	0%	1020%
EKITI WEST	0%	3%	17%	213%	18%	267%	17%	0%	550%
EMURE	0%	6%	0%	123%	3%	800%	100%	100%	3300%
GBONYIN	0%	4%	0%	128%	23%	260%	40%	0%	660%
IDO/OSI	0%	5%	27%	142%	19%	118%	18%	0%	418%
IJERO	0%	2%	40%	113%	22%	180%	60%	0%	700%
IKERE	0%	38%	500%	445%	11%	1050%	350%	0%	2050%
IKOLE	0%	2%	100%	82%	8%	500%	133%	0%	700%
ILEJEMEJE	14%	10%	29%	76%	8%	100%	14%	14%	214%
IREPODUN/IFELODUN	0%	9%	20%	171%	11%	230%	60%	0%	390%
ISE/ORUN	0%	10%	200%	100%	15%	300%	133%	0%	833%
MOBA	0%	15%	100%	122%	15%	200%	150%	50%	1100%
OYE	0%	2%	50%	105%	15%	500%	100%	0%	1550%

% of filled MSP positions by cadres across the LGA

A deeper dive into health workforce statistics at PHC Clinics to understand the distribution of health workers required to provide essential SRMNCH services shows a gap of 86% for nurses/midwives and 65% for CHOs.

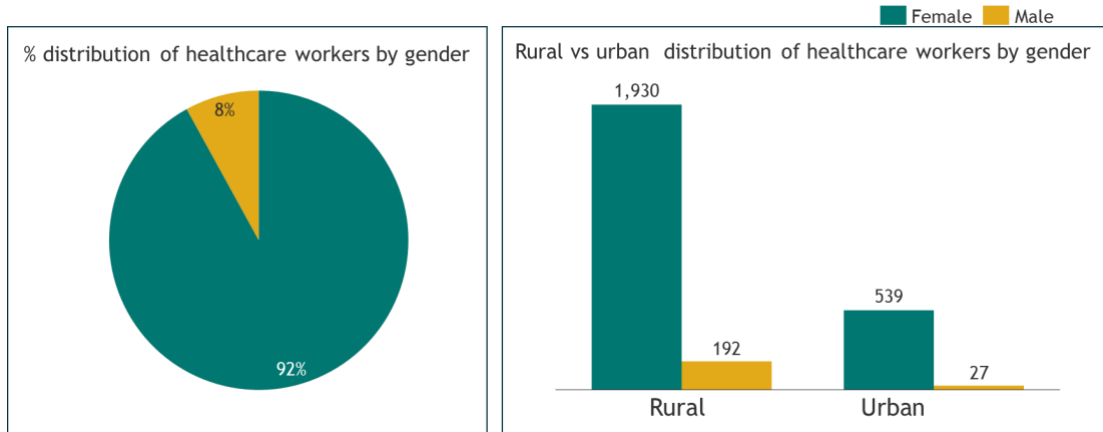


Gap/Surplus by cadre across facility type



Gap/Surplus by cadre across PHC Centers

Gender Distribution: There is a higher proportion of female HCWs compared to male



Rural and Urban gender distribution

Annual Recruitment Plan by Cadre

Year	Total Recruits	Key Cadres	Priority Areas
2025	80	80 skilled birth attendants	PHCs with severe staff shortages (especially in rural LGAs)
2026	100	100 skilled birth attendants	Expand workforce to improve maternal & child health services
2027	100	100 skilled birth attendants	Strengthen immunization & infectious disease control
2028	200	200 skilled birth attendants	Address workforce gaps in secondary & referral PHC facilities
2029	200	200 skilled birth attendants	Universal Health Coverage (UHC) expansion in PHCs
2030	200	200 skilled birth attendants	Full staffing for all PHC facilities in Ekiti State

Recruitment Strategy

- **Budgetary Provisions:** Ensure sustainable financing through state budgets, donor funding, and health insurance schemes.
- **Partnerships:** Collaborate with the Federal Government, WHO, UNICEF, and NGOs to co-fund recruitment.
- **Local Recruitment:** Prioritize hiring health workers from Ekiti State to improve retention.
- **Decentralized Hiring:** LGA-level recruitment to ensure staffing in rural PHCs.
- **Fast-track Recruitment for Critical Staff:** Immediate employment for Doctors, midwives, nurses, and CHOs in high-need areas.

Retention and Capacity Building

- **Attractive Remuneration:** Competitive salaries and benefits.
- **Incentives for Rural Postings:** Hardship allowances, housing, and career progression.
- **Training & Capacity Development:** Continuous professional education and workshops.
- **Career Progression Pathways:** Promotions and postgraduate training support.

Monitoring and Evaluation

- Establish a Human Resource Management Information System (HRMIS) for real-time workforce tracking.
- Conduct bi-annual workforce assessments to review progress.
- Adjust recruitment targets based on healthcare demand and budgetary realities.

Key next steps

The following are recommended to drive the implementation of the co-creation interventions and ensure a robust and sustainable health workforce in the state, particularly within Primary Health Care facilities.

1. Establish the Human Resources for the Health Technical Working Group (Health Workforce TWG) and conduct capacity building for health workforce managers in the state.
2. Develop a comprehensive Human Resources for Health (Health workforce) Strategic Plan and Policy for the state.
3. Conduct advocacy for increased recruitment of health care workers for Primary Health Care (PHC) facilities and
4. Update the Primary Health Care Information System (PHCIS) for Ekiti State and develop a health workforce registry.

Conclusion

The Human Resources Mapping and Recruitment Plan for Ekiti State Primary Health Care (PHC) system is a strategic initiative to address workforce shortages, improve healthcare service delivery, and ensure equitable distribution of health personnel across all 16 LGAs.

Through comprehensive workforce mapping, the state can identify existing gaps, project future needs, and align recruitment efforts with service demands. The proposed multi-year recruitment plan (2025–2030) ensures a gradual and sustainable expansion of the PHC workforce, prioritizing nurses, midwives, CHEWs, CHOs, and laboratory scientists—critical to strengthening maternal and child health services, disease control, and universal health coverage (UHC) implementation.

To achieve success, the plan must be backed by adequate funding, partnerships with key stakeholders, and robust retention strategies, including improved welfare packages, career development opportunities, and incentives for rural postings. A Human Resource Management

Information System (HRMIS) will also be essential for continuous monitoring, evaluation, and policy adjustments.

By implementing this structured HR mapping and recruitment plan, Ekiti State will move closer to achieving a resilient, well-staffed, and efficient PHC system, ultimately improving health outcomes for its population and contributing to Nigeria's overall goal of universal healthcare access.