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PRIMARY HEALTH CARE DEVELOPMENT AGENCY

YEAR ZERO HOPE PHC BASELINE MAPPING REPORT

Primary Health Care Workforce Gap Analysis, Recruitment Plan and Costing

Prepared for: HOPE-GOV Programme

February 2025

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List of Acronyms

HIMO	Health Information Management Officer
HOPE-GOV	Human Capital Opportunities for Prosperity and Equity-Governance
HOPE-PHC	Human Capital Opportunities for Prosperity and Equity-Primary Health Care
HRH	Human Resources for Health
HP	Health Post
IVA	Independent Verification Agent
JCHEW	Junior Community Health Extension Worker
LGA	Government Area
LGHA	Local Government Health Authority
BEmONC	Basic Emergency Obstetric and Newborn Care
BHCPF	Basic Health Care Provision Fund
CHAI	Clinton Health Access Initiative
CHEW	Community Health Extension Worker
CHO	Community Health Officer
DLI	Disbursement Linked Indicator
FSO	Food Scientific Officer
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MSP	Minimum Service Package
NPHCDA	National Primary Health Care Development Agency
NPHC-IS	National Primary Health Care Information System
PHC	Primary Health Care
PHCC	Primary Health Care Centre
RCA	Root Cause Analysis
SCHEW	Senior Community Health Extension Worker
SPHCDA	State Primary Health Care Development Agency
HMO	Health Management Organization (if mentioned)
KPI	Key Performance Indicator

PHCUOR	Primary Health Care Under One Roof
WHO	World Health Organization

FOREWORD

The health and wellbeing of our citizens sit at the very centre of Ekiti State's development agenda. Primary Health Care is the cornerstone of our health system — the first point of contact for millions of residents across our urban and rural communities — and the Ekiti State Government has remained steadfast in its commitment to strengthening it. Central to that commitment is investing in the workforce that delivers it.

In recognition of this, the Ministry of Health and Human Services, working in close collaboration with the State Primary Health Care Development Agency, commissioned this baseline mapping exercise to establish a clear, evidence-based picture of our PHC workforce. The result is a report that is both timely and actionable — one that reflects the State's commitment to transparency, evidence-led planning, and accountability in health sector governance. The report documents the current staffing position across our 324 PHC facilities, benchmarks it against the National Primary Health Care Development Agency (NPHCDA) minimum standards, and projects future workforce requirements considering anticipated retirements and population growth. Where gaps exist, this report names them clearly, because addressing them begins with understanding them. These findings will directly inform the development of a costed, multi-year recruitment and deployment strategy that is equitable, sustainable, and built around the needs of our communities.

I take this opportunity to acknowledge the extraordinary dedication of our frontline health workers, who continue to serve communities across Ekiti State with professionalism and commitment — often under demanding conditions. It is precisely because of their service that the State Government is determined to give them the support, resources, and workforce environment they deserve.

As Commissioner for Health, I affirm that the findings of this report will be translated into concrete action. Ekiti State will ensure that workforce recruitment costs are captured in each subsequent annual budget, and that adequate provisions are made for continuous training, professional development, and strategic redeployment. Our goal is unambiguous: a PHC system that meets national and global standards, and that ensures every ward in Ekiti State has access to quality, well-staffed health services

Dr Oyebanji Filani
Honorable Commissioner for Health
Ekiti State Ministry of Health and Human Services

ACKNOWLEDGEMENT

On behalf of the Ekiti State Primary Health Care Development Agency, I wish to extend my deepest gratitude to all who contributed to the successful completion of this baseline mapping exercise of primary health care workers in our State, most especially the Director Planning and Research and Statistic Department (DPR&S SPHCDA). This report is the product of collective effort, and it reflects the commitment of many institutions and individuals to strengthening our health system.

We are especially grateful to the Ekiti State Ministry of Health and Human Services for their leadership and technical guidance throughout the process.

Special appreciation goes to all the health personnels that contributed and support toward the successful completion of the baseline mapping exercise.

Finally, I commend the resilience and dedication of our frontline health workers, who continue to serve the people of Ekiti State despite resource constraints and security challenges. This report is dedicated to them, and it is our hope that the recommendations herein will translate into tangible improvements in their working conditions and in the quality of care delivered to our communities.

Dr Akintunde Ogunsakin

Executive Secretary

Ekiti State Primary Healthcare Development Agency

EXECUTIVE SUMMARY

The Ekiti State Primary Health Care Development Agency (SPHCDA) conducted a comprehensive Primary Health Care (PHC) Workforce Baseline Mapping across all public PHC facilities in the State under the HOPE-GOV Programme. The exercise was undertaken to establish a reliable baseline for health workforce planning, identify staffing gaps, develop a phased recruitment plan, and estimate the financial resources required to strengthen service delivery within the PHC system.

The assessment covered a total PHC workforce of **3,588 personnel** and **324** public PHC facilities across the 16 Local Government Areas (LGAs) of Ekiti State across **177** wards, serving an estimated population of **4,258,527** people. Workforce information was extracted from the National Primary Health Care - Information System (NPHC-IS), validated through the Local Government Human Resource for Health Focal Persons, and reviewed by the State Primary Health Care Development Agency.

The assessment identified a total PHC workforce of **3,588** personnel across all cadres. However, the workforce gap analysis and recruitment plan focused on selected priority demand cadres, which comprised **2,264** personnel currently available. When compared with the Minimum Service Package (MSP) requirement of 6,898 positions for these selected cadres, this revealed a workforce gap of **4,634** health workers requiring phased recruitment between **2025 and 2028**.

To address these shortages, a phased recruitment plan covering **2025–2028** was developed. The proposed strategy prioritizes frontline service providers while taking into account the State Government's fiscal capacity and long-term sustainability. A costing analysis was also undertaken to estimate the financial implications of implementing the recruitment plan over the four-year period.

Implementation of the recommendations contained in this report will significantly improve staffing levels, strengthen service delivery, increase access to quality primary health care services, improve maternal and child health outcomes, and enhance emergency preparedness and disease surveillance throughout Ekiti State.

1.0 INTRODUCTION

The HOPE-GOV Programme is a Government of Nigeria initiative supported by development partners to strengthen governance, financing, and service delivery across the health sector. One of the major requirements of the programme is the conduct of a comprehensive baseline assessment of the Primary Health Care workforce.

The baseline mapping provides evidence for strategic workforce planning by determining the availability, distribution, and adequacy of health workers across all public PHC facilities in Ekiti State. The findings will serve as the official reference for monitoring implementation progress and validating performance under the Independent Verification Agent (IVA) assessment framework.

This document outlines a comprehensive strategy to address Ekiti's critical health workforce issues, particularly within the public Primary Health Care (PHC) system. The NPHCDA in collaboration with the Clinton Health Access Initiative (CHAI) conducted vacancy analysis in 2023 and root cause analysis in 2024 as the basis for which the PHCDA could use to conduct its recruitment exercise and 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. The root cause analysis (RCA) identified the drivers of poor PHC workforce and developed recommendations to optimize the health workforce.

1.1. BACKGROUND

The Health Sector Renewal Investment Initiative, implemented through the HOPE-GOV Programme, aims to improve governance, financing, and service delivery within Nigeria's health sector. One of its strategic priorities is strengthening Primary Health Care (PHC) systems by ensuring the availability of an adequate, competent, and equitably distributed health workforce.

In line with this objective, the Ekiti State Primary Health Care Development Agency (SPHCDA) conducted a comprehensive PHC Workforce Baseline Mapping exercise to assess the current workforce situation across all public PHC facilities in the State. The exercise provides evidence for strategic workforce planning, equitable deployment of health workers, recruitment planning, budgeting, and performance monitoring.

The baseline mapping also serves as the official reference for measuring progress under the HOPE-GOV Programme and forms part of the evidence required for verification by the Independent Verification Agent (IVA).

The findings contained in this report will guide government policy decisions regarding recruitment, deployment, capacity development, workforce financing, and health sector reforms aimed at strengthening Primary Health Care service delivery throughout Ekiti State.

Dashboard Summary (Executive Dashboard)

Key Performance Indicators (KPIs)	
Indicator	**Result**
Total LGAs Covered	16
Total Number of Wards	177
Total Number of Population	4,258,527
Total Public PHC Facilities Mapped	324
MSP Requirement (Selected Demand Cadres)	6,898
Total PHC workforce (All Cadre)	3,588
Selected Demand Cadres Available for Workforce Gap Analysis	2,264
Workforce Gap (Selected Demand Cadres)	4,634
Workforce Gap (%)	67.17%
Recruitment Target – 2025	697
Recruitment Target – 2026	1,854
Recruitment Target – 2027	1,159
Recruitment Target – 2028	927
Total Recruitment Target (2025–2028)	4,634
Remaining Target	0
Total Recruitment Cost	199,607,597,418
Recruitment Period	2025 - 2028

2.0 METHODOLOGY

The baseline mapping adopted a descriptive cross-sectional assessment design using quantitative data collected from the National Primary Health Care Information System (NPHCIS) and validated through Local Government Human Resource for Health (HRH) focal persons across the sixteen (16) LGAs.

The assessment covered all public Primary Health Care facilities operating within Ekiti State.

2.1 Data Sources

The assessment utilized data from the following sources:

- National Primary Health Care Information System (NPHC-IS)
- Ekiti State PHC Human Resource Database
- Local Government HRH records
- Facility personnel nominal rolls
- Population estimates for 2025

2.2 Data Collection and Validation

Data were compiled from all public PHC facilities and validated through the Human Resource for Health Focal Persons in each LGA. The validation process included verification of staff numbers by cadre, confirmation of deployment locations, removal of duplicate records, and reconciliation of inconsistencies.

2.3 Data Analysis

Data were analyzed using Microsoft Excel. Staffing levels were compared with the National Minimum Service Package staffing norms to determine workforce requirements and identify staffing gaps. The analysis included:

- Workforce distribution by cadre
- Workforce Distribution by facilities and cadre
- Workforce distribution by LGA
- Gap analysis
- Recruitment projections
- Cost estimation
- Trend analysis

The assessment adopted a descriptive cross-sectional approach using both quantitative and qualitative methods.

3.0 SCOPE OF THE ASSESSMENT

The assessment covered all 324 Public Primary Health Care facilities distributed across the 16 Local Government Areas of Ekiti State.

The cadres assessed included:

- Medical Officers
- Nurses/Midwives
- Community Health Officers (CHOs)
- Senior Community Health Extension Workers (SCHEWs)
- Junior Community Health Extension Workers (JCHEWs)
- Pharmacy Technicians
- Medical Laboratory Technicians
- Health Educators
- Medical Records Technician
- Nutrition Officers
- Health Assistants
- Health Attendants
- Medical Laboratory Scientists
- Health Information Management Officer
- Security Personnel
- Other support staff

The assessment also considered the distribution of staff between urban and rural facilities to identify inequities in workforce allocation.

Table 1: Workforce Distribution by LGA by Cadre

s/n	LGA	Urban and Rural	Ward	Total Population of the District - 2025	Number of Health Facility	Cadre																			Grand Total
						SCIENCE LAB TECHNOLOGY	CHO	DENTAL TECHNICIAN	FSO	H/EDU TECHNICIAN	HEALTH ASST	HEALTH ATT	HEALTH EDUCATOR	JCHEW	MEDICAL DOCTOR	MEDICAL LAB TECHNICIAN	MEDICAL RECORD TECHNICIAN	MEDICAL RECORDS ASST	NURSING	NUTRITION OFFICER	NUTRITION TECHNICIAN	PHARMACY TECH	SCHEW	X-RAY TECH	
1	Ado	Urban	13	551,238	26	19	22	39	7	2	25	9	3	9	1	9	56	0	8	0	0	8	158	2	**377**
2	Aiyekire	Rural	10	155,289	20	9	8	30	4	1	26	52	1	15	0	5	37	0	2	0	2	2	54	0	**248**
3	Efon	Rural	10	246,407	19	4	5	14	2	0	26	18	1	10	0	2	43	0	2	0	1	1	30	1	**160**
4	Ekiti East	Rural	12	295,207	16	2	6	19	0	0	17	56	1	8	0	6	38	0	0	0	5	2	42	0	**202**
5	Ekiti S west	Rural	11	321,311	21	7	13	36	8	0	49	17	2	6	0	4	73	0	2	2	5	7	57	3	**291**
6	Ekiti West	Rural	11	167,690	28	12	2	12	3	1	31	29	0	4	1	3	43	0	2	0	9	4	69	1	**226**
7	Emure	Rural	10	264,693	14	5	1	12	2	3	17	22	0	3	1	4	33	1	2	0	8	1	37	1	**153**
8	Ido Osi	Rural	11	284,199	18	4	4	21	5	5	25	49	0	7	1	3	54	0	4	3	0	3	66	2	**256**
9	Ijero	Rural	12	395,459	30	4	5	23	2	0	40	72	0	24	1	7	47	1	3	0	8	3	63	1	**304**
10	Ikere	Urban	11	263,197	19	17	16	25	7	0	34	15	1	5	1	6	52	0	5	0	2	6	104	3	**299**
11	Ikole	Rural	12	300,849	23	6	4	21	3	4	14	29	2	8	1	8	36	0	1	0	7	3	36	0	**183**
12	Ilejemeje	Rural	10	77,751	13	2	2	4	0	7	3	16	0	4	0	7	18	0	2	0	2	2	19	0	**88**
13	Ire/Ife	Rural	11	230,677	21	14	9	32	4	1	31	18	0	11	1	5	45	1	4	1	10	6	77	3	**273**
14	Ise Orun	Rural	11	203,179	18	7	4	26	2	0	33	11	1	10	0	1	26	0	2	0	3	3	35	0	**164**
15	Moba	Rural	10	261,662	18	7	3	11	1	8	13	44	1	6	0	4	30	0	4	0	2	3	43	0	**180**
16	Oye	Rural	12	239,718	20	8	8	15	2	6	28	25	0	7	0	6	30	0	2	0	2	5	39	1	**184**
Grand Total			**177**	**4,258,527**	**324**	**127**	**112**	**340**	**52**	**38**	**412**	**482**	**13**	**137**	**8**	**80**	**661**	**3**	**45**	**6**	**66**	**59**	**929**	**18**	**3588**

Source: Ekiti State February 2025 Human Resource for Health Profile

4.0 BASELINE FINDINGS

4.1 Overview of Primary Health Care Facilities

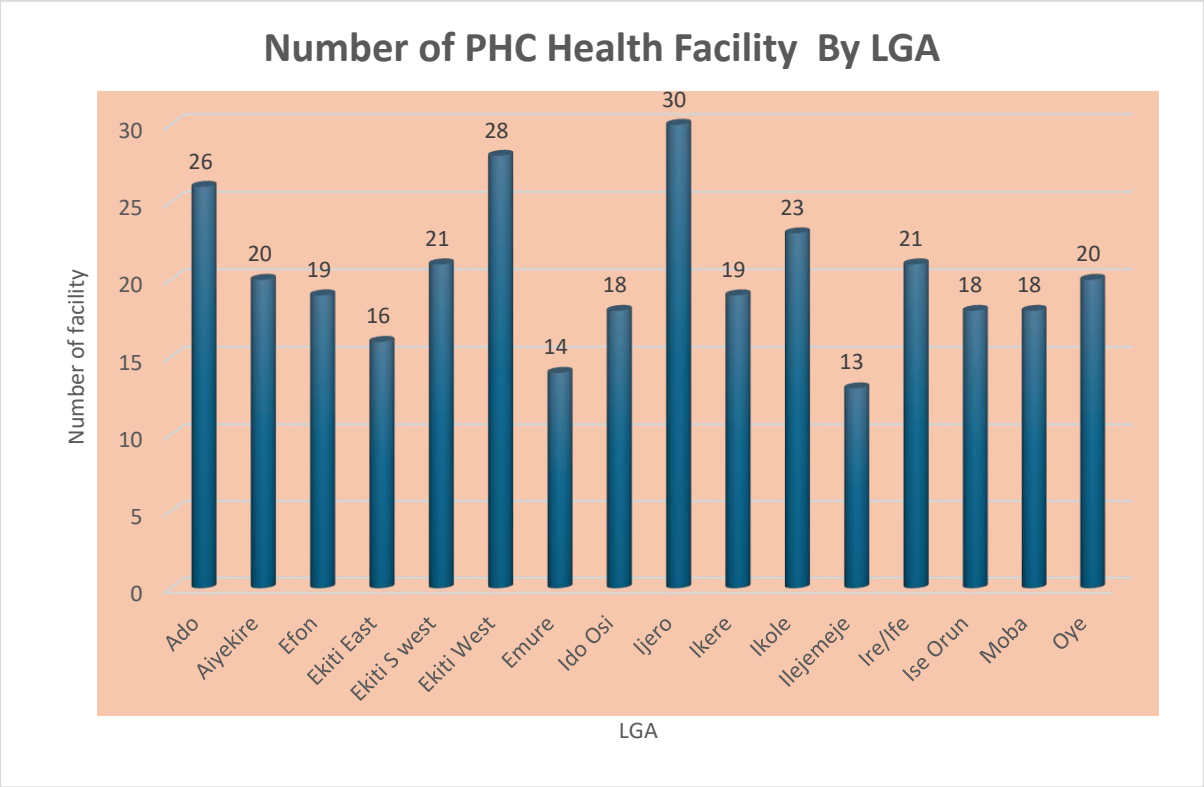
The assessment identified a total of 324 public Primary Health Care facilities distributed across the sixteen Local Government Areas of Ekiti State. These facilities comprise Primary Health Care Centres (PHCCs), Primary Health Clinics (PHCs), Health Posts (HPs), The facilities serve an estimated population of 4,258,527 people with total number of 177 wards across the 16LGAs in the State.

4.2 Health Facility Density in Ekiti State

Health facility density measures the availability of health infrastructure by estimating the number of public health facilities per 10,000 population. It is a key proxy for assessing access to essential outpatient healthcare services within a population. In 2025, Ekiti State is projected to have a population of approximately 4.3 million. With 324 government-owned operational health facilities spread

across its 16 Local Government Areas (LGAs), the state's health facility density is estimated at 0.8 per 10,000 population. This implies that, on average, one health facility serves about 12,500 residents.

Figure 1: Chart showing Number PHC Health Facility per LGAs



Source: Ekiti State February 2025 Human Resource for Health Profile

Out of the total 324 government-owned operational health facilities, approximately 279 facilities (86%) are situated in rural communities, while 45 facilities (14%) are in urban centers. As illustrated in Figure 3, Ekiti Westl and Ijero have the highest number of PHC facilities among the Rural LGAs, with 30 and 28 facilities, respectively. In addition, Ado, also show a relatively higher concentration of facilities within their urban areas. Furthermore, the rural–urban distribution provides critical insights for effective workforce allocation, logistics planning, and the design of targeted community outreach strategies across the state.

Table 2: Distribution of Public PHC Facilities by LGA

S/N	LGA	Urban and Rural	Number of Health Facility per LGA	Number Ward per LGA	Total Population of 2025
1	Ado	Urban	26	13	551,238
2	Aiyekire	Rural	20	10	155,289
3	Efon	Rural	19	10	246,407
4	Ekiti East	Rural	16	12	295,207
5	Ekiti S west	Rural	21	11	321,311
6	Ekiti West	Rural	28	11	167,690
7	Emure	Rural	14	10	264,693
8	Ido Osi	Rural	18	11	284,199
9	Ijero	Rural	30	12	395,459
10	Ikere	Urban	19	11	263,197
11	Ikole	Rural	23	12	300,849
12	Ilejemeje	Rural	13	10	77,751
13	Ire/Ife	Rural	21	11	230,677
14	Ise Orun	Rural	18	11	203,179
15	Moba	Rural	18	10	261,662
16	Oye	Rural	20	12	239,718
Grand Total			**324**	**177**	**4,258,527**

Source: Ekiti State February 2025 Human Resource for Health Profile

The assessment indicates that most PHC facilities are located in rural LGAs, reflecting the predominantly rural nature of health service delivery in Ekiti State. This distribution underscores the need for equitable deployment of skilled health workers to underserved communities to ensure universal access to quality primary health care services. *Source: Ekiti State NPHC-IS, February 2025.*

Table 3: Distribution of Existing Primary Health Care Workforce by Cadre (February 2025)

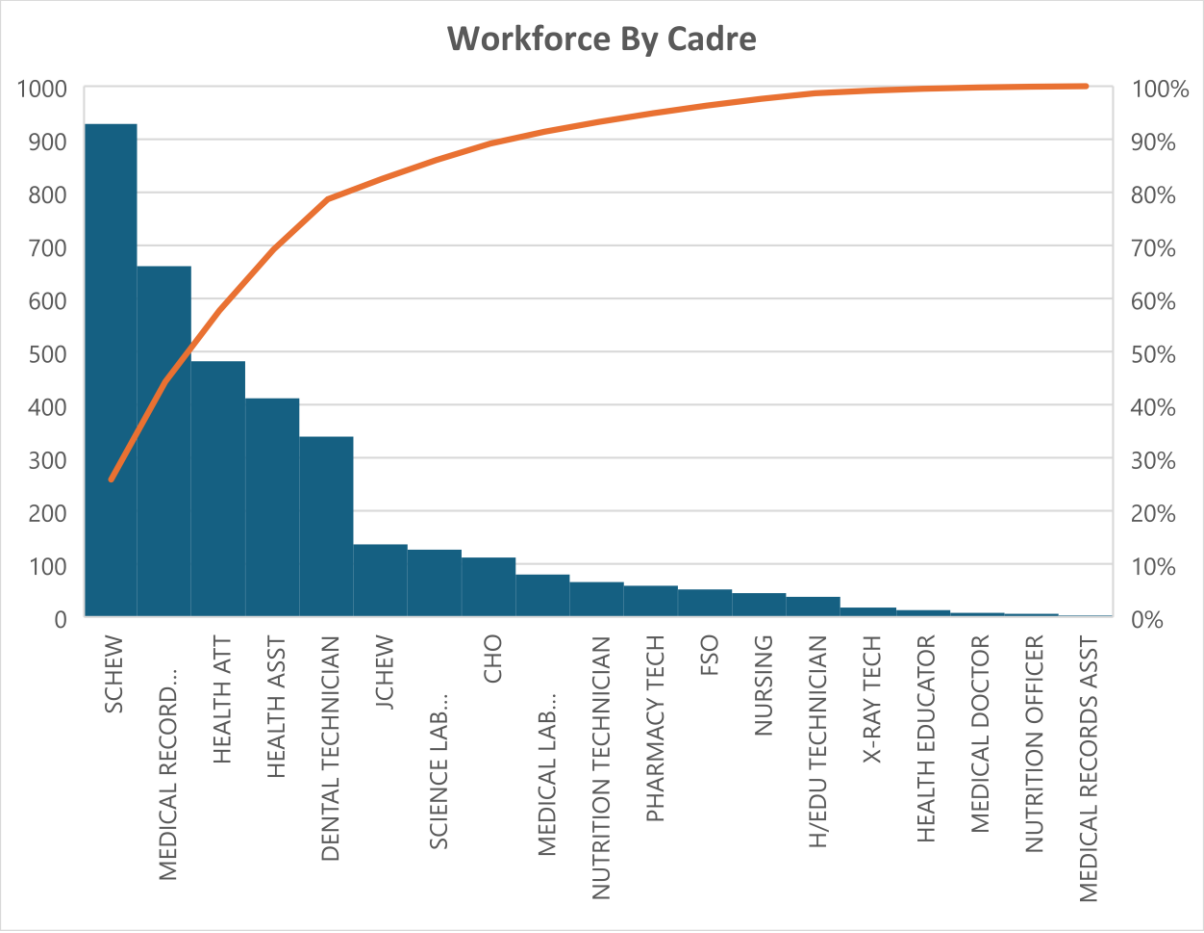
Cadre	Number Available	Percentage of Total Workforce (%)
Medical Doctor	8	0.22
Nurses/Midwives	45	1.25
Community Health Officers (CHO)	112	3.12
Senior Community Health Extension Workers (SCHEW)	929	25.89
Junior Community Health Extension Workers (JCHEW)	137	3.82
Pharmacy Technicians	59	1.64
Medical Laboratory Technicians	80	2.23
Medical Records Technicians	661	18.42
Health Educators	13	0.36
Health Assistants	412	11.48
Health Attendants	482	13.43
Nutrition Officers	6	0.17
Nutrition Technicians	66	1.84
Dental Technicians	340	9.48
Medical Records assistants	3	0.08
X-Ray Technicians	18	0.50
Science Laboratory Technologists	127	3.54
FSOs	52	1.45
Education Technicians	38	1.06
Pharmacists	0	0.00
Medical Laboratory Scientists	0	0.00
Health Information Officers	0	0.00
Security Personnel	0	0.00
All Cadres	**3588**	**100.00**

Source: Ekiti State February 2025 Human Resource for Health Profile

Table 3 shows that the PHC workforce in Ekiti State is predominantly composed of Senior Community Health Extension Workers (25.89%), followed by Medical Records Technician (18.42%), Health Attendants (13.43%), and Health Assistants (11.48%). These frontline cadres form the backbone of service delivery at Primary Health Care facilities.

Conversely, 2,264 are the number of health workforce selected for availability of highly specialized personnel—including Medical Doctors, Pharmacy Technicians, Medical Laboratory Technicians, and others —is relatively low. This imbalance indicates a continued reliance on community-based health workers and highlights critical shortages that may affect the quality and comprehensiveness of PHC services provided, particularly emergency obstetric care, laboratory diagnostics, pharmaceutical services, and referral care.

Figure 2: Chart showing Number PHC Workforce Distribution by Cadre



Source: Ekiti State February 2025 Human Resource for Health Profile

5.0. WORKFORCE GAP ANALYSIS

The workforce gap analysis was conducted using selected priority demand cadres identified under the Minimum Service Package (MSP). Of the total PHC

workforce of 3,588 personnel, 2,264 belong to the selected demand cadres included in the recruitment analysis. Compared with the MSP requirement of 6,898 positions, this results in a staffing gap of 4,634 health workers.

Comparison of the available workforce with the National Minimum Service Package revealed an overall staffing requirement of **6,898** health workers.

Only 2,264 personnel in the selected demand cadres were available for workforce gap analysis. leaving a workforce gap of 4,634 positions.

The highest shortages were observed among:

- Nurses and Midwives
- Medical Officers
- Pharmacy Technicians
- Medical Laboratory Technicians
- Community Health Officers
- Junior CHEWs
- Health Assistants
- Health Attendants
- Health Information Officers
- Medical Laboratory Scientists

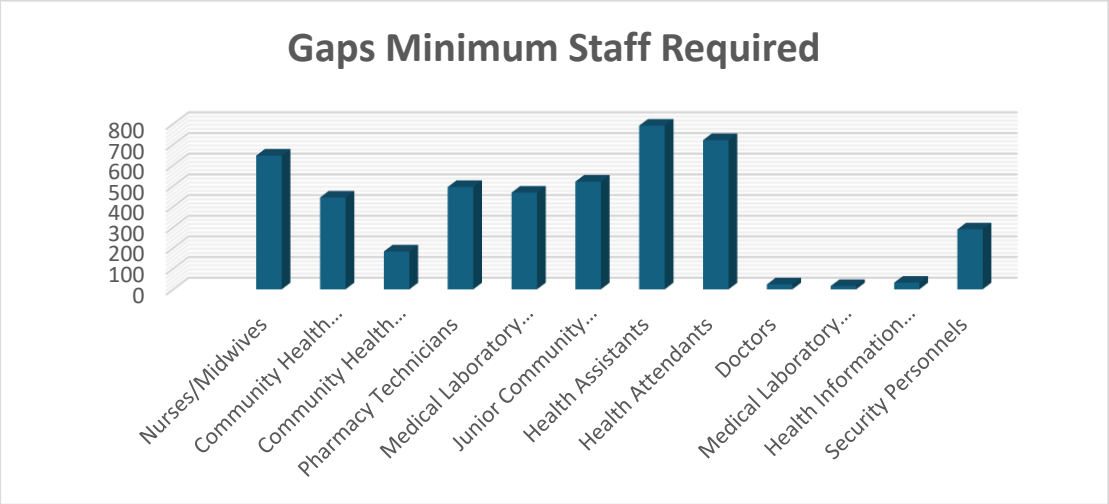
These shortages continue to increase workload among existing personnel and reduce access to quality primary health care services, particularly in rural communities.

Table 4: Gaps Demand for Recruitment

Cadre	Gaps Minimum Staff Required
Nurses/Midwives	647
Community Health Officers	444
Community Health Extension Workers	183
Pharmacy Technicians	495
Medical Laboratory Technicians	468
Junior Community Health Extension Workers	521
Health Assistants	792
Health Attendants	722
Doctors	24
Medical Laboratory Scientists	16
Health Information Officers	32
Security Personnels	290
Total	**4634**

Source: Ekiti State February 2025 Human Resource for Health Profile

Figure 3: Chart showing Number of Gaps



Source: Ekiti State February 2025 Human Resource for Health Profile

6.0 RECRUITMENT PLAN (2025–2028)

A phased recruitment strategy was developed to progressively address the identified workforce gaps.

The recruitment plan proposes annual recruitment targets distributed over four years based on priority needs and available fiscal space.

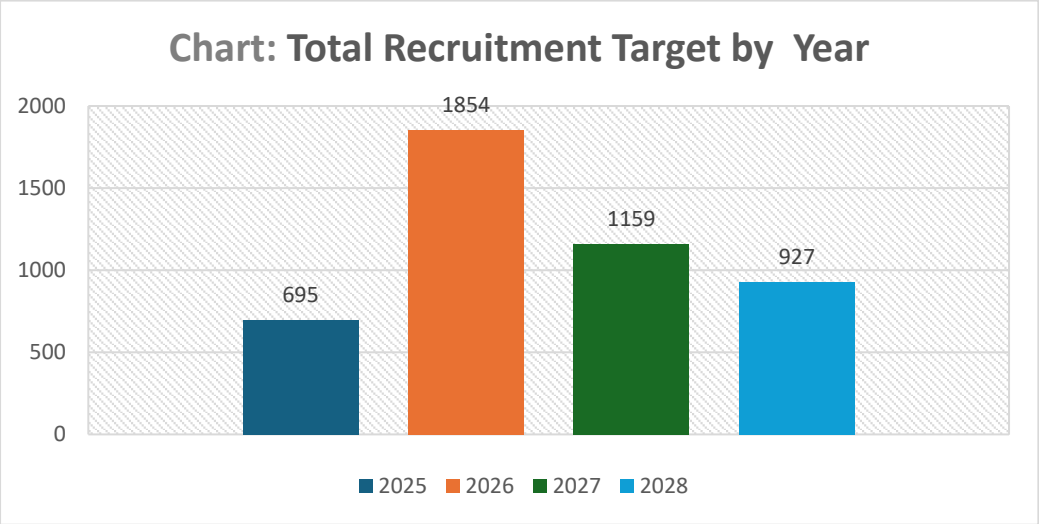
Priority will be given to frontline cadres whose services have the greatest impact on primary health care delivery.

Table 5: Gaps Analysis and Recruitment Plan

Ek_PHC_Gaps Analysis and Recruitment Plan											
Facility Types	Cadre	Gap					Recruitment Plan				
		Standard Requirement (MSP)	Number of Facility	Number of staff require	Number of staff available	Gaps Minimum Staff	Recruiment Target Year 2025	Recruiment Target Year 2026	Recruiment Target Year 2027	Recruiment Target Year 2028	Gaps Remaining
PHCC (Primary Health Care Centre)	Nurses/Midwives	4	68	272	25	247	37	99	62	49	0
PHCC (Primary Health Care Centre)	Community Health Officers	2	68	136	26	110	17	44	28	22	0
PHCC (Primary Health Care Centre)	Community Health Extension Workers	4	68	272	308	36	5	14	9	7	0
PHCC (Primary Health Care Centre)	Pharmacy Technicians	2	68	136	41	95	14	38	24	19	0
PHCC (Primary Health Care Centre)	Medical Laboratory Technicians	2	68	136	49	87	13	35	22	17	0
PHCC (Primary Health Care Centre)	Junior Community Health Extension Workers	2	68	136	45	91	14	36	23	18	0
PHCC (Primary Health Care Centre)	Health Assistants	4	68	272	150	122	18	49	31	24	0
PHCC (Primary Health Care Centre)	Health Attendants	4	68	272	168	104	16	42	26	21	0
PHC (Primary Health Clinic)	Nurses/Midwives	2	210	420	20	400	60	160	100	80	0
PHC (Primary Health Clinic)	Community Health Officers	2	210	420	86	334	50	134	84	67	0
PHC (Primary Health Clinic)	Community Health Extension Workers	4	210	840	621	219	33	88	55	44	0
PHC (Primary Health Clinic)	Pharmacy Technicians	2	210	420	20	400	60	160	100	80	0
PHC (Primary Health Clinic)	Medical Laboratory Technicians	2	210	420	39	381	57	152	95	76	0
PHC (Primary Health Clinic)	Junior Community Health Extension Workers	2	210	420	72	348	52	139	87	70	0
PHC (Primary Health Clinic)	Health Assistants	4	210	840	248	592	89	237	148	118	0
PHC (Primary Health Clinic)	Health Attendants	4	210	840	298	542	81	217	136	108	0
HP (Health Post)	Junior Community Health Extension Workers	2	46	92	10	82	12	33	21	16	0
HP (Health Post)	Health Assistants	2	46	92	14	78	12	31	20	16	0
HP (Health Post)	Health Attendants	2	46	92	16	76	11	30	19	15	0
LGHA	Doctors	2	16	32	8	24	4	10	6	5	0
LGHA	Medical Laboratory Scientists	1	16	16	0	16	2	6	4	3	0
LGHA	Health Information Officers	2	16	32	0	32	5	13	8	6	0
BEmONC PHC	Security Personnels	1	290	290	0	290	44	116	73	58	0
Total				6898	2,264	4634	695	1854	1159	927	0

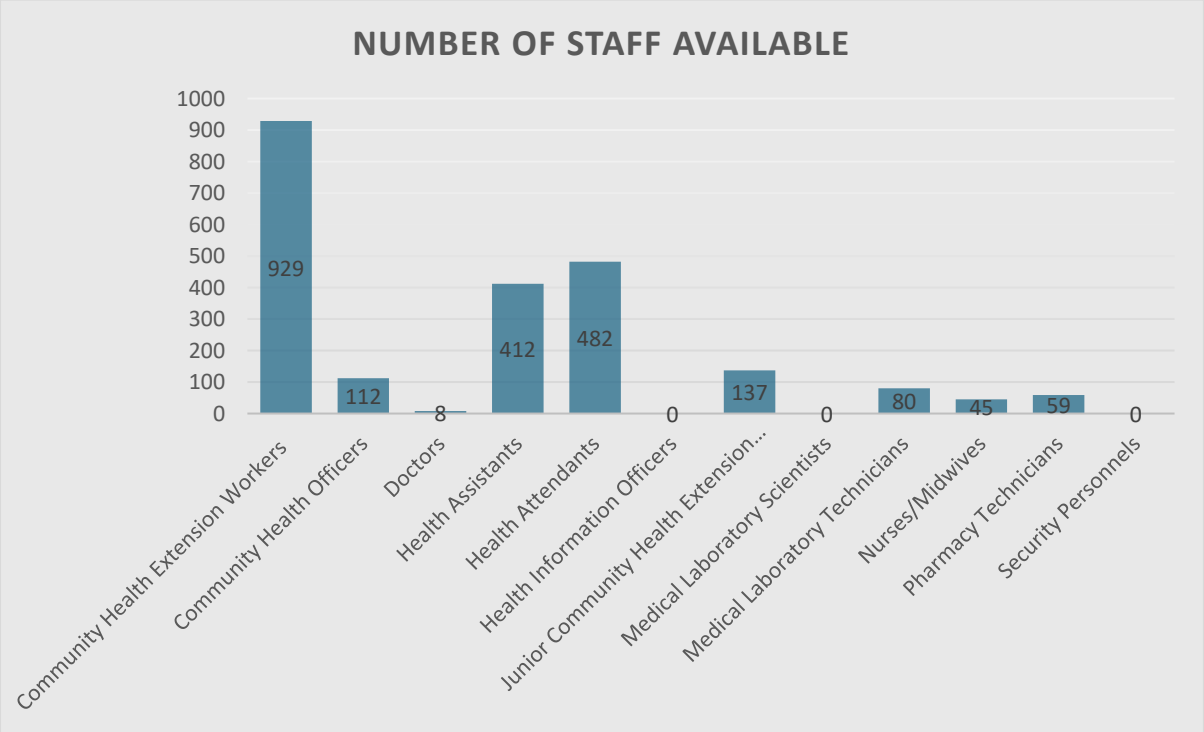
Source: Ekiti State February 2025 Human Resource for Health Profile

Figure 4: Chart showing Number Recruitment Target by Year



Source: Ekiti State February 2025 Human Resource for Health Profile

Figure 5: Chart showing Number PHC Workforce Distribution By Cadre



Source: Ekiti State February 2025 Human Resource for Health Profile

7.0 COSTING AND BUDGET FOR PHC HEALTH WORKFORCE RECRUITMENT (2025–2028)

The costing analysis estimated the financial resources required to recruit and sustain the additional Primary Health Care (PHC) workforce needed to address

the identified staffing gaps across Ekiti State. The estimates were based on the average monthly remuneration for each cadre and projected recruitment over the implementation period.

The total estimated incremental workforce cost for the period **2025–2028** is **₦199,607,597,417.76**

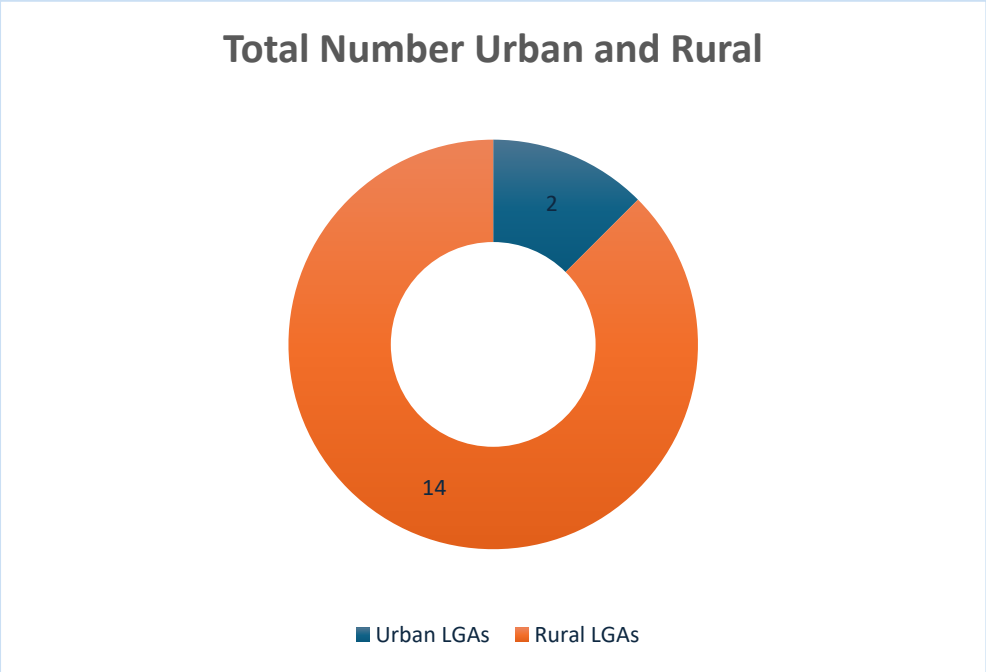
The key findings shown that a total of **4,634** additional health workers are projected for recruitment between 2025 and 2028. The highest funding requirement is in 2026, accounting for approximately **₦96.80** billion, reflecting the largest recruitment phase. Doctors account for the largest share of the wage bill because of their higher salary scale. The estimated budget provides a roadmap for phased recruitment to strengthen PHC service delivery, particularly in underserved LGAs and BEmONC facilities.

The analysis estimated the annual cost of recruitment based on:

- Grade level of entry point
- Monthly salary by cadre
- Annual remuneration.
- Number of personnel to be recruited annually.
- Incremental annual workforce costs.

The costing framework provides government with a realistic estimate of the financial resources required to implement the recruitment plan over the programme period.

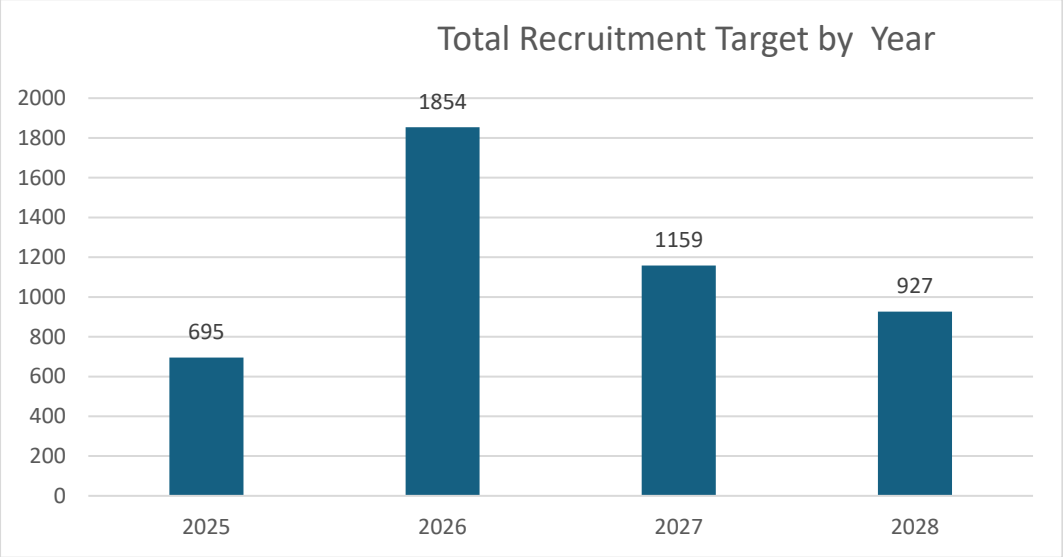
Figure 6: Chart showing Number Urban Vs Rural PHC Facilities



Source: Ekiti State February 2025 Human Resource for Health Profile

Uban versus rural Local Government Area covered in the assessment

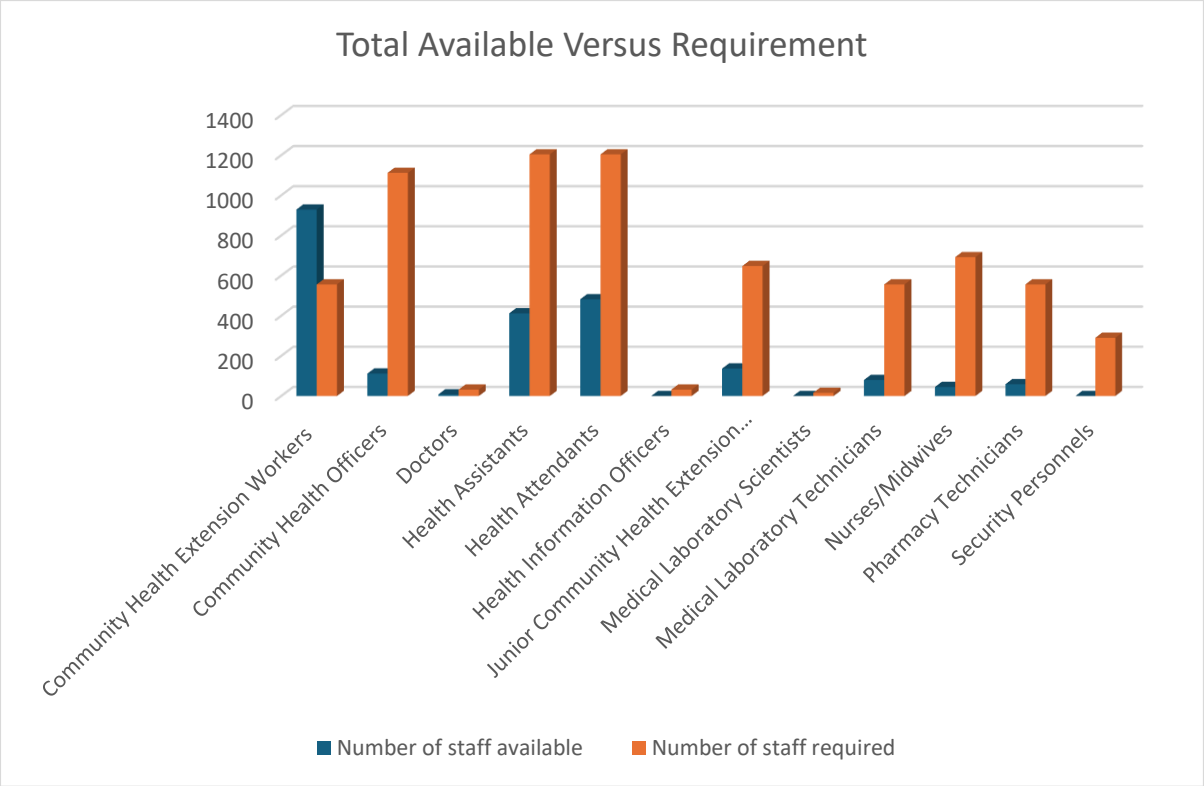
Figure 7: Chart showing Number Recruitment Target



Source: Ekiti State February 2025 Human Resource for Health Profile

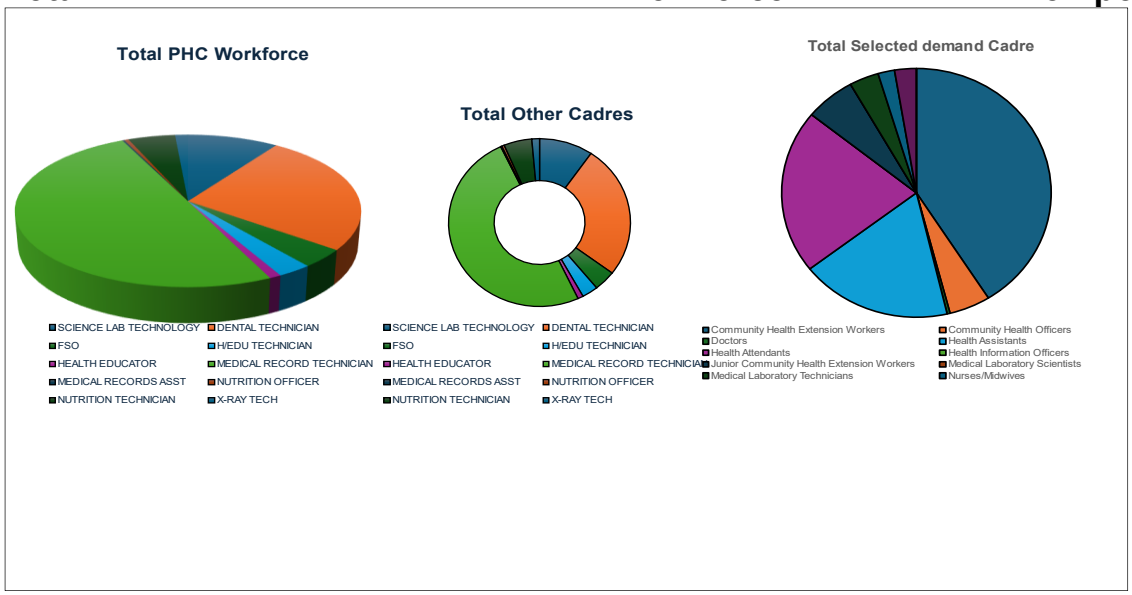
Annual Recruitment Targets (2025-2026) Planning recruitment of priority PHC workforce by year

Figure 8: Chart showing Number Selected Demand Cadres: Available Vs MSP Requirement



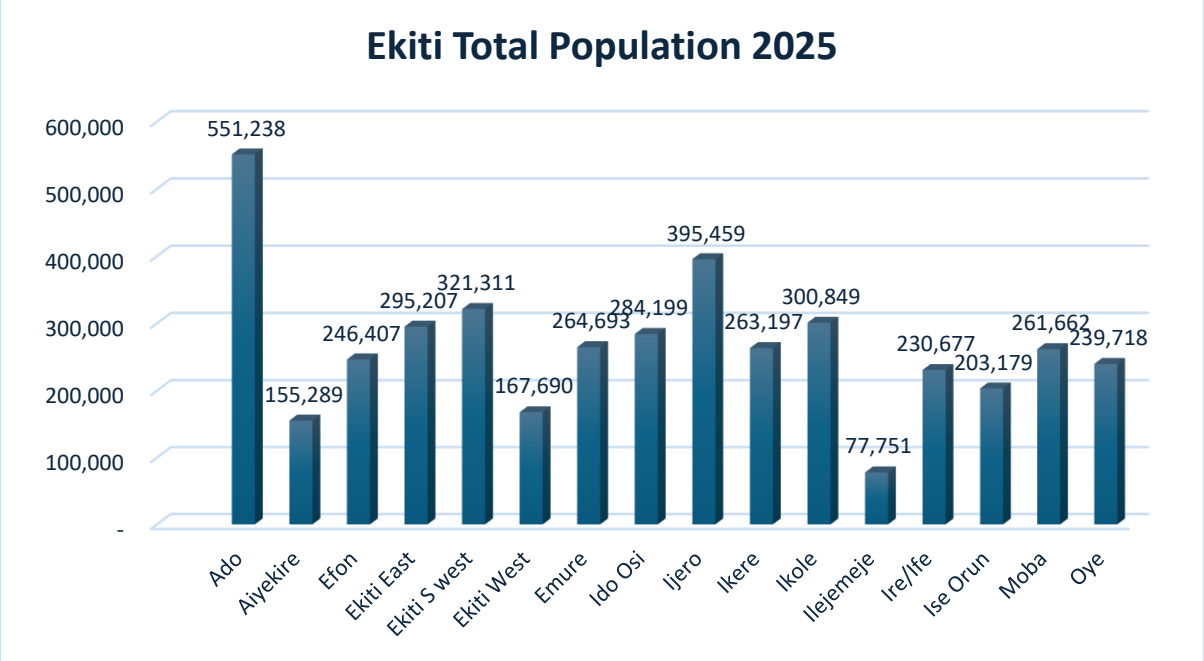
Source: Ekiti State February 2025 Human Resource for Health Profile

Total PHC workforce Composition



Source: Ekiti State February 2025 Human Resource for Health Profile

Figure 6: Chart showing Number Population Covered Per LGA



Source: Ekiti State February 2025 Human Resource for Health Profile

Table 6: Incremental Cost by Cadre

Costing and Budget_Ek PHC Health Workers							
Facility Types	**Cadre**	**Average per Monthly**	**2025 Incremental Cost**	**2026 Incremental Cost**	**2027 Incremental Cost**	**2028 Increment Cost**	**Incremental Staff Cost 2025-2028**
PHCC (Primary Health Care	Nurses/Midwives	162,149.42	72,091,632.13	192,244,352.35	120,152,720.22	96,122,176.18	480,610,880.88
PHCC (Primary Health Care	Community Health Officers	162,149.42	32,105,585.16	85,614,893.76	53,509,308.60	42,807,446.88	214,037,234.40
PHCC (Primary Health Care	Community Health Extension	162,149.42	10,507,282.42	28,019,419.78	17,512,137.36	14,009,709.89	70,048,549.44
PHCC (Primary Health Care	Pharmacy Technicians	195,663.42	33,458,444.82	89,222,519.52	55,764,074.70	44,611,259.76	223,056,298.80
PHCC (Primary Health Care	Medical Laboratory	195,663.42	30,640,891.57	81,709,044.19	51,068,152.62	40,854,522.10	204,272,610.48
PHCC (Primary Health Care	Junior Community Health Extension	105,000.00	17,199,000.00	45,864,000.00	28,665,000.00	22,932,000.00	114,660,000.00
PHCC (Primary Health Care	Health Assistants	80,140.00	17,598,744.00	46,929,984.00	29,331,240.00	23,464,992.00	117,324,960.00
PHCC (Primary Health Care	Health Attendants	80,140.00	15,002,208.00	40,005,888.00	25,003,680.00	20,002,944.00	100,014,720.00
PHC (Primary Health Clinic)	Nurses/Midwives	162,149.42	116,747,582.40	311,326,886.40	194,579,304.00	155,663,443.20	778,317,216.00
PHC (Primary Health Clinic)	Community Health Officers	162,149.42	97,484,231.30	259,957,950.14	162,473,718.84	129,978,975.07	649,894,875.36
PHC (Primary Health Clinic)	Community Health Extension	162,149.42	63,919,301.36	170,451,470.30	106,532,168.94	85,225,735.15	426,128,675.76
PHC (Primary Health Clinic)	Pharmacy Technicians	195,663.42	140,877,662.40	375,673,766.40	234,796,104.00	187,836,883.20	939,184,416.00
PHC (Primary Health Clinic)	Medical Laboratory	195,663.42	134,185,973.44	357,829,262.50	223,643,289.06	178,914,631.25	894,573,156.24
PHC (Primary Health Clinic)	Junior Community Health Extension	105,000.00	65,772,000.00	175,392,000.00	109,620,000.00	87,696,000.00	438,480,000.00
PHC (Primary Health Clinic)	Health Assistants	80,140.00	85,397,184.00	227,725,824.00	142,328,640.00	113,862,912.00	569,314,560.00
PHC (Primary Health Clinic)	Health Attendants	80,140.00	78,184,584.00	208,492,224.00	130,307,640.00	104,246,112.00	521,230,560.00
HP (Health Post)	Junior Community Health Extension	105,000.00	15,498,000.00	41,328,000.00	25,830,000.00	20,664,000.00	103,320,000.00
HP (Health Post)	Health Assistants	80,140.00	11,251,656.00	30,004,416.00	18,752,760.00	15,002,208.00	75,011,040.00
HP (Health Post)	Health Attendants	80,140.00	10,963,152.00	29,235,072.00	18,271,920.00	14,617,536.00	73,087,680.00
LGHA	Doctors	558,706.00	24,136,099.20	64,362,931.20	40,226,832.00	32,181,465.60	160,907,328.00
LGHA	Medical Laboratory	213,648.60	6,153,079.68	16,408,212.48	10,255,132.80	8,204,106.24	41,020,531.20
LGHA	Health Information	195,663.42	11,270,212.99	30,053,901.31	18,783,688.32	15,026,950.66	75,134,753.28
BEmONC PHC	Security Personnels	70,140.00	36,613,080.00	97,634,880.00	61,021,800.00	48,817,440.00	244,087,200.00
Total		**3,589,548.22**	**29,941,139,612.66**	**79,843,038,967.10**	**49,901,899,354.44**	**39,921,519,483.55**	**199,607,597,417.76**

Summary of Total Cost		
Year	**Recruit Total**	**Workforce Cost**
2025	695	29,941,139,612.66
2026	1854	79,843,038,967.10
2027	1159	49,901,899,354.44
2028	927	39,921,519,483.55
Grand Total	**4634**	**199,607,597,417.76**

Source: Ekiti State February 2025 Human Resource for Health Profile

8.0 EXPECTED OUTCOMES

- Implementation of the recruitment plan is expected to:
- Improve staffing levels across all PHC facilities.
- Increase equitable distribution of health workers.
- Improve access to quality health services.
- Strengthen maternal, newborn, and child health services.

- Improve Immunization coverage.
- Enhance disease surveillance and outbreak response.
- Improve staff productivity and retention.
- Strengthen overall health system performance.

9.0 RISKS AND MITIGATION MEASURES

Potential implementation risks include inadequate funding, delays in recruitment approvals, workforce attrition, and inequitable deployment.

These risks can be mitigated through phased recruitment, sustained government commitment, improved workforce planning, continuous NPHC-IS updates, and strengthened supportive supervision.

10. MONITORING AND EVALUATION

Implementation progress should be monitored using indicators such as:

- Number of personnel recruited.
- Percentage reduction in workforce gaps.
- Staff deployment by LGA.
- PHC staffing ratio.
- Annual recruitment expenditure.
- Staff retention rate.
- Availability of skilled birth attendants.
- Functionality of PHC facilities.

11. RECOMMENDATIONS

Based on the findings of the baseline exercise in Ekiti State, the following recommendations were made.

- ✓ Surplus PHC workers in facilities with surpluses should be redistributed to the facilities with shortages. Health facilities with surplus health workers should be redistributed to Health facilities with shortage of health workers.
- ✓ It is essential to implement a strategic recruitment and deployment plan to ensure that healthcare workers are equitably distributed across all primary healthcare facilities, particularly in underserved rural areas.
- ✓ Improving the working conditions, providing adequate incentives, security, and fostering opportunities for professional development will help enhance the motivation and retention of healthcare personnel.
- ✓ Strengthening the monitoring and evaluation framework to enable the state to track progress, address emerging challenges, and refine strategies in real time.

- ✓ Budgetary allocation to the primary health sub-sector should be increased to accommodate necessary recruitment to close the human resource gap identified in the system.
- ✓ The principle of Primary Health Care Under One Roof (PHCUOR) should be aggressively pursued in the state. By prioritizing these measures, the state can bridge critical gaps in the primary healthcare workforce and lay the groundwork for sustainable improvements in healthcare deliver

13. CONCLUSION

The HOPE-PHC baseline mapping exercise for primary healthcare workers in Ekiti State has highlighted substantial deficiencies in the human resources necessary to provide quality primary healthcare services throughout the state. These findings emphasize the urgent requirement for well-planned interventions to address shortages of healthcare personnel, with particular attention needed in rural areas where most of the population resides. The data compiled in this report offers a detailed overview of the status of the primary healthcare workforce in Ekiti State and establishes a foundation for future planning and decision-making. To ensure effective delivery of primary healthcare services, it is imperative that the Ekiti State Government promptly addresses the identified workforce gaps. Key actions include increasing budgetary allocations to the health sector, centralizing management of primary healthcare activities under the Ekiti State Primary Healthcare Development Agency and establishing a comprehensive recruitment and deployment plan. Furthermore, efforts must be directed toward enhancing the working conditions and incentives for healthcare workers, especially those serving rural communities, to support retention and motivation. The recommendations provided in this report serve as a strategic guide for strengthening the primary healthcare system in Ekiti State. By systematically addressing human resource shortages and improving overall management of the healthcare workforce, it will be possible to ensure that every resident of Ekiti State has access to the quality healthcare services they need. Achieving these goals will require sustained collaboration and commitment from all stakeholders, including government authorities, healthcare professionals, and the communities they serve. Through collective effort, a healthier future for Ekiti State can be realized.

Approval page

This report presents the findings of the Primary Health Care Workforce Baseline Mapping conducted by the Ekiti State Primary Health Care Development Agency under the HOPE-GOV Programme. It provides evidence for workforce planning, recruitment, budgeting and monitoring towards strengthening Primary Health Care service delivery across Ekiti State.

Approved by:

Dr Oyebanji Filani

Honourable Commissioner for Health and Human Services

Ekiti State Ministry of Health

Date: 21st July 2026