

COSTED RECRUITMENT AND DEPLOYMENT PLAN (2025 – 2028)

1. Introduction

This document presents the costed recruitment and deployment plan for primary healthcare (PHC) workforce development over the next four years (2025–2028). The plan is structured to address existing staffing gaps through a combination of new hires, redeployments, and incentive-based recruitment strategies.

2. Workforce Gaps and Recruitment Targets

2.1. Yearly Workforce Expansion Targets

Cadre	Total Gap	2025 Target	2026 Target	2027 Target	2028 Target
Doctors	142	35	35	36	36
Pharmacists	140	35	35	35	35
Nurses/Midwives	811	203	202	203	203
CHO	57	14	14	14	15
CHEW	449	113	112	112	112
JCHEW	944	236	236	236	236
Health Record	254	64	63	63	63
Health Attendant	374	94	93	93	94
Pharmacy Tech	247	62	61	62	62
Lab Scientist	116	29	29	29	29
Lab Technicians	233	58	58	58	59
Ambulance Drivers	57	14	14	14	15
Security Personnel	565	142	141	141	141

3. Recruitment Strategy and Costing

3.1. Estimated Annual Salary and Recruitment Costs per year

Cadre	No of Staff recruited yearly	Annual Salary per staff	Total Estimated Annual Salary (N)	Recruitment/ Training Cost (N)	Deployment and Other Costs (N)	Total (N)
Doctors	36	5,706,000	205,416,000	3,000,000	500,000	
Pharmacists	35	4,806,000	170,000,000	3,000,000	450,000	
Nurses/Midwives	811	2,280,000	1,849,080,000	7,000,000	500,000	
CHO	57	2,160,000	123,120,000	3,000,000	200,000	
CHEW	449	1,800,000	808,200,000	5,000,000	300,000	

JCHEW	944	948,000	894,912,000	8,500,000	600,000	
Health Record Officers	254	1,800,000	457,200,000	5,000,000	300,000	
Health Attendant	374	948,000	354,552,000	3,000,000	350,000	
Pharmacy Tech	247	1,800,000	444,600,000	6,000,000	350,000	
Lab Scientist	116	1,800,000	208,800,000	4,500,000	150,000	
Lab Technicians	233	1,800,000	419,400,000	5,000,000	300,000	
Ambulance Drivers	57	1,800,000	102,600,000	3,000,000	150,000	
Security Personnel	565	3,000,000	1,695,000,000	6,000,000	150,000	
Total (N)						

3.2. Recruitment Approach

-Direct Hiring: Government-led recruitment for doctors, nurses, and lab technicians.

-Contract-Based Hiring: Short-term contracts for pharmacists and ambulance drivers.

-Public-Private Partnerships (PPP): Collaboration with private hospitals and NGOs for temporary staff support.

-Community-Based Health Workers (CHWs): Expansion of CHW programs to bridge service gaps in rural areas.

4. Redeployment Strategy

-Internal Redistribution: Relocating excess security personnel and support staff from overstaffed urban areas to rural facilities.

-Cross-Training: Nurses in low-patient volume areas to be trained in laboratory diagnostics.

- Task-Shifting: Expanding nurses' and CHWs' roles in maternal care and emergency response.

5. Incentive Plan

-Rural Deployment Allowances: ₦100,000 per month for doctors and ₦50,000 for nurses/midwives in rural LGAs.

-Housing and Transport Grants: Subsidized accommodation and travel reimbursements.

-Career Growth Opportunities: Training sponsorships and scholarships for advanced medical training.

6. Monitoring and Evaluation

-Annual Workforce Review: Tracking recruitment progress and adjusting strategies accordingly.

-Quarterly Performance Audits: Evaluating patient-to-staff ratios and service quality.

-Feedback Mechanism: Engaging healthcare workers and community members for continuous improvement.

6. Conclusion

The 2025–2028 costed recruitment and deployment plan aims to bridge critical workforce gaps in primary healthcare facilities. By implementing a phased recruitment strategy, incentivizing rural deployment, and optimizing existing resources, the state will significantly enhance healthcare service delivery.