ASSESMENT OF FUTURE WORKFORCE REQUIREMENTS, FOUR-YEAR PLAN (2025 – 2028)

1. Introduction

The provision of quality healthcare services across all Primary Healthcare (PHC) facilities in the state is dependent on an adequate and well-distributed workforce. However, the current workforce analysis indicates critical staffing gaps across LGAs. This plan provides a strategic approach to address these gaps over the next four years, ensuring an equitable distribution of healthcare personnel. This workforce plan outlines the projected human resource needs for primary healthcare (PHC) facilities across the state based on population density, urban vs. rural distribution, and specific staffing gaps per facility. It provides a framework for allocating, recruiting, and retaining healthcare workers in alignment with the state's health sector strategy.

2. Workforce Assessment & Projections

2. Workforce Assessment Based on Key Factors

2.1 Population Density & Service Demand

• Higher population density areas require more healthcare workers due to increased patient load.

Urban LGAs (e.g., Oredo, Egor, Ikpoba Okha) have relatively better staffing but still face shortages in key areas such as doctors and pharmacists.

• Rural areas have lower population density but may require more outreach workers due to geographic spread and access challenges.

Rural LGAs (e.g., Owan East, Ovia South-West, Akoko Edo) are severely understaffed, particularly in medical doctors, nurses, and laboratory technicians.

2.2 Urban vs. Rural Staffing Needs

• Urban PHCs: Higher demand for specialized roles such as laboratory scientists and pharmacists.

• Rural PHCs: Higher demand for community health workers and nurses to provide outreach services.

2.3 Specific Staffing Gaps per Facility & LGA

- Based on LGA workforce gaps, the estimated per-facility requirement was calculated by evenly distributing LGA-level shortages across an assumed number of PHCs per LGA.

- Example Breakdown (Estimated Per Facility in One LGA):

- Medical Officers: 1 per facility

- Nurses/Midwives: 2 per facility

- CHEWs (Community Health Extension Workers): 3 per facility

- Laboratory Scientists: 1 per facility

- Pharmacists: 1 per facility

- Health Records Officers: 1 per facility

3. Facility-Level Staffing Projections (Next Four Years)

Projected Workforce Demand: With a projected annual population growth rate of approximately 2.5%, the demand for PHC workers will continue to increase, especially in underserved rural areas.

- Yearly projections will address shortages through phased hiring and redeployment.

- Workforce prioritization will be based on critical service gaps and population needs.

Year 1-2 (Short-Term Goals)

- Fill 50% of critical staffing gaps in high-demand urban PHCs.

- Deploy additional CHEWs and nurses in underserved rural areas.

Year 3-4 (Long-Term Goals)

- Full staffing of all PHCs to meet national healthcare worker ratios.

- Strengthen retention strategies, including incentives for rural postings.

2.2. Specific Staffing Gaps by Cadre

Cadre	Required	Actual	Gap	Priority Areas
Doctors	174	45	142	Rural LGAs, maternity and emergency services

Pharmacists	151	12	140	Drug distribution & medication management
Nurses/Midwives	1124	310	811	Maternal and child health, emergency care, rural clinics
CHO	205	148	57	Supervision of PHC workers, primary care coordination
CHEW	923	470	449	Preventive healthcare, immunization, maternal and child health services
JCHEW	1118	175	944	Rural and hard-to-reach areas, immunization, health education
Health Record	293	36	254	Medical data management, digital health records, facility administration
Health Attendant	820	467	374	Patient support, sanitation, hospital logistics
Pharmacy Tech	260	13	247	Dispensing, medication inventory management, assisting pharmacists
Lab Scientist	134	17	116	Disease diagnosis, research, laboratory analysis

Lab Technicians	255	20	233	Disease diagnosis & surveillance, routine medical tests
Ambulance Drivers	79	22	57	Emergency response, referrals, patient transportation
Security Personnel	732	162	565	Facility safety, crowd control, asset protection

3. Recruitment and Workforce Development Strategy (2025 – 2028)

3.1. 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

4. Workforce Recruitment and Sourcing Plan

4.1. Internal Redistribution
- Reallocating overstaffed roles: Some facilities in urban areas with excess support staff (e.g., security) will be reallocated to under-served rural areas.
- Cross-training of staff: Nurses in low-patient volume areas will be trained in basic laboratory diagnostic skills.

4.2. External Recruitment
- Direct Hiring: The government will conduct annual recruitment drives for critical healthcare roles.

- Public-Private Partnerships (PPP): Collaborations with private hospitals and NGOs to provide temporary staffing support in areas of high need.

- Incentivized Recruitment: Salary bonuses, rural housing allowances, and career advancement incentives will be provided to attract professionals to rural LGAs.

4.3. Community-Based Workforce Development
- Training of Community Health Workers (CHWs): Scaling up CHW programs to fill gaps in remote areas.

- Scholarship and Bond Programs: Medical students will receive financial support with a service agreement to work in rural facilities for at least three years.

4.4. Technology and Alternative Staffing Solutions
- Telemedicine Expansion: Doctors from urban areas will provide remote consultation for rural PHCs.

- Task-Shifting Policy: Equipping nurses and CHWs with additional skills in maternal care, diagnostics, and emergency response to compensate for doctor shortages.

5. Monitoring & Evaluation Framework
- Annual Workforce Assessment: Review staffing levels and adjust hiring targets based on emerging needs.

- Performance Metrics: Evaluate patient-to-healthcare worker ratios, service delivery quality, and staff retention rates.

- Quarterly Stakeholder Engagement: Engage community leaders, partners, and healthcare workers to address challenges in workforce retention and service delivery.

6. Conclusion
The 2025 – 2028 Primary Healthcare Workforce Development Plan aims to ensure that every LGA has an adequate number of qualified personnel to deliver essential health services. By implementing a phased recruitment strategy, leveraging technology, and investing in community-based health workers, the state will significantly improve healthcare access, especially in rural areas.