IMO STATE PRIMARY HEALTH CARE
DEVELOPMENT AGENCY (ISPHCDA)
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Our Ref:_____ Your Ref: _____ Date: _____

IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

1.0 Forecasting Future Primary Health Care Workforce Requirements

The **Imo State Primary Health Care Development Agency (ISPHCDA)** recognizes that effective Human Resources for Health (HRH) planning is fundamental to achieving equitable access to quality primary healthcare services across **Imo State**. Forecasting future workforce requirements enables the Agency to anticipate staffing needs, respond to workforce attrition, address service delivery gaps, and ensure that all Primary Health Care (PHC) facilities are adequately staffed in line with the National Primary Health Care Development Agency (NPHCDA) minimum staffing standards.

The workforce projections presented in this Strategic Plan are based on the current PHC workforce, projected population growth in Imo State, anticipated staff attrition, urban-rural distribution, disease burden, service utilization patterns, and the strategic priorities of **ISPHCDA** for the period 2025–2028.

1.1 Forecast of Primary Health Care Workers Leaving Service in Imo State (2025–2028)

Forecasting workforce attrition enables the **Imo State Primary Health Care Development Agency (ISPHCDA)** to estimate the number of healthcare workers expected to leave service during the Strategic Plan period and determine the number of new staff required to sustain quality service delivery across Primary Health Care facilities in **Imo State**.

The projection considers historical workforce trends and the major causes of staff attrition within the PHC system.

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Major Causes of Workforce Attrition

The projected exits from the PHC workforce include:

- Mandatory retirement (60 years of age or 35 years of pensionable service)
- Voluntary resignation
- Death
- Transfer to secondary and tertiary healthcare facilities
- Migration (brain drain)
- Dismissal or disciplinary exits
- Long-term illness or medical retirement

Planning Assumptions

Indicator	Figure
Current PHC Workforce in Imo State	2,479
Annual Retirement	2.0%
Annual Resignation	1.0%
Annual Death	0.4%
Annual Transfers	0.8%
Annual Migration	0.8%
Total Annual Attrition	**5.0%**

Projected Workforce Attrition (2025–2028)

Year	Workforce at Beginning	Estimated Attrition (5%)	Workforce Remaining
2026	2,479	124	2,355
2027	2,355	118	2,237
2028	2,237	112	2,125
2029	2,125	106	2,019

Over the four-year implementation period, **ISPHCDA** projects that approximately **460 healthcare workers** may leave the PHC workforce through retirement, resignation, transfer, migration, death, or other forms of attrition. This represents nearly **19% of the current workforce** and underscores the need for annual replacement recruitment and strengthened retention strategies.

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1.2 Assessment of Future Workforce Requirements Based on Population Density in Imo State

Imo State remains one of the most densely populated states in Nigeria, with increasing demand for primary healthcare services resulting from population growth, urbanization, and expanded healthcare utilization.

The **Imo State Primary Health Care Development Agency (ISPHCDA)** will continue to use population density as one of the key determinants for workforce planning and equitable deployment of healthcare workers across the State.

Population Density Categories and Staffing Implications

Population Density	Staffing Recommendation
Above 1,000 persons/km²	Increase workforce by 25–30%
700–1,000 persons/km²	Increase workforce by 20%
400–700 persons/km²	Increase workforce by 15%
Below 400 persons/km²	Maintain staffing while strengthening outreach services

Within **Imo State**, LGAs such as **Owerri Municipal**, **Owerri North**, and **Owerri West** experience high patient attendance and require additional Medical Officers, Nurses and Midwives, Community Health Extension Workers (CHEWs), Laboratory Personnel, Pharmacy Technicians, and Health Information Officers.

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1.3 Workforce Assessment Based on Urban–Rural Distribution in Imo State

The **Imo State Primary Health Care Development Agency (ISPHCDA)** recognizes that staffing requirements differ significantly between urban and rural PHC facilities because of variations in population density, accessibility, disease burden, and healthcare utilization.

Urban PHC Facilities

Urban PHC facilities in **Imo State** require larger numbers of:

- Medical Officers
- Nurses and Midwives
- Laboratory Scientists/Technicians
- Pharmacy Technicians
- Health Information Officers

These facilities experience higher outpatient attendance, increased diagnostic workloads, greater delivery volumes, and more emergency cases.

Rural PHC Facilities

Rural and hard-to-reach PHC facilities require more:

- Community Health Officers
- Community Health Extension Workers (CHEWs)
- Junior CHEWs
- Midwives
- Environmental Health Officers

These cadres are essential for outreach services, immunization campaigns, integrated community case management, disease surveillance, health promotion, and the delivery of essential healthcare services in underserved communities.

Accordingly, **ISPHCDA** will prioritize equitable deployment of healthcare workers to underserved rural communities across all **27 Local Government Areas**.

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1.4 Workforce Assessment Based on Gender Distribution

The **Imo State Primary Health Care Development Agency (ISPHCDA)** is committed to promoting gender equity within the PHC workforce as an important strategy for improving service utilization, patient satisfaction, and quality of healthcare delivery.

Current Workforce Profile (Illustrative)

Cadre	Male	Female
Medical Officers	65%	35%
Nurses/Midwives	15%	85%
Community Health Extension Workers	35%	65%
Laboratory Personnel	45%	55%
Health Assistants	40%	60%

Future Recruitment Strategy

To improve gender balance within the PHC workforce, **ISPHCDA** will:

- Recruit additional female healthcare workers to strengthen maternal, newborn, child, and reproductive health services.
- Encourage greater male participation in nursing and community health professions.
- Ensure equitable deployment of both male and female health workers across all LGAs.
- Implement gender-sensitive workplace policies.
- Promote equal opportunities in leadership, training, career progression, and professional development.

Target Gender Distribution

Gender	Target
Female	55%
Male	45%

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1.5 Assessment of Staffing Requirements Across Primary Health Care Facilities in Imo State

The **Imo State Primary Health Care Development Agency (ISPHCDA)** currently oversees approximately **563 functional Primary Health Care facilities** distributed across the **27 Local Government Areas** of **Imo State**.

The Human Resources for Health Gap Assessment conducted by **ISPHCDA** indicates that approximately **9,045 healthcare workers** are required to adequately staff PHC facilities and deliver the National Primary Health Care Minimum Service Package.

Current Workforce Situation

Indicator	Number
Estimated Workforce Requirement	9,045
Current PHC Workforce	2,479
Existing Workforce Gap	6,566

Following the successful recruitment of **1,441 healthcare workers** by the **Imo State Government**, the remaining workforce gap is estimated at **5,125 healthcare workers**, which will be addressed through phased recruitment, equitable deployment, workforce redistribution, and staff retention strategies during the implementation of this Strategic Plan.

Priority recruitment will focus on Medical Officers, Nurses and Midwives, Community Health Officers, Community Health Extension Workers (CHEWs), Junior CHEWs, Pharmacy Technicians, Laboratory Personnel, Environmental Health Officers, Health Records Officers, Health Assistants, and other critical support staff.

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1.6 Four-Year Workforce Projection for Imo State (2025–2028)

Indicator	Figure
Current PHC Workforce	2,479
Estimated Staff Leaving Service	460
Projected Workforce After Attrition	2,019
Estimated Workforce Requirement	9,045
Existing Workforce Gap	6,566
Additional Gap Due to Attrition	460

Total Workforce to be Recruited or Replaced **Approximately 7,026**

The **Imo State Primary Health Care Development Agency (ISPHCDA)** will implement phased recruitment, strategic deployment, annual replacement of staff lost through attrition, and comprehensive retention measures to progressively reduce the workforce gap. Annual workforce reviews using the Human Resources for Health Registry (HRH Registry), Human Capital Workforce Registry (HCWR), DHIS2, and facility staffing assessments will ensure that recruitment targets remain responsive to population growth, disease burden, service utilization, and the evolving healthcare needs of the people of **Imo State**.

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Strategic Recommendations

To ensure that **Imo State** has an adequate, competent, and equitably distributed Primary Health Care workforce, **ISPHCDA** will:

1. Replace all healthcare workers lost through retirement, resignation, migration, death, or other forms of attrition on an annual basis.
2. Implement phased recruitment to progressively close the identified workforce gap.
3. Prioritize recruitment and deployment to underserved rural, riverine, and hard-to-reach communities across Imo State.
4. Strengthen equitable workforce deployment using population density, workload indicators, and NPHCDA staffing norms.
5. Improve staff retention through enhanced remuneration, rural hardship incentives, staff accommodation, career progression opportunities, supportive supervision, and continuous professional development.
6. Strengthen workforce planning through routine analysis of the Human Resources for Health Registry (HRH Registry), Human Capital Workforce Registry (HCWR), DHIS2, and facility staffing data.
7. Conduct annual workforce forecasting and staffing reviews to ensure that recruitment and deployment remain aligned with population growth, disease burden, service utilization, and the strategic priorities of the **Imo State Primary Health Care Development Agency**

IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY
ISPHCDA
SIGN
DATE 30/3/25

OKOLIE KINGSLEY

DPRS (IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY)