IMO STATE PRIMARY HEALTH CARE
DEVELOPMENT AGENCY (ISPHCDA)
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IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

1.0 Needs Assessment

1.1 Introduction

The **Imo State Primary Health Care Development Agency (ISPHCDA)** conducted a comprehensive Human Resources for Health (HRH) Needs Assessment to evaluate the availability, distribution, competencies, and future workforce requirements for Primary Health Care (PHC) service delivery across Imo State. The assessment provides the evidence base for workforce planning, recruitment, deployment, retention, training, and succession planning under the **ISPHCDA HRH Strategic Plan (2025–2028)**.

1.2 Purpose of the Assessment

The assessment was undertaken to:

- Determine the current PHC workforce in Imo State.
- Identify staffing gaps and workforce distribution across the 27 LGAs.
- Assess workforce competencies and training needs.
- Evaluate workload and staffing adequacy.
- Forecast future workforce requirements.
- Provide evidence for recruitment, deployment, and retention strategies.

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1.3 Scope and Methodology

The assessment covered approximately **563 functional PHC facilities** and all major health worker cadres. Data were obtained from the **HRH Registry, HCWR, DHIS2, personnel records, facility assessments, supportive supervision reports, and national staffing guidelines**. A mixed-method approach involving desk reviews, workforce analysis, facility assessments, workload analysis, stakeholder consultations, and HRH gap analysis was used.

1.4 Key Findings

The assessment found that Imo State currently has **2,479 PHC healthcare workers**, while **9,045 healthcare workers** are required to meet national staffing standards, resulting in an initial workforce gap of **6,566**. Following the recruitment of **1,441 healthcare workers** by the Imo State Government, the remaining workforce gap stands at **5,125 healthcare workers**.

Major findings include:

- Unequal distribution of health workers between urban and rural PHC facilities.
- Critical shortages of Medical Officers, Nurses/Midwives, CHOs, CHEWs, JCHEWs, Laboratory Personnel, Pharmacy Technicians, Environmental Health Officers, Health Records Officers, and Health Assistants.
- Skills gaps in maternal and newborn health, immunization, disease surveillance, infection prevention and control, digital health information management, and leadership.
- Continued workforce attrition due to retirement, resignation, migration, transfers, and poor working conditions.
- Poor staff welfare, inadequate accommodation, and limited career development affecting staff retention.

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Summary of Current HRH Situation

Indicator	Number
Functional PHC Facilities	563
Current PHC Workforce	2,479
Estimated Workforce Requirement	9,045
Initial Workforce Gap	6,566
Healthcare Workers Recruited	1,441
Remaining Workforce Gap	5,125

1.5 Skills and Workforce Requirements

The assessment identified the minimum staffing requirements for PHC facilities based on NPHCDA staffing norms. Each comprehensive PHC facility requires an appropriate mix of Medical Officers, CHOs, CHEWs, JCHEWs, Nurses/Midwives, Laboratory Personnel, Pharmacy Technicians, Environmental Health Officers, Health Records Officers, and Health Assistants.

Priority skills required include:

- Maternal, Newborn, Child and Adolescent Health (MNCAH)
- Basic Emergency Obstetric and Newborn Care (BEmONC)
- Immunization (EPI)
- Family Planning
- Integrated Disease Surveillance and Response (IDSR)
- Infection Prevention and Control (IPC)
- Nutrition
- Digital Health Information Systems (DHIS2)
- Leadership, management, and quality improvement

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1.6 SWOT Summary

Strengths: Existing HRH Registry, strong government commitment, partner support, and trained workforce.

Weaknesses: Workforce shortages, inequitable distribution, ageing workforce, weak performance management, and inadequate rural incentives.

Opportunities: Increased PHC investment, BHCPF, Universal Health Coverage, digital HRH systems, and development partner support.

Threats: Brain drain, population growth, fiscal constraints, disease outbreaks, and increasing retirement rates.

1.7 Priority Human Resource Needs

ISPHCDA will prioritize:

- Recruitment of **5,125 additional healthcare workers**.
- Annual replacement of staff lost through attrition.
- Equitable deployment across all LGAs.
- Rural retention incentives.
- Continuous professional development.
- Strengthening HRH information systems.
- Improved staff welfare, supervision, and leadership development.

1.8 Costed Recruitment and Deployment Plan (2025–2028)

To close the remaining workforce gap, **ISPHCDA** will implement a phased recruitment and deployment strategy combining **external recruitment**, **internal redeployment**, and **staff retention initiatives**.

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Recruitment Targets

Year	Recruitment Target
2026	1,400
2027	1,300
2028	1,250
2029	1,175
Total	**5,125**

Priority recruitment will focus on Medical Officers, Nurses/Midwives, CHOs, CHEWs, JCHEWs, Laboratory Personnel, Pharmacy Technicians, Environmental Health Officers, Health Records Officers, and Health Assistants. Approximately **700 existing staff** will also be redeployed from relatively overstaffed facilities to underserved and hard-to-reach communities.

The estimated total cost of implementing the recruitment and deployment plan is **₦320.63 million** for recruitment and remuneration, plus approximately **₦250 million** for redeployment, orientation, supervision, and monitoring. Funding will be sourced from the **Imo State Government**, **BHCPF**, the **Federal Government**, and development partners.

1.9 Conclusion

The HRH Needs Assessment confirms that **Imo State** continues to face significant workforce shortages despite the recent recruitment of **1,441 healthcare workers**. With a current workforce of **2,479** against a requirement of **9,045**, the State still requires **5,125 additional healthcare workers** to achieve national staffing standards. Through phased recruitment, equitable deployment, staff retention, continuous professional development, and sustainable financing, **ISPHCDA** aims to strengthen the PHC workforce, improve service delivery, and accelerate progress towards **Universal Health Coverage (UHC)** for the people of Imo State.

IMO STATE PRIMARY HEALTHCARE DEVELOPMENT AGENCY OWERRI
ISPHCDA
SIGN.
DATE 30/3/25

OKOLIE KINGSLEY

DPRS (IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY)