



# IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

P.M.B 1502 UMUGUMA ROAD OWERRI  
Tel: 08062890063 Email: isphcda@gmail.com



Our Ref: \_\_\_\_\_ Your Ref: \_\_\_\_\_ Date: \_\_\_\_\_

## PHC Staff Gaps Action Report – Comprehensive Update

### Indicator Title

Increase in Staffing of Level 2 PHC Facilities (BEmONC) and Strengthening of PHC Workforce Distribution

### Indicator Definition

The State maintains and utilizes the PHC Staff Gaps Action Report to track staffing deficits, implement corrective actions, and improve equitable distribution of skilled health workers across PHC facilities, in line with NPHCDA staffing norms.

### Means of Verification (MoV)

- PHC Staff Gaps Action Report (updated)
- HRH database printout
- Recruitment and deployment records
- Facility nominal rolls
- CHW linkage records
- Supportive supervision reports

## 1. Purpose & Scope

The State maintains and periodically updates the PHC Staff Gaps Action Report as the primary accountability and planning instrument for addressing human resource for health (HRH) shortages across all 27 LGAs. It systematically tracks deficits, monitors corrective actions, and documents measurable improvements in workforce availability, skill-mix, and geographic distribution within PHC facilities.

Cadre-Level Analysis: Disaggregates staffing needs and availability by cadre — CHEWs, Nurses/Midwives, CHOs, Medical Officers, Laboratory Technicians, Pharmacists, and non-clinical support staff.



# IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

P.M.B 1502 UMUGUMA ROAD OWERRI  
Tel: 08062890063 Email: isphcda@gmail.com



Our Ref: \_\_\_\_\_ Your Ref: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Key Interventions Documented (Actions Taken in Line with Verification Protocol)

**Recruitment:** The State conducted a state-led recruitment and deployment of skilled health workers to Level 2 PHC facilities, with priority given to BEmONC-compliant sites. A total of 1411 skilled health workers — including nurses, midwives, Community Health Officers (CHOs), and Community Health Extension Workers (CHEWs) — were recruited and deployed across priority facilities to address identified staffing shortages and contribute toward achieving at least a 15% reduction in the estimated staffing gap of 9407 health workers.

**Deployment to Underserved Areas:** Posting of staff to hard-to-reach, rural, and underserved communities based on gap analysis and service demand.

**Redistribution & Rationalization:** Redeployment of surplus staff from overstuffed urban or lower-priority facilities to underserved PHCs for equity.

**Task Shifting & Sharing:** Expansion of CHEW and CHO roles in line with national guidelines to optimize HR for RMNCH and emergency care.

**Temporary Secondment:** Short-term placement of skilled personnel to facilities with critical shortages or service demand surges.

**Partner Collaboration:** Joint HRH strengthening with implementing partners and donors through recruitment, training, and retention support.

## 4. Progress & Results

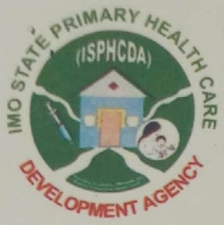
**Reduced Critical Gaps:** Significant decline in the number of PHCs classified as “critically understaffed.”

**Improved Distribution:** More equitable spread of skilled health workers, especially in rural and hard-to-reach LGAs.

**Enhanced Service Readiness:** Increased availability of Skilled Birth Attendants and improved 24/7 BEmONC service coverage at Level 2 PHCs.

**CHW Linkage Strengthened:**  $\geq 15\%$  increase in Community Health Workers linked to Level 2 PHCs, improving community outreach, referral, and follow-up care.





# IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

P.M.B 1502 UMUGUMA ROAD OWERRI  
Tel: 08062890063 Email: isphcda@gmail.com



Our Ref: \_\_\_\_\_ Your Ref: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. Transparency & Use

Report is regularly updated and published online to promote transparency and stakeholder engagement.

Serves as a decision-support tool for policy, annual operational planning, budgeting, and resource allocation.

Acts as an M&E framework to evaluate HRH intervention effectiveness and impact on access to quality PHC services.

## 6. Challenges

**Retention of Skilled Staff:** High attrition due to rural posting, limited accommodation, and career progression opportunities in remote areas.

**Funding Constraints:** Inconsistent budget release for recruitment, deployment allowances, and training activities.

**Data Quality & Timeliness:** Delays in facility-level reporting affect real-time accuracy of the staff gap analysis.

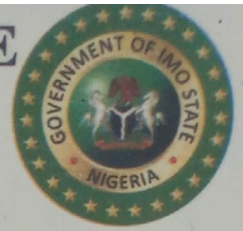
**Security & Access:** Some hard-to-reach areas remain difficult to staff due to security concerns and poor road infrastructure.

**Skill-Mix Imbalance:** Over representation of CHEWs in some facilities with inadequate numbers of nurses and midwives for BEmONC service delivery.



# IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

P.M.B 1502 UMUGUMA ROAD OWERRI  
Tel: 08062890063 Email: isphcda@gmail.com



Our Ref: \_\_\_\_\_ Your Ref: \_\_\_\_\_ Date: \_\_\_\_\_

**7. Next Steps / Recommendations :** Strengthen Retention Strategy: Introduce rural retention packages including housing support, hazard allowances, and clear career progression pathways for staff in under-served areas.

Sustain Recruitment Cycle: Institutionalize annual recruitment and budgeting for PHC workforce to prevent re-emergence of gaps. Improve Data Management: Train LGA M&E officers on real-time data entry and validate staffing data quarterly through supportive supervision.

Expand Task Shifting: Scale up competency-based training for CHEWs and CHOs on BEmONC and other essential services to address skill-mix gaps.

Enhance Partner Coordination: Deepen engagement with partners to align HRH support with State priorities and avoid duplication.

Security & Infrastructure Advocacy: Collaborate with security agencies and LGA authorities to improve safety and access for deployed staff in high-risk areas.

**8. Strategic Importance :** The PHC Staff Gaps Action Report is central to ensuring PHC facilities are adequately staffed, equitably distributed, and functionally ready to deliver the Basic Minimum Package of Health Services (BMPHS). By linking data to action, it strengthens health system resilience and contributes directly to reducing maternal and under-five mortality at the community level.

## Verification Statement (For BHCPF Assessment)

The State has:

- Maintained an updated PHC Staff Gaps Action Report
- Demonstrated  $\geq 15\%$  increase in staffing at Level 2 PHCs
- Demonstrated  $\geq 15\%$  increase in CHWs linked to Level 2 PHCs
- Provided verifiable evidence of recruitment, deployment, and improved workforce distribution

## Bottom Line

The report has improved visibility of HRH gaps, accelerated targeted recruitment and deployment, and strengthened accountability in workforce management across the state, particularly for Level 2 BEmONC facilities.





# IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

P.M.B 1502 UMUGUMA ROAD OWERRI  
Tel: 08062890063 Email: isphcda@gmail.com



Our Ref: \_\_\_\_\_ Your Ref: \_\_\_\_\_ Date: \_\_\_\_\_

## Key Actions Taken to Recruit, Deploy, or Redistribute Staff to Level 2 PHC Facilities (BEmONC)

The State undertakes several strategic actions to address staffing gaps in Level 2 Primary Health Care (PHC) facilities providing Basic Emergency Obstetric and Newborn Care (BEmONC) services. These actions include the recruitment of 1411 skilled health workers such as Nurses, Midwives, Community Health Officers (CHOs), and Community Health Extension Workers (CHEWs) to fill identified staffing gaps across priority PHC facilities. Newly recruited personnel are deployed to Level 2 PHCs based on staffing shortages and contribute toward achieving at least a 15% reduction in the estimated staffing gap of 9407 health workers. service delivery needs, workload, and geographic priority, particularly in undeserved and hard-to-reach communities.

In addition, the State implements redistribution and rationalization of existing health workers from overstaffed or lower-priority facilities to undeserved Level 2 PHCs to improve equity in workforce distribution and strengthen access to essential maternal and newborn care services. Deployment decisions are guided by the PHC Staff Gaps Action Report, approved staffing norms, and routine HRH assessments conducted across all LGAs.

The State also applies task shifting and task sharing strategies in line with national guidelines to optimize available human resources for RMNCH and BEmONC service delivery. CHEWs and CHOs are supported to provide selected services within their approved scope of practice, particularly in facilities experiencing shortages of Nurses and Midwives.

Where critical staffing shortages or sudden increases in service demand exist, temporary secondment of skilled personnel is arranged to ensure continuity of 24/7 BEmONC services. This includes short-term deployment of experienced health workers to facilities with urgent staffing needs.

Furthermore, deployed staff receive targeted capacity building and continuous professional support through BEmONC training, clinical mentorship, on-the-job coaching, and regular supportive supervision visits aimed at improving competency, service readiness, and quality of care. The State also collaborates with implementing partners and relevant stakeholders to support recruitment, workforce strengthening, retention initiatives, and performance improvement interventions across priority PHC facilities.

These combined interventions have contributed to improved availability and distribution of skilled health workers, strengthened service readiness at Level 2 PHCs, and enhanced access to quality maternal, newborn, and child health services across the State.





# IMO STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY (ISPHCDA)

P.M.B 1502 UMUGUMA ROAD OWERRI  
Tel: 08062890063 Email: isphcda@gmail.com



Our Ref: \_\_\_\_\_ Your Ref: \_\_\_\_\_ Date: \_\_\_\_\_

## PHC Facilities and Developed to Communities by at Least 15%, In Line with the Verification

### Action Taken

The State implemented targeted interventions to increase the number of Community Health Workers (Chews) linked to Level 2 PHC facilities and deployed to communities. This was achieved through the recruitment and engagement of additional CHWs to support primary health care service delivery at community level.

The State also strengthened the linkage between CHWs and Level 2 PHC (BEmONC) facilities to improve referral systems, community outreach, and service coverage. CHWs were deployed to undeserved and hard-to-reach communities based on identified service gaps and population needs.

In addition, task allocation was optimized to ensure CHWs effectively support health promotion, preventive services, and follow-up care within communities. Supportive supervision and capacity building were provided to enhance their performance and alignment with PHC service delivery standards.

All implementation activities were carried out in line with the approved verification protocol to ensure compliance, accountability, and accurate reporting.

### Result/Progress:

The number of Community Health Workers linked to Level 2 PHC facilities and deployed to communities increased by at least 15%, improving community-level health service delivery and strengthening the referral system between communities and PHC facilities.

SIGNED

OKOLIE KINGSLEY (DPRS)

