



**OFFICE OF THE HONOURABLE COMMISSIONER  
MINISTRY OF HEALTH**

**(PRIMARY HEALTHCARE, HEALTH INSURANCE AND SOCIAL SERVICES)**

**SECRETARIAT EXTENSION:**

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P. M. B. 1123, Owerri, Imo State, Nigeria.

**REF: MH/PLD/35/12**

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## **IMO STATE BASELINE EXERCISE ON PRIMARY HEALTH CARE WORKERS**

### **1. Introduction**

This report presents the findings of the baseline exercise mapping of the number and duty stations of **primary health care (PHC) workers** across Imo State. The study aims to develop a multi-year, cost-worker recruitment and deployment plan to address identified staffing gaps. This initiative is essential for strengthening the health workforce and improving healthcare service delivery.

### **2. Objectives** The primary objectives of this baseline exercise are to:

- Conduct a comprehensive enumeration of **primary health care workers** in Imo State.
- Identify and map health worker duty stations across the 27 Local Government Areas (LGAs).
- Assess health workers' distribution, qualifications, and specialization to determine staffing gaps.
- Develop a multi-year, costed health-worker recruitment and deployment plan to address deficiencies.
- Provide policy recommendations for sustainable workforce planning and improved health outcomes.

### **3. Methodology** A mixed-methods approach was used to ensure a comprehensive analysis:

- **Data Collection:** Enumeration of health workers, facility visits, and stakeholder consultations.
- **Gap Analysis:** Patient-health worker ratios, area-specific shortages, and deployment imbalances are assessed.
- **Financial Analysis:** Estimating recruitment, training, and deployment budgetary requirements.

### **4. Key Findings**

## 4.1 Health Worker Distribution

- A total of **2,513** health workers were identified across **327** primary healthcare facilities in the state.
- Urban areas have a higher concentration of health workers, while rural and underserved communities experience critical shortages.
- There is a notable gender and professional imbalance, with shortages in key health specializations such as maternal and child health services.

## 4.2 Staffing Gaps

- IMO State has a shortfall of **6,540** health workers, particularly in Doctors (135), nurses/midwives(1,962) , community health extension worker(981), community health officers(1,635), other Health workers (1,827)
- Rural LGAs experience high health worker attrition due to inadequate infrastructure and lack of incentives.
- In some PHC facilities, the patient-health-worker ratio exceeds recommended standards, negatively impacting service delivery.

## 4.3 Financial and Workforce Projections

- Based on projected population growth and worker retirements, the state needs to recruit **6,540** new health workers over the next five years.
- The estimated recruitment, training, and deployment cost is

**₦3,799,740,000 Billion.**

## 5. Multi-Year Health-Worker Recruitment and Deployment Plan

A structured approach is required to bridge the staffing gap. The following phased plan is recommended:

### IMO State Multi-Year Health-Worker Recruitment and Training Plan

Year	Recruitment Plan	Training Plan	Budget (Naira)
2025	Recruit 3,270 health workers for primary healthcare centers.	Provide foundational training for newly recruited health workers.	₦981,000,000 million
2026	Recruit additional 1,962 health workers for underserved areas.	Develop structured induction training and specialization programs.	₦588,600,000 million
2027	Recruit 1,308	Implement	₦392,400,000

	more health workers to address staffing gaps.	continuous professional development courses.	million
2028	Evaluate recruitment impact and address emerging needs.	Enhance refresher training and mentorship initiatives.	₦850,200,000 million
2029	Achieve full health-worker sufficiency in Imo State.	Upgrade digital literacy and emergency response training.	₦987,540,000 million
Total:			₦ 3,799,740,000 Billion

## 2025 RECRUITMENT PLAN FOR PRIMARY HEALTH WORKERS

Activity	Timeline	Responsible Body	Output
Conduct Health Workers Gap and Needs Assessment	Q2 2025	ISPHCDA, MOHPHSSHI, LGHAs	Needs assessment report
Engage Stakeholders and Community Leaders	Q2 2025	ISPHCDA, LGAs	Validated recruitment needs
Develop and Approve Recruitment Guidelines	Q2 2025	ISPHCDA	Recruitment framework
Advertise Health Workers Positions	Q3 2025	ISPHCDA, MOHPHSSHI	Call for applications
Shortlist, Interview, and Select Qualified Candidates	Q3–Q4 2025	ISPHCDA, MOHPHSSHI	Final list of health workers
Issue Offer Letters and Conduct Orientation	Q4 2025	ISPHCDA, MOHP HSSHI	Health Workersonboarded

## DEPLOYMENT PLAN

Activity	Timeline	Responsible Body	Output
Develop Deployment Strategy (using data and GIS)	Q3 2025	ISPHCDA, MOHPHSSHI	Equitable deployment map
Prioritize underserved LGAs and	Q3 2025	ISPHCDA, LGHAs	Deployment priority list

rural/remote Primary Health Centers.			
Deploy Newly Recruited Health Workers	Q4 2025	ISPHCDA, MOHPHSSHI, LGAs	Deployment letters
Engage Traditional Institutions and CBOs	Q4 2025	ISPHCDA, LGAs	Local support for retention
Monitor Compliance and Retention	Ongoing	ISPHCDA, MOHPHSSHI, DPRS	Quarterly deployment report

## TRAINING PLANS

Activity	Timeline	Responsible Body	Output
Training Needs Assessment (TNA)	Q2 2025	ISPHCDA,MOHPHSSHI	Skills gap report
Develop an Annual Health Worker Training Plan	Q3 2025	ISPHCDA,MOHPHSSHI	Endorsed training calendar
Induction and Pedagogical Training for New Health Workers	Q4 2025	ISPHCDA, MOHPHSSHI LGAs	Trained new recruits
In-Service Training for health workers	2025-2027	ISPHCDA, MOHPHSSHI, Partners	Continuous capacity building
Deploy Health worker Mentors and Coaches	2026	ISPHCDA,MOHPHSSHI	Online health Worker education hub

## PERFROMANCE MONITORING & EVALUATION PLAN

Focus	Description
Key Indicators	% of qualified health workers in primary health centers % of rural primary health centers with adequate health worker staffing % of health workers trained annually
Tools	Health worker Attendance Registers, Data tools, (e.g Immunization, Antenatal, and general outpatient register etc
Frequency	Monthly supportive supervision to PHCs, Quarterly data

	harmonization meetings.
Reporting Channels	OICs → LGHAs → ISPHCDA → DPRS(Monitoring and Evaluation Unit)

## **RISK & MITIGATION**

<b>Risk</b>	<b>Mitigation</b>
Reluctance to work in rural areas	Rural health worker incentives, housing schemes, recognition awards
Budgetary constraints	Timely release of counterpart funding, explore donor grants.
High attrition rate	Establish career progression pathways.
Political interference in recruitment	Transparent, merit-based recruitment system with oversight

## **Policy Recommendations**

To ensure the sustainability of the workforce plan, the following policy measures should be considered:

1. Introduce rural posting allowances and career progression incentives for health workers in underserved areas.
2. Strengthen pre-service and in-service training programs for continuous professional development.
3. Establish a digital health workforce database for real-time monitoring and planning.
4. Leverage support from development partners to enhance recruitment efforts

## **7. Conclusion**

The findings of this baseline exercise highlight the urgent need for strategic health worker recruitment and deployment of primary health workers in Imo State. By implementing the proposed multi-year plan and bridging critical workforce gaps, the state can enhance primary health care service delivery. Strong government commitment and stakeholder collaboration will be essential to achieving these objectives.



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