HUMAN RESOURCE FOR HEALTH MAPPING AND RECRUITMENT PLAN

NIGER STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY

2026 - 2030

EXECUTIVE GOVERNOR

HIS EXCELLENCY
FARMER GOVERNOR MOHAMMED UMAR BAGO
EXECUTIVE GOVERNOR OF NIGER STATE

HONORABLE COMMISSIONER

EXECUTIVE DIRECTOR

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ABBREVIATIONS

CHEWs	Community Health Extension Workers
MDAs	Ministry Departments and Agencies
FCT	Federal Capital Territory
FMOH&SW	Federal Ministry of Health and Social Welfare
HCF	Health Care Facility
HCW	Health Care Worker
HTI	Health Training Institution
HMIS	Health Management Information System
HRH	Human Resources for Health
HRHSP	Human Resources for Health Strategic Plan
HRIS	Human Resources Information System
HSS	Health System Strengthening
ISS	Integrated Supportive Supervision
JCHEWS	Junior Community Health Extension Worker
LGA	Local Government Area
NEMCHIC	National Emergency Maternal and Child Health Intervention Centre
MOH	Ministry of Health
MSP	Minimum Standard Personnel
MNCH	Maternal Newborn and Child Health
NSHDP	National Strategic Health Development Plan
PEA	Political Economy Analysis
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
SEMCHIC	State Emergency Maternal and Child Health Intervention Centre
TWG	Technical Working Group
WHO	World Health Organization
WISN	Workload Indicators of Staffing Need

FORWARD:

It is with great pleasure that I present the Niger State Primary Health Care Development Agency Human Resources for Health (HRH) Mapping and Recruitment Plan for the period 2026–2030. This strategic document reflects our unwavering commitment to strengthening the primary healthcare workforce, which is the backbone of effective and equitable health service delivery in Niger State.

Recognizing that a competent, well-distributed, and motivated health workforce is fundamental to achieving improved health outcomes, this plan provides a comprehensive framework to address existing gaps and disparities in staffing across our primary healthcare facilities. Through rigorous HRH mapping, we have identified critical shortages and areas requiring urgent attention, particularly in rural and underserved communities.

Our recruitment strategy emphasizes targeted, data-driven approaches to attract, retain, and develop skilled health professionals, ensuring that every community in Niger State has access to quality care. The plan also integrates capacity building and robust HR management systems to sustain workforce growth and performance.

I commend all stakeholders who contributed to this plan and urge its full implementation to realize our shared vision of a resilient and responsive primary healthcare system. Together, we can build a healthier Niger State.

Dr Murtala Mohammed Bagana
Honourable Commissioner
Niger State Ministry of Health

ACKNOWLEDGEMENT:

The successful development of the Niger State HRH Mapping and Recruitment Plan 2026–2030 is a testament to the collaborative efforts of many dedicated individuals and institutions. I extend my sincere gratitude to the technical working groups, health facility managers, data analysts, and all partners who provided valuable insights and data critical to the comprehensive HRH profiling and gap analysis.

This plan represents a significant milestone in our ongoing efforts to strengthen human resources for health within the primary healthcare sector. It provides a clear, actionable roadmap for addressing workforce challenges and improving health service delivery across the state.

I acknowledge the leadership and support of the Honorable Commissioner, Ministry of Health and other government agencies, whose commitment has been instrumental in driving this initiative. I also appreciate the continuous cooperation of health workers in the department of DPRS and community stakeholders who remain central to our success.

We look forward to the coordinated implementation of this plan and remain committed to monitoring progress and adapting strategies to meet the evolving health needs of Niger State's population.

Dr Inuwa Junaidu
Executive Director
Niger State Primary Health Care Development Agency

1.0 EXECUTIVE SUMMARY:

This document outlines Human Resources for Health (HRH) mapping and a strategic 5-year recruitment plan, designed to address the critical health workforce needs within the Niger State Primary Health Care Development Agency. The plan serves as a comprehensive framework for optimizing the existing healthcare workforce, identifying areas of shortage and disparity, and ensuring the equitable distribution of qualified personnel across the state's primary health care facilities. Recognizing the pivotal role of a competent and motivated health workforce in delivering quality healthcare services, this plan aims to strengthen the foundation of primary healthcare delivery through data-driven HRH management.

The core of this document is a detailed HRH mapping exercise, utilizing existing healthcare workforce data to pinpoint specific role, specialty, and regional disparities. This mapping provided a clear understanding of the current workforce distribution, revealing critical gaps in staffing levels, particularly in rural and underserved areas.[1] The analysis will focus on identifying shortages in key roles such as medical doctors, midwives, nurses, community health officers (CHO) and community health extension workers (CHEWs), which are essential for meeting minimum standard package and providing comprehensive primary healthcare services. The data collected will be analysed to develop targeted recruitment strategies that prioritize areas with the greatest need.

Based on the mapping results, the document proposes a phased recruitment plan aimed at attracting and retaining qualified healthcare professionals.[1,2] This strategy will include:

1) Targeted recruitment campaigns, leveraging digital platforms and community outreach to reach potential candidates;
2) Implementation of competitive compensation and benefits packages to attract and retain skilled professionals;
3) Establishment of mentorship and professional development programs to foster career growth and enhance job satisfaction; and
4) Exploration of innovative recruitment models, such as partnerships with training institutions and community-based recruitment initiatives.

Furthermore, the plan emphasizes the importance of strengthening HRH management systems through the development of standardized HRH policies, procedures, and tools. This will include

the implementation of a robust HRH information system to facilitate data collection, analysis, and reporting. Additionally, the plan advocates for capacity building initiatives to enhance the skills of HRH managers in areas such as workforce planning, performance management, and employee relations.

To ensure the successful implementation of this 5-year plan, a multi-stakeholder approach will be adopted, involving collaboration with relevant government agencies, training institutions, professional associations, and community leaders. Regular monitoring and evaluation mechanisms will be established to track progress, identify challenges, and make necessary adjustments. The plan will be reviewed and updated annually to reflect changing healthcare needs and emerging best practices. By implementing this strategic framework, the Niger State Primary Health Care Development Agency aims to build a resilient and responsive health workforce that can effectively address the healthcare needs of its population and contribute to the achievement of national and state health goals.

2.0 INTRODUCTION:

2.1 Background:

Institutions thrive when they have the right people in the right roles. Human resource mapping provides a snapshot of existing talents within the institution, highlighting strengths and areas for improvement. Coupled with a recruitment plan, this approach ensures the institution is adequately staffed with skilled personnel who contribute to overall success. It also facilitates proactive planning to address future talent demands in alignment with establishment goals.[3]

The Human Resource for Health (HRH) Mapping and Recruitment Plan is a strategic initiative designed to address the critical HRH challenges facing Niger State Primary Health Care Development Agency (NSPHCDA) facilities. Recognizing that a well-distributed, adequately staffed, and highly skilled healthcare workforce is fundamental to delivering quality healthcare services, The plan acknowledges the complexities of healthcare delivery within the PHC facilities, including geographical disparities, varying service demands, and the need for specialized expertise. By accurately mapping the current workforce and identifying gaps, this plan seeks to ensure that PHC facilities within the NSPHCDA are equipped with the necessary personnel to meet the healthcare needs of the population.

This plan aims to provide a data-driven framework for optimizing existing resources and strategically recruiting new talent. The Recruitment Plan complements the mapping process by establishing mechanisms to attract, train, and retain health professionals in areas of critical need. Innovative strategies are developed to address recruitment challenges, particularly in underserved regions, ensuring alignment with the state's broader health policy objectives. By prioritizing roles and specialties with the greatest impact on health outcomes, the plan fosters sustainable workforce growth and enhances the delivery of essential health services.

2.2 Rationale for the Niger State HRH Strategy:

The rationale for the Niger State Human Resources for Health (HRH) strategy is rooted in addressing critical challenges within the health workforce to improve service delivery and health outcomes. Niger State has faced issues such as inadequate staffing, low productivity, and uneven distribution of health workers, which hinder the effectiveness of its primary health care system.[4]

2.3 Problem Statement:

Primary Health Care (PHC) facilities serve as the cornerstone of community health services, the PHC facilities in Niger State are facing a critical human resource for health (HRH) crisis, characterized by significant shortages, inequitable distribution, and suboptimal utilization of healthcare personnel. This crisis directly impacts the quality, accessibility, and effectiveness of primary healthcare services, hindering the state's ability to achieve its health goals and improve population health outcomes.[1]

Insufficient human resource planning, compounded by the lack of effective recruitment strategies, has led to significant gaps in the availability of qualified health professionals. These gaps negatively impact the delivery of essential health services, including preventive care, maternal and child health services, and the management of communicable and non-communicable diseases.

The absence of a comprehensive human resource mapping framework means that PHC facilities lack a clear understanding of their current workforce capabilities and existing gaps. This oversight often results in uneven distribution of staff, under-utilization of existing talents, and an inability to effectively identify and address skill shortages. Furthermore, high attrition rates, poor working conditions, and limited opportunities for professional development discourage both recruitment and retention of health workers.

Without a strategic recruitment plan tailored to the needs of PHC facilities, it becomes increasingly difficult to attract qualified professionals, especially in underserved and rural areas. As a result, communities relying on these facilities face limited access to quality health care services, which undermines the overall goal of achieving universal health coverage.

This problem necessitates a focused and systematic approach to human resource mapping and recruitment plan. Addressing these challenges will enable PHC facilities to optimize their workforce, ensure equitable service delivery, and improve health outcomes for the populations they serve.

2.4 Purpose of HRH Mapping and Strategic Plan:

The main purpose of this exercise is to ensure that the PHC facilities in Niger state has the human capital it needs to succeed based on minimum requirement, both in the present and future. It helps in evaluating the adequacy of existing staff, identifying skill gaps, and strategically planning

recruitment and development activities. This process is crucial in creating a workforce that is competent, engaged, and prepared for evolving PHC service delivery challenges. Specifically, these processes aim to:

1. Identify HRH Gaps and Imbalances: Analyse a comprehensive assessment of the current healthcare workforce to determine areas of shortage or imbalance in specific roles, specialties, or regions.
2. Optimize Existing Resources: Maximize the utilization of the existing healthcare workforce by analysing current distribution and identifying opportunities for redistribution or skill enhancement.
3. Develop Targeted Recruitment Strategies: Create and implement effective recruitment strategies to attract and retain qualified healthcare professionals, addressing identified gaps and ensuring equitable distribution.
4. Strengthen HRH Management Systems: Improve the overall management of the healthcare workforce through the development of standardized policies, procedures, and information systems.
5. Enhance Healthcare Service Delivery: Ultimately, improve the quality and accessibility of healthcare services by ensuring that healthcare facilities are adequately staffed with competent professionals.

2.5 Key Objectives:

To achieve the plan's purpose, the following key objectives will guide the mapping and recruitment exercise:

1. Analyse a Comprehensive HRH Mapping:
    a. Analyse data on the current healthcare workforce, including demographics, qualifications, roles, and geographical distribution.
    b. Utilize existing data sources and conduct field assessments to ensure data accuracy and completeness.
    c. Develop detailed HRH profiles for each healthcare facility and region.
2. Identify HRH Shortages and Imbalances:
    a. Analyse the mapped data to identify areas with critical shortages in specific healthcare roles and specialties.

b. Determine geographical disparities in workforce distribution, focusing on underserved and rural areas.
c. Assess the alignment of the current workforce with the population's healthcare needs.

3. Develop Targeted Recruitment Strategies:
    a. Design recruitment campaigns tailored to address specific HRH gaps and attract qualified candidates.
    b. Explore innovative recruitment models, such as partnerships with training institutions and community-based recruitment initiatives.
    c. Develop competitive compensation and benefits packages to attract and retain skilled professionals.
4. Strengthen HRH Management Systems:
    a. Develop and implement standardized HRH policies and procedures for recruitment, deployment, performance management, and retention.
    b. Establish a robust HRH information system to facilitate data management and reporting.
    c. Provide capacity building training for HRH managers and administrators.
5. Ensure Equitable Distribution of Healthcare Professionals:
    a. Develop strategies for the equitable distribution of healthcare professionals across all regions and facilities.
    b. Prioritize the deployment of qualified personnel to underserved and rural areas.
    c. Implement incentive programs to encourage healthcare professionals to work in challenging environments.
6. Monitor and Evaluate the Impact of the Plan:
    a. Establish a monitoring and evaluation framework to track progress and assess the impact of the recruitment and distribution strategies.
    b. Conduct periodic reviews and make necessary adjustments to the plan based on the evaluation findings.
    c. Ensure data driven decision making.

3.0 NIGER STATE PROFILE:

3.1 State Profile:

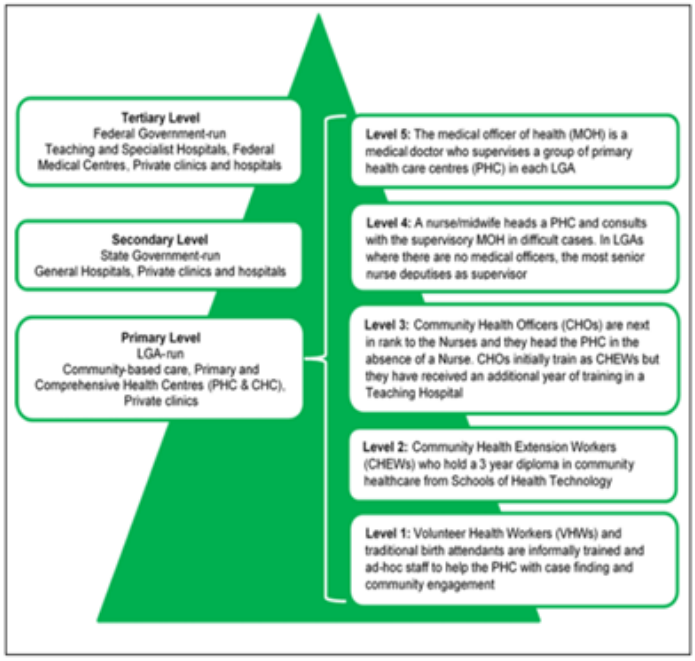
Figure 1: Map of Nigeria showing Niger State

Niger state is a state in the North Central Geopolitical Zone of Nigeria with Minna as the capital. Other major cities are Bida, Kontagora and Suleja. The state was created in 1976 from the then North-Western State. The Nupe, Gbagyi, Kamuku, Kambari, and Hausa form the majority of numerous indigenous tribes of the State. The State is divided into 3 senatorial district; Niger South (Zone A), Niger Central (Zone B) and Niger North (Zone C) with 25 Local Government Areas and 274 political wards.[4,5]

The state is bounded to the South by the river Niger and bounded by the states of Kebbi and Zamfara to the North, Kaduna to the North and Northeast, Kogi to the Southeast, and Kwara to the South. The Abuja Federal Capital Territory is on Niger state's Eastern border, and the Republic of Benin is its Western border. The state has a land mass of 68,925 km2, the largest state in the country and a 2016 estimated population of 5,556,200. The landscape consists mostly of wooded savannas and includes the floodplains of the river Kaduna. The majority of the populace in the state (85%) are farmers while the remaining 15% are involved in other vocations such as white-collar jobs, business, craft and arts. About 60.6% of Niger's population is employed, with approximately 90% employed in the informal sector and the State's poverty incidence of 33.9% is far lower than the North Central average of 59.7%.[6]

3.2 Organization of Health Services in Niger State:

Nigeria operates 3 main levels of healthcare system in Nigeria that follow the structure of the government.[7,8] The federal government handles the tertiary healthcare, the state handles the secondary healthcare, while the local government takes charge of the primary healthcare with overlaps as necessary.[7] The state has 2 tertiary healthcare facilities, 23 secondary healthcare facilities and 1,582 PHC facilities in the state.



The Hospitals Management Board (HMB) manages the secondary healthcare facilities under Ministry of Health (MOH), while the state-owned tertiary healthcare facility, Ibrahim Badamasi Babangida Specialist Hospital, Minna, is managed by its management board/MSTH. The federal tertiary facility, federal Medical Centre, Bida owned by the federal government, is managed by her board under the Federal Ministry of Health (FMOH).

Figure 2: Health Facilities Organizational Structure

3.3 State Health Indices:

According to NDHIS 2023-24, Niger state health indices show neonatal mortality rate (NMR) of 22 deaths per 1000 live births, Infant mortality rate (IMR) of 31 deaths per 1000 live births, Under-5 mortality rate (U5MR) of 49 deaths per 1000 live births.[9]

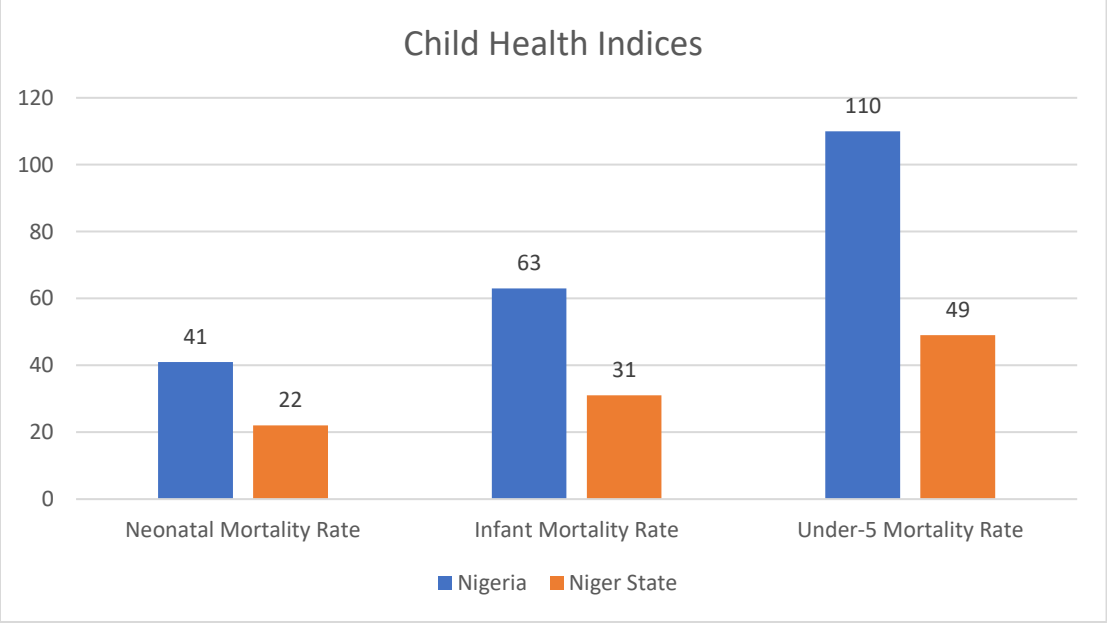


Figure 3: Child health Indices Nigeria Vs Niger state

Niger State still faces significant challenges in maternal health, including high maternal mortality rates and poor uptake of maternal health services at the community levels.[9] One in every 95 women die during pregnancy and childbirth which translates to an annual estimate of 1,934 deaths from pregnancy-related complications. Majority of these deaths occur in rural areas which are in hard-to-reach communities due to the bad terrain of the state.[10]

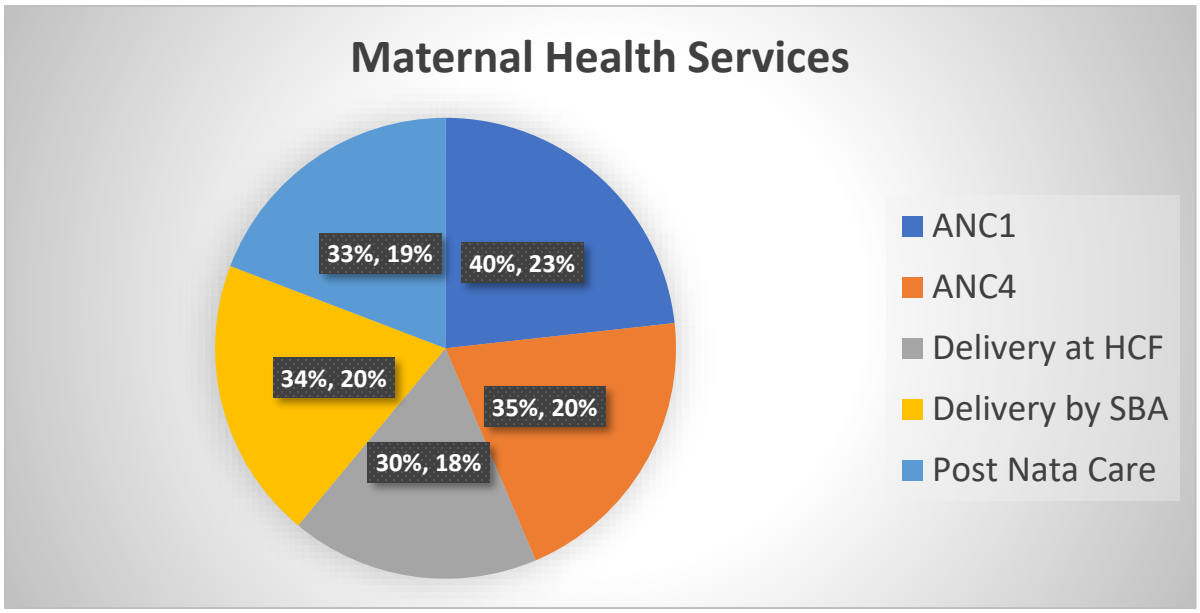


Figure 4: Uptake of Maternal Health Services in Niger State

Facility Type	Description	Minimum Personnel Requirement
1 Health Post	▪ A health facility domiciled in at the settlement or village level ▪ Serves a population of 500	▪ At least one JCHEW
2 Primary Health Clinic	▪ A health facility that serves a group of villages or communities ▪ Serves a population of 2,000-5,000	▪ Nurse/Midwife – 2 ▪ CHEW – 2 ▪ JCHEW – 4
3 Primary Health Care Centre	▪ A health facility that serves a political ward ▪ Serves a population of 10,000-20,000	▪ Medical Officer – 1 ▪ CHO - 1 ▪ Nurse/Midwife – 4 ▪ CHEW – 3 ▪ Pharmacy technician – 1 ▪ JCHEW – 6 ▪ Environmental Health Officer – 1 ▪ Medical Records Officer – 1 ▪ Laboratory technician - 1

Health facilities were categorized based on **Minimum Service Package guidelines**

Figure 5: Categorization Criteria of PHC Facilities According to MSP

3.3 State Primary Healthcare Facilities:

There are 1,582 PHC facilities in Niger state categorized into 3, Health Post, Primary Health Clinic and Primary Health Care Centre (PHCC) according to minimum standard package guideline. Based on the categorization, Niger state has 469 (29.6%) PHCC, 937 (59.3%) Primary Health Clinic and 176 (11.1%) Health Post spread across the 25 LGAs of the state.[1]

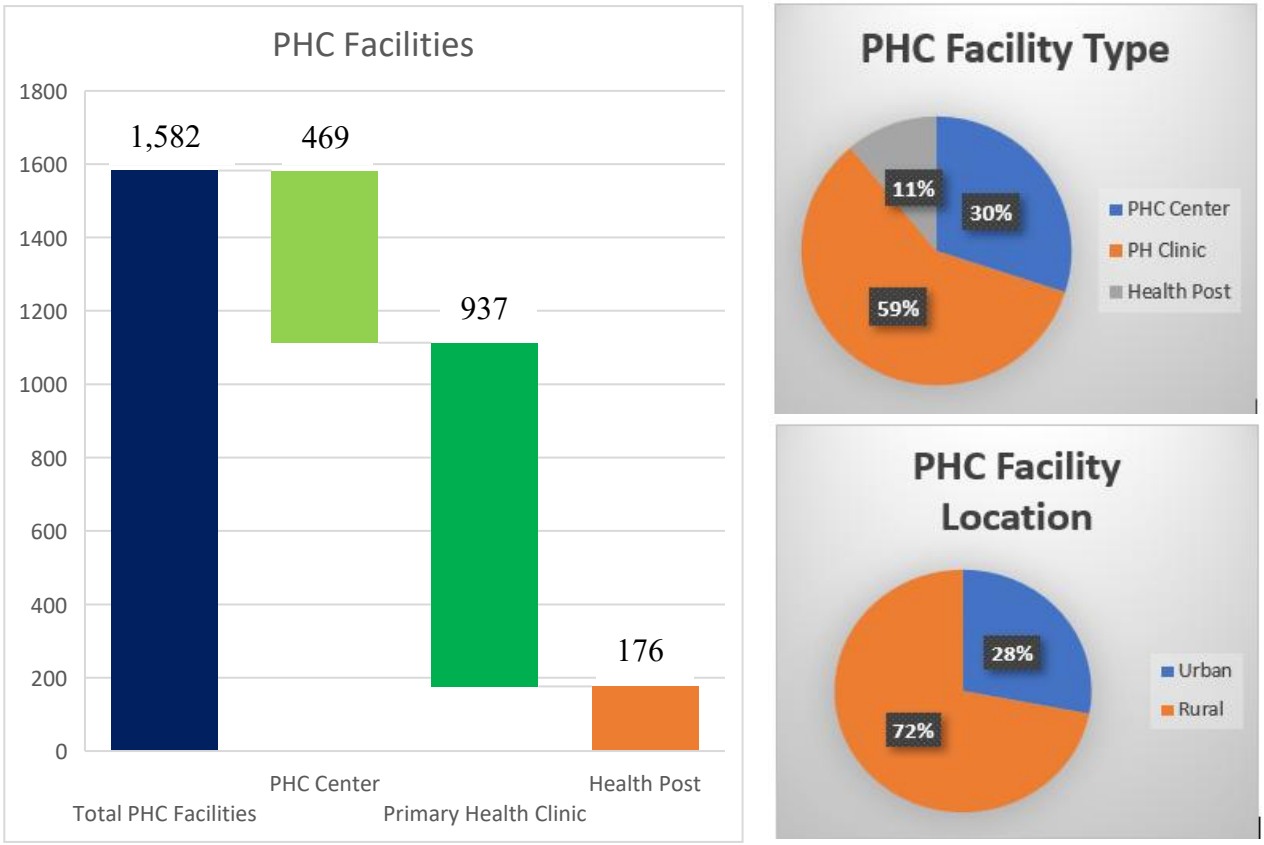


Figure 6: Distribution of PHC facilities in Niger State

3.4 PHC HRH Status in Niger State:

A total of 5,154 healthcare workers were recently profiled in the PHC facilities across the 25 LGAs of the state. Out of which 4,907 (95.2%) are MSP personnel and 247 (4.8%) are other healthcare workers that include health attendants, nurses' aides, cleaners and drivers. CHEW and JCHEW constitute about 75% of the state's PHC facilities HRH and could present the state with room for optimal service delivery across healthcare facilities. Fewer nurse/midwives and doctors may limit the range of services provided in most facilities and possible bearing and overburdening of CHEWs and JCHEWs.[1]

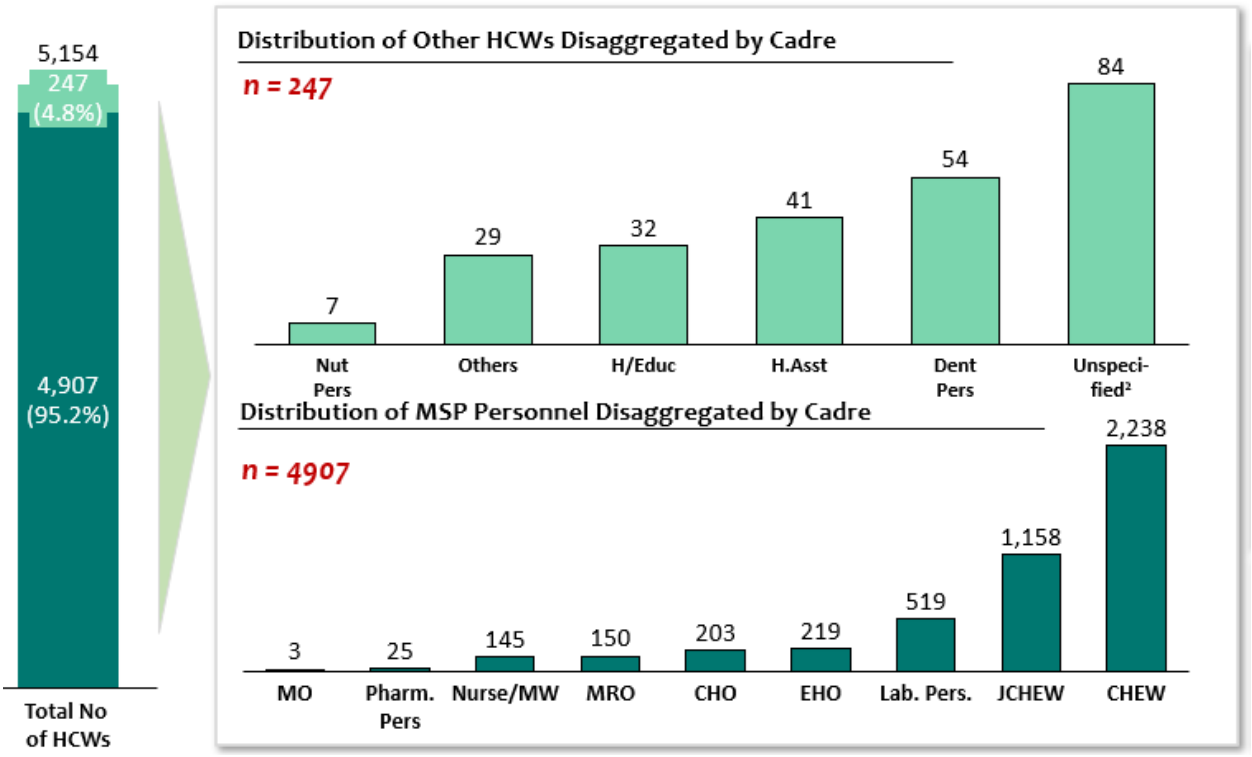


Figure 7: Distribution of PHC Facilities HCWs

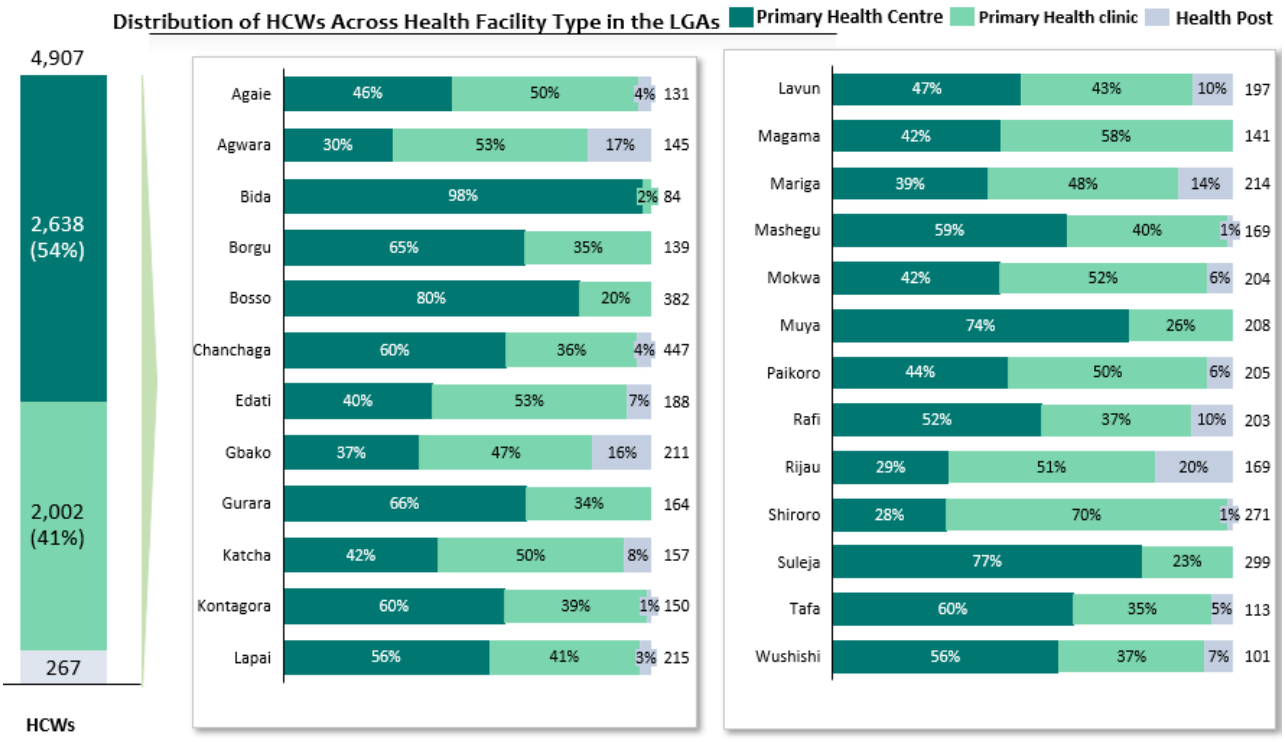


Figure 8: Distribution of HCWs Across HCF Type in the LGAs

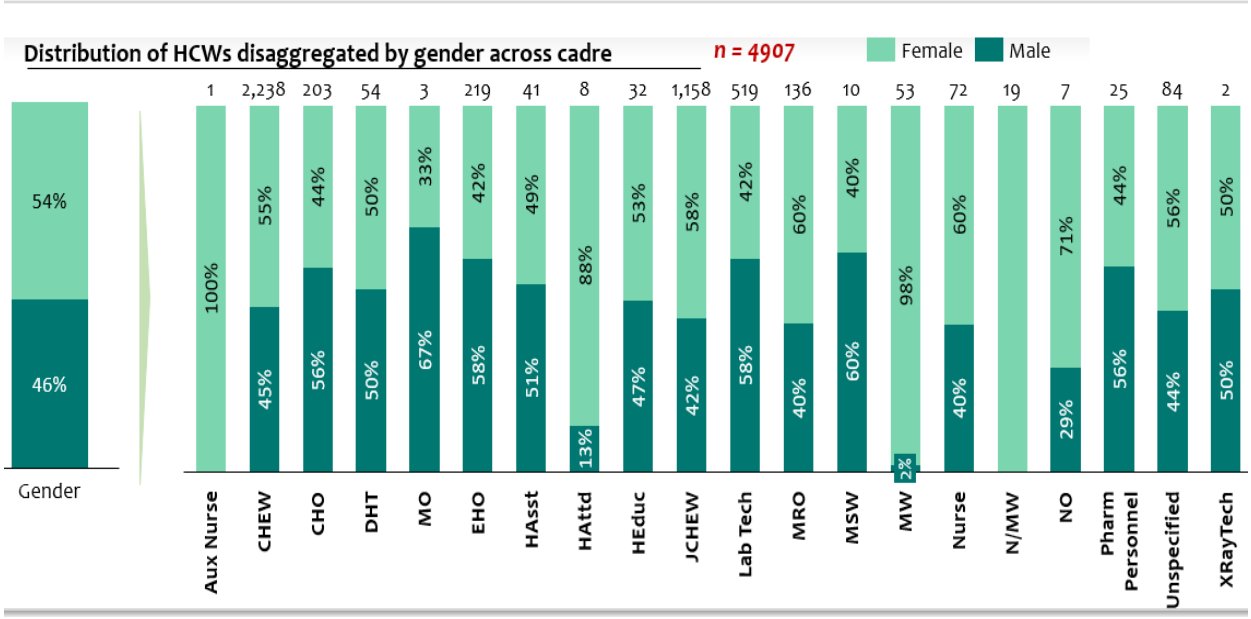


Figure 9: Distribution of HCWs Disaggregated by Gender Across Cadre

While rural LGAs have about 177 HCWs per LGA (3545/20), the urban LGAs have 272 HCWs per LGA (1362/5). Overall, this reflects a 1:1.5 rural-urban LGA ratio in the State.[1] This affirms existing literature1 which shows that a shortage of HCW in the rural areas is common; necessitating the need for rural-driven policies and incentives to motivate a more equitable staff distribution. These incentives must also be gender-sensitive to ensure female HCWs are motivated to provide services in rural areas.

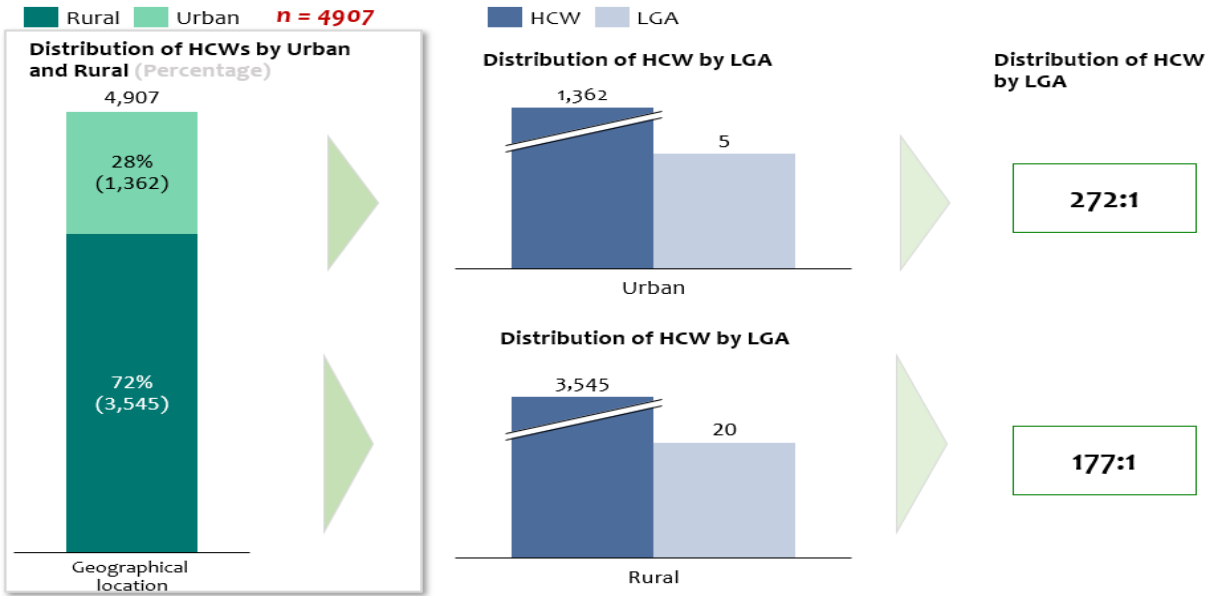


Figure 10: Distribution of HCWs in Urban Vs Rural LGA

4.0 HRH MAPPING PROCESS.

The human resource for health (HRH) mapping process involves a systematic approach to understanding the availability, distribution, and needs of health workers within a given area.[3] This process is crucial for ensuring that health systems have the right number and mix of skilled professionals to deliver quality healthcare services.

The National Primary Health Care Development Agency (NPHCDA) through National Emergency Maternal and Child Health Intervention Center (NEMCHIC) seeks to improve suboptimal MNCH outcomes in the country by optimizing the availability of quality Reproductive, Maternal, Neonatal, Child and Adolescent Health + Nutrition (RMNCAH+N) services at PHC facilities. To achieve this, NEMCHIC conducted a National PHC HRH Profiling and PEA across 10 BMGF States to identify and address gaps, the PEA help to understand the HRH political and economic landscape.[1]

4.1 PHC HRH Profiling and PEA Exercise:

Together, HRH profiling and PEA provide a comprehensive understanding of the challenges and opportunities in PHC workforce management. These insights are critical for developing evidence-based strategies to improve health outcomes and achieve universal health coverage. The HRH Profiling and PEA exercise was conducted using a five-step approach detailed in Figure 9.

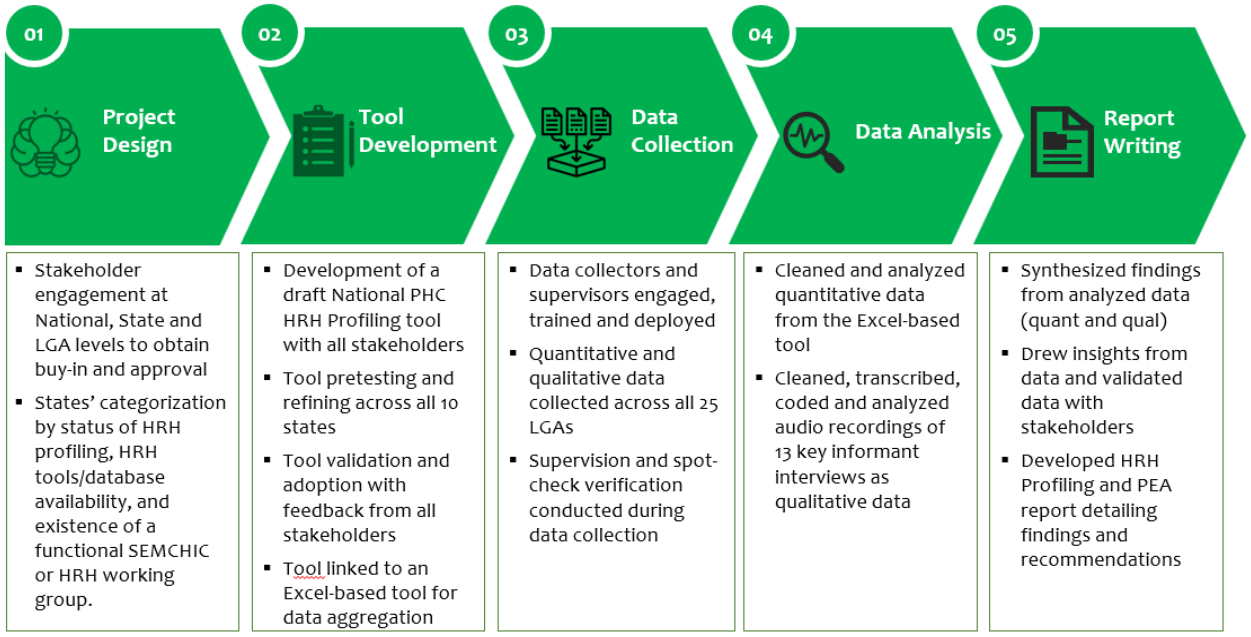


Figure 11: Approach to HRH Profiling and PEA Exercise Conducted in the State

4.2 Human Resource for Health Availability and Gap Analysis.

Using the PHC MSP requirements, staffing gaps were observed on available permanent staff across all 9 HRH cadres in the state.[1,4] Huge staffing gaps existing in the Nurse/Midwife, CHEW, and JCHEW cadres that are critical to the provision of RMNCAH+N services, may bear possible negative impact on the availability of MNCH service delivery in the State.

n = 3559 Surplus Gap

Cadres	Required	Available Staff	Gap/Surplus
CHEW	3281	1795	1486
CHO	469	183	486
Environmental Health Officer	469	135	334
JCHEW	10310	813	9497
Laboratory Personnel	469	330	139
Medical Officer	469	3	464
Medical Records Officer	469	75	394
Pharmacy Personnel	469	15	454
Nurse/Midwife	3750	106	3644

Figure 12: PHC MSP Requirements, Staffing Gaps on Available Permanent Staff Across all 9 HRH Cadres

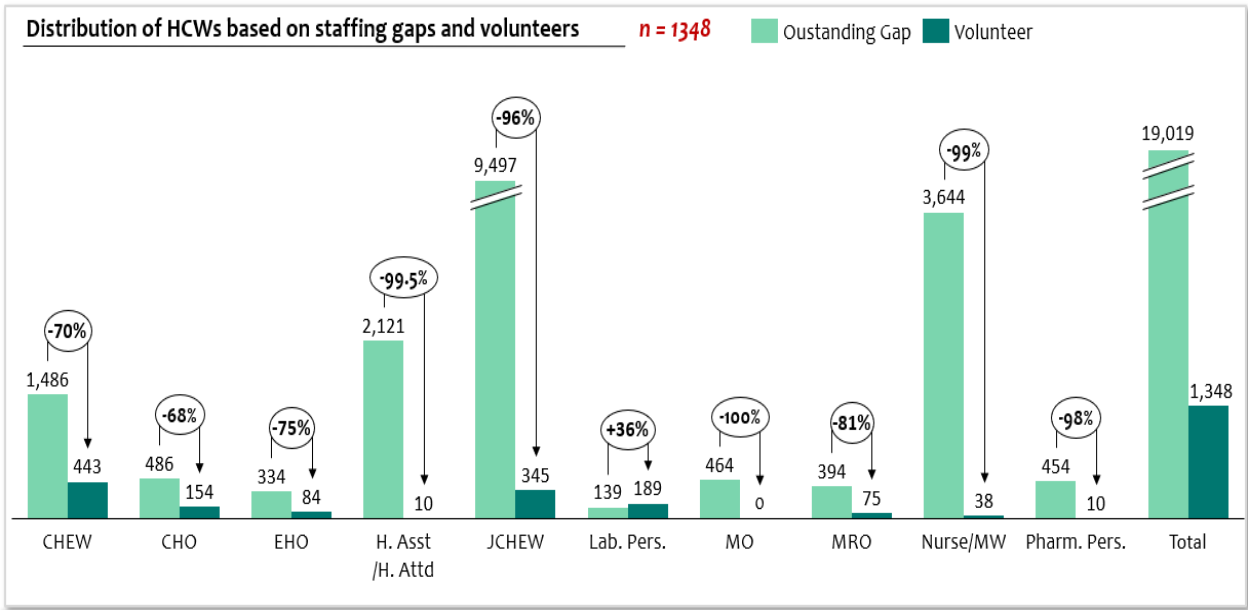


Figure 13: Gaps Among Permanent Staff Across Key Cadres Filled by Volunteers

The State PHC centres have identified staffing gaps across all cadres according to MSP guidelines. These gaps are more significantly observed in the medical officer, nurse/midwife and pharmacy personnel cadre. this depicts a gross deficit in the required skill-mix for the full spectrum of health services required.

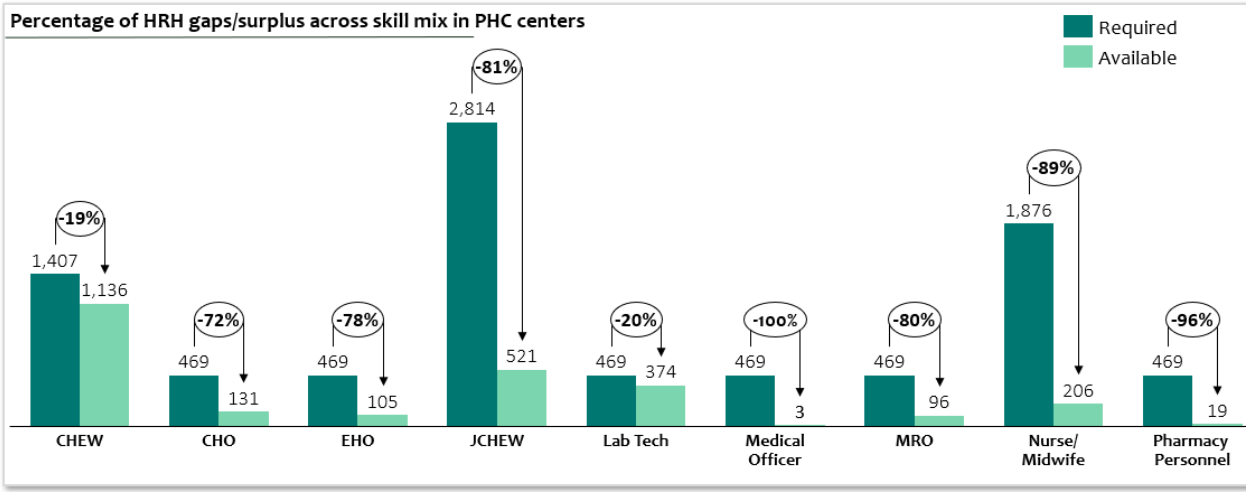


Figure 14: Staffing Gaps Across the 9 Cadres in PHC Centers in the State

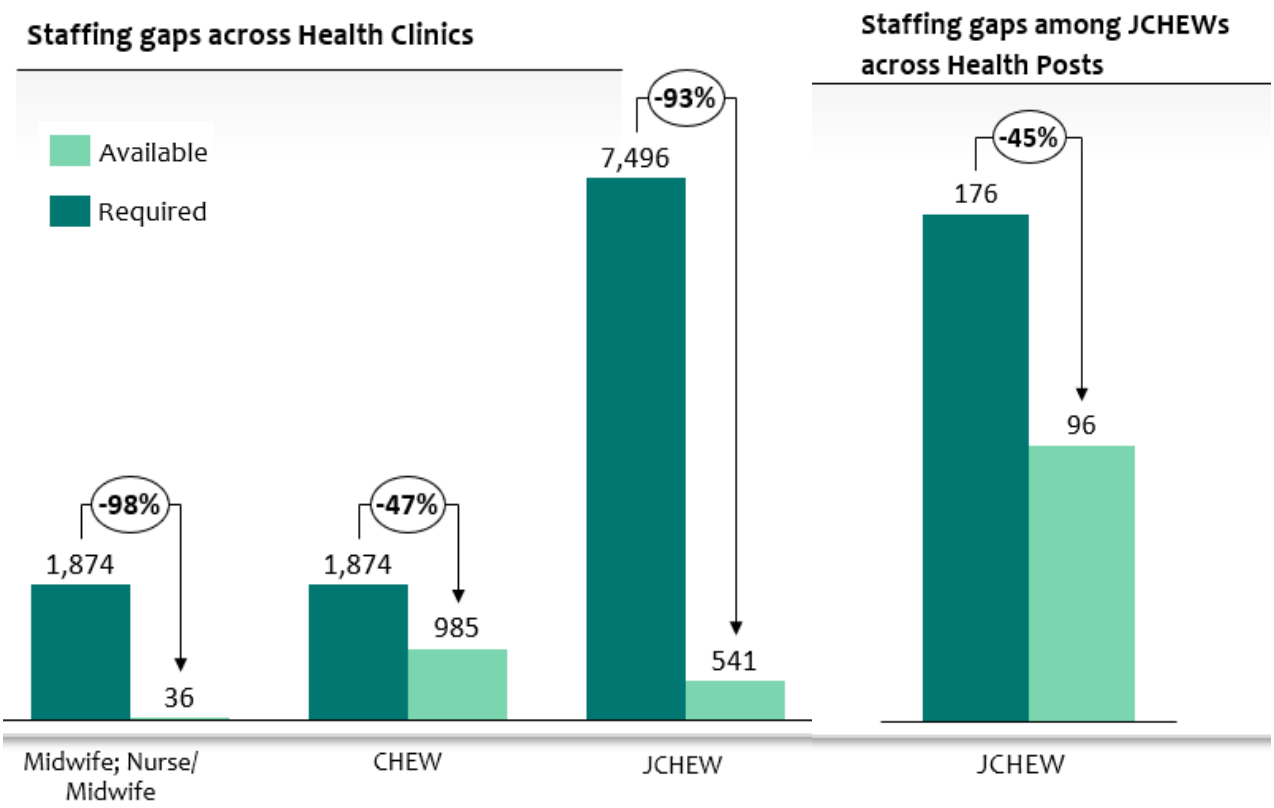


Figure 15: Staffing Gaps Across all the MSP-Required Cadres for Health Posts and PHC clinics in the State

There are staffing gaps across all the MSP-required cadres for health posts and PHC clinics in the state, with JCHEW having the most gap among the 2 categories. However, the PH clinics showed highest personnel gap in the nurse/midwife cadre, this is of implicit concern for the state due to the critical role nurses/midwives play in the provision of MNCH services.

In the 3 years presiding the assessment, a total of 228 HCWs exited active service across all PHC facilities. Retirement remains the biggest reason for staff exit from active services in the state which adds to the already depleted workforce. The CHEW cadre have the highest exit across cadres, if continuous, this could bear huge impact on the delivery of RMNCAH+N services statewide.[1]

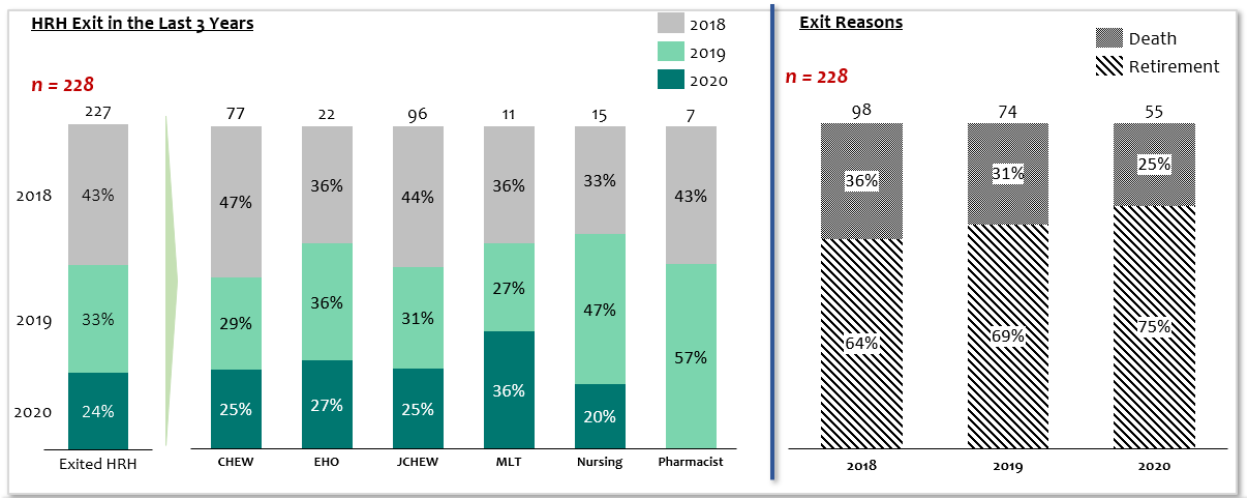


Figure 16: Staff that Exited from Active Service Across all PHC Facilities

4.3 HRH Training Needs:

This refers to the gaps between the current competencies of health workers and the skills, knowledge, and behaviors required to effectively meet health system goals and population needs.[7] Training and re-training remains a critical component of strengthening the health workforce to meet the demands of evolving healthcare systems. Identifying and addressing HRH training needs ensures that health workers are equipped with the skills and knowledge required to deliver quality care.

Majority of the CHEWs, CHOs and JCHEWs have not attended recommended trainings in the 2 years preceding the assessment. Inservice training coverage rate is low, and this will affect the quality of services available across facilities. Given the level of work required of CHEWS and CHOs across facility points, routine in-service trainings must be prioritized for them to perform

optimally. Medical officers where available are required to perform multiple roles in the facilities, hence the need to upskill them through necessary trainings.

Figure 17: Proportion of Trained Staff Disaggregated by Cadre

4.4 State's HRH Production Capacity:

Human Resources for Health (HRH) production capacity is the ability of the state to train, deploy, and sustain a health workforce that meets the needs of its population. HRH strategies often focus on addressing shortages, improving training programs, and enhancing coordination mechanisms.

Niger State relies on health training institutions, such as College of Nursing Sciences, Bida, School of Midwifery Minna, College of Nursing Sciences and Midwifery Kontagora, to produce health workers. However, these institutions often face challenges such as limited infrastructure, inadequate funding, and insufficient faculty, which constrain their ability to produce a sufficient number of qualified health professionals. State owned health training institutions produce more CHEWS and Health Education & Promotion professionals and an average of 33 and 40 medical lab technicians and pharmacy techs have graduated every year since 2018.[1]

With the coming on-bord of IBB University medical school, production of medical doctors will expectedly improve the number of available medical doctors for employment in the state. This will also help the goal of employing one medical officer per LGA working across a number of PHC Centres within the LGA.

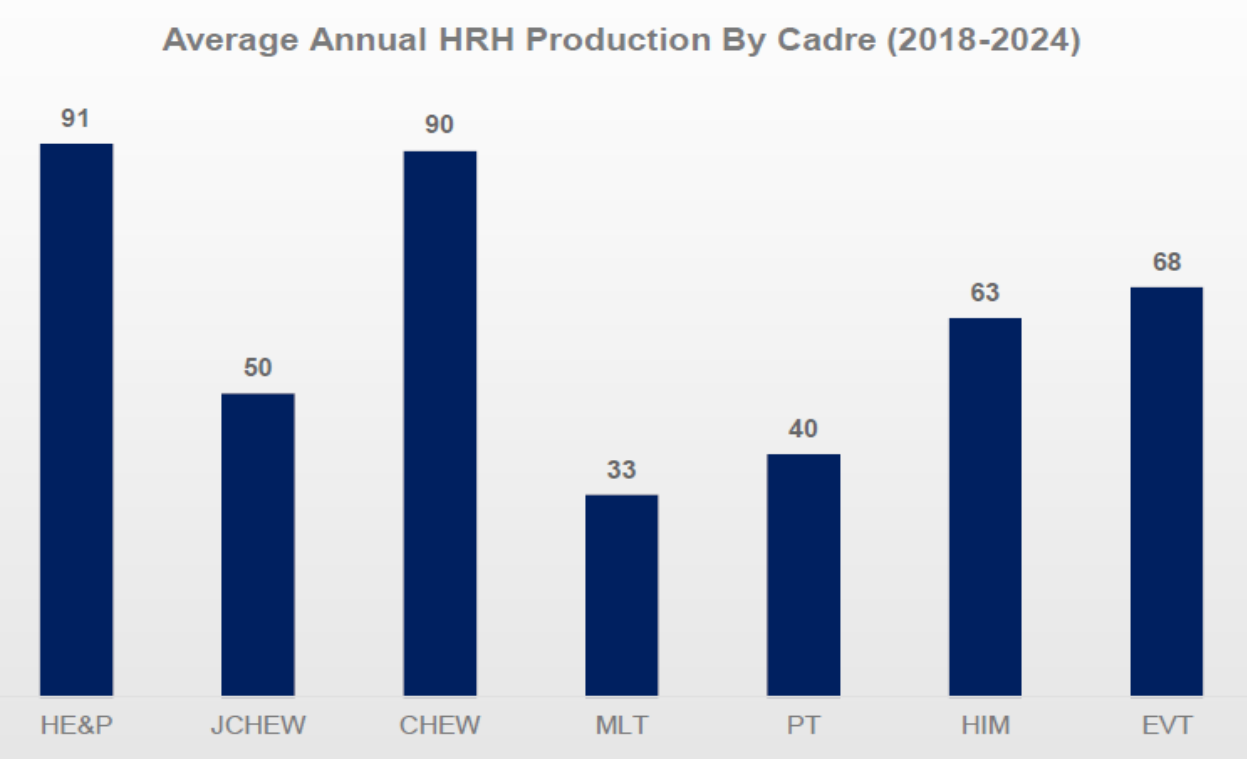


Figure 18: Niger State Average Annual HRH Production by Cadre (2018-2024)

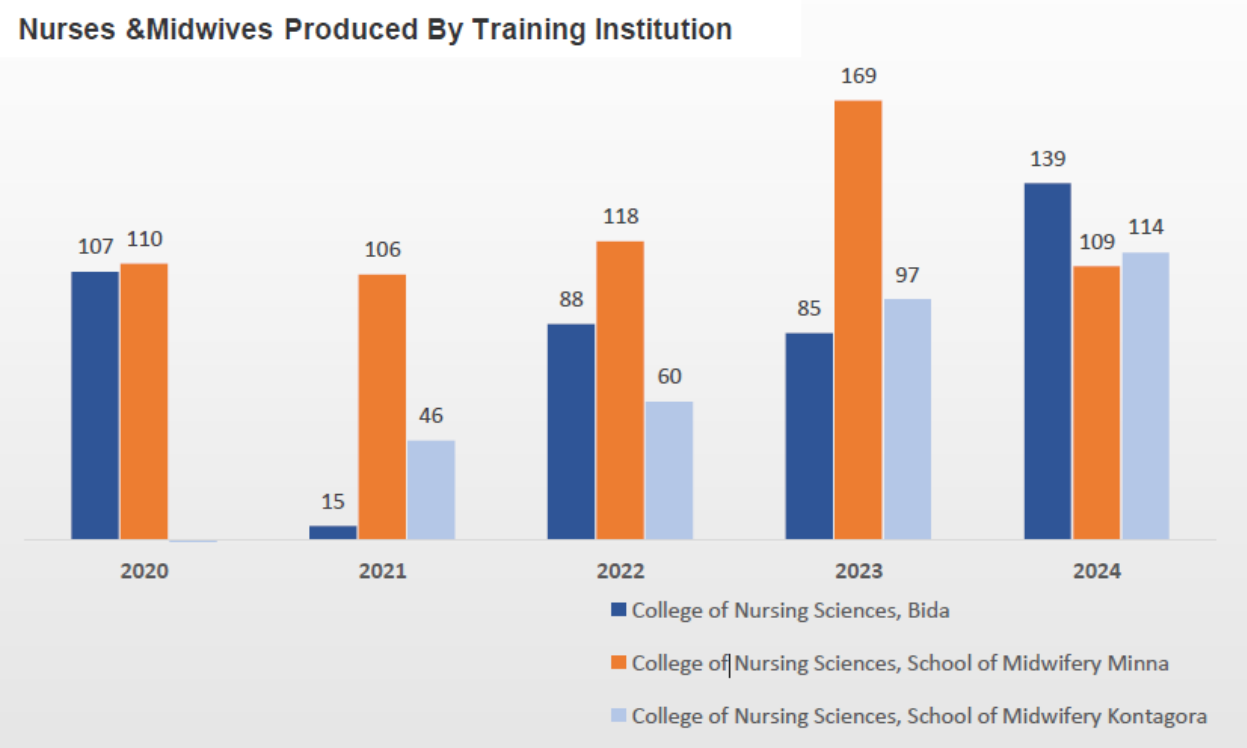


Figure 19: Average Annual Production of Nurses and Midwives in Niger State

4.5 SWAT Analysis on HRH in the State:[2]

STRENGTHS

- Skilled health workers
- Availability of health training institutions for the training of all levels of health workers (Pre-service and In-service training)
- Annual promotion of Health personnel
- Recruitment of health workers

WEAKNESSES

- Inadequate health infrastructure
- Mal-distribution of health workers
- No State-specific HRH policy
- No HRH-education policy
- No cadre-specific Job descriptions (JDs) & Standard Operating Procedures

OPPORTUNITIES

- Political will
- Career development opportunities
- Support from some programs like BHCPF on the engagement of temporary staff and CHIPS.
- Support from development partners for capacity building, monitoring, and supervision of staff.
- Optimization of the state Health Workforce Registry.

THREATS

- Political interference in the recruitment and deployment of health workers
- Lack of basic amenities in rural and underserved
- Negative impact of economic hardship on staff efficiency and welfare
- Insecurity discouraging staff from working in certain parts of the State.
- Inadequate on-the-job supervision of personnel

Figure 20: SWAT Analysis on HRH in Niger State

5.0 STATE HRH RECRUITMENT PLAN:

Niger State, like many other regions in Nigeria, faces significant challenges in the availability, distribution, and capacity of its health workforce. These challenges have negatively impacted the delivery of quality and equitable healthcare services, especially at the Primary Health Care (PHC) level. Factors such as attrition, inadequate recruitment, rural-urban disparities, and a growing population have further widened the human resources for health (HRH) gap in the state. This situation is particularly critical in rural and underserved areas, where access to quality healthcare services is severely limited.

The lack of adequate HRH hampers the effective delivery of essential health interventions, including maternal and child health, immunization, and disease prevention, leading to poor health outcomes and exacerbating health disparities. To address this issue and improve health outcomes, the Niger State Government, through the Niger State Primary Health Care Development Agency, has developed a comprehensive 5-Year Strategic Recruitment Plan. This plan aligns with national and state health policies, including the National Health Workforce Strategic Plan and the Niger State Health Sector Strategic Development Plan, aiming to progressively close HRH gaps through structured, cost-effective, and sustainable recruitment.

5.1 HRH Strategic Recruitment Goal:

The overarching goal of this plan is to strengthen the health system in Niger State by ensuring the equitable recruitment, distribution, and retention of a competent and motivated HRH workforce across all primary healthcare facilities in the State within five years, thereby significantly improving the quality and accessibility of healthcare services.

5.2 Strategic Objectives:

1. To identify and address critical HRH shortages across all cadres and facilities within the state.
2. To implement a phased and costed recruitment plan that closes 100% of identified HRH gaps over five years focusing on critical roles like medical officers, nurses/midwives, CHEWs, and JCHEW.
3. To ensure strategic deployment and equitable distribution of newly recruited health workers, especially to underserved LGAs and rural areas.

4. Develop and implement incentive programs to attract and retain healthcare workers in rural and underserved areas.
5. Strengthen partnerships with training institutions to ensure a continuous pipeline of qualified healthcare professionals.
6. Implement a comprehensive monitoring and evaluation framework to assess the impact of the plan and make necessary adjustments.
7. Establish a robust HRH information system to facilitate data management and reporting.
8. To promote sustainability through stakeholder engagement, policy alignment, and integration with the state budgeting framework.

5.3 State 5-Year Recruitment Plan:

This recruitment plan outlines the State's strategic approach to closing the critical HRH gap over a five-year period through targeted, phased recruitment of skilled health workers. The plan is based on workforce needs assessment and aligned with national and state health development goals.

1. Phase 1: Immediate Action (Year 1):
    a. Rapid Recruitment: Initiate targeted recruitment campaigns using digital platforms, community outreach, and partnerships with training institutions and ensure NSPHCDA leads recruitment of the HRH
    b. Redistribute HCWs based on identified gaps and the MSP, to ensure equitable access to healthcare at the community level
    c. Adapt the national training recommendations and implement adapted training schedule
    d. Upskill CHEWs, JCHEWs to provide RMNCAH+N services in line with the Task shifting/Task sharing policy
    e. Develop and implement rural posting incentives for HCWs and optimal implementation of the AOP
    f. HRH Information System: Establish a centralized database to track HRH data, including staffing levels, qualifications, and distribution.
2. Phase 2: Mid-Term Expansion (Years 2-3):
    a. Recruit 50% of the HRH gap to address the identified staffing needs

b. Collaborate with the health training institutions to convert surplus EHOs to CHEWs
c. Conduct a salary comparison assessment and upgrade PHC HRH salaries based on the state's economy
d. Implement financial and non-financial incentives to attract and retain healthcare workers in rural areas
e. Provide training for HRH managers and healthcare workers on relevant skills and competencies.
f. Strengthen partnership and collaboration with training institutions to increase the supply of qualified personnel.

3. Phase 3: Long-Term Sustainability (Years 4-5):
    a. Recruit 100% of the 16,853 HRH to address the identified staffing gaps
    b. Work with health training institution (HTIs) and regulatory bodies to produce sufficient HRH that can potentially be absorbed into the PHC system
    c. Routinely update the HRH database
    d. Implement quality assurance measures to ensure the delivery of high-quality healthcare services.
    e. Establish a robust M&E system to track progress and assess the impact of the plan.
    f. Develop and implement sustainable HRH policies and procedures.

5.4 Expected Outcomes of the Recruitment Plan:

Table 1: Recruitment Plan and Expected Outcome

	Expected Outcome
Year 1: Immediate Term	25% reduction in immediate HRH gaps.
	Improved data availability and management through the HRH information system.
Years 2-3: Mid-Term	Additional 50% reduction in overall HRH gaps.
	Improved retention rates of healthcare workers in rural areas.
	Enhanced capacity of HRH managers and healthcare workers.
Years 4-5: Long Term	100% reduction in HRH gaps and equitable distribution of healthcare professionals.
	Sustainable HRH management systems and policies.
	Improved quality and accessibility of primary healthcare services.
	Measurable positive change in Maternal and child health indicators.

Table 2: Recruitment Targets by Year

Year	% of HRH Gap to Fill	Focus Areas	Key Activities
Year 1 (2026)	**25%**	Urgent needs: Nurses, Midwives, CHEWs in rural LGAs	- Emergency recruitment - Fast-track onboarding - Prioritize rural deployment
Year 2 (2027)	**20%**	Reinforce PHC & critical secondary facilities	- General practitioner & lab technician recruitment - Ongoing recruitment for PHC staff
Year 3 (2028)	**30%**	Midwives, Doctors, Allied Health Workers	- Strengthen staffing at referral facilities - Continued support for PHC level
Year 4 (2029)	**15%**	Underserved urban LGAs and health posts	- Recruitment based on updated HRH data - Focus on quality & supervision roles
Year 5 (2030)	**10%**	Fill remaining gaps, adjust for attrition	- Finalize recruitment - Begin cycle for attrition replacement

Table 3: Recruitment by Cadre in Numbers (Indicative)

Cadre	Total Required	Total Available	Total Gap	Year 1 (25%)	Year 2–3 (50%)	Year 4–5 (25%)
Medical Officers	**469**	**3**	**464**	**116**	**232**	**116**
Nurses/Midwives	**3,750**	**106**	**3,644**	**911**	**1,822**	**911**
CHO	**469**	**183**	**486**	**122**	**243**	**122**
CHEWs	**3,281**	**1,795**	**1,486**	**372**	**743**	**372**
JCHEWs	**10,310**	**813**	**9,497**	**2,374**	**4,749**	**2,374**
Laboratory Personnel	**469**	**330**	**139**	**35**	**70**	**35**
Pharmacy Personnel	**469**	**15**	**454**	**114**	**227**	**114**
Environmental Health	**469**	**135**	**334**	**84**	**167**	**84**
Medial Record Officer	**469**	**75**	**349**	**87**	**175**	**87**
Total	**20,155**	**3,455**	**16,853**	**4,213**	**8,427**	**4,213**

5.5 Strategic Objectives, Activities, Responsible Stakeholders, and Timelines:

Table 4: Strategic Objectives, Activities, Responsible Stakeholders, and Timeline

Priority Area	Strategic Objective	Intervention	Specific Activities	Responsible Stakeholder	Time Line
Critical HRH Shortages	Identify the HRH needs across all PHC HCF	Identify HCW staffing requirements by gender, cadre, and geography	Identify qualified healthcare workers based on identified requirements and specifications	NSPHCDA	0-3 months
		Recruit qualified HCWs based on identified needs	Conduct annual HRH recruitment of Nurse/Midwife, CHEWs, JCHEWs, and Medical Officers yearly	CSC, MOP, NSPHCDA	3-6 months
	Ensure equitable distribution of PHC HCWs	Define and implement equitable healthcare worker distribution and re-distribution strategy based on MSP and staffing needs	Deploy recruited HRH to the LGAs based on their needs	DPRS, NSPHCDA	6 months
HRH Retention, Motivation, and	Continuously motivate and improve the performance of the HCWs towards	Define and institutionalize HRH performance management systems at the administrative and community level	Review and update APER forms to ensure its functionality	NSPHCDA,	
			Implement reward systems for improved performance and productivity		
		Establish and institutionalize mechanisms for enhancing in- service training for HCWs based on current health sector needs, to	Cost in-service training for Niger State PHC HRH		
			Include funding for in- service training in the workplan		

Performance Development	ensuring retention in the PHC system	enhance their on-the-job performance and capacity		LGA DPHC	9-12 Months
		Develop incentives for the PHC workforce with a focus on healthcare workers deployed to rural and HTR areas	Deploy incentives to HCW that currently provide health services in hard-to-reach areas		
			Conduct a salary revision of HCWs in LGAs		
HRH production	Strengthen production of all HCWs cadres to ensure a demand-supply link, based on	Increase HRH production training capacity in line with infrastructure, trainers, etc.	Increase enrollment target to match the HRH gap	NSPHCDA, MOE, HTI, Regulatory bodies	
			Increase trainer to trainee ratio		
			Increase infrastructure capacity		
			Develop and employ strategies to increase student retention and reduce drop-out		
		Improve the quality assurance for training health training institutions	Establishment of structures for new health training institutions		
			Accreditation of programs and courses		
			Accreditation of health training institutions		
			Recruitment of teachers to deliver the programs and courses		
			Retrain existing HTI faculty staff		
		Ensure alignment between health training	The YSPHCDA will share the HRH gaps with the HTIs and ensure		

	state-specific HCWs needs	institutions, regulatory bodies, and HRH leadership in the states to ensure HRH production is in line with HRH needs	enrollment targets are in line with the gap analysis		
			The regulatory bodies should ensure that the process of acquiring/renewing license is short and affordable		
		Ensure gender equity in HRH production for all cadres	Conduct advocacy campaigns to increase enrollment of female students		
HRH Information system	Strengthen PHC HRH information systems to facilitate effective HRH planning and management	Develop and sustain a functional HRH Information System across the national and state levels	Joint HRH planning and management meetings	NSPHCDA, DPRS	5 years
			Development of a HRHIS with regular updates		
			Training of HRH desk officer and M&E officers		
		Institutionalize structures for HRH reporting and reviews for evidence-based decision making	Review of HRH policies and plans with feedback from all stakeholders including the Yobe public and PHC HRH		
		Ensure the conduct of HRH research through optimal monitoring and evaluation measures	Periodically conduct a HRH gap analysis, this will ensure that policies and plans are tailored to the state's current HRH situation		
		Strengthen the capacity of HRH structures in the states for effective HRH planning, management,	Identify HRH directorates/leaders essential to effective workforce planning and management		

Leadership and Governance	Strengthen leadership, governance, and coordination of the PHC HRH across all levels	and development		DPRS, NSPHCDA	12-60 months
			Conduct capacity building sessions of the identified HRH directorates/leaders		
		Enhance the capacity of the administrators, managers, and supervisors for HRH planning and management at all levels	Conduct leadership and management capacity building sessions for the managers and PHC supervisors at all levels		
		Strengthen the function of HRH administrative bodies to ensure evidence-based HRH planning and management	Train M & E officers to manage HRHIS		
		Enhance responsiveness of HRH policies and plans to the need of the populace	Use the Yobe gap analysis report to inform HRH policies and planning		
		Strengthen communication of HRH information across all levels	Set up a data repository, here data on HRH policy, HRH gap, HCW exit, HRH financing, etc should be made available to essential stakeholders on request		
Monitoring and Evaluation	Strengthen Human Resource	Ensure real-time workforce tracking	Conduct regular workforce assessments to	DPRS, NSPHCDA	5 years

	Management Information System		review progress and adjust strategies as needed.		
Funding and Partnerships		State Budget Allocation	Secure dedicated funding from the state budget.	MOF, MOP, NSPHCDA, Development Partners	5 years
		Health Insurance Schemes	Explore contributions from health insurance programs.		
		Development Partnerships	Engage with international and local partners for support.		

6.0 CONCLUSION:

Human resource mapping and recruitment planning are essential exercises for Institutions aiming to maintain a competitive edge in today's fast-paced environment. By systematically analyzing current workforce capabilities, distribution, forecasting future needs, and designing efficient recruitment strategies, institutions like our primary healthcare facilities can ensure they have the right talent in place to drive success while remaining agile in response to new challenges.

The Human Resources for Health (HRH) Mapping Process is a systematic approach used by health systems to assess, organize, and visualize the availability, distribution, and capacity of the health workforce. This process supports evidence-based decision-making for workforce planning, policy formulation, and resource allocation.

The 5-year strategic recruitment plan provides a roadmap for addressing the HRH gaps/challenges in Niger State's primary healthcare system. By implementing targeted recruitment strategies, strengthening HRH management systems, and fostering partnerships, the state can achieve a sustainable and equitable HRH workforce, leading to improved health outcomes for its population.

The plan is a transformative step toward building a resilient and people-centered health system. By adopting a phased, evidence-based approach, the state is not only addressing its immediate workforce challenges but also laying a sustainable foundation for long-term health sector improvement. Strategic investments in HRH will ensure that every resident, regardless of location, has access to skilled and motivated health professionals, thereby advancing the state's journey toward Universal Health Coverage and better health outcomes for all. Continuous monitoring, evaluation, and adaptation will be crucial to ensure the plan's success and long-term impact.

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