

## **PROPOSED 400 HEALTH CARE WORKERS RECRUITMENT INTO THE STATE CIVIL SERVICE FROM MINISTRY OF PRIMARY HEALTH CARE**

### **Introduction**

Human Resource for Health (HRH) is one of the building blocks of the health system and a critical pathway to attaining the health target in Sustainable Development Goal (SDG) 3. An adequate, equitably distributed, motivated and supported health workforce is essential for progress towards universal health coverage (UHC). The health workforce is also critical in emergency preparedness and response, and the delivery of integrated people-centered health services (IPCHS). While many countries including Nigeria have made progress in addressing HRH issues, several health workforce challenges remain that must be addressed to achieve a sustainable and effective health workforce. In Niger State, lack of qualified health staff in PHC facilities is one of the issues facing the Ministry of Primary Health Care (the then Primary Healthcare Development Agency) and the implementation of policies to promote access to quality Primary Healthcare (PHC) services. Other challenges that affect the provision of quality health care services include low production of skilled health workers from health training institutions, Health Care Workers (HCW) exit, poor motivation, etc. According to NSPHDA data report, the total health workforce in Niger State is barely 6,000; while the population of the State is over 6.7 million. There is also disproportionate distribution of the already scarce healthcare personnel across the urban and rural PHC facilities within the State. The one challenge that stifle the attainment of SDG 3 “Ensuring healthy lives and promoting well-being for all at all ages” in the State.

2. There has been a concerted effort by the previous administrations in implementing critical reforms and policies aimed at improving the performance of the primary healthcare system. However, most of the reforms have been poorly targeted and thus fell short of the desired impact relative to the investments. There are still noticeable gaps in the progress made by the State towards meeting key national and international health targets. Some of the key drivers of under-performance of the Niger State Primary Health Care System include limited access to care due to mal distribution of health care workers vis a vis shortage of manpower to deliver the desired health care services among others.

3. The current administration of Rt. Hon. Mohammed Umaru Bago has identified health as one of the priority areas of focus. As part of efforts to remedy these challenges and the drive to uplift health to the next level in the State, the Governor convened a meeting with the relevant stakeholders in the State at the Government House chamber. Following a fruitful and robust discussion, the Governor directed the immediate recruitment of 1,000 health care workers across all cadre as immediate intervention to bridge the manpower shortage. The 1000 health care workers were distributed between the Ministries of Secondary and Tertiary Health and Primary health care. The distribution of the 400 allocated to the Primary health care is given in the table below;

### **Proposed Recruitment of 400 Health Care Workers into the Ministry of Primary Health Care**

<b>S/N</b>	<b>Cadres</b>	<b>Required (MSP)</b>	<b>Available</b>	<b>Gaps</b>	<b>Number for Employment</b>	<b>Entry Level</b>
1	Medical Officer	469	3	464	40	CM 02/4
2	Community Health Officer (CHO)	469	183	486	0	CH 07/2
3	Midwife	3,750	106	3,644	110	CH 07/2
4	Community Health Extension Worker (CHEW)	3,281	1,795	1,486	50	CH 06/2
5	Environmental Health Officer (EHO)	469	183	334	0	CH 07/2
6	Junior Community Health Extension Workers (JCHEWs)	10,310	813	9,497	50	CH 04/2
7	Laboratory Technician	469	330	139	50	CH 07/2
8	Pharmacy Technician	469	15	454	50	CH 06/2
9	Medical Record Technician	469	75	397	50	CH 06/2
<b>Total</b>					<b>400</b>	

Actual Human Resource for Health (HRH) in the PHC System: 4,907  
HRH Gap based on the Minimum Service Package: 13,384

## **HIGHLIGHT OF TEN YEARS HRH STRATEGIC PLAN**

### **2022-2023**

- Redistribute HCWs based on identified gaps in line with the MSP, to ensure equitable access to healthcare at the community level.
- Adapt the national training recommendations.
- Implement an adapted training schedule.
- Ensure NSPHCDA leads recruitment of the HRH.
- Upskill CHEWs, JCHEWs to provide RMNCAH+N services in line with the Task shifting/Task sharing policy.
- Develop and implement rural posting incentives for HCWs (in HTR HFs).
- State governments should always approve funds for HRH operations on time to ensure optimal implementation of the AOP.
- Recruit 25% of the 13,384 HRH to address the identified staffing gaps.

### **2024-2026**

- Recruit 50% of the 13,384 HRH to address the identified staffing gaps.
- Collaborate with the health training institutions to convert surplus EHOs to CHEWs.
- Conduct a salary comparison assessment and upgrade PHC HRH salaries based on the state's economy.

### **2027-2030**

- Recruit 100% of the 13,384 HRH to address the identified staffing gaps.
- Work with HTIs and regulatory bodies to produce sufficient HRH that can potentially be absorbed into the PHC system.
- Routinely update the HRH database.