KWARA STATE MINISTRY OF HEALTH
Kwara State Ministry of Health Complex,
PMB 1386, Fate Road Ilorin.

REPORT ON BASELINE MAPPING OF PRIMARY HEALTH CARE WORKFORCE AND DEVELOPMENT OF MULTI-YEAR COSTED RECRUITMENT PLAN

1. Introduction

This report presents the findings of the baseline exercise mapping conducted on the number and duty stations of **primary health care (PHC) workers** across Kwara State. The report developed 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 Kwara State.
- Identify and map health worker duty stations across the 16 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 **3,148** existing health workers were identified across **520** 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

- Kwara State has a shortfall of **4,529** health workers, particularly in nursing, midwifery, and community health services.
- 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 must recruit **4,529** new health workers over the next five years.
- The estimated recruitment, training, and deployment cost is **₦ 6.98 billion**.

5. Multi-Year Health-Worker Recruitment and Deployment Plan A structured approach is required to bridge the staffing gap. The following are the phased plans:

2025-2029 KWARA STATE MULTI-YEAR COSTED HEALTH WORKERS RECRUITMENT AND TRAINING PLAN

Year	Recruitment Plan	Training Plan	Budget (Naira)
2025	Recruit 1,005 health workers for primary healthcare centers.	Provide foundational training for newly recruited health workers.	N1,992,713,802.57
2026	Recruit an additional 1,000 health workers for underserved areas.	Develop structured induction training and specialization programs.	N1,982,799,803.55
2027	Recruit 1,519 more health workers to address staffing gaps.	Implement continuous professional development courses.	N1,011,872,901.59
2028	Evaluate recruitment impact and address emerging needs.	Enhance refresher training and mentorship initiatives.	N992,613,492.29
2029	Achieve full-health worker sufficiency in Kwara State.	Upgrade digital literacy and emergency response training.	N1,000,000,000

Kwara State PHC Workforce Forecast and Recruitment Projection (2025–2028)

Workforce Forecast and Recruitment Projection (2025–2028)

The baseline assessment identified 3,148 health workers serving 520 Primary Health Care facilities in Kwara State, with an estimated shortfall of 4,529 health workers, particularly in nursing, midwifery, and community health services. To address this gap, the State proposes a phased recruitment and deployment strategy. A total of 1,005 health workers will be recruited in 2025, followed by 1,000 in 2026 and 1,519 in 2027, giving a cumulative recruitment of 3,524 health workers. In 2028, the State will undertake a comprehensive evaluation of the recruitment outcomes, workforce attrition, retirements, population growth, and service demands across the 520 PHCs. Based on this assessment, additional recruitment and strategic redeployment of approximately 1,005 health workers, or as determined by the evaluation, will be undertaken to close the remaining staffing gap and address emerging workforce needs.

A. Retirement Forecast

Year	Total Retiring
2025	99
2026	61
2027	69
2028	109

B. Recruitment Forecast

Year	Recruitment Target	Focus	Cumulative Recruitment	Remaining Gap
2025	1,005	Priority cadres and underserved PHCs	1,005	**3,524**
2026	1,000	Rural/high-volume PHCs and redeployment	2,005	**2,524**
2027	1,519	Address remaining critical shortages	3,524	**1,005**
2028	Needs-based 1,005 if required	Evaluate impact, recruit/redeploy to close gaps	Up to 4,529	**0**

2025 RECRUITMENT PLAN PRIMARY HEALTHCARE WORKERS

Activity	Timeline	Responsible Body	Output
Conduct Health workers Gap and Needs Assessment	Q2 2025	SPHCDA, MoH, LGSC	Needs assessment report
Engage Stakeholders and Community Leaders	Q2 2025	SPHCDA, MoH, LGAs	Validated recruitment needs
Develop and Approve Recruitment Guidelines	Q2 2025	SPHCDA, LGSC	Recruitment framework
Advertise Positions	Q3 2025	SPHCDA, MoH, LGAs	Call for applications
Shortlist, Interview, and Select Qualified Candidates	Q3–Q4 2025	SPHCDA, MoH, LGAs	Final list of teachers
Issue Offer Letters and Conduct Orientation	Q4 2025	LGSC, SPHCDA	Health workers onboarded

DEPLOYMENT PLAN

Activity	Timeline	Responsible Body	Output
Develop a Deployment Strategy (using data and GIS)	Q3 2025	SPHCDA, LGA	Equitable deployment map
Prioritize underserved LGAs and rural/remote schools.	Q3 2025	SPHCDA, LGA	Deployment priority list
Deploy Newly Recruited Health workers	Q4 2025	SPHCDA	Deployment letters
Engage Traditional Institutions and SBMCs	Q4 2025	SPHCDA, MoH, LGA	Local support for retention

Monitor Compliance and Retention	Continous	SPHCDA, MoH, LGA	Quarterly deployment report

TRAINING PLANS

Activity	**Timeline**	**Responsible Body**	**Output**
Training Needs Assessment (TNA)	Q2 2025	SPHCDA	Skills gap report
Develop an Annual Health workers Training Plan	Q3 2025	SPHCDA	Endorsed training calendar
Induction and Pedagogical Training for New Health workers	Q4 2025	SPHCDA, MoH	Trained new recruits
In-Service Training	2025-2027	SPHCDA, LGASC, Partners	Continuous capacity building

RISK & MITIGATION

Risk	Mitigation
Reluctance to work in rural areas	Rural posting incentives, housing schemes, recognition awards
Budgetary constraints	Timely release of counterpart funding, explore donor grants.
High attrition rate	Rural posting incentives, housing schemes, recognition awards
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 in Kwara State. The state can enhance primary health care service delivery by implementing the proposed multi-year plan and bridging critical workforce gaps. Strong government commitment and stakeholder collaboration will be essential to achieving these objectives.

Approved by:

Dr Amina Ahmed El-Imam
Hon. Commissioner for Health
Kwara State
28/3/2025