LAGOS STATE GOVERNMENT

LAGOS STATE
PRIMARY HEALTH CARE BOARD

HOPE-GOV-PHC

YEAR 2026 LAGOS STATE ASSESSMENT OF PRIMARY HEALTH CARE WORKFORCE

1. Introduction

This report presents the outcomes of the year 2026 assessment undertaken to determine the number, distribution, and duty posts of Primary Health Care (PHC) workers across Lagos State.

The assessment serves as a fundamental exercise to evaluate the impact of the health workforce in Lagos State following the 2025 recruitment initiative. Its findings will inform the development of a Multi-Year, Costed Health-Worker Recruitment and Deployment Plan, ensuring that identified human resource gaps are being systematically addressed.

2. Objectives

This assessment was conducted to achieve the following objectives:

- Undertake a continuous comprehensive enumeration of PHC workers across Lagos State.
- Identify and map the duty stations of health workers within the 20 Local Government Areas (LGAs).
- Assess the reduction in existing staffing gaps based on distribution and qualifications of health workers.
- Align existing workforce deficiencies with the baseline recruitment plan.
- Provide policy recommendations to support sustainable workforce planning and improved health outcomes.

3. Methodology

This assessment adopted a multi-method approach to guarantee a robust and comprehensive assessment of the data.

- **Data Collection:** Application of Open Data Kit for enumeration of health workers and facility assessments.

- **Gap Analysis:** Review of patient to health worker ratios, geographic disparities, and deployment imbalances.
- **Financial Analysis:** Estimation of recruitment, training, and deployment costs.

4. Key Findings

4.1 Health Worker Distribution

- A total of **4694 Health Workers** were identified across **343 PHC facilities** in Lagos State.
- Urban LGAs have a significantly higher concentration of health workers, while rural and underserved communities face acute shortages.
- Gender and professional imbalances persist, with notable deficits in critical areas such as maternal and child health services.

4.2 Staffing Gaps

The assssment revealed a workforce deficit of **2863 health workers**, distributed as follows:

Cadre	Baseline (Total)	Number recruited in Y2025	Pending shortfall	Proposed recruitment for Year 2 (2026) Min 20%
Medical Officers	407	81	326	80
Nurses	247	24	223	60
Midwives	225	150	75	50
Community Health Extension Workers	358	105	253	120
Community Health Officers	234	5	229	40
Pharmacists	51	51	0	30
Pharmacy Technicians	279	52	227	100
Medical Laboratory Scientists	113	25	88	30
Medical Laboratory Technicians	237	50	187	56
Health Educators	100	35	65	30
Health Information Management Officers	65	8	57	20
Health Information Management Technologists	445	58	387	100
Environmental Health Officers	59	14	45	20
Environmental Health Tech/Technologists	120	65	55	30
Health Attendants	726	80	646	100
TOTAL	**3666**	**803**	**2863**	**866**

Additional observations include:

- Patient to health worker ratios in several PHC facilities exceed recommended standards, adversely affecting service delivery.
- High attrition rates, driven by harsh socioeconomic realities and inadequate remuneration.

4.3 Financial and Workforce Projections

- To meet projected population growth and replace retiring personnel, Lagos State has an existing gap of **2863 health personnel** and proposed recruitment of **866 health workers** in 2026.
- The estimated cost for recruitment, training, and deployment is **3,761,140,000**

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

A phased strategy as proposed in 2025 to systematically address the workforce deficit:

Lagos State Multi-Year Recruitment and Training Plan

Year	Recruitment Plan	Training Plan	Budget (₦)	Comment
2025	Recruit 1,125 PHC workers	Foundational training for newly recruited health workers	981,000,000	803 Health Care Workers were recruited
2026	Recruit 800 workers for underserved LGAs	Structured induction and specialization programmes	550,000,000	Proposed
2027	Recruit an additional 1,000 workers	Continuous professional development	392,400,000	Proposed
2028	Evaluate recruitment outcomes and address emerging needs	Refresher training and mentorship initiatives	850,200,000	Proposed
2029	Achieve full workforce sufficiency	Digital literacy and emergency response training	987,540,000	Proposed
		Total	**3,761,140,000**	

2026 Recruitment Plan for PHC Workers

Proposed Activities

Activity	Timeline	Responsible Body	Output
Conduct health worker gap and needs assessment	Q2 2026	LASG-PHCB, MoH, LGAs	Needs Assessment Report
Stakeholder and community engagement	Q2 2026	LASG-PHCB, MoH, LGAs	Validated recruitment needs
Develop and approve recruitment guidelines	Q2 2026	LASG-PHCB, MoH, LGAs	Recruitment framework
Advertise PHC vacancies	Q3 2026	LASG-PHCB, MoH, LGAs	Call for applications
Shortlist, interview, and select candidates	Q3–Q4 2026	LASG-PHCB, MoH, LGAs	Final selection list
Issue offer letters and conduct orientation	Q4 2026	LASG-PHCB, MoH, LGAs	Onboarded PHC workers

Target Workforce (2025–2027)

- Medical Officers
- Community Health Officers and CHEWs
- Nurses and Midwives
- Pharmacists/Pharmacy Technicians
- Health Information Management Officers/Technicians
- Medical Laboratory Scientists/Technicians
- Environmental Health Officers/Technicians
- Health Attendants
- Health Educators

Deployment Plan

Activity	Timeline	Responsible Body	Output
Develop data-driven deployment strategy (including GIS)	Q3 2026	LASG-PHCB, MoH, LGAs	Equitable deployment map
Prioritize underserved and remote LGAs	Q3 2026	LASG-PHCB, MoH, LGAs	Priority deployment list
Deploy newly recruited workers	Q4 2026	LASG-PHCB, MoH, LGAs	Deployment letters

Engage traditional and grassroots institutions	Q4 2026–Ongoing	LASG-PHCB, LGAs	Strengthened local support
Monitor compliance and retention	Quarterly	LASG-PHCB, MoH, LGAs	Deployment monitoring reports

Deployment Principles:

- Alignment with qualifications and experience
- Provision of rural allowances
- Equitable urban–rural distribution
- Accommodation support where necessary
- Gender-sensitive placement
- Proximity to workers' residence

Training Plans

Activity	Timeline	Responsible Body	Output
Training Needs Assessment	Q2 2026	LASG-PHCB, MoH, LGAs, Partners	Skills Gap Report
Annual Training Plan	Q3 2026	LSPHCB, MoH, HOPE Desk	Approved training calendar
Induction training for new workers	Q4 2026	LSPHCB, LGAs, PSSDC	Trained recruits
In-service training on core PHC practices	2025–2027	LSPHCB, LGAs, PSSDC	Enhanced capacity
e-Learning integration	2026–Ongoing	LSPHCB, HOPE Desk, PSSDC	Digital learning platform
Deployment of mentors and coaches	Ongoing	LSPHCB, LGAs	Strengthened supportive supervision

Key Focus Areas:

Maternal, Newborn and Child Health; Reproductive Health; Family Planning; Adolescent Health; Monitoring and Evaluation; Emergency Preparedness; Respectful Maternity Care; Community Engagement; Health Financing; Digital Health.

Performance Monitoring and Evaluation Framework

Key Indicators

- Proportion of PHCs meeting minimum staffing requirements
- Staff retention rate after 12 months
- Percentage of PHC workers trained in priority areas

Data Sources: NHMIS, HRH Registry, SPHCDA Reports

Frequency: Quarterly reviews and annual evaluations

Tools: Service delivery indicators, health information systems, patient exit interviews, facility assessments

Reporting Structure: Medical Officers of Health → LGHA → LSPHCB

Budget and Resource Mobilization

Funding will be sourced from:

- Lagos State Government
- Basic Health Care Provision Fund (BHCPF)
- HOPE-PHC Programme
- Development partners (WHO, UNICEF, World Bank, etc.)
- Local Governments
- IMPACT Initiative

Risk and Mitigation Measures

Risk	Mitigation Strategy
Reluctance to work in rural areas	Rural incentives, staff bus, housing schemes, recognition awards
Budgetary constraints	Dedicated budget lines, donor engagement, timely release of counterpart funds
High attrition	Commensurate remuneration, capacity building
Political interference in recruitment	Transparent, merit-based recruitment with strong oversight

6. Policy Recommendations

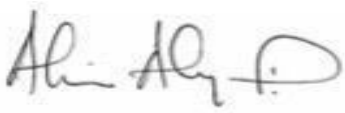
To ensure the long-term sustainability of the workforce plan, the following policy measures are recommended:

- Introduction of rural posting allowances and career progression incentives for health workers in underserved areas.
- Strengthening pre-service and in-service training programmes to support continuous professional development.
- Establishing a digital health workforce database for real-time monitoring and planning.
- Leveraging development-partner support to enhance recruitment and capacity-building efforts.

7. Conclusion

The assessment underscores the urgent need for continuous strategic and sustained investment in health-worker recruitment and deployment across Lagos State. Implementing the proposed multi-year plan will significantly strengthen the PHC workforce and improve service delivery outcomes. Achieving these objectives will require strong government commitment and effective collaboration among all stakeholders.

Approved and signed by:



Professor Akin Abayomi
Hon. Commissioner for Health
27th March, 2026