



LAGOS STATE GOVERNMENT

LAGOS 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 Lagos 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:

- a) Conduct a Comprehensive Enumeration of Primary Health Care Workers in Lagos State.
- b) Identify and Map Health Worker Duty Stations across the 20 Local Government Areas (LGAs).
- c) Assess Health Workers' Distribution, Qualifications, and Specialization to Determine Staffing Gaps.
- d) Develop a Multi-Year, Costed Health-Worker Recruitment and Deployment Plan to Address Deficiencies.
- e) Provide Policy Recommendations for Sustainable Workforce Planning and Improved Health Outcomes.

3. Methodology

A Mixed-Methods Approach was adopted to ensure a return of a comprehensive analysis as follows:

- a) **Data Collection:** Enumeration of health workers, facility visits, and stakeholder consultations.
- b) **Gap Analysis:** Patient-Health Worker Ratios, Area-Specific Shortages, and Deployment Imbalances were assessed.
- c) **Financial Analysis:** We estimated Recruitment, Training, and Deployment Budgetary Requirements.

4. Key Findings

4.1 Health Worker Distribution

- a) A total of **4034 Health Workers** were identified across **336 Primary Healthcare Facilities in the State**.
- b) Urban areas have a higher concentration of health workers, while **Rural and Underserved Communities Experience Critical Shortages**.
- c) 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

- a) Lagos State has a shortfall of **3666** health workers, distributed as follows:
 - ✓ Doctors (407),
 - ✓ Nurses (247),
 - ✓ Midwives (225),
 - ✓ Community Health Extension Worker (358),
 - ✓ Community Health Officers (234),

- ✓ Other Health workers (2,117) (Pharmacist, Medical Laboratory, Health Educators, Health Information, Environmental, Health Attendants.)
- b) Rural LGAs experience high health worker attrition due to inadequate infrastructure and lack of full employment.
- c) In some PHC facilities, the patient-health-worker ratio exceeds recommended standards, negatively impacting service delivery.

4.3 Financial and Workforce Projections

- a) Based on projected population growth and worker retirements, the state needs to recruit 3666 new health workers over the next five years.
- b) The estimated recruitment, training, and deployment cost is **₦1,962,000,000**

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

A structured approach to bridging the staffing gap was considered and the following phased plan were recommended:

Lagos State Multi-Year Health-Worker Recruitment and Training Plan

Year	Recruitment Plan	Training Plan	Budget (₦)
2025	Recruit 1,666 health workers for primary healthcare centers.	Provide foundational training for newly recruited health workers.	981,000,000
2026	Recruit additional 1,000 health workers for underserved areas.	Develop structured induction training and specialization programs.	588,600,000
2027	Recruit 1,000 more health workers to address staffing gaps.	Implement continuous professional	392,400,000

		development courses.	
2028	Evaluate recruitment impact and address emerging needs.	Enhance refresher training and mentorship initiatives.	850,200,000
2029	Achieve full health-worker sufficiency in Lagos State.	Upgrade digital literacy and emergency response training.	987,540,000
Total:			3,799,740,000

YEAR 2025 RECRUITMENT PLAN FOR PRIMARY HEALTH CARE WORKERS			
Proposed Activity	Timeline	Responsible Body	Output
Conduct Health Worker Gap and Needs Assessment	Q2 2025	LASG-PHCB, MoH, LGAs	Needs Assessment Report
Engage Stakeholders and Community Leaders	Q2 2025	LASG-PHCB, MoH, LGAs	Validated Recruitment Needs
Develop and Approve Recruitment Guidelines	Q2 2025	LASG-PHCB, MoH, LGAs	Recruitment Framework
Advertise Primary Health Care Positions	Q3 2025	LASG-PHCB, MoH, LGAs	Call for Applications
Shortlist, Interview, and Select Qualified Candidates	Q3–Q4 2025	LASG-PHCB, MoH, LGAs	Final list of Primary Health Care Workers
Issue Offer Letters and Conduct Orientation	Q4 2025	LASG-PHCB, MoH, LGAs	Health Care Workers onboarded

Target Workforce (2025–2027)

- Medical Officers (Doctors)
Community Health (CHOs & CHEWs)
Nurses/Midwives
- Pharmacist/ Pharmacy Technicians
- Health Information Officers/ Technicians
Medical Laboratory Scientist/ Technicians
- Environmental Health Officers/Technicians
- Health Attendants
- Health Educators

DEPLOYMENT PLAN			
Activity	Timeline	Responsible Body	Output
Develop Deployment Strategy (using data and GIS)	Q3 2025	LASG-PHCB, MoH, LGAs	Equitable Deployment Map
Prioritize underserved LGAs and rural/remote health care centers.	Q3 2025	LASG-PHCB, MoH, LGAs	Prioritized list of hard-to-reach and riverine areas
Deploy Newly Recruited health care workers	Q4 2025	LASG-PHCB, MoH, LGAs	Deployment Letters
Engage Traditional and Grassroot Institutions	Q4 2025	LASG-PHCB, LGAs	Local Support Secured and Retained.
Monitor Compliance and Retention	Ongoing	LASG-PHCB, MoH, LGAs	Quarterly Deployment Report

Deployment Principles:

- Qualification and experience.
- Provision of Rural Allowances
- Equitable Urban-Rural Distribution
- Staff Quarters/Accommodation Support
- Gender-Sensitive Placement
- Proximity to HCWs residence

TRAINING PLANS			
Activity	Timeline	Responsible Body	Output
Conduct Training Needs Assessment (TNA)	Q2 2025	LASG-PHCB, Development Partners, MoH, LGAs	Skills Gap Report
Develop Annual Health Workers Training Plan	Q3 2025	LSPHCB, MoH, HOPE DESK	Endorsed Training Calendar
Induction and Training for New Health Workers	Q4 2025	LSPHCB, LGA, HOPE DESK, PSSDC	Trained New Recruits
In-Service Training on Core Health Center Practices	2025-2027	LSPHCB, LGA, HOPE DESK, PSSDC	Continuous Capacity Building
e-Learning Integration	2026	LSPHCB, HOPE DESK, PSSDC	Digital learning platform
Deploy Health Care Mentors and Coaches (Supportive Supervision and Mentoring)	Ongoing	LSPHCB, LGAs PHC Coordinators	HIPPA Compliance, Motivational Interviewing and Tele-health

Key Areas of Focus:

- Maternal, Newborn, and Child Health (MNCH)
- Reproductive, Family Planning and Adolescent Health
- Monitoring & Evaluation and accountability
- Emergency Preparedness and Response
- Respectful Maternity Care
- Community Engagement.
- Health financing & Financial management
- Digital Health.

PERFORMANCE MONITORING & EVALUATION PLAN

Focus	Description
Key Indicators	<p>Key Indicators are:</p> <ul style="list-style-type: none"> ▪ % of PHCs with minimum staffing ▪ Staff retention rate after 12 months ▪ % of PHC workers trained in priority areas ▪ Data Sources: NHMIS, HRH Registry, SPHCDA Reports ▪ Frequency: Quarterly reviews, Annual Evaluation
Tools	<ul style="list-style-type: none"> ▪ Service Delivery Indicators ▪ Health Information Systems ▪ Patient Exit Interviews
Frequency	<ul style="list-style-type: none"> ▪ PHC Facility Assessments ▪ Quarterly reviews ▪ Annual assessments
Reporting Channels	Medical Director → Community Primary Health Care Committee → PHCB
Budget and Resource Mobilization	<p>Funding will be sourced from:</p> <ul style="list-style-type: none"> - Lagos State Government - BHCPF - HOPE-PHC Program - Partner Agencies (WHO, UNICEF, World Bank, etc.) - Local Government - IMPACT

RISK & MITIGATION		
S/N	Risk	Mitigation
1	Reluctance to work in rural areas	<ul style="list-style-type: none"> ▪ Rural Health Workers Incentives ▪ Housing Schemes ▪ Recognition Awards
2	Budgetary constraints	<ul style="list-style-type: none"> ▪ Advocate for dedicated budget lines, donor support ▪ Timely Release of Counterpart Funding ▪ Exploration of Donor Grants.
3	High attrition rate	<ul style="list-style-type: none"> ▪ Establish Career Progression Pathways.
4	Political interference in recruitment	<ul style="list-style-type: none"> ▪ Transparent, Merit-Based Recruitment System with Strong Oversight

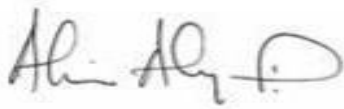
6. Policy Recommendations

To ensure the Sustainability of the Workforce Plan, the following Policy Measures should be considered:

- a) Introduction of Rural Posting Allowances and Career Progression Incentives for Health Workers in Underserved Areas.
- b) Strengthening Pre-Service and In-Service Training Programmes for Continuous Professional Development.
- c) Establishment of Digital Health Workforce Database for Real-Time Monitoring and Planning.
- d) Leveraging 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 Lagos 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.



Approved and signed by

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Hon. Commissioner for Health

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