

# KOGI STATE BASELINE MAPPING EXERCISE ON PRIMARY HEALTH CARE WORKERS, GAP ANALYSIS AND MULTI-YEAR RECRUITMENT AND DEPLOYMENT PLAN.

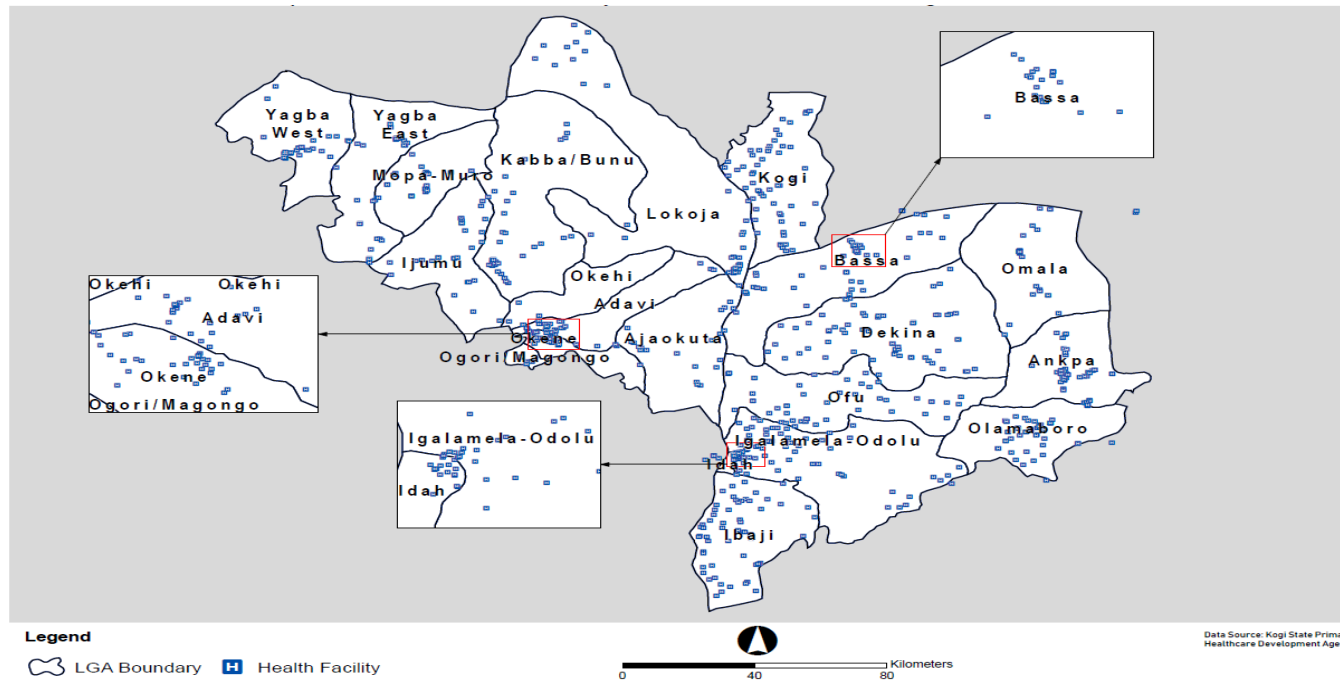
## 1. INTRODUCTION

Kogi State is Located in the North central geo-political zone of Nigeria, it has 21 Local Government areas with 920 Primary Health care centers. Kogi State is specifically at the conference of river Niger and Benue and shares Boundary with about 10 states of the federation. The state has divers cultural and language heritage, the most spoken languages in no particular order is the Okuns, Ebira and the Igalas amongst so many important languages and traditional practices.

**Table 1.1: Demography and Health indices of Kogi State**

<b>DEMOGRAPHIC INDICATOR</b>	<b>INDICATOR VALUE</b>	<b>DATA SOURCE</b>
<b>Population</b>	5,290,126 (2022)	NBS 2017 (2022 projection)
<b>Population growth rate</b>	3% per Annum	NDHS 2018
<b>Number of LGAs</b>	21	SMoLGCA 2024
<b>Number of Political Wards</b>	239	INEC 2024
<b>Number of Primary Health Facilities</b>	920	KSPHCDA-(DHIS2) 2024

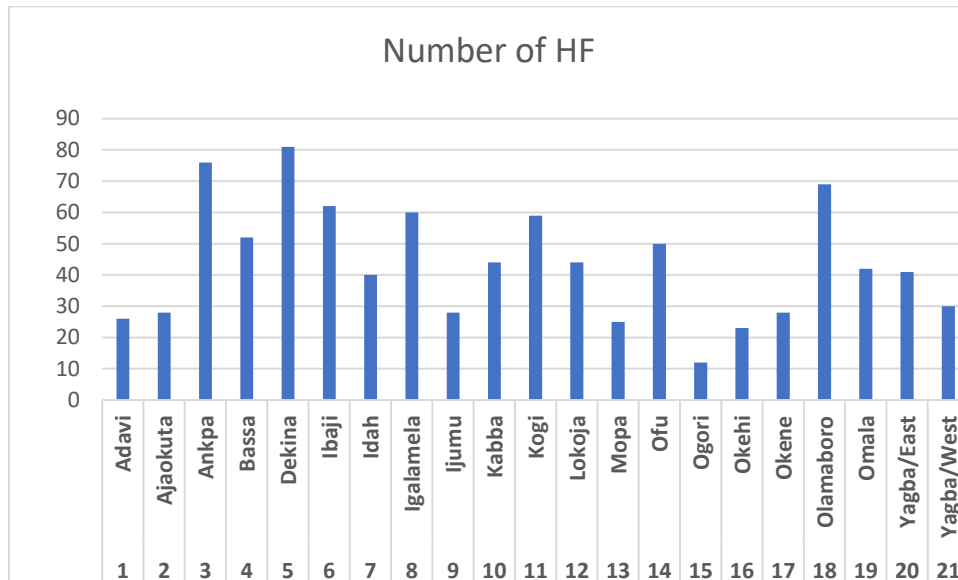
Chart 1.1: Shows the map of Kogi State



## 1.1 Executive Summary

This initiative is essential for strengthening the health workforce and improving healthcare service delivery. This report presents the findings of the descriptive baseline mapping exercise, designed to identify and quantify **Primary Health Care (PHC) Human Resources for Health (HRH)** across Kogi State. The process of the study conducted between the 17th to the 29th of March, 2025 culminated in the development of a 2025 to 2028, costed-worker recruitment and deployment framework designed to address the gaps in the identified Human Resources for Health (HRH) in the PHCs. This initiative is essential for strengthening the health workforce and improving healthcare service delivery.

**Chart 1.2: Health Care Facilities by Local Government Area (LGA)**



**1.2 OBJECTIVES:**

The primary objectives of this baseline exercise are to:

- Conduct a comprehensive enumeration of **primary health care workers** in Kogi State.
- Identify and map health worker duty stations across the 21 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.

## 2. METHODOLOGY

A Cross-sectional Multistage approach was used to identify and quantify risk determinants.

### 2.1 Analysis:

- **Data Collection:** Enumeration of health workers, facility visits, and stakeholder consultations.
- **GIS Mapping:** Visualization of health worker distribution by LGA to pinpoint disparities.
- **Gap Analysis:** Patient-health worker ratios, area-specific shortages, and deployment imbalances are assessed.
- **Financial Analysis:** Estimating recruitment, training, and deployment budgetary requirements.

### 2.2 PHC HRH Mapping Process.

1. Community entry at the State Level through meetings with the Honorable Commissioner for Health and Executive Director of the KSPHCDA.
2. Official communication to the Various LGA Chairmen and the Directors of Health
3. Development of a data collection tool (checklists) designed to capture data on the core indicators during the mapping exercise.
4. Orientation of data collectors on the data tools
5. Data capturing by data collectors, supervised by highly technical supervisors including full participation by the civil society organizations.
6. Data entry and analysis
7. Technical session for PHC Mapping report and multi-year, cost-worker recruitment and deployment plan to address identified staffing gaps.
8. Validation of the Mapping Report.
9. Report Dissemination

### 3. FINDINGS

#### 3.1 Health Worker Distribution.

**Table1.2: Shows the distribution of HRH according the LGA in Kogi State.**

<b>KOGI STATE PHC HRH</b>			
<b>S/N</b>	<b>LGA</b>	<b>No. of HF</b>	<b>HR</b>
1	ADAVI	26	118
2	AJAOKUTA	28	236
3	ANKPA	76	250
4	BASSA	52	96
5	DEKINA	81	92
6	IBAJI	62	105
7	IDAH	40	100
8	IGALAMELA	60	120
9	IJUMU	28	116
10	KABBA	44	100
11	KOGI	59	197
12	LOKOJA	44	104
13	MOPA	25	100
14	OFU	50	97
15	OGORI	12	72
16	OKEHI	23	108
17	OKENE	28	52
18	OLAMABORO	69	111
19	OMALA	42	120
20	Y E	41	192
21	Y W	30	119
	<b>Grand Total</b>	<b>920</b>	<b>2605</b>

- A total of **2,605** Human Resources for Health (HRH) (Nurse, Midwives, CHO, CHEW, JCHEW, Medical Laboratory Scientist/ Medical Laboratory Technician, Pharmacy, Pharmacy Technician, Health Educator, Environmental Health, Dental Health Officers) who are permanent staff of the PHCs were identified across **920** primary healthcare facilities in the state.
- In line with the level 2 PHC minimum requirement in the Minimum Service Package (MSP) 2024 to 2028, the shortage of Doctors, Pharmacist, Nutritionist as well as Nursing and Midwives was observed to be acute.

**Table1.3: Summary of the HRH at the BHCPF supported PHC’s facilities (A subset of Table 1.2)**

<b>KOGI STATE PHC (BHCPF) HRH</b>				
<b>S/N</b>	<b>LGA</b>	<b>Number of HF</b>	<b>HR</b>	
1	ADAVI	11	93	
2	AJAOKUTA	14	187	
3	ANKPA	13	92	
4	BASSA	10	42	
5	DEKINA	12	32	
6	IBAJI	10	66	
7	IDAH	10	42	
8	IGALAMELA	10	35	
9	IJUMU	15	72	
10	KABBA	15	43	
11	KOGI	11	70	
12	LOKOJA	10	40	
13	MOPA	10	41	
14	OFU	11	51	
15	OGORI	10	55	
16	OKEHI	11	68	
17	OKENE	11	18	
18	OLAMABORO	10	43	
19	OMALA	11	58	
20	YE	10	67	
21	YW	14	59	
<b>Grand Total</b>		<b>239</b>	<b>1225</b>	

- A total of 1225 **core** health workers (nurse, midwives, CHO, CHEW, JCHEW, Laboratory Scientist, Lab Technician, Pharmacy, Pharmacy tech, Health educator, Environmental Health, Mental health officers) who are permanent staff of the PHCs were identified across **239** primary healthcare facilities supported by the Basic Health care Provision Funds (BHCPF) in Kogi State.

#### 4.1 Staffing Gaps

**Table 1.4: Summary of the Gaps in Human Resources for Health at the PHC facilities in Kogi State.**

S/No	CATEGORY	TOTAL AVAILABLE	TOTAL REQUIRED (MSP 2024 - 2028)	GAP
1	MEDICAL OFFICER	0	42	42
2	NURSE/MIDWIFE/COMMUNITY MIDWIFE	63	956	893
3	COMMUNITY HEALTH OFFICER/BSC PUBLIC HEALTH	223	239	16
4	CHEW	726	956	230
5	JCHEW	357	717	360
6	HEALTH ATTENDANT/ASSISTANT	784	720	-64
7	PHARMACY TECHNICIAN	12	421	409
8	ENVIRONMENTAL HEALTH OFFICERS/TECH	126	389	263
9	PHARMACIST	0	21	21
10	MEDICAL LAB SCIENTIST/TECHNICIAN	160	21	-139
11	MEDICAL RECORD OFFICER/HMIS/HIMT/ASSISTANT	106	42	-64
12	NUTRITIONIST	0	42	42
13	DENTAL SCIENCE ASSISTANT	4	239	239
14	HEALTH EDUCATOR	44	21	-23
15	HCFs (DHIS 2 n=920)	2605	4826	2221

- Kogi State has a shortfall of **2221** health workers, particularly in doctors (42), Pharmacy (21) Nursing/Midwifery (893), and Community Extension Health Workers (230).
- In some PHC facilities, the patient-health-worker ratio exceeds recommended standards, negatively impacting service delivery.

#### 4.2 Financial and Workforce Projections

**Table 1.5: Projection of Gaps in Human Resources for Health at the PHC facilities**

S/N	ITEMS DESCRIPTION	GAPS PER ANNUM	PROJECTED GAP OVER FOUR YEARS
1	IDENTIFIED GAP @2021	555	2221
2	PROJECTED POPULATION GROWTH @ 3% per Annum	66	265
3	PROJECTED RETIREMENT @ 2% per Annum	45	180
4	PROJECTED ATTRITION @16% per Annum	355	1420
	<b>TOTAL</b>	<b>1021</b>	<b>4086</b>

- Based on projected population growth at 3%, Retirement of worker at 2%, and attritions at 16%, the state needs to recruit **4086** new health workers over the next four years.
- The estimated recruitment, training, and deployment cost is **₦13.12 billion**.

**5.1 Multi-Year Health-Worker Recruitment and Deployment Plan** A structured approach is required to bridge the staffing gap. The following phased plan is recommended:



**Table 1.6: Showing the multi-Year recruitment and Deployment Plan.**

<b>S/N</b>	<b>YEAR</b>	<b>RECRUITMENT PLAN</b>	<b>TRAINING PLAN</b>	<b>BUDGET (NAIRA)</b>
<b>1</b>	2025	Recruit and deploy 1022 health workers for primary healthcare centers across the LGAs.	Provide foundational training for newly recruited health workers.	<b>N2.50 billion</b>
<b>2</b>	2026	Recruit and deploy additional 1022 health workers for underserved areas.	Develop structured induction training and specialization programs.	<b>N2.75 billion</b>
<b>3</b>	2027	Recruit and deploy 1021 more health workers to address staffing gaps.	Implement continuous professional development courses.	<b>N3.03 billion</b>
<b>4</b>	2028	Recruit and deploy 1021 more health workers to address staffing gaps	Implement continuous professional development courses.	<b>N3.34 billion</b>
<b>5</b>	2029	Evaluate recruitment impact and address emerging needs and achieve full health-worker sufficiency in Kogi State.	Enhance refresher training and mentorship initiatives with upgrade in digital skills (EMR) and emergency training.	<b>N1.50 billion</b>

### **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 Kogi 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.

## 8. Next Steps

- Official publication and dissemination of the report by **March 2025**.
- Sustained stakeholder validation process to ensure seamless implementation plan.
- Commencement of phased health-worker recruitment and deployment to address identified gaps.



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Hon. Commissioner for Finance, Budget and Economic Planning  
Kogi State