# ZAMFARA STATE PRIMARY HEALTH CARE BOARD HOPE-GOV RECRUITMENT PLAN

March, 2025

PREAMBLE

The Federal Republic of Nigeria operates a 3 tier system of Government: The Federal, State and Local Government levels. Similarly the Nigerian health system operates along those lines, operating Primary Health Care at the Local Government Level, Secondary Health Care at State level and Tertiary Health Care at Federal level. Primary Health Care (PHC) is the cornerstone of the health policy in Nigeria and is the first point of contact for most Nigerians with the health care system. Standards must therefore be set in order to effectively manage health services and achieve good quality of care. Organization is to serve as a tool in health services management; and to strive towards achieving the highest possible quality of care within the resources available.

At the level of PHC, The failure of Primary Health Care in Nigeria can be partly attributed to the inadequate number and proportion of the various cadres of healthcare workers necessary to provide services in the health facilities. PHC is the level at which short-term, uncomplicated health issues should be resolved. It is also the level at which health promotion and education efforts are undertaken, and where patients in need of more specialized services are connected with secondary care.

This plan provides a phased recruitment approach that prioritizes cadres with the highest shortages, ensuring a sustainable absorption of new health care workers into the workforce. The recruitment will be conducted in multiple phases, beginning with 30% of the required workforce, followed by subsequent phases covering varying percentages 40%, 20%, 10% until all gaps are occupied. Additionally, the plan accounts for attrition factors such as retirements, deaths, and resignations to ensure proactive recruitment and long-term sustainability.By implementing this recruitment plan, Zamfara State will enhance the quality of health care delivery, improve the pupil-to-facility ratio, and ensure equitable access to health care opportunities for all communities. The document outlines the recruitment process, deployment strategy, training, and payroll integration to ensure an efficient and transparent hiring process.

## 1. General Overview of the Nomenclature and Category of PHCs

Health facilities are static or mobile structures where different types of health services are Provided by various categories of health workers. These health facilities are in different groups and called different names depending on the structure (building), staffing, equipment, services rendered and by ownership. Many terminologies have been used over the years including dispensaries, health clinics, health centers, primary health centers, maternities, health posts and comprehensive health centers. However based on the Ward Health System, the three recognized facility types are;

### 1.1 Health Post

- Service Delivery Area: Settlement, Neighborhood and/or Village level
- Estimated Coverage Population: 500

**Personnel**: - JCHEW - 1

### 1.2 Primary Health Clinic

- Service Delivery Area: Group of Settlements/Neighbourhood, Villages or Communities
- Estimated Coverage Population **:** 2,000 to 5,000

**Personnel:**

| | | |
|---|---|---|
| Midwife or Nurse Midwife | - | 2 |
| CHEW (must work with standing order) | - | 2 |
| JCHEW | - | 4 |
| ***Support staff*** | | |
| Health attendant/Assistant | - | 2 |
| Security personnel | - | 2 |

## 1.3 Primary Health Care Centres.

- Service Delivery Area : Political Ward
- Estimated Coverage Population: 10,000 to 20,000

**Personnel:**

| | | |
|---|---|---|
| Medical officer if available | - | 1 |
| CHO (must work with standing order) | - | 1 |
| Nurse/midwife | - | 4 |
| CHEW (must work with standing order) | - | 3 |
| Pharmacy technician | - | 1 |
| JCHEW (must work with standing order) | - | 6 |
| Environmental Officer | - | 1 |
| Medical records officer | - | 1 |
| Laboratory technician | - | 1 |
| ***Support staff*** | | |
| Health Attendant/Assistant | - | 2 |
| Security personnel | - | 2 |
| General maintenance staff | - | 1 |

Based on the above listed categories of PHCs, sourced from the Minimum Standard for Primary Health Care in Nigeria, Adopted by National Primary Health Care Development Agency, any shortage or under staffs below the above number can be partly attributed to the inadequate number and proportion of the various cadres of healthcare workers necessary to provide services in the health facilities. Below are the summarized form of the general data of all the health facilities under ZSPHCB generated from the facility that clearly shown the required, Available, and Gaps of all cadres needed. These figures highlight the critical need for additional heath workers in different cadres. The recommended population-to-facility ratio (PTF) is:

- Estimated Coverage Population: 10,000 to 20,000 - Primary Health Care Center

- Estimated Coverage Population **:** 2,000 to 5,000 - Primary Health Clinic
- Estimated Coverage Population: 500 - Health Post

But several areas exceeded this significantly, emphasizing the urgency of addressing recruitment challenges.

## 2 ZSPHCB Summary of Required, Available and Gaps of Human Recourse (Including Supporting staff)

| Staff Cadre | Number | | |
|---|---|---|---|
| | Number Required (NR) | Number available (NA) | Gaps |
| • R*egistered Nurses/ Midwives* | **1196** | **31** | **1165** |
| • *Community Health Extension Workers (CHEWs)* | **1033** | **629** | **404** |
| • *Medical Records Staff* | **694** | **192** | **502** |
| • *Laboratory Technician* | **163** | **183** | **-20** |
| • *Pharmacy Technician* | **163** | **34** | **129** |
| • *Medical Officer (if any)* | **163** | **0** | **163** |
| • *Community Health Officer* (CHOs) | **163** | **41** | **122** |
| • *Health Attendant/Assistant* | **870** | **163** | **707** |
| • *Security Personnel* | **870** | **163** | **707** |
| • *Maintenance Staff* | **163** | **0** | **163** |
| • *Junior Community Health Extension Workers* | **2322** | **268** | **2054** |
| | | **TOTAL** | **6096** |

## 3. RECRUITMENT STRATEGIES

**3.1 Gaps Identification:** for effective recruitment planning the ZSPHCB has displayed strategies for collecting the staffs data to health facilities through their LGA health Directors and they forwarded the existing staffs as needed, the generated data was collected, conflated and

analyzed, the board was able to identify gap areas, cadres, and grade level where the man power are needed due to designated, retirement and death.

**3.2** **Job Description:** To ensure transparency in this recruitment process, the qualification needed should be clearly defined, all the expectations and career growth opportunities would be displayed.

**3.3** **Vacancies Advertisement:** the targeted vacancies should be advertised through multiple channels, which include media, digital platforms, websites and community engagement among others, at least three weeks prior to screening exercise.

**3.4** **Screening and Selection process:** in order to ensure transparency, strict merit-based selection criteria. Written tests, interviews, and qualification verification will be done, Inclusion of health cadre assessments to ensure candidates are proficient in their disciplines/profession.

**3.5** **Deployment Strategy:** Prioritization of rural and underserved facilities, Incentives for health workers willing to work in difficult-to-reach areas. Equitable distribution of HCWs based on the severity of shortages in specific facilities.

**3.6** **Training and Induction:** Pre-deployment induction programs, Continuous professional development workshops. Mentorship programs pairing new recruits with experienced HCWs.

**3.7** **Integration into Payroll:**

- Ensure timely salary payments.
- Implement an **exit tracking system** for effective workforce planning.
- Establish a digital payroll management system to prevent payment delays and errors.

## 4. Implementation Timeline

| Activity | Timeline |
|---|---|
| Recruitment Announcement | Jan-March |
| Application Screening | April-July |
| Written Test & Interviews | August-Nov |
| Deployment & Induction | December |
| Payroll Integration | January |

## 4. Planned Outcomes

- **Proactive HCWs replacement strategies:** By accounting for retirements, resignations, and deaths, the plan ensures sustainability in staffing levels.
- **Better deployment efficiency and workforce planning:** Regular assessments will enable proper alignment of recruitment efforts with evolving health care needs in the communities.
- **Improved population-to-facility ratios:** The recruitment plan will significantly reduce patient overload to HCWs, leading to better patient engagement and good health care outcomes.
- **A phased, percentage-based hiring system:** The strategic allocation of HCWs will ensure that the most critical gaps are addressed first, promoting balanced HCWs distribution.
- **Increased retention and motivation of HCWs:** Fair deployment, professional development, and timely salary payments will encourage HCWs to remain in service.