




ZAMFARA STATE
MINISTRY OF HEALTH
HUMAN RESOURCES FOR
HEALTH COSTED
RECRUITMENT PLAN 2025-
2030

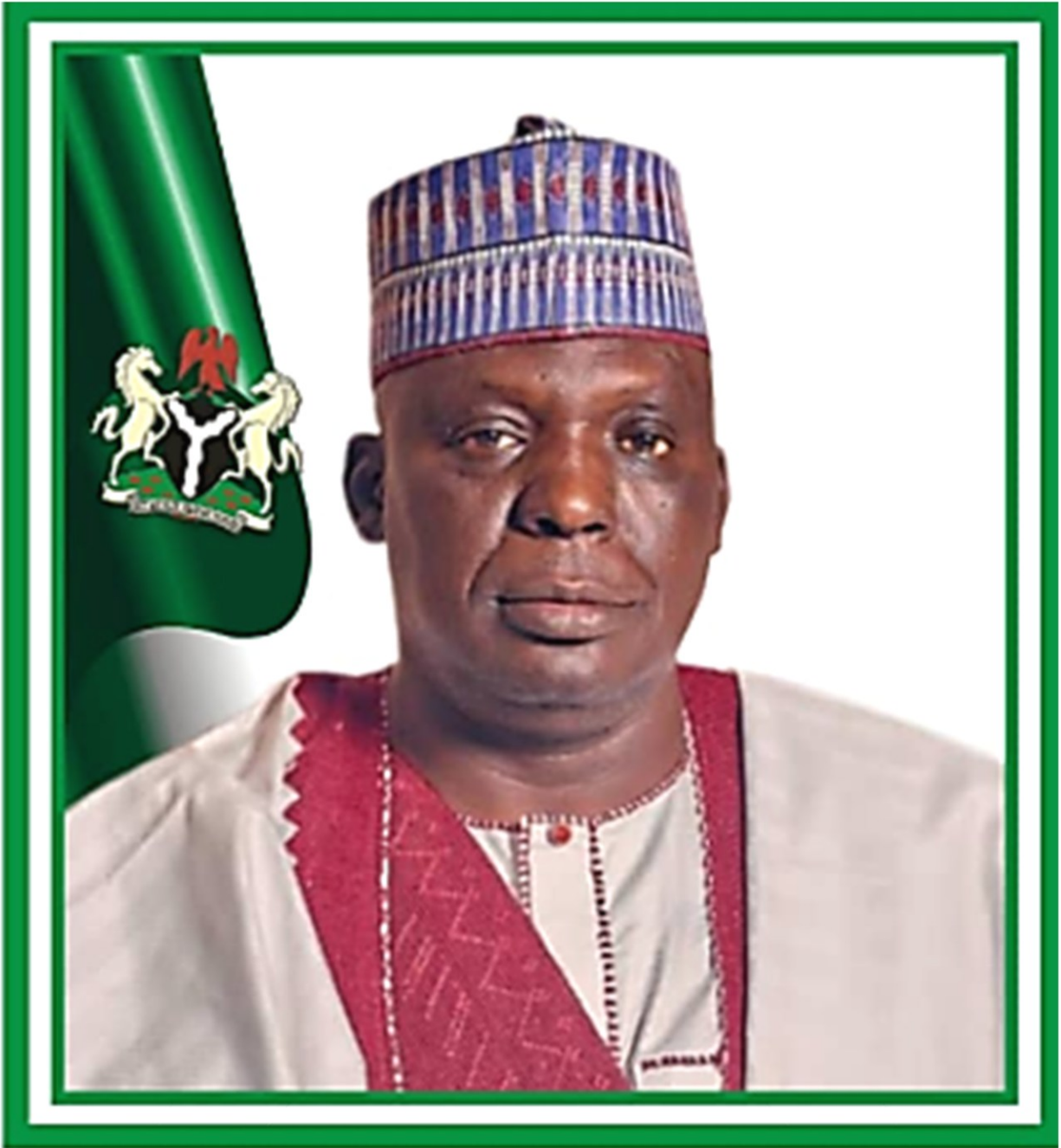
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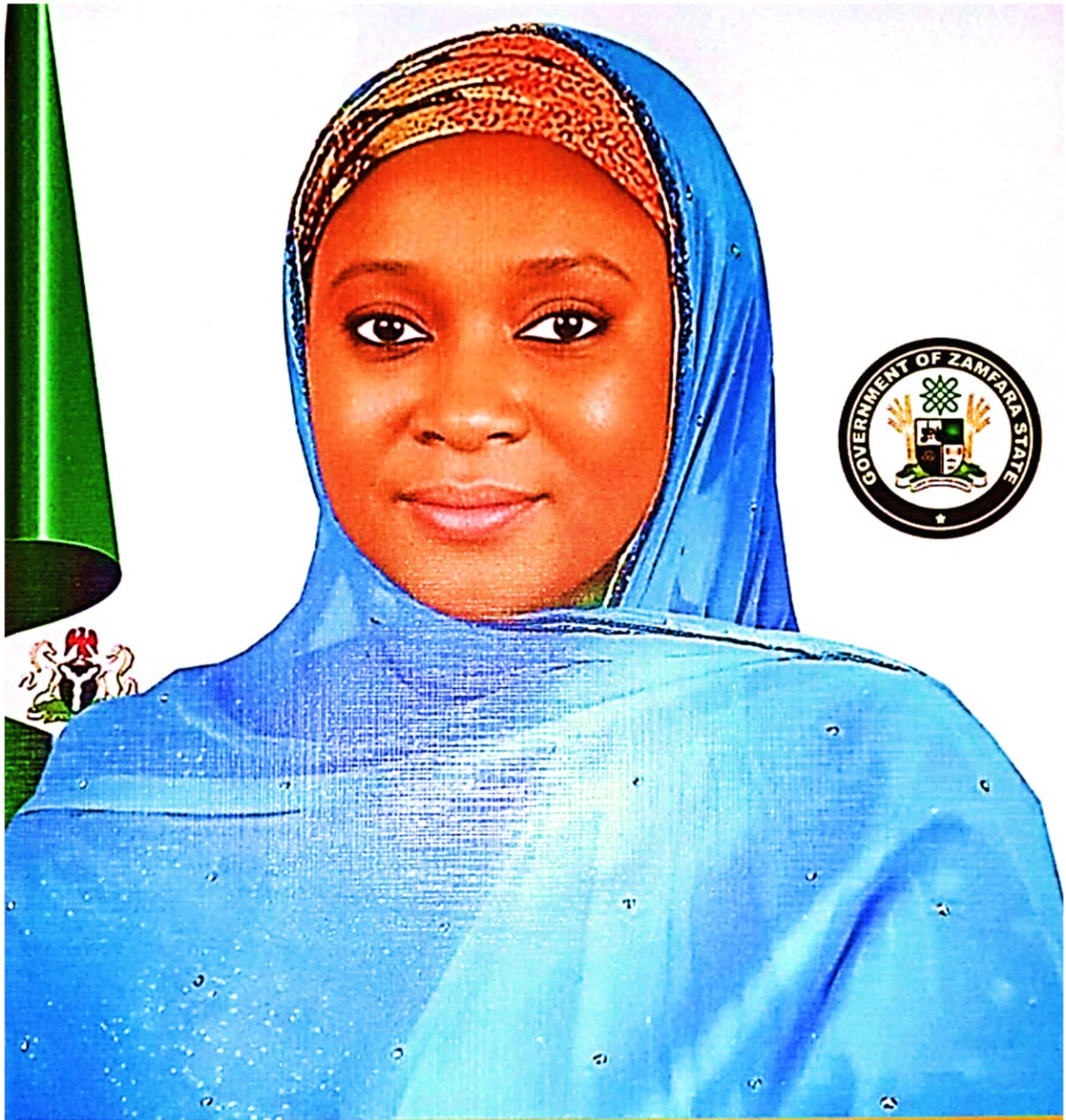
MARCH 31, 2025
MINISTRY OF HEALTH
Block C Jibril Bala Yakubu Secretariat, Gusau



His Excellency
DAUDA LAWAL
GOVERNOR OF ZAMFARA STATE



HIS EXCELLENCY
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(MASAMAR MUDI, MATAWALLEN BUKKUYUM)
DEPUTY GOVERNOR, ZAMFARA STATE



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EXECUTIVE SUMMARY

The Human Resources Mapping and Recruitment Plan for the Zamfara State Primary Health Care Board (ZSPHCB) is a strategic instrument aimed at strengthening the primary healthcare workforce and ensuring the equitable distribution of skilled health personnel across all 14 Local Government Areas (LGAs) and 147 wards of Zamfara State. The Plan provides a systematic and evidence-based approach to addressing critical human resources for health (HRH) gaps, improving service delivery, and accelerating progress toward Universal Health Coverage (UHC).

Recognizing Primary Health Care (PHC) as the most cost-effective and sustainable pathway to UHC, the Zamfara State Government, under the leadership of the current administration, has declared a State of Emergency in the Health Sector, with a focus on strengthening the healthcare system. Central to this reform agenda is the prioritization of HRH as a foundational pillar of health system performance. The HRH strategy emphasizes reducing inequities and inequalities in the distribution of PHC healthcare workers—particularly Medical Doctors, Nurses, and Midwives—through targeted capacity building, realistic retention and incentive mechanisms, and transparent, data-driven recruitment processes. The strategy further recognizes the application of approved task-shifting and task-sharing policies, necessitated by persistent HRH shortages, especially in rural and underserved communities.

Primary Health Care service delivery in Zamfara State is implemented under the Primary Health Care Under One Roof (PHCUOR) framework and coordinated by the Zamfara State Primary Health Care Board (ZSPHCB), a parastatal of the Zamfara State Ministry of Health. In line with the statutory health sector governance arrangement of the State, the ZSPHCB is mandated to plan, manage, and oversee primary health care services, while the supervision, management, and administration of secondary health care services are vested in the Zamfara State Hospital Services Management Board (HSMB). Accordingly, this Human Resources Mapping and Recruitment Plan is limited in scope to PHC facilities, while human resource planning for secondary health facilities is undertaken separately under the mandate of the HSMB, with coordination mechanisms in place to ensure system-wide alignment and continuity of care.

As part of the PHCUOR framework, a Minimum Service Package (MSP) was developed to define baseline service standards, including the minimum staffing requirements by cadre and facility type. Following recommendations from the National Primary Health Care Development Agency (NPHCDA), the MSP was reviewed and validated in 2019. The ZSPHCB subsequently undertook a comprehensive review of the MSP to incorporate detailed staffing norms, costing, and investment requirements, in alignment with national guidelines and realistic implementation within available and projected resources. The revised MSP now serves as the operational guide for service delivery across all PHC facilities in the State.



A comprehensive, state-wide health workforce mapping exercise was conducted to establish a baseline of existing personnel, identify critical gaps, and project future workforce needs. The findings revealed significant shortages in the availability and equitable distribution of Medical Doctors, Nurses, and Midwives, alongside gaps in Community Health Officers (CHOs), Community Health Extension Workers (CHEWs), Laboratory Technicians, and Pharmacy Technicians. These findings informed the development of a phased, multi-year recruitment and deployment plan (2025–2030) for Zamfara State.

Key elements of the Plan include clearly defined annual recruitment targets, commencing in 2025 with the engagement of critical skilled healthcare workers and progressively scaling up to meet established staffing benchmarks by 2030. The recruitment strategy adopts a targeted approach to strengthen maternal, newborn, child, and adolescent health services, enhance disease surveillance and public health response, and improve the overall functionality and quality of primary healthcare delivery. To ensure workforce stability and sustainability, the Plan incorporates comprehensive retention strategies, including competitive remuneration, structured career progression pathways, continuous professional development, rural and hard-to-reach area incentives, and expanded training opportunities.

The Plan further identifies sustainable financing mechanisms to support implementation, drawing on state government budgetary allocations, health insurance financing, and strategic support from development partners. In addition, the deployment of a Human Resource Management Information System (HRMIS) is prioritized to enable real-time workforce tracking, performance monitoring, evidence-based decision-making, and routine evaluation of recruitment and deployment outcomes.

Successful implementation of this Human Resources Mapping and Recruitment Plan is expected to significantly enhance healthcare service delivery in Zamfara State by ensuring a well-staffed, motivated, and resilient PHC workforce. By aligning recruitment and retention efforts with state health sector priorities and national and global health commitments, the State will be better positioned to improve access to quality primary healthcare services and achieve sustainable improvements in population health outcomes.

Dr Nafisa Muhammad Maradun

Hon. Commissioner

Zamfara State Ministry of Health



ACKNOWLEDGEMENT

On behalf of the Zamfara State Ministry of Health, I extend sincere appreciation to all stakeholders whose commitment and collaboration contributed to the successful completion of the Human Resources for Health (HRH) Mapping and Gap Analysis Report. The collective efforts of government institutions, development partners, and technical teams were instrumental in delivering a robust, evidence-based assessment to guide health workforce planning in Zamfara State.

We particularly acknowledge the leadership and strategic direction of the Honourable Commissioner for Health, Dr. Nafisa Muhammad Maradun, whose vision and unwavering commitment to strengthening healthcare delivery in Zamfara State have been evident since assuming office. Her guidance, alongside the effective administrative stewardship of the Permanent Secretary, Zamfara State Ministry of Health, and the leadership of the Zamfara State Primary Health Care Board (ZSPHCB), played a pivotal role in the successful execution of this assignment.

At the federal level, we express our profound gratitude to the Federal Ministry of Health and Social Welfare (FMoH&SW), including the Sector-Wide Approach (SWAp) Coordination Office and the World Bank Nigeria HOPE Project Office, for their continuous technical guidance and support. Their contributions ensured that this initiative remained aligned with national health sector priorities, policies, and reform objectives.

This report represents a critical milestone in strengthening the health workforce by systematically identifying gaps and proposing strategic, actionable recommendations. We acknowledge the contributions of the State Primary Health Care Development Agency and our development and implementing partners for their technical inputs and collaborative support throughout the process.

We are especially grateful to the Zamfara State Primary Health Care Board (ZSPHCB) for its diligent review and revision of the Minimum Service Package (MSP), which served as a foundational reference for this exercise. The Board's proactive leadership in strengthening primary health care systems has laid a solid foundation for sustainable workforce planning and future health sector interventions.

We also recognize the dedication and professionalism of healthcare workers, data collectors, and members of the Human Resources for Health Technical Working Group, whose tireless efforts ensured the accuracy, quality, and depth of the data and analysis presented in this report. Their contributions will significantly support evidence-based planning, policy formulation, and decision-making.



Finally, we extend our heartfelt appreciation to all stakeholders—past and present—whose sustained commitment to strengthening health systems and improving service delivery has made this initiative possible. Together, we reaffirm our collective resolve to build a resilient, well-equipped, and adequately distributed health workforce capable of delivering quality healthcare services to the people of Zamfara State.

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INTRODUCTION

The health workforce consists of doctors, nurses, midwives, other healthcare professionals, and others who play a crucial role in providing health services within a healthcare system and ensuring the efficient operation of healthcare systems globally. The presence, allocation, and efficiency of healthcare professionals substantially influence the quality, availability, and responsiveness of healthcare provisions. Health workforce management is an important aspect of the healthcare system that involves training, recruiting, deploying, retaining, and managing healthcare personnel. PHC health workforce availability is vital in achieving health system objectives, enhancing health outcomes, lowering morbidity and mortality rates, and promoting universal health coverage.

There is a global health workforce challenge; however, this is worse in low- and middle-income countries. Inadequate healthcare professionals, especially in rural and underserved regions, an uneven distribution of healthcare personnel between urban and rural areas, inadequate training and education resources, low absorption/recruitment, migration of skilled healthcare workers to more developed nations, insufficient investment in healthcare workforce infrastructure and management systems, and disparities in healthcare access among various population groups are key workforce challenges in low resource settings. Moreover, changes in population demographics, such as ageing and a growing burden of non-communicable diseases, put additional pressure on the capacities of the healthcare workforce and worsen shortages and gaps in skills.

Nigeria's health workforce landscape mirrors the global challenges while presenting country-specific issues. Healthcare professionals are scarce, worsened by challenges such as the human capital flight of skilled health workers to more economically developed countries. Like most states in Nigeria, Zamfara State faces many challenges in the health workforce capacity of the PHCs, with issues of inadequate number of needed PHC workforce and inequitable distribution of PHC health workers across facilities impacting negatively on the facility's ability to provide a gender-sensitive service package to increasing populations. The scarcity of healthcare workers, particularly in rural and underserved areas, exacerbates health disparities and limits access to essential services. Addressing these health workforce issues is paramount to enhancing the state's healthcare system, improving health outcomes, and ensuring equitable access to quality healthcare for all residents.

This document outlines a comprehensive strategy to address the Zamfara State's critical health workforce issues, particularly within the public Primary Health Care (PHC) system. The critical health workforce issues were identified through a vacancy analysis that evaluated the number of PHC facilities that met the Minimum Service Package (MSP) requirements for the health workforce. Then, through a co-creation workshop, the root cause analysis (RCA) identified the drivers of poor PHC workforce and developed recommendations to optimize the health workforce.



STATE PROFILE

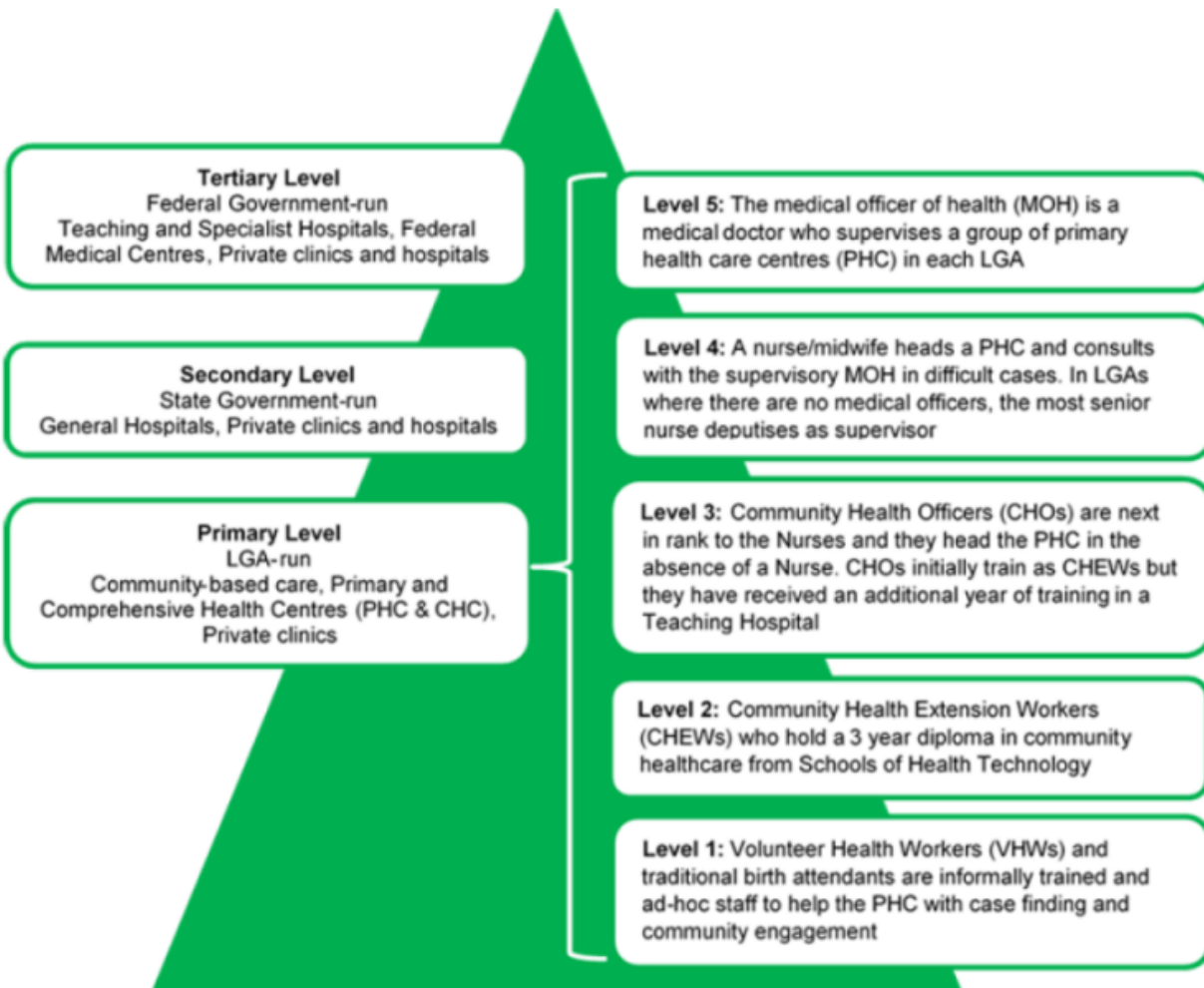
Zamfara State, located in the North-west geopolitical zone of Nigeria, was created or carved out of the former Sokoto state on October 1st, 1996 with Gusau as its capital; and is one of the 36 states that make up the Federal Republic of Nigeria. The state is located in the hinterland of the northwestern part of Nigeria. It covers a land area of 38,418 square kilometers representing about 4% of the landmass of Nigeria. It is situated towards the extreme northwest portion of Nigeria, covers the area extending between longitude 7°2' E around Tsafe towards its Northeastern boundary and latitude 11°24' N around Dansadau towards the southern boundary to Latitude 12°40'N around Shinkafi towards its North-Eastern border. The state is bordered in the North by Sokoto State, West and South by Katsina and the Kaduna States respectively.



The State is made up of 14 Local Government Areas (LGAs) divided into three Senatorial Zones and 147 political wards. They are namely [Anka](#), [Bakura](#), [Birnin-Magaji](#), [Bukkuyum](#), [Bungudu](#), [Chafe](#) (Tsafe), [Gummi](#), [Gusau](#), [Kauran-Namoda](#), [Maradun](#), [Maru](#), [Shinkafi](#), [Talata-Mafara](#) and [Zurmi](#). The state is populated with the [Hausa](#) and [Fulani](#) ethnic groups. Other Nigerian tribes such as Igbo, Yoruba, Nupe, Igala, Idoma, Ebir, Urhobo, and Tiv also live in the state. Being a part of the Sokoto Caliphate, the state is predominantly Muslim and an important seat of Islamic learning



in Nigeria. Gusau the state capital is an important commercial center with a heterogeneous population of people from all over Nigeria.





| LGA | Total Population | WARD | Settlement |
|----------------------|------------------|------------|-------------|
| ANKA | 250829. | 10 | 471 |
| BAKURA | 329500. | 10 | 439 |
| BIRNINMAGAJI | 314892. | 10 | 347 |
| BUKKUYUM | 373094. | 10 | 716 |
| BUNGUDU | 454689. | 11 | 1152 |
| GUMMI | 360588. | 11 | 557 |
| GUSAU | 675487. | 11 | 834 |
| KAURA NAMODA | 496030. | 11 | 669 |
| MARADUN | 371717. | 10 | 619 |
| MARU | 514599. | 10 | 873 |
| SHINKAFI | 239139. | 10 | 350 |
| TALATA MAFARA | 379343. | 11 | 868 |
| TSAFE | 468953. | 11 | 519 |
| ZURMI | 518013. | 11 | 519 |
| Zamfara State | 5746873. | 147 | 8933 |

Figure 1: DISTRIBUTION OF LGAs, POPULATION AND WARDS IN ZAMFARA STATE

| S/N | LGA | Tertiary | Secondary Health Facility | Primary Health Centre | Primary Health Clinic | Health Post | Health Clinic |
|-----|--------------|----------|---------------------------|-----------------------|-----------------------|-------------|---------------|
| 1 | ANKA | | 2 | 18 | 23 | | |
| 2 | BAKURA | | 1 | 10 | 16 | 4 | |
| 3 | BIRNINMAGAJI | | 1 | 12 | 6 | 25 | |
| 4 | BUKKUYUM | | 1 | 9 | 8 | 23 | |
| 5 | BUNGUDU | | 1 | 20 | 21 | 27 | |
| 6 | GUMMI | | 1 | 7 | 24 | 9 | 2 |
| 7 | GUSAU | 3 | 9 | 10 | 18 | 22 | 6 |
| 8 | KAURA NAMODA | | 2 | 12 | 38 | 20 | 1 |



| | | | | | | | |
|--------------------|------------------|----------|-----------|------------|------------|------------|-----------|
| 9 | MARADUN | | 1 | 12 | 33 | | |
| 10 | MARU | | 2 | 7 | 30 | 19 | |
| 11 | SHINKAFI | | 1 | 11 | 14 | 9 | 2 |
| 12 | TALATA MAFARA | | 2 | 11 | 27 | 14 | 1 |
| 13 | TSAFE | | 1 | 12 | 11 | 35 | 2 |
| 14 | ZURMI | | 2 | 12 | 10 | 33 | 1 |
| Grand Total | | 3 | 27 | 163 | 279 | 240 | 15 |

Figure 2: DISTRIBUTION OF HEALTH FACILITIES TO LGAs IN ZAMFARA STATE

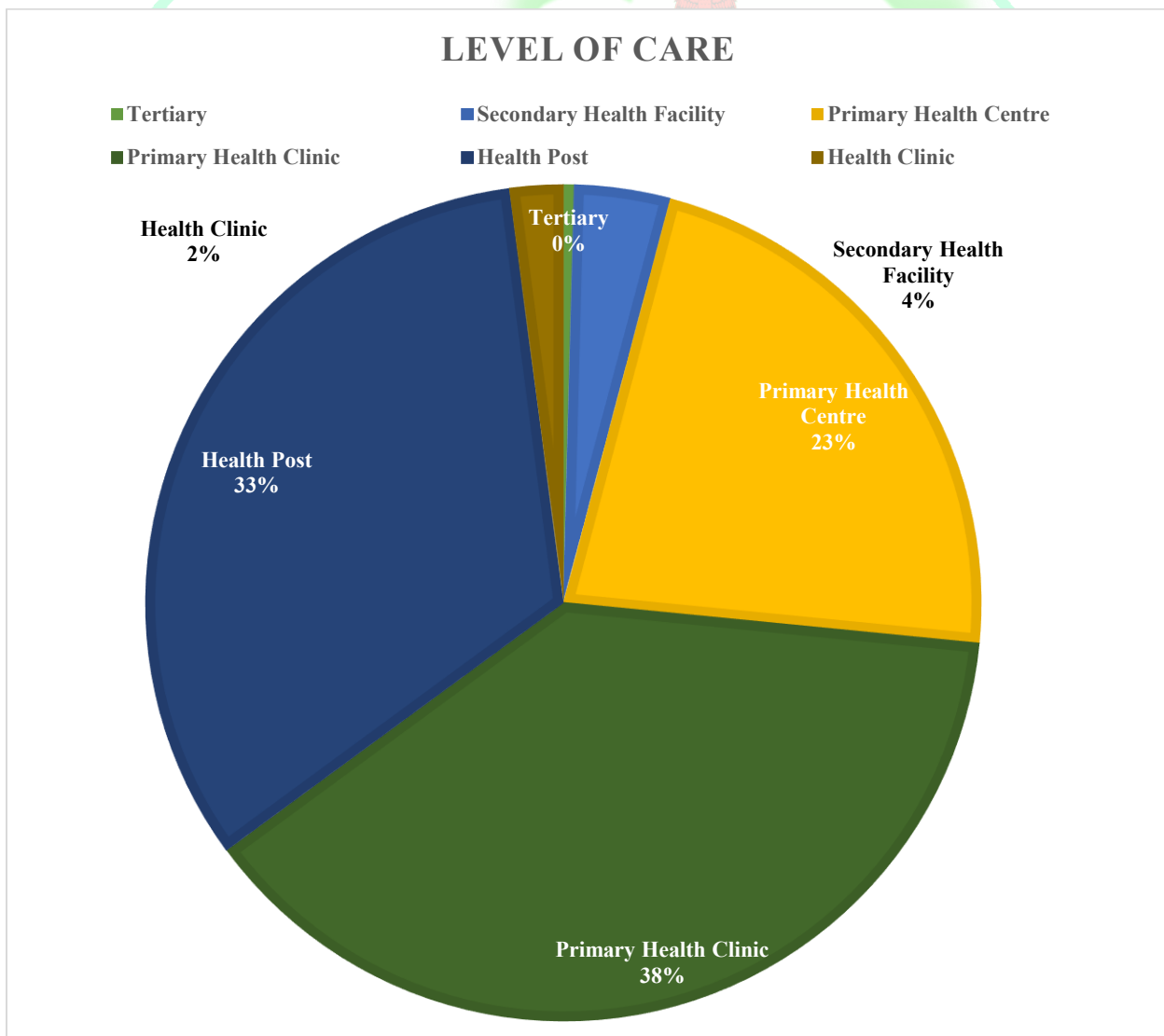
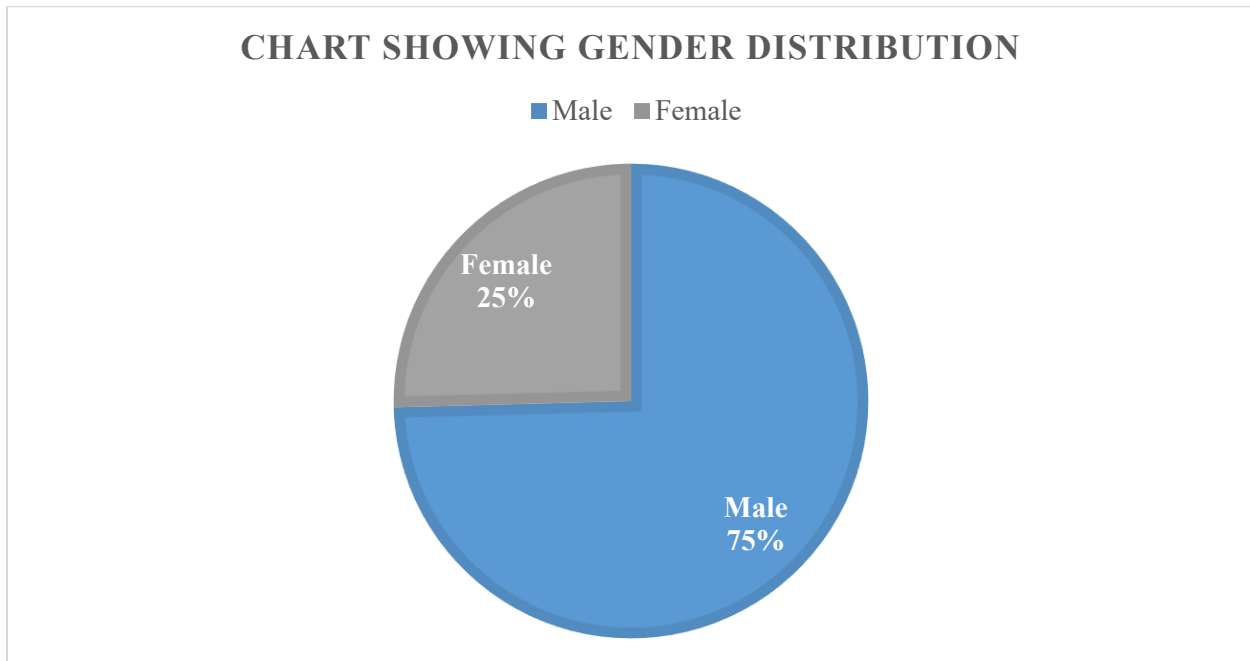


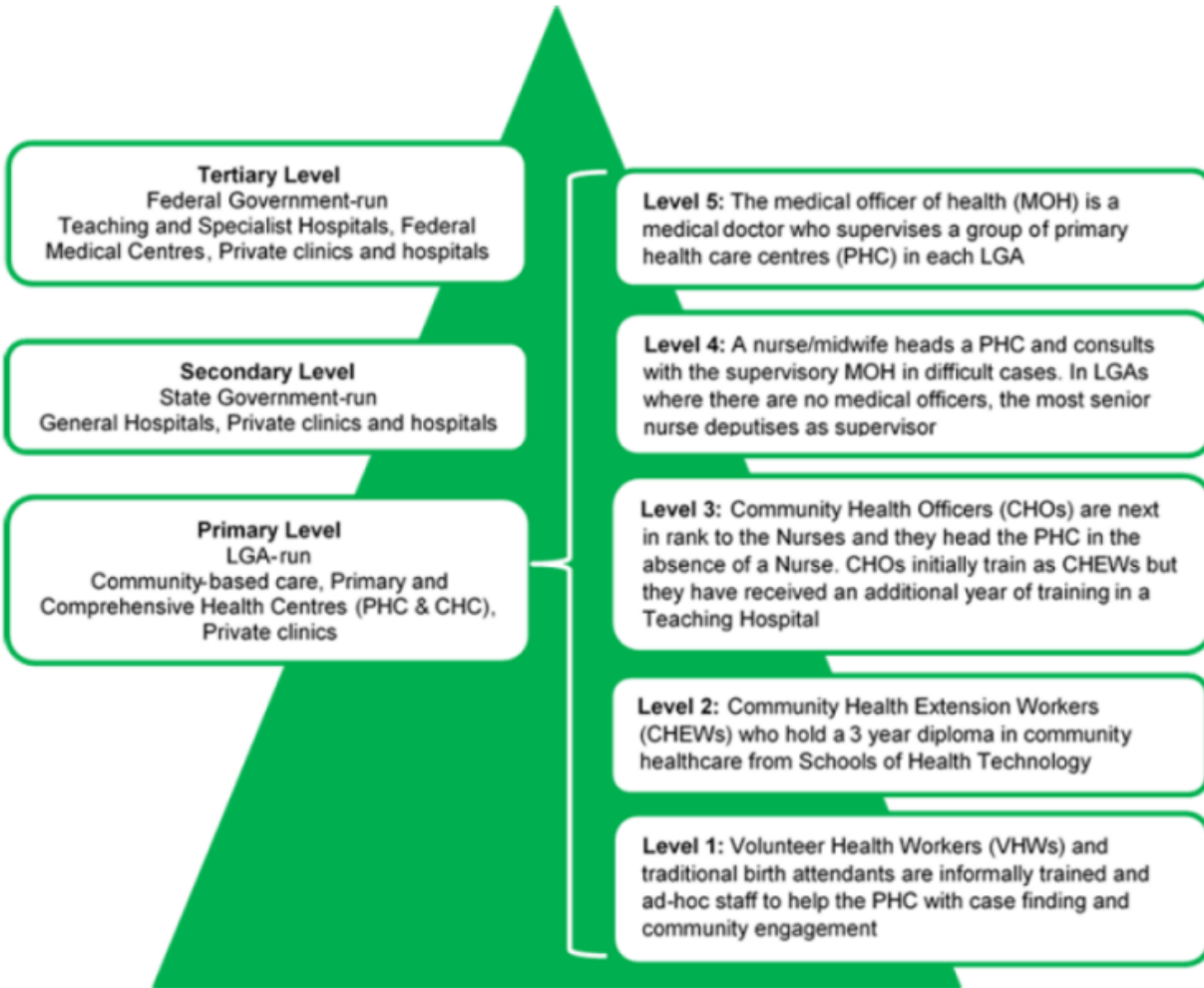


Chart Showing Gender Distribution



Health System Organization and Service Deliveries

The state has 682 public PHCs, and 22 secondary and 2 public tertiary facilities. The PHCs are managed by the LGHA (Local Government Health Authority), while the State Primary Healthcare Board (SPHCB) also provides oversight and support to the PHCs under Primary Health Care under One Roof. The Hospitals Services Management Board (HSMB) manages the secondary healthcare facilities, while the state-owned tertiary healthcare facility, Ahmad Sani Yariman bakura specialist Hospital (ASYBSH), is managed by its management board. The federal tertiary facility, Federal Medical Centre, owned by the federal government, are managed by the Federal Ministry of Health (FMOH).



Overview of the Health Workforce Governance and Management in Zamfara State

The Zamfara State Human Resource for Health Unit is situated in the State Ministry of Health under the Department of Planning, Research, and Statistics (PR&S). The Hospital Services Management Board, State Primary Health Care Board, Ahmad Sani Yariman Bakura Specialist Hospital State, and Federal Medical Centre Gusau (HSMB & SPHCB, ASYBSH, and FMC) have respective focal persons who submit health workforce data to the SMOH. This unit reports to the Director of Planning, Research, and Statistics (DPRS).



The health workforce unit collects and manages statistical data on human resources in health from all healthcare-providing institutions in the state. It informs relevant stakeholders on the state of HRH in the State and liaises with the FMOH health workforce unit to track the adequacy of skilled health workers and their distribution at the state and national levels. Currently, Human Resource for Health TWG is yet to be inaugurated, and there is no Human Resource for Health strategic plan. Also, at the LGA level, there is no Health workforce management system in place. This has led to weak Health workforce coordination, planning, management, and organizational capacity.

The Departments of Administration and Human Resource in the MDAs (SMOH, HSMB, SPHCB, and Zamfara State Contributory Health Care Management Agency (ZAMCHEMA) oversee workers' postings and transfers, while recruitment is done centrally at the Local Government service commission and SPHCB.

HRH Summary Personnel List by Gender

| S/N | Cadre | Male | Female | Total |
|-----|-----------------------------------|------|--------|-------|
| 1. | Accountant | 50 | 2 | 52 |
| 2. | Administrative Cadre | 907 | 115 | 1022 |
| 3. | Administrative Professional | 62 | 4 | 66 |
| 4. | Artisan/Craftsman | 35 | 0 | 35 |
| 5. | Assistant Data Processing Officer | 3 | 0 | 3 |
| 6. | Biomedical Engineer | 17 | 1 | 18 |
| 7. | Biomedical Officer | 4 | 0 | 4 |
| 8. | Biomedical Technician | 6 | 2 | 8 |
| 9. | Cleaner/Labourer | 48 | 5 | 53 |
| 10. | Clerical Cadre | 584 | 158 | 742 |
| 11. | Community Health Assistant | 2 | 0 | 2 |
| 12. | Community Health Officer | 59 | 10 | 69 |
| 13. | Community Midwife | 6 | 67 | 73 |
| 14. | Computer Operator | 8 | 0 | 8 |
| 15. | Confidential Secretary | 2 | 0 | 2 |
| 16. | Data Processing Assistant | 1 | 0 | 1 |
| 17. | Data Processing Officer | 48 | 1 | 49 |
| 18. | Dental Health Assistant | 4 | 0 | 4 |
| 19. | Dental Health Technician | 19 | 8 | 27 |
| 20. | Dental Health Technician | 38 | 6 | 44 |
| 21. | Dental Officer | 4 | 0 | 4 |
| 22. | Dental Surgery Assistant | 5 | 2 | 7 |
| 23. | Dental Surgery Technician | 19 | 10 | 29 |
| 24. | Dental Technician | 188 | 83 | 271 |



| S/N | Cadre | Male | Female | Total |
|-----|--|------|--------|-------|
| 25. | Dental Therapist | 5 | 5 | 10 |
| 26. | Dental Therapy Technician | 1 | 0 | 1 |
| 27. | Dietician | 0 | 2 | 2 |
| 28. | Electrical operator | 1 | 0 | 1 |
| 29. | Environmental Health Assistant | 164 | 27 | 191 |
| 30. | Environmental Health Officer | 25 | 2 | 27 |
| 31. | Environmental Health Technician | 452 | 94 | 546 |
| 32. | Financial Professionals | 1 | 0 | 1 |
| 33. | Food Hygiene Assistant | 5 | 2 | 7 |
| 34. | Food Hygiene Technician | 8 | 4 | 12 |
| 35. | Gardener | 20 | 0 | 20 |
| 36. | Health Assistant | 159 | 67 | 226 |
| 37. | Health Attendant | 463 | 180 | 643 |
| 38. | Health Education and Promotion | 33 | 5 | 38 |
| 39. | Health Information Assistant | 54 | 22 | 76 |
| 40. | Health Information Management Officer | 10 | 3 | 13 |
| 41. | Health Information Technician | 633 | 247 | 880 |
| 42. | Health Information Technologist | 4 | 0 | 4 |
| 43. | Health Record Assistant | 1 | 0 | 1 |
| 44. | Information Officer | 2 | 0 | 2 |
| 45. | Junior Community Health and Extension Worker | 159 | 55 | 214 |
| 46. | Kitchen Attendant/Cook | 1 | 12 | 13 |
| 47. | Laboratory Attendant | 1 | 0 | 1 |
| 48. | Laboratory Superintendent (Maintenance) | 4 | 0 | 4 |
| 49. | Labourer | 81 | 1 | 82 |
| 50. | Laundry | 26 | 0 | 26 |
| 51. | Livestock Attendant | 1 | 0 | 1 |
| 52. | Mechanical Engineer | 1 | 0 | 1 |
| 53. | Medical Laboratory Assistant | 29 | 9 | 38 |
| 54. | Medical Laboratory Scientist | 38 | 3 | 41 |
| 55. | Medical Laboratory Technician | 747 | 214 | 961 |
| 56. | Medical Laboratory Technologist | 19 | 1 | 20 |
| 57. | Medical Officer | 79 | 2 | 81 |
| 58. | Medical x-ray technician | 9 | 3 | 12 |
| 59. | Messenger | 64 | 1 | 65 |
| 60. | Motor Driver | 79 | 4 | 83 |
| 61. | Nutrition Officer | 4 | 4 | 8 |
| 62. | Nutrition Technician | 1 | 0 | 1 |
| 63. | Nutritionist | 1 | 0 | 1 |
| 64. | Ophthalmic Technician | 3 | 0 | 3 |



| S/N | Cadre | Male | Female | Total |
|--------------------|--|-------------|-------------|-------------|
| 65. | Pharmacist | 24 | 6 | 30 |
| 66. | Pharmacy Assistant | 1 | 1 | 2 |
| 67. | Pharmacy Technician | 185 | 41 | 226 |
| 68. | Photographer | 1 | 0 | 1 |
| 69. | Physiotherapy | 1 | 0 | 1 |
| 70. | Physiotherapist | 1 | 0 | 1 |
| 71. | Physiotherapist Assistant | 1 | 0 | 1 |
| 72. | Planning Officer | 3 | 2 | 5 |
| 73. | Plant Operator | 12 | 0 | 12 |
| 74. | Programme Analyst | 11 | 1 | 12 |
| 75. | Public Health Office | 1 | 0 | 1 |
| 76. | Public Health Technician | 11 | 1 | 12 |
| 77. | Radiographer | 15 | 13 | 28 |
| 78. | Radiography | 6 | 2 | 8 |
| 79. | Radiology | 1 | 0 | 1 |
| 80. | Registered Midwife | 0 | 102 | 102 |
| 81. | Registered Nurse | 297 | 316 | 613 |
| 82. | Registered Nurse/Midwife | 108 | 205 | 313 |
| 83. | Scientific Officer | 13 | 2 | 15 |
| 84. | Security Guard | 3 | 0 | 3 |
| 85. | Senior Community Health and Extension Worker | 530 | 180 | 710 |
| 86. | Social Welfare Officer | 1 | 0 | 1 |
| 87. | Statistical Officer | 8 | 0 | 8 |
| 88. | Storekeeper | 1 | 0 | 1 |
| 89. | Stores Officer | 3 | 0 | 3 |
| 90. | Tailor | 8 | 3 | 11 |
| 91. | Technical officer (Electrical) | 1 | 0 | 1 |
| 92. | Technical Assistant (Electrical) | 11 | 0 | 11 |
| 93. | Technical Officer (Biomedical) | 3 | 0 | 3 |
| 94. | Technical Officer (Building) | 1 | 0 | 1 |
| 95. | Technical Officer (electrical) | 4 | 0 | 4 |
| 96. | Technical Officer (Maintenance) | 4 | 0 | 4 |
| 97. | Technical Officer (Mechanical) | 1 | 0 | 1 |
| 98. | Trade Assistant | 1 | 0 | 1 |
| 99. | Ward Servant | 201 | 82 | 283 |
| 100. | Washerman | 11 | 0 | 11 |
| 101. | Watchman | 55 | 0 | 55 |
| 102. | Works Attendant | 1 | 1 | 2 |
| 103. | X-Ray Technician | 6 | 2 | 8 |
| Grand Total | | 7053 | 2403 | 9456 |



Health Workforce and Recruitment and Management

Healthcare staffing issues can create a stressful environment for patients and medical professionals. For instance, hospitals and clinics facing shortages may have to reduce their services or operate with decreased care. Undoubtedly, understaffed facilities can put patients at risk and cause burnout among overworked employees.

Addressing staffing issues in healthcare is vital to creating a safe environment that promotes positive patient outcomes and healthy workplaces. Healthcare recruitment strategies are the key to building a reliable team and ensuring your facility can respond to patient needs quickly and efficiently. This article will offer valuable insights to help you achieve your goals and empower healthcare services with credentialing.

A Multi-Year Recruitment Plan for the Zamfara State Primary Health Care (PHC) and Hospital Services Management Board (HSMB) system is essential to address workforce gaps, improve service delivery, and enhance healthcare access across the state. Below is a structured plan for recruitment over 5 years (2025–2030):

Objectives of the Recruitment Plan

The main objectives of a healthcare recruitment plan are to attract, hire, and retain qualified professionals (doctors, nurses, allied health) to meet patient needs, ensure regulatory compliance, and achieve organizational goals like improving care quality and patient satisfaction, while also building a strong employer brand, managing costs, and fostering a positive, diverse workforce for long-term stability and success

- Identify and recruit professionals with the specific skills, qualifications, and experience needed for various roles, from bedside nurses to specialists
- Strengthen the Primary Health Care workforce across all the 14 LGAs.
- Ensure equitable distribution of health workers in rural and underserved areas.
- Improve the availability and quality of healthcare services.
- Align recruitment with state health policies and national PHC guidelines.
- Enhance retention strategies for healthcare workers.
- Maintain adequate staffing levels and ensure all staff meet strict licensing, certification, and credentialing standards to avoid legal issues and ensure patient safety



METHODOLOGY

This report represents the culmination of various strategic efforts, including the Minimum Service Package (MSP) developed by the Zamfara State Primary Health Care Board, quantitative data collection from the Zamfara State Human Resource for Health Workforce Registry, and qualitative insights obtained through key informant interviews. These interviews involved personnel from the Department of Planning, Research, and Statistics within the Zamfara State Ministry of Health, the Zamfara State Primary Health Care Management Board, and Human Resource for Health (HRH) focal persons at Primary Health Care Departments from the LGA level. Findings from these diverse sources were triangulated, resulting in a comprehensive report produced by the Human Resources for Health Unit of the Zamfara State Ministry of Health (ZSMoH).

The methodology employed in the reviewing the ZSPHCB Minimum Service Package was consultative and multifaceted, encompassing stakeholder meetings, literature reviews, and field visits to PHCs.

Stakeholder Engagement

Stakeholder meetings were held with a diverse group of participants, including governance representatives and operatives from both public and private sectors. Discussions took place at macro, meso, and facility levels of healthcare delivery. Key presentations focused on topics such as Primary Health Care (PHC), Primary Health Care Under One Roof (PHCUOR), Ward Minimum Health Care Standards, and Minimum Standards for Primary Health Care in Nigeria. Emphasis was placed on adapting the national guidelines to suit local contexts. This process informed the need for the review and validation of the MSP by providing update and insights into effective strategies, recommended interventions, and standards of care for PHC services.

PHC HRH Mapping Exercise

The mapping exercise built upon findings from the Zamfara MSP report and included the development of a tailored data collection tool. HRH focal persons—who had recently undergone training on data collection for the State Human Resource for Health Workforce Registry—reported the number and cadre of available HRH across various duty stations to the Ministry of Health.

Collected data was synthesized to generate the mapping report, recruitment projections, and cost assessments. These outputs align with available resources, executive approvals, and the requirements of the HOPE Project. The annual recruitment costs per individual and cadre from the Zamfara State MSP were utilized to design a detailed five-year recruitment plan commencing in 2025.



Baseline Mapping Summary

A detailed Human Resources for Health (HRH) mapping exercise was conducted across 682 public Primary Health Care (PHC) facilities, 22 Secondary Health Facilities (SHF) and 1 Tertiary in Zamfara State. This comprehensive analysis captured the distribution of healthcare staff by cadre and facility, providing valuable insights into the workforce landscape at the PHC level.

The findings highlight significant deficiencies in key clinical cadres, including medical Doctors, Registered Midwives, Registered Nurses, Pharmacy, Senior Community Health Extension Workers (SCHEWs), Medical Laboratory Technician (MLT), Pharmaceutical Technician (PT) and Junior Community Health Extension Workers (JCHEWs). At the same time, the mapping identified areas where staffing levels exceeded the requirements, underscoring opportunities for workforce rebalancing and optimization.

MAPPING/GAP ANALYSIS (PHC/SHF Health Workforce Vacancy Analysis)

A key deliverable is the expansion of health coverage for vulnerable populations to increase access to gender-responsive SRMNCH services. The availability of an adequate and competent PHC health workforce is a critical input to achieving gender-responsive SRMNCH service coverage in the state.

The program conducted a vacancy analysis, quantifying the health workforce gap/surplus in a given location by comparing the current number of HCWs in the health system to the required number stated in the MSP, as shown in figure four below. Subsequently, the program conducted a root cause analysis to determine the problems contributing to the health workforce gaps/surplus.

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 health workers in different cadres. The recommended population-to-facility ratio (PTF) is:



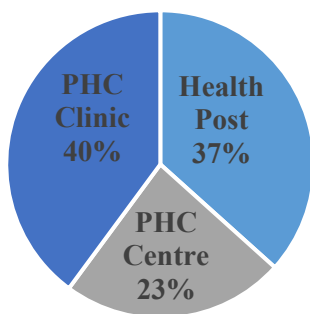
Table 4: Recommended nomenclature for health facilities in Zamfara

| Facility type | Geographical or Population indicator |
|---|--|
| Health Clinic (This absorbs the Dispensary, Health clinic, Basic clinic and Health Post) | <p>Serving a community or settlement with a population of 2,000 to 5,000. There should be more than one of these in a Ward (2-3).</p> <p>Minimum human resource requirement:</p> <ul style="list-style-type: none"> • Community midwife 1 • CHEW (must work with standing order) 2 • JCHEW 4 • <i>Support staff</i> • Health attendant 1 • Security personnel 2 |
| Primary Health Care Centre | <p>Serving a political ward with a population of around 10-30,000. There should be at least one per ward:</p> <p>Minimum human resource requirement:</p> <ul style="list-style-type: none"> • CHO (must work with standing order) - 1 • Public health nurse - 1 • Nurse/midwife - 3 • CHEW (must work with standing order) - 3 • Pharmacy technician - 1 • JCHEW (must work with standing order) - 6 • Medical records officer - 1 • Laboratory technician - 1 • Support staff • Health attendant - 2 • Security personnel - 2 • General maintenance staff - 1 |
| Comprehensive Primary Health Care | <p>Serving a political ward with a population of around 30,000 -200,000. There should be at least one per ward:</p> <ul style="list-style-type: none"> Medical Officer - 1 CHO - 11 JCHEW - 6 TBA - 2 Nurse /Midwife - 4 Laboratory Technician - 3 Medical Record Assistant - 2 Pharmacy Technician - 3 EHO - 1 Ward Attendant - 3 |

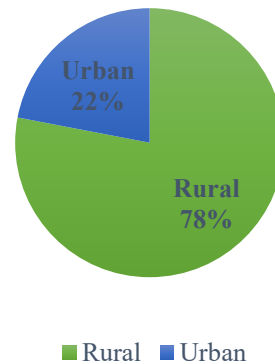


| | | | |
|---|---|---|----|
| | Security | - | 2 |
| | Drivers | - | 1 |
| | Environmental Health Officer | - | 1 |
| | Account Assistants (Cashiers) | - | 1 |
| | Security | - | 2 |
| | Cleaners | - | 2 |
| | Drivers | - | 1 |
| | Laundry Man | - | 2 |
| | Store Officer | - | 1 |
| | Ward Attendant | - | 3 |
| | Nutritionist | - | 2 |
| | Medical Record Officer | - | 3 |
| Secondary and Referral Hospitals | Full or part time specialist doctors in medicine, general surgery, paediatrics, obstetrics and gynaecology, dentistry, ENT and ophthalmology (One each) | - | 7 |
| | Medical officer | - | 10 |
| | Nurse/midwife | - | 10 |
| | Anaesthetic nurses | - | 2 |
| | Clinical assistants | - | 6 |
| | Pharmacist | - | 1 |
| | Pharmacy technician | - | 2 |
| | Radiographer | - | 1 |
| | Lab scientists | - | 1 |
| | Laboratory technician | - | 2 |
| | Medical records officer | - | 2 |
| | Support staff | - | 2 |
| | Administrative officer | - | 2 |
| | Health attendant | - | 2 |
| | Security personnel | - | 2 |

Primary Health Facility Type Distribution



Total facility Distribution by Location



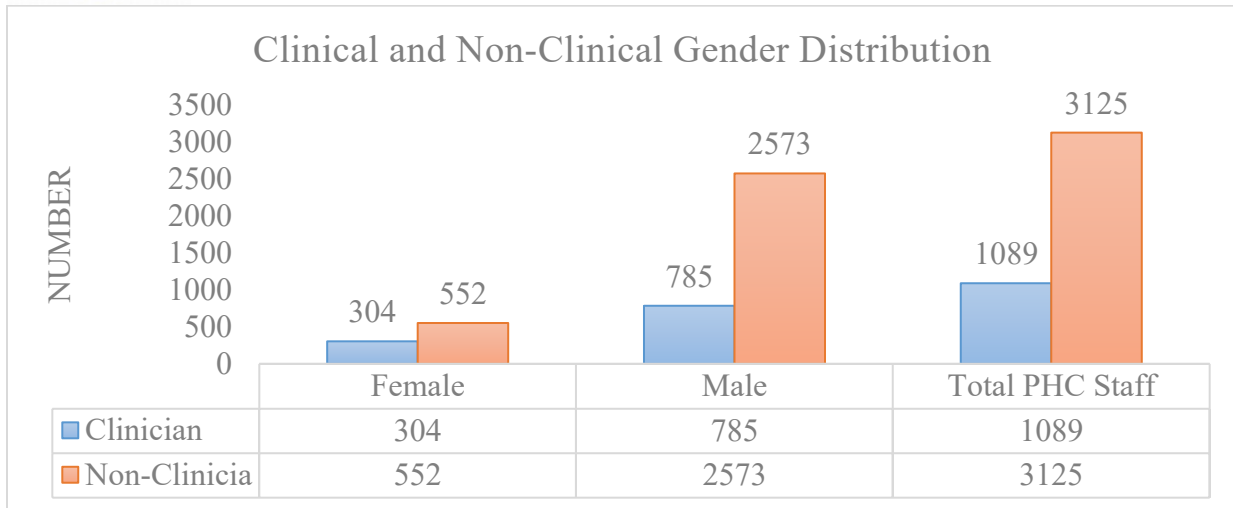
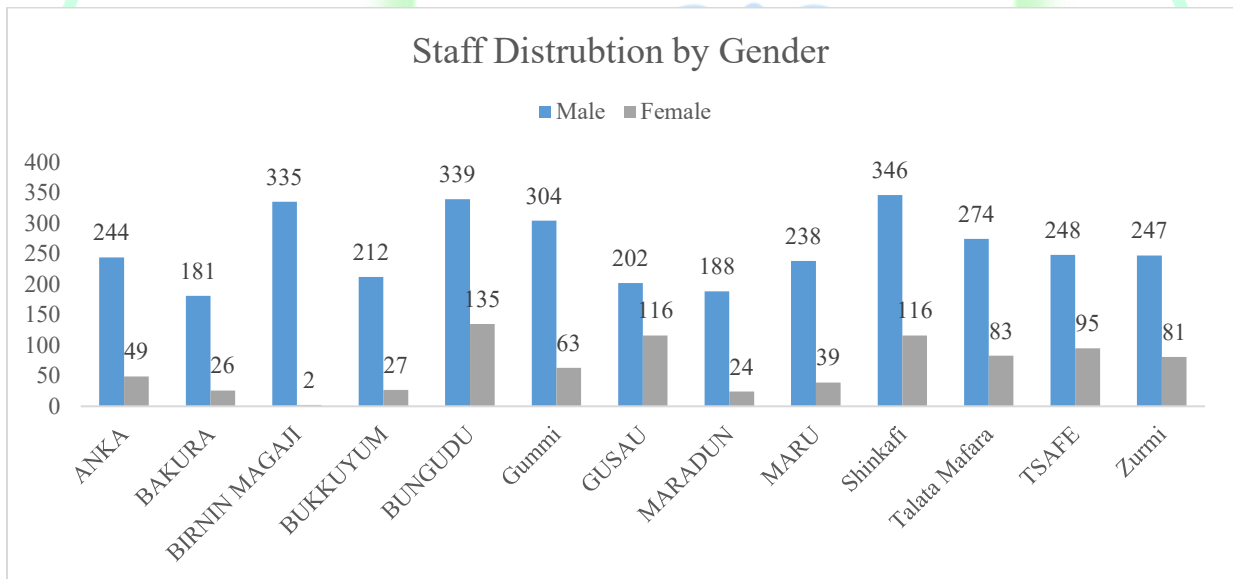


Figure 3: Clinical and Non-Clinic Gender Distribution



Gender Distribution by LGA

Primary Health Care Facilities

| Staff Cadre | Number Required (NR) | Number available (NA) | Gaps |
|--|----------------------|-----------------------|------|
| CHO (must work with standing order) | 167 | 62 | 105 |
| Public Health Nurse | 439 | 0 | 439 |
| Nurse/midwife | 1756 | 13 | 1743 |
| Community Midwife | 250 | 62 | 188 |



| | | | |
|--|-------|------|-------|
| CHEW (must work with standing order) | 2067 | 698 | 1369 |
| Pharmacy technician | 439 | 50 | 389 |
| JCHEW (must work with standing order) | 3634 | 198 | 3436 |
| Environmental Officer | 439 | 486 | -47 |
| Medical records officer | 439 | 189 | 250 |
| Laboratory technician | 439 | 247 | 192 |
| Support staff | | | |
| Health Attendant/Assistant | 1374 | 302 | 1072 |
| Security personnel | 1374 | 31 | 1343 |
| General maintenance staff | 687 | 310 | 377 |
| | 13504 | 2648 | 10856 |

Secondary Health Facilities Gap

| Cadre | Required | Available Cadre | Gap |
|--------------------------------------|-----------------|------------------------|--------------|
| <i>MEDICAL DOCTORS</i> | 708 | 69 | 639 |
| <i>NURSE/MIDWIVES</i> | 3,196 | 622 | 2,574 |
| <i>MEDICAL LABORATORY SCIENTIS</i> | 215 | 97 | 118 |
| <i>MEDICAL LABORATORY TECHNICIAN</i> | 975 | 456 | 519 |
| <i>DENTIST</i> | 14 | 1 | 13 |
| <i>DENTAL TECHNICIAN</i> | 357 | 279 | 78 |
| <i>RADIOLOGY TECHNICIAN</i> | 164 | 37 | 127 |
| <i>BIOMEDICAL TECHNICIAN</i> | 96 | 28 | 68 |
| <i>BIOMEDICAL ENGINEER</i> | 24 | 1 | 23 |
| <i>PHARMACIES</i> | 45 | 12 | 33 |
| <i>PHARMACY TECHNICIAN</i> | 332 | 120 | 212 |
| <i>MEDICAL RECORD TECHNICIAN</i> | 976 | 501 | 475 |
| <i>Total</i> | 7,102 | 2,223 | 4,879 |

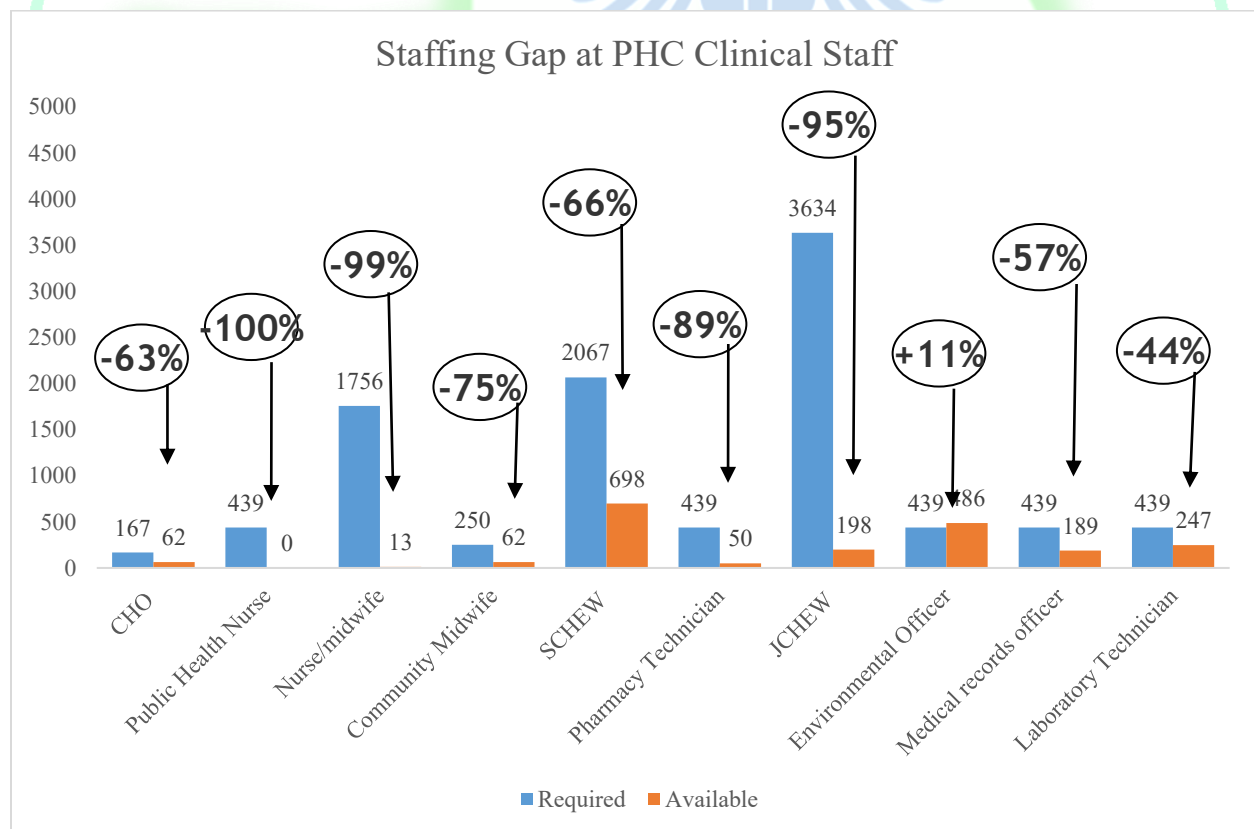


Table 5: Human Resources for Health gap analysis

Table 5: Clearly demonstrates the gaps in the primary healthcare manpower in the State Primary health care facilities. It reveals that out of the required 13,504 personnel, only 2,684 are currently available in the state, leaving a significant gap of 10,856 personnel, furthermore it also reveals that out of the required 7,102 personnel for Secondary Health Facilities only 2,223 technical are currently available, also leaving the gap of 4,879 personnel

Availability by Cadres: Community health extension workers (CHEW), Junior Community Health Extension Worker (JCHEW), Pharmacy Technician, Medical Laboratory Technician, medical records personnel, and Environmental Health personnel collectively represent 76% (2,005 out of 2,684) of all HCWs within these facilities base on MSP needs

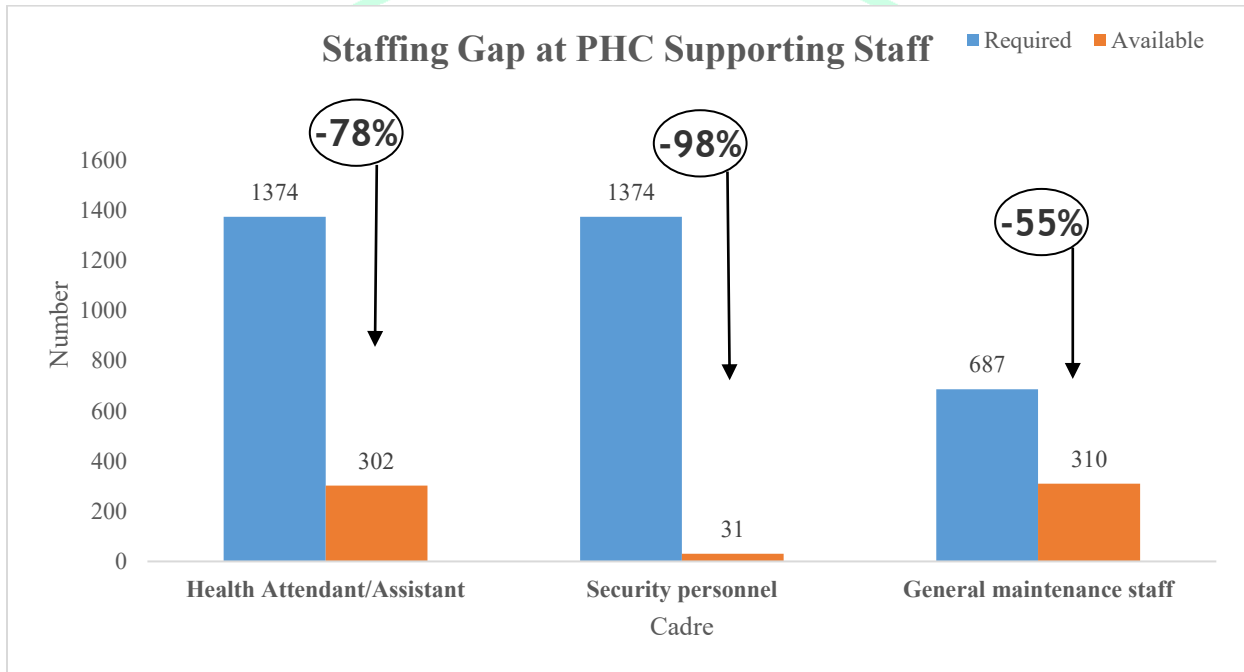
PHC Staffing Gap Analysis (Clinical Staff)





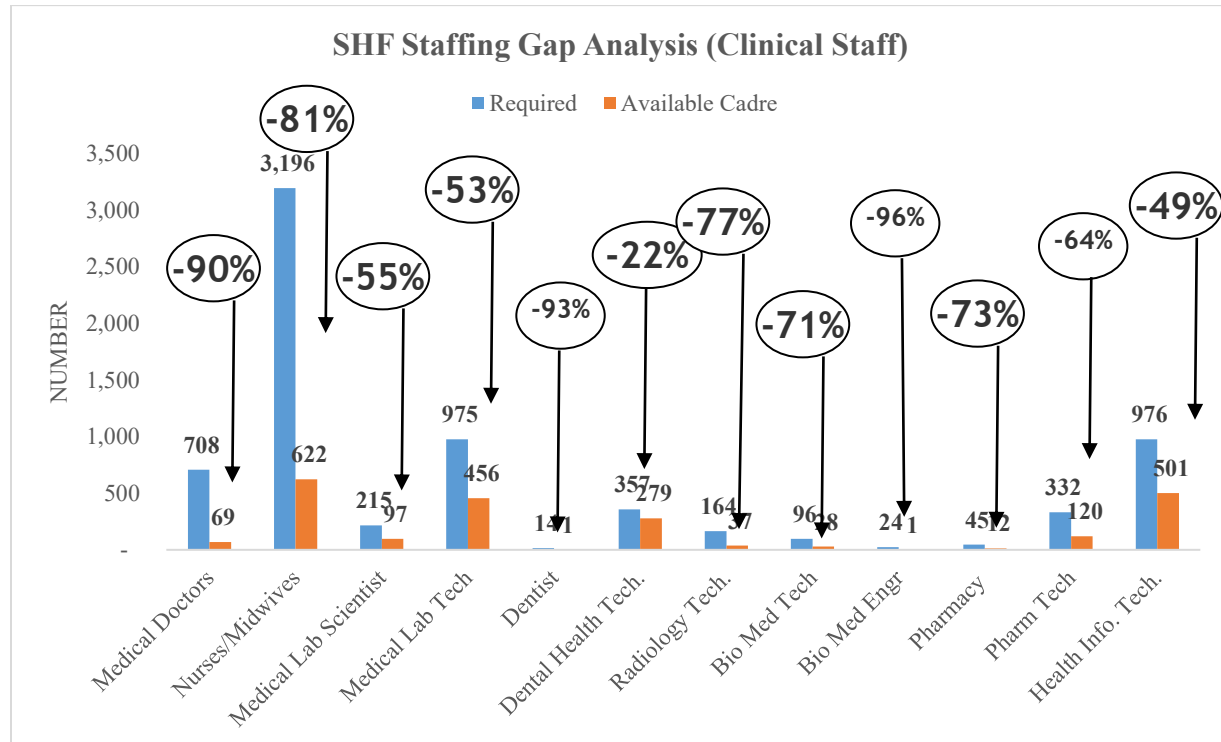
Gap/Surplus of HCWs by cadre for all the PHC's

PHC Staffing Gap Analysis (Supporting Staff)





SHF Staffing Gap Analysis (Clinical Staff)



ZAMFARA STATE MINISTRY OF HEALTH

Annual Recruitment Plan by Cadre

| Year | RECRUITMENT PLAN | TRAINING PLAN | Priority Areas |
|------|--|--|--|
| 2025 | Recruit and deploy at-least 15% health workers for primary healthcare centers across the LGAs. | Provide foundational training for newly recruited health workers. | PHCs with severe staff shortages (especially in rural LGAs) |
| 2026 | Recruit and deploy additional 20% health workers for underserved areas. | Develop structured induction training and specialization programs. | Expand workforce to improve maternal & child health services |
| 2027 | Recruit and deploy additional 25% health workers to address staffing gaps. | Implement continuous professional development courses. | Strengthen immunization & infectious disease control |



| | | | |
|-------------|---|--|---|
| 2028 | Recruit and deploy additional 15% health workers to address staffing gaps | Implement continuous professional development courses. | Address workforce gaps in secondary & referral PHC facilities |
| 2029 | Recruit and deploy additional 25% health workers to address staffing gaps | Implement continuous professional development courses | Universal Health Coverage (UHC) expansion in PHCs |
| 2030 | Evaluate recruitment impact and address emerging needs and achieve full health-worker sufficiency in Zamfara State. | Enhance refresher training and mentorship initiatives with upgrade in digital skills (EMR) and emergency training. | Full staffing for all PHC facilities in Zamfara State |

Recruitment Strategy

- **Budgetary Provisions:** Ensure sustainable financing through state budgets, donor funding, and health insurance schemes
- **Partnerships:** Leverage support from development partners to enhance recruitment efforts
- **Local Recruitment:** Prioritize hiring health workers from Zamfara State to improve retention.
- **Decentralized Hiring:** LGA-level recruitment to ensure staffing in rural PHCs.
- **Fast-track Recruitment for Critical Staff:** Immediate employment for Doctors, midwives, nurses, and CHOs in high-need areas.

Retention and Capacity Building

- ✓ **Attractive Remuneration:** Competitive salaries and benefits including
- ✓ **Incentives for Rural Postings:** Hardship allowances, housing, and career progression.
- ✓ **Training & Capacity Development:** Continuous professional education and workshops.
- ✓ **Career Progression Pathways:** Promotions and postgraduate training support.

Monitoring and Evaluation

- ✓ Establish a Human Resource Management Information System (HRMIS) for real-time workforce tracking.
- ✓ Conduct bi-annual workforce assessments to review progress.
- ✓ Adjust recruitment targets based on healthcare demand and budgetary realities.



Key next steps

The following are recommended to drive the implementation of the co-creation interventions and ensure a robust and sustainable health workforce in the state, particularly within Primary Health Care facilities.

1. Strengthen the Human Resources for the Health Technical Working Group (Health Workforce TWG) and ensure conduct capacity building for health workforce managers in the state.
2. Domestication of comprehensive Human Resources for Health (Health workforce) Strategic Plan and Policy for the state.
3. Conduct advocacy for increased recruitment of health care workers for Primary Health Care (PHC) facilities and
4. Update the Primary Health Care Information System (PHCIS) for Zamfara State and complete the state health workforce registry update.
5. Rationalize (redistribute) essential staff within the PHC system
6. Introduce rural posting allowances and career progression incentives for health workers in underserved areas
7. Engage casual staff-base on their localities to meet identified HRH gaps
8. Facilitate the absorption of 734 GAVI supported volunteers to government payroll

Conclusion

The Human Resources Mapping and Recruitment Plan for Zamfara State Primary Health Care (PHC) system is a strategic initiative to address workforce shortages, improve healthcare service delivery, and ensure equitable distribution of health personnel across all 14LGAs.

Through comprehensive workforce mapping, the state can identify existing gaps, project future needs, and align recruitment efforts with service demands. The proposed multi-year recruitment plan (2025–2030) ensures a gradual and sustainable expansion of the PHC workforce, prioritizing nurses, midwives, CHEWs, CHOs, and laboratory scientists—critical to strengthening maternal and child health services, disease control, and universal health coverage (UHC) implementation.

To achieve success, the plan must be backed by adequate funding, partnerships with key stakeholders, and robust retention strategies, including improved welfare packages, career development opportunities, and incentives for rural postings. A Human Resource Management Information System (HRMIS) will also be essential for continuous monitoring, evaluation, and policy adjustments.



By implementing this structured HR mapping and recruitment plan, Zamfara State will move closer to achieving a resilient, well-staffed, and efficient PHC system, ultimately improving health outcomes for its population and contributing to Nigeria's overall goal of universal healthcare access.



ZSPHCB FIVE YEARS RECRUITMENT PLAN COSTING

ZSPHCB FIVE YEARS RECRUITMENT PLAN COSTING

| Staff Cadre | Number Required (NR) | Number available (NA) | Gaps | GL | Monthly Gross salary | Total Gross Monthly salary | Total Gross Annual salary | 2026 (15%) | 2027 (20%) | 2028 (25%) | 2029 (15%) | 2030 (25%) |
|--------------------------------------|----------------------|-----------------------|-------|----|----------------------|----------------------------|---------------------------|-------------|-------------|----------------|----------------|----------------|
| CHO (must work with standing order) | 167 | 62 | 105 | 7 | 122,826 | 12,896,696 | 154,760,357 | 23,214,054 | 30,952,071 | 38,690,089.20 | 23,214,053.52 | 38,690,089.20 |
| Public Health Nurse | 439 | - | 439 | 7 | 122,826 | 53,920,474 | 647,045,682 | 97,056,852 | 129,409,136 | 161,761,420.56 | 97,056,852.34 | 161,761,420.56 |
| Nurse/midwife | 1,756 | 13 | 1,743 | 7 | 122,826 | 214,085,160 | 2,569,021,923 | 385,353,288 | 513,804,385 | 642,255,480.72 | 385,353,288.43 | 642,255,480.72 |
| Community Midwife | 250 | 62 | 188 | 7 | 122,826 | 23,091,228 | 277,094,734 | 41,564,210 | 55,418,947 | 69,273,683.52 | 41,564,210.11 | 69,273,683.52 |
| CHEW (must work with standing order) | 2,067 | 698 | 1,369 | 7 | 122,826 | 168,148,356 | 2,017,780,271 | 302,667,041 | 403,556,054 | 504,445,067.76 | 302,667,040.66 | 504,445,067.76 |
| Pharmacy technician | 439 | 50 | 389 | 7 | 122,826 | 47,779,190 | 573,350,274 | 86,002,541 | 114,670,055 | 143,337,568.56 | 86,002,541.14 | 143,337,568.56 |



| | | | | | | | | | | | | |
|---------------------------------------|--------|-------|--------|---|-----------|---------------|----------------|---------------|---------------|----------------|----------------|----------------|
| JCHEW (must work with standing order) | 3,634 | 198 | 3,436 | 4 | 78,640 | 270,205,940 | 3,242,471,286 | 486,370,693 | 648,494,257 | 810,617,821.44 | 486,370,692.86 | 810,617,821.44 |
| Environmental Officer | 439 | 486 | - | 8 | 128,098 | - | - | - | - | - | - | - |
| Medical records officer | 439 | 189 | 250 | 8 | 128,098 | 32,024,420 | 384,293,040 | 57,643,956 | 76,858,608 | 96,073,260.00 | 57,643,956.00 | 96,073,260.00 |
| Laboratory Technician | 439 | 247 | 192 | 7 | 122,826 | 23,582,531 | 282,990,367 | 42,448,555 | 56,598,073 | 70,747,591.68 | 42,448,555.01 | 70,747,591.68 |
| Support staff | - | - | - | - | - | - | - | - | - | - | - | - |
| Health Attendant/Assistant | 1,374 | 302 | 1,072 | 3 | 77,860 | 83,465,577 | 1,001,586,924 | 150,238,039 | 200,317,385 | 250,396,730.88 | 150,238,038.53 | 250,396,730.88 |
| Security personnel | 1,374 | 31 | 1,343 | 3 | 77,860 | 104,565,550 | 1,254,786,603 | 188,217,990 | 250,957,321 | 313,696,650.72 | 188,217,990.43 | 313,696,650.72 |
| General maintenance staff | 687 | 310 | 377 | 3 | 77,860 | 29,353,099 | 352,237,192 | 52,835,579 | 70,447,438 | 88,059,298.08 | 52,835,578.85 | 88,059,298.08 |
| | 13,504 | 2,648 | 10,856 | | 1,428,194 | 1,063,118,221 | 12,757,418,652 | 1,913,612,798 | 2,551,483,730 | 3,189,354,663 | 1,913,612,798 | 3,189,354,663 |



ZSHSMB FIVE YEARS RECRUITMENT PLAN COSTING

ZSHSMB FIVE YEARS RECRUITMENT PLAN COSTING

| Cadre | GL | Available Cadre | Gap | Gross Monthly salary | Total Gross Monthly Salary | Total Annual Gross Salary | 2026 (15%) | 2027 (20%) | 2030 (25%) | 2029 (15%) | 2030 (25%) |
|-------------------------------|----------------|-----------------|-------|----------------------|----------------------------|---------------------------|-------------|-------------|-------------|-------------|-------------|
| MEDICAL DOCTORS | COMMES 3 GL 13 | 69 | 639 | 489,956 | 313,081,884 | 3,756,982,608 | 563,547,391 | 751,396,522 | 939,245,652 | 563,547,391 | 939,245,652 |
| NURSE/MIDWIVES | Conhess 7 | 622 | 2,574 | 113,833 | 293,005,833.12 | 3,516,069,997 | 527,410,500 | 703,213,999 | 879,017,499 | 527,410,500 | 879,017,499 |
| MEDICAL LABORATORY SCIENTIS | Conhess 9 | 97 | 118 | 1,271,684 | 150,058,711.60 | 1,800,704,539 | 270,105,681 | 360,140,908 | 450,176,135 | 270,105,681 | 450,176,135 |
| MEDICAL LABORATORY TECHNICIAN | Conhess 6 | 456 | 519 | 73,159 | 37,969,500.24 | 455,634,003 | 68,345,100 | 91,126,801 | 113,908,501 | 68,345,100 | 113,908,501 |
| DENTIST | COMMES 3 GL 13 | 1 | 13 | 489,879 | 6,368,428 | 76,421,136 | 11,463,170 | 15,284,227 | 19,105,284 | 11,463,170 | 19,105,284 |
| DENTAL TECHNICIAN | Conhess 6 | 279 | 78 | 73,159 | 5,706,398.88 | 68,476,787 | 10,271,518 | 13,695,357 | 17,119,197 | 10,271,518 | 17,119,197 |



| | | | | | | | | | | | |
|------------------------------|-----------|-----|-----|---------|-------------------|--------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| RADIOLOGY TECHNICIAN | Conhess 6 | 37 | 127 | 73,159 | 9,291,1 87.92 | 111,494 ,255 | 16,724, 138 | 22,298, 851 | 27,873, 564 | 16,724, 138 | 27,873, 564 |
| BIOMEDICAL TECHNICIAN | Conhess 6 | 28 | 68 | 73,159 | 4,974,8 09.28 | 59,697, 711 | 8,954,6 57 | 11,939, 542 | 14,924, 428 | 8,954,6 57 | 14,924, 428 |
| BIOMEDICAL ENGINEER | Conhess 7 | 1 | 23 | 113,833 | 2,618,1 56.24 | 31,417, 875 | 4,712,6 81 | 6,283,5 75 | 7,854,4 69 | 4,712,6 81 | 7,854,4 69 |
| PHARMACIES | Conhess 9 | 12 | 33 | 127,616 | 4,211,3 34.60 | 50,536, 015 | 7,580,4 02 | 10,107, 203 | 12,634, 004 | 7,580,4 02 | 12,634, 004 |
| PHARMACY TECHNICIAN | Conhess 6 | 120 | 212 | 73,159 | 15,509, 699.52 | 186,116 ,394 | 27,917, 459 | 37,223, 279 | 46,529, 099 | 27,917, 459 | 46,529, 099 |
| MEDICAL RECORD TECHNICIAN | Conhess 6 | 501 | 475 | 73,159 | 34,750, 506.00 | 417,006 ,072 | 62,550, 911 | 83,401, 214 | 104,25 1,518 | 62,550, 911 | 104,25 1,518 |
| TOTAL | | | | | 877,546 ,449 | 10,530, 557,393 | 1,579,5 83,609 | 2,106,1 11,479 | 2,632,6 39,348 | 1,579,5 83,609 | 2,632,6 39,348 |

ZAMFARA STATE MINISTRY OF HEALTH