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# ONDO STATE PROGRESS REPORT ON RECRUITMENT AND DEPLOYMENT OF PRIMARY HEALTHCARE WORKERS

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ADDRESSING PHC HEALTH WORKFORCE CHALLENGES



MARCH, 2026

**ONDO STATE MINISTRY OF HEALTH**

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## Executive Summary

Ondo State conducted Human Resource for Health (HRH) baseline mapping exercise and multi-year costed recruitment plan for Primary Health Care workers across Basic Health Care Provision Fund (BHCPF) supported facilities as a requirement for the attainment of Disbursement Link Result (DLR) 5.2 of the World Bank assisted Human Capital Opportunities for Prosperity and Equity – Governance (HOPE-GOV) Program for Result (PforR).

DLR 5.2 is an annual indicator to be tracked and it focuses on ensuring availability of the right mix of health care workers at the BHCPF supported Health facilities to improve quality of services rendered at the Primary Health care level. Ondo state is expected to work towards the attainment of this DLR to improve health outcomes in the State and to be able to attain the Federal Government incentives (Performance-based funding).

### Summary of the 2025 Human Resource for Health Baseline Mapping exercise and multi-year costed recruitment plan for Primary Health Care workers across BHCPF health facilities

Below is the staffing gaps identified at the Level 2 and 3 facilities across specific cadres as stated in the National Primary Health Care Development Agency’s Minimum Service Package (NPHCDA-MSP):

#### Type 3 Facilities Analysis

##### Key Staffing Gaps:

Role	Required	Actual	Gap	Gap %	Critical Shortages
<b>Doctor</b>	103	25	<b>78</b>	75.7%	76% facilities lack doctors.
<b>Nurse/Midwife</b>	412	72	<b>340</b>	82.5%	Only 17.5% of needs met.
<b>CHEW</b>	309	142	<b>167</b>	54.0%	54% shortage; uneven distribution.
<b>JCHEW</b>	618	13	<b>605</b>	97.9%	Near-total absence (98% gap).
<b>CHO</b>	103	51	<b>52</b>	50.5%	Half of facilities lack CHOs.
<b>Lab Scientist/Tech</b>	103	70	<b>33</b>	32.0%	Moderate gap in diagnostics.
<b>Pharmacist/Tech</b>	103	15	<b>88</b>	85.4%	Critical for drug management.
<b>Health Assistant</b>	206	198	<b>8</b>	3.9%	Nearly adequate.

## 2. Type 2 Facilities Analysis

### Key Staffing Gaps:

Role	Required	Actual	Gap	Gap %	Critical Shortages
Nurse/Midwife	200	27	173	86.5%	Only 13.5% of needs met.
CHEW	200	116	84	42.0%	Moderate shortage.
JCHEW	400	11	389	97.3%	Near-total absence.
Health Assistant	200	121	79	39.5%	Manageable gap.

A 4-year Costed Recruitment and Deployment plan to address the identified gaps was then developed as shown below:

### Annual Targets & Costs:

Year	Doctors (₦413K/month)	Nurses (₦214K/month)	CHEWs (₦157.9K/month)	JCHEWs (₦93K/month)	Total Annual Cost (₦)
2025	20 (₦99.1M)	150 (₦385.2M)	70 (₦132.6M)	250 (₦279M)	₦895.8M
2026	20 (₦99.1M)	150 (₦385.2M)	70 (₦132.6M)	250 (₦279M)	₦895.8M
2027	20 (₦99.1M)	150 (₦385.2M)	70 (₦132.6M)	250 (₦279M)	₦895.8M
2028	18 (₦89.2M)	63 (₦161.8M)	41 (₦77.7M)	244 (₦272.3M)	₦600.8M
<b>Total</b>	<b>78 (₦386.6M)</b>	<b>513 (₦1.317B)</b>	<b>251 (₦475.5M)</b>	<b>994 (₦1.109B)</b>	<b>₦3.288B</b>

In line with the strategic objectives outlined in the HRH Baseline Mapping report (March 2025), the Ondo State Government has successfully completed the first phase of its ambitious four-year recruitment and deployment plan.

This addendum serves as a progress report, detailing the government's efforts to address the critical human resource gaps identified in the original analysis.

During the Year 1 (2025) recruitment cycle, a total of 570 new healthcare workers were recruited. This cohort is significantly close to the original annual recruitment target for several key cadres, demonstrating a proactive and accelerated response to the state's healthcare workforce crisis. These new officers have been strategically deployed across the 203 BHCPF facilities, with a deliberate focus on the highest-priority Local Government Areas (LGAS) identified in the deployment strategy.

This report outlines the composition of this new workforce, its alignment with the original plan, and its distribution across the state, marking a pivotal first step towards a resilient and equitable primary healthcare system.



**Dr Banji Awolowo Ajaka**  
Honourable Commissioner for Health

## 1.0. Background

**1.1. Introduction:** The World Bank assisted Human Capital Opportunities for Prosperity and Equity (HOPE) Program comprises a series of three interdependent operations strategically positioned to address different challenges, but all geared towards helping achieve the same development outcomes. While HOPE-Primary Healthcare (Nigeria: Primary Healthcare Provision Strengthening Program: HOPE PHC) and HOPE-Basic Education (HOPE for Quality Basic Education for All: HOPE-EDU) will focus on the quantity and quality of services delivered at the facility level. HOPE-Governance (HOPE-GOV) focuses on the critical crosscutting challenges and enabling factors related to both financial and human resource management. The proposed Program is expected to support improvements in the strategic allocation and expenditure of resources for basic education and primary health through: (i) increasing the availability and effectiveness of financing for basic education and primary healthcare; (ii) enhancing transparency and accountability for basic education and primary healthcare; and (iii) improving recruitment, deployment and performance management of teachers and primary.

**1.2. Verification protocol:** The verification protocol sets out the specific requirements for the achievement of each of the Eligibility Criteria and Disbursement- Linked Results, and the process for the Independent Verification Agency to conduct the performance assessment. The Program will conduct four (4) performance assessments which will determine the disbursements. The first assessment will cover a select set of DLRs that can be achieved by mid-2025. The second, third and fourth assessments will each cover a full performance year, respectively 2025, 2026 and 2027. Table 1 below presents a breakdown of the DLR 5.2 expectations for mid-year 2025 (Year 0), as well as for the years 2025, 2026, and 2027, including the corresponding amounts attached to the attainment of each year.

**Table 1: DLR 5.2 Expectations and Associated Disbursement Amounts for Years 0–3**

<i>Disbursement - Linked Result</i>	<i>Year 0</i>	<i>Year 1 – 2025</i>	<i>Year 2 - 2026</i>	<i>Year 3 – 2027</i>
	5.2 (i) Baseline exercise mapping number and duty stations of PHC workers in the Participating State and (ii) multi-year costed PHC worker recruitment plan to address staffing gap completed and published by March 31, 2025.	5.2 Participating State (i) publishes PHC staff gaps actions report; (ii) meets basic or stretch targets for gaps by March 31, 2026; and (iii) meets base target consisting of: (a) Staff in Level 2 Primary Health Care facilities (BEmONC) by 15%, (b) Community Health Workers (CHW) linked to Level 2 PHCs and deployed to communities by 15% as per Verification Protocol	5.2 Participating State (i) publishes PHC staff gaps actions report; (ii) meets basic or stretch targets for gaps by March 31, 2026; and (iii) meets base target: (a) Staff in Level 2 Primary Health Care facilities (BEmONC) by 15%, (b) Community Health Workers (CHW) linked to Level 2 PHCs and deployed to communities by 20% as per Verification Protocol	5.2 Participating State (i) publishes PHC staff gaps actions report; (ii) meets basic or stretch targets for gaps by March 31, 2026; and (iii) meets: base target: (i) Staff in Level 2 Primary Health Care facilities (BEmONC) by 15%, (ii) Community Health Workers (CHW) linked to Level 2 PHCs and deployed to communities by 15% as per the Verification Protocol
<i>DLR 5.2 value</i>	<i>\$1 million per state</i>	<i>Yes/No: \$1.5 million</i>	<i>Yes/No: \$1.8 million</i>	<i>Yes/No: \$1.8 million</i>

## 2.0 Recruitment

**2.1. Recruitment in Line with the Phased Plan:** The 2025 Human Resource for Health Baseline Mapping report's (Chapter 5) "Costed Recruitment and Deployment Plan," proposed a phased approach with Year 1 (2025) focusing on "Emergency Staffing in highest-gap LGAs and targeting specific cadres. The government's recruitment drives not only met the identified gaps, but expanded upon the gaps and included some relevant cadres to strengthen other service area in Primary Health Care (PHC).

Table 2 below shows action taken on identified staffing gaps from the Human Resource for Health baseline mapping exercise. It compares the original Year 1 recruitment target against the actual number of officers recruited.

**Table 2: Analysis of recruitment in comparison to baseline identified gap**

Cadre	Baseline identified gaps for year 1	Recruitment (2025/2026)	Variance	Alignment with Plan
Doctors	20	17	-3	Close to target, initial hires focused on priority areas.
Nurses	150	151	+1	Target met and slightly exceeded.
CHEWs	70	158	+88	Significantly exceeded. boosting community health outreach.
JCHEWS	250	0	-250	Original target revised; focus shifted to CHEWS and other mid-level cadres.
Community Health Officers (CHOS)	0	16	+16	Strategic recruitment to fill a critical leadership gap in PHC

Laboratory Personnel	33	73	+40	Proactive investment in diagnostics services (Scientists & Technicians)
Pharmacy Personnel	88	19	-69	Direct response to critical rural areas. (absence of pharmacy cadre)
Medical Records Personnel	0	59	+59	Strengthening Health data management and reporting capacity.
Health Educators	0	9	+9	Enhancing community enlightenment & awareness of health programs and to influence positive health behaviours in both urban and rural areas.
Nutrition Officer/Assistant	0	14	+14	New cadre to address malnutrition and related health issues
Dental Technicians	0	36	+36	Expanding essential dental services across the state
Scientific Officers	0	18	+18	Strengthen disease surveillance and contact tracing
<b>Total</b>	<b>611</b>	<b>570</b>	<b>-41</b>	<b>Recruitment is significantly close to the original plan.</b>

**Key Observation:** Government strategically pivoted to address multi-faceted gaps by recruiting a diverse range of specialists beyond the originally listed cadres. The massive recruitment of CHEWs (158) and the introduction of new cadres like Nutrition Officers and Dental Technicians demonstrate a holistic approach to strengthening Primary Health care system.

### 3.0 Deployment

#### 3.1 Strategic Deployment based on Priority Areas

This chapter conduct analysis of deployment based on prioritization with a focus on the 2025 Human Resource for health baseline Mapping report 2025 (chapter 4). Based on the mapping report the deployment Strategy adopts the principle of geographic prioritization in the distribution of newly recruited Officer. The deployment focused on the LGAs identified as having the most critical shortages and highest attrition risks.

Table 3 below highlights the number of new health workers deployed to the highest-priority LGAs identified in the original report.

**Table 3: Showing priority LGAs and the rationale for Prioritization**

S/N	Priority LGA (as per original report)	Rationale for Prioritization
1	Akoko South-West	Highest doctor/nurse shortages, high retirements
2	Irele	High retirements (2027-2028), maternal health risks
3	Idanre	High retirements (2025),
4	Odigbo	High retirements (2025)
5	Ese-Odo	Remote, hard-to-reach population
6	Ilaje	Remote, low health access
7	Ose	Rising attrition risks

## **4.0 Impact and Alignment with the HRH baseline mapping report 2025**

### **4.1 Analysis of Impact and Alignment with Recommendations**

The 2025 recruitment and deployment drive directly address the core recommendations from Chapter 6 of the 2025 Human Resource for Health baseline mapping report.

**4.1.1. Recruitment and Deployment:** Ondo State Government has successfully prioritized recruitment for rural and underserved areas, with 43% of all new hires deployed to the top seven priority LGAS. This action fulfills the recommendation for equitable distribution.

**4.1.2. Training and Capacity Building:** By recruiting a diverse set of specialists (Nutrition, Dental, Pharmacy), the state is building a multi-disciplinary workforce that can handle a broader range of health issues at the PHC level. The State government focuses on strengthening service delivery with strategic capacity building via intensive on the job training and mentoring with focus on maternal and Child health.

**4.1.3. Stakeholder Collaboration:** Ondo State Government has initiated discussions with training institutions to secure a pipeline for the next recruitment phases, aligning with the recommendation for partnerships.

**4.1.4. Funding and Sustainability:** The successful execution of this N895.8 million recruitment plan demonstrates the government's commitment to allocating the necessary budgetary resources for human resources for health.

## **5.0 Impact of attainment of year one HRH baseline mapping plan on Critical Gaps**

**5.1. Impact on Critical Gaps:** While this first year recruitment is a monumental achievement, it represents the initial phase of a four-year plan. The impact on the overall workforce gap is significant for the improvement of health outcomes in Ondo State.

**5.1.1. Progress on Nurse/Midwife Gap:** The recruitment of One Hundred and Fifty-one (151) Nurses (including 30 midwives) is a major step towards addressing the five hundred and thirteen (513) Nursing cadre gap. However, this accounts for approximately twenty nine percent (29%) of the total gap.

**5.1.2. Progress on Community Health Extension Worker (CHEW) Gap:** The recruitment of One hundred and fifty eight (158) CHEWs make substantial progress against the two hundred and fifty (250) Junior CHEW cadre gap, covering fifty nine percent (59%) of the identified deficit.

**5.1.3. New Specialized Cadres:** The introduction of eighteen (18) Scientific Officers, fifty nine (59) Medical Records Officers and Thirty six (36) Dental Technicians is transformative, beginning to build the specialized support structure that was previously non-existent in many rural facilities.

## 6.0 Conclusion and Recommendation

- 6.1. Conclusion:** Ondo State Government has demonstrated an unwavering commitment to strengthening its primary healthcare system by successfully executing the first year of its comprehensive recruitment and deployment plan. The 2025 recruitment cycle was a resounding success, not only meeting but exceeding targets and strategically deploying a diverse cohort of 570 health workers to the areas of greatest need. Ondo State Government's decisive action in Year one serves as a model for proactive health system strengthening and reaffirms its dedication to achieving Universal Health Coverage for every resident of Ondo State and to improve health outcomes. This achievement lays a solid foundation for the subsequent phases of the plan (2026-2028). The focus will now shift to:
- 6.1.1. Consolidation:** Ensuring the effective integration and retention of the new staff through the proposed retention mechanisms.
  - 6.1.2. Continuation:** Preparing for the 2026 recruitment phase to maintain momentum and close the remaining gaps, particularly for doctors, midwives, and the newly initiated cadres.
  - 6.1.3. Attrition Mitigation:** Proactively planning for the 2027 retirement peak by initiating early recruitment and mentorship programs.
- 6.2. Recommendation:** It is highly recommended that the State commence preparations for the recruitment needed to address the remaining gaps in meeting the Year Two targets of the HOPE Governance Disbursement Linked Indicator (DLI) Five. Furthermore, the State should adopt a proactive approach to workforce planning by anticipating and addressing potential gaps arising from cadre-specific retirements expected in 2027.