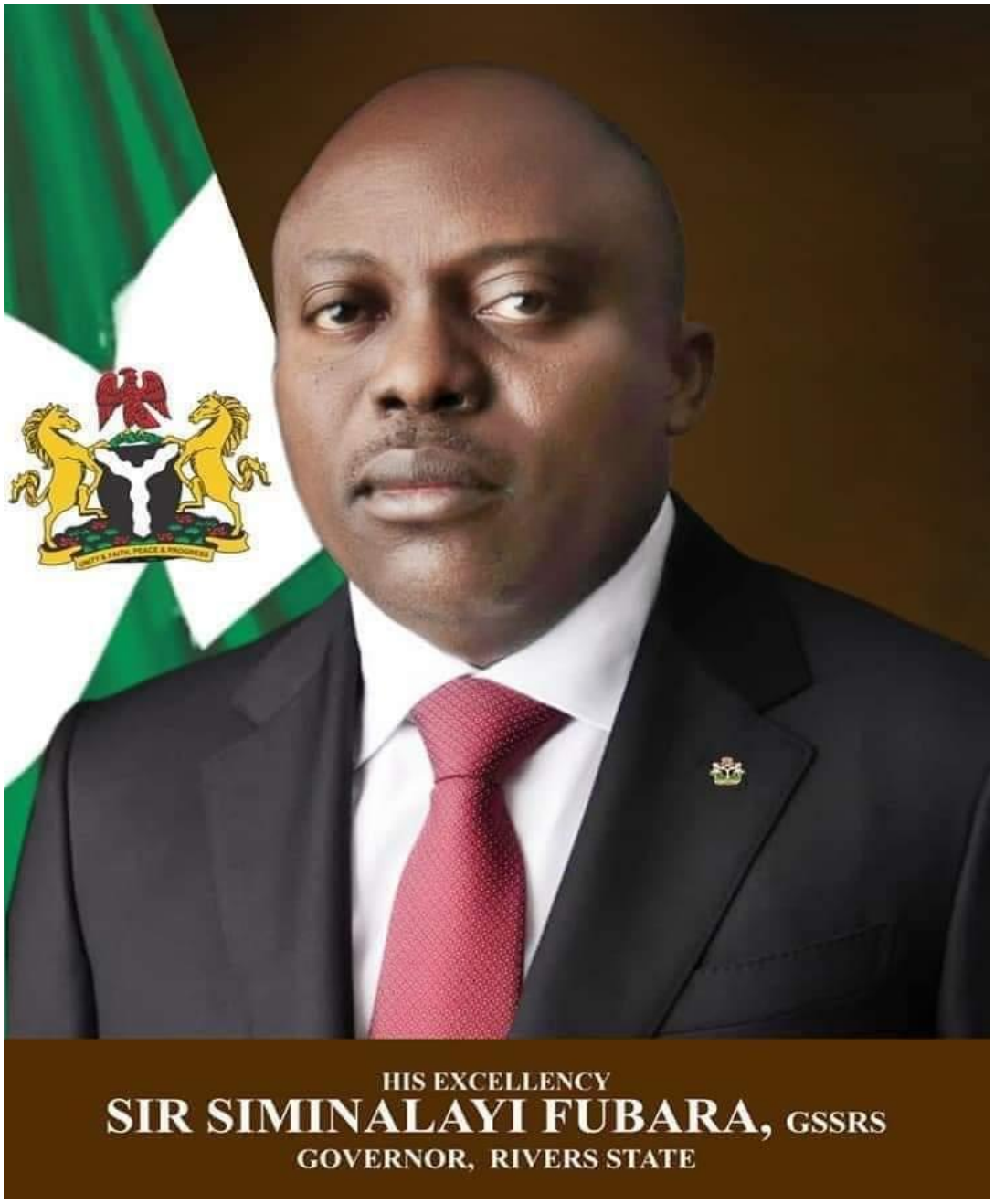
Baseline PHC HRH Mapping and 5-Year Recruitment and Deployment Plan (2025–2030)

RIVERS STATE MINISTRY OF HEALTH

01 MARCH 2025

RIVERS STATE MINISTRY OF HEALTH
www.riversstatemoh.gov.ng


HIS EXCELLENCY
SIR SIMINALAYI FUBARA, GSSRS
GOVERNOR, RIVERS STATE

HER EXCELLENCY

PROF. (MRS) NGOZI NMA ODU, DSSRS.

Deputy Governor, Rivers State.

Dr Adaeze Chidinma Oreh

Honourable Commissioner For Health Rivers State

Contents

EXECUTIVE SUMMARY

HEALTH4ALLRIVERS is the adaptation of Rivers State's journey to Universal Health Coverage (UHC) for the entire population, especially vulnerable and underserved groups. Universal health coverage (UHC) means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship covering the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course (WHO, 2025). Delivering these services requires **a healthcare workforce with an optimal skills mix at all levels of the health system, who are equitably distributed**, adequately supported with access to quality assured products, and enjoying decent work (WHO, 2025).

In alignment with the globally recognized role of primary health care (PHC) as the most cost-effective approach for attaining UHC, the HEALTH4ALLRIVERS Human Resource for Health strategy includes a focus on reducing inequities and inequalities in the distribution of PHC Health Care Workers (HCWs), ensuring job specific/role enhancing capacity building, realistic retention strategies and incentives, and data-guided recruitment while acknowledging the already existing task shifting and task sharing policy necessitated by gross HRH shortages.

At the PHC tier of health care delivery managed in Rivers State by the Rivers State Primary Health Care Management Board (RSPHCMB), a parastatal of the Rivers State Ministry of Health, a Minimum Service Package (MSP) was produced. The MSP defines a set of minimum standards in areas including Human Resources for health determining/defining minimum number of staff and cadre for each facility type. An initial MSP that lacked crucial components such as costing and an investment plan for resource mobilization was developed in 2019 as recommended by the National Primary Health Care Development Agency (NPHCDA). Recognizing the importance of aligning with national guidelines and best practices, the RSPHCMB revisited and adapted its MSP accordingly revising the MSP to ensure meticulous costing that reflects a realistic assessment of implementation costs within the context of available and projected state resources for all PHCs across the 319 wards in the State.

This report is an effort at quantifying the human resource gaps at the primary health care level in 2025 and builds on the laudable efforts of the Rivers State Primary Health Care Management Board and the joint teams from the Rivers State Ministry of Health, Federal Ministry of Health and Social Welfare and the WHO team that launched the Rivers State Health Workforce Registry in December 2024.

The report presents mixed results with identified gaps as well as excess capacity. For example, while there are identified shortages in the medical officer, nurse midwife and JCHEW cadres, CHO and CHEW cadres are excess of requirements. There is good news though, the comparative analysis between the 2023 mapping done by the RSPHCMB and the current one done collaboratively already demonstrates the government's intentionality in recruiting needed manpower. The report concludes by quantitatively projecting a costed 5-year recruitment plan for identified shortages which will be deployed guided by available data.

Dr Adaeze Chidinma Oreh
Hon Commissioner for Health
Rivers State Ministry of Health

ACKNOWLEDGEMENT

This mapping and recruitment report was influenced by the HOPE HEALTH DLIs but made incredibly easier by the existence of a costed Minimum Service Package produced and revised by the Rivers State Primary Health Care Management (RSPHCMB).

It is therefore important to publicly acknowledge the leadership provided by the Hon Commissioner for Health, Dr Adaeze Chidinma Oreh, since 2023; successful leaderships and management of the Rivers State Primary Health Care Management Board, the Permanent Secretary of the Rivers State Ministry of Health, the current leadership of the Federal Ministry of Health and Social Welfare (FMoH& SW) including the SWAp coordination office and the World Bank Nigeria HOPE office.

More granularly, I'm deeply thankful to Dr Dede Siyeofori, the Director of Planning, Research and Statistics RSPHCMB for responding quickly and promptly to every request; Mrs Precious Jacks - the RSPHCMB Head of Planning and her team; the Head of the Rivers State Ministry of Health Head of HRH Unit – Mr Hillary Ochia – who led the data collection exercise.

The data collection was done almost entirely across the 347 primary health care centres (PHCs) by each of the PHC HRH Focal Persons and we are grateful to them for their concerted effort. These HRH Focal Persons had all been recently trained by the joint FMoH & SW and WHO Health Workforce Registry team who established the Rivers State HRH Workforce Registry in December, 2024. The Ministry of Health is deeply grateful to the joint (WHO/FMoH&SW) team for the effort in the Registry that has yielded fruit that has served well in the development of this mapping report.

The truth is that every effort stands on previous efforts and to everyone who has contributed to current and past efforts, we say thank you.

Dr Julienne Darlington-Nwoke
Director of Health Planning, Research and Statistics (ag)
Rivers State Ministry of Health

INTRODUCTION

The importance of Human Resources for Health as the fulcrum of health system deliverables cannot be over emphasized. Being one of 6 WHO health system building blocks, historically, national and subnational health planners have not always given HRH quantitative attention beyond bemoaning healthcare worker shortages, staff attrition and calls for improved workforce renumeration and motivation. The National Strategic Health Development Plan 2018 – 2022 (NSHDP II) and the successor and current Health Sector Strategic Blueprint 2023 - 2027 (HSSB) as domesticated lays strong emphasis on effective leadership and governance as one and the first pillar of building a resilient health system that serves the needs of the population and progresses towards UHC.

Successive political administrations have emphasized the importance of leadership and governance in planning to galvanize all the resources that comprise the health system for effective results. The USAID argues that health system governance is governance undertaken to protect and promote the health of the people involving "(1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished" (USAID, 2013).

Planning and policy making, sometimes used interchangeably, are key governance functions. The responsibility for macro level strategic and operational planning in the health sector and for the health system is coordinated by the Department of Health Planning, Research and Statistics (HPRS) of Ministries of Health. The NSHDP II and HSSB prioritized planning for Human Resources for Health is as "priority area 10" and "priority initiative 15" respectively and traditionally reserved for the HPRS departments of health MDAs for interpretation and implementation. Priority Initiative 15 of the HSSB with its 11 interventions spanning production, capacity building, retention, renumeration and motivation strategies, further emphasizes the use of evidence for HRH Planning.

The 2025 Rivers State Health Sector Annual Operational Plan (AOP) serves as the first workplan for/of the HSSB for implementation under the Sector Wide Approach (SWAp) and incentivized by the World Bank Funded Human Capital Opportunities for Prosperity and Equality (HOPE) Project. The HOPE Project aims to strengthen basic education and primary healthcare services across the country. With 11 Disbursement Linked Indicators (DLIs), the HOPE Project plans to over the next four years incentivize attainment of specific milestones designated in AOPs, some of them beginning from 2025 as year zero. DLI 5.2 is specific to Human Resources for Health planning at the primary health care level and requires States to undertake a baseline mapping exercise of number and duty stations of PHC workers in the State and develop a multi-year costed HRH recruitment plan to address staffing shortages by March 31st 2025.

The Human Resources for Health unit of the Rivers State Ministry of Health (RSMoH) together with the Department of Planning, Research and Statistics of the Rivers State Primary Health Care

Management Board (RSPHCMB) have produced a report that maps HRH in the 347 primary health care centres across the 319 political wards of the State. This report builds on previous similar undertakings by the RSPHCMB and the RSMoH. The very first mapping of PHC HCWs was done in 2019 when the first Minimum Service Package (MSP) was developed by the RSPHCMB: it was, however, not costed. In 2023, in accordance with guidelines from the National Primary Health Care Development Agency (NPHCDA), a revised MSP was developed which costed the various components of health service delivery requirements including human resources for health (Rivers State Primary Health Care Management Board, 2023). To bring the PHC HRH Mapping exercise done in 2023 and costed up to date, the HPRS department, RSMoH leveraged on the infrastructure/networks deployed in the ongoing data collection for the Rivers State Human Resources for Health Workforce Registry to determine current number of HCWs at the various PHC duty stations across the State. Gap Analysis was determined by subtracting the number of available healthcare workers per cadre from number of required healthcare workers per cadre.

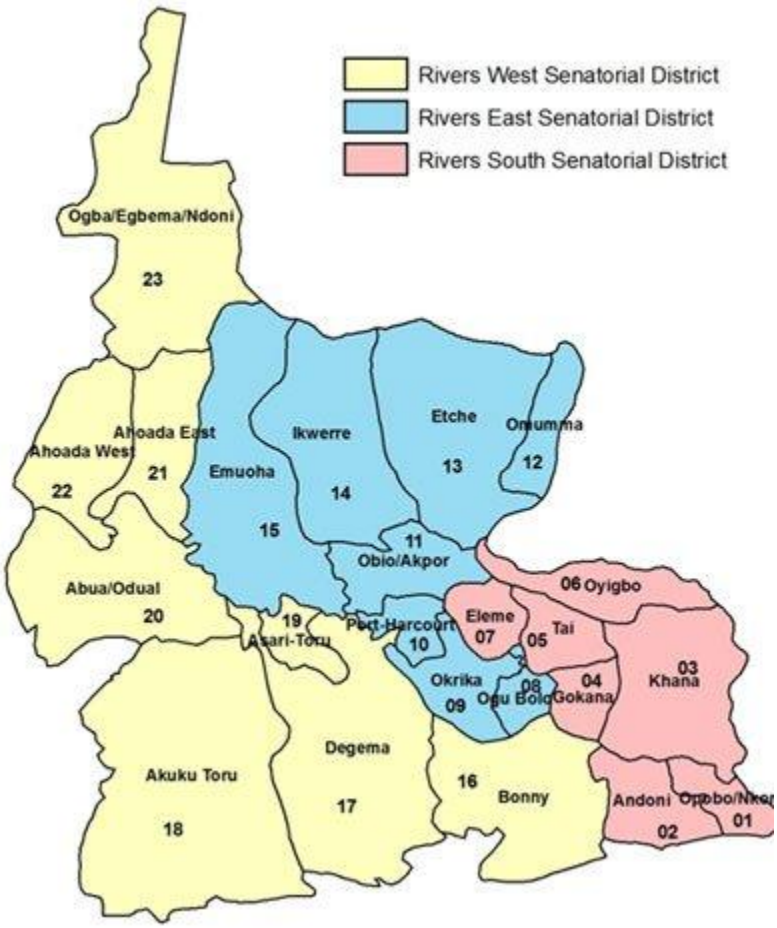
The following assumptions were made:

1. The number of required healthcare workers per cadre was adopted from the 2023 RSPHCMB MSP.
2. Recruitment costs were based on average annual salary expenses in the 2023 MSP, excluding ancillary costs.
3. The remedial recruitment plan anticipates annual recruitment at 30% of identified gaps per annum over the next 5 years. Initially developed at 20% recruitment per annum, the additional 10% per annum is anticipated to account for losses due to staff attrition, death, retirement and promotions.

This report presents the map of Primary Healthcare (PHC) workforce in Rivers State and gap analyses of PHC HCWs in Rivers State in 2023 and 2025. It also presents a multi-year, costed recruitment and deployment plan for bridging existing Human Resources for Health (HRH) gaps here presented in alignment with the World Bank-supported HOPE Project – DLI 5.2. Between 2023 when the baseline mapping was done and 2025, the report presents gaps in the medical officer, nurse/midwife and CHEW cadres filled by approximately 40% each. This report, however, prescribes annual remedial recruitment at a modest 30% per annum across cadres so affected.

STATE PROFILE

Created on 27th May, 1967, Rivers State is in the Niger Delta region of southern Nigeria, with a territory that covers 11,077 square kilometres. It consists of 23 Local Government Areas (LGAs) and 319 wards spread across three Senatorial zones. The estimated population is 9,465,683 based on the 2006 National Population Census at an annual growth rate of 2.76%. It shares borders with Imo, Abia, and Anambra States to the north, Akwa Ibom State to the east, Bayelsa State to the west, and on the south, it is bounded by the Atlantic Ocean (Rivers State Primary Health Care Management Board, 2023).



Rivers State is a predominantly low-lying pluvial state on the oceanward extension of the Benue Trough. The inland part of the state consists of tropical rainforest, and towards the coast, the typical Niger Delta environment features many mangrove swamps. It the 26th largest state in Nigeria with topography ranging from flat plains, with a network of rivers to tributaries (Wikipedia, 2025).

S/N	LGA	Population	Wards	Hard to Reach Wards
1	ABUA/ ODUAL	516,580	13	8
2	AHOADA EAST	304,388	13	7
3	AHOADA WEST	455,313	12	6
4	AKUKU TORU	284,781	17	9
5	ANDONI	385,186	11	5
6	ASARI TORU	401,781	13	10
7	BONNY	393,125	12	5
8	DEGEMA	455,948	17	12
9	ELEME	348,449	10	-
10	EMOHUA	368,560	14	8
11	ETCHE	455,366	19	4
12	GOKANA	417,714	17	6
13	IKWERRE	346,335	13	7
14	KHANA	537,078	19	-
15	OBIO/AKPOR	848,449	17	5
16	OGU/BOLO	518,446	12	6
17	OKRIKA	136,330	12	8
18	OMUMA	405,297	10	7
19	OGBA EGBEMA NDONI	183,213	17	7
20	OPOBO NKORO	276,576	11	9
21	OYIGBO	223,958	10	8
22	PORT HARCOURT	987,778	20	5
23	TAI	215,032	10	1

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

Facilities by LGA			
S/N	LGA	Number	
1	ABUA/ ODUAL	25	
2	AHOADA EAST	22	
3	AHOADA WEST	27	
4	AKUKU TORU	11	
5	ANDONI	27	
6	ASARI TORU	15	
7	BONNY	19	
8	DEGEMA	10	
9	ELEME	31	
10	EMOHUA	22	
11	ETCHE	39	
12	GOKANA	21	
13	IKWERRE	21	
14	KHANA	39	
15	OBIO/AKPOR	259	
16	OGU/BOLO	9	
17	OKRIKA	23	
18	OMUMA	14	
19	OGBA EGBEMA N	37	
20	OPOBO NKORO	8	
21	OYIGBO	40	
22	PORT HARCOUR	137	
23	TAI	15	

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

METHODOLOGY

This report is an amalgamation of many efforts: the Minimum Service Package produced by the Rivers State Primary Health Care Management Board, Quantitative Data Collection from the Rivers State Human Resource for Health Workforce Registry and Qualitative Key Informant Interviews with identified staff from the department of planning, research and statistics of the Rivers State Ministry of Health and Rivers State Primary Health Care Management Board and HRH Focal Persons at the Primary Health Care Centres. Results were triangulated and the report produced by the Human Resources for Health Unit of the RSMoH.

The methodology for the RSPHCMB Minimum Service Package was consultative employing Stakeholder meetings, Literature Review and Field visit to PHCs.

Stakeholder meetings were held with diverse stakeholders and governance representatives at macro, meso and facility levels of care including public and private sector operatives. Presentations were made on PHC, Primary Health Care under one roof, Ward Minimum Health Care Standards, Minimum Standards for Primary Health Care in Nigeria and modalities for adapting the National document.

Literature reviewed included published research studies, reports, policy documents, and guidelines from national and international sources informing the development of the MSP with insights into effective strategies, recommended interventions, and standards of care for primary healthcare services.

Field visits were conducted to primary health centres (including outreach sites)in the State to assess service delivery practices, infrastructure, and resource availability and served a dual purpose to reclassify facilities based on infrastructure and service delivery capabilities.

The PHC HRH Mapping exercise built on the findings of the 2023 MSP report also developing a data collection tool with which facility HRH Focal persons recently and previously trained on data collection for the State Human Resource for Health Workforce Registry reported number and cadre of available HRH at various duty stations to the Ministry of Health. The various data collected were then synthesized to produce the mapping report and projected recruitment plan and costs in alignment with available resources and executive approvals and in accordance with the HOPE Project requirements. The annual cost of recruitment per individual per cadre in the 2023 MSP was used to produce the recruitment plan for the next five years beginning from 2025.

Baseline Mapping Summary

A comprehensive HRH mapping was conducted across 320 out of 347 PHC facilities in Rivers State, capturing detailed staff distribution by cadre and facility. The data reveals substantial shortfalls across core clinical cadres, most notably among Medical Officers, Midwives/Nurses, and Community Health Extension Workers (JCHEWs) while also highlighting areas where staffing existed excess to requirements.

MAPPING/GAP ANALYSIS

This mapping report/gap analysis is informed by the 2023 RSPHCMB MSP HRH mapping exercise and the data collection done in 2025 across 320 PHCs in the State. In 2023, the MSP mapped HRH across 17 cadres (11 clinical and 6 non-clinical) whereas the 2025 data collection mapped across 19 (11 clinical and 8 non-clinical) with accounts/revenue officer and cleaner accounting for the outstanding two.

TOTAL REQUIRED	**TOTAL AVAILABLE IN 2023**	**TOTAL AVAILABLE IN 2025**
7,229	4,622	4,645
CLINICAL STAFF REQUIRED	**CLINICAL STAFF AVAILABLE IN 2023**	**CLINICAL STAFF AVAILABLE IN 2025**
4,471	2,411	2,755

Detailed staff map by cadre across all PHCs in the State may be found on this link: https://docs.google.com/spreadsheets/d/1mvvs5zB5RsieS1gZ47iOL0YizcDbjIJY/edit?usp=sharing&ouid=104587567097606677318&rtpof=true&sd=true

The report presents mapping reports for 2 years (18 months in between) and among clinical and non-clinical workers. Key insights in the mapping report are presented below:

- Coverage: Data covers 320 Primary Health Care (PHC) facilities across Rivers State.
- Total Workforce: Total of 4,622 and 4,645 staff deployed across the PHCs in 2023 and 2025 with females outweighing males in 2025 by 80:20.
- Medical Officer, Nurse/Midwife/CHEW: Progressive increase in the available numbers in these critical cadres demonstrate intentionality in recruitment that can be built upon.
- Facility Staffing: No facility is completely unstaffed, indicating some level of HRH distribution across all facilities. No facility is also completely staffed across cadres.
- Cadre Distribution: A separate table showing distribution by cadre has been presented for further analysis.
- Data Gaps: Minor missing values exist in LGAs, facility names, and a few staff categories (e.g., cleaner, security, and male staff counts).
- Recruitment Cost: is not exhaustive particularly affected are some non-clinical cadre components leading to incomplete costing of the recruitment plan.

The 2025 mapping report finds a gap of 3,008 staff to be filled which has been projected to cost a total of **two billion seven hundred and eighty three million five hundred and seventy five thousand three hundred and sixteen (N2,783,575,316) naira** only to fill at 30% of calculated gap filled per annum over a five year period accounting for staff loses. It will cost **nine hundred and eleven million six hundred and fifty two thousand one hundred and forty (N911,652, 140) naira** only per annum in salaries to fill identified gaps at 30%.

Staffing Gap Analysis

The staffing gap is most pronounced among Midwives/Nurses and JCHEWs, who are essential to maternal, neonatal, and child health service delivery. CHOs show a surplus possibly due to redeployment from other facilities and/or based on need.

In addition, based on facility-level mapping of 320 PHCs, only 453 JCHEWs are currently available across the state. Based on the assumption of at least two JCHEWs per PHC, a total of 949 are required, leaving a gap of -266.

HRH Staffing Gap Analysis

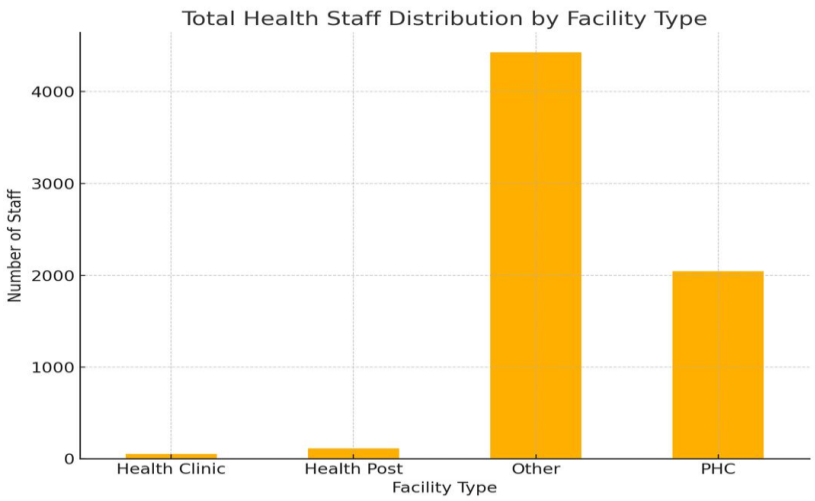
The staffing gap is most pronounced among Midwives/Nurses, who constitute the backbone of maternal, neonatal, and child health service delivery. The gaps pose a significant challenge to achieving Universal Health Coverage (UHC), especially in hard-to-reach rural areas.

The gap also reflects disparities in urban-rural deployment, with urban PHCs generally better staffed. Additionally, support staff (cleaners, security personnel, etc.) were found in variable numbers but are not currently the focus of DLI 5.2 targets.

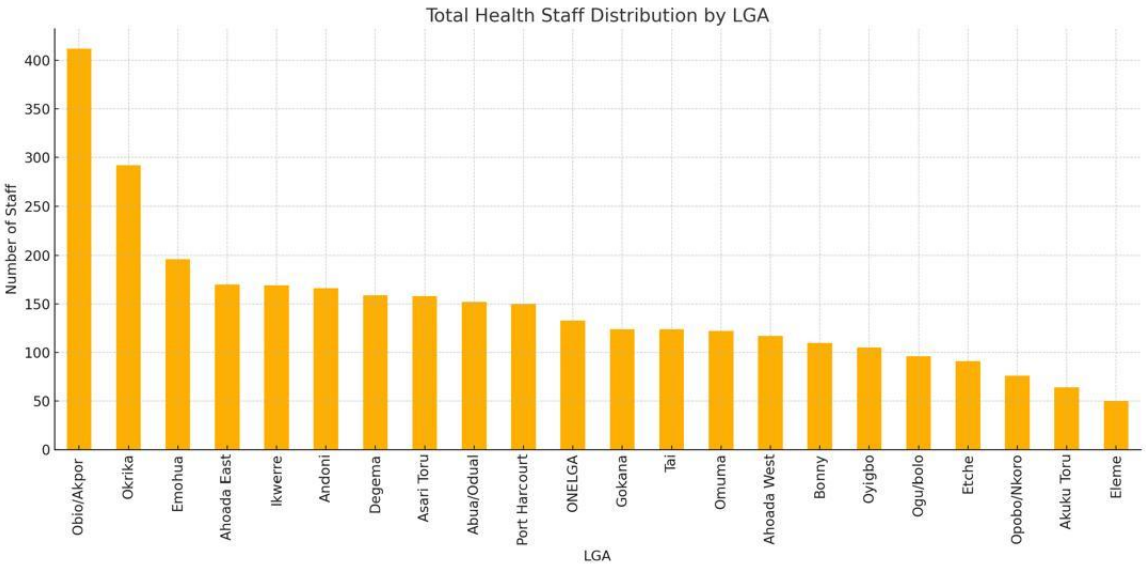
	Overview of the HRH cadre	Required	2023 Available	2025 Available	Gap	Excess	NET ANNUAL SALARY PER PERSON	NET ANNUAL GAP SALARIES
Clinical health workers	Medical officers	248	67	98	150		₦ 3,408,290.00	₦ 511,243,500.00
	Midwives/Nurses	714	206	298	416		₦ 2,137,740.00	₦ 889,299,840.00
	CHOs	233	259	259		26	₦ 1,139,430.00	
	CHEW	590	620	820		30	₦ 760,440.00	
	JCHEW	1402	453	453	949		₦ 664,800.00	₦ 630,895,200.00
	Pharmacist	23	1	22	1		₦ 2,976,140.00	₦ 2,976,140.00
	Pharmacy technician/Ass	625	187	187	438		₦ 711,120.00	₦ 311,470,560.00
	Medical Lab scientis	124	81	81	43		₦ 1,231,080.00	₦ 52,936,440.00
	Medical Lab tech/Ass	233	361	361		128	₦ 760,440.00	
	Nutritionist	46	1	1	45		₦ 845,340.00	₦ 38,040,300.00
	Dental science tech	233	175	175	58		₦ 760,440.00	₦ 44,105,520.00
					0			₦ -
Non-clinical health workers	Environmental health	319	559	559		240	₦ 1,139,430.00	
	Medical record officer/Health Information Officer	577	409	409	168		₦ 1,801,237.00	₦ 302,607,816.00
	Gen maintenance officer	23	0	0	23			₦ -
	CHIPS agent	240	240	240	0			₦ -
	Health educator	23	23	23	0		₦ 3,684,048.00	₦ -
	Security personnel	1376	980	659	717			₦ -
	Accounts/Revenue Officer	-	0	231				
	Cleaner	-	0	695				
	TOTAL	7,229	4,622	4,645	3008	424		₦ 2,783,575,316.00

Figure 3: 2023 vs 2025 PHC HRH GAP ANALYSIS

HRH Distribution by Facility Type – This categorizes facilities into PHCs, Health Posts, Health Clinics, and others, showing the staff strength associated with each type.



HRH Distribution by LGA – This shows how health workers and facilities are distributed across the Local Government Areas (LGAs), helping identify HRH imbalances.



5-Year Recruitment & Deployment Plan (2025–2030)

Presented below is a 5- year plan to fill identified gaps from the mapping of Human Resource for Health working in the Primary Health Care delivery system. The following assumptions were made:

I. The actual replacement of identified gaps to be incremental at 20% over 5 years.
II. Additional 10% of identified gaps to be recruited to account for losses (attrition, death, retirement) and increasing population.
III. The plan excludes CHEWs and CHOs as these are already in excess.

Recruitment will prioritize:

- Underserved LGAs and PHCs with zero or single-staff situations.

- Alignment with the State Baseline HRH Mapping Report.
- Community-based and Level 2 PHC facilities for CHW and midwife deployment.

Rivers State therefore proposes a 30% annual recruitment plan to fill HRH gaps in critical cadres. Below is the phased 5-year plan including cost implications developed using 2023 costs. The table below outlines the plan with cost implications based on 2023 salary benchmarks. Recruitment will begin mid-2025 and continue annually through mid-2030. By the end of FY29/30, the full staffing gap will be addressed if the plan is implemented as proposed. Deployment will be tracked via a digital HRH monitoring dashboard under development, linked to the State's Health Data Repository, with integrations into DHIS2. Funding for the proposed recruitments will come from State government budget allocations.

2023 OVERVIEW OF HRH GAPS AT PHC TIER OF CARE AND PROJECTED REMEDIAL COSTS								
Overview of the HRH cadres		Required	Available	Gap	30% REMEDIAL PLAN	NET ANNUAL SALARY PER PERSON	NET ANNUAL GAP SALARIES	30% REMEDIAL COST
Clinical health workers	Medical officers	248	67	181	56	₦ 3,408,290.00	₦ 616,900,490.00	₦ 190,864,240.00
	Midwives/Nurses	714	206	508	153	₦ 2,137,740.00	₦ 1,085,971,920.00	₦ 327,074,220.00
	CHOs	233	259			₦ 1,139,430.00		₦ -
	CHEW	590	620			₦ 760,440.00		₦ -
	JCHEW	1402	453	949	285	₦ 664,800.00	₦ 630,895,200.00	₦ 189,468,000.00
	Pharmacist	23	1	22	8	₦ 2,976,140.00	₦ 65,475,080.00	₦ 23,809,120.00
	Pharmacy technician/Ass	625	187	438	132	₦ 711,120.00	₦ 311,470,560.00	₦ 93,867,840.00
	Medical Lab scientis	124	81	43	14	₦ 1,231,080.00	₦ 52,936,440.00	₦ 17,235,120.00
	Medical Lab tech/Ass	233	361			₦ 760,440.00		₦ -
	Nutritionist	46	1	45	15	₦ 845,340.00	₦ 38,040,300.00	₦ 12,680,100.00
	Dental science tech	233	175	58	18	₦ 760,440.00	₦ 44,105,520.00	₦ 13,687,920.00
				0			₦ -	₦ -
Non-clinical health workers	Environmental health	319	559			₦ 1,139,430.00		₦ -
	Medical record officer	577	409	168	51	₦ 1,801,237.00	₦ 302,607,816.00	₦ 91,863,087.00
	Gen maintenance officer	23	0	23	8		₦ -	₦ -
	CHIPS agent	240	240	0			₦ -	₦ -
	Health educator	23	23	0		₦ 3,684,048.00	₦ -	₦ -
	Security personnel	1376	980	396	120	₦ 263,934.00	₦ 104,517,864.00	₦ 31,672,080.00
		7,229	**4,622**	**2831**	**860**		₦ 3,252,921,190.00	**₦ 992,221,727.00**

Figure 4: 2023 PHC HRH GAP ANALYSIS WITH RECRUITMENT COST PROJECTED AT 30% PER ANNUM

2025 OVERVIEW OF HRH GAPS AT PHC TIER OF CARE AND PROJECTED REMEDIAL COSTS								
Overview of the HRH cadres		Required	Available	Gap	30% REMEDIAL PLAN	NET ANNUAL SALARY PER PERSON	NET ANNUAL GAP SALARIES	30% PER YEAR REMEDIAL COST
Clinical health workers	Medical officers	248	98	150	50	₦ 3,408,290.00	₦ 511,243,500.00	₦ 170,414,500.00
	Midwives/Nurses	714	298	416	125	₦ 2,137,740.00	₦ 889,299,840.00	₦ 267,217,500.00
	CHOs	233	259			₦ 1,139,430.00		₦ -
	CHEW	590	820			₦ 760,440.00		₦ -
	JCHEW	1402	453	949	285	₦ 664,800.00	₦ 630,895,200.00	₦ 189,468,000.00
	Pharmacist	23	22	1	1	₦ 2,976,140.00	₦ 2,976,140.00	₦ 2,976,140.00
	Pharmacy technician/Ass	625	187	438	131	₦ 711,120.00	₦ 311,470,560.00	₦ 93,156,720.00
	Medical Lab scientis	124	81	43	13	₦ 1,231,080.00	₦ 52,936,440.00	₦ 16,004,040.00
	Medical Lab tech/Ass	233	361			₦ 760,440.00		₦ -
	Nutritionist	46	1	45	15	₦ 845,340.00	₦ 38,040,300.00	₦ 12,680,100.00
	Dental science tech	233	175	58	17	₦ 760,440.00	₦ 44,105,520.00	₦ 12,927,480.00
				0			₦ -	₦ -
Non-clinical health workers	Environmental health	319	559			₦ 1,139,430.00		₦ -
	Medical record officer	577	409	168	50	₦ 1,801,237.00	₦ 302,607,816.00	₦ 90,061,850.00
	Gen maintenance officer	23	0	23	7		₦ -	₦ -
	CHIPS agent	240	240	0			₦ -	₦ -
	Health educator	23	23	0		₦ 3,684,048.00	₦ -	₦ -
	Security personnel	1376	659	717	215	₦ 263,934.00	₦ 189,240,678.00	₦ 56,745,810.00
		7,229	**4,645**	**3008**	**909**		₦ 2,972,815,994.00	**₦ 911,652,140.00**

Figure 5: 2025 PHC HRH GAP ANALYSIS WITH RECRUITMENT COST PROJECTED AT 30% PER ANNUM

Conclusion and Next Steps

The HRH mapping and gap analysis established a robust evidence base for targeted investments in the PHC workforce. Over the next five years, the State has identified with political commitment the need to recruit at least 50 medical doctors, 125 nurses/midwives and 285 JCHEWs to close the gaps cognizant of estimated losses and population growth. The 5-year-costed recruitment and deployment plan is realistic, phased, and aligned with HOPE Project performance targets.

Bibliography

Rivers State Primary Health Care Management Board. (2023). *Minimum Service Package 2023 - 2027.* Port Harcourt: RSPHCMB.

USAID. (2013). *The eManager. Management Strategies for Improving Health Services. How to Govern the Health Sector and its Instituitions Effectively.* New York: USAID.

WHO. (2025). *Universal health coverage (UHC).* Geneva: WHO.

Wikipedia. (2025, March 30). *Rivers State topographic map* . Retrieved from Topographic Map. com: https://en-gb.topographic-map.com/map-qctp/Rivers-State/?center=4.48442%2C5.7225&zoom=8