



MINISTRY OF HEALTH HEADQUARTERS

JOSEPH GOMWALK SECRETARIAT COMPLEX, P.M.B 2014, JOS, PLATEAU STATE
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Recruitment, Deployment, and Training Plan for Plateau State Primary Health Care Workers (2025–2027)

1. Objective

To strengthen the Plateau State Primary Health Care system by recruiting, equitably deploying, and continuously building the capacity of health workers across all PHC facilities, ensuring improved access to quality healthcare services at the grassroots level.

2. Policy Context and Alignment

- Aligned with the National Health Policy, National Human Resources for Health Strategic Plan, and the Basic Health Care Provision Fund (BHCPF) guidelines.
- Support Plateau State's implementation of the Nigeria Human Capital Opportunities for Prosperity and Equity (HOPE) Program.
- Respond to WHO guidelines on rural health workforce retention and the PHC revitalization strategy.

3. Recruitment Plan

Activity	Timeline	Responsible Institution	Output
Workforce Needs Assessment	Q4 2024	SPHCDA, HRH Unit	Gap analysis report indicates a gap of 5408 Health work force (over the next three years)
Stakeholder Consultation	Q1 2025	SPHCDA	Validated staffing needs



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Develop Recruitment Guidelines	Q2 2025	SPHCDA, LGCSC, MoH	Approved recruitment framework
Advertise Positions	Q2 2025	SPHCDA, LGCSC	Public recruitment notice
Shortlist and Interview Candidates	Q2 2025	LGSC, SPHCDA	Selection list
Offer Letters and Onboarding	Q3 2025	LGSC, SPHCDA	Deployed new hires and Orientation engagement of Health workers

Target Workforce (2025–2027):

- 1,904 Community Health Extension Workers (CHEWs), Laboratory Technicians, Pharmacy Technicians
- 2,000 Nurses/Midwives and CHOs
- 1,504 JCHEW

4. Deployment Plan

Activity	Timeline	Responsible Institution	Output
Develop Equitable Deployment Strategy	Q2 2025	SPHCDA, HRH Desk	Deployment framework



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Prioritize underserved LGAs and Wards	Q2 2025	SPHCDA, LG PHC Directors	Prioritized list
Post staff to facilities with highest needs	Q2 2025	SPHCDA	Deployment letters
Engage with Traditional and Local Leaders	Q3 2025	SPHCDA, LGAs	Community support secured
Monitor Retention and Posting Compliance	Ongoing	SPHCDA M&E Unit	Quarterly reports

Deployment Principles:

- Use of Rural Hardship Allowances
- Equitable Urban-Rural Distribution
- Staff Quarters/Accommodation Support
- Gender-Sensitive Placement

5. Training and Capacity Building Plan

Activity	Timeline	Responsible Institution	Output
Conduct Training Needs Assessment	Q2 2025	SPHCDA, Development Partners	Skills gap report
Develop Annual Training Plan	Q3 2025	SPHCDA, MoH, HRH Unit	Approved plan



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Induction Training for New Recruits	Q4 2025	SPHCDA, LGA PHC Depts.	Trained new staff
In-Service Training	2025–2027	SPHCDA, Partners	Improved technical capacity
e-Learning Integration	2026	SPHCDA, NPHCDA	Digital learning platform
Supportive Supervision and Mentoring	Ongoing	SPHCDA, LG PHC Coordinators	Quarterly mentoring reports

Key Areas of Focus:

- Maternal, Newborn, and Child Health (MNCH)
- Family Planning and Adolescent Health
- Health Information Management
- Emergency Preparedness and Response
- Respectful Maternity Care
- Community Engagement and FRILIA principles

6. Monitoring & Evaluation

- Indicators:
 - % of PHCs with minimum staffing
 - Staff retention rate after 12 months
 - % of PHC workers trained in priority areas
- Data Sources: NHMIS, HRH Registry, SPHCDA Reports
- Frequency: Quarterly reviews, Annual Evaluation

7. Budget and Resource Mobilization

Funding will be sourced from:

- Plateau State Government
- BHCPF



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- HOPE-PHC Program
- Partner Agencies (WHO, UNICEF, World Bank, etc.)

8. Risk and Mitigation

Risk	Mitigation
Refusal to serve in rural areas	Rural incentives, housing, and allowances
High attrition	Career progression, training, and recognition
Budget shortfalls	Advocate for dedicated budget lines, donor support

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