GOVERNMENT OF ANAMBRA STATE OF NIGERIA

Executive Council,
Office of the Secretary to the
State Government
Light House Awka.
23rd July, 2026

Our Ref: SSG/ANSEC/S.6/V.X/002

The Secretary to the State Government,
Office of the Secretary to the State Government
Light House,
Awka. (For your information)

The Commissioner,
Ministry of Health,
Awka.(For your information and necessary action)

The Principal Secretary to the Governor
Light House,
Awake. (For the information of the Governor)

PRIMARY HEALTH CENTRES GAP ANALYSIS REPORT
JULY 2026

I am directed to convey the decision and the directives recorded at the ANSEC 6th meeting held on Monday, 20th July, 2026.

"MC for Health made a PowerPoint presentation to ANSEC on the aforementioned subject. He informed ANSEC that to address the critical shortage of skilled health workers, ASPHCDA proposes a phased recruitment of 7,898 health workers over a five-year period. The recruitment will prioritize frontline clinical cadres while ensuring equitable deployment across all twenty-one (21) Local Government Areas.

MC for Health further highlighted the recruitment plan, which has been designed to:

- Address immediate staffing shortages.
- Replace projected workforce losses.
- Improve service delivery in rural and underserved communities.
- Support implementation of the Basic Health Care Provision Fund (BHCPF).
- Strengthen emergency preparedness and response.
- Improve maternal, newborn, child, and adolescent health outcomes.
- Accelerate progress towards Universal Health Coverage.

He brought to Council's notice that the Primary Health Care (PHC) remains the foundation of an effective and resilient health system and the first point of contact for most citizens seeking healthcare services. The Government of Anambra State has made significant investments in strengthening the primary healthcare system through infrastructure development, basic Health Care Provision Fund (BHCPF)

implementation, recruitment of health workers, and strategic partnerships with development agencies. Despite these efforts, the State continues to face a significant shortage of skilled health workers across its Primary Health Care facilities.

As of April 2026, the Anambra State Primary Health Care Development Agency (ASPHCDA) has a total workforce of 1,645 personnel on payroll, representing approximately 6.67% of the 17,276 health workers required under the State Minimum Service Package (MSP) for the State's 617 Primary Health Care facilities. This leaves a staffing deficit of 15,631 personnel, with the greatest shortages occurring among Medical Officers, Nurses and Midwives, Community Health Extension Workers (CHEWs), Junior Community Health Extension Workers (JCHEWs), Pharmacy Technicians, Laboratory Technicians, and Health Records Officers.

On the available cadres at the PHC Level, MC for Heath informed that the cadres most facilities depend on for day-to-day service delivery are also critically short. Community Health Extension Workers (CHEW) are relatively the highest covered cadre at 15.56 percent filled, but still fall short of requirement by more than 2,605 posts.

The proposed recruitment schedule intentionally allocates 2,374 recruitments in 2027 and 2,003 recruitments in 2028 because these two years are the most critical for stabilizing the PHC workforce. During this period, the State is expected to experience the highest number of retirements and workforce shortages, particularly among experienced clinical personnel.

Council deliberated on the presentation and noted that:

a) front-loading recruitment will enable the State Government to:
   - Rapidly fill critical vacancies in Primary Health Care facilities.
   - Reduce the workload on existing health workers.
   - Improve access to skilled health personnel in rural communities.
   - Strengthen implementation of BHCPF and other national health programmes.
   - Build a sustainable workforce that can support future expansion of PHC services.

b) The successful implementation of the proposed Human Resources for Health (HRH) Recruitment Strategy will require sustained financial commitment by the Government of Anambra State. However, investment in the health workforce is not merely an expenditure but a strategic investment that will yield significant returns through improved population health, increased productivity, reduced maternal and child mortality, stronger disease surveillance, enhanced emergency preparedness, and accelerated progress toward Universal Health Coverage (UHC). The proposed financial estimates are based on the approved salary assumptions for the various health worker cadres and are intended to provide the Executive Council with the projected annual personnel cost associated with the phased recruitment of 7,898 health workers.

To ensure transparency, accountability, and merit-based selection, ASPHCDA proposes a one-time electronic recruitment exercise. The recruitment exercise will be conducted over five (5) days using electronic shortlisting, computer-assisted verification, biometric capture, and transparent interview processes. The system will eliminate opportunities for manipulation, improve public confidence, and ensure recruitment based strictly on merit.

Key Features of the Recruitment Process

- Fully electronic application portal.
- Online verification of credentials.
- Computer-assisted shortlisting.
- Biometric registration of successful candidates.
- Transparent scoring and ranking system.
- Real-time publication of successful candidates.
- Digital personnel database.
- Automatic payroll integration.
- Rural posting agreement for all successful candidates.
- Compliance with the Federal Character and Equal Opportunity principles

Based on the key features of the recruitment process, the approach will eliminate manual manipulation, reduce recruitment delays, improve public confidence, and ensure that only qualified candidates are recruited into the State health workforce.

ANSPHCDA Strategic Recommendations are as follows:

i. ANSEC to approve Five-Year Human Resources for Health Recruitment Strategy (2026–2030).
ii. Commence recruitment of 7,898 additional health workers across seven critical health cadres.
iii. State budget allocation of ₦44,643,000 for the one-time electronic recruitment exercise.
iv. The implementation of a statewide biometric Human Resources Information System (HRIS) and payroll verification to eliminate ghost workers and strengthen accountability.
v. Mandatory three-year rural posting policy, supported by hardship allowances and other incentive packages to improve retention in under-served communities.
vi. Annual budgetary provisions to accommodate the phased recruitment and associated personnel costs within the Medium-Term Expenditure Framework (MTEF).
vii. Periodic workforce reviews to ensure that staffing remains aligned with the National Minimum Service Package (MSP) and the health needs of the State.

Executive Council Decision Sought:

a. ANSEC to approve the ASPHCDA Human Resources for Health Recruitment Strategy (2026–2030).

b. Approve the phased recruitment of 7,898 health workers across seven priority cadres over the period 2026–2030.
c. Approve the release of ₦44,643,000 for the conduct of the electronic recruitment exercise.
d. Approve the implementation of a Statewide digital Human Resources Information System (HRIS) and biometric payroll verification.
e. Direct the Ministry of Finance and relevant Government agencies to make annual budgetary provisions for the implementation of this recruitment strategy.
f. Authorize ASPHCDA to commence the recruitment process in the third quarter (Q3) of 2026 following Executive Council approval.

Finally, Council, after much deliberations, approved the decisions sought from “a - f” as presented above.”

Mrs. Cynthia Mosah (HOD) ANSEC
For: Secretary to the State Government/
Secretary to the State Executive Council