



FCT PRIMARY HEALTH CARE BOARD (FCT- PHCB) FIVE YEARS HUMAN RESOURCE FOR HEALTH RECRUITMENT PLAN (2025 – 2029)

2025-2029

FIRST EDITION

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ACRONYMS AND ABBREVIATIONS

AC	Area Council
BHCPF	Basic Healthcare Provision Fund
CHEW	Community Health Extension Worker
CHO	Community Health Officer
DPRS	Department of Planning, Research and Statistics
FCT	Federal Capital Territory
FCTA	Federal Capital Territory Administration
HF	Health Facilities
HHSS	Health and Human Services Secretariat
HRH	Human Resources for Health
HTI	Health Training Institutions
JCHEW	Junior Community Health Extension Worker
NGO	Non-Governmental Organization
PHC	Primary Health Care
PHCB	Primary Health Care Board
PHCUOR	Primary Health Care Under One Roof
UHC	Universal Health Coverage
VHC	Village Health Committee
WDC	Ward Development Committee
WHO	World Health Organization

FOREWORD

A resilient and well-motivated health workforce remains the cornerstone of an effective and efficient primary healthcare system. The health sector is an indispensable pillar of any progressive society, and central to its success is a competent and equitably distributed cadre of health professionals.

In recognition of this, the Federal Capital Territory Administration (FCTA) is unwavering in its commitment to strengthening the Human Resources for Health (HRH) framework as an integral component of its overarching strategy to achieve Universal Health Coverage (UHC) across the Territory. Health workers are not only providers of essential medical services but also critical agents in advancing the overall health and well-being of communities.

As the six Area Councils of the FCT continue to respond to the evolving healthcare needs of a rapidly growing and diverse population, it is imperative to undertake a comprehensive assessment of the availability, distribution, and competencies of the health workforce. The process of workforce mapping transcends numerical enumeration; it entails the strategic alignment of skills, deployment, and availability of health professionals with the specific health demands of various communities.

The FCT Primary Health Care Board Multi-Year Human Resources for Health Recruitment Plan (2025–2029) is a landmark initiative designed to methodically recruit, train, deploy, and retain qualified health personnel across all Primary Health Care (PHC) facilities within the Territory. This plan is designed to ensure equitable access to competent healthcare providers in all settings—urban, peri-urban, rural, underserved, and hard-to-reach areas.

Anchored on the FCTA Health Sector Strategic Framework and aligned with national and global health priorities, this document outlines a systematic, evidence-based approach to the recruitment, capacity-building, and retention of health professionals. It seeks to foster a responsive, people-centered healthcare system that is accessible, affordable, and sustainable.

This publication serves as a comprehensive guide and reference for HRH mapping and planning in the FCT. It presents strategic insights and actionable recommendations developed in collaboration with key stakeholders—including development partners, policymakers, health administrators, and private sector actors—with a shared vision of cultivating a robust and sustainable health workforce that meets the present and future health needs of all residents of the Federal Capital Territory.

DR. ADEDOLAPO FASAWÉ

Mandate Secretary, Health Services & Environment Secretariat Federal
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ACKNOWLEDGEMENT

The development of the Federal Capital Territory (FCT) Primary Health Care Board Multi-Year Human Resources for Health (HRH) Recruitment Plan (2025–2029) is the result of a collaborative and diligent effort by a diverse range of dedicated individuals, institutions, and stakeholders committed to strengthening the health workforce in the Territory.

I wish to first express our profound appreciation to His Excellency, the Honourable Minister of the Federal Capital Territory, for his visionary leadership, strategic foresight, and steadfast commitment to transforming the health sector in the FCT. His prioritization of Primary Health Care (PHC) revitalization and investment in human capital has laid the critical foundation upon which this plan has been developed.

My sincere gratitude is extended to the Mandate Secretary for Health Services and Environment Secretariat, for her policy leadership, technical guidance, and unwavering support throughout the planning process. Her dedication to strengthening the HRH system and advancing healthcare equity across the Area Councils has been instrumental in shaping this strategic document.

I am equally grateful to the Permanent Secretary Health Services & Environment Secretariat, whose consistent advocacy for workforce development, equitable service delivery, and system sustainability has provided essential direction and oversight. His commitment to improving primary healthcare across the Territory remains commendable.

Special thanks go to the Director of Planning, Research, and Statistics, FCT Primary Health Care Board for providing critical data, evidence-based insights, and strategic recommendations that have ensured the alignment of this plan with national health policies and international HRH best practices.

I also acknowledge the technical contributions of key personnel, for exceptional expertise in workforce planning, coordination, and implementation. Their role in ensuring the technical rigor and operational feasibility of this document has been invaluable.

Furthermore, I recognize the collective efforts of health professionals, departmental heads, government agencies, development partners, and all stakeholders who have contributed to the design and formulation of this plan. Your collaborative spirit, technical input, and shared commitment to health system strengthening have enriched the quality and scope of this initiative.

It is through your concerted efforts that this document has become a strategic tool for advancing the availability, distribution, and retention of a competent and motivated health workforce across all primary healthcare facilities in the FCT.

Together, we are laying the groundwork for a more responsive, equitable, and resilient healthcare system for all residents of the Federal Capital Territory.

DR RUQQAYA WAMAKKO

Acting Executive Secretary

Federal Capital Territory Primary Health Care Board

EXECUTIVE SUMMARY

The Federal Capital Territory (FCT), Nigeria's administrative and political epicenter, continues to witness rapid urbanization and population growth, thereby exerting increasing pressure on its healthcare system. The FCT operates a three-tiered healthcare delivery system—primary, secondary, and tertiary—spanning both urban and rural areas and supported by public and private sectors.

Despite commendable progress in health sector development, systemic challenges persist. Key constraints include chronic underfunding, outdated infrastructure, obsolete equipment, and fragmented stakeholder coordination. These issues have resulted in significant service delivery gaps, particularly at the Primary Health Care (PHC) level. Among the most pressing challenges is the inadequate availability, distribution, and retention of Human Resources for Health (HRH).

The FCT HRH Policy and Strategic Plan (2021–2025) highlights critical weaknesses in workforce management, including inequitable distribution of personnel across urban and rural settings, weak HRH information systems (HRHIS), poor inter-agency coordination, and low staff retention in the public sector.

To address these gaps, the FCT HRH Recruitment Plan has been developed as a strategic framework aimed at improving the quantity, skill mix, and geographical distribution of health workers across the six Area Councils. The Plan advocates for evidence-based workforce planning, real-time data utilization, and a coordinated approach among government agencies, development partners, and community stakeholders.

Current assessments indicate that the FCT has 277 PHC facilities distributed across 62 wards and six Area Councils—comprising 128 PHC centres and 149 PHC clinics—with a total workforce of 1,011 health personnel (61% female, 39% male). Community Health Extension Workers (CHEWs) constitute the largest group (50%), followed by Junior CHEWs (11.1%) and Nurses (9.5%). Only 8 medical doctors (0.8%) serve at the PHC level.

Retirement projections show an average annual attrition rate of 1.3%, with 54 health workers expected to retire between 2025 and 2028. While modest, the uneven distribution across cadres and years—particularly the increase anticipated in 2028—necessitates a proactive strategy for workforce sustainability.

According to the national Minimum Standards for Primary Health Care (2012) and the FCT Minimum Service Package (2019), each primary health centre should have 24 health workers led by a medical doctor, while each primary health clinic should have 12 staff led by a nurse or midwife. Based on these benchmarks, the required staffing for the FCT's 277 PHC facilities is 4,860 personnel, including 128 Medical Doctors, 810 Nurses/Midwives, and other key cadres.

The staffing gap is substantial: with only 1,011 personnel in place, there is a shortfall of 3,849 health workers—representing 79.2% of the total requirement. Critical shortages exist among Medical Doctors (94%), Junior CHEWs (92%), Nurses/Midwives (86%), and CHOs (72%). Other severely underrepresented cadres include Pharmacy Technicians (91%) and Environmental Health Officers (97%).

Facility-level analysis reveals that only six PHC facilities (2.2%) either meet or exceed the required staffing levels, while 271 facilities (97.8%) fall short—particularly in rural and underserved areas, where patient-to-health worker ratios often surpass recommended thresholds. This significantly compromises the quality-of-service delivery.

In response, this Five-Year Recruitment Plan outlines a structured approach to recruit, train, and deploy qualified healthcare professionals. It prioritizes closing existing workforce gaps, enhancing staff motivation, and improving overall system

performance. Strategic investments in PHC staffing are expected to yield substantial returns by strengthening health outcomes, reducing reliance on tertiary care, and bolstering public confidence in the health system. Additionally, a well-equipped PHC workforce plays a crucial role in disease surveillance, immunization, and health education at the community level.

The estimated cost of implementing the recruitment, training, and deployment components of the Plan is ₦9,277,847,017.50, to be funded through government budgetary allocations. This investment is vital to address HRH shortages, minimize turnover, and improve access to quality healthcare services for all residents of the FCT.

Aligned with the FCTA's strategic health development priorities and national HRH policy frameworks, this HRH Recruitment Plan represents a pivotal step toward building a resilient, equitable, and inclusive healthcare system that meets both current and future health needs of the Federal Capital Territory.

INTRODUCTION

FCT Profile

The Federal Capital Territory (FCT) is located in the geographic centre of Nigeria within the North Central zone. It was carved out of Niger, Kogi and Nasarawa States in 1976 and shares boundaries with Kaduna State in the north, Niger State in the west, and Nasarawa State in the east and Kogi State to its southwest (Fig. 1). With a land area of 8,000 square kilometers with a current 2006 census projected population of **7, 612, 404 for 2025**.

FCT is divided into six area councils (AC) namely: Abaji, Abuja Municipal, Bwari, Gwagwalada, Kuje and Kwali Area Councils. Five of the six Area Councils are further sub-divided into 10 political Wards each. AMAC is the only AC having 12 Wards and this make up to a total of 62 political wards in FCT. The Federal Capital Territory (FCT) has a highly dynamic population with an annual population growth rate of 9.3% which is higher than the National average of 3.4%.

This rapid population growth is aided by the expansion of the satellite towns in the peri-urban areas. The rural – urban drift and search for greener pastures and the recent cases of internally displaced persons (IDPs) in the FCT seeking refuge have increased her population.

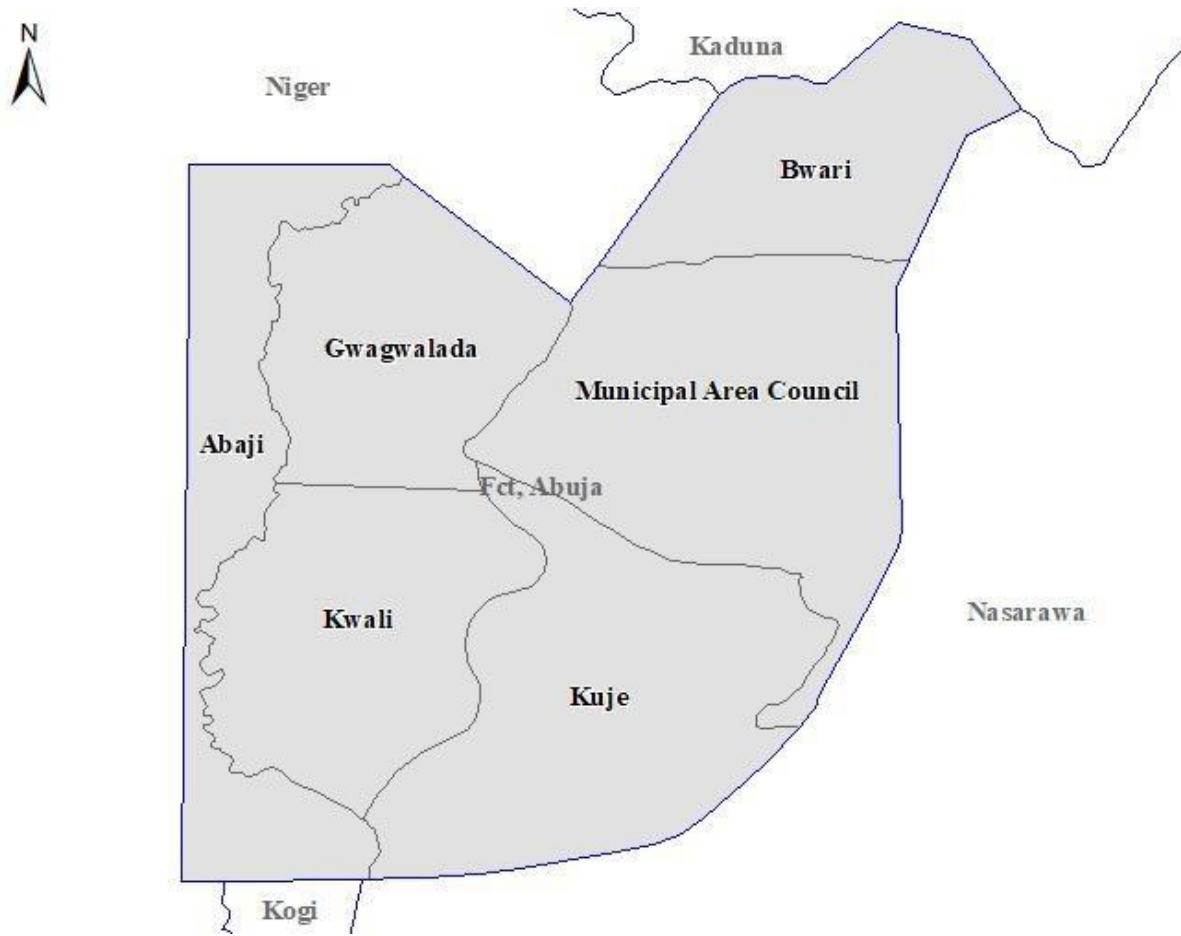
All Area Councils in FCT have hard-to-reach settlements as there are rocky, hilly terrain and rivers without bridges. The in-availability of adequate and appropriate means of transportation has been an obstacle to the routine immunization logistic process in most of the wards.

The national grid supplies most urban areas of the Federal Capital Territory, the rural areas do not enjoy such facilities.

Majority of the populace (65%) live in the urban and peri-urban areas of Abuja Municipality.

The primary inhabitants of FCT are settlers of diverse cultural, ethnic and religious backgrounds coming from all parts of the country. The natives (Gbagyi) are predominantly seen in the rural areas. Special population groups like the Fulanis known for their nomadic life style are also seen in parts of the Territory.

Figure I: Map of FCT



SITUATION ANALYSIS

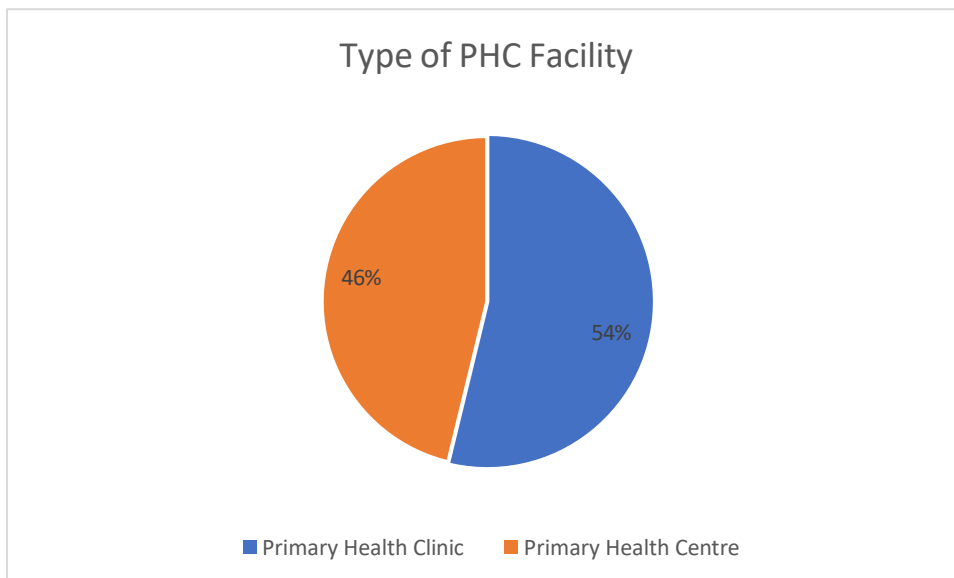
1.1 Primary Health Care Facilities

The Federal Capital Territory (FCT) operates a three-tier healthcare system comprising primary, secondary, and tertiary levels of care, serving both rural and urban populations. The FCT Primary Health Care Board (FCT PHCB) is responsible for the administration and oversight of all FCTA-owned facilities that provide primary healthcare services across the six Area Councils.

Primary health care represents the foundational level of the health system and serves as the initial point of contact for individuals seeking medical attention. It is structured to deliver a comprehensive range of services, including preventive, curative, promotive, and rehabilitative care. These services are provided through a network of static and mobile health facilities, which vary in structure, staffing, equipment, service offerings, and ownership. Under the Ward Health System, primary health care facilities are categorized into three main types: (i) Health Posts, (ii) Primary Health Clinics, and (iii) Primary Health Centres.

Within the FCT, a total of 277 publicly owned primary health care facilities are operational. Of these, 149 (54%) are designated as Primary Health Clinics, while 128 (46%) are classified as Primary Health Centres.

Figure 2: Type of PHC Facility



The Primary Health Care (PHC) facilities are strategically distributed across the political wards of the six Area Councils within the Federal Capital Territory (FCT). The Abuja Municipal Area Council (AMAC), which has the largest population in the FCT, hosts the highest proportion of PHC facilities, accounting for 23% of the total. In contrast, Gwagwalada Area Council has the lowest concentration of facilities, representing 12% of the total distribution.

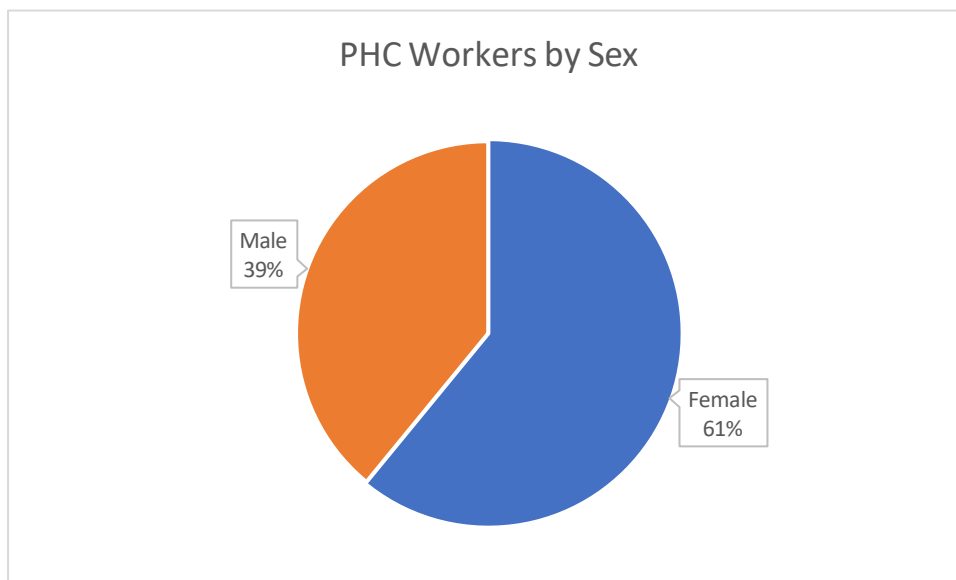
Table I: Distribution of PHC facilities by Type across the Area Councils

Area Councils	Primary Health Clinics	Primary Health Centres	Total
Abaji	27	8	35
Abuja Municipal	34	30	64
Bwari	25	25	50
Gwagwalada	28	5	33
Kuje	5	44	49
Kwali	30	16	46
Grand Total	149	128	277

I.2 PHC Health Workforce Stock

A total of 1,011 active health professionals are currently serving in publicly owned primary health care facilities across the Federal Capital Territory (FCT). Of this workforce, 616 (61%) are female, while 395 (39%) are male.

Figure 3: Disaggregation of PHC Workers by Sex



The Primary Health Care workforce in the Federal Capital Territory (FCT) comprises 24 distinct Human Resources for Health (HRH) cadres (see Table 2). The three most represented cadres are Community Health Extension Workers (49.7%), Junior Community Health Extension Workers (11.1%), and Nurses (9.5%). Collectively, these three categories account for 70.2% (710) of the total PHC workforce.

Table 2: Disaggregation of PHC Workers by Skills (Cadre)

Cadre	Available PHC Workers	Percentage of Total PHC Workers
Administrative Professional	60	5.9%
Community Health Extension Worker	502	49.7%
Community Health Officer	36	3.6%
Dental Health Technician	1	0.1%
Dental Nurse	1	0.1%
Dental Surgery Assistant	4	0.4%
Environment Health Officer	4	0.4%
Health Information Manager	4	0.4%
Health Professional Associate	94	9.3%
Health Records Officer	4	0.4%
Junior Community Health Extension Worker	112	11.1%
Medical Doctor	6	0.6%
Medical Laboratory Assistant	6	0.6%

Medical Laboratory Scientist	11	1.1%
Medical Laboratory Technician	25	2.5%
Medical Specialist - Public Health	2	0.2%
Midwife	14	1.4%
Nurse	96	9.5%
Optometrist	1	0.1%
Pharmacist	4	0.4%
Pharmacy Technician	7	0.7%
Radiographer	1	0.1%
Records Technician	15	1.5%
Scientific Officer	1	0.1%
Grand Total	1011	100.0%

1.3 Geographical Distribution of the PHC Workforce

Abaji Area Council has the highest number of Primary Health Care (PHC) workers, with a total of 203 personnel distributed across 35 health facilities (see Table 3). This is followed by the Abuja Municipal Area Council (AMAC), which has 197 health workers across 64 facilities. Kuje Area Council has the lowest number of health workers, with a total of 122 personnel.

AMAC also hosts the highest number of Community Health Extension Workers (CHEWs), totaling 98, while Kuje records the lowest with 69 CHEWs. Notably, there are no Medical Doctors deployed to PHC facilities in Kwali Area Council, and no Midwives are currently stationed in PHC facilities within Kuje Area Council.

Table 3: Distribution of PHC Workers across the Area Councils

Area Councils	Community Health Extension Worker	Community Health Officer	Junior Community Health Extension Worker	Medical Doctor/ Specialist	Midwife	Nurse	Other PHC Workers	Grand Total
Abaji	89	5	22	1	1	11	74	203
Abuja Municipal	98	7	17	1	5	23	46	197
Bwari	73	6	14	4	1	25	41	164
Gwagwalada	92	10	27	1	6	18	35	189
Kuje	69	6	16	1		11	19	122
Kwali	81	2	16		1	8	28	136
Grand Total	502	36	112	8	14	96	243	1011

Figure 4: Cadre Distribution of PHC Health Workers in the Area Councils

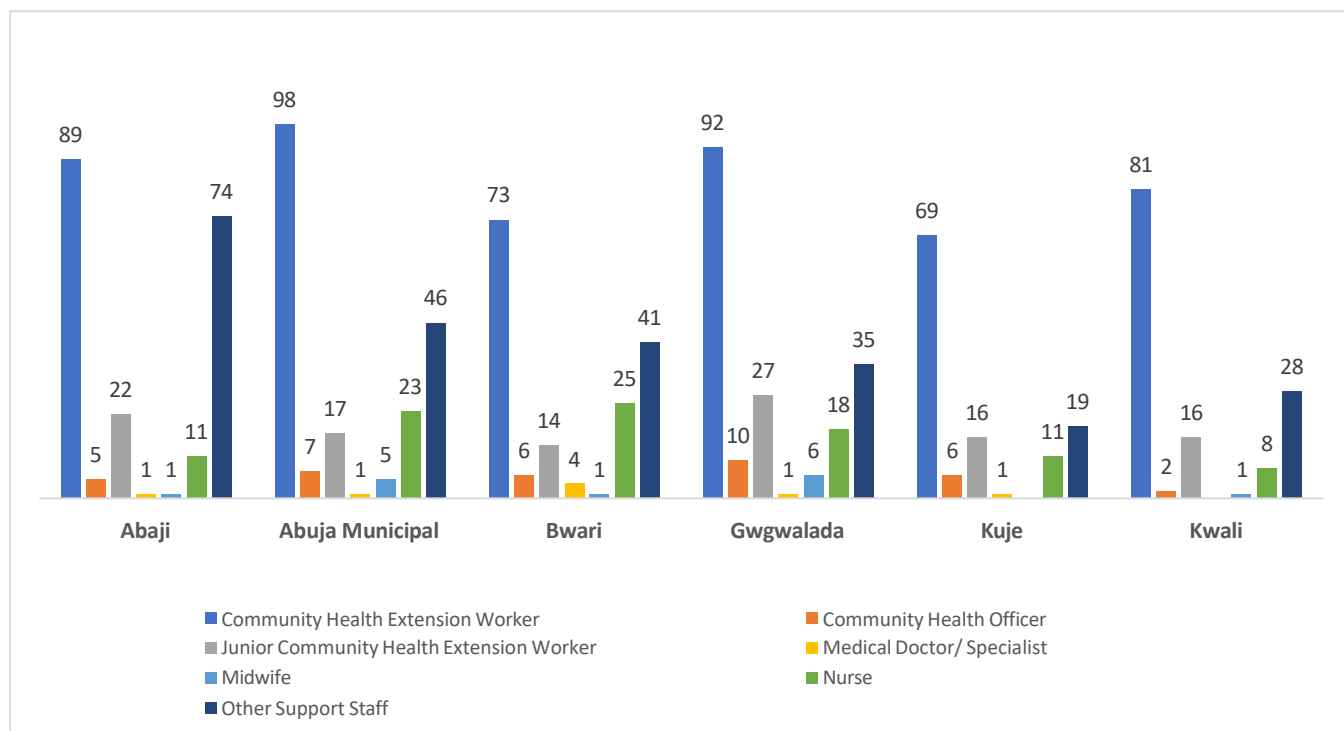


Table 4 provides a detailed breakdown of the distribution of health workers across 233 Primary Health Care (PHC) facilities in the Federal Capital Territory (FCT). Frontline health workers—those who serve as the first point of contact for patients and deliver essential initial care—include Medical Doctors, Nurses, Midwives, Community Health Officers (CHOs), Community Health Extension Workers (CHEWs), and Junior Community Health Extension Workers (JCHEWs).

Table 4: Distribution of Frontline Health Workers and Health Care Support Workers across Primary Health Care Facilities in FCT

S/N	Area Council	PHC Facilities*	Frontline Health Workers	Other PHC Workers	Admin Staff	Grand Total
1	Abaji	Abaji New Township PHC	20	11	5	36
2	Abaji	Abaji Central PHC	3	2	1	6
3	Abaji	Abaji Maternal and Child Health Clinic	6	0	2	8
4	Abaji	Abattior PHC	3	0	2	5
5	Abaji	Adagba PHC	3	1	0	4
6	Abaji	Agyana PHC	4	3	5	12
7	Abaji	Almadinatu-Nibrass PHC	1	0	1	2
8	Abaji	Ayaura PHC	15	2	0	17
9	Abaji	Bari-Bari PHC	1	0	0	1
10	Abaji	Dogonruwa PHC	2	0	0	2
11	Abaji	Gasakpa PHC	1	0	0	1
12	Abaji	Gawu CHC	3	3	1	7
13	Abaji	Gigbe PHC	2	0	0	2

14	Abaji	Gurdi PHC	2	0	0	2
15	Abaji	Kekeshi PHC	5	0	1	6
16	Abaji	Kpache PHC	2	2	3	7
17	Abaji	Lowcost -Barrack PHC	6	1	1	8
18	Abaji	Makana PHC	1	0	0	1
19	Abaji	Mamagi PHC	3	1	0	4
20	Abaji	Manderegi PHC	4	0	2	6
21	Abaji	Mawogi PHC	1	0	0	1
22	Abaji	Naharati PHC	8	8	2	18
23	Abaji	Nuku PHC	7	0	2	9
24	Abaji	Pandagi PHC	8	1	0	9
25	Abaji	Pipeline PHC	4	1	0	5
26	Abaji	Rafindaji PHC	2	0	0	2
27	Abaji	Rimba PHC	3	0	1	4
28	Abaji	South East PHC	4	3	3	10
29	Abaji	Yaba PHC	5	2	1	8
30	AMAC	Aleiyita PHC	3	2	0	5
31	AMAC	Apo PHC	4	4	0	8
32	AMAC	Bassan Jiwan PHC	2	0	0	2
33	AMAC	Burum PHC	2	0	0	2
34	AMAC	Dakwa Dantata PHC	2	1	0	3
35	AMAC	Damagaza PHC	2	1	0	3
36	AMAC	Dnakwo PHC	2	0	0	2
37	AMAC	Durumi II PHC	3	0	0	3
38	AMAC	Dutsen Garki PHC	1	0	0	1
39	AMAC	Family Health Center	0	1	0	1
40	AMAC	Galadimawa PHC	3	0	0	3
41	AMAC	Garki Village PHC	3	1	0	4
42	AMAC	Gbagarape PHC	7	1	0	8
43	AMAC	Gbessan PHC	1	1	0	2
44	AMAC	Gidan Mangoro PHC	8	1	0	9
45	AMAC	Gishiri PHC	1	0	0	1
46	AMAC	Gosa PHC	5	0	2	7
47	AMAC	Gugugu Primary Health Clinic	2	0	0	2
48	AMAC	Gui PHC	2	0	0	2
49	AMAC	Gwagwa PHC	6	1	1	8
50	AMAC	Gwarimpa PHC	2	0	0	2
51	AMAC	Hulumi PHC	1	0	0	1
52	AMAC	Iddo Pada PHC	2	2	0	4
53	AMAC	Idu PHC	3	1	0	4
54	AMAC	Jahi PHC	3	1	0	4
55	AMAC	Jikwoyi PHC	5	3	0	8
56	AMAC	Jiwa PHC	6	2	0	8
57	AMAC	Kaba PHC	2	0	0	2

58	AMAC	Kabusa PHC	3	1	0	4
59	AMAC	Kagini PHC	3	1	0	4
60	AMAC	Karmo Sabo PHC	1	1	0	2
61	AMAC	Karon Majigi PHC	0	1	0	1
62	AMAC	Karshi Primary Health Clinic	3	0	1	4
63	AMAC	Karu PHC	11	1	0	12
64	AMAC	Ketti PHC	1	0	0	1
65	AMAC	Kobi PHC	3	1	0	4
66	AMAC	Kpeyegy PHC	7	2	1	10
67	AMAC	Kuchingoro CHC	5	2	0	7
68	AMAC	Kurudu PHC	0	1	0	1
69	AMAC	Kuseki PHC	1	0	0	1
70	AMAC	Lugbe PHC	6	1	0	7
71	AMAC	Mabushi PHC	3	1	1	5
72	AMAC	Munape PHC	1	0	0	1
73	AMAC	Orozo PHC	4	0	0	4
74	AMAC	Piwoyi PHC	2	1	0	3
75	AMAC	Pyakasa PHC	3	0	0	3
76	AMAC	Sauka PHC	1	0	0	1
77	AMAC	Sheretli PHC	2	0	0	2
78	AMAC	Takushara PHC	2	0	0	2
79	AMAC	Tungan Madaki PHC	1	0	0	1
80	AMAC	Tungan Nasara PHC	2	1	0	3
81	AMAC	Waru PHC	2	1	0	3
82	AMAC	Zhidu PHC	1	0	1	2
83	Bwari	Barangoni PHC	4	1	0	5
84	Bwari	Bwari Town PHC	10	3	1	14
85	Bwari	Byazhin PHC	5	1	1	7
86	Bwari	Chikakore Primary Health Clinic	1	1	0	2
87	Bwari	Dakwa PHC	2	0	0	2
88	Bwari	Dawaki PHC	4	3	0	7
89	Bwari	Deidei PHC	8	2	0	10
90	Bwari	Durumi PHC	2	0	0	2
91	Bwari	Dutse Alhaji PHC	8	2	1	11
92	Bwari	Dutse Makaranta PHC	11	4	1	16
93	Bwari	Gaba PHC	2	0	0	2
94	Bwari	Galuwyi Primary Health Clinic	2	1	0	3
95	Bwari	Gbazango PHC	1	0	0	1
96	Bwari	Gudupe PHC	0	1	0	1
97	Bwari	Igu PHC	1	0	0	1
98	Bwari	Jigo PHC	3	1	1	5
99	Bwari	Jikoko PHC	1	0	0	1
100	Bwari	Katampe 2 PHC	2	0	0	2
101	Bwari	Kawu PHC	1	1	0	2

102	Bwari	Kogo PHC	9	1	0	10
103	Bwari	Kuchibuyi PHC	2	0	0	2
104	Bwari	Kuchiko PHC	1	0	0	1
105	Bwari	Kuduru PHC	2	0	0	2
106	Bwari	Kungbobokun PHC	1	0	0	1
107	Bwari	Kute PHC	1	0	0	1
108	Bwari	Lower Usuma Dam PHC	1	0	0	1
109	Bwari	Mapa PHC	2	0	0	2
110	Bwari	Mpape PHC	9	6	0	15
111	Bwari	Nukuchi PHC	1	0	0	1
112	Bwari	Old Deiei PHC	2	1	0	3
113	Bwari	Padan Gwari	1	0	0	1
114	Bwari	Piko PHC	1	0	0	1
115	Bwari	Sabon Gari PHC	9	2	1	12
116	Bwari	Shere PHC	1	0	1	2
117	Bwari	Sherepe PHC	1	0	0	1
118	Bwari	Sumpe PHC	1	0	0	1
119	Bwari	Tokulo PHC	1	0	0	1
120	Bwari	Tunga Kwaso PHC	1	0	0	1
121	Bwari	Tunganbijimi PHC	1	0	0	1
122	Bwari	Ushafa New Layout PHC	1	0	0	1
123	Bwari	Ushafa PHC	5	2	1	8
124	Bwari	Yaupe PHC	1	0	0	1
125	Gwagwalada	Anagada PHC	3	0	0	3
126	Gwagwalada	Anguwa Dodo PHC	7	0	0	7
127	Gwagwalada	Chitumu PHC	1	0	0	1
128	Gwagwalada	Dagiri PHC	19	6	1	26
129	Gwagwalada	Dobi PHC	5	2	0	7
130	Gwagwalada	Dukwa PHC	4	0	0	4
131	Gwagwalada	Giri PHC	7	1	0	8
132	Gwagwalada	Gurfata PHC	3	1	0	4
133	Gwagwalada	Gwagwalada Township Clinic	27	9	1	37
134	Gwagwalada	Gwako PHC	6	0	0	6
135	Gwagwalada	Ibwa Pada PHC	1	0	0	1
136	Gwagwalada	Ibwa PHC	4	0	0	4
137	Gwagwalada	Ikwa PHC	2	0	0	2
138	Gwagwalada	Kace PHC	2	0	0	2
139	Gwagwalada	Kaida Tsoho PHC	2	0	0	2
140	Gwagwalada	Kpakuru Liman PHC	1	1	0	2
141	Gwagwalada	Ledi PHC	1	0	0	1
142	Gwagwalada	Kutunku 2 Primary Health Clinic	10	0	2	12
143	Gwagwalada	Pabeyi PHC	1	0	0	1
144	Gwagwalada	Paikon Kore Health Clinic	6	1	0	7
145	Gwagwalada	Passo PHC	4	1	0	5

146	Gwagwalada	Phase 3 Quarters PHC	5	2	1	8
147	Gwagwalada	Rafin Zurfi PHC	1	0	1	2
148	Gwagwalada	Shenagu PHC	1	0	0	1
149	Gwagwalada	Tsuani PHC	0	1	0	1
150	Gwagwalada	Tungan Gaya PHC	1	0	0	1
151	Gwagwalada	Tungan Maje PHC	9	0	0	9
152	Gwagwalada	Wuna PHC	2	0	0	2
153	Gwagwalada	Yimi PHC	7	1	0	8
154	Gwagwalada	Zuba Primary Health Center	12	3	0	15
155	Kuje	Agwai PHC	1	0	0	1
156	Kuje	Chibiri PHC	2	1	0	3
157	Kuje	Chukuku PHC	2	1	0	3
158	Kuje	Dafara PHC	3	0	0	3
159	Kuje	Darka PHC	1	0	0	1
160	Kuje	Duda PHC	1	0	0	1
161	Kuje	Gadoro PHC	1	0	0	1
162	Kuje	Gaube PHC	6	1	2	9
163	Kuje	Gawu PHC	1	0	0	1
164	Kuje	Gbaukuchi PHC	2	0	0	2
165	Kuje	Gbaupe PHC	1	0	0	1
166	Kuje	Gidan bawa PHC	1	0	0	1
167	Kuje	Gombe PHC	1	0	0	1
168	Kuje	Gudunkarya PHC	2	1	0	3
169	Kuje	Gwargada PHC	1	0	1	2
170	Kuje	Kabin Kassa PHC	1	0	0	1
171	Kuje	Kabin Mangoro PHC	1	0	0	1
172	Kuje	Kahodahannu PHC	1	0	0	1
173	Kuje	Kasada PHC	1	0	0	1
174	Kuje	Kiyi PHC	2	0	0	2
175	Kuje	Kuchiyako PHC	4	1	0	5
176	Kuje	Kuje PHC	38	9	1	48
177	Kuje	Kujekwa PHC	1	0	0	1
178	Kuje	Kulo PHC	1	0	0	1
179	Kuje	Kusaki PHC	1	0	0	1
180	Kuje	Kwaku PHC	1	0	0	1
181	Kuje	Lanto PHC	3	0	0	3
182	Kuje	Odu PHC	2	0	0	2
183	Kuje	Pagi PHC	3	1	0	4
184	Kuje	Rubochi PHC	2	0	0	2
185	Kuje	Sabo PHC	1	0	0	1
186	Kuje	Totogambiya PHC	1	0	0	1
187	Kuje	Tude PHC	1	0	0	1
188	Kuje	Tukpechi PHC	5	0	0	5
189	Kuje	Ukya PHC	1	0	0	1

190	Kuje	Yanche PHC	2	0	0	2
191	Kuje	Yanga PHC	1	0	0	1
192	Kuje	Zagabutu PHC	1	0	0	1
193	Kuje	Zokotu PHC	2	0	0	2
194	Kwali	Ashara BHC	3	0	1	4
195	Kwali	Bako Health Clinic	4	0	0	4
196	Kwali	Bukpe PHC	1	0	0	1
197	Kwali	Chida PHC	1	0	0	1
198	Kwali	Chukuku Tsoho PHC	3	0	0	3
199	Kwali	Dabi/Bako CHC	9	6	0	15
200	Kwali	Dafa Health Clinic	2	2	0	4
201	Kwali	Damakusa PHC	2	0	0	2
202	Kwali	Dapa PHC	1	0	0	1
203	Kwali	Farakuti Health Clinic	1	0	0	1
204	Kwali	Fogbe Health Clinic	2	0	0	2
205	Kwali	Fuka PHC	1	0	0	1
206	Kwali	Gomani Primary Health Clinic	2	0	0	2
207	Kwali	Gumbo PHC	2	0	1	3
208	Kwali	Ijah Sarki PHC	3	1	0	4
209	Kwali	Ike Health Post	1	0	0	1
210	Kwali	Kigbe Primary Health Clinic	1	0	0	1
211	Kwali	Kilankwa I PHC	3	0	0	3
212	Kwali	Kilankwa II PHC	1	0	0	1
213	Kwali	Koroko PHC	3	0	0	3
214	Kwali	Kundu PHC	1	0	0	1
215	Kwali	Kwaita Hausa PHC	3	0	0	3
216	Kwali	Kwaita Model PHC	3	1	0	4
217	Kwali	Kwali BHC	9	8	0	17
218	Kwali	Leda PHC	1	0	0	1
219	Kwali	Leleyi Gwari PHC	2	0	0	2
220	Kwali	Maikwari PHC	2	0	0	2
221	Kwali	Pai PHC	2	0	0	2
222	Kwali	Petti PHC	4	0	0	4
223	Kwali	Piri Health Clinic	1	0	0	1
224	Kwali	Sheda Galadima PHC	2	0	0	2
225	Kwali	Sheda PHC	5	2	0	7
226	Kwali	Sukuku PHC	1	0	0	1
227	Kwali	Tungan Sarki PHC	1	0	0	1
228	Kwali	Ubosharu PHC	3	0	0	3
229	Kwali	Wako PHC	2	0	0	2
230	Kwali	Yambabu PHC	1	0	0	1
231	Kwali	Yangoji FSP	16	6	0	22
232	Kwali	Yebu PHC	1	0	0	1
233	Kwali	Yewuti PHC	2	0	0	2

Grand Total	768	183	60	1011
	76%	18%	6%	

**Available data from 233 HFs*

2.0 HRH PLANNING AND FORECASTING

2.1 PHC Workers' Retirement Analysis (2025 – 2028)

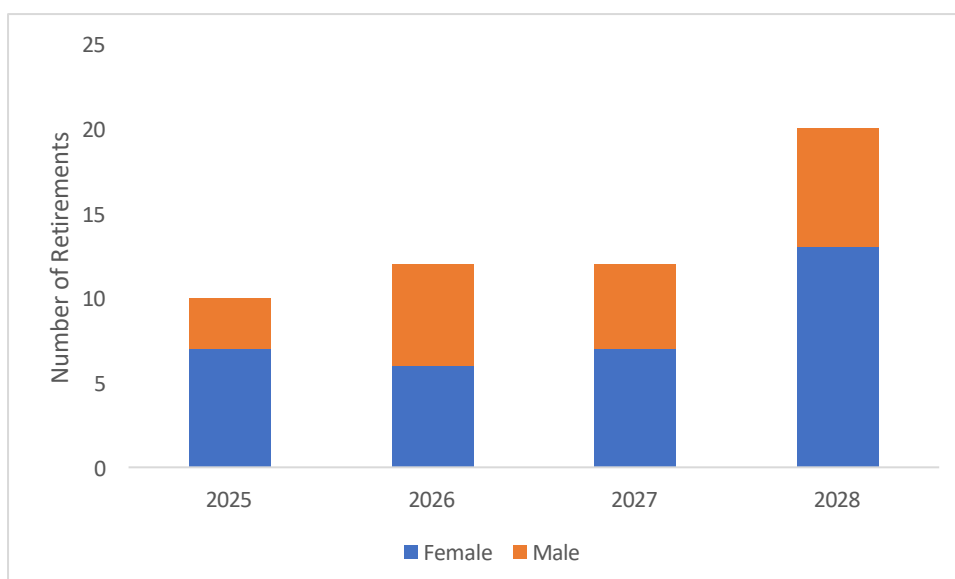
The current PHC health workforce across the six Area Councils of the Federal Capital Territory stands at 1,011 personnel. Between 2025 and 2028, 54 (Female- 33; Male- 21) health workers are projected to retire (See Table 5), representing an average annual attrition rate of 1.3%. Although relatively modest, the uneven distribution across years and cadres—and a sharp increase in retirements by 2028—requires a proactive workforce sustainability strategy.

Table 5: Disaggregation of Retiring PHC Workers by Area Councils

Area Council	2025	2026	2027	2028	Total
Abaji	1	1	1	3	6
Abuja Municipal	2	3	1	3	9
Bwari	1	4	4	3	12
Gwagwalada	1	1		5	7
Kuje	3	3	2	4	12
Kwali	2		4	2	8
Grand Total	10	12	12	20	54

The bar chart (Figure 5) shows the year-on-year increase in health worker retirements, peaking sharply in 2028.

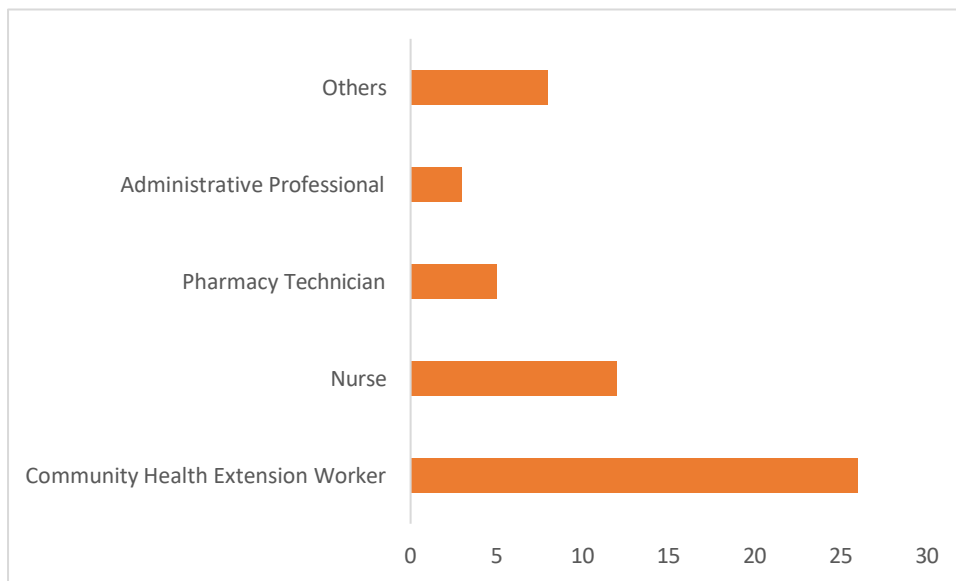
Figure 5: Annual PHC Worker Retirements (2025–2028)



The Community Health Extension Workers (CHEWS) account for 26 (48%) of the projected retirements. The highest number of CHEW retirements is expected in 2028, with 13 exiting the workforce. Nurses represent the second-largest group facing retirement, with 12 (22%) expected to retire over the next four years. Unlike CHEWs, nurse retirements are more evenly distributed across the years, peaking in both 2026 and 2028. This gradual attrition allows for a phased approach to workforce replacement.

As CHEWs and Nurses form the frontline of primary health care delivery, their departure poses a significant risk. If not addressed proactively, this sharp decline could severely disrupt community health and clinical care services.

Figure 6: Total Retirements by Cadre (2025–2028)



2.2 Staffing Requirement for PHC Facilities

The National Primary Health Care Development Agency (NPHCDA) of Nigeria published a document titled "Minimum Standards for Primary Health Care in Nigeria." It was designed to align with global best practices and Nigeria's commitment to achieving Universal Health Coverage (UHC), providing a standardized framework for primary health care delivery across all states and local governments. This comprehensive guide outlines the essential requirements for various types of primary health care facilities across the country, covering areas such as health infrastructure, human resources, service provision, and essential drugs. This is to ensure uniformity and quality in primary health care services nationwide.

This document was adopted by the Federal Capital Territory (FCT) Primary Health Care Board and served as the foundational framework for the development of the *Minimum Service Package for Primary Health Care Facilities in the Federal Capital Territory* in 2019.

Primary Health Care (PHC) facilities in the FCT are categorized into two types: **Primary Health Clinics (PHCs)** and **Primary Health Care Centres (PHCCs)**.

Primary Health Clinics are designed to serve clusters of settlements, villages, or communities with an estimated population coverage of 2,000 to 5,000 individuals. The minimum infrastructure requirement for a clinic is five rooms. Staffing requirements include twelve (12) health care personnel (8 frontline health workers and 4 health care support workers), consisting of:

- Midwives/Nurses
- Community Health Extension Workers (CHEWs)
- Junior Community Health Extension Workers (JCHEWs)
- support staff (2 Health Attendant/Assistants; 2 Security Personnel)

Primary Health Care Centres, on the other hand, cater to a larger population within a political ward, typically ranging from 10,000 to 20,000 individuals. These centres require a minimum of 13 rooms to accommodate service delivery. The standard staffing composition includes Twenty-Four (24) health care personnel (15 frontline health workers and 9 health care support workers), comprising:

- 1 Medical Doctor
- 1 Community Health Officer
- Midwives/Nurses
- Community Health Extension Workers (CHEWs)
- Junior Community Health Extension Workers (JCHEWs)
- 1 Pharmacy Technician
- 1 Environmental Health Officer
- 1 Medical Records Officer
- 1 Laboratory Technician
- support staff (2 Health Attendant/Assistants; 2 Security Personnel; 1 General Maintenance Staff)

This comprehensive team structure enables PHCCs to deliver a wider range of health services, including preventive, curative, and rehabilitative care, to a broader population base.

There is a total of 277 functional PHC facilities in the FCT divided into 128 Primary Health Care Centres, and 149 Primary Health Clinics.

Based on the national minimum service package, the staffing requirement for the FCT Primary Health Care Facilities was developed (see Table 6)

Table 6: PHC Staffing Requirement Disaggregated by Cadre and Area Councils

Area Councils	CHEW	CHO	JCHEW	Med. Doctor	Nurse/Midwife	Pharm. Tech.	Lab. Tech.	Env. Health Officer	Med. Records Officer	Other Support Staff	Grand Total
Abaji	78	8	156	8	86	8	8	8	8	148	516
Abuja Municipal	158	30	316	30	188	30	30	30	30	286	1,128
Bwari	125	25	250	25	150	25	25	25	25	225	900
Gwagwalada	71	5	142	5	76	5	5	5	5	137	456
Kuje	142	44	284	44	186	44	44	44	44	240	1,116
Kwali	108	16	216	16	124	16	16	16	16	200	744
Grand Total	682	128	1,364	128	810	128	128	128	128	1,236	4,860

2.3 Current Staffing Position in PHCs Showing Gaps

Based on the comparison between staffing requirements and the available Primary Health Care (PHC) workforce across the 277 health facilities in the Federal Capital Territory (FCT), a gap analysis was conducted to determine the specific HRH needs across the six Area Councils. In the analysis, negative values indicate a surplus of health workers, zero indicates no gap, and positive values represent the number of additional health workers required.

The analysis reveals a total shortfall of 3,849 health workers at the PHC level across the FCT. As shown in Table 7, there is a surplus of Community Health Extension Workers (CHEWs) in Abaji (11) and Gwagwalada (21) Area Councils. Gwagwalada also has an excess of Community Health Officers (CHOs) by 5 and Medical Records Officers by 1.

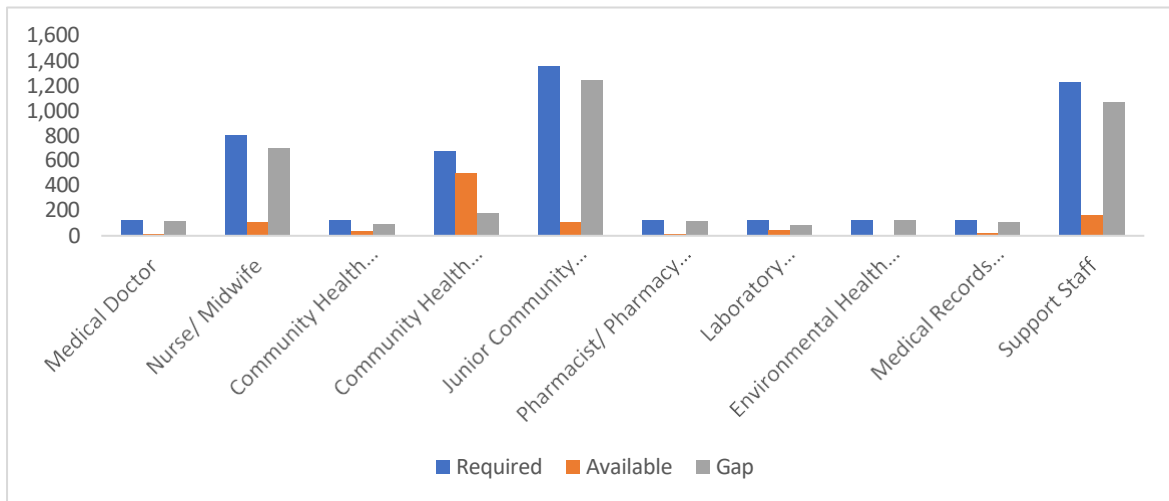
Among the Area Councils, Kuje records the highest staffing gap with 994 health workers needed, followed by AMAC with 931, and Bwari with 736. Gwagwalada Area Council has the lowest workforce gap.

Across all cadres, the Junior Community Health Extension Workers (JCHEWs) represent the largest single gap, accounting for 36% of the total deficit.

Table 7: PHC Workers' Gap based on Cadre across the Area Councils

Area Councils	CHEW	CHO	JCHEW	Med. Doctor	Nurse/Midwife	Pharm. Tech.	Lab. Tech.	Env. Health Officer	Med. Records Officer	Other Support Staff	Grand Total
Abaji	-11	3	134	7	74	8	4	6	3	85	313
Abuja Municipal	60	23	299	29	160	27	20	29	27	257	931
Bwari	52	19	236	21	124	21	18	24	21	200	736
Gwagwalada	-21	-5	115	4	52	3	-4	5	-1	119	267
Kuje	73	38	268	43	175	44	39	44	41	229	994
Kwali	27	14	200	16	115	14	9	16	14	183	608
Grand Total	180	92	1,252	120	700	117	86	124	105	1,073	3,849

Figure 7: PHC Gap Analysis: Required Vs Available Vs Gap



2.4 PHC Workers Needed per Facility

This gap analysis, based on the staffing requirements and the current workforce across 277 Primary Health Care (PHC) facilities in the Federal Capital Territory (FCT), presents the specific health worker needs at the facility level (see Table 8). Negative values—highlighted in green—indicate a surplus of health workers at a given facility. These surplus personnel may be considered for redeployment to optimize the distribution of human resources for health within the Area Councils. A value of zero—coded in orange—denotes that the facility has met its staffing requirement, while positive values—coded in red—represent the number of additional health workers required to fill existing gaps.

According to the data, only 4 facilities (1.4%)—comprising 3 Primary Health Centres and 1 Primary Health Clinic—exceed the staffing requirement. Two facilities (0.7%), both Primary Health Clinics, meet the required staffing levels. The remaining 271 facilities (97.8%)—including 125 Primary Health Centres and 146 Primary Health Clinics—fall short of the minimum staffing standards.

This widespread shortfall, particularly in rural and hard-to-reach areas, underscores significant gaps in service delivery. Facilities operating below recommended staffing levels often face high patient-to-provider ratios, which can compromise the quality, accessibility, and timeliness of healthcare services.

Table 8: Health Workers' Gap in PHC Facilities

S/N	PHC Facilities	Staffing Requirement			Available PHC Workers			Gap			
		Frontline Health Workers	Other PHC Workers	Admin Staff	Frontline Health Workers	Other PHC Workers	Admin Staff	Frontline Health Workers	Other PHC Workers	Admin Staff	TOTAL GAPS
1	Abaji New Township PHC	15	4	5	20	11	5	-5	-7	0	-12
2	Abaji Central PHC	8	0	4	3	2	1	5	-2	3	6

3	Abaji Maternal and Child Health Clinic	8	0	4	6	0	2	2	0	2	4
4	Abattior PHC	8	0	4	3	0	2	5	0	2	7
5	Adagba PHC	8	0	4	3	1	0	5	-1	4	8
6	Agyana PHC	8	0	4	4	3	5	4	-3	-1	0
7	Almadinatu-Nibrass PHC	8	0	4	1	0	1	7	0	3	10
8	Ayaura PHC	15	4	5	15	2	0	0	2	5	7
9	Bari-Bari PHC	15	4	5	1	0	0	14	4	5	23
10	Dogonruwa PHC	15	4	5	2	0	0	13	4	5	22
11	Gasakpa PHC	8	0	4	1	0	0	7	0	4	11
12	Gawu CHC	15	4	5	3	3	1	12	1	4	17
13	Gigbe PHC	8	0	4	2	0	0	6	0	4	10
14	Gurdi PHC	8	0	4	2	0	0	6	0	4	10
15	Kekeshi PHC	8	0	4	5	0	1	3	0	3	6
16	Kpache PHC	8	0	4	2	2	3	6	-2	1	5
17	Lowcost - Barrack PHC	8	0	4	6	1	1	2	-1	3	4
18	Makana PHC	8	0	4	1	0	0	7	0	4	11
19	Mamagi PHC	8	0	4	3	1	0	5	-1	4	8
20	Manderegi PHC	8	0	4	4	0	2	4	0	2	6
21	Mawogi PHC	8	0	4	1	0	0	7	0	4	11
22	Naharati PHC	15	4	5	8	8	2	7	-4	3	6

23	Nuku PHC	8	0	4	7	0	2	1	0	2	3
24	Pandagi PHC	8	0	4	8	1	0	0	-1	4	3
25	Pipeline PHC	15	4	5	4	1	0	11	3	5	19
26	Rafindaji PHC	8	0	4	2	0	0	6	0	4	10
27	Rimba PHC	8	0	4	3	0	1	5	0	3	8
28	South East PHC	15	4	5	4	3	3	11	1	2	14
29	Yaba PHC	8	0	4	5	2	1	3	-2	3	4
30	Ebagi Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
31	Gulida Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
32	Nanda Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
33	Pandagi Tsoho Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
34	Kwakwa Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
35	Kutara Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
36	Aleiyita PHC	15	4	5	3	2	0	12	2	5	19
37	Apo PHC	15	4	5	4	4	0	11	0	5	16
38	Bassan Jiwani PHC	8	0	4	2	0	0	6	0	4	10
39	Burum PHC	8	0	4	2	0	0	6	0	4	10

40	Dakwa Dantata PHC	8	0	4	2	1	0	6	-1	4	9
41	Damagaza PHC	15	4	5	2	1	0	13	3	5	21
42	Dnakwo PHC	8	0	4	2	0	0	6	0	4	10
43	Durumi II PHC	8	0	4	3	0	0	5	0	4	9
44	Dutsen Garki PHC	8	0	4	1	0	0	7	0	4	11
45	Family Health Center	15	4	5	0	1	0	15	3	5	23
46	Galadimawa PHC	8	0	4	3	0	0	5	0	4	9
47	Garki Village PHC	15	4	5	3	1	0	12	3	5	20
48	Gbagarape PHC	15	4	5	7	1	0	8	3	5	16
49	Gbessan PHC	8	0	4	1	1	0	7	-1	4	10
50	Gidan Mangoro PHC	8	0	4	8	1	0	0	-1	4	3
51	Gishiri PHC	8	0	4	1	0	0	7	0	4	11
52	Gosa PHC	15	4	5	5	0	2	10	4	3	17
53	Gugugu Primary Health Clinic	8	0	4	2	0	0	6	0	4	10
54	Gui PHC	8	0	4	2	0	0	6	0	4	10
55	Gwagwa PHC	15	4	5	6	1	1	9	3	4	16
56	Gwarimpa PHC	8	0	4	2	0	0	6	0	4	10
57	Hulumi PHC	8	0	4	1	0	0	7	0	4	11
58	Iddo Pada PHC	15	4	5	2	2	0	13	2	5	20
59	Idu PHC	15	4	5	3	1	0	12	3	5	20
60	Jahi PHC	8	0	4	3	1	0	5	-1	4	8

61	Jikwoyi PHC	8	0	4	5	3	0	3	-3	4	4
62	Jiwa PHC	15	4	5	6	2	0	9	2	5	16
63	Kaba PHC	15	4	5	2	0	0	13	4	5	22
64	Kabusa PHC	15	4	5	3	1	0	12	3	5	20
65	Kagini PHC	15	4	5	3	1	0	12	3	5	20
66	Karmo Sabo PHC	15	4	5	1	1	0	14	3	5	22
67	Karon Majigi PHC	15	4	5	0	1	0	15	3	5	23
68	Karshi Primary Health Clinic	8	0	4	3	0	1	5	0	3	8
69	Karu PHC	15	4	5	11	1	0	4	3	5	12
70	Ketti PHC	15	4	5	1	0	0	14	4	5	23
71	Kobi PHC	8	0	4	3	1	0	5	-1	4	8
72	Kpeyegy PHC	15	4	5	7	2	1	8	2	4	14
73	Kuchingoro CHC	15	4	5	5	2	0	10	2	5	17
74	Kurudu PHC	8	0	4	0	1	0	8	-1	4	11
75	Kuseki PHC	8	0	4	1	0	0	7	0	4	11
76	Lugbe PHC	15	4	5	6	1	0	9	3	5	17
77	Mabushi PHC	15	4	5	3	1	1	12	3	4	19
78	Munape PHC	15	4	5	1	0	0	14	4	5	23
79	Orozo PHC	8	0	4	4	0	0	4	0	4	8
80	Piwoyi PHC	8	0	4	2	1	0	6	-1	4	9
81	Pyakasa PHC	15	4	5	3	0	0	12	4	5	21
82	Sauka PHC	8	0	4	1	0	0	7	0	4	11
83	Sheretti PHC	8	0	4	2	0	0	6	0	4	10

84	Takushara PHC	15	4	5	2	0	0	13	4	5	22
85	Tungan Madaki PHC	15	4	5	1	0	0	14	4	5	23
86	Tungan Nasara PHC	15	4	5	2	1	0	13	3	5	21
87	Waru PHC	15	4	5	2	1	0	13	3	5	21
88	Zhidu PHC	8	0	4	1	0	1	7	0	3	10
89	Barwa Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
90	Chori-Bisa Primary Health Centre	15	4	5	0	0	0	15	4	5	24
91	Dei Dei Primary Health Centre	15	4	5	0	0	0	15	4	5	24
92	Gasaki Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
93	Gosa Borehole Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
94	Jahi II Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
95	Pigba	8	0	4	0	0	0	8	0	4	12
96	Sabon Lugbe Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
97	Saburi Primary	8	0	4	0	0	0	8	0	4	12

	Health Clinic											
98	Wassa Primary Health Clinic	8	0	4	0	0	0	8	0	4	12	
99	Wassa Quarters Primary Health Clinic	8	0	4	0	0	0	8	0	4	12	
100	Barangoni PHC	8	0	4	4	1	0	4	-1	4	7	
101	Bwari Town PHC	15	4	5	10	3	1	5	1	4	10	
102	Byazhin PHC	15	4	5	5	1	1	10	3	4	17	
103	Chikakore Primary Health Clinic	8	0	4	1	1	0	7	-1	4	10	
104	Dakwa PHC	8	0	4	2	0	0	6	0	4	10	
105	Dawaki PHC	15	4	5	4	3	0	11	1	5	17	
106	Deidei PHC	15	4	5	8	2	0	7	2	5	14	
107	Durumi PHC	8	0	4	2	0	0	6	0	4	10	
108	Dutse Alhaji PHC	15	4	5	8	2	1	7	2	4	13	
109	Dutse Makaranta PHC	15	4	5	11	4	1	4	0	4	8	
110	Gaba PHC	8	0	4	2	0	0	6	0	4	10	
111	Galuyi Primary Health Clinic	8	0	4	2	1	0	6	-1	4	9	
112	Gbazango PHC	15	4	5	1	0	0	14	4	5	23	

113	Gudupe PHC	8	0	4	0	1	0	8	-1	4	11
114	Igu PHC	15	4	5	1	0	0	14	4	5	23
115	Jigo PHC	8	0	4	3	1	1	5	-1	3	7
116	Jikoko PHC	8	0	4	1	0	0	7	0	4	11
117	Katampe 2 PHC	8	0	4	2	0	0	6	0	4	10
118	Kawu PHC	15	4	5	1	1	0	14	3	5	22
119	Kogo PHC	15	4	5	9	1	0	6	3	5	14
120	Kuchibuyi PHC	8	0	4	2	0	0	6	0	4	10
121	Kuchiko PHC	8	0	4	1	0	0	7	0	4	11
122	Kuduru PHC	8	0	4	2	0	0	6	0	4	10
123	Kungbobokun PHC	15	4	5	1	0	0	14	4	5	23
124	Kute PHC	15	4	5	1	0	0	14	4	5	23
125	Lower Usuma Dam PHC	15	4	5	1	0	0	14	4	5	23
126	Mapa PHC	8	0	4	2	0	0	6	0	4	10
127	Mpape PHC	15	4	5	9	6	0	6	-2	5	9
128	Nukuchi PHC	15	4	5	1	0	0	14	4	5	23
129	Old Deiei PHC	8	0	4	2	1	0	6	-1	4	9
130	Padan Gwari	8	0	4	1	0	0	7	0	4	11
131	Piko PHC	8	0	4	1	0	0	7	0	4	11
132	Sabon Gari PHC	8	0	4	9	2	1	-1	-2	3	0
133	Shere PHC	15	4	5	1	0	1	14	4	4	22
134	Sherepe PHC	15	4	5	1	0	0	14	4	5	23
135	Sumpe PHC	15	4	5	1	0	0	14	4	5	23

136	Tokulo PHC	15	4	5	1	0	0	14	4	5	23
137	Tunga Kwaso PHC	15	4	5	1	0	0	14	4	5	23
138	Tunganbijimi PHC	8	0	4	1	0	0	7	0	4	11
139	Ushafa New Layout PHC	15	4	5	1	0	0	14	4	5	23
140	Ushafa PHC	15	4	5	5	2	1	10	2	4	16
141	Yaupe PHC	15	4	5	1	0	0	14	4	5	23
142	Kaima PHC	8	0	4	0	0	0	8	0	4	12
143	Kurmin Daudu PHCC	15	4	5	0	0	0	15	4	5	24
144	Owner Occupier PHCC	15	4	5	0	0	0	15	4	5	24
145	Panunuke PHC	8	0	4	0	0	0	8	0	4	12
146	Shishipe I PHC	8	0	4	0	0	0	8	0	4	12
147	Zhigakuchi PHC	8	0	4	0	0	0	8	0	4	12
148	Zhiko PHC	8	0	4	0	0	0	8	0	4	12
149	Zuma PHC	8	0	4	0	0	0	8	0	4	12
150	Anagada PHC	8	0	4	3	0	0	5	0	4	9
151	Anguwa Dodo PHC	15	4	5	7	0	0	8	4	5	17
152	Chitumu PHC	8	0	4	1	0	0	7	0	4	11
153	Dagiri PHC	15	4	5	19	6	1	-4	-2	4	-2
154	Dobi PHC	8	0	4	5	2	0	3	-2	4	5
155	Dukwa PHC	8	0	4	4	0	0	4	0	4	8

156	Giri PHC	8	0	4	7	1	0	1	-1	4	4
157	Gurfata PHC	8	0	4	3	1	0	5	-1	4	8
158	Gwagwalada Township Clinic	8	0	4	27	9	1	-19	-9	3	-25
159	Gwako PHC	8	0	4	6	0	0	2	0	4	6
160	Ibwa Pada PHC	8	0	4	1	0	0	7	0	4	11
161	Ibwa PHC	8	0	4	4	0	0	4	0	4	8
162	Ikwa PHC	8	0	4	2	0	0	6	0	4	10
163	Kace PHC	15	4	5	2	0	0	13	4	5	22
164	Kaida Tsoho PHC	8	0	4	2	0	0	6	0	4	10
165	Kpakuru Liman PHC	8	0	4	1	1	0	7	-1	4	10
166	Ledi PHC	8	0	4	1	0	0	7	0	4	11
167	Kutunku 2 Primary Health Clinic	15	4	5	10	0	2	5	4	3	12
168	Pabeyi PHC	8	0	4	1	0	0	7	0	4	11
169	Paikon Kore Health Clinic	8	0	4	6	1	0	2	-1	4	5
170	Passo PHC	8	0	4	4	1	0	4	-1	4	7
171	Phase 3 Quarters PHC	8	0	4	5	2	1	3	-2	3	4
172	Rafin Zurfi PHC	8	0	4	1	0	1	7	0	3	10
173	Shenagu PHC	8	0	4	1	0	0	7	0	4	11
174	Tsuani PHC	8	0	4	0	1	0	8	-1	4	11
175	Tungan Gaya PHC	8	0	4	1	0	0	7	0	4	11

176	Tungan Maje PHC	8	0	4	9	0	0	-1	0	4	3
177	Wuna PHC	8	0	4	2	0	0	6	0	4	10
178	Yimi PHC	8	0	4	7	1	0	1	-1	4	4
179	Zuba Primary Health Center	15	4	5	12	3	0	3	1	5	9
180	Kaida Sabo Health Post	8	0	4	0	0	0	8	0	4	12
181	Kasanki Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
182	fc Wumi Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
183	Agwai PHC	15	4	5	1	0	0	14	4	5	23
184	Chibiri PHC	15	4	5	2	1	0	13	3	5	21
185	Chukuku PHC	15	4	5	2	1	0	13	3	5	21
186	Dafara PHC	15	4	5	3	0	0	12	4	5	21
187	Darka PHC	8	0	4	1	0	0	7	0	4	11
188	Duda PHC	15	4	5	1	0	0	14	4	5	23
189	Gadoro PHC	15	4	5	1	0	0	14	4	5	23
190	Gaube PHC	15	4	5	6	1	2	9	3	3	15
191	Gawu PHC	15	4	5	1	0	0	14	4	5	23
192	Gbaukuchi PHC	15	4	5	2	0	0	13	4	5	22
193	Gbaupe PHC	15	4	5	1	0	0	14	4	5	23
194	Gidan bawa PHC	8	0	4	1	0	0	7	0	4	11

195	Gombe PHC	15	4	5	1	0	0	14	4	5	23
196	Gudunkarya PHC	15	4	5	2	1	0	13	3	5	21
197	Gwargada PHC	15	4	5	1	0	1	14	4	4	22
198	Kabin Kassa PHC	15	4	5	1	0	0	14	4	5	23
199	Kabin Mangoro PHC	15	4	5	1	0	0	14	4	5	23
200	Kahodahannu PHC	15	4	5	1	0	0	14	4	5	23
201	Kasada PHC	15	4	5	1	0	0	14	4	5	23
202	Kiyi PHC	15	4	5	2	0	0	13	4	5	22
203	Kuchiyako PHC	15	4	5	4	1	0	11	3	5	19
204	Kuje PHC	15	4	5	38	9	1	-23	-5	4	-24
205	Kujekwa PHC	15	4	5	1	0	0	14	4	5	23
206	Kulo PHC	15	4	5	1	0	0	14	4	5	23
207	Kusaki PHC	15	4	5	1	0	0	14	4	5	23
208	Kwaku PHC	15	4	5	1	0	0	14	4	5	23
209	Lanto PHC	15	4	5	3	0	0	12	4	5	21
210	Odu PHC	15	4	5	2	0	0	13	4	5	22
211	Pagi PHC	15	4	5	3	1	0	12	3	5	20
212	Rubochi PHC	15	4	5	2	0	0	13	4	5	22
213	Sabo PHC	15	4	5	1	0	0	14	4	5	23
214	Totogambiya PHC	15	4	5	1	0	0	14	4	5	23
215	Tude PHC	15	4	5	1	0	0	14	4	5	23
216	Tukpechi PHC	15	4	5	5	0	0	10	4	5	19
217	Ukya PHC	15	4	5	1	0	0	14	4	5	23
218	Yanche PHC	15	4	5	2	0	0	13	4	5	22
219	Yanga PHC	15	4	5	1	0	0	14	4	5	23

220	Zagabutu PHC	15	4	5	1	0	0	14	4	5	23
221	Zokotu PHC	15	4	5	2	0	0	13	4	5	22
222	Abuja @30	8	0	4	0	0	0	8	0	4	12
223	Achimbi Primary Health Centre	15	4	5	0	0	0	15	4	5	24
224	Bida Primary Health Centre	15	4	5	0	0	0	15	4	5	24
225	Gova Primary Health Centre	15	4	5	0	0	0	15	4	5	24
226	Huni Primary Health Centre	15	4	5	0	0	0	15	4	5	24
227	Jeida Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
228	Kuje SPS	8	0	4	0	0	0	8	0	4	12
229	Kutada Primary Health Centre	15	4	5	0	0	0	15	4	5	24
230	Kuyizhi Primary Health Centre	15	4	5	0	0	0	15	4	5	24
231	Tashara Primary Health Centre	15	4	5	0	0	0	15	4	5	24
232	Ashara BHC	8	0	4	3	0	1	5	0	3	8
233	Bako Health Clinic	8	0	4	4	0	0	4	0	4	8

234	Bukpe PHC	8	0	4	1	0	0	7	0	4	11
235	Chida PHC	8	0	4	1	0	0	7	0	4	11
236	Chukuku Tsoho PHC	15	4	5	3	0	0	12	4	5	21
237	Dabi/Bako CHC	15	4	5	9	6	0	6	-2	5	9
238	Dafa Health Clinic	8	0	4	2	2	0	6	-2	4	8
239	Damakusa PHC	8	0	4	2	0	0	6	0	4	10
240	Dapa PHC	8	0	4	1	0	0	7	0	4	11
241	Farakuti Health Clinic	8	0	4	1	0	0	7	0	4	11
242	Fogbe Health Clinic	8	0	4	2	0	0	6	0	4	10
243	Fuka PHC	8	0	4	1	0	0	7	0	4	11
244	Gomani Primary Health Clinic	8	0	4	2	0	0	6	0	4	10
245	Gumbo PHC	8	0	4	2	0	1	6	0	3	9
246	Ijah Sarki PHC	15	4	5	3	1	0	12	3	5	20
247	Ike Health Post	8	0	4	1	0	0	7	0	4	11
248	Kigbe Primary Health Clinic	8	0	4	1	0	0	7	0	4	11
249	Kilankwa I PHC	15	4	5	3	0	0	12	4	5	21
250	Kilankwa II PHC	8	0	4	1	0	0	7	0	4	11
251	Koroko PHC	15	4	5	3	0	0	12	4	5	21
252	Kundu PHC	15	4	5	1	0	0	14	4	5	23

253	Kwaita Hausa PHC	8	0	4	3	0	0	5	0	4	9
254	Kwaita Model PHC	15	4	5	3	1	0	12	3	5	20
255	Kwali BHC	15	4	5	9	8	0	6	-4	5	7
256	Leda PHC	15	4	5	1	0	0	14	4	5	23
257	Leleyi Gwari PHC	15	4	5	2	0	0	13	4	5	22
258	Maikwari PHC	8	0	4	2	0	0	6	0	4	10
259	Pai PHC	8	0	4	2	0	0	6	0	4	10
260	Petti PHC	15	4	5	4	0	0	11	4	5	20
261	Piri Health Clinic	8	0	4	1	0	0	7	0	4	11
262	Sheda Galadima PHC	8	0	4	2	0	0	6	0	4	10
263	Sheda PHC	15	4	5	5	2	0	10	2	5	17
264	Sukuku PHC	8	0	4	1	0	0	7	0	4	11
265	Tungan Sarki PHC	8	0	4	1	0	0	7	0	4	11
266	Ubosharu PHC	8	0	4	3	0	0	5	0	4	9
267	Wako PHC	15	4	5	2	0	0	13	4	5	22
268	Yambabu PHC	15	4	5	1	0	0	14	4	5	23
269	Yangoji FSP	15	4	5	16	6	0	-1	-2	5	2
270	Yebu PHC	15	4	5	1	0	0	14	4	5	23
271	Yewuti PHC	8	0	4	2	0	0	6	0	4	10
272	Checheyi	8	0	4	0	0	0	8	0	4	12
273	Dangara	8	0	4	0	0	0	8	0	4	12
274	Kamadi Tsoho	8	0	4	0	0	0	8	0	4	12
275	Pangu Masalachi	8	0	4	0	0	0	8	0	4	12

276	Pukafa	8	0	4	0	0	0	8	0	4	12
277	Tungan Guli Primary Health Clinic	8	0	4	0	0	0	8	0	4	12
Grand Total		3,112	512	1,236	768	183	60	2,344	329	1,176	3,849

3.0 RECRUITMENT PLAN

The Federal Capital Territory (FCT) is home to an estimated population exceeding seven million residents. One of the core responsibilities of the government is to safeguard public health through the provision of adequate healthcare infrastructure and a robust health workforce. Currently, there are 277 functional Primary Health Care (PHC) facilities distributed across the 62 wards within the six area councils of the FCT.

These PHC facilities serve as the first point of contact for the majority of the population. However, a critical shortage of skilled healthcare personnel poses a significant challenge. Presently, only 1,011 PHC workers are employed across these facilities—representing merely 21% of the 4,860 personnel required, based on the National Minimum Service Package. This staffing deficit has severely impacted service delivery, resulting in high patient-to-provider ratios, delays in treatment and preventive care, increased workloads and burnout among existing staff, and poor health outcomes—particularly in maternal and child health, communicable diseases, and the management of chronic illnesses.

Achieving Universal Health Coverage (UHC) and meeting the Sustainable Development Goals (SDGs), especially SDG 3 (Good Health and Well-being), necessitates a well-trained and adequately staffed primary healthcare workforce. Expanding the recruitment of health workers is consistent with national health policies and aligns with global health commitments.

3.1 Recruitment Strategies

The objective of this recruitment plan is to hire and deploy an additional 3,849 primary health care (PHC) workers across the 277 PHC facilities within the Federal Capital Territory (FCT) over a four-year period. This figure reflects the current staffing gap across all PHC facilities in the six area councils. While the PHC level continues to experience attrition, the annual retirement rate stands at approximately 1.3%.

To achieve this objective by 2028, the FCT Primary Health Care Board (PHCB) will implement a dual recruitment approach—leveraging both internal and external mechanisms—to attract, recruit, and retain qualified health professionals.

Reassignment of Underutilized Health Workers

As an immediate measure to optimize existing resources, the Board will initiate the reassignment of underutilized health workers from facilities with excess staffing, lower patient volumes, or reduced workload to underserved locations. This reallocation will help balance human resource distribution and enhance service delivery across the PHC system.

Upskilling of Non-Clinical Staff with Science Backgrounds

In alignment with the National Task Shifting and Task Sharing Policy, which permits designated health services to be delivered by personnel not originally trained for those roles, the FCT Primary Health Care Board (PHCB) will invest in the identification, training, and continuous capacity building of non-clinical PHC workers with science backgrounds. These staff members will be upskilled to competently perform selected healthcare tasks traditionally handled by more specialized cadres, thereby expanding service delivery capacity within PHC facilities.

Re-engagement of Recently Retired Health Professionals on Contract

Given the projected four-year timeline for closing the staffing gap in FCT PHC facilities, the Board will implement an interim strategy to re-engage recently retired health professionals who demonstrated strong performance and commitment during their service. Eligible retirees who are medically fit and willing to continue service may be contracted for a period ranging from one to three years, thereby providing immediate support to the workforce while long-term recruitment progresses.

Community-Based Recruitment Approach

To enhance cultural competence, foster community ownership, and support workforce retention, the Board will adopt a community-based recruitment strategy. This approach involves active collaboration with Village Health Committees (VHCs) and Ward Development Committees (WDCs) to prioritize the recruitment of candidates from within the local communities and districts.

Partnership with Health Training Institutions

The Board will strengthen collaboration with health training institutions within the FCT and surrounding regions to identify qualified graduates for integration into the PHC workforce. A Memorandum of Understanding (MoU) will be pursued with these institutions to facilitate a sustainable and streamlined supply of well-trained healthcare personnel into the FCT PHC system.

Strengthening of Transparent and Merit-Based Hiring Practices

To ensure the recruitment of high-quality and competent healthcare professionals, the FCT PHCB will reinforce a transparent, merit-based selection process. This will include the adoption of fair, competency-driven criteria and the involvement of community representatives to bolster transparency and accountability. Additionally, the use of digital platforms for recruitment will be explored to broaden the talent pool.

3.2 Retention and Incentive Strategies

1. Offer competitive financial packages including hardship allowances for rural postings.

2. Include non-monetary incentives: housing support, professional development opportunities, transportation, and recognition awards.
3. Develop clear career progression plans, including opportunities for specialization, training, and leadership roles.
4. Partner with NGOs or academic institutions for continuous education programs.
5. Provide family-friendly policies such as maternity leave and on-site childcare.
6. Continue to ensure equitable representation of female health workers to improve access for women and children
7. Provide family-friendly policies such as maternity leave and on-site childcare.
8. Strengthen the work environment by investing in PHC facilities' improvements, supplies, and supportive supervision to ensure health workers can deliver quality care and feel valued.

3.3 Recruitment Timeline and Milestone

Table 9: Recruitment milestone and target 2025 - 2028

Year	Milestone (% of 3,849 PHC Workers identified)	Recruitment Target
2025	25%	962
2026	40%	1,540
2027	20%	770
2028	15%	577
TOTAL		3,849

3.4 Recruitment Budget

A total sum of Nine Billion, Two Hundred and Seventy-Seven Million, Eight Hundred and Forty-Seven Thousand, Seventeen Naira, Fifty Kobo (NGN 9,277,847,017.50) is required and will be funded through budgetary allocation.

Table 10: Recruitment budget 2025 – 2028

Year	Key Activities	Amount (NGN)
2025	1. Recruitment, Onboarding and Orientation for 962 PHC Workers 2. Training Program 3. Staff Incentive 4. Monitoring and Evaluation	2,319,461,754.38
2026	1. Recruitment, Onboarding and Orientation for 1540 PHC Workers 2. Training Program 3. Staff Incentive 4. Monitoring and Evaluation	3,711,138,807.00
2027	1. Recruitment, Onboarding and Orientation for 770 PHC Workers 2. Training Program 3. Staff Incentive 4. Monitoring and Evaluation	1,855,569,403.50
2028	1. Recruitment, Onboarding and Orientation for 577 PHC Workers 2. Training Program 3. Staff Incentive 4. Monitoring and Evaluation	1,391,677,052.63
TOTAL		9,277,847,017.50

Appendix – Personnel List

Personnel List of all PHC workers in the primary healthcare facilities receiving direct facility financing (DFF) from Basic Health Care Provision Fund (BHCPF)

S/ N	N A M E	QUALIFICAT I O N(s)	EXPERIE N C E	POSITI O N	DUTY STATI O N (FACILI TY N A M E)	DUTY STATIO N (AREA COUN CIL)	DATE OF COMMENC E M E N T O F D U T Y