

HEALTH STRATEGY AND DELIVERY FOUNDATION

Primary Health Care Workforce Composition, Distribution, and Strengthening Efforts in Kaduna State, Nigeria

Background

A well-functioning primary health care (PHC) system depends on a workforce that is adequately trained, equitably distributed, and appropriately skilled to deliver essential health services. In Nigeria, PHC facilities serve as the main platform for preventive, promotive, and basic clinical care, particularly in maternal, newborn, and child health. Kaduna State has pursued a series of health-sector reforms to strengthen PHC governance, service delivery, and workforce capacity. Central to these reforms is the need to staff PHC facilities in line with established service delivery standards. Understanding how workforce composition, distribution, and skill mix align with staffing benchmarks is therefore critical for guiding workforce planning and improving the quality and reach of PHC services across the state.

Objective

This study assesses the composition and distribution of the PHC workforce in Kaduna State, examining workforce size and cadre mix relative to staffing benchmarks defined in the Kaduna State Primary Health Care Service Delivery Package (SDP) and documenting recent recruitment initiatives undertaken to address identified gaps.

Methods

A descriptive cross-sectional analysis was conducted using two principal data sources: PHC workforce assessments carried out in 2020, and administrative staffing records obtained from the Kaduna State Primary Health Care Board for 2024. The 2020 assessments reviewed staffing patterns across PHC facilities and compared existing personnel levels with SDP-recommended benchmarks. Administrative records were used to determine current workforce size and cadre distribution across the state's 23 Local Government Areas (LGAs).



Results

The 2020 workforce assessments established a baseline picture of staffing patterns across PHC facilities in Kaduna State. The findings showed that the PHC system had built a substantial cadre of frontline personnel in community-oriented roles responsible for preventive and promotive services. Community health technicians and community health assistants together constituted the largest share of the PHC workforce, reflecting the state's emphasis on community-based service delivery.

However, the assessments also revealed imbalances in the overall skill mix relative to SDP benchmarks. Clinical cadres—particularly nurses, midwives, and community health officers—were under-represented in many facilities, potentially limiting capacity to deliver comprehensive clinical services. Conversely, environmental health and laboratory cadres were over-represented in some locations.

Administrative records from 2024 indicate that the PHC system in Kaduna State employed approximately 4,654 personnel deployed across 255 PHC centres and associated clinics in all 23 LGAs. The majority are stationed within PHC facilities that serve as the primary platforms for frontline service delivery. Community health technicians constitute the largest single cadre, followed by community health assistants, environmental health

personnel, laboratory technicians, nurses, midwives, and community health officers, who collectively deliver preventive, promotive, and basic clinical services.

In 2025, the Kaduna State Government approved the recruitment of approximately 1,800 additional health workers to address the staffing gaps identified through the earlier assessments. Candidates were selected through written and oral examinations to ensure a transparent, merit-based process. The newly recruited personnel were subsequently deployed across all 23 LGAs to strengthen service delivery capacity and improve access to frontline health care.

Conclusion

The Kaduna State experience underscores the value of systematic workforce assessments linked to targeted recruitment in strengthening PHC systems. While the state has built a strong foundation of community-based health workers, persistent gaps in clinical cadres-particularly nurses, midwives, and community health officers-remain a priority. Future efforts should focus on rebalancing the skill mix, ensuring equitable geographic distribution, and investing in retention strategies. Sustained commitment to evidence-driven workforce planning will be essential if PHC facilities are to meet the health needs of Kaduna State's growing population.

