



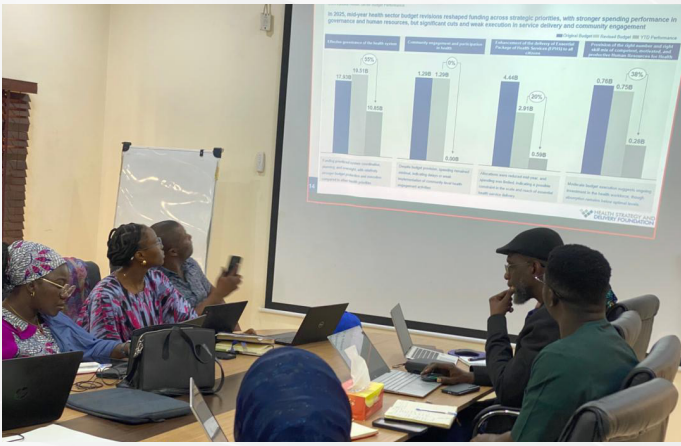
HEALTH STRATEGY AND
DELIVERY FOUNDATION

Building the Frontline: Kaduna State's Primary Health Care Workforce

How targeted investments, data-driven planning, and a community-centred approach are reshaping frontline health services in northern Nigeria

In Nigeria's northwest, Kaduna State is home to more than ten million people spread across 23 local government areas. Delivering primary health care (PHC) to a population of this size demands a workforce that is not only large enough but strategically distributed and appropriately skilled.

Over the past five years, the state has undertaken a deliberate effort to map its health workforce, identify gaps, and invest in the people who staff its frontline facilities. The result is a story of incremental but meaningful progress—one that offers lessons for other states grappling with similar challenges.



The Workforce Today: A Snapshot of 4,654 Strong

By 2024, administrative records from the Kaduna State Primary Health Care Board showed a PHC workforce of approximately 4,654 personnel deployed across the state's network of health centres and clinics. The composition of this workforce reflects the state's commitment to community-based care. Community Health Technicians constitute the single largest cadre, numbering more than 1,500, and are supported by community health assistants, laboratory technicians, environmental health officers, nurses, midwives, and community health officers. Together, these professionals deliver a continuum of preventive, promotive, and curative services—from childhood immunisation and antenatal care to treatment of common illnesses and health education.

Establishing the Baseline: What the Data Revealed

The foundation for Kaduna's workforce strategy was laid around 2020, when the state conducted detailed staffing assessments across its PHC facilities. Using the benchmarks set out in its Primary Health Care Service Delivery Package (SDP), planners compared actual personnel numbers against the skill mix required for a fully functional facility.

The findings painted a mixed picture. On one hand, Kaduna possessed a strong base of community health workers—the cadres responsible for preventive and promotive services at the grassroots level. On the other hand, clinical cadres such as nurses, midwives, and community health officers fell short of SDP standards, while some environmental and laboratory cadres were present in relatively higher numbers. This imbalance meant that many facilities could conduct outreach and health education but lacked the clinical capacity needed for comprehensive service delivery. The assessment gave policymakers the evidence they needed to prioritise recruitment and rebalance the workforce.

A Decisive Investment: 1,800 New Health Workers

Perhaps the most significant development came in 2025, when the Kaduna State Government approved the recruitment of 1,800 additional health workers—a move that represented an expansion of roughly 39 per cent relative to the existing workforce. Candidates were selected through written and oral examinations in a process designed to prioritise transparency and merit.

Once recruited, the new personnel were deployed across all 23 local government areas, with an emphasis on facilities that the earlier assessments had identified as critically understaffed. The recruitment not only expanded capacity but also sent a signal that the state government views PHC workforce investment as a strategic priority rather than an afterthought.



Persistent Headwinds: Brain Drain and Rising Demand

Even with these gains, Kaduna's workforce planners face challenges that are unlikely to subside any time soon. The state's population continues to grow rapidly, placing ever-greater demands on a health system that must expand just to maintain current levels of coverage. Service packages are broadening—as disease surveillance, mental health, and non-communicable disease management are integrated into PHC—requiring cadres with new skill sets. And perhaps most acutely, Nigeria is experiencing an accelerating outflow of health professionals

to higher-income countries, a trend widely known as the “japa” phenomenon. Doctors, nurses, and pharmacists are leaving for the United Kingdom, Canada, Saudi Arabia, and elsewhere, drawn by better remuneration and working conditions. Each departure widens the gap that domestic recruitment must fill.

Looking Ahead

Kaduna's experience demonstrates that building a resilient PHC workforce is not a single event but a continuous process. The state has moved from a position of limited workforce visibility to one where data informs planning, recruitment is merit-based, and deployment is aligned with community need. Its strong foundation in community health cadres—augmented by the 2025 recruitment drive—positions it better than many of its peers. Yet sustaining these gains will require ongoing investment: in retention strategies that give health workers reasons to stay, in training pipelines that replenish the cadres lost to emigration, and in management systems that ensure every new recruit is effectively utilised. For other Nigerian states watching Kaduna's progress, the lesson is clear: workforce strengthening begins with data, is sustained by political commitment, and succeeds only when it is treated as a long-term endeavour rather than a one-off intervention.