



# **JIGAWA STATE HUMAN RESOURCES FOR HEALTH POLICY**

**June 2023**

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## LIST OF ABBREVIATIONS

DPRS	Department of Planning Research and Statistics
FCDO	Foreign, Commonwealth & Development Office
FETP	Field Epidemiology Training Programme
GAVI	Global Alliance for Vaccines and Immunisation
I-FETP	Intermediate Field Epidemiology Training Programme
NFETP	Nigeria Field Epidemiology Training Programme
HRH	Human Resources for Health
HRIS	Human Resources Information System
ITSON	Integrated Training for Surveillance Officers in Nigeria
JSPHCDA	Jigawa State Primary Health Care Development Agency
KIT	Koninklijk Instituut voor de Tropen
LGA	Local Government Area
MDAs	Ministries, Departments and Agencies
NHRC	National Health Research Committee
PERL	Partnership to Engage, Reform and Learn
PHC	Primary Health Care
PHCUOR	Primary Health Care Under One Roof
PHW	Public Health Workforce
SDGs	Sustainable Development Goals
SMoH	State Ministry of Health
TWG	Technical Working Group
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WISN	Workload Indicators of Staffing Needs

## FOREWORD

By Hon. Commissioner for Health

I am pleased to present this policy on Human Resources for Health (HRH) for Jigawa State, Nigeria. This policy represents our steadfast commitment to addressing the critical challenges plaguing our healthcare system while striving to meet the needs and aspirations of the people of Jigawa State. By drawing inspiration from international best practices and embracing world-class standards, we have crafted a comprehensive framework that will guide our HRH's development, management, and optimisation.

Our primary objective is establishing a resilient healthcare workforce capable of providing equitable, accessible, and high-quality healthcare services to all state residents. This policy will bridge the gaps in healthcare delivery, leaving no one behind.

Recognising the indispensable role played by our healthcare professionals, this policy strongly emphasises their empowerment, capacity building, and professional development. We will prioritise their well-being, fostering an enabling environment that attracts, retains, and motivates our talented healthcare workforce. Through these efforts, we lay the foundation for improved healthcare outcomes, innovation, and excellence in Jigawa State.

In our pursuit of this vision, collaboration and partnerships will be key. We will work closely with government agencies, non-governmental organisations, and international development partners, pooling our resources, knowledge, and experiences to drive sustainable change and accelerate progress towards achieving Sustainable Development Goals in the health sector.

I call upon all stakeholders to rally behind this policy on HRH, embracing its principles and actively participating in its implementation. Let us seize this opportunity to shape a future where every Jigawa State resident enjoys the highest healthcare and well-being standards.

Together, we can make a lasting impact and ensure a healthier and brighter future for all.

Dr. XX  
Honorable Commissioner  
State Ministry of Health  
Jigawa State, Nigeria

## ACKNOWLEDGEMENTS

By SMOH DPRS

The development of the HRH Policy for Jigawa State has been a collective effort, marked by the invaluable contributions of numerous individuals and organisations. We extend our deepest appreciation to all those who have played a significant role in shaping this policy document.

Under the guidance of the Honourable Commissioner for Health, Dr. XXX, and the support of the Permanent Secretary for Health, Dr. YYY, this policy has been carefully crafted to align with the health agenda of Jigawa State.

We would like to express our sincere gratitude to the dedicated team at the Human Resource for Health unit, particularly Dr. Usman Ahmed, for their tireless efforts and expertise in contributing to the development of this policy. Their commitment and resilience have ensured the document's quality and relevance.

We also thank the State Primary Health Development Agency, including Malam Musa Nababa and [additional names], for their collaboration and valuable insights that have enriched this policy document.

Furthermore, we acknowledge the crucial support from the Global Fund through the Royal Tropical Institute, Netherlands, the Foreign, Commonwealth & Development Office Lafiya programme, and the World Health Organization (WHO). Their financial and technical assistance has played a pivotal role in strengthening our capacity to develop a policy that aligns with international best practices.

Our gratitude extends to [name] in their role as [position], whose administrative support has been instrumental in completing this policy document. Their dedication and guidance have been invaluable throughout the process.

Lastly, we sincerely thank all the HRH stakeholders who have contributed their time, knowledge, and expertise to this endeavour. Your input has been invaluable in shaping a comprehensive and impactful policy that addresses the unique healthcare needs of Jigawa State.

We extend our heartfelt appreciation to all involved in developing this Human Resources for Health Policy. Your unwavering commitment and collective efforts have paved the way for a brighter future for the healthcare system in Jigawa State.

## CHAPTER 1: INTRODUCTION

### 1.1 The Justification for developing the State Human Resources for Health Policy

Informed by Jigawa State's drive to achieve universal health coverage (UHC), the review of the State Human Resources for Health Policy is being conducted after its initial production in 2010.

This policy aims to ensure the availability of qualified, skilled, competent, and motivated health workforce to fulfill global commitments such as the Sustainable Development Goals (SDGs) and the Global Strategy on HRH: Workforce 2030. Additionally, it takes into account the current context, including emerging health epidemics, provisions of the National Health Act 2014, the new Primary Health Care (PHC) governance reform of unifying PHC under One Roof (PHCUOR), and Nigeria's renewed dedication to achieving universal health coverage (UHC). Furthermore, the revised policy incorporates valuable insights and addresses gaps identified during the implementation of the HRH 2010 policy.

The World Health Organisation (WHO) defines human resources for health (HRH) as "*all people engaged in actions whose primary intent is to enhance health*"<sup>1</sup>. In addition, the policy encompasses health management and support personnel who play a crucial role in ensuring the effective functioning of the healthcare system, even though they may not directly deliver healthcare services. Human resources serve as the vital life force of health service delivery, as demonstrated by the strong correlation between the number and quality of healthcare workers and positive health outcomes, including improved immunization coverage, expanded access to primary care, and enhanced survival rates for infants, children, and mothers.<sup>2</sup>. The health workforce determines health outputs and outcomes, drives health systems performance, and commands the largest share of health budgets<sup>1</sup>.

The significance of Human Resources for Health (HRH) in a healthcare system is widely acknowledged, as the workforce represents the most invaluable asset that can significantly impact the success or failure of the entire system. Maximizing the utilization of all available human resources is a fundamental necessity for our development. Thus, this HRH policy serves as a comprehensive framework and guidance to ensure the provision of sufficient and suitable gender-responsive HRH capacity, supporting the healthcare system in Jigawa State.

### 1.2 Global and regional context for health workforce development

As a signatory to global and regional health initiatives amongst others, Nigeria and Jigawa State, by extension, commit to achieving SDG 3 with the approach being through the strengthening of PHC. Moreover, Nigeria has committed to achieving the 13 milestones of the

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<sup>1</sup> World Health Organization. The World Health Report 2006: working together for health. Geneva: World Health Organization; 2006.

<sup>2</sup> *ibid*

Global Strategy on Human Resources for Health: Workforce 2030<sup>3</sup> and the Africa Regional Roadmap for Scaling Up the Human Resources for Health for Improved Health Service Delivery<sup>4</sup>. These strategies on human resources address, in an integrated way, all aspects of HRH strengthening ranging from planning, education, management, retention, incentives, and information systems based on new evidence and best practices.

### **1.3 The Jigawa State context for health workforce development**

The State HRH policy aligns with national and state health policies and plans, such as the National Health Policy 2016, the National Strategic Health Development Plan (2018-2022), and the State Comprehensive Development Framework III. Its objective is to ensure the availability of competent, motivated, and skilled health workers in sufficient numbers, delivering integrated people-centred health services.

In addition to conventional HRH development, Jigawa State recognises the importance of cultivating competencies based on universal best practices within the state. This ensures effective prevention, timely detection, and response to frequent epidemics and global pandemics, in line with global health community standards. A well-trained public health workforce serves as the first line of defence, safeguarding public health and ensuring community safety.

To fulfill this vision, the policy includes comprehensive provisions for the development of a robust Public Health Workforce (PHW).

### **1.4 The Human Resources for Health policy development process**

The Jigawa State HRH policy was developed by adapting the National HRH policy to suit the specific context of Jigawa State. The process was guided by a Technical Working Group (TWG), with the HRH unit serving as the secretariat. This multisectoral TWG comprised representatives from government ministries, departments, agencies, development partners, private health sector stakeholders, regulatory bodies, councils, and Health Training Institutions. The TWG was established and inaugurated under the leadership of the health sector.

To inform policy development, a comprehensive state situation analysis was conducted. This involved a thorough review of literature and documents, secondary analysis of existing data, and key informant interviews. Based on the validated findings of the situation analysis, the HRH policy was developed through a 4-day workshop in Kano from January 23rd to 26th, 2023. During the workshop, a select group of TWG members actively domesticated the policy. Subsequently, a broader group was engaged in validating the domesticated version of the policy. This validation occurred during a two-day workshop held in Dutse, Jigawa State. The workshop brought together a larger assembly of stakeholders who provided valuable input and feedback to ensure the robustness and effectiveness of the HRH policy.

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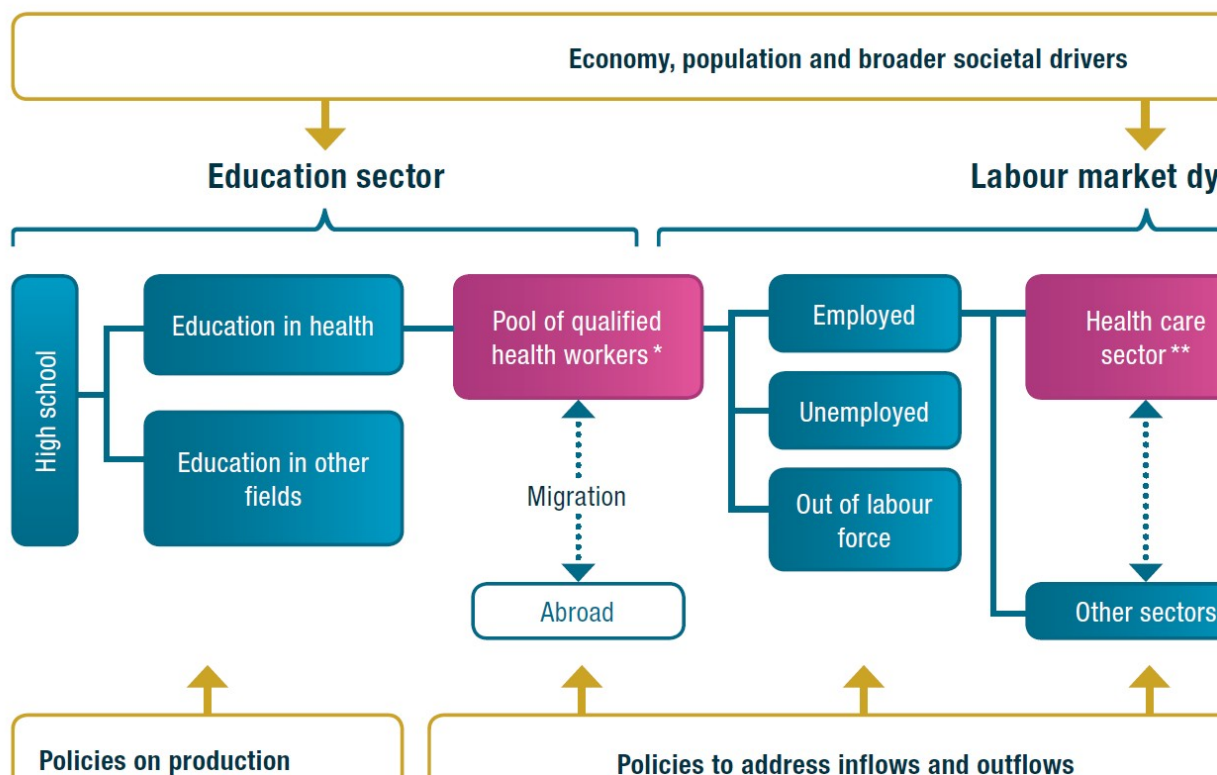
<sup>3</sup> World Health Organization. Global strategy on Human Resources for Health: Workforce 2030. Geneva: World Health Organization; 2016

<sup>4</sup> World Health Organization. Roadmap for Scaling Up the Human Resources for Health for Improved Health Service Delivery in the African Region (2012 - 2025). Brazzaville: World Health Organization; 2014



## CHAPTER 2: HUMAN RESOURCES FOR HEALTH SITUATION ANALYSIS

To inform the development of the HRH policy, a comprehensive situation analysis was undertaken, aligned with the national policy document and incorporating the policy levers for health labor market analysis. This detailed HRH situation analysis focused on examining the Jigawa State health sector context and provided valuable insights into the strengths, weaknesses, opportunities, and threats pertaining to the health workforce.



**Source:** Sousa A, Scheffler M R, Nyoni J, Boerma T "A comprehensive health labour market framework for universal health coverage" Bull World Health Organ 2013; 91:892– 894

**Figure 1: Policy levers to shape health labour market**

The health labour market framework was adopted to provide an overview of health labour market dynamics and contributions of health workforce policies to attaining equitable access to quality health services and universal health coverage. The health labour market, a dynamic and complex system, generated the information required to inform inter-sectoral policy-making, strategic investments, and effective health workforce planning at State and LGA levels. Health labour market permits a comprehensive understanding of the key factors influencing the supply and demand of health workers. This improves the ability to forecast and plan for the health worker needs of the future and guide short-term strategies to address immediate issues. The approach investigates the production of health workers through the education system from secondary school to the pool of active skilled health workforce equipped to deliver quality health

services where needed<sup>5</sup>. The production of health workers in Nigeria operates as an open system, including an international component where some health workers practising within the country are trained overseas. Nigeria and Jigawa State encounter significant emigration of health workers, resulting in a considerable loss. Additionally, there is a phenomenon of temporary return-migration among individuals who receive training or work experience abroad.

To gain a comprehensive understanding of the health workforce absorption into the system, it was crucial to consider the entire pool of qualified health workers, encompassing those trained both domestically and internationally.

**HRH Leadership:** Over the past five years, the HRH units within Jigawa State have undergone significant transformations, introducing improved systems and structures at the State Ministry of Health (SMoH), State Primary Health Care Development Agency (SPHCDA), Local Government Areas (LGAs), and Health Training Institutions. The establishment of HRH units at the SMoH and JSPHCDA has been accomplished. Efforts are underway, with support from various development partners, to establish units at the LGAs by identifying focal persons.

An HRH training manual was developed in 2016 and updated in 2019 to enhance HRH capacity. In 2016, all focal persons from the states received training from WHO to enhance their understanding of roles, responsibilities, and improve HRH efficiency.

However, ensuring that the HRH units have adequate competent staff who can strategically lead HRH reforms aligned with the population's health needs remains a priority. While the state takes the lead in coordinating the HRH reform process, it faces constraints such as insufficient funding and a shortage of trained personnel. These limitations present challenges to the effective implementation of HRH initiatives.

**Human resources policies and plans:** Although proactive measures have been taken to tackle health workforce challenges in Jigawa State, including formulating the 2010 HRH Policy, there is anecdotal evidence suggesting that implementation has been suboptimal, particularly at the local government level. The suboptimal implementation can be attributed, in part, to weak governance, leadership, coordination, and planning frameworks for HRH. Additionally, where available, the inadequate financing of HRH plans and units has contributed to the shortcomings of implementation. As a result, the key strategic priorities outlined in the policy are yet to be effectively implemented across the state.

**HRH financing:** The state employs a combination of public and private financing approaches to support HRH initiatives. Public funding for HRH is primarily channeled through the health budget and other public institutions responsible for HRH functions. Consequently, a significant portion of HRH funding flows through the budget systems of the State Ministry of Health (SMoH). However, there is a lack of clarity in disaggregating expenditures based on specific HRH practices such as training, education, HRH information, motivation, research, and monitoring and evaluation.

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<sup>5</sup> World Health Organization. Global strategy on Human Resources for Health: Workforce 2030. Geneva: World Health Organization; 2016

Private financing, particularly from international development partners, typically falls outside the budgetary framework, making it challenging for ministries of health to track, monitor, and coordinate these funds effectively.

While government spending in the health sector and other public health domains has shown an upward trend since 2016, financing for HRH planning activities has remained suboptimal at both the state and local government levels. The government and its partners fund HRH activities; however, no specific budget code is dedicated to HRH, making it challenging to identify and allocate resources for HRH purposes.

**HRH Education:** Currently, Jigawa State has experienced a notable increase in the number of health training institutions. There are four public HTIs and 13 private HTIs, three fully accredited. This growth in the numbers has resulted in an absolute increase in the production of various categories of health workers, consequently contributing to an improved health worker density within the state.

**HRH partnership and coordination:** There is an increase in the number of development partners supporting the state on HRH; this includes; 1) KIT Royal Tropical Institute, 2) FCDO-Lafiya, 3) GAVI, 4) UNICEF, 5) Save the Children, 6) Ipas, 7) PERL ARC, 8) WHO. The partners' coordination has also improved through the partner coordination forum.

## CHAPTER 3: VISION, MISSION, GOAL AND GUIDING PRINCIPLES

### Vision

A competent gender responsive and motivated health workforce for the attainment of universal health coverage

### Mission

To have the right number and skill mix of qualified, competent, skilled, motivated, productive, and equitably distributed health workforce for optimal and integrated- people-centred healthcare service delivery.

### Overall policy goal

To provide appropriate and adequate human resources for health to deliver integrated people-centred health care at all health system levels.

### Guiding Principles

- i. Provision of comprehensive people-centred health services
- ii. Improving stewardship and accountability
- iii. Strengthening public and private partnership for health
- iv. Improving efficiency and effectiveness in resource mobilisation and utilisation
- v. Ethical recruitment and equitable distribution of an adequate number of workers who are competent to respond to health challenges
- vi. Assuring the quality of care and equitable services across all levels of care
- vii. Striving towards gender responsiveness and equal opportunity in training and deployment of health workers.
- viii. Promote a collaborative and harmonious healthcare team.

### Policy objectives

- i. To strengthen the institutional framework for HRH governance, leadership, coordination, planning, production, recruitment, distribution, motivation, retention, and improve management practices in the health sector
- ii. To ensure clarity in roles and responsibilities of actors at all levels on HRH planning, production, and management
- iii. To ensure HRH planning is evidence and need-based using tools like the Workload Indicators of Staffing Needs (WISN) and other projection tools within the feasible financial resources
- iv. To ensure that the health workforce's education and training address the state's health needs and health personnel requirements.
- v. To ensure that the standards and rights of health providers and clients are upheld
- vi. Ensure HRH information is updated and availed in the state Health workforce accounts and the registry for timely planning and decision making

- vii. To strengthen partnership by the public, private not for profit stakeholders in HRH

## CHAPTER 4: POLICY ORIENTATIONS AND STATEMENTS

HRH Policy orientations and statements are vital for guiding the management and development of the workforce, and they highlight priorities for action in addressing all issues related to the HRH.

### 4.1 HRH Governance, Stewardship and Accountability

The Department of Planning, Research and Statistics in the State Ministry of Health shall ensure coordination of HRH activities. The HRH unit shall be accountable for all the HRH activities at the various levels. Achieving and sustaining effective administration and delivering quality services is virtually impossible without strong governance, stewardship and accountability. The increasing complexities and requirements arising from the constant change in society and the constant push for higher levels of productivity require effective and ethical leadership. Good governance and effective-ethical leadership are the essential requirements for an organisation to be considered successful in the eyes of all stakeholders.

#### **Policy Statements**

- i. *State and LGAs shall institutionalise the HRH units and ensure they have adequate number of qualified, skilled, competent and motivated staff.*
- ii. *State and LGAs shall establish and strengthen inclusive institutional mechanisms to coordinate all multisectoral stakeholders for the HRH agenda and review progress*
- iii. *State and LGAs shall ensure that all HRH units in all MDAs are adequately equipped with appropriate infrastructure and are accountable for HRH planning, monitoring and reporting functions.*
- iv. *State and LGAs shall put in place regulatory mechanisms to promote adequate oversight of the private sector*
- v. *State and LGAs shall put in place mechanisms to establish and institute evidence-based health worker planning and management in emergency preparedness, response and recovery.*
- vi. *State and LGAs shall create enabling environment and institute appropriate action for legislation to promote the HRH agenda*
- vii. *State and LGAs should deploy resources to ensure the availability and equitable distribution of qualified and appropriate skill-mix of health workforce in different tiers of healthcare system towards the realisation of universal health coverage*

### 4.2 HRH Planning and Financing

Developing a health workforce plan is key to state and LGAs HRH planning. This enables senior managers to view and analyse human resources data routinely, determine strategies to ensure adequate numbers of staff with appropriate skills are available where and when needed. Planning shall be systematic and responsive to the needs and expectations of the population

and should consider normative and emergency, short, medium and long-term perspectives. The plans should operationalise the policy and strategic level plans and should be costed and used to inform budget in the public and private sectors.

### **Policy Statements**

- i. State and LGAs shall ensure the development of HRH annual operational plans based on the national health sector development plan and used to inform the health sector budget.*
- ii. State and LGAs shall align investment in HRH with the current and future needs of the population and health system, taking into account the Health Labour Market Dynamics to planning.*
- iii. State and LGAs shall institutionalise data-driven decision-making for HRH at all levels of service delivery and ensure evidence-based HRH planning through the application of needs, demand and supply models to determine numbers and skill-mix of health workers*
- iv. State and LGAs shall ensure short- and long-term plans for the recruitment, deployment, training and retention of competent health personnel based on projected requirements and periodic needs analysis are in place whilst taking into account gender and disability mainstreaming.*
- v. State and LGAs shall have the primary responsibility of planning staffing needs during emergencies and should include contingency HRH staffing plans as part of the disaster and emergency planning process*
- vi. State Ministry of Finance and Health shall jointly identify and allocate financial resources for HRH planning while ensuring that all health institutions at all levels make financial provisions for HRH development in their annual budgets.*

### **4.3 HRH Production and Education**

There is a genuine need for all levels of government to work with a range of stakeholders to scale up the health workforce production and in-service education to increase the quantity and improve the quality and relevance of health workers to meet the needs and contribute to better health outcomes. SMOH, in collaboration with the LGAs, needs to design need-based training programmes relevant to priorities, epidemiology and functions of the health sector at various levels.

### **Policy Statements**

- i. Enrolment of students and production of health workers by the health training institutions shall be determined by needs and health priorities.*

- ii. *State and LGAs shall prioritise and plan to increase the production of frontline health workers for service delivery with a focus on the primary level of care facilities to meet the health demands of the populations.*
- iii. *State and LGAs shall enhance the implementation of task shifting and task sharing approaches where access to services is constrained by health workforce shortages and where optimal workforce utilisation is required.*
- iv. *State and LGAs shall define the roles and associated competency levels required for the existing cadres extending their scope of practice and those being newly created under the Task Shifting and Sharing Policy.*
- v. *State and LGAs shall collaborate with development partners, private sectors, regulatory bodies and all other stakeholders to support training institutions to ensure that the minimum standards for accreditation are achieved and maintained.*
- vi. *The State Ministries of Health, in collaboration with relevant regulatory bodies and agencies, shall periodically restructure health-training programmes and review curricula to reflect health trends.*

#### **4.4 Quality Assurance and Accreditation of Schools and Programmes**

Both the state and LGAs recognise accreditation as the mechanism by which institutional and programmatic legitimacy are ensured. Accreditation will ensure that health training institutions programmes meet and maintain minimum quality standards regarding courses, administration and related services.

##### **Policy Statements**

- i. *The entities that conduct accreditation shall establish and enforce standards of membership and procedures for the accreditation processes.*
- ii. *State and LGAs shall ensure that all health training institutions have appropriate quality assurance systems to facilitate transformative training and education.*
- iii. *State and LGAs shall ensure regular and adequate accreditation of all health training institutions.*
- iv. *The State Ministry of Health shall ensure that the training programs are competency-based with periodic evaluation by the regulatory bodies against globally accepted standards.*



## 4.5 Staff Training and Development

The State Government and LGAs must recognise the role of training as a management tool in improved productivity, efficiency and employee career development. Training as an improvement tool is an essential requirement for health service provision. The State and LGAs must place a high premium on training to become highly productive. The SMoH collaborating with LGAs and training institutions will design training programmes relevant to the health sector's priorities and functions at various service levels. They will support staff in accessing structured training and development courses relevant to their duties and responsibilities.

### Policy Statements

- i. *SMoH and Education collaborating with LGAs and health training institutions will design recognised in-service training programs relevant to the health sector's priorities and functions at various service levels.*
- ii. *State and LGAs shall ensure that all health staff, irrespective of their gender, cadre, work locations, are regularly provided with in-service training and continuing education to enhance their knowledge, skills and attitudes in performing their assigned roles and responsibilities.*
- iii. *State and LGAs shall ensure priority leadership programmes are developed in collaboration with stakeholders to prepare the health workers for managerial positions in the health sector governance.*
- iv. *State and LGAs shall ensure that all training and development programmes are preceded and informed by training needs assessment on an annual basis*
- v. *State and LGAs shall develop and implement measures to address the post-graduate specialities training challenges*

## 4.6 Recruitment, deployment and placement

Recruitment, deployment and placement should be evidence-based. HRH available for service provision are mal-distributed geographically by federal, state and LGAs as well as clinical and preventive health services. Poor retention of health staff creates an extra burden on the existing staff. Poor conditions of service, lack of equipment, inadequate infrastructure and lack of basic social amenities are among the issues to be addressed in staff recruitment, deployment and placement.

### Policy Statements

- i. *State and LGAs shall endeavour to be an "Equal Opportunity Employer", and all employees shall be treated fairly and equitably across a variety of employment issues*

- ii. *State and LGAs shall attract and recruit qualified individuals by job-related standards of education, advanced training, experience or who can be trained to perform work in a manner that will contribute to attaining the health objectives.*
- iii. *State and LGAs shall ensure that staff recruitment, deployment and redistribution are guided by evidence-based staffing needs assessments informed by epidemiology, workloads and competencies.*
- iv. *State and LGAs shall recruit, deploy, and place staff appropriately based on their knowledge, skills and competencies and in relevant positions where they are mostly required*
- v. *State and LGAs shall deploy employees to work in those positions commensurate with their recruitment and qualifications.*
- vi. *State and LGAs shall provide an induction programme for newly recruited employees by introducing them to the sector, facilities, department, jobs, working colleagues and encouraging a sense of professional commitment and team spirit.*
- vii. *State and LGAs shall ensure the availability of an adequate health workforce with appropriate gender and skill- mix to meet evidence-based needs.*
- viii. *State, LGAs and health workforce managers shall ensure that available health workers are deployed, equitably distributed and utilised efficiently and effectively at all levels, including improving service conditions, especially in rural settings. Particular emphasis should be given to enhancing retention mechanisms.*
- ix. *In selecting candidates for an appointment, preference shall be given to qualified and suitable Jigawa State citizens. Information concerning an applicant's general background and/or previous employment will be verified.*

## **4.7 HRH Performance Management**

The performance management system is recognised as a critical component of the human resource management function whose overall objective is to manage and improve performance by enabling a higher level of health worker participation and involvement in planning, delivery and evaluation of work performance. The Annual Performance and Evaluation Report System (APER) is predicated upon the principle of work planning, setting of agreed performance targets, feedback and reporting. It is linked to other human resource systems and processes including recruitment, employee development, career progression, placement, incentives and sanctions.

### **Policy Statements**

- i. The Annual Performance and Evaluation Report System *shall apply to all state and local government health workers.*
- ii. State and LGAs *shall promote the culture of objective setting, mentoring and continuous communication and evidence-based decision making on promotion, deployment, delegation, reward and sanction mechanism of staff*
- iii. State and LGAs *shall ensure that annual performance targets for staff in the health sector are based on the strategic health development plans*
- iv. State and LGAs *shall encourage an open appraisal system conducted on a regular basis with the objective of achieving effective performance management and attainment of high productivity.*
- v. State and LGAs *shall promote continuous reforms in the performance management system for all cadres of health workers*

## **4.8 HRH Motivation and Retention**

Motivation encompasses internal and external factors that ignite a sense of desire and energy in individuals, fostering continuous interest and commitment to achieve goals and produce desired outcomes. Motivation plays a pivotal role in enhancing employee retention by promoting job satisfaction. Moreover, a motivated workforce cultivates an atmosphere of understanding and contributes to individual fulfilment and contentment.

### **Policy Statements**

- i. State and LGAs *shall encourage effective two-way open communication between staff members and management.*
- ii. State and LGAs *shall be encouraged to adapt federal government circulars on standardised incentives for health workers with particular reference to those that are meant to attract and retain staff in rural, deprived and hazardous areas.*
- iii. Incentive packages *shall be contextualised to reflect state and LGA peculiarities across the state. Status of implementation of such circulars shall be monitored as part of the national HRH Observatory.*
- iv. Disparities in salaries and other emoluments that disadvantage some cadres in the public health sector *shall be advocated for reconciliation to ensure harmony in salaries at all levels.*

#### **4.9. Information for Human Resources for Health**

Health workforce information should be complete, accurate, reliable, timely, and up-to-date. *Seamless exchange of data* with other national information systems is also essential for decision-making and planning at all levels. The established State Health Workforce Registry is electronic and web-enabled and is considered the single and authoritative source of information on HRH in the state. The SHWR is a multi-site system with one system instance in one central server, and the system houses all submitting entities - the State Ministry of Health and its departments and agencies (MDAs), regulatory bodies and the private sector. Validated health workforce information is collated, aggregated and centralised through a bottom-up process; from facility levels to LGA, SPHCDA and SMoH. Additionally, the training institutions also submit to the SMoH. The validated HRH data flow process from LGAs to state relies on data-submitting health entities. These submitting health entities are health bodies that are authorities for HRH information in their respective administrative levels.

##### **Policy Statements**

- i. State and LGAs shall establish HRH Information Systems. These shall include professional regulatory bodies, public and private sectors, and partners to ensure that the systems are linked to the national instance to provide information for decision making.*
- ii. The State Health Workforce Registry (The Registry) shall serve as a core component of HRH Information Systems.*
- iii. State and LGAs shall ensure that its MDAs including tertiary institutions, public and private sectors, as well as partners align to the State Registry, update and transmit HRH information to the state instance based on national guidelines.*
- iv. State and LGAs shall ensure that State Registries are linked to the national instance and that HRH information are updated and transmitted to the National Registry for decision making based on national guidelines*
- v. State and LGAs shall strengthen data on HRH to ensure monitoring and accountability for implementing state's health goals.*

- vi. *The Registry shall provide accurate count of all healthcare personnel currently working at all tiers of government and private sector.*
- vii. *The HRIS shall be used to authenticate and validate health workforce data in the State and National Health Workforce Accounts annually and used to generate and publish annual health workforce profiles at state and national levels*

#### **4.10 Health Workforce Research**

Research on HRH issues has not been given the attention it deserves. The objective of this policy is to challenge health managers to undertake and commission operational researches in HRH issues regularly.

##### **Policy Statements**

- i. *State and LGAs shall promote HRH research as an integral part of HRH planning, management and development as prescribed by the National Health Research Committee (NHRC) regulations for decision making.*
- ii. *State and LGAs shall develop normative guidance and set the agenda for operational research that will identify evidence-based policy options; facilitate the sharing of best practices; and provide evidence-based strategies to enhance health workforce education, optimise the scope of practice of different cadres, foster evidence-based deployment and retention strategies, gender mainstreaming, availability, accessibility, acceptability, coverage, quality control and performance enhancement approaches, including the strengthening of public regulations.*
- iii. *State and LGAs shall ensure the development of normative guidance to support operational research that will identify evidence-based policy options and facilitate technical cooperation when requested by states and relevant stakeholders. This responsibility is expected to provide evidence for achievement of health sector goals.*
- iv. *Research and academic institutions shall be encouraged to address priority evidence gaps in HRH development in prioritised areas which may include approaches to regulate effectively dual practice, strategies to optimise quality and performance, and the optimal institutional and regulatory context for task shifting and task sharing (TSTS) including skills delegation.*
- v. *State and LGAs shall leverage strengthened HRH data and measurement for impact evaluations and research on cost-effectiveness and return on investment of health workforce interventions.*

#### **4.11 Health Workforce Management**

Health workers must be well managed in such a way that they always maximise their productivity. Addressing population needs for the SDGs and universal health coverage requires

making the best possible use of limited resources and ensuring that they are employed strategically by adopting and implementing evidence-based health workforce policies tailored to the national health system context at all levels. The ongoing challenges of health workforce deficits and imbalances require a new, contemporary agenda with unprecedented ambition.

### **Policy Statements**

- i. State, LGAs and managers shall foster collaborations that ensure conducive environments for health workers to be attracted and retained in the service.*
- ii. State and LGAs shall ensure that health workers, at every level and in all health institutions, are managed professionally and in a way that will nurture staff commitment and dedication to duty, including encouraging innovations, skills development and career progression by creating vacancies.*

## **4.12 Career Counseling, Mentoring and Coaching**

Insufficient support mechanisms exist for staff members who encounter decisions regarding their career progression. Organizational management and leadership should play a more significant role in coaching and mentoring employees. Through effective coaching, supervisors actively monitor employee performance while identifying necessary skills for development.

### **Policy Statements**

- i. State and LGAs shall provide career counselling, supportive mentoring, and coaching to all health workers.*
- ii. Staff mentoring and coaching shall be the responsibility of every line manager and supervisor at all levels of the service.*
- iii. Line managers and supervisors shall be provided with adequate training to enable them to provide effective support to staff. In addition, staff that require support shall be encouraged to make use of available opportunities.*
- iv. The preceptorship programme being put in place by some Regulatory Bodies shall be supported and scaled up to all Regulatory Bodies to ensure that a firm foundation is built for Health workers right from the pre-service years.*

## **4.13: Occupational Health and Safety**

It is essential to establish robust mechanisms and protective guidelines for safeguarding workers' health to minimise occupational hazards. This applies to the health workforce across all settings. Ensuring decent working conditions is of paramount importance. Both the public and private sectors must implement adequate incentive mechanisms, prioritize suitable working conditions, and establish well-defined career structures for health workers. These provisions should offer appropriate levels of flexibility and autonomy to support the well-being and effectiveness of the health workforce.

### Policy Statements

- i. *Health workers shall be supported to acquire medical care, protective equipment and support needed for service delivery.*
- ii. *State and LGAs shall promote the health and well-being of health workers at all levels of service delivery.*
- iii. *Public and private health managers shall ensure full compliance with prevention and protection guidelines at all times towards minimising occupational hazards.*
- iv. *State, LGAs and the private sector shall ensure appropriate insurance schemes are instituted to cover illnesses, disabilities and death of health workers.*
- v. *State, LGAs and the private sector shall adopt gender-sensitive employment and workplace conditions, remuneration and non-financial incentives.*
- vi. *State, LGAs and the private sector shall cooperate to ensure occupational health and safety, fair terms for health workers, merit-based career development opportunities and a positive practice environment.*
- vii. *State, LGAs and the private sector shall ensure that gender-based discrimination, violence and harassment during training, recruitment/ employment and in the workplace is eliminated*

### 4.14 Mobility and Migration of Workforce

Although there may be potential mutual benefits in health workforce migration between source and destination countries, such benefits currently are minimal compared to the disadvantages to Nigeria. Internal and external migration of health workers adversely affects the health system and necessitates minimising its negative effects. In May 2010, the Sixty-third World Health Assembly (WHA63.16) endorsed the [Code](#) to establish and sponsor a comprehensive framework that promotes principles and practices for the ethical management of international migration of health personnel. It also outlines strategies to facilitate the strengthening of the health workforce within national health systems, and the evidence and data requirements for tracking and reporting on international mobility of health personnel. Member States designed the Code to serve as a continuous and dynamic framework for global dialogue and cooperation.

### Policy Statements

- i. *State and LGAs shall increase investments to boost market-based demand and supply of the health workforce and align them more closely with population health needs. Such investment shall include appropriate strategies and incentives to deploy health workers in underserved areas.*



- ii. *Education and retention strategies shall aim to retain health workers, particularly in rural areas and to attain an adequate geographic distribution*
- iii. *State and LGAs shall develop relevant policies and guidelines in alignment with the WHO Global Code of Practice principles on the International Recruitment of Health Personnel.*
- iv. *Jigawa State, in collaboration with the Federal Government, shall take advantage of the WHO Global Code of Practice to regulate external migration to the extent possible in line with global best practices.*

#### **4.15 Public-Private Partnership and Coordination**

Significant improvement in efficiency can be attained by strengthening the ability of public and private institutions in Nigeria to devise and implement more effective strategies and appropriate regulations for the health workforce. There are many opportunities to ensure a more effective and efficient use of resources and a better alignment with community needs. Many development partners in Jigawa State work directly on health workforce development, but coordination of their efforts and harmonising with the public remains a challenge. Such lack of coordination significantly reduces efficiency in the utilisation of scarce HRH.

#### **Policy Statements**

- i. *Joint service delivery (public and private) shall be achieved by adopting a person-centred integrated healthcare delivery model. A diverse and sustainable skills mix geared towards PHC can be adopted for effective referral and links through all levels of care.*
- ii. *Optimal performance and productivity shall be achieved by improving management systems and working conditions for HRH, and by using the support and collaborating with the private for-profit, voluntary and independent sectors.*
- iii. *All private for-profit, voluntary and independent sectors shall be regulated, and incentives elaborated for closer alignment of their operations and service delivery profiles with public sector health goals.*
- iv. *Institutional capacity to implement, assess and improve HRH planning, education, regulation and management policies shall be strengthened by involving both the public and the private sector so that the two can operate harmoniously and sustainably.*



- v. *State and LGAs shall establish/ strengthen health workforce fora for continual dialogue on health workforce development at all levels.*

#### **4.16 Staff Exits and Separation**

The government bears the responsibility of effectively managing staff exits and separations. It is crucial for the government to actively and purposefully engage with staff members who are leaving or separating from service, ensuring a seamless disengagement. One significant challenge, particularly in the public sector, is maintaining accurate record-keeping systems to ensure real-time visibility of staff information, both for those currently in service and those who have exited.

##### **Policy statements**

- i. *State, LGAs and the private sector shall ensure that all health workers at all service delivery levels exiting the service through dismissal, retrenchment, resignation or retirement are counselled and given adequate information and support before they leave the service.*
- ii. *State and LGAs shall put in place simple and sustainable mechanisms to ensure that all exiting and separating staff complete exit interviews before leaving the health system.*

#### **4.17—4.20. PHW Policy Orientations and Statements**

A well-trained public health workforce is the country's first line of defence to prevent disease, protect health and keep people safe. Preparedness for health security is like an insurance policy for population health and economic prosperity. Given its population density, climatic conditions and socio-economic circumstances, Nigeria remains at risk of infectious disease epidemics such as the West Africa Ebola epidemic 2014-2016 and the Covid-19 pandemic. The nation, therefore, needs to be ready at all times. Capacity building is therefore required to ensure that Nigeria institutionalises its approach to sustaining its health security architecture, including a strong immunisation system. A specific workforce development programme will ensure the country has systems for early warning and response for routine outbreaks and epidemics. Nigeria's public health workforce development agenda will happen on three levels: the first level will focus on the frontline, implementing an Integrated Training for Surveillance Officers in Nigeria (ITSON) curriculum targeting the training of Disease Surveillance and Notification Officers (DSNOs) in all LGAs. The Intermediate Field Epidemiology Training Programme (I-FETP) will support state and local activities, and officers will be trained at the rate of up to 72 trainees per year. The advanced training will be delivered through the advanced Nigeria Field Epidemiology Training Programme (NFETP).

#### **4.17. Enhancing PHW education at multiple levels**

This aspect of the National HRH policy focuses on the academic preparation of health care and public health professionals at all levels, including community colleges, undergraduate and

postgraduate education. It aims to improve the preparation of current workers through multiple approaches (e.g., continuing education, retraining, and cross-training)

#### Policy statements

- i. State and LGAs shall use accepted education and training standards to guide investments towards high-quality public health workforce*
- ii. All (Public) Health Workforce Training Institutions shall provide tools for public health workers to define their training needs and identify high-quality training that address these needs*
- iii. Jigawa State government shall sustain production of state workforce of epidemiologists through sustainment of the Advanced NFETP*
- iv. Jigawa State government should buy into Federal Government integrated Training for Surveillance Officers in Nigeria (ITSON) Curriculum for frontline public health workforce and rollout ITSON training package for LGA DSNOs in all states*
- v. Jigawa State government should buy into the Federal Government efforts to establish and sustain an intermediate FETP in Nigeria*
- vi. Jigawa State government shall develop an in-service training programme for staff of Department of Veterinary and Pest control services (DVPCS), and leadership training of veterinary officers in the managerial cadre*
- vii. Jigawa State government shall integrate population health into health care professional education and expand practice-based population health in schools and programmes of public health*
- viii. Jigawa State should key into the one-health strategy to enhance interprofessional education and teamwork.*
- ix. Jigawa State shall define target skills and competencies across disciplines and expand training for the identified skills and competencies*

#### **4.18. Establishing a strong PHW in Nigeria:**

There is a need to strengthen systems and organisational capacity to support the Public health workforce. Accordingly, this section focuses on the context for workforce development and components that influence and inform one another (e.g. linkages and interactions)

#### Policy statements

- i. State and LGAs shall integrate Public workforce development into routine healthcare financing structure to build workforce capacity and improve programme outcomes.*
- ii. State and LGAs shall collaborate to develop and implement a comprehensive state public health workforce strategy for expansion, diversification, financial sustainment and retention of the existing public health workforce.*
- iii. Jigawa State government shall put in place mechanisms to employ and deploy additional veterinarians at the state and LGA levels, and support animal health sector coordination.*
- iv. Jigawa State shall establish professional standards for public health disciplines.*

- v. *State and LGAs shall promote an organisational culture that supports public health workforce development.*
- vi. *State and LGAs shall expand the use of technology for Continuing Education and In-Service Training and develop robust leader and leadership development programmes.*

#### **4.19. Improving Pathways for public health careers**

This section focuses on various aspects of attracting, recruiting, retention, and training existing workers.

- i. *Jigawa State government shall recruit professionals into public health, include disciplines outside traditional medical fields, and expand pipeline programmes promoting public health as a career choice.*
- ii. *Jigawa State government shall improve retention strategies for existing public health professionals, modernise hiring and promotion rules as well as incentives.*
- iii. *Jigawa State government shall develop a career path for specialised public health expertise within the State Civil Service Structure.*
- iv. *Jigawa State government shall define public health workforce roles, and map human resources at state and LGA levels.*

#### **4.20. Instituting a Public Health Workforce that is ready to go**

At all levels, Jigawa State will prepare, mobilise and coordinate the whole-of-Public Health Workforce to bring the full spectrum of state medical and public health capabilities to support government and communities in the event of public health emergencies.

Policy statements

- i. *State and LGAs shall manage data about Public Health workforce gaps, and training needs to inform decisions about public health workforce development and deployment.*
- ii. *State and LGAs shall promote essential crosscutting skills to complement public health workers' discipline-specific skills.*
- iii. *The State Government shall provide leadership to improve state Public Health Workforce preparedness and convene a unified, state response to public health emergencies and disasters.*

- iv. *State and LGAs shall promote sustainable enhancements to public health workforce regarding response capabilities and capacity.*
- v. *The Jigawa State government shall evaluate the effectiveness and viability of disaster and emergency health response capabilities, collaboration, and coordination among Public Health Workforce.*
- vi. *State and LGAs shall develop, sustain, and improve private sector health care surge capacity for large-scale incidents*

## 5.0 FINANCING HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT

The comprehensive situation analysis has uncovered a significant funding gap across all aspects of HRH, including policy and planning, education and training, deployment and management (including distribution and retention), HRH information, and research. Insufficient funding has been identified as a critical challenge in these areas. Additionally, there is a lack of coordination among the existing resources and efforts of the government, development partners, and the private sector that support HRH. As a result, it becomes challenging to accurately determine the precise volume of public and private funding allocated to HRH initiatives.

### 5.1 Government Sources of Funding

The government will strive to devote funding to the HRH planning activities in line with the relevant policies and plans while ensuring that all institutions of health at all levels create sustained budget lines in their annual budgets for HRH planning. This will ensure adequate funding that guarantees the availability and retention of adequate numbers of relevant health workforce who shall form the basis for an efficient, quality, accessible, and responsive health system.

### 5.2 Other Sources of Funding

The government shall mobilise resources by encouraging initiatives from partners, both private and public, to mobilise resources to invest in the HRH. At all levels, governments shall collaborate with development partners and the private sector to determine priorities in HRH for joint funding.

### 5.3. Basic Health Care Provision Fund (BHCPF)

By law, 10 per cent of BHCPF is expected to be spent on health workforce development at the PHC level. Government shall ensure that the 10 per cent is accountably spent as required by law and that this forms part of the report on health workforce development at the end of each year.

## **6.0 Institutional Framework for Human Resources for Health Policy Implementation**

Implementing and continuing monitoring and reviewing this policy requires a solid and rational institutional framework to ensure that various HRH functions are correctly defined, strong, well-housed and properly linked through appropriate communication and information systems. Accordingly, this policy will be implemented within a strong institutional framework for human resources planning, development and management. The key implementing agencies for the HRH policy include: SMoH, the Ministry of Education, and Office of the Head of the Civil Service, Local Government, Ministry of Finance and Economic Development, Professional Associations and Private Health Practitioners,

### **6.1. Implementation Strategies**

The HRH policy will guide the review and development of a five-year HRH strategic plan. From the strategic plan, costed annual operational plans with monitoring and evaluation frameworks will be developed while also taking into account the National Strategic Health Development Plan II whose implementation will be within the context of the sector-wide approach and will be closely linked to the budget process, the long- and medium-term expenditure frameworks. The SMoH will lead in these developments but will collaborate closely with other relevant ministries, Local Governments and other relevant HRH stakeholders in the State. Specific technical tasks and undertakings may be outsourced to individual experts or specialised institutions.

## 7.0 Monitoring and Evaluation

The HRH policy implementation will be monitored based on an agreed set of relevant indicators highlighted in the National Strategic Health Development Plan II, HRH strategic plan and HRH annual operational plan monitoring and evaluation frameworks. The HRH TWG and other coordination platforms will monitor and report progress to the Director of Planning, Research and Statistics of the SMOH and State Council on Health.