SOKOTO STATE MINISTRY OF HEALTH

HUMAN RESOURCES FOR HEALTH (HRH) ASSESSMENT REPORT

ACROSS MINISTRIES, DEPARTMENTS AND AGENCIES (MDAs) IN SOKOTO STATE

Conducted by

Sokoto State Ministry of Health

January, 2025

Executive Summary

The Human Resources for Health (HRH) Assessment was conducted in April 2025 by the Sokoto State Ministry of Health to evaluate the availability, distribution, and gaps in critical health workforce across major hospitals and General Hospitals under the State health system. The assessment covered five (5) major hospitals, twenty-one (21) General Hospitals, and selected health institutions managed under the State Health Services Management Board (HSMB).

The assessment identified a total of 3,094 major health workforce personnel across the assessed facilities, comprising:

- 133 Doctors,
- 2,294 Nurses,
- 81 Pharmacists,
- 143 Medical Laboratory Scientists,
- 32 Radiographers, and
- 491 Medical Records Practitioners.

Findings from the assessment revealed significant shortages and inequitable distribution of health workers across the State. The workforce is largely concentrated in urban and specialized hospitals, particularly the Specialist Hospital Sokoto, while many General Hospitals in rural areas operate with very limited numbers of skilled personnel. Some General Hospitals were found to have only one or two doctors serving the entire facility, while none of the General Hospitals assessed had radiographers.

The assessment further demonstrated that nurses constitute the largest proportion of the health workforce; however, the State still faces a substantial nursing shortage when compared with World Health Organization (WHO) minimum staffing standards. Similar critical shortages were identified among doctors, pharmacists, medical laboratory scientists, and radiographers.

Comparison with WHO minimum workforce standards showed alarming workforce gaps in the State. Sokoto State currently has a doctor-to-population ratio of 1:52,125 compared to the WHO recommended ratio of 1:600. Likewise, shortages were observed across all assessed professional cadres, highlighting the urgent need for large-scale recruitment, equitable deployment, retention strategies, and sustained investment in human resources for health.

The report also notes that 1,524 newly recruited nurses and midwives were not included in the main workforce analysis at the time of the assessment. Their inclusion is expected to significantly improve service delivery capacity, especially in maternal, newborn, and community health services, although the State will still remain below WHO recommended staffing thresholds.

Importantly, this assessment does not include Human Resources for Health data from the Sokoto State Primary Health Care Development Agency. Therefore, the findings presented in this report mainly reflect the workforce situation within secondary and selected tertiary healthcare facilities under the State Ministry of Health and the Health Services Management Board. Inclusion of HRH data from the Primary Health Care system may considerably increase the overall workforce figures and provide a more comprehensive picture of the health workforce landscape in Sokoto State.

The findings of this assessment underscore the urgent need for strategic HRH planning and policy actions aimed at strengthening healthcare delivery and accelerating progress toward Universal Health Coverage (UHC) in Sokoto State. Key recommendations include accelerated recruitment of health workers, improved rural workforce deployment, strengthening of training institutions, enhanced retention incentives, and periodic HRH assessments to guide evidence-based decision-making.

Table I: Current Number of Major Health Workforce in 5 Major Hospitals the State Ministry of Health

S/n	Health Facility	Bed Capacity	Cadre	Number	Total
1	Specialist Hospital, Sokoto	419	Doctors	57	**1,067**
			Nurses	794	
			Pharmacists	23	
			Medical Laboratory Scientists	32	
			Radiographers	04	
			Medical Records	157	
2	Maryam Abacha Women and Children Hospital, Sokoto	111	Doctors	13	**409**
			Nurses	325	
			Pharmacists	01	
			Medical Laboratory Scientists	12	
			Radiographers	04	
			Medical Records	54	
3	NOMA Hospital, Sokoto	90	Doctors	08	**162**
			Nurses	120	
			Pharmacists	2	
			Medical Laboratory Scientists	17	
			Radiographers	00	
			Medical Records	15	
4	Orthopaedic Hospital Wamakko, Sokoto	50	Doctors	06	**148**
			Nurses	79	
			Pharmacists	09	
			Medical Laboratory Scientists	09	
			Radiographers	12	
			Medical Records	33	
5	Infectious Diseases Hospital, Amanawa, Sokoto	33	Doctors	06	**120**
			Nurses	51	
			Pharmacists	09	
			Medical Laboratory Scientists	09	
			Radiographers	12	
			Medical Records	33	

Sub-total: Doctors: **90,** Nurses: **1,369,** Pharmacists: **44,** Medical Laboratory Scientists: **79,** Radiographers: **32,** Medical Records Practitioners: **292**
Total: 1,906

Table II: Current Number of Health Workforce in 21 General Hospitals and other Healt Facilities in the State

S/n	Health Facility	Bed Capacity	Cadre	Number	Total
1	GH Bodinga	84	Doctors	3	**76**
			Nurses	49	
			Pharmacists	2	
			Medical Laboratory Scientists	4	
			Radiographers	0	
			Medical Records	18	
2	GH Yabo	67	Doctors	3	**81**
			Nurses	67	
			Pharmacists	1	
			Medical Laboratory Scientists	3	
			Radiography	0	
			Medical Records	7	
3	GH Shagari	45	Doctors	1	**53**
			Nurses	43	
			Pharmacists	0	
			Medical Laboratory Scientists	4	
			Radiographers	0	
			Medical Records	5	
4	GH D/Daji	81	Doctors	1	**57**
			Nurses	42	
			Pharmacists	2	
			Medical Laboratory Scientists	3	
			Radiographers	0	
			Medical Records	9	
5	G H K	61	Doctors	2	

			Nurses	65	**76**
			Pharmacists	6	
			Medical Laboratory Scientists	3	
			Radiographers	0	
			Medical Records	10	
6	GH Kebbe	52	Doctors	1	**30**
			Nurses	25	
			Pharmacists	1	
			Medical Laboratory Scientists	1	
			Radiographers	0	
			Medical Records	2	
7	GH Rabah	58	Doctors	2	**22**
			Nurses	16	
			Pharmacists	3	
			Medical Laboratory Scientists	1	
			Radiographers	0	
			Medical Records	3	
8	GH Wurno	40	Doctors	2	52
			Nurses	37	
			Pharmacists	5	
			Medical Laboratory Scientists	5	
			Radiographers	0	
			Medical Records	3	
9	GH Goro nyo	146	Doctors	2	**33**
			Nurses	27	
			Pharmacists	1	
			Medical Laboratory Scientists	1	
			Radiographers	0	
			Medical Records	2	
10	GH Isa	84	Doctors	1	**41**
			Nurses	36	
			Pharmacists	0	
			Medical Laboratory	2	

			Scientists		
			Radiographers	0	
			Medical Records	2	
11	GH S/Birni	66	Doctors	1	**43**
			Nurses	40	
			Pharmacists	0	
			Medical Laboratory Scientists	1	
			Radiographers	0	
			Medical Records	4	
12	GH Gada	65	Doctors	1	**45**
			Nurses	39	
			Pharmacists	0	
			Medical Laboratory Scientists	3	
			Radiographers	0	
			Medical Record	2	
13	GH Illela	54	Doctors	2	**47**
			Nurses	36	
			Pharmacists	2	
			Medical Laboratory Scientists	3	
			Radiographers	0	
			Medical Record	4	
14	GH Binji	50	Doctors	1	**35**
			Nurses	18	
			Pharmacists	3	
			Medical Laboratory Scientists	3	
			Radiographers	0	
			Medical Records	6	
15	GH Tang aza	60	Doctors	2	**31**
			Nurses	25	
			Pharmacists	0	
			Medical Laboratory Scientists	2	
			Radiographers	0	

			Medical Record	2	
16	GH Balle	26	Doctors	1	**11**
			Nurses	7	
			Pharmacists	0	
			Medical Laboratory Scientists	1	
			Radiographers	0	
			Medical Records	3	
17	GH Silame	51	Doctors	2	**28**
			Nurses	20	
			Pharmacists	1	
			Medical Laboratory Scientists	1	
			Radiographers	0	
			Medical Records	4	
18	GH Tureta	56	Doctors	1	**27**
			Nurses	18	
			Pharmacists	1	
			Medical Laboratory Scientists	1	
			Radiographers	0	
			Medical Records	6	
19	WCWC	57	Doctors	5	**133**
			Nurses	96	
			Pharmacists	5	
			Medical Laboratory Scientists	7	
			Radiographers	0	
			Medical Records	20	
20	GH Gwadabawa	78	Doctors	2	**34**
			Nurses	18	
			Pharmacists	3	
			Medical Laboratory Scientists	5	
			Radiographers	0	
			Medical Records	6	

21	GH Kware		Doctors	2	**63**
			Nurses	49	
			Pharmacists	2	
			Medical Laboratory Scientists	4	
			Radiographers	0	
			Medical Records	6	
22	Nurses distributed by HSMB to other Health facilities (SOZECOM Clinic, Jarma UK Academy, SSPHCDA)	———	Nurses	152	**152**

Sub-total: Doctors: 43, Nurses: 925, Pharmacists: 37, Med Lab. Sci.: 64, Radiographers: 00, Medical Record: 119, **Total: 1,188**

Total Health Workforce in the State:

Doctors: **133**
Nurses: **2,294**
Pharmacists: **81,**
Medical Laboratory Scientists: **143**
Radiographers: **32**
Medical Records Practitioners: **491**

Table III: World Health Organization Minimum Standard Professional Health Workforce Ratio per Population

S/n	Professional Workforce	Global Standard Ratio	Current Nigeria Ratio	Current Sokoto Ratio	Ideal Need Based Sokoto population	Current No. Sokoto	Gaps/Shortage
1	Doctors	1:600	1:2,753	1:52,125	11,558	135	11,423
2	Pharmacists	1:2,000	1:13,000	1:85,685	3,467	81	3,386
3	Nurses	1:300	1:2.833	1:3,023	23,117	2,405	20,712
4	Medical Laboratory Scientists	1:1,000	1:40,000	1:48,481	6,935	143	6,792
5	Radiographers	1:10,000	1:41,667	1:147,553	693	32	661
6	Health Record Practitioners	1:5,000	1:28,711	1:16,872	1,387	1,123	264

Total number of the newly recruited Nurses and Midwives that have not been included in the above list above = **1,524**

Human Resources for Health (HRH) Assessment Data in Sokoto State – 2025

1. Overview of the Assessment

The Human Resources for Health (HRH) assessment conducted by the Sokoto State Ministry of Health across major hospitals, General Hospitals, and other health facilities revealed significant shortages and inequitable distribution of critical health workforce cadres in the State. The assessment covered five (5) major hospitals, twenty-one (21) General Hospitals, and selected health institutions under the State Health Services Management Board (HSMB).

A. Table I: Health Workforce Distribution in the Five Major Hospitals

The five major hospitals assessed include:

1. Specialist Hospital Sokoto
2. Maryam Abacha Women and Children Hospital
3. NOMA Hospital

4. Orthopaedic Hospital Wamakko
5. Infectious Diseases Hospital Amanawa

Key Findings

1. Concentration of Workforce in Specialist Hospital Sokoto

The Specialist Hospital Sokoto has the largest workforce concentration with a total of 1,067 staff, representing approximately 56% of the total workforce in the five major hospitals.

This indicates that:

- Specialist Hospital serves as the major referral center in the State.
- Health workforce distribution is heavily skewed toward urban tertiary-level care.
- Other secondary facilities may be underserved.

2. Nurses Constitute the Largest Workforce

Across the five hospitals:

- Nurses account for 1,369 personnel out of 1,906 total staff.

This represents approximately: 71.8%

Interpretation:

- Nursing personnel form the backbone of healthcare delivery in Sokoto State.
- Despite their numerical dominance, the nurse-to-population ratio remains far below WHO standards.

3. Critical Shortage of Doctors and Specialists

Only 90 doctors were identified across the five major hospitals.

This suggests:

- Severe shortage of medical officers and specialists.
- Increased workload and burnout among existing doctors.
- Potential delays in diagnosis, emergency response, and specialized care.

4. Severe Inadequacy of Radiographers

Only 32 radiographers were identified in all five major hospitals.

Interpretation:

- Diagnostic imaging services are grossly inadequate.
- Many facilities may depend on referral services for radiological investigations.
- This could negatively affect timely diagnosis and management of patients.

5. Unequal Distribution Across Facilities

Some facilities have disproportionately low workforce numbers relative to service needs and bed capacity.

For example:

- NOMA Hospital with 90 beds has only 162 staff.
- Infectious Diseases Hospital with 33 beds has only 120 staff.

This indicates:

- Possible understaffing in specialized facilities.
- Need for equitable redistribution and targeted recruitment.

B. Analysis of Table II: Workforce Distribution Across 21 General Hospitals and Other Facilities

Key Findings

1. Extremely Low Number of Doctors

Only 43 doctors were distributed across 21 General Hospitals.

Average doctor distribution: ≈2 doctors per hospital

Interpretation:

- Most General Hospitals operate with only 1–2 doctors.
- This is grossly inadequate for 24-hour emergency and inpatient services.
- Some hospitals may rely heavily on nurses or community health workers for clinical care.

2. Heavy Dependence on Nurses

A total of 925 nurses were identified across General Hospitals.

Interpretation:

- Nurses continue to sustain frontline service delivery.
- However, the nurse workforce remains insufficient relative to patient demand and WHO standards.

3. Absence of Radiographers

None of the 21 General Hospitals has a radiographer.

Interpretation:

- X-ray and imaging services are either unavailable or non-functional in most General Hospitals.
- Patients requiring imaging may need referral to urban centers, increasing delays and costs.

4. Poor Staffing in Rural Hospitals

Several rural hospitals such as:

- GH Balle
- GH Rabah
- GH Tangaza
- GH Silame

have very low workforce numbers.

Implications include:

- Reduced quality of care.
- Increased referral burden.
- Difficulty in maintaining 24-hour service delivery.
- Poor staff motivation due to workload pressure.

5. Workforce Maldistribution

Urban and specialized hospitals possess significantly more workforce compared to rural General Hospitals.

Interpretation:

- There is an urban-rural imbalance in HRH distribution.
- Rural populations are likely underserved despite high healthcare needs.

C. Analysis of Statewide HRH Distribution

Total Workforce Available in Sokoto State

The assessment identified:

Cadre	Current Number
Doctors	133

Cadre	Current Number
Nurses	2,294
Pharmacists	81
Medical Laboratory Scientists	143
Radiographers	32
Medical Records Practitioners	491

Summary

The Human Resources for Health (HRH) Assessment conducted in April 2025 by the Sokoto State Ministry of Health assessed the availability, distribution, and workforce gaps among major professional health cadres across five major hospitals, twenty-one General Hospitals, and selected health facilities under the State Health Services Management Board (HSMB).

The assessment identified a total of 3,094 health workers across the assessed facilities, comprising 133 doctors, 2,294 nurses, 81 pharmacists, 143 medical laboratory scientists, 32 radiographers, and 491 medical records practitioners. Findings from the assessment revealed significant shortages of skilled health personnel across all professional cadres when compared with World Health Organization (WHO) recommended standards.

The assessment further showed that nurses constitute the largest proportion of the health workforce and remain the backbone of healthcare service delivery within the State. However, despite their numerical dominance, the State still faces substantial shortages of nurses and midwives relative to population needs. Critical shortages were also identified among doctors, pharmacists, radiographers, and medical laboratory scientists.

The distribution of health workers was found to be highly uneven, with a greater concentration of personnel in urban and specialized hospitals, particularly Specialist Hospital Sokoto, while many General Hospitals in rural areas remain severely understaffed. Several General Hospitals operate with only one or two doctors, and none of the General Hospitals assessed had radiographers, thereby limiting access to diagnostic imaging and specialized healthcare services in rural communities.

The report also highlighted that 1,524 newly recruited nurses and midwives were not included in the main workforce analysis at the time of the assessment. Their deployment is expected to improve healthcare service delivery and strengthen staffing levels across health facilities in the State. Nevertheless, Sokoto State still remains below WHO minimum staffing standards across major health professional categories.

Importantly, this assessment did not include Human Resources for Health data from the Sokoto State Primary Health Care Development Agency. Therefore, the findings mainly reflect the workforce situation within secondary and selected tertiary healthcare facilities under the State Ministry of Health and HSMB.

Overall, the assessment underscores the urgent need for strategic and sustained investments in Human Resources for Health through recruitment, equitable deployment, retention, training, and workforce planning in order to strengthen healthcare delivery and accelerate progress toward Universal Health Coverage (UHC) in Sokoto State.

Conclusion

The Human Resources for Health Assessment has provided important evidence on the current state of the healthcare workforce in Sokoto State. The findings clearly demonstrate that the State is facing significant shortages and inequitable distribution of critical health personnel across major healthcare facilities.

Although nurses represent the largest share of the workforce, the overall availability of health professionals remains far below World Health Organization recommended standards. The shortages are particularly severe among doctors, pharmacists, radiographers, and medical laboratory scientists, while rural General Hospitals remain the most underserved facilities.

The concentration of healthcare workers in urban and specialized hospitals has further widened disparities in access to quality healthcare services between urban and rural populations. The absence of radiographers in all assessed General Hospitals and the low number of doctors across several facilities continue to affect the quality, accessibility, and efficiency of healthcare service delivery in the State.

The recent recruitment of additional nurses and midwives by the State Government represents a positive step toward addressing some of the identified workforce gaps. However, sustained and coordinated efforts will still be required to adequately meet the growing healthcare needs of the population.

This assessment therefore provides a critical foundation for evidence-based planning, policy formulation, and strategic investment in Human Resources for Health. Strengthening the health workforce through targeted recruitment, equitable deployment, improved staff welfare, capacity building, and retention strategies will be essential to improving healthcare outcomes and achieving Universal Health Coverage in Sokoto State.

Recommendations

In view of the findings from the Human Resources for Health Assessment, the following recommendations are proposed:

1. **Accelerate Recruitment of Critical Health Workforce Cadres**
   The State Government should prioritize the recruitment of additional doctors, nurses,

pharmacists, medical laboratory scientists, radiographers, and other critical health professionals to address existing workforce shortages.

2. **Ensure Equitable Distribution of Health Workers**
   Strategic deployment and redistribution of health personnel should be implemented to improve staffing levels in underserved rural General Hospitals and hard-to-reach communities.
3. **Strengthen Rural Posting and Retention Mechanisms**
   Incentives such as rural posting allowances, accommodation support, career progression opportunities, and improved working conditions should be introduced to attract and retain healthcare workers in rural areas.
4. **Deploy Newly Recruited Nurses and Midwives Based on Service Needs**
   The newly recruited nurses and midwives should be strategically deployed to facilities with critical staffing shortages, especially rural and underserved health facilities.
5. **Strengthen Training and Capacity Building**
   Government should strengthen collaboration with health training institutions and support continuous professional development programs to improve workforce capacity and productivity.
6. **Improve Diagnostic and Specialized Healthcare Services**
   Additional recruitment of radiographers, laboratory scientists, pharmacists, and specialist doctors should be prioritized to strengthen diagnostic and specialized healthcare services across the State.
7. **Develop and Implement a Comprehensive HRH Strategic Plan**
   The State Ministry of Health should develop a comprehensive Human Resources for Health Strategic Plan aligned with national policies and WHO recommendations to guide workforce planning and management.
8. **Institutionalize Periodic HRH Assessments**
   Regular HRH assessments should be conducted to provide updated data for evidence-based planning, monitoring, and decision-making.
9. **Strengthen Human Resource Information Systems (HRIS)**
   A functional and integrated HRH database should be established to improve workforce tracking, deployment, and performance management.
10. **Increase Government Investment in the Health Sector**
    Sustained financial investment is required to support workforce recruitment, staff welfare, infrastructure development, and quality healthcare service delivery.
11. **Improve Staff Welfare and Motivation**
    Government should ensure timely payment of salaries and allowances, regular promotions, supportive supervision, and conducive working environments to improve staff motivation and retention.
12. **Strengthen Partnerships with Development Partners**
    Collaboration with development partners and relevant stakeholders should be strengthened to support Human Resources for Health strengthening initiatives in the State.
13. **Include Primary Health Care Workforce Data in Future Assessments**
    Future HRH assessments should incorporate workforce data from the Sokoto State Primary Health Care Development Agency to provide a more comprehensive picture of the State's health workforce situation.

14. **Promote Task Sharing and Task Shifting Policies**
    Appropriate task-sharing and task-shifting strategies should be strengthened to optimize available health workforce capacity, particularly in facilities experiencing critical shortages.
15. **Strengthen Monitoring and Evaluation Mechanisms**
    A robust monitoring and evaluation framework should be established to track implementation of HRH interventions and assess progress toward achieving improved healthcare outcomes and Universal Health Coverage in Sokoto State.