



YOBE STATE GOVERNMENT

**REPORT OF BASELINE MAPPING EXERCISE FOR
PRIMARY HEALTHCARE WORKERS IN
YOBE STATE**

PREPARED BY:

**YOBE STATE MINISTRY OF HEALTH AND HUMAN SERVICES
AND
YOBE STATE PRIMARY HEALTHCARE BOARD**



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List of Acronyms

BHCPF	Basic Health Care Provision Fund
CHEW	Community Health Extension Worker
CHO	Community Health Officer
CHW	Community Health Worker
DFE	Direct Facility Financing
LGA DPHC	Local Govt Area Director Primary Health Care
GRA	Government Reserved Area
HND	Higher National Diploma
HOPE-GOV	Human Capital Opportunities for Prosperity and Equity - Governance
HOPE-PHC	Human Capital Opportunities for Prosperity and Equity - Primary Healthcare
HRH	Human Resource for Health
HP	Health Post
JCHEW	Junior Community Health Extension Worker
LGA	Local Government Area
NA	Not Applicable
NPHCDA	National Primary Health Care Development Agency
PHCC	Primary Healthcare Centre
PHC	Primary Health Clinic
PHCUOR	Primary Health Care Under One Roof
SPHCB	State Primary Healthcare Board
WHO	World Health Organization
SWAp	Sector Wide Approach

Foreword

The primary healthcare system is the foundation of any nation's health infrastructure, serving as the initial point of contact for individuals seeking medical assistance. In Yobe State, the primary healthcare system plays a crucial role in providing essential health services to our communities, especially in rural areas where access to healthcare is often limited. However, the effectiveness of this system largely depends on the availability, distribution, and competence of healthcare workers. Recognizing this, the Yobe State Government, in collaboration with the State Ministry of Health and the State Primary Healthcare Board, initiated a comprehensive baseline mapping exercise to evaluate the current state of our primary healthcare workforce in accordance with the requirements of the Human Capital Opportunities for Prosperity and Equity (HOPE) Project.

This report presents the findings of that exercise, highlighting the gaps in human resources across our primary healthcare facilities and providing a roadmap to tackle these challenges. The data collected will form a crucial foundation for future planning, recruitment, and deployment of healthcare workers, ensuring every citizen of Yobe State has access to quality healthcare services.

We extend our gratitude to all stakeholders who contributed to this exercise, including the Local Government Health Authorities, healthcare workers, and partners. Their dedication and commitment have been instrumental in the successful completion of this mapping exercise. We are confident that the recommendations outlined in this report will guide us in strengthening our primary healthcare system and improving health outcomes for all residents of Yobe State.



Dr. Muhammad Lawan Gana, FWACP

Honorable Commissioner,

Yobe State Ministry of Health and Human Services

Acknowledgment

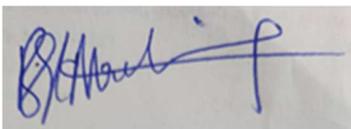
The successful completion of this baseline mapping exercise would not have been possible without the collective dedication of numerous individuals and institutions. We express our profound appreciation to His Excellency, Hon. (Dr.) Mai Mala Buni, CON, Executive Governor of Yobe State, whose unwavering support and steadfast commitment to strengthening the healthcare system made this endeavour possible.

We further extend our sincere gratitude to the leadership and staff of the Yobe State Ministry of Health and Human Services and the Yobe State Primary Healthcare Board for their exemplary guidance, coordination, and oversight throughout the course of this exercise.

Our appreciation also goes to the Local Government Health Authorities and to the dedicated primary healthcare workers who generously provided the essential data and insights upon which this report is built. Their professionalism, cooperation, and dedication were instrumental in ensuring the accuracy, depth, and integrity of the mapping process.

We gratefully acknowledged the technical support rendered by the National SWAp coordination Office, Basic Health Care Provision Fund (BHCPF) State oversight Committee and Lafiya UK, whose coordination, expertise, and advisory role enriched every phase of the exercise from data collection to analysis and final reporting.

Lastly, we extend our heartfelt thanks to the Ministries of Local Govt and Chieftaincy Affairs, Finance, Budget and Planning, and members of the Baseline Mapping Technical Working Group. Their tireless commitment, rigorous attention to detail, and teamwork have been central to producing this report, which will serve as an important instrument in advancing the primary healthcare system in Yobe State.



Dr. Babagana Kundi Machina, FWACP

Executive Secretary,

Yobe State Primary Healthcare Board (YSPHCB)

Executive Summary

The baseline mapping exercise for Primary Healthcare (PHC) workers in Yobe State was undertaken to determine the total workforce across government-owned PHC facilities, identify critical human resource gaps, and provide an evidence-based foundation for recruitment, deployment, and strategic workforce planning. The assessment was jointly conducted by the Yobe State Government, the Ministry of Health and Human Services, and the State Primary Healthcare Board (SPHCB).

The mapping identified **480 Government-owned** PHC facilities distributed across the **17 Local Government Areas (LGAs)**. Fika LGA hosts the highest number of facilities (53) while Tarmuwa has the fewest (16). PHC facility density, an important measure of population accessibility, is highest in Bursari (11.4) and lowest in Jakusko (3.7).

Notably, **80.6%** of all PHC facilities are located in rural areas, underscoring a strong rural skew in facility distribution. The current PHC workforce stands at **3,710 staff**, with a near equal gender distribution (49.6% female; 50.4% male). Bursari LGA has the largest PHC workforce (333), while Geidam has the smallest (120). The average **staff per facility** is **8**, with Bursari having the highest (11) and Geidam recording the lowest (5).

A workforce gap analysis based on the National Primary Health Care Development Agency's (NPHCDA) minimum standards reveals critical shortages. Key findings include a wide gap of Medical Officers (100% gap) and some deficits for Community Health Officers (46% gap) and Junior Community Health Extension Workers (80% gap). Addressing these gaps requires significant financial investment, with a projected annual cost of ₦6,083,934,380 from 2025 to 2028: **₦1,630,492,685** in 2025, **₦2,848,427,437** in 2026, **₦2,035,681,094** in 2027, and **₦1,628,123,162** in 2028 with inflationary impact factored in.

These findings point to **sub-optimal system performance** and an urgent need for targeted interventions. Key recommendations include increasing the budgetary allocation for primary healthcare to enable strategic recruitment and retention, and fully centralising PHC governance under the Yobe State Primary Healthcare Board in alignment with the **Primary Health Care Under One Roof (PHCUOR)** policy. Strengthening PHC leadership, financing, and human resource management will be essential to ensure equitable access and improved health outcomes for the people of Yobe State.

1.0 INTRODUCTION

The efficiency of any healthcare system is intrinsically linked to the quality, distribution, and management of its workforce. Human resources for health, as defined by the World Health Organization (WHO), include all individuals who promote and preserve health, diagnose illnesses, and deliver medical care. A well-structured health workforce is closely associated with improved outcomes, such as enhanced access to primary care, increased vaccination rates, and reduced maternal and infant mortality. Furthermore, healthcare workers represent a significant portion of health budgets, highlighting their crucial role in achieving impactful and sustainable health system performance.

In Yobe State, the necessity for a well-coordinated and adequately supported health workforce management system cannot be overstated. Strategic and equitable workforce distribution is essential for delivering quality healthcare services across both urban and rural areas. By addressing existing gaps in healthcare staffing, the State can reduce health tourism, ensuring that residents no longer need to travel to other states or countries in search of quality healthcare. This will enhance citizens' trust and satisfaction while also strengthening the State's capacity to meet national and international health standards.

Effective planning, development, and management of the health workforce are vital for enhancing its quality and skill set. Accurate and timely data on human resources for health can facilitate regulatory processes, reduce misinformation, and support strategic decision-making. To achieve these goals, state must prioritize establishing a robust framework for workforce management to deliver equitable, efficient, and quality health services across all Local Government Areas (LGAs). Such efforts will not only benefit the primary healthcare system but also catalyze broader socio-economic development in the State.

1.1 Background

Managing human resources for health remains one of the main challenges in the health sector, especially at the primary level. Significant gaps and uneven distribution of staff often hinder effective and efficient service delivery. The fragmented management structure and political interference also contribute to these bottlenecks. In Yobe State, the primary health care system faces similar issues as well.

To tackle the human resources challenges in the primary health care system, the Nigeria Human Capital Opportunities for Prosperity and Equity (HOPE) Project required the Yobe State government to carry out a baseline mapping exercise for primary health care workers. This aims to generate credible data upon which future recruitment and deployment of primary health workers will be based, ensuring effective human resource management.

1.2 Objectives of the Baseline Mapping Exercise

The objectives of the baseline mapping exercise are to:

- i. Determine the number of functional PHC facilities in the State
- ii. Ascertain the total number of staff in primary healthcare facilities in the State.
- iii. Identify human resources gaps in primary health care facilities in the State.
- iv. Develop and propose a recruitment and deployment strategy and plan for primary health care human resources in the State.

1.3 Scope of the Baseline Mapping Exercise

This mapping only considered the workforce in government-owned primary health care facilities in the State.

1.4 Methodology

1.4.1 Approach

The baseline survey adopted a mixed survey method, leveraging desk research and existing database review for secondary data, and the use of a survey form to triangulate and update the data

collected from secondary sources with relevant stakeholders inputs to develop and validate a realistic recruitment and deployment plan based on the PHC staff gap identified.

1.4.2 Data Collection Method

Preliminary data for the PHC workers' mapping and baseline were obtained from the State Ministry of Health Planning and Human Resource Department through State Primary Healthcare Board as presented in Annex 2 of this report. The data collected was as of February 2025, being the most recent data collected. This data was triangulated using the survey data for accuracy and data credibility.

1.4.3 Methodological Limitations

Some of the limitations of this exercise include, desk review of the existing HRH database during the data collection, few health facilities were visited to validate the existing data and some facilities were visited to collect the missing data. The assessment focused on permanent and pensionable staff.

2.0 SITUATIONAL ANALYSIS

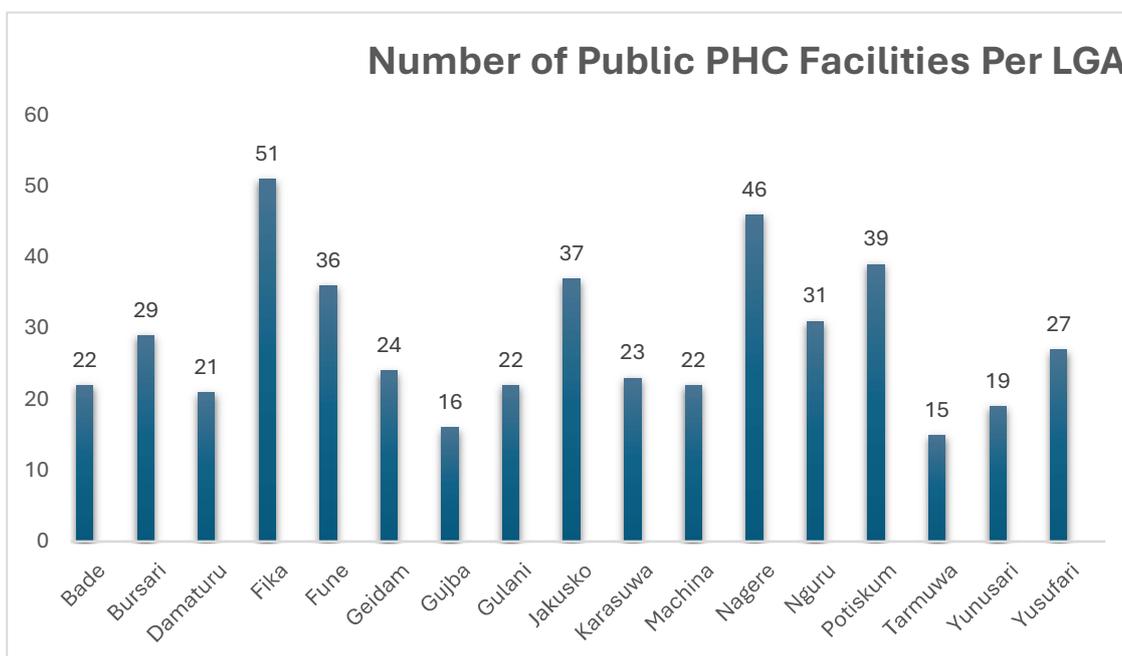
2.1 Overview of Yobe State's Primary Healthcare System and Human Resources

The Primary Health Care System in the state, like any other State in Nigeria and around the world, is the third tier of healthcare, primarily responsible for offering preventive services such as community mobilisation, health education, personal hygiene, environmental sanitation, immunisation, and immediate notification of disease outbreaks. This level of healthcare also functions as the first point of contact for curative services provided at health posts, clinics, and primary health care centres. The primary health care system in the State is led by an Executive Secretary of the Primary Health Care Board (SPHCB), who supervises the daily operations and management of the primary healthcare services. At the Local Government level, the Directors of Primary Health Care (DPHC) are accountable for ensuring the efficient running of all primary health care activities. The DPHCs report to the Executive Secretary. At the health facility level, the ward PHC managers who are experienced Community Health Extension Workers (CHEWS) are responsible for delivering effective services to the communities. The ward PHC managers report directly to the DDPHC.

The health workforce has been one of the challenges of the Primary health care system in the State, While there is a problem of general acute shortage of health workforce to man the over 480 primary health care facilities in the State, there is also a problem of maldistribution of the workforce, where health facilities in urban areas are often manned by many staff even beyond the required capacity, while those in rural areas struggle with few personnel. The paucity of nurses/Midwives in the workforce is a challenge, as the government is putting efforts to fill in the gap.

2.1.1 Number of Government-owned PHC Facilities in the State

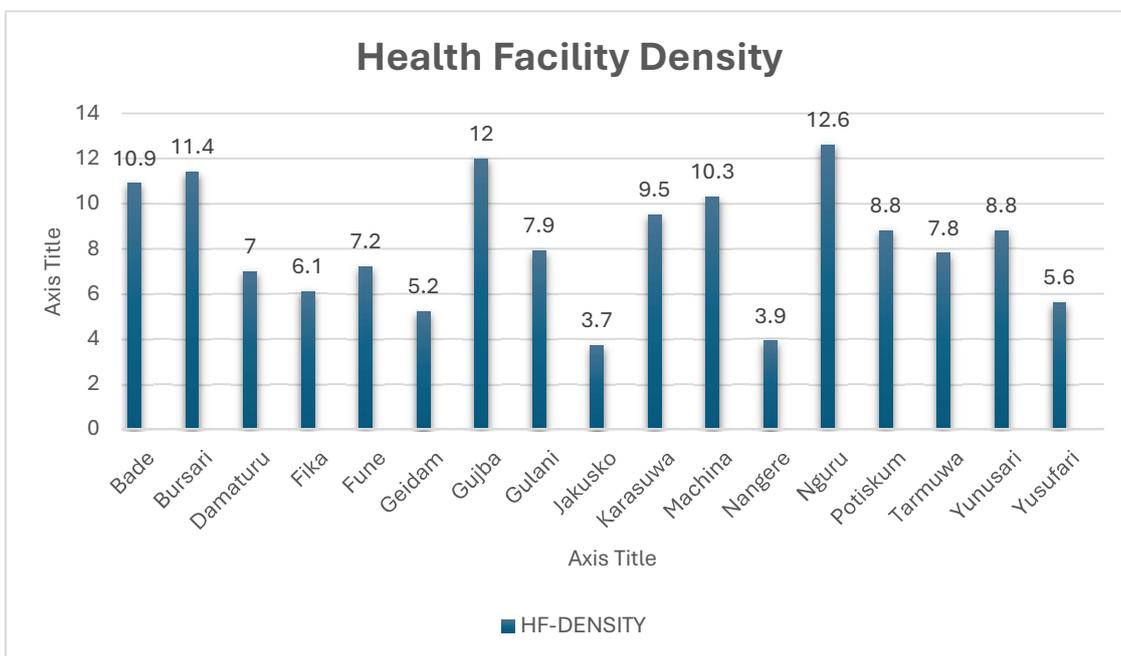
As depicted in Figure 1 below, there is a total of 480 government-owned PHCs distributed across the 17 LGAs of the State. The distribution, as illustrated in Figure 1, shows that Fika LGA has the highest number (51) of public PHCs, while Tarmuwa LGA has the least (15). Out of the 480 government-owned PHCs, 161 PHC facilities receive direct facility financing (DFF) from the Basic Health Care Provision Fund (BHC PF); the details of these facilities are contained in the PHC facility database of the State.



Source: Yobe State PHCB

2.1.2 Healthcare Facility Density in Yobe State

Health facility density refers to the number of health facilities (in this case, public PHCCs) per 10,000 population. It is a key indicator of access to outpatient services. The state has a Public PHC density of 8, implying that for every 10,000 population in the State, eight (8) public PHC is serving the population. The LGA-specific result depicted in Figure 2 below shows that Nguru LGA has the highest facility density of 12.6, while Jakusko LGA has the lowest of 3.7.

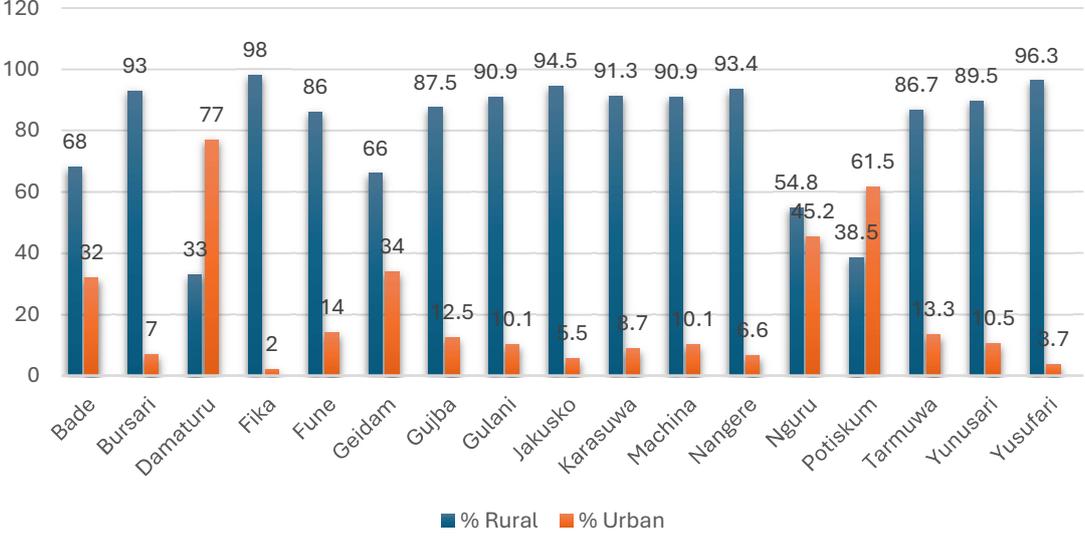


Source: Yobe State 2025 HRH Profile

2.1.3 Location of PHC Facilities in Yobe State and Rural-Urban Settings.

Most of the PHC facilities in the State are in rural areas representing 387 (80.6%), while 93 facilities (19.4%) are in urban centers, as shown in Figure 3 below.

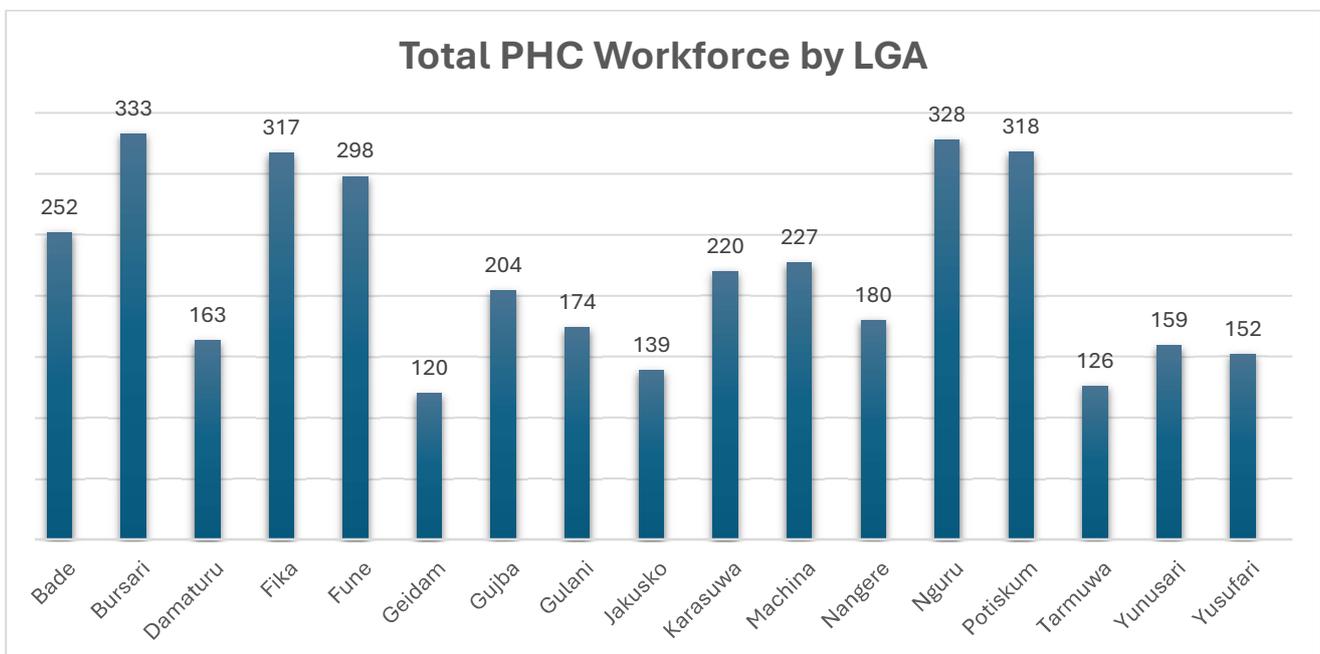
Facility Location



2.1.4 Current PHC Workforce in the State and their Location

2.1.4.1 Total PHC Workforce in the State by Location

The 480 PHC facilities across the State are manned by a total of 3,710 staff. In terms of absolute numbers, Bursari LGA has the highest number of staff 333 (8.97%), while Geidam LGA, on the other hand, has the least number of staff 120 (3.23%) as shown in Figure 4. Although Geidam is not the LGA with the least number of facilities, it has the least number of staff, which is an implication of the acute staff shortage in the LGA.

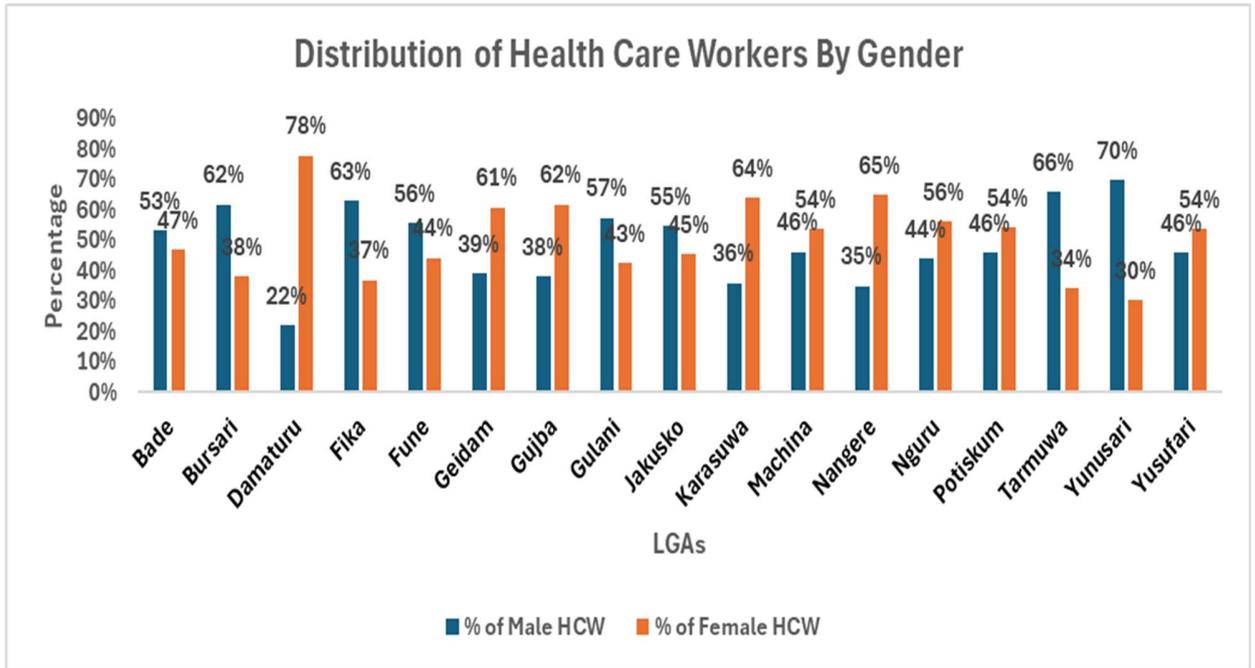


Source: Yobe State 2025 Human Resource for Health Profile PHC

As presented in Section 2.1.1, a total of 161 PHC facilities are receiving direct facility financing from the Basic Health Care Provision Fund. The details of the workers in these facilities (already captured in the total PHC workforce analyzed above) are presented in the personnel database of all primary healthcare workers in the PHC facilities receiving direct facility financing from the Basic Health Care Provision Fund, a separate document containing the names, qualifications, experience, positions/functions, location/duty station, date of commencement of duty of the workers. This document contains private information about workers that cannot be presented

publicly or published.

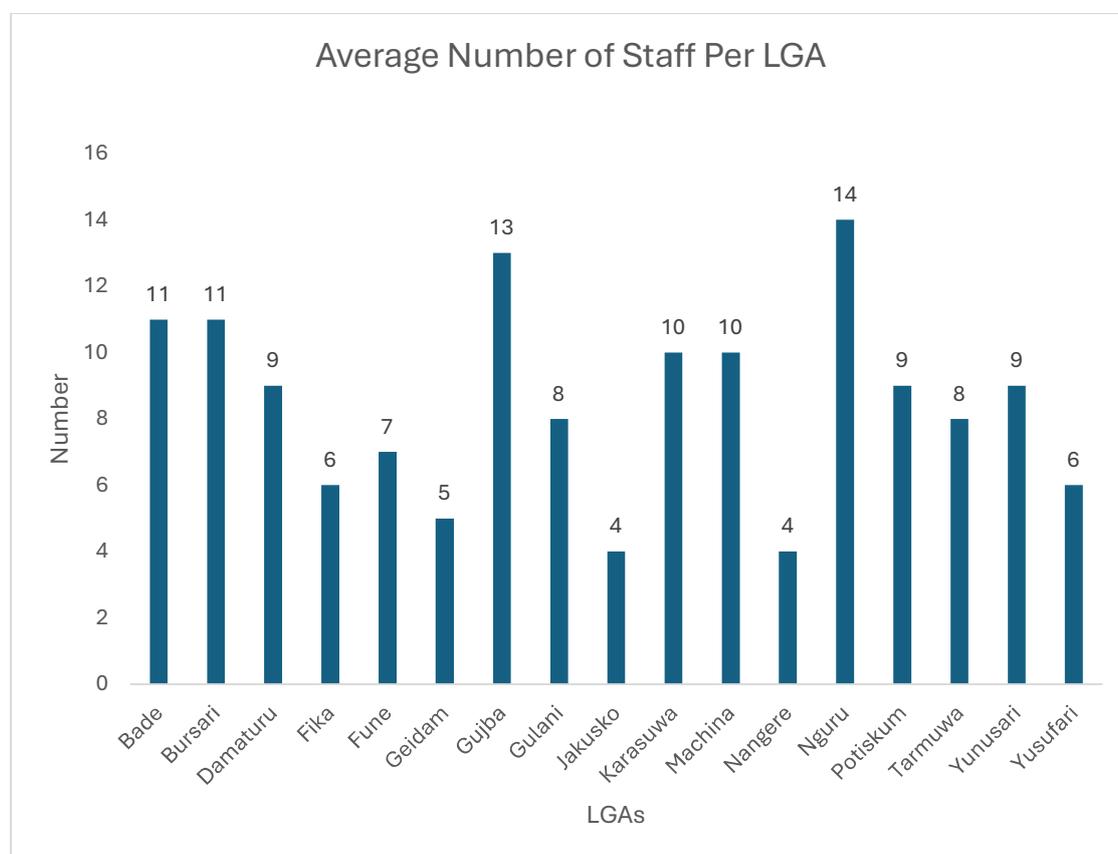
2.1.5 Distribution of PHC Workers by Gender



Source: Yobe State Primary Health Care Board 2024 HRH Profile

The gender distribution across 17 LGAs shows a clear demographic variation, where female predominance is evident in Damaturu, female 127 (78%) to 36 (22%) males, Karasuwa females 141 (64%) to 79 (36%) males, Nangere females 117(65%) to 63 (35%) males, Nguru females 184 (56%) to 144 (44%) males, and Potiskum females 172(54%) to 146 (46%) males. In contrast, male dominance is observed in Fika 200 (63%) males, 117 (37%) females, Bursari 206 (62%) males, 127 (38%) females, Tarmuwa 83 (66%) males, 43 (34%) females, and Yunusari 111 (70%) males, 48 (30%) females. Balanced distributions appear in Bade 134 (53%) males, 118 (47%) females, Machina 105 (46%) males, 122 (54%) females, and Yusufari 70 (46%) males, 82 (54%) females.

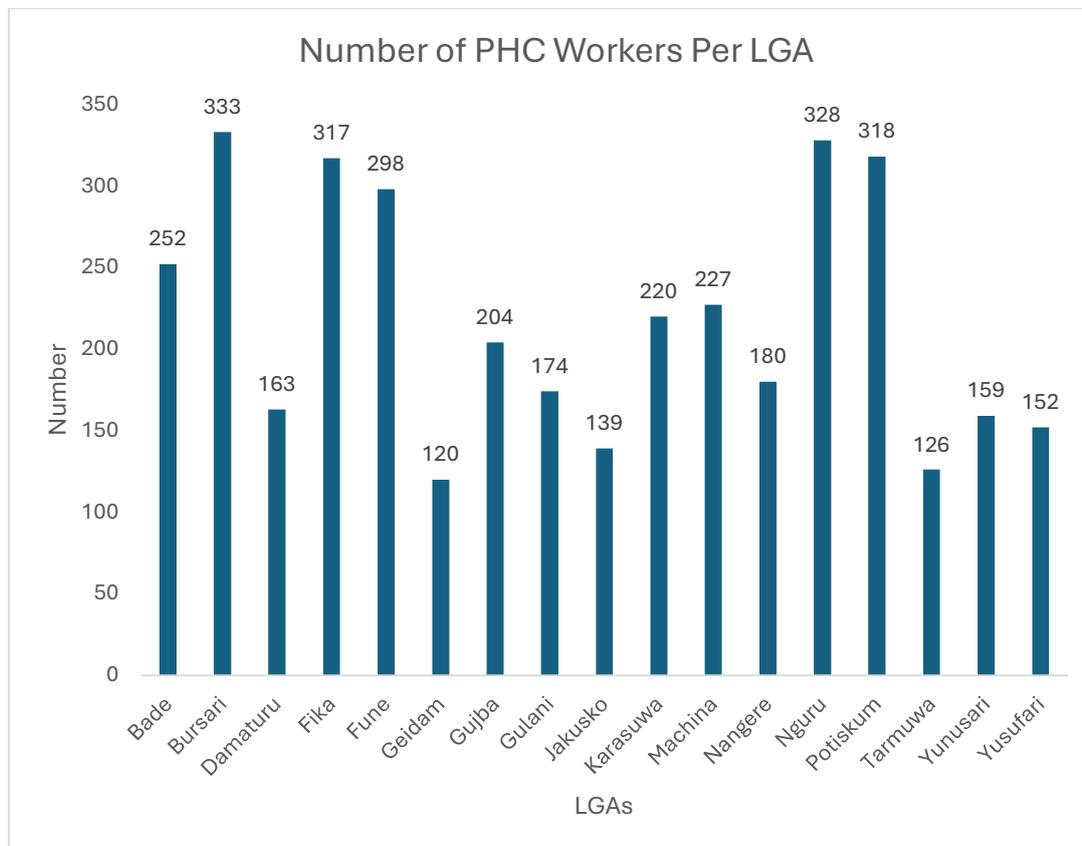
Fig 6: Average PHC Workers per Local Government Area



Source: Yobe State Primary Healthcare Board 2024 HRH Profile

Figure 6 above presents the average number of staff across Primary Health Care facilities in all the LGAs of the State. The distribution shows notable variation in staffing levels. Nguru records the highest average with 14 staff, followed by Gujba with 13, while Bade and Bursari each have an average of 11 staff. Several LGAs, including Damaturu, Potiskum, Yunusari, and Nangere, fall within the mid-range, with averages between 9 and 10 staff. Conversely, the lowest staffing averages are observed in Jakusko and Machina, each with 4, Geidam and Yusufari with 5 and 6, respectively.

2.1.6 Distribution of PHC Staff per Local Government Area



Source: Yobe State Primary Healthcare Board 2024 HRH Profile

Figure 7 above presents the distribution of Primary healthcare workers across the 17 Local Government Areas (LGAs) in the State. Nguru (328), Potiskum (318), Fika (317), and Bursari (333) record the highest values, indicating relatively larger counts in these LGAs. In contrast, Geidam (120), Tarmuwa (126), Bade (252), and Yunusari (159) reflect comparatively lower values. Overall, the chart highlighted the variation in number of staff across the LGAs showing clear differences between high- and low-performing areas within the State.

Table 1: Distribution of PHC Workers by Cadre

LGA	CHO	CHEW	Midwife	Nurse	EHA	EHO	EVT	J-CHEW	Pharmacy Technician	Lab Technician	Other Supporting Staff	Grand Total
Bade	4	37	18	1	2	1	21	14	0	2	150	252
Bursari	3	19	6	0	8	1	12	12	0	0	272	333
Damaturu	0	9	39	0	5	0	19	10	0	1	80	163
Fika	8	35	14	0	14	4	14	28	0	1	199	317
Fune	0	28	17	0	15	1	9	10	0	3	217	300
Geidam	3	12	7	0	1	0	10	12	1	0	71	118
Gujba	1	7	7	0	3	2	13	5	0	1	164	204
Gulani	0	7	7	0	7	0	2	3	0	1	147	174
Jakusko	1	13	1	0	1	1	7	3	1	2	109	139
Karasuwa	0	16	5	0	7	0	17	18	0	0	157	220

Machina	3	17	4	0	6	0	17	11	0	2	167	227
Nangere	3	25	16	0	10	2	12	0	0	3	109	180
Nguru	1	30	14	0	8	1	40	7	0	10	217	328
Potiskum	0	70	43	8	5	2	23	10	0	4	153	318
Tarmuwa	0	9	2	0	2	0	3	1	0	1	108	126
Yunusari	0	6	5	0	5	0	12	13	0	0	117	159
Yusufari	2	16	8	1	3	0	3	15	0	0	104	152
Grand Total	29	356	213	10	102	15	234	172	2	31	2540	3710

Source: Yobe State Primary Healthcare Board HRH Profile 2024.

The table above highlights the distribution of the 3,710 health workers across PHC facilities in the State. The workforce is dominated by CHEWs (356), Midwives (213), EVT's (234), and a large category of Other Supporting Staff (2,540). Skilled cadres such as Nurses (10), Pharmacy staff (2), and Laboratory personnel (31) remain limited, indicating significant gaps in specialized service delivery. Staffing levels vary widely across 17 LGAs of the state, with Nguru (328), Potiskum (318), Fika (317), and Fune (300) having the highest totals, while Tarmuwa (126) and Geidam (118) report the lowest. Overall, the distribution highlights the need for targeted recruitment and strengthened equitable deployment strategies to ensure desired access to primary healthcare services both at rural and urban level in the State.

2.1.7 Distribution of PHC Workers by Type of Duty Station (Rural-Urban Settings)

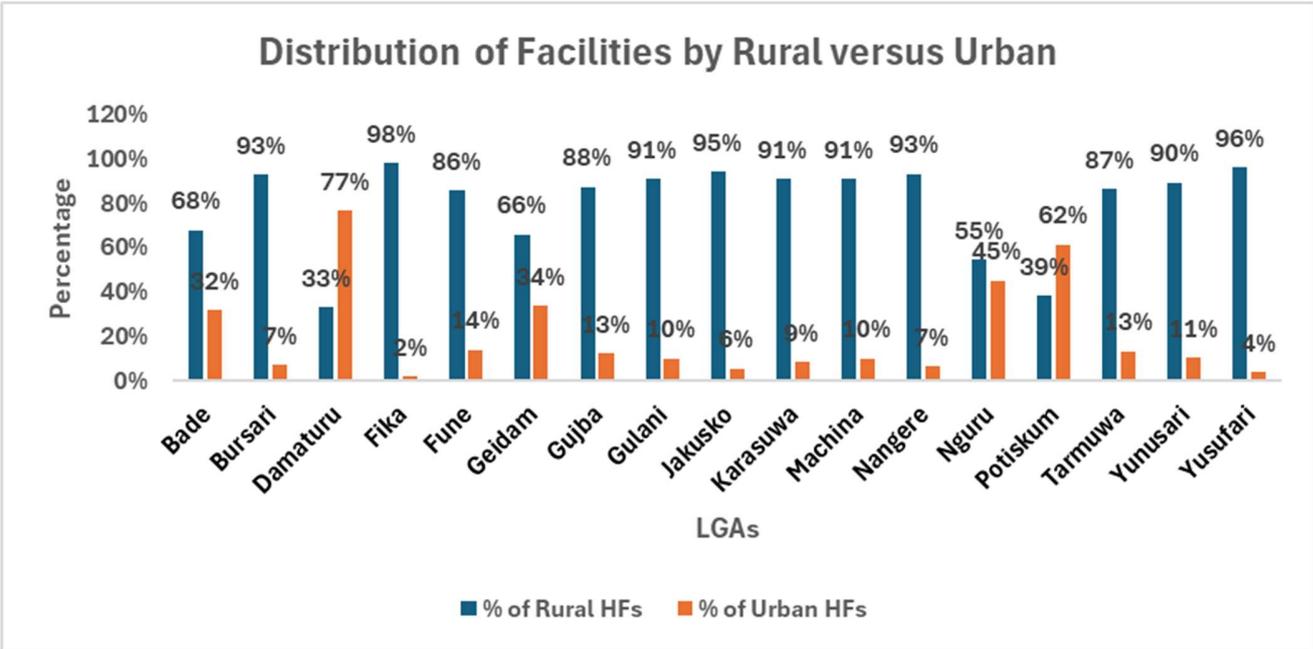


Figure 8

Source: Yobe State Primary Healthcare Board 2024 HRH Profile

Figure 8 above shows location of primary healthcare facilities settings in the State, predominantly the PHC facilities are located in rural areas in most of the LGAs. Rural facilities account for the highest proportions in Fika (98%), Yusufari (96%), Jakusko (95%), Nangere (93%), and Bursari (93%), reflecting the rural settlement patterns in these LGAs. In contrast, urban health facilities are more

concentrated in Damaturu (77%), Potiskum (62%), and Nguru (45%), consistent with their status as major urban centers in the State. Overall, the distribution indicates that the majority of PHC service delivery points remain in rural areas, highlighting the need for continued investment in rural health infrastructure and supporting PHC systems to ensure equitable access to essential healthcare services.

2.1.8 Analysis of Casual Health Care Workers in the State

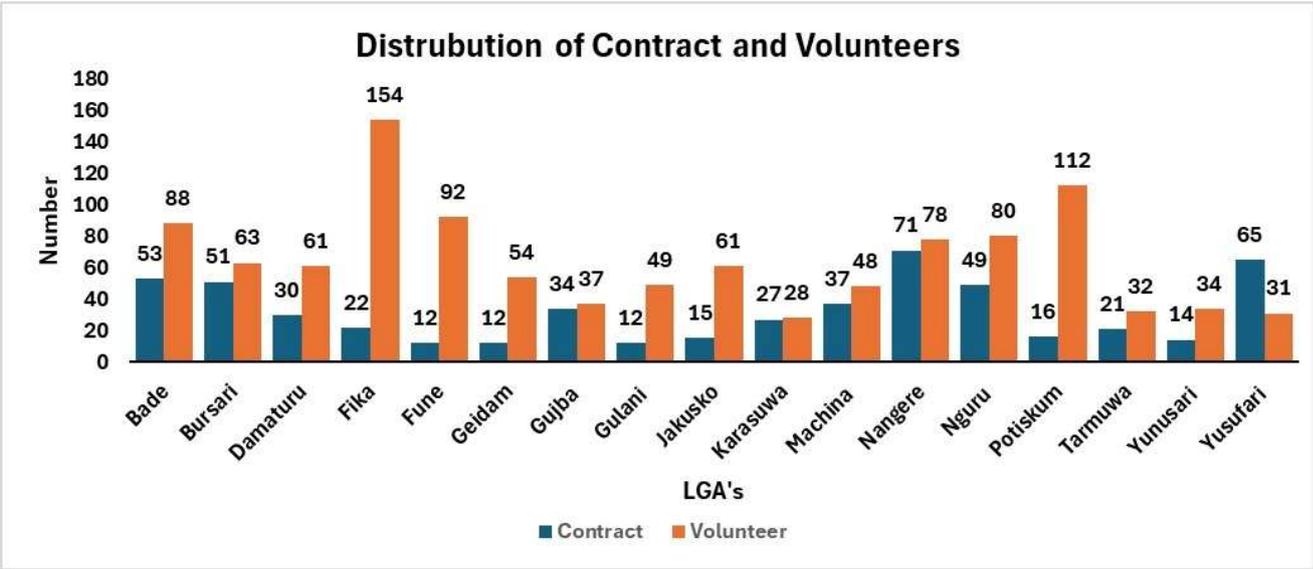


Figure 9: Breakdown of Casual Healthcare Workers (Contract and Volunteer).

Source: Yobe State 2024 HRH Profile

The figure above shows the distribution of contract and volunteer Healthcare workers across the 17 LGAs in the State. It demonstrates a significant non-permanent workforce supporting PHC service delivery. LGAs such as Fika, Nangere, Bade, Nguru, and Potiskum have the highest combined numbers, while others like Tarmuwa, Karasuwa, and Yunusari show lower availability. The presence of these contract and volunteer staff is crucial for sustaining essential services and provides an immediate buffer against existing workforce gaps. Their availability also offers important evidence for planning future recruitment and deployment activities as outlined in the costed implementation plan, ensuring that identified staffing shortages over the coming years can be strategically addressed.

2.1.9 Projected Analysis of PHC Workers Leaving the Service Between 2025 and 2028

Table 2

<i>LGA</i>	<i>2025</i>	<i>2026</i>	<i>2027</i>	<i>2028</i>
<i>Bade</i>	<i>2</i>	<i>9</i>	<i>8</i>	<i>10</i>
<i>Bursari</i>	<i>13</i>	<i>8</i>	<i>11</i>	<i>12</i>
<i>Damaturu</i>	<i>4</i>	<i>0</i>	<i>6</i>	<i>5</i>
<i>Fika</i>	<i>15</i>	<i>8</i>	<i>12</i>	<i>14</i>
<i>Fine</i>	<i>9</i>	<i>8</i>	<i>9</i>	<i>14</i>
<i>Geidam</i>	<i>1</i>	<i>2</i>	<i>2</i>	<i>4</i>
<i>Gujba</i>	<i>1</i>	<i>3</i>	<i>4</i>	<i>4</i>
<i>Gulani</i>	<i>2</i>	<i>2</i>	<i>4</i>	<i>4</i>
<i>Jakusko</i>	<i>0</i>	<i>5</i>	<i>8</i>	<i>3</i>
<i>Karasuwa</i>	<i>5</i>	<i>2</i>	<i>0</i>	<i>4</i>
<i>Machina</i>	<i>6</i>	<i>7</i>	<i>11</i>	<i>6</i>
<i>Nangere</i>	<i>2</i>	<i>1</i>	<i>3</i>	<i>6</i>
<i>Nguru</i>	<i>3</i>	<i>8</i>	<i>6</i>	<i>5</i>
<i>Potiskum</i>	<i>10</i>	<i>10</i>	<i>14</i>	<i>11</i>
<i>Tarmuwa</i>	<i>1</i>	<i>2</i>	<i>6</i>	<i>5</i>
<i>Yunusari</i>	<i>4</i>	<i>6</i>	<i>7</i>	<i>9</i>

<i>Yusufari</i>	<i>7</i>	<i>11</i>	<i>4</i>	<i>12</i>
<i>Grand Total</i>	<i>85</i>	<i>92</i>	<i>115</i>	<i>128</i>

Source: Yobe State Primary Healthcare Board 2024 HRH Profile

The table above shows the projected retirement profile of Primary Healthcare workers across the 17 LGAs in the State, and it shows a consistent upward trend from 2025 to 2028. An estimated 85 staff are expected to reach retirement in 2025, with the highest projections in Fika, Bursari, and Potiskum. In 2026, anticipated retirements will increase to 92, driven largely by expected exits in Bade, Fune, Fika, and Bursari. Retirements will rise further to 115 in 2027, with Potiskum, Machina, Fika, and Bursari contributing the largest proportions. By 2028, the number is expected to reach 128, representing the peak of the projection period, with significant retirements expected in Fika, Fune, Bursari, and Yusufari. Overall, the four-year projection indicates a progressive increase in the state's exiting workforce.

2.2 Staff Gap Analysis and Findings

Total PHC Staff Gap by Profession in Yobe State

The staffing gap table shows significant shortages across almost all PHC cadres in the LGAs when compared with the NPHCDA minimum standards. For example, CHEW gaps are extremely high, with LGAs like Fika (58), Fune (24), Geidam (32), Gubja (12), Jakusko (18), Karasuwa (6), Machina (3), Nangere (7) and Nguru (10) all showing clear shortages. The situation is even more severe for JCHEWs, where LGAs such as Bade (45), Bursari (51), Damaturu (62), Fika (163), Fune (137), Geidam (127), Gubja (73), Jakusko (113), Karasuwa (101) and Gulani (113) have very large gaps, while some exceed 100 staff.

Nurse/midwife shortages also cut across the LGAs, with gaps such as Bade (8), Bursari (10), Fika (9), Fune (9), Geidam (6), Gubja (11), Karasuwa (8), Machina (8), Nangere (14), Nguru (7), Potiskum (6) and Yusufari (10) showing that most facilities do not have enough skilled birth attendants. Laboratory technicians show equally large deficits, with gaps like Bade (10), Bursari (8), Damaturu (11), Fika (9), Fune (10), Karasuwa (10), Machina (10), Nangere (8), Nguru (10), Potiskum (9) and Yusufari (10).

Across the state, almost every LGA also shows a medical officer gap of 10–13, and similar patterns of shortages in CHO, Environmental Health Officers, Medical Records Officers, and Pharmacy Technicians, with Significant pharmacy technician gaps consistently at 10–14 staff per LGA.

Overall, the numbers clearly show that PHC facilities across the LGAs are operating far below NPHCDA staffing requirements. The widespread gaps, especially among CHEWs, JCHEWs, laboratory staff, and nurses/midwives, highlight the urgent need for targeted recruitment, redistribution, and strengthened HRH planning to improve PHC service delivery.

2.2.1 Total Staff Gap by Profession: Table 3: PHC Staff Gap by LGAs

LGA	Medical Officer Gap	CHEW Gap	CHO Gap	Nurse/Midwife Gap	JCHEW Gap	Environmental Health Officer Gap	Laboratory Technician Gap	Pharmacy Technician Gap	Medical Record Officer Gap
Bade	10	15	9	48	73	4	12	10	10
Bursari	10	26	6	53	69	0	12	10	10
Damaturu	11	40	11	37	68	9	14	11	11
Fika	10	41	4	55	81	1	12	10	10
Fune	13	38	13	52	84	0	14	13	13
Geidam	11	36	7	47	51	1	12	11	10
Gujba	10	33	8	36	50	2	11	10	10
Gulani	12	44	12	52	71	7	13	12	12
Jakusko	10	36	10	55	69	4	12	10	10
Karasuwa	10	32	10	44	51	7	12	10	10
Machina	10	41	9	52	63	5	12	11	11
Nangere	11	32	7	44	81	2	13	11	11
Nguru	10	26	9	38	57	21	11	10	10
Potiskum	10	18	10	29	85	3	12	10	10
Tarmuwa	10	35	9	42	57	5	11	10	10
Yunusari	10	33	8	45	42	3	12	10	10

Yusufari	10	41	8	48	57	9	12	10	10
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Source: Yobe State 2024 HRH Profile & Baseline Survey Analysis

2.2.2 Summary of PHC Staff by LGAs

The Primary Healthcare (PHC) staffing gap by LGA is presented in Table 3 above. The workforce gap analysis reveals significant shortages across several critical cadres, including: 178 Medical Officers, 199 CHEWs, 147 CHOs, 171 Medical Records Officers, 1,430 JCHEWs, 146 Laboratory Technicians, 196 Nurses/Midwives, and 178 Pharmacy Technicians

In contrast, there is a surplus of 276 Environmental Health Officers (EHOs) across the State, except for Tarmuwa and Gulani LGAs, which still have shortfalls of 6 and 2 EHOs, respectively.

Additionally, three LGAs (Bade, Damaturu, and Potiskum) representing 25% of all LGAs, have a surplus of Nurses/Midwives, with excess numbers of 2, 11, and 23, respectively. These LGAs are major urban centres and benefit from better social amenities, which likely contributed to their ability to attract and retain healthcare workers.

2.3 Institutional Structure for Yobe State Primary Health Care Board - Human Resource Management.

The State Primary Health Care Board is responsible for the administration of the primary health care system in the State. The human resources are migrated to the board for uniform management across all 17 LGAs in line with the principle of the PHC Under One Roof policy, which is 100% achieved in Yobe State.

2.3.1 Minimum Standard for PHC Workers

The minimum standard for PHC workers in the State and the maximum worker-to-patient ratio is presented in Table 4 below. The minimum standard was adopted from the National Primary Health Care Development Agency's (NPHCDA) minimum staffing standard for PHCs in Nigeria. The State has, however, not yet achieved this standard, especially for the Medical Officer and Nurse/Midwife cadre. The State is working towards achieving this minimum standard for both rural and urban health facilities in the next four (4) years. The same minimum staffing standards were retained for both rural

and urban PHC facilities, while the worker-to-patient ratio is slightly different between rural and urban areas.

Table 4: Minimum Standard for Primary Healthcare Staffing

Minimum Standard	Minimum No. per PHC	Maximum worker-to-patient ratio (Rural)	Maximum worker-to-patient ratio (Urban)
Medical Officer	1	1 : 30,000	1 : 40,000
Community Health Officer	1	1 : 30,000	1 : 40,000
Nurse/Midwife	4	1 : 9,000	1 : 10,000
CHEW	3	1 : 10,000	1 : 10,000
JCHEW	6	1 : 5,000	1 : 5,000
Pharmacy Technician	1	1 : 30,000	1 : 40,000
Environmental Officer	1	1 : 30,000	1 : 40,000
Medical records officer	1	1 : 30,000	1 : 40,000
Laboratory Technician	1	1 : 30,000	1 : 40,000
Support Staff (Health Assistant/Attendant (2), Security (2), General Maintenance Staff (1))	5	NA	NA

Source: National Primary Health Care Development Agency, minimum staffing standard for PHCs in Nigeria.

2.3.2 Gender and Social Inclusion Requirements in Yobe State

The Yobe State government is gender sensitive and conscious of the need for social inclusiveness in its PHC policies. This is evident in the State's efforts to employ and deploy female healthcare workers to the PHCs, support female students in health training institutions, and the availability of gender-sensitive facilities in the PHCs.

3.0 RECRUITMENT/DEPLOYMENT PLAN AND COSTING

3.1 Recruitment Plan

This section outlines the State’s recruitment plan, taking into account the projected annual population growth rate of 3.5% as stated in the Yobe State Industrial Policy Document. Based on this projection, the State’s population is expected to increase from 4,463,262 in 2025 to 4,619,477 in 2026, 4,781,159 in 2027, and 4,948,500 in 2028.

This population growth, combined with the estimated number of healthcare workers expected to retire between 2025 and 2028, will place significant pressure on the primary healthcare workforce in the coming years. These factors have been carefully considered in the development of this recruitment plan.

The annual population increase is estimated to widen the staffing gap by an additional 3 workers per year in rural areas and 4 workers per year in urban areas to meet the growing service demand. These projected gaps have been incorporated into the broader staff gap analysis.

3.1.1 PHC Workers Recruitment Plan by Job Area (4-year Projection)

The PHC worker’s recruitment plan, shown in Table 5 below, was drafted based on the staffing gap identified per job area, the estimated number of staff due for retirement, and the projected impact of population growth on the primary healthcare workforce. The plan shows that 177 Medical Officers would be recruited over 4 years to fill the gap of medical officers in the primary health care system of the State. Similarly, at least 196 Nurses/Midwives will be recruited yearly to fill the gaps. The recruitment for other job areas is presented in Table 5 below.

Table 5: PHC Workers Recruitment Plan by Job Area (4-year Projection)

PHC Workers Recruitment by Job Area	Total Staff Gap	2025	2026	2027	2028
Medical Officer	178	36	62	45	35
CHEW	567	113	198	143	113

CHO	150	30	53	38	29
Nurse/Midwife	777	155	273	194	155
J-CHEW	1109	222	388	277	222
Environmental Health Officer	83	17	29	21	16
Laboratory Technician	207	41	73	52	41
Pharmacy Technician	179	36	64	44	35
Medical Record Officer	178	35	63	44	36
Total	3428	685	1203	858	682

Source: *Baseline Survey Analysis*.

3.1.2 Workers Recruitment Plan by Classification of Duty Station

Most of the recruitment exercise to be done will be channeled to fill the gaps at the rural duty stations, as shown in Table 6 below. Notably, the future workforce requirements based on the population projection in Section 3.1 will increase the future staff gap by 4 workers in the rural area (Nurse, CHO, and CHEW) and 4 workers in the urban areas (2 Nurses, CHO, and CHEW), which have been integrated into the recruitment and deployment plan.

Table 6. Workers Recruitment Plan by Classification of Duty Station

PHC Workers Recruitment by Classification of Duty Station	No. of Workers
Rural	2,571
Urban	857

Source: *Baseline Survey Analysis*.

3.1.3 PHC Workers Recruitment by LGA

The recruitment plan for the Yobe State Primary Health Care Board is informed by the detailed staffing gap analysis conducted across all Local Government Areas (LGAs). The findings reveal significant shortages in several essential healthcare cadres, underscoring the urgent need for a structured and strategic approach to workforce recruitment, deployment, and optimization. This section outlines the priorities and strategies that will guide the Board's recruitment efforts over the planning period.

3.1.4 Challenges of PHC Workers Recruitment, Deployment, and Retention in Yobe State

The key challenges affecting the recruitment, deployment, and retention functions of the Primary Health Care Board include political interference from high-level stakeholders, incomplete implementation of the minimum wage at the LGA level due to budget constraints, and the recruitment of healthcare workers through the Office of the Head of Service without adequate involvement of the Board. These issues significantly hinder the Board's ability to effectively plan for, recruit, deploy, and retain a competent health workforce.

3.1.5 Workforce Gaps Across Critical Cadres

The staffing gap assessment highlights substantial shortages that threaten the efficient delivery of primary healthcare services across the State. Notable deficits were identified in the following cadres: 178 Medical Officers, 567 Community Health Extension Workers (CHEWs), 150 Community Health Officers (CHOs), 178 Medical Records Officers, 1,109 Junior Community Health Extension Workers (JCHEWs), 207 Laboratory Technicians, 777 Nurses/Midwives, and 179 Pharmacy Technicians. These cadres are central to service delivery, and addressing their shortages is essential for strengthening PHC performance, especially in rural and underserved communities.

3.1.6 PHC Utilization of Surplus Workforce

In contrast to the shortages identified in most cadres, the analysis revealed a surplus of 276 Environmental Health Officers (EHOs) across the State. Only Tarmuwa and Gulani LGAs demonstrated deficits of 6 and 2 EHOs, respectively. This pattern presents an opportunity for strategic redeployment to correct imbalances. The Board will therefore prioritize redistribution of surplus EHOs to LGAs with gaps before initiating new recruitments. This approach will promote equitable staffing levels and ensure that all LGAs meet basic public health and sanitation service requirements.

3.1.7 Recruitment Strategy

The Board is committed to adopting a phased and sustainable recruitment approach aimed at addressing the most critical gaps first. This strategy will prioritize cadres with the highest shortages particularly JCHEWs, Nurses/Midwives, Medical Officers, and CHEWs while ensuring that recruitment is aligned with facility needs, population growth, and retirement projections. Collaboration with the Office of the Head of Service will be strengthened to guarantee that recruitment processes reflect the unique requirements of the PHC system, minimizing bureaucratic delays and enhancing transparency.

3.2 Deployment plan

3.2.1 PHC Workers Deployment Plan

The deployment plan for the Yobe State Primary Health Care Board is designed to ensure equitable, needs-based distribution of healthcare workers across all Local Government Areas (LGAs). Guided by the staffing gap analysis, the plan aims to align human resources with service demand, close critical gaps, and optimize the performance of the primary healthcare system. This section presents the deployment priorities, strategies, and mechanisms that will support effective placement of health workers across the State. To ensure effective deployment and retention, the Board will implement the following governance measures:

1. Centralized deployment decisions are coordinated by the PHC Board in collaboration with the Ministry of Health and LGA health authorities.
2. Standardized deployment guidelines to prevent arbitrary postings and political interference.
3. Quarterly deployment reviews to monitor staffing distribution and adjust postings when necessary.

4. Digital HRH information systems to track workforce movements, service coverage, and workforce gaps in real time.

3.2.2 Framework for Equitable Workers Deployment

Three major urban LGAs (Bade, Damaturu, and Potiskum) account for the only surpluses observed among Nurses/Midwives, with excesses of 2, 11, and 23 officers, respectively. These surpluses are partly attributable to better social amenities and living conditions in urban centres, which naturally attract and retain healthcare professionals. To address disparities in workforce distribution, the Board will adopt a targeted deployment strategy that includes voluntary and incentivized redeployment to rural LGAs, coupled with the introduction of rural posting allowances and other non-financial incentives to support retention in underserved areas.

3.3 Multi-Year Costed PHC Workers Recruitment and Deployment Plan

As shown in Table 7 below, the State will require an estimated **₦1,630,492,685** in 2025, **₦2,848,427,437** in 2026, **₦2,035,681,094** in 2027, and **₦1,628,123,162** in 2028 to recruit the required primary healthcare workers for the period 2025–2028. These costs cover recruitment, training, deployment, payment of minimum wage and allowances, as well as the provision of essential supplies, tools, and equipment needed for effective service delivery. The projected costs also incorporate the expected impact of inflation over the four years.

Table 7: Multi-Year Costed PHC Workers Recruitment and Deployment Plan

Cost Item	Description	Amount PA (N)			
		2025	2026	2027	2028
No of Healths Care to be recruited (3,428)		686	1200	857	685
Personnel Cost	Annual Salary and Allowances	1,433,412,685	2,507,427,437	1,790,721,094	1,431,323,162
Recruitment Costs	Advertising, processing, interviews N10,000 Per Person	6,860,000	12,000,000	8,570,000	6,850,000
Training Costs	Training materials, logistics, etc. N120,000 per person	82,320,000	144,000,000	102,840,000	82,200,000
Deployment & Relocation	Travel, accommodation, settling-in N150,000 person	102,900,000	180,000,000	128,550,000	102,750,000
Monitoring & Evaluation	Assessing recruitment effectiveness	5,000,000	5,000,000	5,000,000	5,000,000
Total Cost		1,630,492,685	2,848,427,437	2,035,681,094	1,628,123,162

4.0 RECOMMENDATIONS

Based on the findings of the baseline exercise, the following recommendations were made.

- i. Surplus PHC workers in facilities should be redistributed to the facilities with shortages to ensure equity and equality.
- ii. State government should increase budgetary allocation of the state health sector to address the massive human resource gap identified in the primary healthcare system.
- iii. State government should centralize the management of primary health care activities to the primary health care board in line with the principle of Primary Health Care Under One Roof (PHCUOR).

5.0 CONCLUSION

The baseline mapping exercise for primary healthcare workers in the State has revealed significant gaps in the human resources required to deliver quality healthcare services across the state. The findings underscore the urgent need for strategic interventions to address the shortages of healthcare workers, particularly in rural areas where the majority of the population resides. The data presented in this report provides a clear picture of the current state of the primary healthcare workforce and serves as a foundation for future planning and decision-making.

To ensure the effective delivery of primary healthcare services, the State Government must take immediate steps to address the identified gaps. This includes increasing budgetary allocations to the health sector, centralizing the management of primary healthcare activities under the **Yobe** State Primary Healthcare Board, and implementing a robust recruitment and deployment plan in line with the PHCUOR Policy. Additionally, efforts must be made to improve the working conditions and incentives for healthcare workers, particularly those serving in rural areas, to enhance retention and motivation.

The recommendations outlined in this report provide a roadmap for strengthening the primary healthcare system in the State. By addressing the human resource gaps and improving the overall management of the healthcare workforce, we can ensure that every resident of Yobe State has access to the quality healthcare services they deserve. The success of these efforts will depend on the continued collaboration and commitment of all stakeholders, including the government, healthcare workers, and the communities they serve. Together, we can build a healthier future for the State.

Appendices

Appendix 1: Baseline Survey Team

S/N	Team	Role
1.	Permanent Secretary, SMoH	Chairman
2.	Executive Secretary, SPHCB	Co-Chairman
3.	Director Planning, Research, and Statistics, SMoH	Secretary
4	Director Human Resource, SMoH	Member
5	Director Planning, Research, Monitoring and Evaluation, SPHCB	Member
6	Director Human Resource, SPHCB	Co-Secretary
7.	Swap Coordinator\Director Family Health, SMoH	Co-Secretary
8.	Chairman Forum of LGA PHC Directors	Member
9.	HRH Focal Person, SPHCB	Member
10.	HRH Focal Person, Ministry of Health	Member
11	Rep Health Worker Union	Member
12.	Rep Civil Society Organization (CSO)	Member
13.	Rep Ministry of Budget	Member
14.	Rep SUBEB	Member
15.	Rep Ministry of finance	Member
16	Rep LAFIYA UK	Member
17	Rep State NBS	Member
18	Rep NpopC	Member

Appendix 2 Data Collection Tool

Link to the data collection tool

<https://odk.ona.io>

Username: ysphcmb.

Password: ysphcmb

Source: Yobe State Primary Health Care Human Resource and Planning Departments

Appendix 3: Number of PHCs Staff Gap by Cadres by Duty Station

Yobe State Primary Health Care Board Distribution of PHCCs Staff Gap Per Duty Station																	
S/ N	LGA	Duty Station	Gap										Total Tech nical Staff Req.	Recruitment/Dep loyment Plan 2025			
			Med ical Offi cer	CH EW	C H O	Nurse/M idwife	J- CH EW	Environ mental Health Officer	Labor atory Techn ician	Phar macy Techn ician	Med ical Rec ord Offi cer	Other Suppo rting Staff		20 25	20 26	20 27	20 28
3	Bade	Babuje Primary Health Care Centre	1	1	1	2	5	1	1	1	1	-18	14	3	5	4	2
5	Bade	Dagona primary health Care Centre	1	1	1	4	5	1	1	1	1	-2	16	3	6	4	3
7	Bade	Dawayo Primary Health Care Centre	1	1	1	3	6	1	1	1	1	4	16	3	6	4	3
10	Bade	Garin Lamido Primary Health Care Centre	1	-1	1	3	4	1	1	1	1	-8	12	2	4	3	3
11	Bade	Gwio kura Primary Health Care Centre	1	0	1	3	6	1	1	1	1	-3	15	3	5	4	3

13	Bade	katuzu Primary Health Care Centre	1	2	1	-2	6	-2	1	1	1	-2	9	2	3	2	2
14	Bade	Lawan Musa Primary Health Care Centre	1	-3	1	3	5	-2	-1	1	1	-3	6	1	2	2	1
17	Bade	Sarkin Hausawa Primary Health Care Centre	1	2	1	2	6	-4	1	1	1	-12	11	2	4	3	2
18	Bade	Sugum Primary Health Care Centre	1	0	0	4	2	0	1	1	1	-12	10	2	4	3	1
22	Bade	Zango Primary Health Care Centre	1	1	1	0	5	-1	1	1	1	-1	10	2	4	3	1
24	Bursa ri	AJIRI PRIMARY HEALTH CARE CENTER	1	2	1	4	3	0	1	1	1	-12	14	3	5	4	2
35	Bursa ri	GUBA Primary Health Care Center	1	-2	0	3	5	1	1	1	1	-31	11	2	4	3	2
36	Bursa ri	IBRAHIM GEIDAM PRIMARY HEALTH CARE CENTER	1	2	1	3	4	-1	1	1	1	-24	13	3	5	3	2

39	Bursa ri	JAWA PRIMARY HEALTH CARE CENTER	1	2	0	3	5	-1	1	1	1	-25	13	3	5	3	2
40	Bursa ri	JULLURI PRIMARY HEALTH CARE CENTER	1	2	1	4	6	1	1	1	1	2	18	4	6	5	3
41	Bursa ri	KALIYARI PRIMARY HEALTH CARE CENTER	1	2	1	3	6	-1	1	1	1	-20	15	3	5	4	3
44	Bursa ri	KURNAWA PRIMARY HEALTH CARE CENTER	1	2	0	4	6	1	1	1	1	-5	17	3	7	4	3
46	Bursa ri	MASABA PRIMARY HEALTH CARE CENTER	1	3	1	4	5	-1	1	1	1	-8	16	3	6	4	3
50	Bursa ri	TURBANGIDA PRIMARY HEALTH CARE CENTER	1	1	1	3	6	1	1	1	1	-1	16	3	6	4	3
53	Dam aturu	DAMAKOSU Primary Health Care Center	1	3	1	4	5	0	1	1	1	2	17	3	7	4	3

55	Dam aturu	FORESTRY Primary Health Care Center	1	2	1	-1	6	-1	1	1	1	1	11	2	4	3	2
56	Dam aturu	GABAI PRIMARY HEALTH CARE CENTER	1	2	1	3	5	1	1	1	1	3	16	3	6	4	3
57	Dam aturu	GAMBIR Primary Health Care Center	1	3	1	4	4	1	1	1	1	2	17	3	7	4	3
58	Dam aturu	GWANGE Primary Health Care Center	1	-1	1	-6	4	-1	0	1	1	-10	0	0	0	0	0
60	Dam aturu	KUKARETA Primary Health Care Center	1	3	1	1	6	0	1	1	1	3	15	3	5	4	3
62	Dam aturu	MAIRI Primary Health Care Center	1	2	1	0	6	-2	1	1	1	-11	11	2	4	3	2
63	Dam aturu	MAISANDARI Primary Health Care Center	1	3	1	1	6	-2	1	1	1	-1	13	3	5	3	2
65	Dam aturu	MURFA Primary Health Care Center	1	3	1	2	6	-1	1	1	1	4	15	3	5	4	3
66	Dam aturu	NAYINAWA Primary	1	3	1	-4	5	-5	1	1	1	-10	4	1	1	1	1

		Health Care Center															
67	Damaturu	SASAWA Primary Health Care Center	1	3	1	4	6	1	1	1	1	4	19	4	7	5	3
79	Fika	Dumbulwa Primary Health Care Center	1	3	0	4	6	1	1	1	1	1	18	4	6	5	3
81	Fika	Fika Primary Health Care Center	1	2	0	2	3	0	1	1	1	-37	11	2	4	3	2
82	Fika	Gadaka Primary Health Care Center	1	-4	1	1	0	-3	1	1	1	-9	-1	0	0	0	0
86	Fika	Garin Aba Primary Health Care Center	1	2	1	4	6	0	1	1	1	0	17	3	7	4	3
87	Fika	Garin Ari Primary Health Care Center	1	2	1	4	6	1	1	1	1	-3	18	4	6	5	3
96	Fika	Gashaka Primary Health Care Center	1	1	-1	-1	5	-3	1	1	1	1	5	1	2	1	1
98	Fika	Godowoli Primary Health Care Center	1	0	1	4	6	1	1	1	1	2	16	3	6	4	3
103	Fika	Kukargadu Primary	1	1	0	2	4	1	1	1	1	1	12	2	5	3	2

		Health Care Center															
106	Fika	Maluri Primary Health Care Center	1	3	1	4	6	1	1	1	1	1	19	4	7	5	3
111	Fika	Mubi Fusami Primary Health Care Center	1	2	0	4	5	0	1	1	1	4	15	3	5	4	3
121	Fune	Aigada Primary Health Care Center	1	3	1	4	5	-1	1	1	1	-2	16	3	6	4	3
122	Fune	Alagarno Primary Health Care Center	1	3	1	4	5	-1	1	1	1	-1	16	3	6	4	3
125	Fune	Borno kichi Primary Health Care Center	1	3	1	4	6	1	1	1	1	1	19	4	7	5	3
128	Fune	Damagum Primary Health Care Center	1	0	1	0	6	-3	-1	1	1	-41	6	1	2	2	1
129	Fune	Daura Primary Health Care Center	1	0	1	2	6	1	1	1	1	-2	14	3	5	4	2
130	Fune	Dogon kuka, A, Primary Health Care Center	1	1	1	1	6	1	1	1	1	-3	14	3	5	4	2

140	Fune	Jajere Primary Health Care Center	1	2	1	3	6	0	1	1	1	-20	16	3	6	4	3
143	Fune	Kayeri Primary Health Care Center	1	2	1	3	6	1	1	1	1	-14	17	3	7	4	3
145	Fune	Kollere Primary Health Care Center	1	1	1	3	6	0	1	1	1	-2	15	3	5	4	3
149	Fune	Marmari Primary Health Care Center	1	3	1	4	6	1	1	1	1	-1	19	4	7	5	3
150	Fune	Mashio Primary Health Care Center	1	3	1	4	6	1	1	1	1	1	19	4	7	5	3
151	Fune	Ngelshengele Primary Health Care Center	1	0	1	4	6	1	1	1	1	3	16	3	6	4	3
152	Fune	Ngelzarma Primary Health Care Center	1	2	1	-1	4	-2	0	1	1	-27	7	1	3	2	1
159	Geidam	Asheikri Primary Health Care Center	1	2	0	1	5	-2	1	1	1	-22	10	2	4	3	1
160	Geidam	Balle Primary Health Care Center	1	1	1	3	6	1	1	1	1	4	16	3	6	4	3

163	Geidam	Darwo Primary Health Care Center	1	1	1	4	6	1	1	1	1	4	17	3	7	4	3
164	Geidam	Futchimiram Primary Health Care Center	1	3	1	4	6	1	1	1	1	3	19	4	7	5	3
166	Geidam	Garin Gada Primary Health Care Center	1	2	1	4	6	1	1	1	1	5	18	4	6	5	3
170	Geidam	Kuka indi Primary Health Care Center	1	3	0	4	5	0	1	0	1	5	15	3	5	4	3
172	Geidam	Kusur Primary Health Care Center	1	2	1	4	6	1	1	1	1	5	18	4	6	5	3
173	Geidam	Low cost Primary Health Care Center	1	1	1	2	3	-3	1	1	1	-4	8	2	3	2	1
174	Geidam	Maanna Primary Health Care Center	1	2	1	3	6	1	1	1	1	3	17	3	7	4	3
177	Gujba	Buni Gari Primary Health Care Center	1	3	1	2	5	0	1	1	1	-12	15	3	5	4	3
178	Gujba	Buni Yadi Primary Health Care Center	1	3	1	2	5	-2	1	1	1	-36	13	3	5	3	2

179	Gujba	Dadingel Primary Health Care Center	1	3	1	4	6	1	1	1	1	3	19	4	7	5	3
180	Gujba	Goniri Primary Health Care Center	1	3	1	4	6	1	1	1	1	-8	19	4	7	5	3
182	Gujba	Gotumba Primary Health Care Center	1	3	1	4	6	1	1	1	1	3	19	4	7	5	3
183	Gujba	Gujba Primary Health Care Center	1	1	0	3	6	-3	1	1	1	-16	11	2	4	3	2
188	Gujba	Mutai Primary Health Care Center	1	3	1	4	5	1	1	1	1	4	18	4	6	5	3
189	Gujba	Ngurbuwa Primary Health Care Center	1	2	1	4	5	-1	1	1	1	-3	15	3	5	4	3
191	Gujba	Wagir Primary Health Care Center	1	2	1	2	6	0	1	1	1	-6	15	3	5	4	3
192	Gulani	BARA Primary Health Care Center	1	3	1	-1	6	1	1	1	1	-10	14	3	5	4	2
194	Gulani	BULARAFA Primary Health Care Center	1	1	1	2	5	0	1	1	1	-44	13	3	5	3	2
195	Gulani	BUMSA Primary	1	3	1	4	6	0	1	1	1	-5	18	4	6	5	3

		Health Care Center															
198	Gulani	DOKSHI Primary Health Care Center	1	3	1	4	6	1	1	1	1	-5	19	4	7	5	3
199	Gulani	GABAI PRIMARY HEALTH CARE CENTER	1	2	1	4	6	1	1	1	1	1	18	4	6	5	3
200	Gulani	GAGURE Primary Health Care Center	1	3	1	4	6	-1	1	1	1	2	17	3	7	4	3
202	Gulani	GARIN TUWO Primary Health Care Center	1	3	1	4	6	1	1	1	1	1	19	4	7	5	3
203	Gulani	GULANI Primary Health Care Center	1	3	1	4	6	1	0	1	1	-7	18	4	6	5	3
205	Gulani	KUSHIMAGA Primary Health Care Center	1	3	1	4	6	1	1	1	1	3	19	4	7	5	3
208	Gulani	NJIBULWA Primary Health Care Center	1	2	1	4	6	1	1	1	1	0	18	4	6	5	3
209	Gulani	RUHU Primary Health Care Center	1	1	1	4	6	0	1	1	1	1	16	3	6	4	3

21 1	Gula ni	TETTEBA Primary Health Care Center	1	3	1	4	6	1	1	1	1	-1	19	4	7	5	3
21 5	Jakus ko	Amshi Primary Health Care Center	1	3	1	3	6	1	1	1	1	2	18	4	6	5	3
21 9	Jakus ko	Buduwa Primary Health Care center	1	1	1	4	6	1	1	1	1	4	17	3	7	4	3
22 1	Jakus ko	Dumbari Primary Health Care Center	1	3	1	4	6	-1	1	1	1	4	17	3	7	4	3
22 2	Jakus ko	Gasamu Primary Health Care Center	1	2	1	4	6	0	1	0	1	4	16	3	6	4	3
22 5	Jakus ko	Girgir Primary Health Care Center	1	2	1	4	6	0	1	1	1	0	17	3	7	4	3
22 6	Jakus ko	Gogaram Primary Health Care Center	1	1	1	4	6	1	1	1	1	4	17	3	7	4	3
22 9	Jakus ko	Jaba Primary Health Care Center	1	3	1	4	6	1	1	1	1	4	19	4	7	5	3
23 0	Jakus ko	Jakusko Primary Health Care Center	1	1	1	4	6	1	0	1	1	-6	16	3	6	4	3

230	Jakusko	Muguram Primary Health Care Center	1	0	1	3	5	-1	0	1	1	1	11	2	4	3	2
237	Jakusko	Lafiya Primary Health Care Center	1	2	1	4	6	1	1	1	1	0	18	4	6	5	3
245	Karasuwa	BUKARTI Primary Health Care Center	1	1	1	4	3	0	1	1	1	-9	13	3	5	3	2
249	Karasuwa	Garin Gawo Primary Health Care Center	1	2	1	4	6	-1	1	1	1	-10	16	3	6	4	3
250	Karasuwa	GASMA Primary Health Care Center	1	1	1	2	4	-2	1	1	1	-14	10	2	4	3	1
251	Karasuwa	JAJERI Primary Health Care Center	1	2	1	4	5	-1	1	1	1	-1	15	3	5	4	3
252	Karasuwa	JAJIMAJI Primary Health Care Center	1	3	1	4	5	1	1	1	1	-17	18	4	6	5	3
254	Karasuwa	KARASUWA GALU Primary Health Care Center	1	1	1	4	4	-1	1	1	1	-7	13	3	5	3	2
255	Karasuwa	KARASUWA GARUN GUNA Primary	1	-1	1	3	6	-1	1	1	1	-22	12	2	5	3	2

		Health Care Center															
259	Karasuwa	SHEKKE Primary Health Care Center	1	2	1	4	6	0	1	1	1	-2	17	3	7	4	3
261	Karasuwa	Wachakal Primary Health Care Center	1	2	1	3	5	0	1	1	1	-5	15	3	5	4	3
262	Karasuwa	WARO Primary Health Care Center	1	2	1	3	4	-2	1	1	1	0	12	2	5	3	2
264	Machina	Bogo Primary Health Care Center	1	2	1	4	6	0	1	1	1	-1	17	3	7	4	3
266	Machina	Damai Primary Health Care Center	1	1	1	4	6	0	1	1	1	-3	16	3	6	4	3
268	Machina	Dole Primary Health Care Center	1	1	1	4	6	-2	1	1	1	-16	14	3	5	4	2
269	Machina	Falimaram Primary Health Care Center	1	3	0	3	5	1	1	1	1	-6	16	3	6	4	3
276	Machina	Konkomma Primary Health Care Center	1	2	1	4	6	0	1	1	1	3	17	3	7	4	3
277	Machina	Kukayasku Primary	1	2	1	4	6	1	1	1	1	3	18	4	6	5	3

		Health Care Center															
278	Machina	Lamisu Primary Health Care Center	1	1	1	4	6	0	1	1	1	2	16	3	6	4	3
279	Machina	Machina Primary Health Care Center	1	-1	0	2	0	-7	0	1	1	-55	-3	-1	0	-1	-1
280	Machina	Maskandare Primary Health Care Center	1	1	1	4	6	0	1	1	1	0	16	3	6	4	3
281	Machina	Taganama Primary Health Care Center	1	2	1	4	6	1	1	1	1	-4	18	4	6	5	3
282	Machina	Yalauwa Primary Health Clinic	1	3	1	4	6	1	1	1	1	3	19	4	7	5	3
285	Nangere	CHILARIYE Primary Health Care Center	1	1	1	4	6	1	1	1	1	4	17	3	7	4	3
286	Nangere	CHUKURIWA Primary Health Care Center	1	2	1	-1	6	1	1	1	1	2	13	3	5	3	2
287	Nangere	DAGARE Primary Health Care Center	1	1	1	2	6	-2	1	1	1	0	12	2	5	3	2
287	Nangere	DAZIGAU Primary	1	1	0	1	6	0	1	1	1	0	12	2	5	3	2

		Health Care Center															
290	Nangere	DAGUBI Primary Health Care Center	1	2	-1	3	6	-2	1	1	1	-13	12	2	5	3	2
293	Nangere	DAWASA Primary Health Care Center	1	3	1	3	6	1	0	1	1	4	17	3	7	4	3
295	Nangere	DUDDAYE Primary Health Care Center	1	0	1	1	6	0	1	1	1	2	12	2	5	3	2
305	Nangere	KUKURI Primary Health Care Center	1	1	0	2	6	0	1	1	1	-5	13	3	5	3	2
309	Nangere	SABONGARI Primary Health Care Center	1	0	1	3	6	-1	0	1	1	-9	12	2	5	3	2
310	Nangere	TIKAU Primary Health Care Center	1	0	1	3	6	1	0	1	1	-15	14	3	5	4	2
310	Nangere	WATINANI Primary Health Care Center	1	0	1	1	5	-1	0	1	1	-7	9	2	3	2	2
312	Nguru	AFUNORI Primary Health Care Center	1	0	0	4	6	-1	1	1	1	2	13	3	5	3	2
316	Nguru	BALANGUWA Primary	1	1	1	4	3	-1	1	1	1	4	12	2	5	3	2

		Health Care Center															
317	Nguru	Bombori Primary Health Care Center	1	1	1	3	6	1	1	1	1	-9	16	3	6	4	3
318	Nguru	BUBARI Primary Health Care Center	1	0	1	-1	5	-2	-1	1	1	-24	5	1	2	1	1
319	Nguru	BULABULIN Primary Health Care Center	1	-1	1	2	6	-8	-3	1	1	-34	0	0	0	0	0
320	Nguru	Dabule Primary Health Care Center	1	0	1	4	3	-2	1	1	1	3	10	2	4	3	1
322	Nguru	DUMSAI Primary Health Care Center	1	2	1	2	6	1	1	1	1	-2	16	3	6	4	3
323	Nguru	HAUSARI Primary Health Care Center	1	2	1	1	6	-4	-1	1	1	-16	8	2	3	2	1
328	Nguru	MAJAKURA Primary Health Care Center	1	3	1	3	6	1	1	1	1	-11	18	4	6	5	3
332	Nguru	NGILEWA Primary Health Care Center	1	0	1	4	6	-6	0	1	1	-18	8	2	3	2	1

33 5	Potiskum	Badejo Primary Health Care Center	1	1	1	1	5	-2	1	1	1	1	10	2	4	3	1
34 1	Potiskum	Danchuwa Primary Health Care Center	1	0	1	2	6	0	1	1	1	0	13	3	5	3	2
34 2	Potiskum	Dogo tebo Primary Health Care Center	1	1	1	1	5	1	1	1	1	3	13	3	5	3	2
34 3	Potiskum	Dogon zare Primary Health Care Center	1	-1	1	-3	5	-3	0	1	1	-5	2	0	1	1	0
35 2	Potiskum	Hausawa asibitin Primary Health Care Center	1	1	1	3	6	0	1	1	1	2	15	3	5	4	3
35 7	Potiskum	Mamudo Primary Health Care Center	1	-1	1	1	5	1	1	1	1	-2	11	2	4	3	2
35 8	Potiskum	Mazagane Primary Health Care Center	1	0	1	3	6	1	1	1	1	2	15	3	5	4	3
36 1	Potiskum	Potiskum central primary health care	1	-4	1	-5	5	0	1	1	1	-5	1	0	1	0	0
36 3	Potiskum	Tudun wada Primary	1	-3	1	-3	6	-1	1	1	1	-9	4	1	1	1	1

		Health Care Center															
364	Potiskum	Yarimaram Primary Health Care Center	1	-3	1	0	6	0	1	1	1	2	8	2	3	2	1
366	Tarmuwa	BABBANGIDA Primary Health Care Center	1	0	1	4	6	-2	0	1	1	-46	12	2	5	3	2
368	Tarmuwa	CHIROKUSKO Primary Health Care Center	1	3	1	4	6	1	1	1	1	-3	19	4	7	5	3
370	Tarmuwa	GODURAM Primary Health Care Center	1	3	1	4	6	0	1	1	1	5	18	4	6	5	3
371	Tarmuwa	Jumbam Primary Health Care Center	1	3	1	4	6	1	1	1	1	-6	19	4	7	5	3
375	Tarmuwa	KORIYEL Primary Health Care Center	1	1	1	4	6	1	1	1	1	0	17	3	7	4	3
376	Tarmuwa	LANTEWA Primary Health Care Center	1	2	1	4	5	1	1	1	1	-2	17	3	7	4	3
377	Tarmuwa	MAFA Primary Health Care Center	1	3	1	4	6	1	1	1	1	4	19	4	7	5	3

378	Tarmuwa	MANDADA'A Primary Health Care Center	1	2	1	3	6	1	1	1	1	3	17	3	7	4	3
380	Tarmuwa	SHEKAU Primary Health Care Center	1	2	1	4	6	1	1	1	1	4	18	4	6	5	3
384	Yunusari	Kujari Primary Health Care Center	1	1	1	3	6	0	1	1	1	3	15	3	5	4	3
385	Yunusari	Garin Gada Primary Health Care Center	1	2	1	4	6	0	1	1	1	-4	17	3	7	4	3
387	Yunusari	Kafiya Primary Health Care Center	1	3	1	2	5	0	1	1	1	1	15	3	5	4	3
388	Yunusari	Kalgi Primary Health Care Centre	1	2	1	3	4	1	1	1	1	3	15	3	5	4	3
389	Yunusari	Kanamma Primary Health Care Center	1	2	1	4	4	-1	1	1	1	-20	14	3	5	4	2
392	Yunusari	Toshia Primary Health Care Center	1	3	1	4	4	-1	1	1	1	-14	15	3	5	4	3
394	Yunusari	Yunusari Primary Health Care Center	1	3	1	4	5	-2	1	1	1	0	15	3	5	4	3
395	Yunusari	Zajibiriri Primary	1	3	1	4	4	0	1	1	1	-4	16	3	6	4	3

		Health Care Center															
397	Yusuf ari	BULATURA Primary Health Care Center	1	3	1	4	4	0	1	1	1	0	16	3	6	4	3
398	Yusuf ari	GUMSHI Primary Health Care Center	1	2	1	4	5	1	1	1	1	4	17	3	7	4	3
399	Yusuf ari	GUYA Primary Health Care Center	1	3	1	4	5	1	1	1	1	5	18	4	6	5	3
401	Yusuf ari	JEBUWA Primary Health Care Center	1	1	1	4	6	1	1	1	1	3	17	3	7	4	3
403	Yusuf ari	KAKJIMARAM Primary Health Care Center	1	2	1	4	5	1	1	1	1	3	17	3	7	4	3
409	Yusuf ari	KUMAGANAM Primary Health Care Center	1	3	1	3	2	1	1	1	1	-11	14	3	5	4	2
410	Yusuf ari	MAIMALARI Primary Health Care Center	1	3	0	3	5	1	1	1	1	-12	16	3	6	4	3
412	Yusuf ari	MAYORI Primary Health Care Center	1	-1	1	4	6	1	1	1	1	0	15	3	5	4	3
415	Yusuf ari	TULO TULO Primary	1	3	1	4	6	1	1	1	1	3	19	4	7	5	3

		Health Care Center															
416	Yusufari	YUSUFARI Primary Health Care Center	1	-3	0	-2	5	1	1	1	1	-27	5	1	2	1	1
Grand Total			172	263	150	480	925	-31	147	170	172	-878	2448	488	909	632	420

Source: Yobe State Primary Health Care Human Resource and Planning Departments

Appendix 4: Number of PHCs Staff Gap by Cadres by Duty Station

Yobe State Primary Health Care Board											
Distribution of PHCs Staffs Per Duty Station, Recruitment/Deployment (2025 to 2028)											
S/ N	LGA	Duty Station	Gap				Total Techni cal Staff Req.	Recruitment/Deployment Plan			
			CHE W	Nurse/Mid wife	J- CHE W	Other Support ing Staff		2025	2026	2027	2028
1	Bade	Azam Kura Primary Health Clinic	1	2	3	3	9	2	3	2	2
2	Bade	Azbak Primary Health Clinic	-1	2	4	2	7	1	3	2	1
4	Bade	Bizi Primary Health Clinic	1	2	4	-1	6	1	2	2	1
6	Bade	Dalah primary health clinic	0	1	3	-1	3	1	1	1	0
8	Bade	Gabarwa Primary Health Clinic	1	2	4	3	10	2	4	3	1
9	Bade	Gapiwa Primary Health Clinic	1	2	4	2	9	2	3	2	2
12	Bade	Jigawa Primary Health Clinic	1	2	4	-2	5	1	2	1	1
15	Bade	Ngelbowa Primary Health Clinic	1	2	4	2	9	2	3	2	2

16	Bade	Ngeljabe Primary Health Clinic	2	2	2	2	8	2	3	2	1
19	Bade	Tagali Primary Health Clinic	2	2	4	1	9	2	3	2	2
21	Bade	Yankaba Primary Health Clinic	2	2	4	-8	0	0	0	0	0
25	Bursari	BADEGANA PRIMARY HEALTH CLINIC	1	2	4	2	9	2	3	2	2
28	Bursari	DALARI PRIMARY HEALTH CLINIC	1	2	4	1	8	2	3	2	1
29	Bursari	DAMAYA PRIMARY HEALTH CLINIC	2	2	4	2	10	2	4	2	2
30	Bursari	DUMBURI PRIMARY HEALTH CLINIC	1	1	3	-3	2	0	1	1	0
33	Bursari	GARUN DOLE PRIMAY HEALTH CLINIC	1	2	4	-4	3	1	1	1	0
42	Bursari	KANKARE PRIMARY HEALTH CLINIC	1	2	4	-16	-9	-2	-3	-2	-2
51	Bursari	WARODI PRIMARI HEALTH CLINIC	1	2	4	1	8	2	3	2	1
52	Damaturu	ABBARI PRIMARY HEALTH CLINIC	2	2	3	4	11	2	4	3	2
54	Damat	DIKUMARI PRIMARY	1	-1	4	1	5	1	2	1	1

	uru	HEALTH CLINIC									
59	Damat uru	KALALLAWA PRIMARY HEALTH CLINIC	2	2	2	1	7	1	2	2	1
61	Damat uru	MAIMALA PRIMARY HEALTH CLINIC	2	2	4	2	10	2	4	3	2
64	Damat uru	MALUMMATTARI PRIMARY HEALTH CLINIC	1	2	4	1	8	2	3	2	2
71	Fika	Chana Primary Health Clinic	2	2	4	1	9	2	3	2	2
72	Fika	Damazai Primary Health Clinic	1	2	4	2	9	2	3	2	2
73	Fika	Daya Primary Health Clinic	2	0	4	-6	0	0	0	0	0
75	Fika	Diffiyel Primary Health Clinic	2	2	3	3	10	2	4	3	2
78	Fika	Dotto Fara Primary Health Clinic	2	2	3	1	8	2	3	2	2
80	Fika	Fakali Primary Health Clinic	2	2	4	3	11	2	4	3	2
83	Fika	Gadaka Primary Health Clinic	1	2	3	-8	-2	0	-1	-1	0
89	Fika	Garin Gamji Primary Health Clinic	1	2	3	1	7	1	2	2	1
90	Fika	Garin Goge Primary Health	0	2	4	4	10	2	4	3	2

		Clinic									
92	Fika	Garin Usaku Primary Health Clinic	2	2	4	2	10	2	4	3	2
93	Fika	Garin Wayo Primary Health Clinic	1	2	4	4	11	2	4	3	2
95	Fika	Garkuwa Primary Health Clinic	0	2	2	2	6	1	2	2	1
97	Fika	Gashinge Primary Health Clinic	2	2	3	3	10	2	4	3	2
100	Fika	Janga Dole Primary Health Clinic	1	2	4	-2	5	1	2	1	1
101	Fika	Janga Siri Primary Health Clinic	2	2	4	-2	6	1	2	2	1
104	Fika	Kurmi Primary Health Clinic	1	2	4	4	11	2	4	3	2
105	Fika	Lewe Primary Health Clinic	1	2	4	4	11	2	4	3	2
107	Fika	Manawachi Primary Health Clinic	2	2	3	2	9	2	3	2	2
108	Fika	Mazawun Primary Health Clinic	1	2	4	3	10	2	4	3	2
11	Fika	Moiduwa Primary Health	2	2	4	1	9	2	3	2	2

0		Clinic									
11 2	Fika	Ngalda Primary Health Clinic	2	2	3	-7	0	0	0	0	0
11 3	Fika	Siminti Primary Health Clinic	2	2	4	-2	6	1	2	2	1
11 4	Fika	Turmi Primary Health Clinic	1	2	4	2	9	2	3	2	2
11 6	Fika	Zamani Primary Health Clinic	2	2	3	2	9	2	3	2	2
11 7	Fika	Zamba Primary Health Clinic	2	2	3	3	10	2	4	3	2
11 8	Fika	Zangaya Primary Health Clinic	2	2	3	4	11	2	4	3	2
12 3	Fune	Baushe Primary Health Clinic	0	2	3	2	7	1	2	2	1
12 4	Fune	Bindigi Primary Health Clinic	1	2	3	0	6	1	2	2	1
12 5	Fune	Borno kichi Primary Health Clinic	2	2	4	0	8	2	3	2	2
12 6	Fune	Bulanyiwa Primary Health Clinic	2	2	4	3	11	2	4	3	2
12	Fune	Dadume Primary Health	2	2	4	3	11	2	4	3	2

7		Clinic									
13 1	Fune	Dogon kuka, B, Primary Health Clinic	2	2	4	4	12	2	4	3	2
13 2	Fune	Dubbol Primary Health Clinic	2	2	4	3	11	2	4	3	2
13 3	Fune	Dufuna Primary Health Clinic	1	2	4	4	11	2	4	3	2
13 8	Fune	Gubana Primary Health Clinic	0	2	4	0	6	1	2	2	1
15 6	Fune	Shenga Primary Health Clinic	1	2	3	0	6	1	2	2	1
16 7	Geida m	Goniri Kukawa Primary Health Clinic	2	2	3	2	9	2	3	2	2
16 9	Geida m	Kelluri Primary Health Clinic	1	2	2	3	8	2	3	2	2
18 1	Gujba	Gotala Primary Health Clinic	2	2	4	3	11	2	4	3	2
18 5	Gujba	Katarko Primary Health Clinic	0	2	3	-8	-3	-1	-1	-1	-1
18 6	Gujba	Kukuwa Primary Health Clinic	2	2	4	-2	6	1	2	2	1
18	Gujba	Muktum Primary Health	2	2	4	2	10	2	4	3	2

7		Clinic									
190	Gujba	Nyakire Primary Health Clinic	2	2	4	-3	5	1	2	1	1
201	Gulani	GARIN ABDULLAHI Primary Health Clinic	2	2	4	2	10	2	4	3	2
204	Gulani	Kukuwa Primary Health Clinic	2	2	4	2	10	2	4	3	2
207	Gulani	NGUZUWA Primary Health Clinic	2	2	4	3	11	2	4	3	2
213	Gulani	ZANGO Primary Health Clinic	2	2	3	-2	5	1	2	1	1
218	Jakusko	Bayam Primary Health Clinic	2	2	4	3	11	2	4	3	2
220	Jakusko	Dachia Primary Health Clinic	1	2	2	-17	-12	-2	-4	-3	-2
224	Jakusko	Gauya Primary Health Clinic	1	2	4	4	11	2	4	3	2
228	Jakusko	Gwayo Primary Health Clinic	2	2	4	3	11	2	4	3	2
231	Jakusko	Jakusko Primary Health Clinic	2	2	4	-8	0	0	0	0	0
23	Jakusko	Jammel Primary Health	2	2	4	2	10	2	4	3	2

2	o	Clinic									
23	Jakusk	KARAGE Primary Health	2	2	4	3	11	2	4	3	2
3	o	Clinic									
23	Jakusk	Katamma Primary Health	2	2	4	3	11	2	4	3	2
4	o	Clinic									
23	Jakusk	Tajuwa Primary Health	1	2	4	-14	-7	-1	-2	-2	-1
9	o	Clinic									
24	Karasu	DABAN GIWA Primary	2	2	4	2	10	2	4	3	2
6	wa	health clinic									
24	Karasu	GARIN AMADU Primary	2	2	3	3	10	2	4	3	2
8	wa	Health Clinic									
25	Karasu	KAFETUWA Primary	2	2	2	4	10	2	4	3	2
3	wa	Health Clinic									
25	Karasu	KARAU KAKU Primary	2	2	3	4	11	2	4	3	2
6	wa	Health Clinic									
26	Karasu	TABAWA Primary Health	1	2	3	-4	2	0	1	1	0
0	wa	Clinic									
26	Machi	Abuja Primary Health Clinic	2	1	2	-8	-3	-1	-1	-1	-1
3	na										
26	Machi	Burdu Primary Health Clinic	2	2	4	0	8	2	3	2	2
5	na										
26	Machi	Dandari Primary Health	2	2	4	2	10	2	4	3	2

7	na	Clinic									
27	Machi	Garanda Primary Health	2	2	3	2	9	2	3	2	2
0	na	Clinic									
27	Machi	Goki Primary Health Clinic	2	2	3	-1	6	1	2	2	1
1	na										
27	Machi	Kagumsuwa Primary Health	2	2	4	3	11	2	4	3	2
2	na	Clinic									
27	Machi	Kalgidi Primary Health	2	2	4	-3	5	1	2	1	1
3	na	Clinic									
27	Machi	Kangarwa Primary Health	2	2	4	3	11	2	4	3	2
4	na	Clinic									
27	Machi	Karmashe Primary Health	1	2	4	0	7	1	2	2	1
5	na	Clinic									
28	Machi	Yalauwa Primary Health	2	2	4	2	10	2	4	3	2
2	na	Clinic									
28	Nanger	BIRIRI Primary Health	2	2	4	2	10	2	4	3	2
3	e	Clinic									
28	Nanger	CHALINNO Primary Health	2	2	4	3	11	2	4	3	2
4	e	Clinic									
28	Nanger	DAGAZIRWA Primary	1	2	4	2	9	2	3	2	2
9	e	Health Clinic									
29	Nanger	DARIN Primary Health	1	2	4	0	7	1	2	2	1

2	e	Clinic									
29	Nanger	DAWASA Primary Health	1	2	4	3	10	2	4	3	2
4	e	Clinic									
29	Nanger	GARIN BABA Primary	2	2	4	4	12	2	4	3	2
9	e	Health Clinic									
30	Nanger	GARIN KADAI Primary	1	2	4	3	10	2	4	3	2
1	e	Health Clinic									
30	Nanger	KUKURI Primary Health	2	2	4	1	9	2	3	2	2
6	e	Clinic									
30	Nanger	OLD NANGERE Primary	2	2	4	3	11	2	4	3	2
8	e	Health Clinic									
31	Nguru	Army barrack Primary	2	2	4	4	12	2	4	3	2
3		Health Clinic									
31	Nguru	Baganari Primary Health	1	2	4	4	11	2	4	3	2
5		Clinic									
32	Nguru	Dagirari Primary Health	-1	2	4	1	6	1	2	2	1
1		Clinic									
32	Nguru	KARAMBARI Primary	0	2	4	4	10	2	4	3	2
5		Health Clinic									
32	Nguru	LAWAN NGOMA Primary	2	2	4	-31	-23	-5	-8	-6	-5
6		Health Clinic									
32	Nguru	MAIDASHI Primary Health	2	2	4	3	11	2	4	3	2

7		Clinic									
330	Nguru	Mirwa Primary Health Clinic	0	2	4	3	9	2	3	2	2
331	Nguru	NGARBI Primary Health Clinic	2	2	4	-12	-4	-1	-1	-1	-1
334	Potiskum	Anguwan Jaji Primary Health Clinic	-1	1	2	-1	1	0	0	0	0
336	Potiskum	Bilanfusam Primary Health Clinic	2	2	4	4	12	2	4	3	2
337	Potiskum	Bubaram bataba Primary Health Clinic	1	2	4	4	11	2	4	3	2
338	Potiskum	Bula Bulin Primary Health Cline	-5	-6	4	-2	-9	-2	-3	-2	-2
339	Potiskum	Bula Primary Health Clinic	2	2	4	4	12	2	4	3	2
340	Potiskum	Dakasko Primary Health Clinic	1	2	3	3	9	2	3	2	2
344	Potiskum	Dumbulwa Primary Health Clinic	0	2	3	-4	1	0	0	0	0
345	Potiskum	Fara fara Primary Health Clinic	1	2	4	2	9	2	3	2	2
34	Potiskum	Garin makwai Primary	0	2	4	1	7	1	2	2	1

9	um	Health Clinic									
35	Potiskum	Helma sale Primary Health Clinic	1	2	4	3	10	2	4	3	2
35	Potiskum	Jigawa Primary Health Clinic	-1	2	4	3	8	2	3	2	2
35	Potiskum	Jumaa Primary Health Clinic	1	2	3	2	8	2	3	2	2
35	Potiskum	Leprosy Primary Health Clinic	1	2	4	-9	-2	0	-1	-1	0
35	Potiskum	Nahuta Primary Health Clinic	1	2	4	-3	4	1	1	1	1
36	Potiskum	Ngojin Primary Health Clinic	2	2	4	2	10	2	4	3	2
36	Potiskum	Potiskum town Primary Health Clinic	1	2	4	-11	-4	-1	-1	-1	-1
36	Potiskum	Yindiski Primary Health Clinic	-3	0	4	-13	-12	-2	-4	-3	-2
36	Tarmuwa	BIRIRI Primary Health Clinic	1	2	4	-2	5	1	2	1	1
36	Tarmuwa	GARGA Primary Health Clinic	2	2	4	1	9	2	3	2	2
37	Tarmu	KALIYARI Primary Health	2	2	4	1	9	2	3	2	2

2	wa	Clinic									
37	Tarmu	MATTARI Primary Health	2	2	4	0	8	2	3	2	2
9	wa	Clinic									
38	Yunus	Bukarti Primary Health	2	1	4	-3	4	1	1	1	1
2	ari	Clinic									
39	Yunus	Mairari Primary Health	1	2	4	-5	2	0	1	1	0
0	ari	Clinic									
39	Yunus	Mozogun Primary Health	0	1	4	-10	-5	-1	-2	-1	-1
1	ari	Clinic									
39	Yusufa	BONEGARAL PRIMARY	2	2	4	3	11	2	4	3	2
6	ri	HEALTH CLINIC									
40	Yusufa	KACHALLAHARI	1	1	4	0	6	1	2	2	1
2	ri	PRIMARY HEALTH									
		CLINIC									
40	Yusufa	KALUWA PRIMARY	2	2	4	3	11	2	4	3	2
4	ri	HEALTH CLINIC									
40	Yusufa	KASKA PRIMARY	1	2	4	1	8	2	3	2	2
5	ri	HEALTH CLINIC									
41	Yusufa	SUMBAR PRIMARY	2	2	4	2	10	2	4	3	2
4	ri	HEALTH CLINIC									
Grand Total			185	258	516	1	960	188	350	259	182

