**Title: The role of Information Technology in maximizing PHC HRH Governance in Kaduna State, Nigeria.**

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**Background:**

The Nigerian Government plans to achieve Universal Health Coverage by revitalizing Primary Health Care (PHC). One of the main challenges facing the PHC sector is inadequate and inequitably distributed workforce. PHC is the first level of care, but it is fragmented under different Government Agencies. The Primary Health Care Under One Roof (PHCUOR) policy focuses on centralizing human resources for health (HRH) governance, management, and planning under one authority; the Primary Health Care Development Agency (PHCDA), however, implementing this policy has been sub-optimal due to the absence of timely and accurate HRH information. Using Kaduna state as a case study, a thought-out process to strengthen HRH governance and stimulate evidence-driven decision making in the PHCDA, was to onboard all PHC workforce in a State-driven financial management system.

**Aims and objectives of the research:**

To achieve this, we conducted this research to help the Agency govern, manage and plan better for its workforce by developing an HRH Information System.

**Methods used:**

We conducted desk reviews of the all relevant policy documents to obtain information on the HRH landscape in the State. Then, we engaged various stakeholders in the State to develop a roadmap to bridge the gaps identified by the desk review. A data collection tool was developed and data on the sociodemographic, educational background and employment history were extracted from the physical files. Data were analyzed with Microsoft Excel and presented as charts and tables.

**Key findings**

A total of 6,110 PHC staff were transferred to the PHCDA, of which 53% were female. Of the total workforce, 70% were between 31 – 50 years; 31 – 40 years 33% and 41 – 50 years 37%. The PHC workforce is predominantly Community Health Workers with 39%; CHEW 22%, Health Assistant/Attendant 29%, JCHEW 11% are the leading professions. By the year 2020, an estimated 5% should be exiting the PHC workforce.

**Main conclusions**

Findings from the research highlight the current distribution and skill-mix of the PHC workforce transferred from the LGA, in accordance with the PHCUOR mandate. However, further staff verification is required to sanitize the PHC workforce. The findings informed the State PHCDA to prioritize recruiting and distributing skilled officers to improve the availability and quality of healthcare services in underserved locations.