



## **Primary Health Care Human Resources for Health mapping and staffing gap Analysis**



## ACKNOWLEDGMENT

On behalf of the Osun Ministry of Health, I extend my sincere gratitude to all stakeholders who contributed to the successful completion of the Human Resources for Health (HRH) Mapping and Gap Analysis Report.

This report represents a pivotal step towards fortifying our healthcare workforce by elucidating existing gaps and providing strategic recommendations. I extend my profound appreciation to the State Primary Health Care Development Agency

Furthermore, I acknowledge the unwavering dedication of our healthcare professionals, data collectors, and the HRH Technical Working Group for their invaluable contributions. Their efforts have ensured the veracity and depth of this report, which will serve as a guiding principle for evidence-based planning and policy formulation.

Together, we remain steadfast in our commitment to constructing a resilient and adequately equipped health workforce, thereby enhancing service delivery and ensuring the provision of quality healthcare for all.



Barr. Jola Akintola  
Honourable Commissioner for Health  
Osun State Ministry of Health

## Abbreviations

<b>ANC</b>	Antenatal Care
<b>BHCPF</b>	Basic Healthcare Provision Fund
<b>CHAI</b>	Clinton Health Access Initiative
<b>CHEW</b>	Community Health Extension Worker
<b>CHO</b>	Community Health Officer
<b>CPD</b>	Continuing Professional Development
<b>DHIS</b>	District Health Information Systems
<b>EKHIS</b>	Osun State Health Insurance Scheme
<b>EKSUTH</b>	Osun State University Teaching Hospital
<b>FETHI</b>	Federal Teaching Hospital, Ido
<b>GL</b>	Grade Level
<b>HCWs</b>	Healthcare Workers
<b>HMB</b>	Hospitals Management Board
<b>This</b>	Health Training Institutions
<b>Health workforce</b>	Human Resource for Health
<b>LGA</b>	Local Government Area
<b>LGHA</b>	Local Government Health Authority
<b>MSP</b>	Minimum Service Package
<b>NPHCDA</b>	National Primary Healthcare Development Agency
<b>PHC</b>	Primary Healthcare
<b>SHIA</b>	State Health Insurance Agency
<b>SMoH</b>	State Ministry of Health
<b>SPHCDA</b>	State Primary Healthcare Development Agency
<b>SRMNCH</b>	Sexual, Reproductive, Maternal, Neonatal and Child Health
<b>VA</b>	Vacancy Analysis
<b>WHO</b>	World Health Organisation



## Introduction

The healthcare workforce encompasses a diverse range of professionals, including physicians, nurses, midwives, and other healthcare providers. Their collective efforts are pivotal in delivering essential health services within healthcare systems and ensuring the efficient functioning of these systems globally. The presence, allocation, and effectiveness of healthcare professionals significantly impact the quality, accessibility, and responsiveness of healthcare provisions. Health workforce management is a crucial aspect of the healthcare system that encompasses training, recruitment, deployment, retention, and effective management of healthcare personnel. The availability of primary healthcare (PHC) health workforce is paramount in achieving healthcare system objectives, enhancing health outcomes, reducing morbidity and mortality rates, and promoting universal health coverage.

The global health workforce faces significant challenges, particularly in low- and middle-income countries. These challenges include inadequate healthcare professionals, especially in rural and underserved regions; an uneven distribution of healthcare personnel between urban and rural areas; inadequate training and education resources; low absorption and recruitment; migration of skilled healthcare workers to more developed nations; insufficient investment in healthcare workforce infrastructure and management systems; and disparities in healthcare access among various population groups. Furthermore, changes in population demographics, such as aging and an increasing burden of non-communicable diseases, further exacerbate these challenges and strain the capacities of the healthcare workforce, leading to shortages and gaps in skills.

Nigeria's healthcare workforce landscape mirrors global challenges while presenting country-specific issues. Healthcare professionals are scarce, exacerbated by challenges such as the human capital flight of skilled health workers to more economically developed countries. Like most states in Nigeria, Osun faces numerous challenges in the capacity of Primary Health Centres (PHCs) to provide a gender-sensitive service package to an increasing population. The inadequate number of PHC workforce and inequitable distribution of PHC health workers across facilities negatively impact the facility's ability to provide a comprehensive and equitable healthcare service. The scarcity of healthcare workers, particularly in rural and underserved areas, exacerbates health disparities and limits access to essential services.

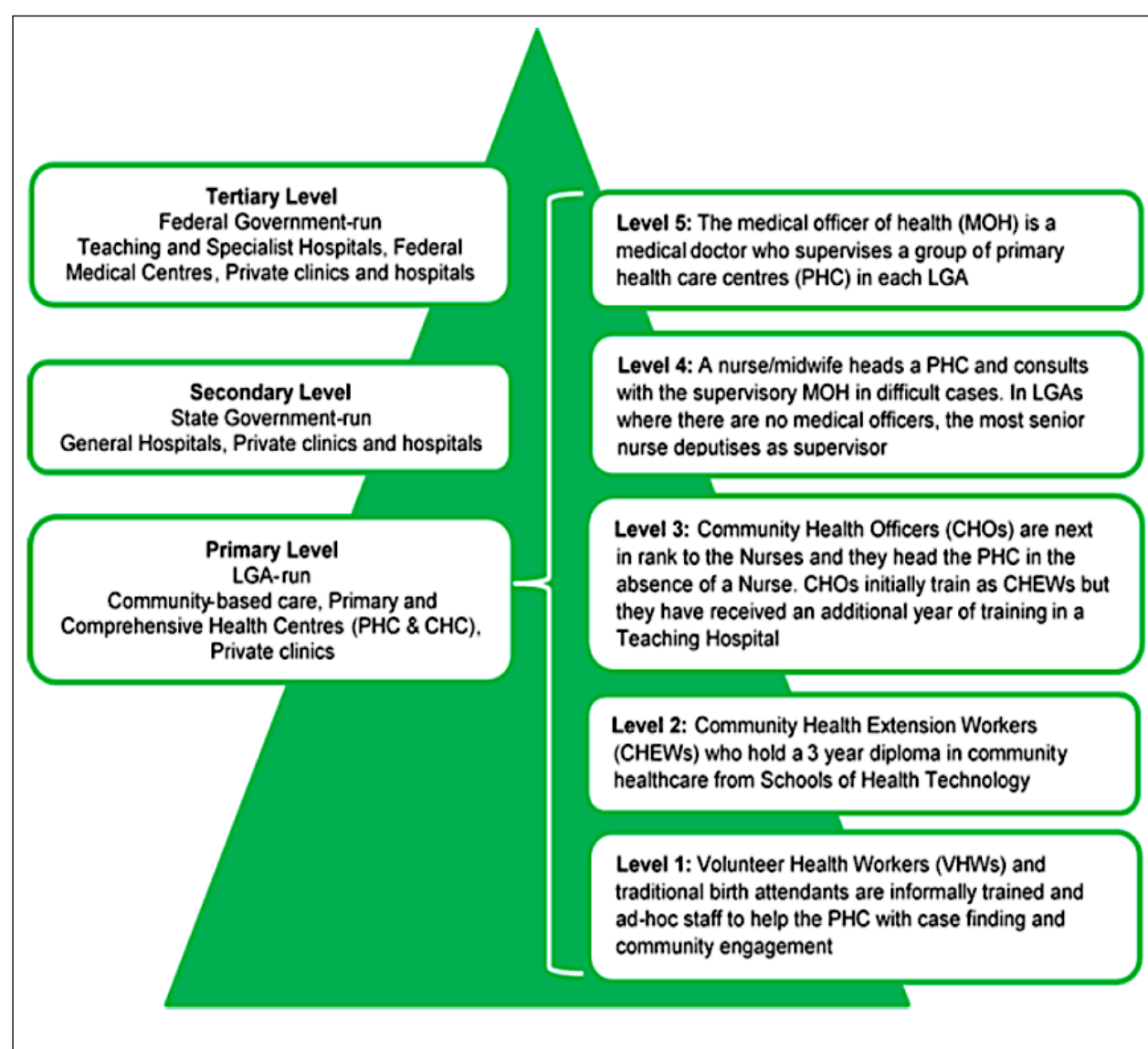
Addressing these health workforce challenges is paramount to enhancing the state's healthcare system, improving health outcomes, and ensuring equitable access to quality healthcare for all residents.

This comprehensive strategy addresses Osun's critical health workforce issues, particularly within the public Primary Health Care (PHC) system. The critical health workforce issues were identified through a vacancy analysis that evaluated the number of PHC facilities that met the Minimum Service Package (MSP) requirements for the health workforce. Subsequently, through a collaborative workshop, the root cause analysis (RCA)

identified the underlying factors contributing to poor PHC workforce performance and developed recommendations to optimize the health workforce.

## Health systems organization and service delivery structure

The state comprises 332 focal primary healthcare centers (PHCs), 56 secondary healthcare facilities, and three public tertiary healthcare facilities. The PHCs are overseen by the Local Government Health Authority (LGHA), which comprises Medical Officers of Health and/or Health Secretaries. However, the State Primary Healthcare Development Board (SPHCDB) also provides oversight and support to the PHCs. The Hospitals Management Board (HMB) manages the secondary healthcare facilities, while the state-owned tertiary healthcare facility, Uniosun Teaching Hospital UTH), is managed by its management board. The federal tertiary facility, Obafemi Awolowo University Teaching Hospitals Complex, Ile Ife (OAUTHC) and the federal Medical Centre, owned by the federal government, are managed by the Federal Ministry of Health (FMOH).



## Overview of Health Workforce Governance and Management in Osun State

The Osun State Human Resource for Health Unit is located within the State Ministry of Health, specifically under the Department of Health Planning, Research, and Statistics (HPR&S). The Hospital Management Board, the State Primary Health Care Development Board, Uniosun Teaching Hospital, and Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) each have designated focal persons responsible for submitting health workforce data to the SMOH. This unit reports directly to the Director of Health Planning, Research, and Statistics (DHPRS).

The Health Workforce Unit (HWU) is responsible for collecting and managing statistical data on human resources in the health sector from all healthcare-providing institutions within the state. Its primary function is to provide relevant stakeholders with information on the state of human resources in the state. Additionally, the HWU collaborates with the FMOH Health Workforce Unit to monitor the adequacy of skilled health workers and their distribution at both the state and national levels.

Currently, there is no Human Resource for Health (HRH) Task Force (TWG) or HRH Strategic Plan in place. Furthermore, at the local government area (LGA) level, there is no Health Workforce Management System in operation. This absence of a comprehensive system has resulted in weak coordination, planning, management, and organizational capacity within the health workforce.

The Departments of Administration and Supply (SMOH, HMB, SPHCDB, and State Health Insurance Agency (SHIA)) are responsible for overseeing workers' postings and transfers. Recruitment is conducted centrally at the Local Government Service Commission and SPHCDB.

## PHC Personnel List

S/N	CADRE	PHC		
		MALE	FEMALE	TOTAL
1	Medical consultants	0	0	0
2	Medical doctors	8	3	11
3	Dental surgeon	0	0	0
4	Nurse	25	125	150
5	Nurse	0	0	0

<b>6</b>	Midwives	0	0	<b>0</b>
<b>7</b>	Pharmacist	12	2	<b>14</b>
<b>8</b>	Pharmacy attendance	0	0	<b>0</b>
<b>9</b>	Pharmacy technician	3	32	<b>35</b>
<b>10</b>	Laboratory scientist/Superintendent	0	0	<b>0</b>
<b>11</b>	Laboratory technician	11	69	<b>80</b>
<b>12</b>	Laboratory attendance	0	0	<b>0</b>
<b>13</b>	Laboratory assistance	0	0	<b>0</b>
<b>14</b>	Medical record officer	1	4	<b>5</b>
<b>15</b>	Medical record assistance	0	3	<b>3</b>
<b>16</b>	Medical record technicians	25	550	<b>575</b>
<b>17</b>	Honorary consultant	0	0	<b>0</b>
<b>18</b>	Senior Community Health Extension Worker	45	1250	<b>1295</b>
<b>19</b>	Junior Community Health Extension Worker	9	102	<b>111</b>
<b>20</b>	Community Health Off	15	253	<b>268</b>
<b>21</b>	Community health technician	0	0	<b>0</b>
<b>22</b>	Scientific officer	0	0	<b>0</b>
<b>23</b>	Health attendant/Ass	22	268	<b>290</b>
<b>24</b>	Anesthetise technicians	0	0	<b>0</b>
<b>25</b>	Porters	0	0	<b>0</b>
<b>26</b>	Dental therapist	0	0	<b>0</b>
<b>27</b>	Dental technology	0	0	<b>0</b>
<b>28</b>	Dental technician	11	42	<b>53</b>



<b>29</b>	x-radiographer	0	0	<b>0</b>
<b>30</b>	X-Ray technician	4	6	<b>10</b>
<b>31</b>	X-Ray assistance	0	0	<b>0</b>
<b>32</b>	Laundry assistance	0	0	<b>0</b>
<b>33</b>	Hospital secretary	0	0	<b>0</b>
<b>34</b>	Secretary (confidential	0	0	<b>0</b>
<b>35</b>	Secretary assistance	0	0	<b>0</b>
<b>36</b>	Mortuary attendance	0	0	<b>0</b>
<b>37</b>	Tailoring	0	0	<b>0</b>
<b>38</b>	Telephone assistance	0	0	<b>0</b>
<b>39</b>	Statistician/Planning	0	0	<b>0</b>
<b>40</b>	Executive Officer /Account	0	0	<b>0</b>
<b>41</b>	Clerk	0	0	<b>0</b>
<b>42</b>	Accountant	0	0	<b>0</b>
<b>43</b>	Typist	0	0	<b>0</b>
<b>44</b>	Driver	0	0	<b>0</b>
<b>45</b>	Messenger	0	0	<b>0</b>
<b>46</b>	Gardener /security	0	0	<b>0</b>
<b>47</b>	House office	0	0	<b>0</b>
<b>48</b>	Dental therapist interim	0	0	<b>0</b>
<b>49</b>	Laboratory interim	0	0	<b>0</b>
<b>50</b>	Pharmacy interim	0	0	<b>0</b>
<b>51</b>	Clinical psychologist	0	0	<b>0</b>
<b>52</b>	Imaging scientist	0	0	<b>0</b>

<b>53</b>	Contract appointment	0	0	<b>0</b>
<b>54</b>	Physiotherapist	0	0	<b>0</b>
<b>55</b>	Physiotherapist attendance	0	0	<b>0</b>
<b>56</b>	Medical social services	0	0	<b>0</b>
<b>57</b>	Nutrition and dietary	5	24	<b>29</b>
<b>58</b>	Occupational therapist	0	0	<b>0</b>
<b>59</b>	Optometrist	0	0	<b>0</b>
<b>60</b>	Admin /Executive Officer	0	0	<b>0</b>
<b>61</b>	Store and supplies	0	0	<b>0</b>
<b>62</b>	Nurse/ midwives Tutor	0	0	<b>0</b>
<b>63</b>	Auditor	0	0	<b>0</b>
<b>64</b>	Works department /	0	0	<b>0</b>
<b>65</b>	Information communication	0	0	<b>0</b>
<b>66</b>	Environmental	0	0	<b>0</b>
<b>67</b>	Horticulture	0	0	<b>0</b>
<b>68</b>	Procurement	0	0	<b>0</b>
<b>69</b>	Population off	0	0	<b>0</b>
	Others (specify)	8	437	<b>445</b>
	<b>Total number of staffs</b>	<b>203</b>	<b>3171</b>	<b>3374</b>

## Health workforce Attrition

### SPHCB ATTRITION

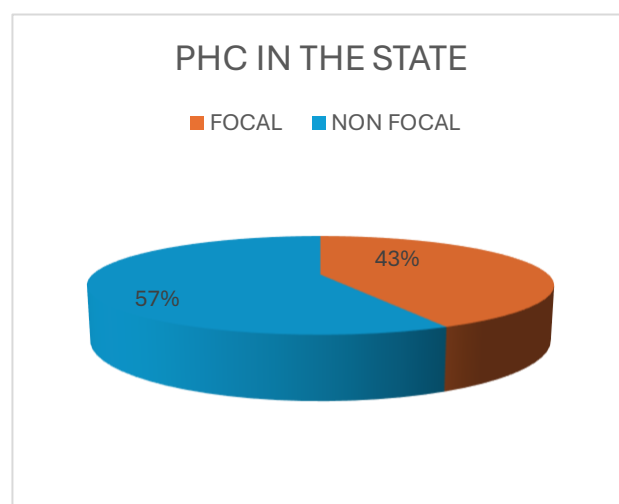
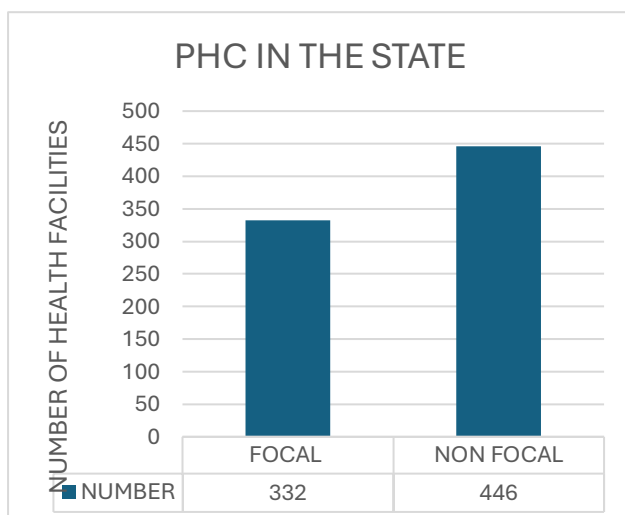
S/N	CADRE	2022	2023	2024	SUB TOTAL
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1	MEDICAL DOCTOR	1	3	2	6
2	NURSE	4	7	10	21
3	PHARMACIST	0	3	1	4
4	CHEW	8	12	7	27
<b>Total</b>		<b>13</b>	<b>25</b>	<b>20</b>	<b>58</b>

## Health Workforce Recruitment and Management

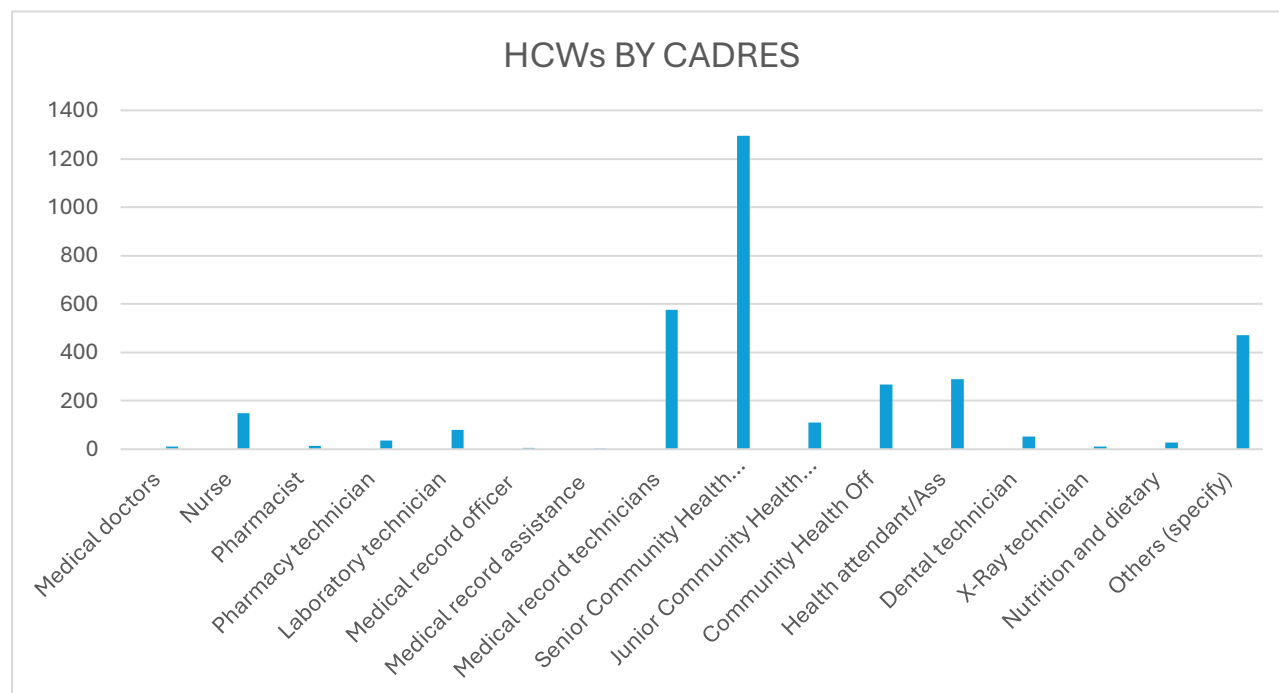
The most recent recruitment of the PHC workforce was recorded in 2012. This underscores the imperative for the development and implementation of a recruitment and replacement plan.

## FOCAL AND NON-FOCAL PHCs IN THE STATE



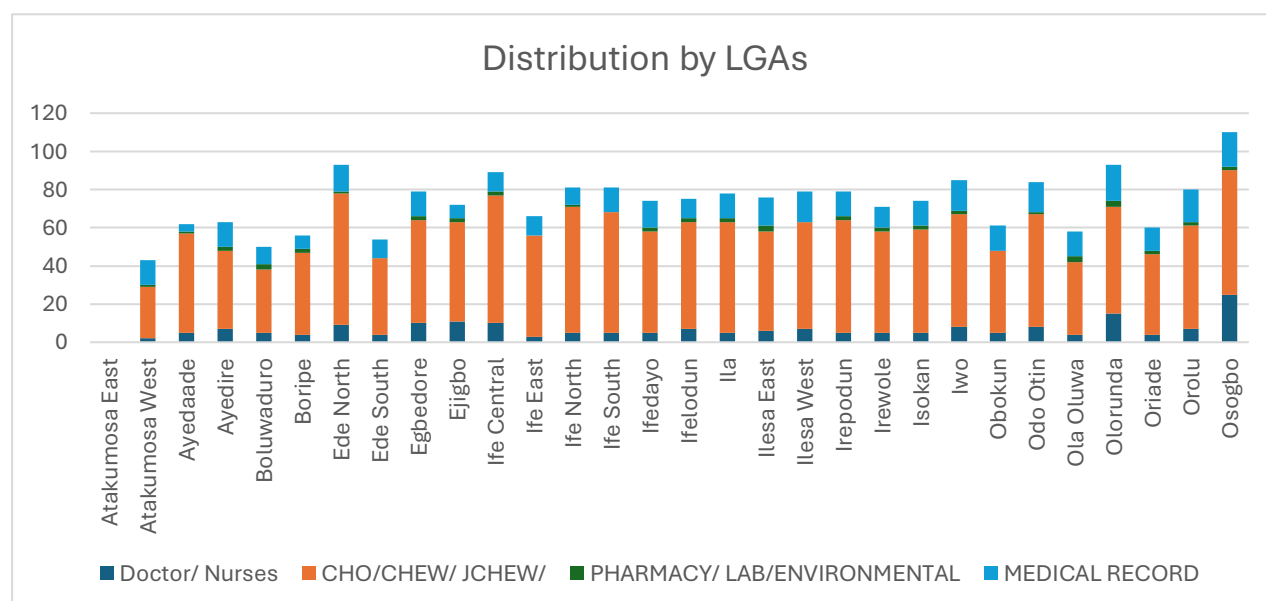
*Facility distribution*

**Availability by Cadres:** Community health extension workers (CHEW), medical records personnel, and dental personnel collectively represent 68.2% (2302 out of 3374) of all HCWs within these facilities.



Availability of HCWs by cadres

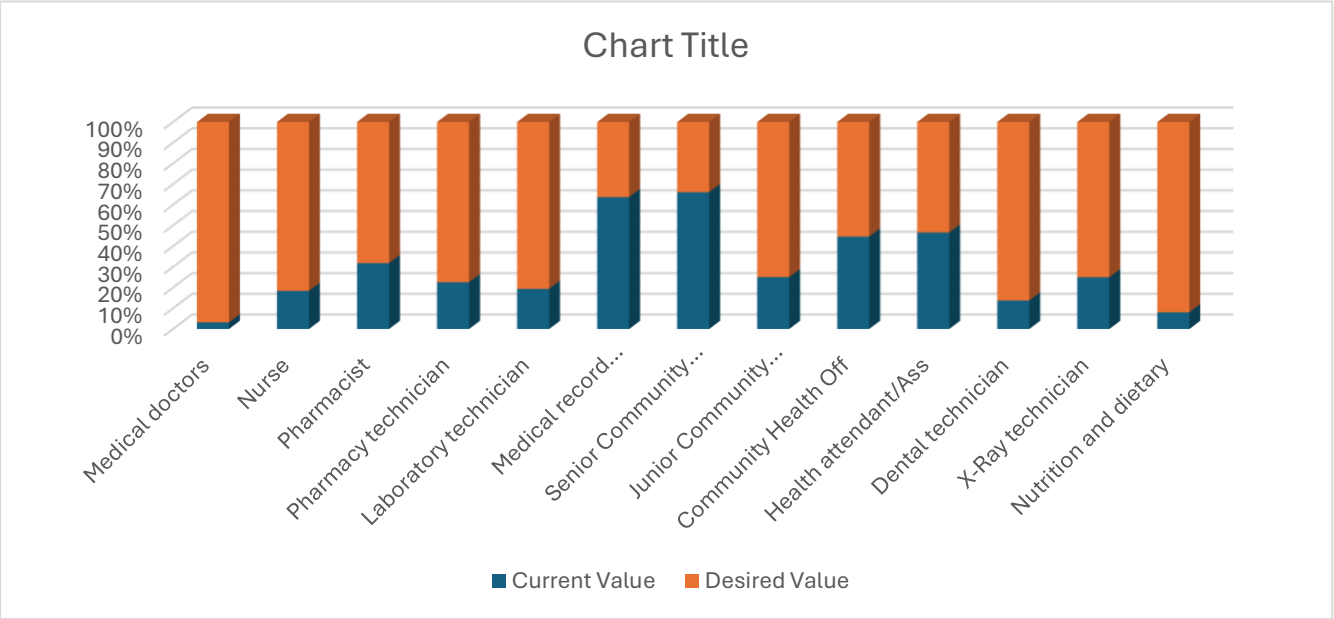
**Distribution by LGA:** Findings showed that 15.6% of the permanent healthcare workforce works in Osogbo/Olorunda LGAs. The remaining portion is dispersed among the other 30 LGAs within the state.



Distribution of HCWs across LGAs

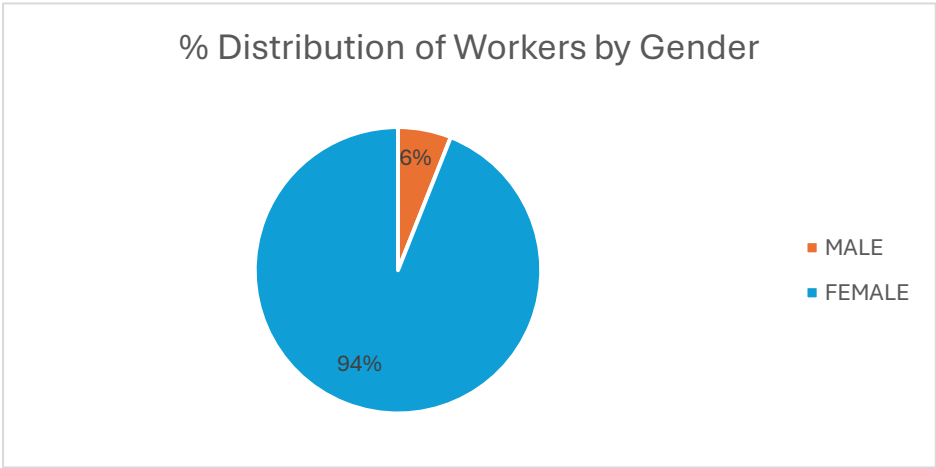
**Gap/Surplus by Cadre:** Findings show that there is a 99% shortage of doctors and a 81% gap for nurses/midwives, painting a concerning picture of HCWs distribution in the state.

Gap/Surplus of HCWs by cadre



A deeper dive into health workforce statistics at PHC Clinics to understand the distribution of health workers required to provide essential SRMNCH services shows a gap of 85% for nurses/midwives and 50% for CHOs.

**Gender Distribution:** There is a higher proportion of female HCWs compared to male



### Key next steps

The following recommendations are intended to facilitate the implementation of the co-creation interventions and ensure the establishment of a robust and sustainable healthcare workforce within the state, with a specific focus on primary healthcare facilities.

1. Form the Human Resources for the Health Technical Working Group (Health Workforce TWG) and provide capacity building training to health workforce managers within the state.
2. Develop a comprehensive Human Resources for Health (Health workforce) Strategic Plan and Policy for the state.
3. Advocate for the recruitment of healthcare workers to Primary Health Care (PHC) facilities.
4. Update the Primary Health Care Information System (PHCIS) for Osun State and develop a health workforce registry.