

ENUGU STATE PRIMARY HEALTH CARE DEVELOPMENT AGENCY

Human Resources for Health (HRH) Analysis — 2025 Nominal Roll

Prepared: 15 February 2025 | Source: ENSPHCDA Updated Nominal Roll 2025 | Total Records: 2,093

1. Executive Summary

This report presents a quantitative assessment of Human Resources for Health (HRH) across all 17 Local Government Areas (LGAs) of Enugu State, derived from the ENSPHCDA 2025 nominal roll of 2,093 staff. Four core indicators are reported: the 2025 attrition rate, staff distribution by LGA, Primary Health Care (PHC) facility count, and the statewide HRH gap benchmarked against the ENSPHCDA standard of 16 staff per PHC.

Key Findings:

- Attrition rate for 2025: 1.53% (32 of 2,093 staff)
- Total PHCs identified: 541 (Urban: 240; Rural: 301)
- Total HRH required at the 16-staff-per-PHC standard: 8,656
- Staff currently on the nominal roll: 2,093
- Statewide HRH gap: 6,563 (Urban: 2,903; Rural: 3,660)

The gap represents a 75.8% workforce shortfall against minimum staffing standards. Rural LGAs account for 55.8% of the total gap despite having access to slightly more staff in absolute terms, reflecting the disproportionate concentration of PHC facilities outside urban centres. This gap has direct implications for service delivery capacity, clinical supervision ratios, and the Agency's ability to operationalise the full PHC network as planned.

2. Data Sources and Scope

The primary data source is the ENSPHCDA Updated Nominal Roll 2025, comprising 2,093 individual staff records across all 17 LGAs. Each record contains the following fields: LGA, staff name, sex, town of posting, qualifications, date of first appointment, date of last promotion, present rank, ward, duty post, projected date of retirement, and phone number.

Scope and limitations:

- Duty Post entries across the nominal roll exhibit significant inconsistency in spelling, abbreviation, and nomenclature. Facility names were standardised, and administrative or departmental entries were separated from PHC-level postings prior to analysis.
- The resulting PHC count of 541 is acknowledged to exceed the commonly cited state figure of approximately 330 PHCs. This discrepancy reflects residual orthographic variation in the Duty Post field where near-identical spellings represent genuinely distinct facilities. The

PHC count used here should therefore be treated as an upper-bound estimate pending manual validation against the official facility register.

- If the 330-PHC figure is applied, statewide HRH required falls to 5,280 and the aggregate gap to 3,187 — still a deficit exceeding 60%.
- Staff classified under LGA/Other (administrative and departmental postings) are included in each LGA's available workforce count, consistent with the instruction that total HRH per LGA reflects all nominal-roll staff in that jurisdiction. If only PHC-deployed staff are counted, the available figure decreases by 196 statewide, widening the gap proportionally.
- A small number of retirement date entries contain apparent data-entry errors and have been excluded from the 2025 attrition count without affecting overall staff totals.

3. ENSPHCDA HRH Standard per PHC

The staffing standard applied throughout this analysis reflects the ENSPHCDA-prescribed minimum cadre allocation per PHC facility, as follows:

Cadre	Required per PHC
Nurse / Midwife	2
Community Health Extension Worker (CHEW)	4
Medical Laboratory Technician	1
Medical Records Officer	1
Pharmacy Technician	1
Health Attendant	2
Junior Community Health Extension Worker (JCHEW)	2
Cleaner	2
Security	2
Total per PHC	16

The standard of 16 staff per PHC reflects the minimum viable complement for routine PHC service delivery. It does not account for supervisory layers, specialist cadres, or surge capacity. LGAs operating below this standard face compounded deficiencies in patient throughput, maternal and child health coverage, and Emergency response capability.

4. Attrition Rate, 2025

The 2025 attrition rate was computed from nominal roll records indicating a retirement year of 2025.

Indicator	Value
Total staff on nominal roll	2,093
Staff retiring in 2025	32
Attrition Rate (2025)	1.53%

At 1.53%, the 2025 attrition rate is relatively contained in absolute terms. However, the distribution of retirements is notable: the four LGAs recording the highest retirement volumes in 2025 are Udi (5 staff), Igbo-Eze North (4), Awgu (4), and Uzo Uwani (4). Udi and Igbo-Eze North are both urban-classified LGAs with existing workforce pressures; attrition in these areas deepens an already significant gap.

The statewide split of retirements is balanced — 16 in Urban LGAs and 16 in Rural LGAs — but the proportional impact is more acute in rural areas where per-facility staffing is already lower. In the absence of a structured replacement pipeline, each retirement translates directly into a widened service delivery gap at the facility level.

5. HRH Gap by LGA — Urban and Rural Breakdown

The table below presents PHC count, staff available, HRH required, and the HRH gap for each of the 17 LGAs, grouped by urban and rural classification.

LGA	Zone	PHCs	Staff Available	HRH Required	HRH Gap
URBAN LOCAL GOVERNMENT AREAS					
Enugu East	Urban	25	62	400	338
Enugu North	Urban	20	52	320	268
Enugu South	Urban	13	83	208	125
Igbo-Eze North	Urban	51	163	816	653
Nkanu West	Urban	25	158	400	242
Nsukka	Urban	36	100	576	476
Udenu	Urban	38	218	608	390
Udi	Urban	32	101	512	411
Urban Subtotal		240	937	3,840	2,903
RURAL LOCAL GOVERNMENT AREAS					
Aninri	Rural	24	104	384	280
Awgu	Rural	30	100	480	380
Ezeagu	Rural	31	69	496	427

LGA	Zone	PHCs	Staff Available	HRH Required	HRH Gap
Igbo-Etiti	Rural	43	136	688	552
Igbo-Eze South	Rural	29	205	464	259
Isi Uzo	Rural	36	107	576	469
Nkanu East	Rural	27	66	432	366
Oji River	Rural	50	235	800	565
Uzo Uwani	Rural	31	134	496	362
Rural Subtotal		301	1,156	4,816	3,660
STATE TOTAL		541	2,093	8,656	6,563

5.1 Zone Summary

Zone	PHCs	Staff Available	HRH Required	HRH Gap
Urban (8 LGAs)	240	937	3,840	2,903
Rural (9 LGAs)	301	1,156	4,816	3,660
State Total	541	2,093	8,656	6,563

5.2 Analytical Observations

Several patterns warrant attention in planning HRH interventions:

- Igbo-Eze North records the largest single-LGA gap among urban LGAs (653), driven by a high PHC count of 51 against a staff complement of 163 — a ratio of 3.2 staff per PHC, representing less than 20% of the minimum standard.
- Oji River carries the largest rural gap (565), with 50 PHCs and only 235 staff — a ratio of 4.7 per PHC. Given MAMII programme coverage in this LGA, the HRH deficit represents a structural constraint on programme fidelity.
- Enugu South records the smallest absolute gap (125) across the entire state, reflecting a relatively compact PHC network of 13 facilities combined with a higher urban staff density.
- Igbo-Eze South presents an anomaly in the rural group: despite a gap of 259, its available staff count of 205 is the highest among rural LGAs, suggesting either a higher legacy posting volume or a concentration of administrative staff classified under that LGA.
- Six LGAs — Ezeagu, Nkanu East, Enugu East, Enugu North, Awgu, and Isi Uzo — all operate at or below 25% of their required HRH complement. These LGAs should be prioritised in any deployment or recruitment schedule.

6. Planning Implications

The findings present a compounding challenge: a 75.8% statewide workforce shortfall that cannot be resolved through recruitment alone within a single budget cycle. Three planning considerations follow directly from this analysis:

- **Prioritised deployment over uniform distribution.** With a gap of 6,563 statewide, uniform distribution of new hires across all facilities is operationally counterproductive. A tiered approach — anchored on facility utilisation data, MAMII LGA coverage, and population burden — will generate greater health system impact per hire.
- **Task shifting as a structural bridge.** The ENSPHCDA standard assumes full cadre coverage. In LGAs where the staff-to-PHC ratio falls below 6 — particularly Ezeagu (2.2), Nkanu East (2.4), and Enugu East (2.5) — task shifting protocols are not an optional augmentation but a clinical necessity.
- **PHC count validation.** The gap between the derived 541-PHC count and the official ~330 figure requires resolution before this analysis is used for formal budget submissions. The cleaned nominal roll data accompanies this report and should be reconciled against the NHMIS facility registry to produce a validated baseline.



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