

# HUMAN RESOURCES FOR HEALTH

## Strategic Workforce Analysis & Gap Assessment Report

Enugu State Primary Health Care Development Agency (ENSPHCDA)

Comparative Analysis: 2024 Baseline vs. 2026 Strategic Projection

March 2026



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## Executive Summary

This comprehensive Human Resources for Health (HRH) report presents a strategic analysis of the healthcare workforce landscape within Enugu State's Primary Health Care (PHC) system. The report draws upon comparative data from the 2024 baseline audit and the 2026 strategic projection, providing critical insights into workforce availability, gaps, and recruitment progress across all 17 Local Government Areas (LGAs).

Key findings reveal a total workforce requirement of 8,274 clinical staff across 566 PHC facilities, with a current availability of 1,810 staff, representing a significant gap of 6,464 personnel (78.1% deficit). The 2024 audit captured non-clinical personnel, including Environmental Health Officers (EHOs) who have since been repositioned to the Water, Sanitation and Hygiene (WASH) unit under ENRUWASA, necessitating a recalibration of the clinical workforce baseline.

Following the approval of 2,200 PHC workforce positions, ENSPHCDA launched a comprehensive online recruitment exercise attracting 6,000 applicants, of whom 4,000 completed the Computer-Based Test (CBT) examination. Phase 1 recruitment has successfully onboarded 450 candidates, representing 6.96% of the total gap. With approval secured for aggregated two-phase recruitment, the Agency projects onboarding 1,350 personnel by the end of 2026, leaving 5,114 positions to be filled by the end of 2027.

## Methodology & Data Sources

The analysis presented in this report employs a multi-dimensional approach to workforce assessment, incorporating baseline enumeration, requirement modelling, gap analysis, and recruitment tracking. Data sources include the 2024 HRH comprehensive audit, 2026 strategic workforce projections, and recruitment management system records.

### Data Collection Framework

The 2024 baseline audit employed a facility-by-facility enumeration methodology, capturing all personnel engaged in PHC service delivery. This inclusive approach encompassed clinical staff, administrative personnel, and support staff, including Environmental Health Officers (EHOs). The subsequent organisational restructuring repositioned EHOs to the WASH unit under ENRUWASA, necessitating a recalibration of the clinical workforce definition for the 2026 strategic projection.

### Workforce Requirement Modelling

Workforce requirements were calculated based on the PHC facility network comprising 566 facilities across 17 LGAs. Staffing norms were established considering the minimum standards for primary healthcare delivery, with particular attention to specialist cadres including Medical Officers, Pharmacists, and Medical Laboratory Scientists. While these specialist categories are not sine qua non of the primary healthcare structure, their inclusion supports PHC system delivery optimisation.

# Comparative Workforce Analysis

## 2024 Baseline Data

The 2024 HRH audit captured a comprehensive enumeration of all personnel engaged in PHC service delivery, including both clinical and non-clinical staff. The total enumeration of 2,847 personnel reflected the inclusive scope of the baseline assessment. Notably, this figure included 174 Environmental Health Officers (EHOs) who have subsequently been repositioned to the WASH unit under ENRUWASA, reflecting the evolving organizational structure of the state's healthcare system.

Table 1 presents the complete 2024 baseline enumeration by cadre:

Cadre	Available	Cadre	Available
Medical Officer	31	Health Educator	21
Nurse/Midwife	103	EHO	174
Pharmacist	3	Pharm Technician	22
Medical Lab Scientist	9	Medical Lab Tech	45
Radiographer	1	EHT	36
Public Health Officer	5	Medical Records	7
Physiotherapist	2	Health Attendant	279
CHEW	1,148	JCHEW	436
Dentist	1	SECURITY	4
Food Scientific	41	Cleaner	2
Nutritionist	1	Others	495
<b>TOTAL</b>	<b>2,847</b>		

Table 1: 2024 HRH Baseline Enumeration by Cadre

## 2026 Strategic Projection

The 2026 strategic projection reflects a refined definition of the clinical workforce following the delineation of non-clinical staff. With strict delineation of clinical staff, the workforce was reduced to the totals captured

in the 2026 projection table. This recalibration ensures that gap analysis and recruitment planning focus exclusively on personnel directly engaged in clinical service delivery.

The strategic projection incorporates critical additions of specialist cadres, including Medical Officers, Pharmacists, and Medical Laboratory Scientists. While these specialists are not the sine qua non of the primary healthcare structure, their inclusion supports PHC system delivery optimisation. However, their numbers are strategically restricted to align with primary care priorities: 90 Pharmacists and Medical Laboratory Scientists to man the 17 LGAs (approximately 5 per LGA), and 10 Medical Doctors for each of the 17 LGAs (170 total).

Table 2 presents the comprehensive 2026 strategic projection with gap analysis:

Cadre	2024 Avail	Req/PHC	Total Req	Gap	% Gap	Gap Left
Medical Officers	31	0	170	139	81.8%	93
Pharmacists	3	0	90	87	96.7%	69
Med Lab Scientists	9	0	90	81	90.0%	63
Nurse/Midwife	103	2	1,132	1,029	90.9%	993
CHEW	1,148	4	2,264	1,116	49.3%	1,008
Med Lab Tech	45	1	566	521	92.0%	484
Medical Records	7	2	1,132	1,125	99.4%	1,085
Pharm Technician	22	1	566	544	96.1%	505
JCHEW	436	2	1,132	696	61.5%	671
Cleaner	2	1	566	564	99.6%	524
Security	4	1	566	562	99.3%	519
<b>TOTAL</b>	<b>1,810</b>		<b>8,274</b>	<b>6,464</b>	<b>78.1%</b>	<b>6,014</b>

Table 2: 2026 Strategic Workforce Projection with Gap Analysis

## Gap Analysis & Percentage Metrics

The gap analysis reveals the magnitude of workforce deficit across all cadres, providing a quantitative foundation for strategic recruitment planning. The analysis deducts available workforce from total required positions to generate the true gap, with percentage metrics providing comparative context across cadres.

### Aggregate Gap Summary

At the aggregate level, the analysis reveals a total requirement of 8,274 clinical staff positions across 566 PHC facilities. With 1,810 staff currently available, the system faces a gap of 6,464 positions, representing a 78.1% deficit. This aggregate figure masks significant variation across cadres, with some categories facing near-total vacancy while others demonstrate higher availability rates.

### Cadre-Specific Gap Analysis

The cadre-specific analysis reveals critical insights for targeted recruitment planning. Medical Officers face the most severe deficit, with only 31 available against a requirement of 170, representing an 81.8% gap. Pharmacists and Medical Laboratory Scientists similarly demonstrate significant deficits of 96.7% and 90.0%, respectively.

Community Health Extension Workers (CHEWs) represent the largest single cadre by requirement (2,264 positions), with 1,148 currently available, leaving a gap of 1,116 (49.3% deficit). This cadre is critical to PHC service delivery, and the relatively higher availability reflects the traditional focus on community health worker deployment.

Figure 1 illustrates the comparative gap analysis across key cadres:

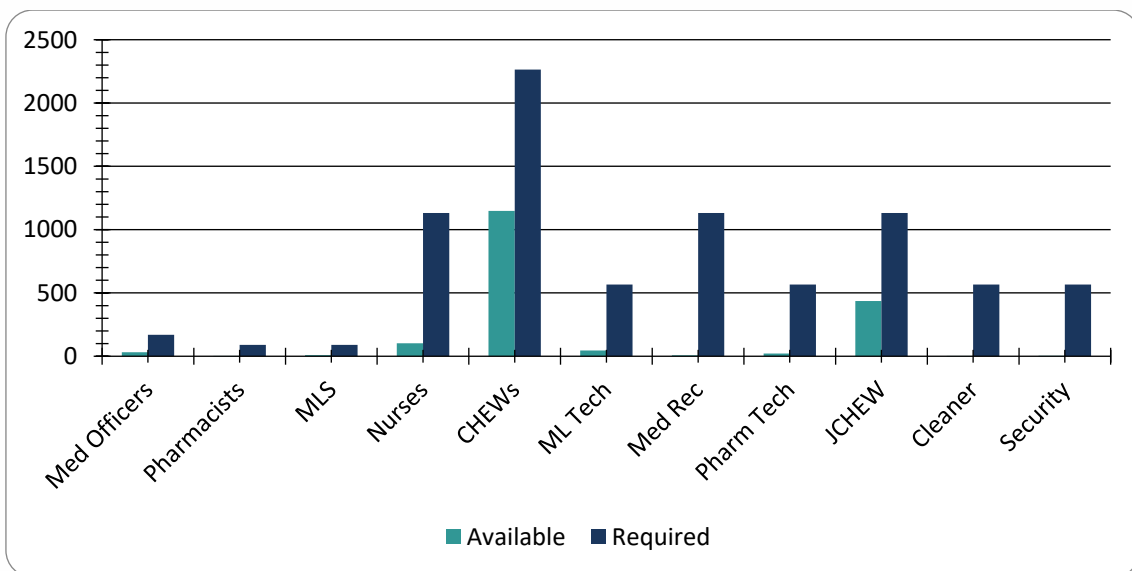


Figure 1: Workforce Gap Analysis by Cadre (Available vs. Required)

## Recruitment Progress Analysis

Following the approval of 2,200 PHC workforce positions, ENSPHCDA initiated a comprehensive recruitment exercise designed to address the identified workforce gaps. The recruitment process employed a transparent, merit-based approach incorporating online application, Computer-Based Testing (CBT), and structured selection criteria.

### Recruitment Process Overview

The recruitment exercise was announced through online channels, attracting 6,000 applications across all cadres. Of these applicants, 4,000 successfully sat for the CBT examination, representing a 66.7% participation rate. The examination was structured as a 40-minute auto-timed exercise with immediate score revelation at the conclusion of the allotted period.

### Phase 1 Results

Phase 1 recruitment successfully onboarded 450 candidates across all cadres, representing 6.96% of the total workforce gap. Table 3 presents the detailed Phase 1 recruitment outcomes by cadre, including percentage recruited and the remaining gap.

Cadre	Gap	Recruited	% of Gap	Remaining	% Remaining
Medical Officers	139	46	33.1%	93	66.9%
Pharmacists	87	18	20.7%	69	79.3%
Med Lab Scientists	81	18	22.2%	63	77.8%
Nurse/Midwife	1,029	36	3.5%	993	96.5%
CHEW	1,116	108	9.7%	1,008	90.3%
Med Lab Tech	521	37	7.1%	484	92.9%
Medical Records	1,125	40	3.6%	1,085	96.4%
Pharm Technician	544	39	7.2%	505	92.8%
JCHEW	696	25	3.6%	671	96.4%



Cadre	Gap	Recruited	% of Gap	Remaining	% Remaining
Cleaner	564	40	7.1%	524	92.9%
Security	562	43	7.6%	519	92.4%
<b>TOTAL</b>	<b>6,464</b>	<b>450</b>	<b>7.0%</b>	<b>6,014</b>	<b>93.0%</b>

Table 3: Phase 1 Recruitment Outcomes by Cadre

### Cadre-Specific Recruitment Analysis

The Phase 1 recruitment demonstrates strategic prioritisation across cadres. Medical Officers saw recruitment of 46 personnel, representing 33.1% of the gap in this critical cadre. Nurses and Midwives, with the largest absolute requirement, saw recruitment of 36 personnel (3.5% of the gap), reflecting the scale of need in this category.

CHEWs, as the backbone of community health service delivery, saw the largest Phase 1 recruitment with 108 personnel onboarded, representing 9.7% of the gap in this cadre. Support staff categories, including Security and Cleaners, achieved higher recruitment percentages (7.6% and 7.1% of gaps respectively), reflecting the shorter training requirements for these positions.

Figure 2 presents the recruitment progress visualisation:

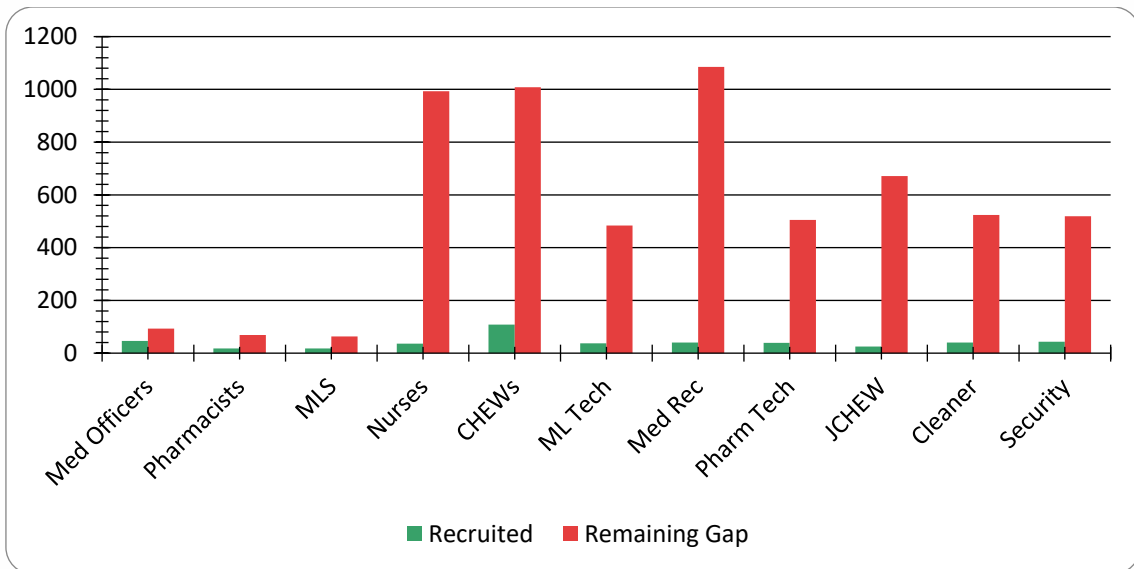


Figure 2: Phase 1 Recruitment Progress by Cadre

## Projected Phases & Timeline

ENSPHCDA has secured approval to conduct aggregated two-phase recruitment, with a total of 900 candidates to be onboarded across Phases 2 and 3. This will bring the cumulative total of successfully onboarded personnel to 1,350 before the end of 2026. The remaining positions will be filled through Phases 4 and 5, with completion targeted for the end of 2027.

Phase	Period	Target	Cumulative	Cumulative % of Gap
Phase 1	Completed	450	450	7.0%
Phase 2	Q2-Q3 2026	450	900	13.9%
Phase 3	Q4 2026	450	1,350	20.9%
Phase 4	Q1-Q2 2027	450	1,800	27.8%
Phase 5	Q3-Q4 2027	450	2,250	34.8%
<b>TOTAL</b>	<b>2025-2027</b>	<b>2,250</b>	<b>2,250</b>	<b>34.8%</b>

Table 4: Five-Phase Recruitment Projection (2025-2027)

Figure 3 illustrates the projected recruitment trajectory:

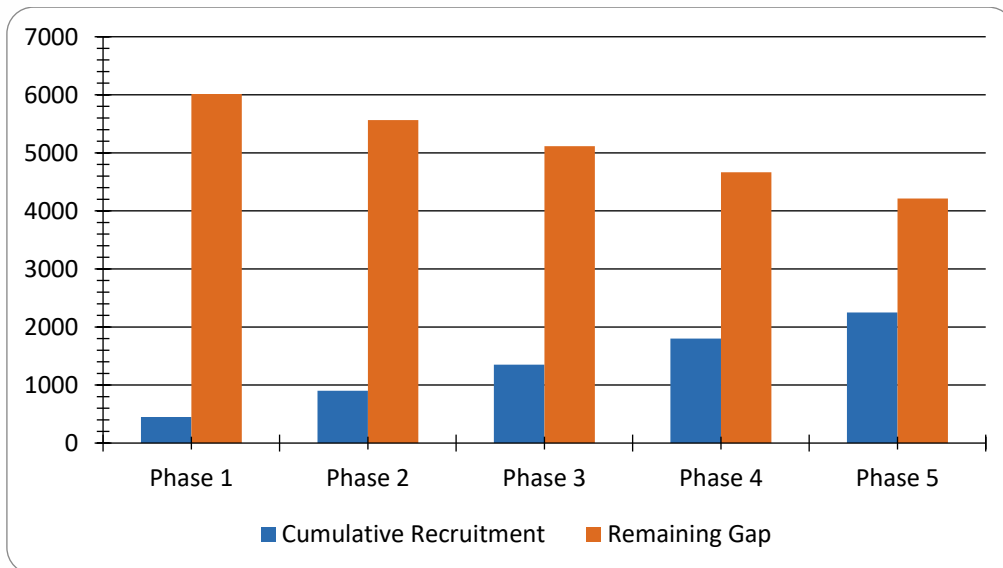


Figure 3: Cumulative Recruitment Projection (2025-2027)

## Strategic Recommendations

Based on the comprehensive analysis presented in this report, the ENSPHCDA proposes the following strategic recommendations to optimise HRH deployment and address identified gaps:

0. **Accelerate Specialist Recruitment:** Prioritise recruitment of Medical Officers, Pharmacists, and Medical Laboratory Scientists given the critical deficits in these cadres (81.8%, 96.7%, and 90.0% gaps, respectively).
1. **Scale CHEW Training Programs:** Given the substantial gap of 1,116 CHEWs (49.3% of the requirement), we hope to deepen conversations with the state government to expand training program capacity of the schools of health to produce additional community health workers.
2. **Optimize Phase Coordination:** With approval secured for aggregated two-phase recruitment, we will ensure seamless coordination between Phases 2 and 3 to achieve the 900-candidate target by the end of 2026. To maintain momentum to complete Phases 4 and 5 by the end of 2027.
3. **Enhance Retention Strategies:** Implement retention initiatives, including career development pathways, performance incentives, and improved working conditions to reduce attrition and maximise return on recruitment investment.
4. **Establish Monitoring Framework:** Develop a robust HRH monitoring system to track workforce deployment, distribution across LGAs, and service delivery outcomes.

## Conclusion

The analysis presented herein establishes a baseline against which future progress can be measured

The identified gap of 6,464 clinical staff positions across 566 facilities represents both a significant challenge and a strategic opportunity to transform primary healthcare service delivery.

The five-phase recruitment strategy, with 450 personnel already onboarded and 1,350 targeted by the end of 2026, demonstrates ENSPHCDA's commitment to addressing workforce deficits systematically.



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