

Lagos State Human Resource for Health (HRH) Assessment Highlights.

General Overview of the Human Resource for Health Outcome in Lagos State

Human resources are vital to the functioning of health systems and are critical for the provision of quality health care. However, it is widely acknowledged that human resources management (HRM) and development in Nigeria constitute, like in many other sub-Saharan African countries, a major challenge to the implementation of health sector reforms and achievement of the health related Millennium Development Goals.

Nigeria has one of the largest stocks of human resources for health in Africa comparable only to Egypt and South Africa. Available data record the total number of doctors in 2005 as approximately 39,000 and as over 52,000 in 2007. These translate to 30 and 37 doctors per 100,000 of the population respectively. For nurses, data for 2005 record 124, 629 and in 2007, 128,918 registered nurses translating to 100 and 91 nurses per 100,000 population. These indices compare favourable to SSA average of 15 doctors and 72 nurses per 100,000 populations (WHO 2006).

There are some documentation available at the national level that gives insight into the national HRH situation. However, such information does not currently exist for Lagos State. It is important to understand the peculiarities of the State, particularly being the commercial centre of the country and a mega city in terms of its population.

This write up was drawn from a state-wide assessment of the availability, distribution and human resource management systems for the health workforce in Lagos state, and it was the first of its kind in the state.

The exercise was carried out by the Lagos State Ministry of Health with funding from the Partnership for Transforming Health Systems 2 PATHS2 and Department for International Development (DFID). The lead consultant was from InSiGHt Health Consulting Limited.

Goal

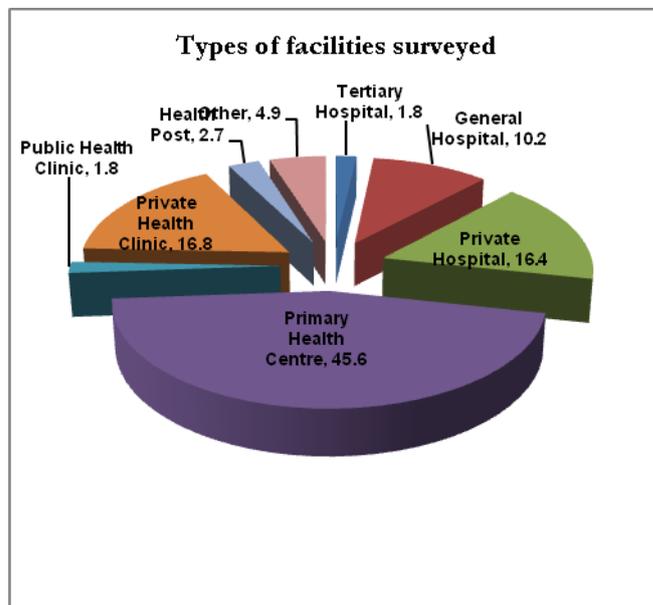
The assessment was to determine the health workforce information in relation to current stock, distribution, production/supply, attrition and HR management systems (HRM) in Lagos State.

Objective

The purpose of the assessment was to determine the health workforce information in relation to current stock, distribution, production/supply, attrition and HRM in Lagos State. The study was conducted in 2010 in a sample of 226 public and private facilities across the three levels of care. Broad issues of management such as supervision, staff motivation, job description, system of evaluating staff performance and mechanisms linking production to demand were also assessed.

Methodology

The methodology for this assessment comprised an extensive desk review and in-depth data collection utilizing both quantitative and qualitative approaches. Information was gathered at several levels to provide a comprehensive overview of the State situation.



About Lagos

Lagos State was created on May 27, 1967 through the State (Creation and Transitional Provisions) Decree No. 14 of 1967, which restructured Nigeria's Federation into 12 States. Lagos was the capital of the Federal Republic of Nigeria until 1991 when the capital was moved to Abuja. Lagos State is estimated to be growing at between 6percent and 8percent per annum making it one of the fastest growing cities in the World.(2) Based on the 2006 national population census, the National Population Commission (NPC) estimated Lagos's population to be 9,013,534 The Lagos State government however disputes this value, estimating a population of 17,552,942.4. It comprises of 374 political wards spread over 3 senatorial districts, 20 local government areas and 37 local council development areas.

Lagos State records a crude mortality rate of 150 per 1,000 live births, an infant mortality rate of 85 per 1,000 live births; a maternal mortality rate of 650 per 100,000 live births.⁵ These compare unfavourably with the national values for infant mortality at 75 per 1,000 live births⁶ and favourably with the national adjusted maternal mortality rate of 1100 per 100,000 live births⁷. In terms of disease burden, the State strategic health development plan (2010-2015) identifies malaria, diarrhoea, pneumonia, STIs (including HIV/AIDS) and tuberculosis as the five leading diseases in the State. The emergence of chronic illnesses and the occurrence of road traffic injuries are a growing concern in the State. The State Government has initiated several laudable programmes to address its current disease burden. These include the Eko free malaria programme, the maternal mortality reduction programme as well as the implementation of free health services for populations under 12 years and over 65 years of age. However, the challenges remain inadequate financial resources.

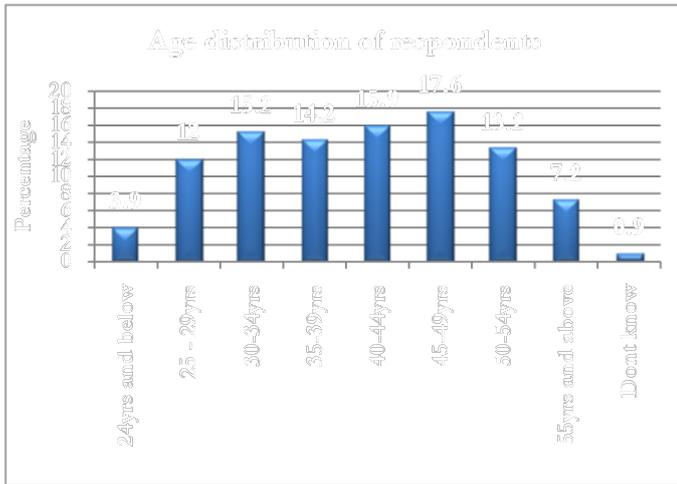
Key Findings

Age distribution of respondents

Majority of the respondents are between the ages 30-49 years, accounting for 62.9 percent of the sampled workforce. (See figure 2 below). Less than 10 percent are aged 55 years and above and therefore close to retirement age for the public sector. This is an indication that health workers in Lagos State are relatively young. This should have a positive effect on the health care delivery system in the state.

Figure 1: Types of facilities surveyed

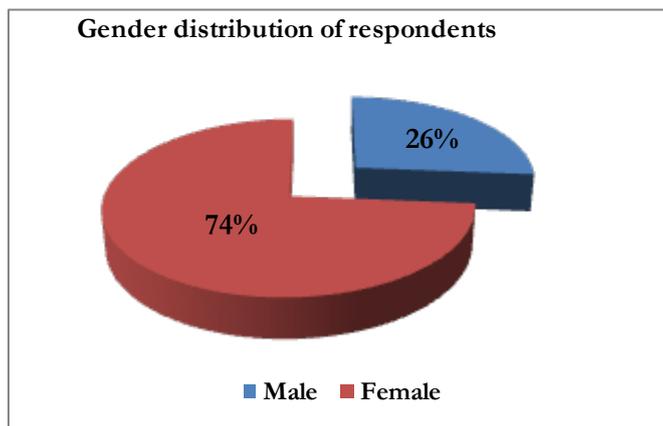
Figure 2: Age distribution of respondents



Gender Issues

Overall, the majority of the respondents were female, accounting for 74 percent of the respondents (see figure 3 below).

Figure 3: Gender distribution of respondents



Despite having more females than males, overall, within the various health cadres, this pattern is not consistent. Male dominated health cadres such as doctors, radiographers and laboratory technicians, while the females dominate 'supportive' cadres such as nurse/midwives and so on (see table 1 below).

Table 1: Gender distribution of health workers

Health Workers	Male	Female	Total
Doctors	83.2	16.8	100
Radiographers	83.3	16.7	100
Laboratory Technicians	71.4	28.6	100
Environment H. Assistants	100.0	0	100
Environment Health Officers	53.8	46.2	100
Laboratory Assistant	50.0	50.0	100
Administrative HR Personnel	54.5	45.5	100

Workload

Average number of patients by facility type

Outpatients: In the last 30 days, the tertiary institutions in the State capital attended to more than twice the number of outpatients that are attended to by smaller tertiary institutions located in the urban area. Private hospitals in the state capital also attended to twice the number of outpatients seen in the private hospitals in other urban area. There is no visible difference in the number of outpatients attended to by private health clinics in different locations (see table 2 below).

Table 2: Average number of out-patients seen by type of facility last 30 days before survey

Health Facilities	Average number of out-patients
Tertiary Hospital	23,835.00
General Hospital	10,653.86
Private Hospital	304.81
Primary Health Centre	610.46
Public Health Clinic	124
Private Health Clinic	207.08
Health Post	161.17
Others	283.09

Inpatients: Preceding the survey, in the last 30 days, the number of inpatients that attended the general hospital daily is more than that of the tertiary hospital in which both of them received the highest number of inpatients respectively. The private hospital received only 1 patient daily. The primary health centre and private clinic received less than 1 patient daily (see table 3 below).

Table 3: Average number of in-patients seen by type of facility last 30 days before survey

Health Facilities	Average number of in-patients
Tertiary Hospital	1,053.75
General Hospital	1,250.64
Private Hospital	39.94
Primary Health Centre	25.82
Public Health Clinic	1
Private Health Clinic	14.67
Health Post	0
Others	9.67

Days of operation

On the average, all the health facilities surveyed; which are tertiary, general, private hospitals as well as private health clinics open to outpatients almost 7 days a week.

Average user fee

Majority of the facilities with written guide are those operated by the federal government, the state government and private organizations, while those operated by the local government are without any

Average fee charged per outpatient

The average fee charged per outpatient in health facilities where fees are charged is ₦1,569.00. The private sector charge more fees than the public sector. The faith-based organizations charge lowest user fees per outpatient with fixed fees. There are no fees charged by the public health centers and health post all over the state (see diagram v below)

Table 4: Average fee charged per out-patients

Ownership of Facilities	Average Fee	Minimum	Maximum	Mode
Federal	500.00	400.00	600.00	400.00
State	503.13	0.00	1,500.00	0.00
Local Government	331.67	0.00	2,500.00	0.00
Faith Based Organization	200.00	200.00	200.00	0.00
Private for Profit Entity	2,209.21	200.00	12,000	1,500.00
Other	4,000.00	4000.00	4,000.00	4,000.00
Total	1,567.02	0.00	12,000	1,500.00

Average fee charged by in-patients

The average fee charged per inpatient in the health facilities is ₦4,328.44 with a minimum of ₦200 and a maximum of ₦31,000. All of the facilities in the private health sector charge higher fees compared to the facilities in the public sector. The private health clinics in the rural area charge less than that of the urban area, but in the case of public sector, the fees charged by those in rural area is slightly higher than that of the urban area. The private hospitals in the state capital charge the highest fee per inpatient (see table 5 below).

Table 5: Average fee charged per in-patients

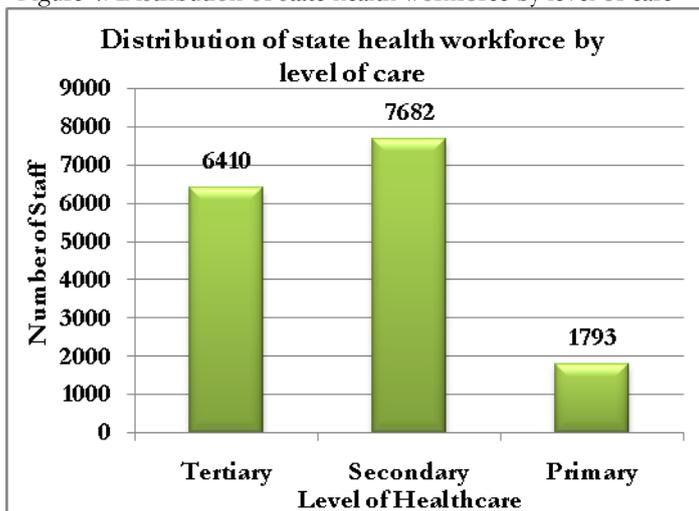
Ownership of Facilities	Average Fee	Minimum	Maximum	Mode
Federal	7,266.67	1,800.00	17,500.00	1,800
State	2,888.42	200.00	13,000.00	2,500
Local Government	1,162.50	500.00	2,000.00	500.00
Faith Based Organization	-	-	-	-
Private for Profit Entity	5,226.92	300.00	31,000.00	5,000.00
Other	-	-	-	-
Total	4,528.44	200.00	31,000.00	5,000.00

Availability and skill mix of health workforce

Distribution of state health workforce by level of care

Data indicate that the distribution of health workers per level of care is skewed towards secondary and tertiary levels of care. The figure shows indeed that even though the numbers of tertiary facilities are few, they have in their employment 42.8 percent of the health workforce. About 48.5 percent of the health workers are working in the secondary facilities while only 8.7 percent of the health workers are in the primary level of healthcare.

Figure 4: Distribution of state health workforce by level of care



Estimated total number of health workers in public and private sector

The findings of the assessment on dual practice; that is working simultaneously in a public and private health system revealed a reduction rate of 27.7 percent for doctors, while for the other cadres, the average rate of 6.4 percent is observed in the assessment (see table 6 below)

Table 6: Estimated total number of health workers in public and private sector

Occupation/cadre	Estimated number of health workers in the public sector	Estimated number of health workers in the private sector
Doctor	1945	2,935
Nurse	228	3,688
Midwife	38	424
Nurse/Midwife	5898	2,242
Pharmacist	357	63
Pharmacy Technician	211	238
Pharmacy Assistant	72	195
Laboratory Technician	137	704
Laboratory Assistant	81	495
Medical Lab Scientist	246	765
Dentist	203	47
Dental Technician	67	51
Dental Assistant	26	16
Physiotherapist	98	92
Radiographers	55	312
Nutritionist	55	41
CHO	176	165
CHEW/CHA	164	294
JCHEW/CHA	57	78
Environmental Health Officers	76	26
Environmental Health Technician	12	41
Environmental Health Assistants	75	41
Public Health workers	25	119
Health Attendant	1,676	1,986
Health Records Officers	316	762
Administrative HR Personnel	674	814
Others	2,016	2,015
Total	14,984	18,649

Average weekly hours worked

Considering the average weekly hours worked by health workers, the health attendants work for the most number of hours (48.77 hours) weekly. The JCHEWS/CHAs work for 48.16 hours and the Environmental Health Technicians work for 48.00 hours weekly. The doctors work for 46.51 hours weekly and Nurses/Midwives work for 46.05 hours weekly. The lowest number of hours worked is by the dental assistants (8.00 hours) weekly.

Vacancy rates by cadre

The overall vacancy rate in 2010 was 33.03 percent for various health facilities visited. It appears that this is an improvement on the 2009's vacancy rate of 53.25 percent.

Attrition rates by Cadre

The overall attrition rate for the different health cadres in the facilities visited is 4.3 percent. The highest attrition rates were noted among midwives and the lowest among doctors. It was also reported that attrition rates in rural areas are higher than that of the urban areas (see table 7 below).

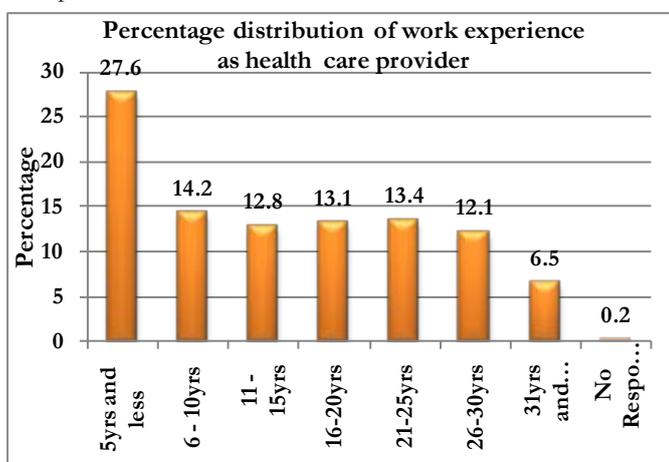
Table 7: Attrition rates by Cadre

Cadre	Attrition State Capital	Attrition Urban	Attrition Rural
Doctor	0	0.86	4.92
Nurses	1.63	16.13	31.11
Midwives	0	20	50
Nurse/Midwives	3.04	2.86	19.75
Pharmacists	0	7.19	35.29
Pharmacy Technician	0	7.91	29.17
CHO	33.33	2.16	0
CHEW	16.67	5.93	17.54
JCHEW	0	2.63	4.55
Laboratory Technician	0	2.17	0

Experience of health workforce

The figure below shows that more than a quarter of the health workforce in the State (27 percent) have less than five years experience, while 45.1 percent of the health workers have more than 16 years of experience at the job. Out of this 45.1 percent, 18.6 percent have more than 26 years and above.

Figure 5: Percentage distribution of work experience as health care provider



Average years of experience by health cadre

Midwives and nurse midwives have the most years of experience with 24.7 and 22.8 years respectively. Pharmacists, CHOs and doctors have over 15 years experience on average. JCHEWS, CHEWs and pharmacy assistants have between 10-15 years experience while nurses and laboratory technicians have under 10 years experience.

Figure 6: Average years of experience by health cadre

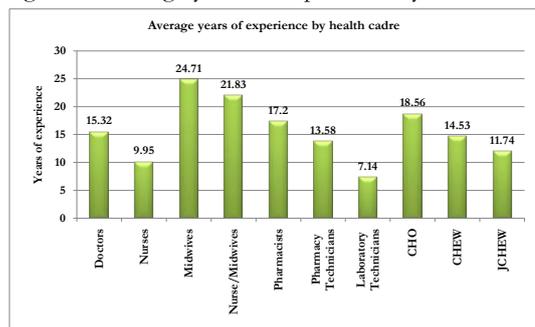


Table 8: Average years of experience by health cadre

Cadre of Health workers	< 5yrs	6- 10yrs	11- 15yrs	16- 20yrs	21- 25yrs	26- 30yrs	31yrs>
Doctors	33.7	14.9	6.9	6.9	8.9	16.8	10.9
Nurses	51.6	12.9	12.9	4.8	6.5	8.1	3.2
Midwives	-	-	-	28.6	42.9	14.3	14.3
Nurse/Midwives	7.0	5.2	8.7	16.9	32.0	16.9	13.4
Pharmacists	24.0	12.0	4.0	8.0	24.0	28.0	-
Pharmacy Technicians	23.1	15.4	19.2	23.1	11.5	7.7	-
Pharmacy Assistants	-	-	33.3	33.3	33.3	-	-
Laboratory Technicians	71.4	4.8	9.5	9.5	-	4.8	-
Laboratory Assistants	25.0	50.0	-	-	-	-	-
Dentists	11.1	22.2	11.1	33.3	11.1	11.1	-
Dental Technicians	-	-	-	-	100.0	-	-
Dental Assistants	100.0	-	-	-	-	-	-
Physiotherapists	-	-	20.0	40.0	-	40.0	-
CHOs	11.9	13.6	10.2	16.9	22.0	20.3	5.1
CHEWs/CHAs	29.1	19.0	8.9	16.5	5.1	12.7	8.9
JCHEWs/CHAs	36.8	15.8	5.3	21.1	10.5	5.3	5.3
Environmental Health Officers	7.7	23.1	46.2	7.7	7.7	7.7	-
Environmental Health Technicians	100.0	-	-	-	-	-	-
Environmental Health Assistants	-	-	-	100.0	-	-	-
Nutritionist	-	50.0	50.0	-	-	-	-
Public Health workers	50.0	50.0	-	-	-	-	-
Health Attendants	29.0	19.4	25.8	9.7	4.8	6.5	4.8
Health Records Officers	76.5	-	5.9	17.6	-	-	-
Administrative HR Personnel	27.3	18.2	40.9	9.1	-	4.5	-
Medical Lab Scientist	24.2	33.3	18.2	12.1	3.0	9.1	-
Radiographers	16.7	33.3	-	16.7	-	-	33.3
Others	49.2	18.5	16.9	9.2	4.6	1.6	-
Total	27.6	14.2	12.8	13.1	13.4	12.1	6.5

Average Number of Patients seen in facility by Health worker in the last 30 days

Overall, the health records officers saw the highest number of patients, as to be expected, since they are the entry points into the facilities. Nutritionists attended to the next highest number of patients (1,105) followed by pharmacists (871) in the last 30 days. Cadres with the least patient load were health attendants (33), dental technicians and dental assistants (45 each).

Average number of patients seen by health workers by facility ownership

However, in terms of number of patients by facility ownership, providers in facilities run by the State government reported the highest number of patients, followed by tertiary health facilities, faith-based organizations, other organizations, local governments, private for profit and NGOs. Overall, the providers based in facilities in urban areas saw the most patients, followed by those in the State capital and rural areas. This corresponds to the pattern for average weekly hours worked.

Figure 7: Average number of patients seen by health workers by facility ownership

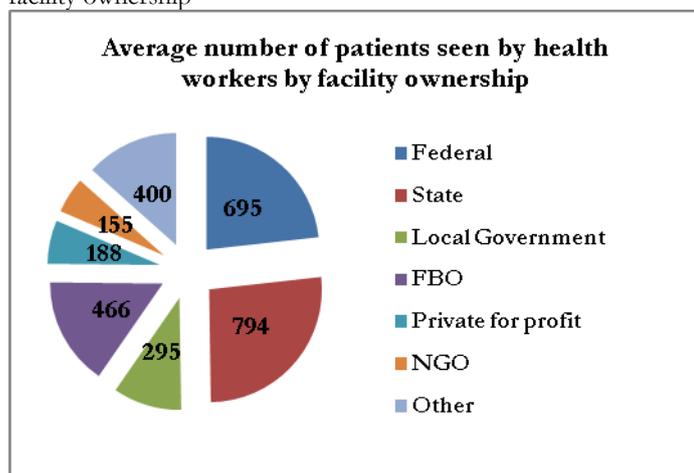


Table 9: Average Number of Patients seen in facility by Health worker in the last 30 days

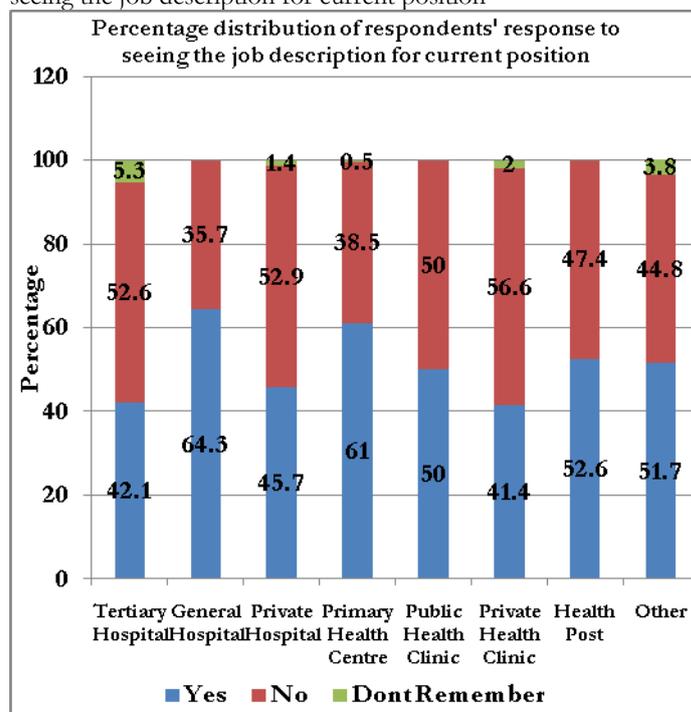
Health Workers	Average number of patients seen in facility by health worker in the last 30 days
Doctors	403.86
Nurses	242.56
Midwives	118.67
Nurse/Midwives	371.98
Pharmacists	871.9
Pharmacy Technicians	405.18
Pharmacy Assistants	367.5
Laboratory Technicians	235.93
Laboratory Assistants	125
Dentists	210.63
Dental Technicians	45
Dental Assistants	45
Physiotherapists	415.8
CHOs	437.15
CHEWs/CHAs	225.97
JCHEWs/CHAs	82.12
Environment Health Officer	310.83
Nutritionist	1,105
Public Health Workers	500
Health Attendants	33.08
Health Records Officers	1,648.5
Administrative HR Personnel	206.88
Medical Laboratory Scientists	498.65
Radiographers	402
Others	99.49

Human resource management status

Job description

From the health provider survey, the general hospital has the highest proportion of health workers that have seen their job description followed by the public health workers and tertiary health workers respectively. More than 50 percent of the workers in private facilities have not seen their job description. Those with job description are likely to perform their duties effectively because they know what is expected of them.

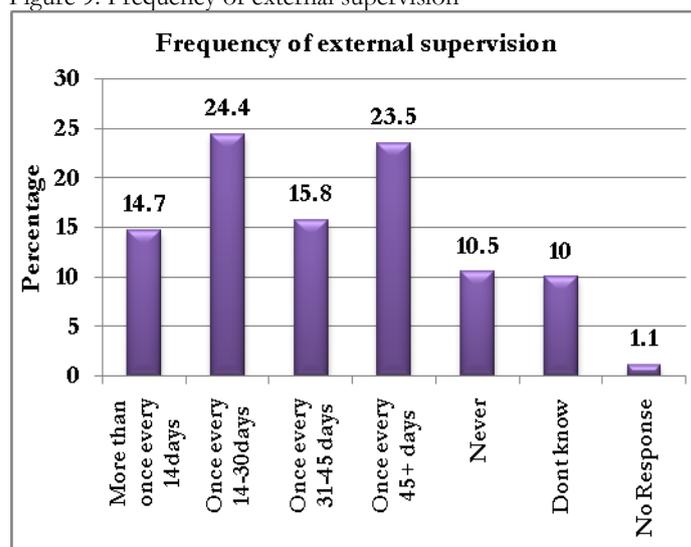
Figure 8: Percentage distribution of respondents' response to seeing the job description for current position



Supervision

In terms of frequency of supervision, 24 percent of respondents have supervisory visit once in every 14-30 days, 23.5 percent receives external supervision once every 45 days and 15.8 percent receives supervision once in every 31-45 days. Some never received supervision. External supervision is more in health facilities in the local government followed by the state government with little on federal government owned facilities.

Figure 9: Frequency of external supervision



Remuneration mechanisms in place

The method for salary disbursements is known as "oracle-payment mechanism". The LSMOH staffs' details are fed into the oracle data base and each staff assigned an 'oracle number'. This is used for the monthly salary payment. All the respondents are satisfied with the mechanism.

Types of non-financial reward received by health workers

The non financial rewards given include gifts, entertainment and recognition by the facility management. 12 months preceding the survey, only about 22 percent of health workers received additional non-financial rewards for good attendance at work.

Most private hospitals give non-financial rewards to their health workers.

Professional development

Continuing professional development is not adequately and uniformly implemented across sectors. In the last 12 months, findings reveal that only 60.3 percent of profiled health workers reported to have attended a health/medical professional training or continuing education program.

Continuing professional development is more available to the public sector workers, particularly those functioning at the State facility level. However, there is no structured, documented approach at the State level to ensuring that CME is routinely implemented across the various cadres of staff within both the private and public sectors. Major challenges mentioned in the health training education sector include: not adequate funding; poor state of the available infrastructure and the fact that there is so much pressure on the few available; and the embargo on admission for Nursing and Midwifery by the Nigerian Council of Nursing and Midwifery. Other challenges identified include inadequate teaching staff and inadequate equipment for training.

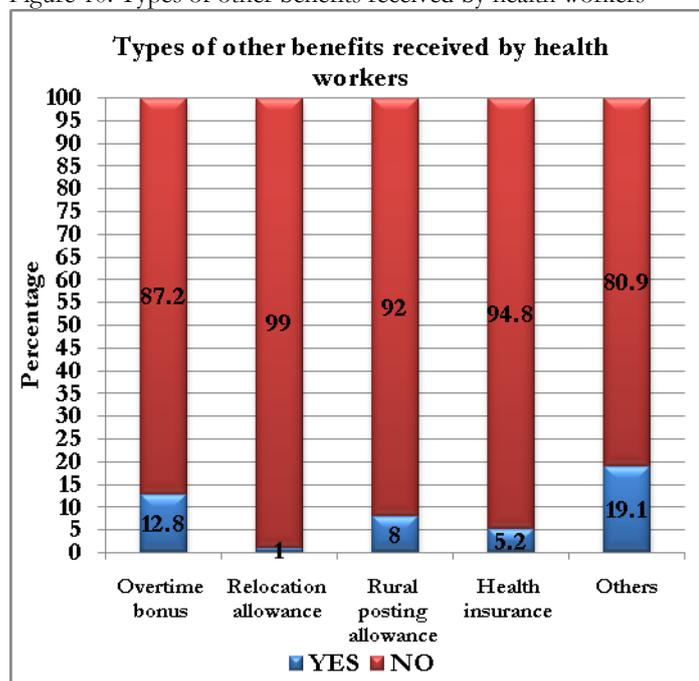
Legal right to strike

The health workers embark on strikes when they are unable to resolve the differences between them and their employers or management they are working. Some workers go on strike to protest against a policy or programme of government. 33 percent claimed they have the right to embark on strike. This is usually based on job satisfaction.

Types of other benefits received by health workers

Rural allowance is paid to those on rural posting which is 20 percent of their salary per annum. Inducement allowance is given to health workers in rare specialists such as radiographers, nurses in anesthesia which is 10 percent of their basic salary per month. Free periodic screening and accommodation allowance are also given to health workers.

Figure 10: Types of other benefits received by health workers



Conclusion

The assessment has shown the following:

1. The state does not have state-specific HRH policy although a health-work force strategy exists.
2. Implementation of current HRH plan needs to be harmonized and properly coordinated between HSC and DPRS.
3. Bodies saddled with HRH development and management is poorly equipped to effectively and efficiently perform their functions.
4. No reliable and state-wide HRH data.
5. No adequate HMIS from which reliable HRH data can be obtained.
6. Gaps exist between staffing needs and current stock and distribution for all main HRH categories.
7. Existing staff are poorly motivated hence undermining performance.
8. Gaps exist in broad issues of management such as supervision, staff motivation, job description, system of evaluating staff performance and mechanisms linking production to demand.

Finally, the assessment has formed the basis for evidence-based recommendations to improve the HRH situation in the State across the vital components of policy, staffing, management systems and financing –striving to meet the State’s mission that **“...every Lagosian enjoys unfettered access to qualitative healthcare without significant geographical, financial, cultural or political barriers”**.

Recommendations

- There is the need to develop a comprehensive State-specific HRH policy and HRH strategic plan.
- The State should increase its workforce to meet the needs of the population, and at the minimum, ensure that its workforce (both private and public) meet the threshold of 2.5 health workers (doctors, nurses, midwives) for basic coverage towards the attainment of the MDGs.
- The State should explore the expansion of the mid-wives service scheme to meet the high vacancies for midwives.
- There is a need to ensure that rural areas are adequately covered with the key complement of health workers.
- The primary health care system needs to be revitalized with the recruitment and posting of key staff, provision of adequate facilities and equipment and intensive supportive supervision.
- Continuing professional development should be institutionalized in Lagos State.
- A harmonized and effective HRH unit/directorate should be established within the State.
- Establishment of functional Human Resources for Health Information Systems (HRHIS) in the state.

About Us

InSiGHt Health Consulting Limited focuses on providing technical skills for health programming, management and promotion. We pride ourselves in providing quality, affordable and practical technical solutions to meet the need of a wide spectrum of organizations. In line with our commitment to our clients, we present our newsletter to keep you abreast of our activities and services.

Our vision is to be an outstanding and dependable health consulting firm. **Our mission** is to catalyze positive and sustainable health and development outcomes in Africa by providing technical assistance for programming.

InSiGHt is committed to excellence, professional service and knowledge. InSiGHt Health Consulting Ltd was incorporated in Nigeria as a company limited by guarantee (RC 610848) in November 2004.

Our services

InSiGHt offers a broad range of services to government structures, development partners and private sector clients in line with our core competencies which are:

Development and programming support

InSiGHt in collaboration with development partners and CSOs provide development and programming support, in the areas of:

- Programme design and management
- Assessments and evaluations
- Strategic and operational planning, and
- Research

Training and capacity building

InSiGHt provides Training and Capacity Building support to varying groups of target population in the following thematic areas:

- Project management training
- Continuing medical education (CME)
- Specialized trainings
- Capacity building and organizational development

Occupational health and safety solutions

InSiGHt supports the implementation of a health-promoting workplace with her Occupational Health and Safety package along the following lines:

- Occupational health services
- Health and Safety risk assessment and management solutions
- Occupational hygiene services
- Travel health advise
- First aid and emergency medical response service

Corporate Social Responsibility

InSiGHt organizational CSR –initiative support services provides generic and customized health-focused corporate social responsibility programmes for a variety of organizations. Our CSR initiatives include:

- School Health and Leadership Programme (HLP)
- SMS-based health promotion programmes
- Customized CSR initiatives
- CSR strategy development and reporting

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