

BENUE STATE PRIMARY HEALTH CARE BOARD STAFF MAPPING EXERCISE

REPORT



MARCH 2025

BENUE STATE PRIMARY HEALTH CARE BOARD MAPPING EXERCISE REPORT

EXECUTIVE SUMMARY

The Benue State Primary Health Care Board's mapping exercise revealed significant challenges affecting primary healthcare delivery in the state. The exercise presents reliability of staff information with only 2,139 professional health workers available, combined with administrative staff across 23 Local Government Health Authorities (LGHAs). A significant number of health workers are due for retirement by the end of 2025. Unqualified personnel, including 159 health attendants and 553 individuals with inadequate qualifications, are on the payroll. Gross shortages exist in all 23 LGHAs, with four LGAs (Ado, Gwer East, Kwande, and Okpokwu) severely understaffed.

The mapping exercise highlights the urgent need for stakeholders to commit to recruiting health personnel to bridge the human resource gap in primary care service delivery to rural populations.

INTRODUCTION

As the world geared toward achieving universal health coverage, the Government of Nigeria through the National Primary Health Care Development Agency (NPHCDA) provides a single administrative framework and managerial processes (that bring Primary Health Care Under One Roof (PHCUOR) mandated State Governments to establish agencies that would be responsible to administrative and managerial of all that concern primary care at the grassroots level. The Government of Benue State in compliance with this, through an Act of the Benue State House of Assembly on 16th July 2012. Gazette No.12 Vol. 38 of 28th March 2013, established the State Primary Health Care Board as a parastatal under the State Ministry of Health, responsible for the delivery of efficient and effective primary health care services. The essence is to revolve around programmes that are designed to prevent diseases, promote health, general medical care, maternal and child health care, family planning, rehabilitation, nursing care, home visits, etc.

Before the establishment of the Board, the Department of Health existed under the Local Government administration. The Health Department administrative structure was controlled by the Local Government Council and the Local Government Service Commission. Employment of personnel was rested in the powers of the Council Chairmen and the Commission. On the 6th of February 2018, the Commission handed over about 4,500 staff who were under the Health

Department to BNSPHCB for the takeoff of Local Government Health Authorities in the 23 LGAs.

Mapping of human resource for health under the Benue State Primary Health Care Board to understand the status of the inherited staff has been a challenge due to administrative bottleneck. However, SWAp has enabled the Board to conduct the mapping exercise which have avail the opportunity to ascertain the number of staff on the payroll paving way for gap analysis of professional personnel and others within the system for proper planning and engagement of qualified health personnel to bridge the huge gap in primary health care service delivery in Benue state communities. The mapping excludes 438 staff who were disengaged in 2015 tagged as 2011 by the previous administration but presently working as adhoc staff in various Primary Health Care Facilities.

BENUE STATE PROFILE

Benue State is located in the north-central geopolitical zone of Nigeria with its headquarters in Makurdi, on longitude 7°20' N and Latitude 80 45' E and with land mass of 34,059km² (13,150sq mi). The state is bounded by Taraba State to the North-East, Cross River State and Republic of Cameroun to the East, Enugu and Ebonyi States to the South, Kogi to the West, and Nasarawa State to the North. Benue State stretches across the transition belt between the forest vegetation to the south and the savanna vegetation to the north. The state derives its name from River Benue, the second largest river in the country, and it is nicknamed the 'food basket' of the nation, because of the high level of agricultural activities in the state.

Structurally, the state has 23 local government areas including, Ado, Agatu, Apa, Buruku, Gboko, Guma, Gwer East, Gwer West, Katsina-Ala, Konshisha, Kwande, Logo, Makurdi, Obi, Ogbadibo, Ohimini, Oju, Okpokwu, Otukpo, Tarka, Ukum, Ushongo, and Vandeikya. For political administrative purposes, the State is organized into three senatorial districts (Zone A, B and C) with two hundred and seventy-six (276) political wards. Major tribes in Benue State are Tiv, Idoma, Igede, Etulo, Ufia Orring, Abakpa, Jukun, Igbo, Akweya and Nyifon. Overall, the literacy rates among males is 78.1 % while among female is 40% (MICS, 2021).

METHODOLOGY

The methodology for compiling the Benue State Primary Health Care Board human resource for health includes the sighting of original school certificates/practicing license and employment

documents by staff, staff identity card, birth certificate and physical presence. A template with the details of staff as stated above was used in capturing the data as presented by verified staff.

PERSONNEL ON THE NOMINAL AND PAYROLL OF BNSPHCB

The total number of personnel on the nominal roll and payroll at the 23 LGHAs at the time of this report was 3,093 personnel. There are 4 LGAs (Ado, Gwer East, Kwande, and Okpokwu) with a gross shortage of personnel. It has been observed that by the end of the year 2024, more LGAs with less than 100 personnel will join the 4 LGAs mentioned above.

There are 945 Primary Health Care facilities established across the 23 LGAs. Out of this number, many of the health facilities are either closed or manned by only 1 health worker due to a shortage of personnel.

The below table has indicated in dense colours the number of health personnel according to LGAs.

BENUE STATE PRIMARY HEALTH CARE BOARD STAFF PER LGHA AS AT JULY 2024					
S/N	LGA	Number of staff per LGHA	S/N	LGA	Number of staff per LGHA
1	ADO	86	13	MAKURDI	115
2	AGATU	190	14	OBI	107
3	APA	136	15	OGBADIBO	100
4	BURUKU	114	16	OHIMINI	127
5	GBOKO	187	17	OJU	155
6	GUMA	169	18	OKPOKWU	80
7	GWER EAST	52	19	OTUKPO	107
8	GWER WEST	145	20	TARKA	119
9	KATSINA ALA	154	21	UKUM	201
10	KONSHISHA	127	22	USHONGO	152
11	KWANDE	99	23	VANDEIKYA	178
12	LOGO	193		TOTAL	3,093

Summary of the staff verification results from the 23 LGHAs

S/N	LGA	Number on Payroll	Screened	Failed to Attend Screening	Medical Officer	RN	RM	RN/RM	CHO	B.Sc Pub & Comm. Health	CHEW	JCHEW	Pharm Tech	Lab Tech	Envir. Health	Health Info	Health Edu.	Health Attendant	SSCE	FSLC	Other Certs	Total Number of Staff
1	ADO	86	76	10	-	-	-	3	1	-	33	6	-	4	2	2	2	5	7	10	1	76
2	AGATU	190	174	16	1	5	2	2	7	5	61	9	1	5	3	3	-	-	52	11	7	174
3	APA	136	135	1	-	3	-	4	3	3	51	25	-	3	2	1	-	-	16	14	10	135
4	BURUKU	114	105	9	-	4	1	10	3	3	43	14	-	7	6	1	-	-	11	-	2	105
5	GBOKO	187	177	10	1	6	4	2	1	14	76	34	1	5	8	-	-	4	18	2	1	177
6	GUMA	169	157	12	-	3	-	4	4	4	44	20	-	6	7	-	2	5	25	8	2	134
7	GWER EAST	52	49	3	-	-	1	1	1	3	17	11	-	3	-	1	1	1	6	3	-	49
8	GWER WEST	145	135	10	-	2	1	2	3	2	45	17	1	6	8	2	2	1	31	11	1	135
9	KATSINA ALA	154	150	4	-	8	3	1	-	12	46	23	-	9	1	2	8	10	23	2	2	150
10	KONSHISHA	127	117	10	-	2	3	8	2	5	57	9	1	2	-	-	5	13	6	4	-	117
11	KWANDE	99	94	5	-	2	-	4	1	7	45	13	-	2	3	-	-	6	8	3	-	94
12	LOGO	193	192	1	-	5	3	4	4	10	81	18	-	13	6	-	10	35	3	-	-	192
13	MAKURDI	115	110	5	-	3	-	4	1	5	37	12	1	4	5	2	2	6	20	7	1	110
14	OBI	107	101	6	-	3	2	-	-	3	35	16	-	3	2	-	-	2	29	5	2	102
15	OGBADIBO	100	94	6	-	1	-	1	2	3	38	10	1	6	4	1	3	-	19	2	3	94
16	OHIMINI	127	118	9	1	1	3	2	1	3	37	14	-	9	-	1	4	-	37	4	1	118
17	OJU	155	145	10	-	1	1	-	2	7	54	26	1	4	4	1	2	1	26	13	2	145
18	OKPOKWU	80	73	7	-	1	-	5	-	2	23	10	-	3	2	3	-	1	17	3	3	73
19	OTUKPO	107	97	10	-	3	3	2	2	3	38	20	-	5	1	-	1	1	16	1	1	97
20	TARKA	119	113	6	-	-	2	3	3	6	44	19	-	11	1	-	-	8	15	1	-	113
21	UKUM	201	195	6	-	8	3	5	2	2	82	20	-	16	1	1	2	15	34	1	3	195
22	USHONGO	152	144	8	-	4	1	6	7	6	74	16	-	5	1	-	1	10	13	-	-	144
23	VANDEIKYA	178	168	10	-	-	-	6	-	2	77	11	-	12	3	1	1	35	16	-	2	166
	TOTAL	3,093	2,919	174	3	65	33	79	50	110	1,138	373	7	143	70	22	46	159	448	105	44	2,895

The result of the staff verification shows that there are 3,093 staff on the payroll of Benue State Primary Health Care Board across the 23 Local Government Health Authority. A total of 2,919 personnel were present for verification while 174 personnel did not turn up for verification. The verification result indicates that the actual number of human resource for health in the LGAs is 2,139 while 159 health attendants, 448 with SSCE and 105 with FSLC were presented with letters for employment under Primary Health Care in the 23 LGHAs with no assigned roles other than being on the payroll.

It is to be noted that, there is a mix-up of cadre in all the LGAs thereby resulting in the uniform classification of personnel to help define area of specialization. The data below shows the total number of personnel according to cadre.

S/No	Verified Personnel by Cadre
1	Medical Officer 3
2	Registered Nurse (RN) 65
3	Registered Midwife (RM) 33
4	Registered Nurse/Registered Midwife (RN/RM) 79
5	Community Health Officer (CHO) 50

6	B.Sc Public Health (& Comm. Health)	110
7	Community Health Extension Worker (CHEW)	1,138
8	Junior Community Health Extension Worker (JCHEW)	373
9	Pharmacy Technician	7
10	Medical Laboratory Technician (Med Bio)	143
11	Environmental Health	70
12	Health Information	22
13	Health Education	46
14	Health Attendant	159
15	SSCE	448
16	FSLC	105
17	Other Certs (Not relevant in health)	44
	TOTAL	2,895

Going by the WHO standard of medical human resource and population ratio of one medical doctor to a 1,000 population much is needed to be done to improve on the desired number in each area. The ever-increasing need to advocate for the recruitment of certain categories of health human personnel for effective health service delivery in the state cannot be overemphasized. The table below explains the human resource ratio per population according to WHO standards.

HRH INDICATOR	RATIO
Doctors	1:13,638
Nurses/Midwives	1:4,520
Pharmacists	1: 64,445
Medical Lab. Scientists	1: 58,756
CHEW/	1: 3,891
JCHEW	1:7,540
Med. Lab, Technicians/Assistants	1: 21,694

Source: DPRS, SMOH 2021

The minimum number, mix and skill sets required by cadre in each facility type to achieve the universal health coverage for primary health care under one roof remained a challenge due to embargo on employment over the years. The cadres of staff are Community Health Officer

(CHO), Nurse/Midwife, Community Health Extension Worker (CHEW), and Junior Community Health Extension Worker (JCHEW). NPHCDA recommends that the cadres are matched to services based on their competencies for effective primary health care facility's structure.

Primary health care facility structure is categorized into three as; (1) Health Post (2) Primary Health Clinic and (3) Primary Health Care Centre.

Currently, there are 982 primary health care facilities distributed across the 23 LGAs of the state. The total number of health facilities with the New Nomenclature for the Ward Health System are:

- a) 276 are Primary Health Care Centers (PHCC) (Note: Expansion is ongoing to meet SWAp target of 2 functional PHC/ward).
- b) 402 are Primary Health Clinics (PHC)
- c) 294 are Health Posts (HP)

According to NPHCDA minimum standard for PHC in Nigeria, **Benue State Primary Health Care requires 16,693 human resources for health (staff) for optimal performance.** The present number of professional health personnel is 2,139 only. It is to be noted that out of the number of personnel available, a significant number is due for retirement by the end of the year 2025. This gross shortage of staff posed a threat to Benue state quota to contribute to achieving universal health coverage as shown in the tables below:

HUMAN RESOURCE REQUIREMENTS FOR HEALTH POST @ 294 HPs IN BENUE					
S/N	PERSONNEL	NUMBER REQUIRED/HP	NUMBER REQUIRED	NUMBER AVAILABLE	SHORTFALL
1	JCHEWS	3	882	117	765
2	CORPS (community-oriented resource Persons)	2	588	0	588
3	TBAs	2	588	0	588
4	VHWs	2	588	0	588
5	Attendants	1	294	0	294
6	Security Guards	1	294	0	294
	Total for HP		3,234	117	3,117

HUMAN RESOURCE REQUIREMENTS FOR HEALTH PRIMARY HEALTH CENTRE @ 402 PHCs IN BENUE					
S/N	PERSONNEL	NUMBER REQUIRED/PHC	NUMBER REQUIRED	NUMBER AVAILABLE	SHORTFALL
1	Midwife or Nurse Midwife	2	854	0	854
2	CHEW	2	854	612	242
3	JCHEWS	4	1,708	195	1513
4	Medical Laboratory Technician/Assistant	2	854	31	823
5	Data assistant	2	854	0	854
6	Clerical assistant	2	854	0	854
7	Health Attendant	2	854	417	437
8	Security personnel	2	854	0	854
	Total for PHC		7,686	1,255	6,431

HUMAN RESOURCE REQUIREMENTS FOR PRIMARY HEALTH CARE CENTRE @ 276 PHCCs IN BENUE					
S/N	PERSONNEL	NUMBER REQUIRED/PHCC	NUMBER REQUIRED	NUMBER AVAILABLE	SHORTFALL
1	CHO	1	276	50	226
2	Nurse/midwife	4	1,004	277	727
3	CHEW	3	753	501	252
4	Pharmacy technician	1	276	7	269
5	JCHEW	6	1,506	178	1328
6	Environmental Officer	1	276	25	251
7	Medical records officer	1	276	22	254
8	Medical Laboratory Technician	1	276	132	144
9	Support staff Health Attendant/Assistant	2	502	239	263
10	Security personnel	2	502	29	473
11	General maintenance staff	1	276	0	276
	Total for PHCC		5,923	1,460	4463
	Grand Total for HP, PHC & PHCC		16,843	2,832	14,011

OUTCOME OF HUMAN RESOURCE FOR HEALTH MAPPING

The human resource for health mapping exercise has shown that:

1. The number of professional health workers is 2,139 only. This number is combined with administrative staff in the 23 LGHAs.
2. From the above number, more than 200 health workers are due for retirement on or by the end of year 2025.
3. Unprofessional personnel tagged as health attendants are 159.
4. Personnel with SSCE results on the payroll are 448.
5. Personnel with FSLC on the payroll are 105.
6. The findings above (No. 2, 3, 4 and 5) constitute a significant number on the nominal and payroll with little value to primary care services.
7. Some personnel are in the system with falsified certificates.
8. Some personnel existed on the payroll while living outside the LGA claimed to have been posted or out of Benue State.
9. There is a gross shortage of human resource for health in all the 23 LGAs to render optimal primary care at the community level.

RECOMMENDATIONS

1. Recruit additional professional health workers to address gross shortages.
2. **Retirement and Succession Planning:** A plan to consistently replace retiring health workers with qualified professionals should be put in place.
3. **Verification and Validation:** Investigate and authenticate certificates of all personnel to prevent falsification.
4. **Payroll Audit:** Identify and fish out workers who exist only on the payroll or those residing outside Benue State.
5. **Redeployment:** Workers who had SSCE, FSLC, and higher certificates other than professional health certificates to be transferred to the Local Government Service Commission for proper placement
6. **Healthcare Workforce Planning:** Develop policies addressing staff shortages, retirement, and skill gaps

THE STATE’S PLAN TO BRIDGE THE HRH GAP

The state has developed a 5-year plan for the recruitment of health personnel to bridge HRH gap of 14,001. The first year intends to recruit 40% of the identified gap. The second year would recruit 20%, the third year would recruit 20%, the fourth year would recruit 15% while the fifth year would recruit 5%. It is hoped that within the five years plan, the PHC system should have realize 100% recruitment of health personnel to bridge the gap.

CONCLUSION

The mapping exercise under Benue State Primary Health Care Board has revealed critical challenges that require immediate attention. The scarcity of professional health workers, with only 2,139 available, is exacerbated by the impending retirement of over 200 health workers by the end of 2025. Furthermore, the presence of unqualified personnel, including 159 health attendants and 553 individuals with inadequate qualifications, undermines the effectiveness of primary care services. Some personnel possessed falsified certificates, compromising the integrity of the healthcare system.

The report has availed the true picture of human resource for health in Benue State Primary Health Care Board. It has underscored the urgency for all stakeholders to commit to the recruitment of health personnel to bridge human resource gap in primary care service delivery to the rural populace in Benue State.