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EXTERNAL AND INTERNAL IMPEDIMENTS TO THE ROLE OF HUMAN RESOURCES IN THE IMPLEMENTATION OF THE DISTRICT HEALTH SYSTEM IN ENUGU STATE

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Introduction: Appreciating Human Resources and District Health System

Human resource points to the capabilities of human persons to perform tasks, which means that those who are not capable of performing tasks are not regarded as human resources (Bermans and Bessert, 2000). Thus, human resource ensures the right number of people and at the right time doing the right thing to ensure that goal of the organization is achieved (Mills and Russell 2001). Thus, it is the individual that determines and chooses what type of organization's human resource she wants to belong. This means that people are not forced to belong to the human resources for an organization rather it is a person's determination, zeal, expertise and ambition that make one belong to the work force of the organization (Uzochukwu et al 2014).

Consequently, human resources are the most important asset of an organization. It forms a greater and reasonable portion of organization's resources. Human resources are directly connected to the success of an organization and therefore must be planned, and the process by which management attempts to provide for its human resources to accomplish its task is called manpower planning.

Furthermore, Bianca (2007) posits that it is the people in an organization that carry out many important work activities. To her, managers and human resources professionals have the important job of organizing people so that they can effectively perform activities that will lead to the achievement of organizational objectives. These require viewing people as human assets not as additional cost to the organization. Looking at people as assets is part of contemporary human resource management and human capital (Bianca, 2007).

The human resources are important to organizations in ten specific areas, ranging from strategic planning to company image. Others include employee compensation, benefits, safety, liability, training and development, employee satisfaction, recruitment, selection and compliance. The most carefully laid human resources plans can be affected by internal and external change anytime so forecasting and flexibility are essential for effective planning and adapting; so human resources managers must be aware of what's going on within the company, the industry, and the wider market in relation to the factors that influence change (Dillion, Shelagh 2015). And change is endemic in the health sector.

In addition, the maxims, "Health is wealth" and a "Healthy nation is a wealthy nation", aptly epitomize the importance and exigency of paying due attention to the health sector. In trying to achieve health for all, nations including Nigeria, invest in the health sector. When such investments do not yield the expected results, studies are done to find out where the problems are.

The outcome of such studies is usually introduction of reforms. So in the health sector a lot of reforms have been done culminating in a major Health Sector Reform in the 1990s which introduced the District Health System (DHS) in Enugu State in 2005.

According to Ndibuagu and associates (2015), the District Health System (DHS) based on Primary Health Care (PHC) is a self-contained segment of the national health system, usually made up of a well-defined population (50,000 – 500,000), living within a clearly delineated geographical and administrative area. It includes all individuals and institutions providing healthcare in the district, whether non-governmental, governmental, private, social security, or traditional (World Health Organization, 1988). Health outcomes are unacceptably poor across much of the developing world, and the persistence of deep inequities in health status is a problem from which no country in the world is exempt (World Health Organization, 2007). In 1985, the African member states of the World Health Organization (WHO) adopted the three-phased African health development scenario under which the district became the focus for health development (Chatora and Tumusiime, 2004). WHO strongly recommends integrated healthcare at the district level, involving every healthcare provider, both private, and public, and all health system – traditional and modern, orthodox and non-orthodox (Lucas and Gilles, 2003). Integrated District Health System is the means by which one can deliver specific health programmes in the context of overall healthcare needs (Seqall, 2003). Strong health systems must have district health systems and community health services that are functional and effective (World Health Organization, 2005).

The district health system was established by legislation in 2005. The District Health System Law was finally published in the Enugu State of Nigeria Gazette No.1 Vol.18 dated Oct. 22nd 2009 as Law 1 of 2009 Enugu State Health Law. The aim is to revive the moribund primary healthcare system and provide decentralised, efficient, affordable, safe and pro-poor health care services. The hallmark of the system is the engagement of the private sector and local communities in the overall delivery of health services through public-private partnership initiatives (Oluka, 2014).

According to Enugu State Ministry of Health Strategy For Health 2008-2013, the district health system was established as a whole system approach to health care service delivery which aims to:

- Integrate both the primary and secondary health care service and deliver it in a comprehensive and continuous manner under a single management framework;
- Deliver services to a defined population within a geographical area to which the management is accountable;
- Enable community members to participate in decisions concerning their health care thus ensuring a community-driven and responsive health service;
- Allow the Local and State Governments to collaborate in planning and management of health services;
- Ensure a functional two-way referral system between the primary and secondary and tertiary levels of care;
- Facilitate public and private partnership and collaboration in health service delivery.

The District Health System comprises:

- The Policy Development and Development Directorate (PDPD)

concerned with overall strategic and operational policy development;

- The State Health Board (SHB) concerned with overall monitoring and evaluation of service delivery and coordination of the activities of the District Health Boards;
- Seven District Health Boards (DHBs) concerned with overall service delivery within their respective health districts and management of the local health authorities;
- Fifty six (56) Local Health Authorities (LHAs) concerned with the management of all the health facilities in the local government area including the primary and secondary facilities.
- However, despite the laudable objectives of government in introducing the DHS, the health status of the people of Enugu state has not changed much.

A former Commissioner of health in Enugu State attributed the poor quality of health care to lack of staff in most geographical areas of the state, arguing that there are many cases where health out-posts in rural areas do not have appropriate number of staff required for effective service delivery. This is often due to lack of other social services not available and concerns about security. To him, therefore, problem of human resources is the bane of the delivery of health services in Enugu State (State Ministry of Health, 2008). This negative trend according to the Development Plan was as a result of the fragmented health care delivery system, poor referral mechanism, lack of joint planning, poor management of available resources and dilapidated state of public health facilities and high cost of health care as well as poor institutional system and human capacity.

The importance of human resources in health cannot be overemphasised because no matter how good a health plan or government policy is they must be implemented by people, professionals and non-professionals in health service delivery and where such human resources are not available the programme is bound to fail. Unfortunately, most health sector reforms have generally focussed on changes in financing or organisational structure, often to the neglect of the key resource - the staff. Any health sector reform that relies on improving health status through organisational restructuring can be self-limiting in this labour-intensive sector. Form should follow function and function is the delivery of health care which depends on having the right mix of motivated staff in place. The genesis of human resources for health crisis in African countries is complex and context specific, even if common factors are applicable across the region. Underinvestment in the social sector which accelerated in the 1980s and 1990s as part of the International Monetary Fund (IMF) and World Bank structural adjustment programs undermined the health sector. To them the health worker situation in developing countries has deteriorated to crisis levels due to a variety of factors, including political instability and weak health systems characterised by poor working conditions further exacerbated by the migration of health workers to industrialized countries.

Staffing is a key input, but it is also the main cost in most health systems. Without effective staffing and committed staff, it is unlikely that the health system will be successful, including the district health system. The lack of health workers in low-income countries has been recognised as a development challenge

since the 1970s beginning with the Alma Atta Declaration or Health for All campaign in 1978 and later nested in broader discussions of structural adjustment in the 1980s and 1990s.

World Health Organization set a target of one physician per 5000 people in the Alma Ata Declaration/Health for All. In 2006 WHO adopted a threshold of 2.28 skilled health workers per 1000 people; a country that falls below the prescribed threshold is regarded by WHO as an HRH crisis country. Chen, et al offered an empirical basis for the target; it represents the minimum level of coverage needed for 80% of pregnant women to have adequate ante- and post-natal care and assistance at birth from a skilled health worker, who is defined as a medical officer (physician or doctor), nurse or midwife (with a 4-year college degree or equivalent).

There has been much analysis of the successes and failures of health reforms in general, and district health system in particular. However, little attention has been paid to the critical part that human resources (HR) play in determining the success or failure of health reform (Adindu, 2010). The relationship between HR and health reforms is highly complex – more so, because of labour intensity of the sector. The health sector is well-established, and manifests separate professions and occupations with their own practices and controls, and the sheer scale of their operations is enormous. The very complexity of HR in health care is sometimes used as excuse for neglecting it. In most cases when reforms are being planned especially in the health sector, the parts that human resources will play are not taken into consideration. The planners forget that for any wide-ranging effort to scale up health-related priority interventions, human resources in health are the key to success (Wyes, 2004).

Therefore, this study intends to answers the following critical questions: What factors impeded the role of human resources in the implementation of the district health system in Enugu State?

Enugu State, the focus of this study is one of the 36 states of Nigeria located in the South East geo-political zone of the country. Its capital is Enugu otherwise known as the coal city state. Enugu was carved out of the former Anambra State and it has 17 Local Government Areas. The state has a 2009 projected population of 3,541,743 at an annual growth rate of 2.8% based on the 2006 population census figures, and 1,775,707 (50.1%) of the population are females while 1,766, 036 (49.9%) are males. The population density is about 360 persons per square kilometer and is more than three times the mean national population density of 96 persons per square kilometer. About 59% of the population in Enugu State lives in the rural areas. Economically, the State is predominantly rural agrarian with a substantial portion of its working population engaged in farming, although trading (18%) and services (12.9%) are also practiced. In urban areas, trading is the predominant occupation followed by service provision. A small portion of the population is engaged in manufacturing services with the most pronounced in Enugu, Oji-River and Nsukka areas (Enugu State Strategic Health Development Plan (2010-2015)

Data Gathering Processes

Data for this study were gathered through primary and secondary sources. The primary sources were through questionnaire and participant observation. The questionnaire will be formulated based on the Likert-scale standard. However, part of the questionnaire is in open-ended form to enable the respondents give adequate information where necessary. The questionnaire not only served as supplementary sources of data, but also a means of validating the consistency of the results of the other sources (Oguonu and Anugwom, 2006).

The secondary data were collected from books, journals, periodicals handbills, magazines, newspapers, government publications, conference papers, published and unpublished works of relevant authors, documentaries, the Health Annual Reports and Accounts, and finally through the Information and Communication Technology (ICT) such as the internet and computer print-outs. The use of this secondary source was immensely beneficial as it allowed for much greater scope and range of information collection and usage.

We employed both quantitative and qualitative methods of analysis. This is to ensure validity and reliability of the study. In other words, the information gathered from the literature reviewed assisted in authenticating the data from the questionnaire and participant observation (Ofuebe, 2006). Frequency and mean scores for responses on each question were calculated to determine the remark. As a result, a mean score of 2.50 and above confirmed agreement, while a score below 2.50 meant disagreement.

In addition, the study adopted both descriptive and inferential statistical tools for data analyses. The personal characteristics of the respondents are analyzed descriptively using percentage and frequency. The descriptive statistics involved computation of means and standards deviations from the responses of the respondents to the questionnaire items. The computed mean scores were used in answering the research questions. The decision rule is to accept any item that has a mean score 2.60 and above.

Data Presentation and Analysis: External and Internal Impediments, the Role of Human Resources and Implementation of the District Health System in Enugu State

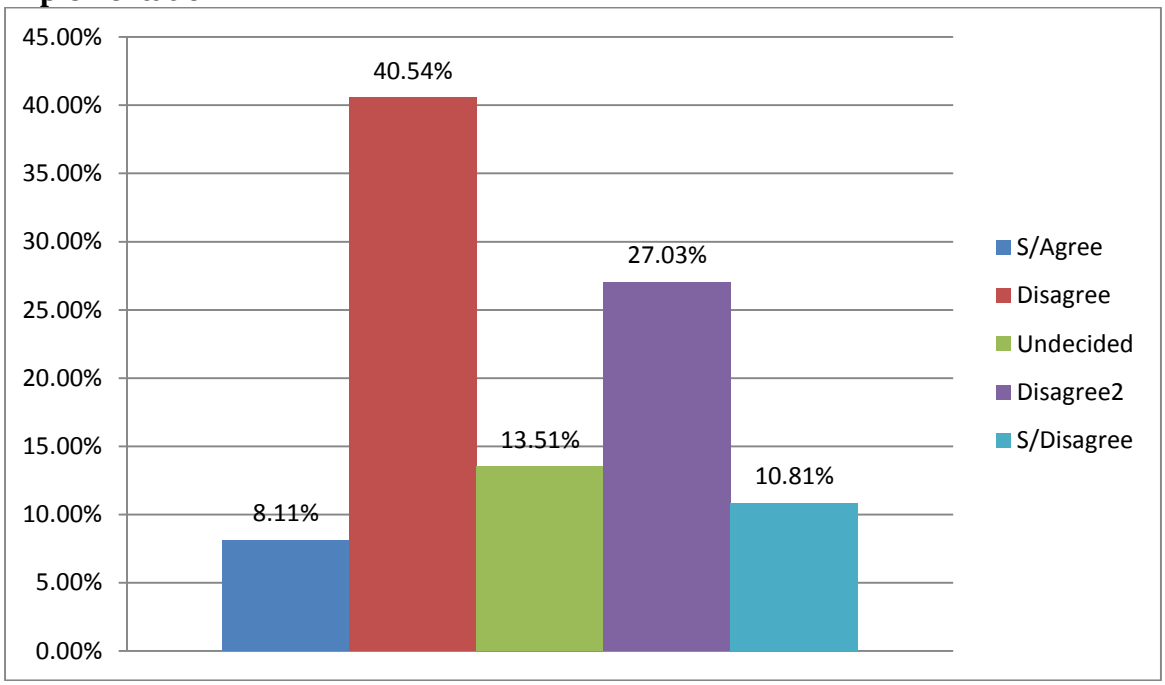
QUESTIONS	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	Total Resp.
Indigenes of the places the District Health centres are located hindered the implementation of the district health system in Enugu State from 2005 to 2015.	30 8.11%	150 40.54%	50 13.51%	100 27.03%	40 10.81%	370
Workers are prepared to declare industrial conflicts on account of their inadequate remuneration package	50 13.51%	180 48.65%	60 16.22%	60 16.22%	20 5.41%	370
Funding of the District Health centres by the state government affected the implementation of the district health system in Enugu State from 2005 to 2015.	60 16.67%	160 44.44%	60 16.67%	70 19.44%	10 2.78%	360
Pilfering of materials and equipment in the District Health centres affected the implementation of the district health system in Enugu State from 2005 to 2015.	80 23.53%	160 47.06%	40 11.76%	40 11.76%	20 5.88%	340
Health professionals in the Enugu State Civil Service such as doctors, pharmacists and nurses receive better remuneration than other categories of workers in the health sector.	150 39.47%	190 50%	10 2.63%	30 7.89%	00 0%	380
The idea to maintain a different remuneration package for the above categories of Civil Servants is applauded by other categories of Civil Servants.	110 29.73%	140 37.84%	20 5.41%	60 16.22%	40 10.81%	370
Other categories of Civil Servants are agitating for equal improvements in their remuneration package in line with what is granted to health professionals in the Enugu State Civil Service.	130 35.14%	180 48.65%	00 0%	40 10.81%	20 5.41%	370

NOTE:

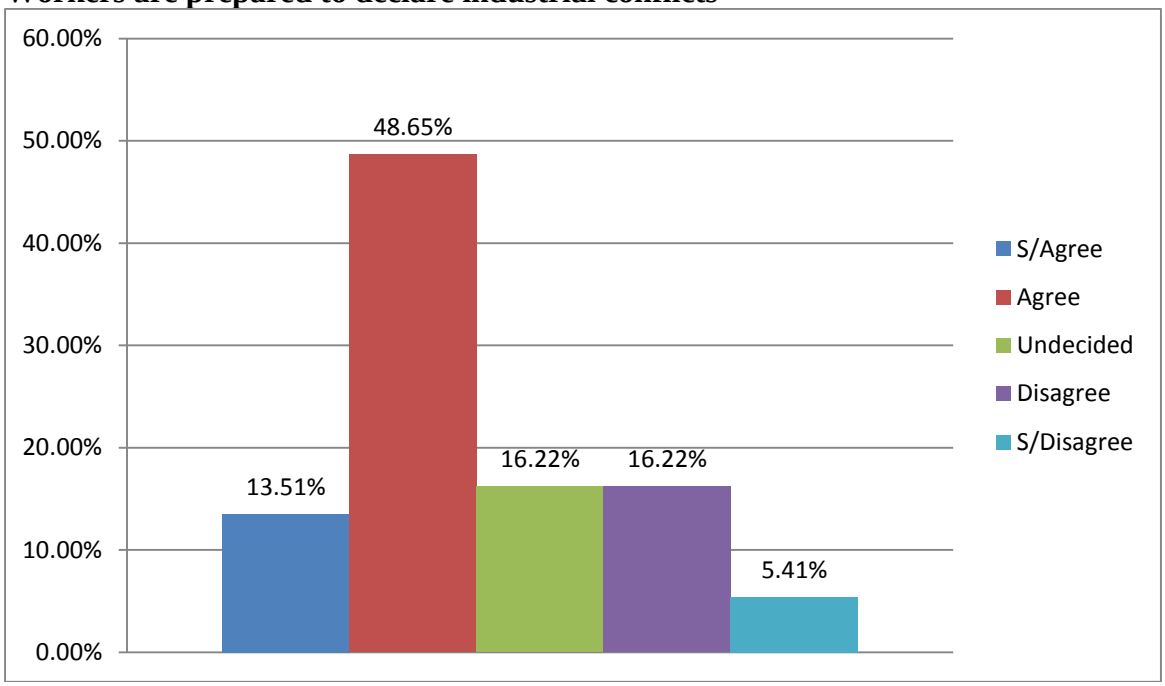
1. The data in the spread sheet indicate the response of all the presumed respondents to all the questions. Where there is no score, the respondent did not respond to the question.
2. The frequency of response is presented on the "total" row at the bottom (1-5) while the total number of respondents is presented in the next column after each set of option.
3. The data in the spreadsheet is presented both in frequency and percentage (approximated) in the table above in line with their respective questions and options.
4. The last column contains the total number of respondents for each question.

Bar Chart Explication of Issues in the Questions

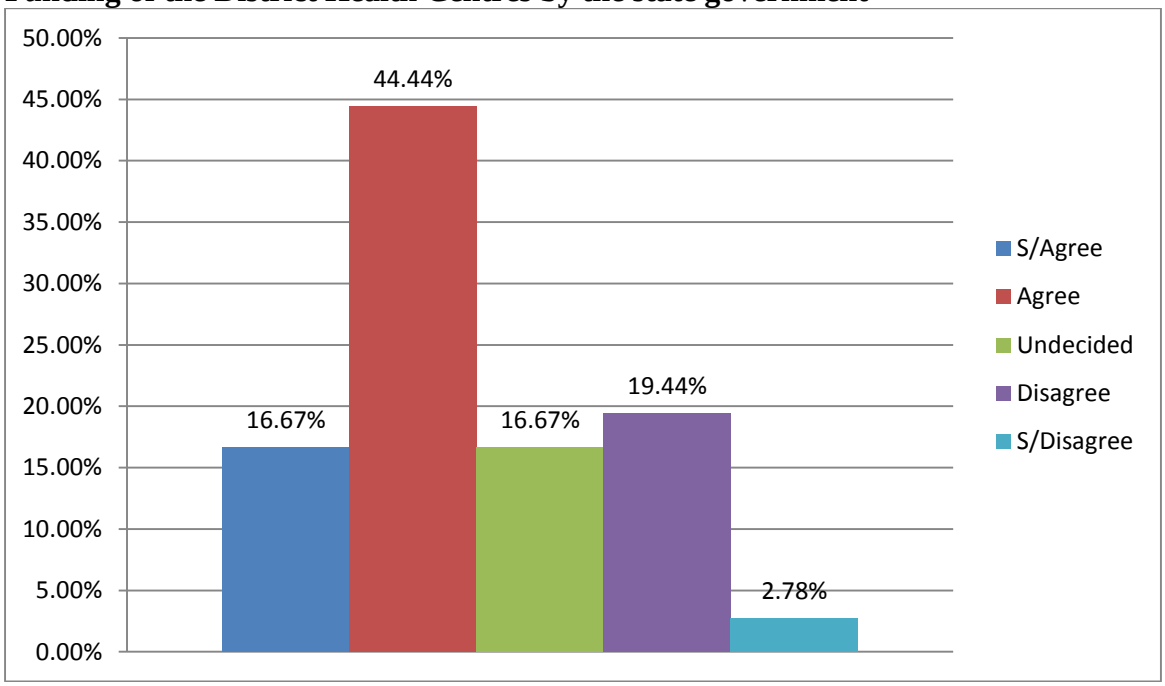
Indigenes of the places the District Health Centres are located hindered the implementation



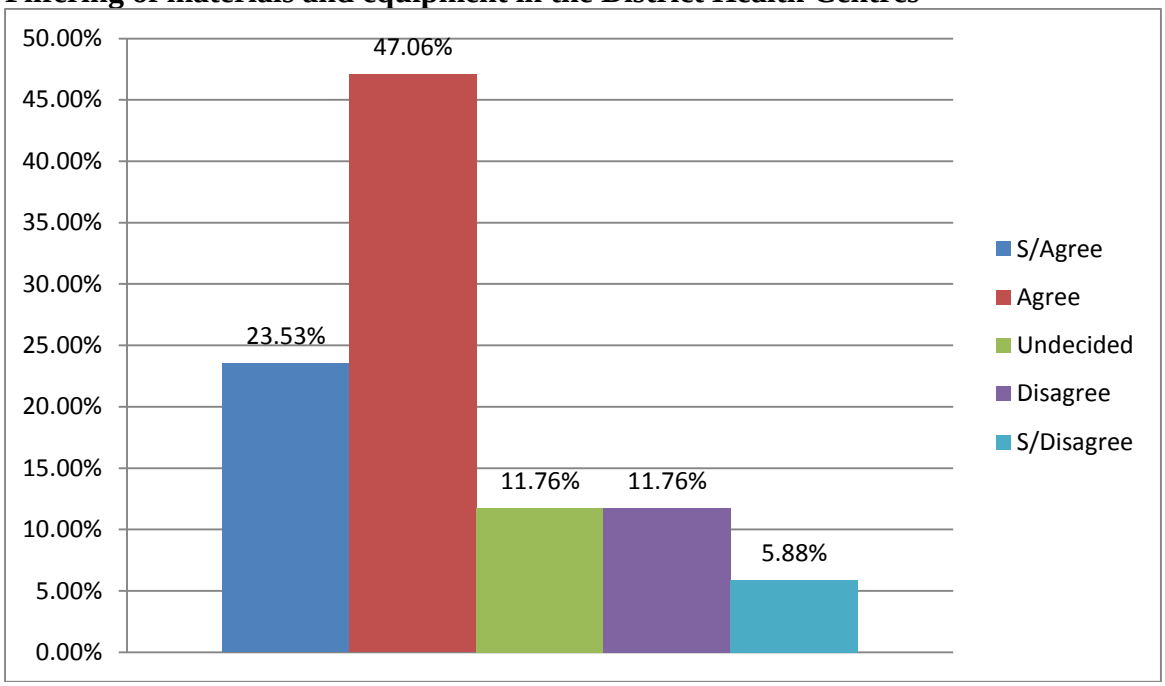
Workers are prepared to declare industrial conflicts



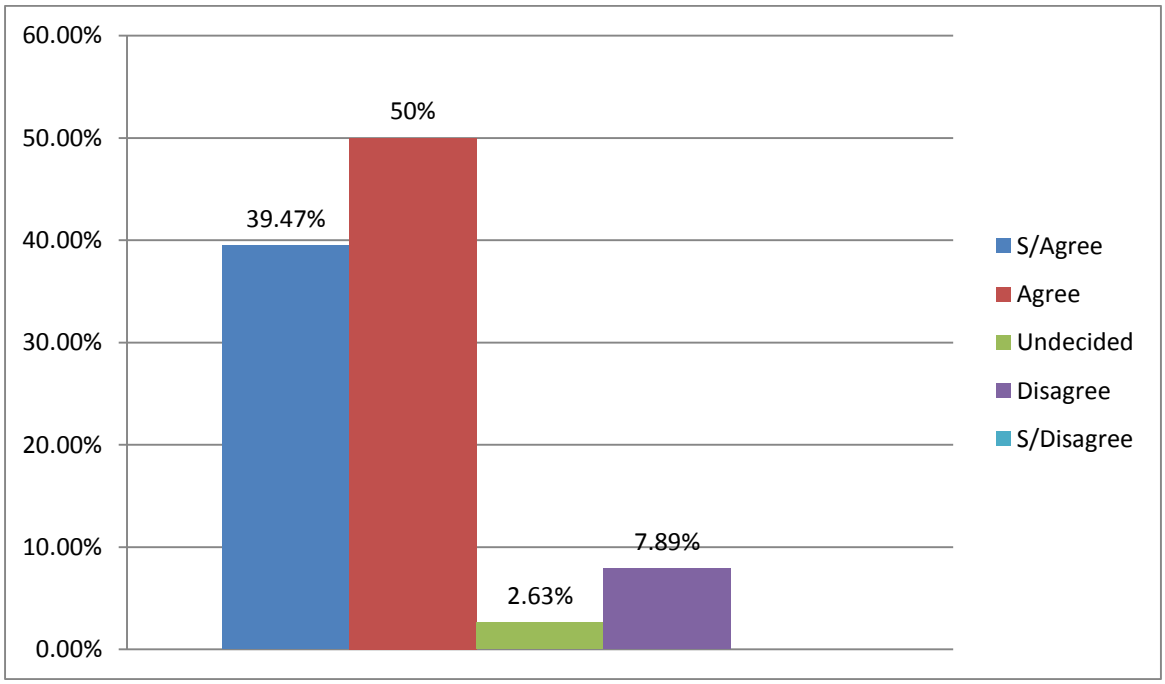
Funding of the District Health Centres by the state government



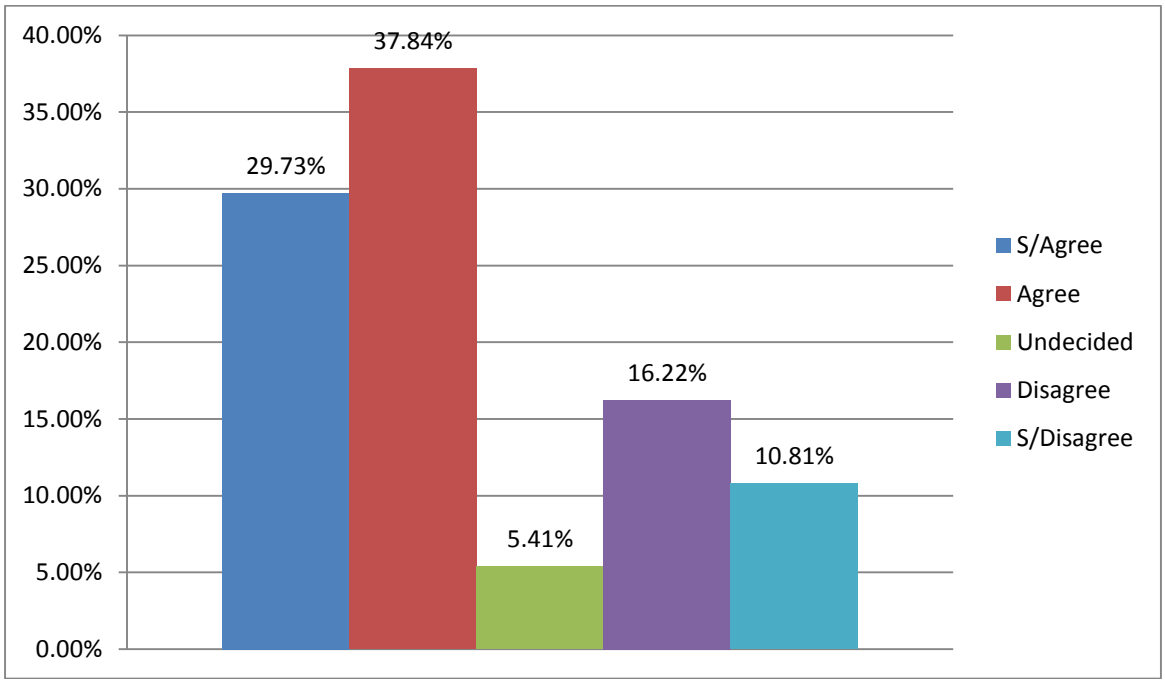
Pilfering of materials and equipment in the District Health Centres



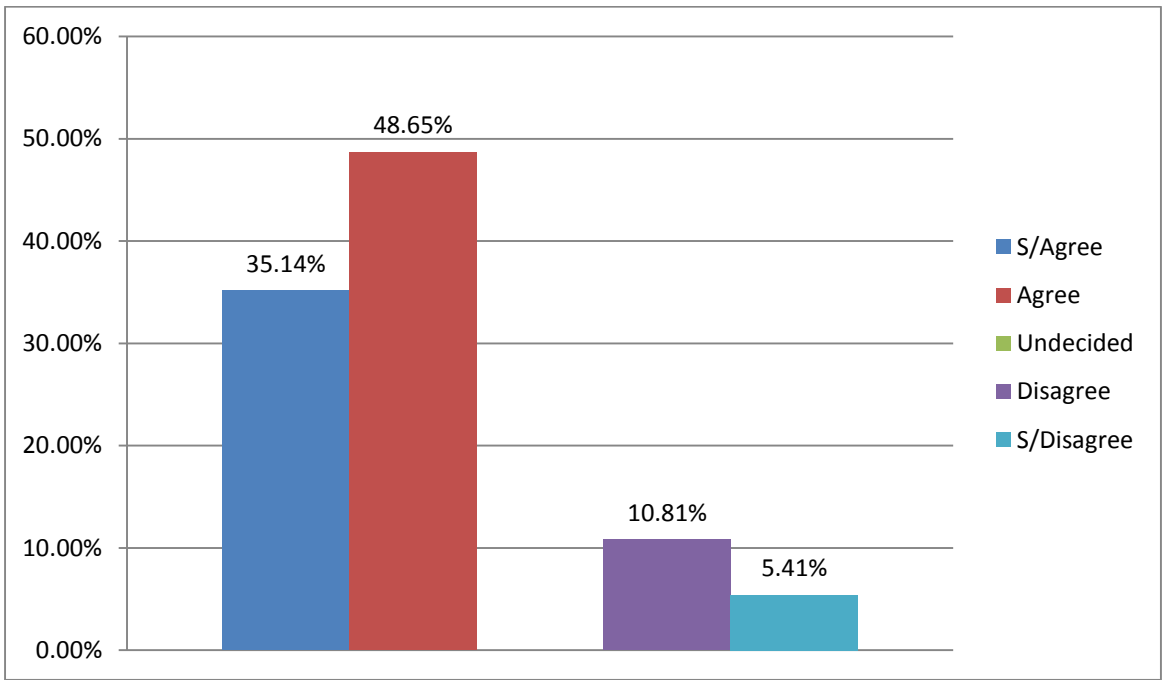
Health professionals in the Enugu State Civil Service such as doctors, pharmacists and nurses receive better remuneration



The idea to maintain a different remuneration package for the above categories of civil servants



Other categories of Civil Servants are agitating for equal improvements in their remuneration



Factors that Impede the Role of Human Resources in the Implementation of the District Health System in Enugu State

We discovered in the course of this research that the human resources in health faced similar problems as in general human resources. Quite a number of factors both internal and external impeded the implementation of district health system in Enugu during the period under study. Such factors included:

1. Non-inclusion of the staff on decisions affecting staff welfare
2. Lack of adequate training and retraining
3. Inadequate compensation of staff
4. Non payment of salaries
5. Lack of incentives
6. Feeling of not being appreciated
7. Due to the mix of staff in the health sector different regulatory authorities affect the performance of the health workers.

The major challenge Enugu state, Nigeria, faces is how to ensure availability and retention of adequate pool of competent human resources in their right mix to provide health care in areas where their services are in most need. This is a challenge complicated by many global and disease burden issues, such as global changes in health trends, shifts in health needs and demands, declining resources, changes in global economic, political, and technological situations (Lambo, 2015).

Consequently, shortages of health workforce are widespread and supply of health care professionals and other service providers are inadequate to meet requirements in the state. Coupled with above is the troublous uneven distribution of competent health workforce which deprives many groups access to life-saving services, a problem exacerbated by accelerated migration in open labour markets that draw skilled workers away from the poorest communities. Addressing these challenges require inter-sectoral cooperation and action since in many instances the precipitating factors are outside the direct control of the health sector.

These unhealthy challenges to the District Health system (DHS) in Enugu state obtained for many reasons: poor commitment of Ministry of Health bureaucrats due to their having a different agenda; poor budgetary allocation to the scheme; weak or non-involvement of the communities; the concept of the DHS in each LGA was politicized; the apparent refusal of the new cadres of health staff to work in rural areas; the academic training did not equip trainees with the skills to set up the system; and enormous quantities of sophisticated equipment purchased contrary to the principles of self reliance and appropriate technology. The situation exemplified the opinion of the then Health Minister (Ransome-Kuti, 1998, quoted in Lambo, 2015: 24):

> Most of the buildings were not complemented. Medical equipment was delivered but remained unused for many years (if ever). Individuals and companies were paid for equipments that were never delivered and for work that was never done. No primary health care service was being delivered in any part of the country.

Thus, the health sector in Enugu state faces the following intricate human resource challenges, though, characteristic of health systems in many developing countries:

i. Weak strategic human resources planning, management & development capacity and systems, with resultant poor planning of staffing needs and utilization at both federal and state levels. This is exacerbated by the non-availability of functional, dedicated and appropriately staffed strategic human resources for health divisions within

Federal and State Ministries of Health. Accurate and up to date comprehensive data are relevant for human resources planning and key decision making on staff. However, data on health staff are scattered, incomplete and lack integrity since various stakeholders collect and collate bits and pieces without recourse to any standard. Further, no operational research is carried out on relevant contemporary human resources planning, management and development issues in order to elicit evidence for decision making. Neither are there any mechanisms at any level for monitoring and evaluating staff deployment and utilization in the service delivery areas.

ii. There are systemic deficiencies in the planning, management and administration of

available personnel. However, the intensity of human resources challenges varies from one location and level to the other. The common strands are:

1. Shortage of professional staff in the north and over supply in the south.
2. Distribution of health workers is skewed toward urban centres with acute shortages in rural locations.
3. There is poor utilization of health professionals across the public private sector divide resulting in duplication of functions in some locations where other areas are poorly covered by skilled personnel.
4. There is apparent gross unemployment and under-employment among health professionals and technicians in the country.
5. Attrition of health professionals is becoming excessive.
6. Low level and discrepancies in salaries and other conditions of service for health professionals working at different levels and between states.
7. Absence of effective staff performance management 'building-blocks' such as up-to-date job descriptions, objectives, targets, supportive supervision, appraisal mechanisms, etc, resulting in low productivity of health workers.
8. Poor interpersonal relations and inter-professional friction among health workers.
9. Cultural preferences for acceptability of health worker services.
10. Poor work environment including dilapidated structures, inadequate and outdated equipment and cumbersome work flows.
11. Lack of protective, safety equipment and logistics for staff.

iii. Misalignment of pre-service production and training programmes to health priorities and policies with main challenges being:

1. Disjoint between human resources skills requirements, service gaps and production output.
2. Absence of systematic in-service training and poorly coordinated continuing education programmes resulting in inadequate training with low coverage of staff and ambivalent quality of performance.
3. Poor infrastructural facilities for effective teaching and learning including inadequate classroom space in some cases, and audio visual equipment.
4. Lack of incentives for teachers who have very limited opportunities for additional work and, hence extra income. The resultant deficiencies of the above are:

- Lack of motivation leading to frustrations among staff and peripheral managers.
- Lack of efficient systems for assessing performance and training needs of staff.
- Excellent skills and hard work do not seem to be rewarded

resulting in high attrition of skilled staff.

- Poor and uneven distribution of skilled staff across the state.

Consequent upon these challenges, one of PATH2's strategies for helping Enugu State improve the capacity of health workers and the care they provide is Integrated Supportive Supervision (ISS)—an on-the-job mentoring process that helps improve the quality of services provided at the primary health care level (PATH2. 2012.). Interestingly, since PATHS2 started supporting the ISS, infection prevention and control practices have been introduced in three health centres - Uvuru, Nara and Ozalla - based on universal precaution guidelines. The use of partographs to chart the progress of labour by the minute has greatly improved, and the growth of children under the age of five years is also better monitored.

Nevertheless, PATHS2 did not introduce ISS in Enugu State, but the process had become quite weak before, at the start of 2012, PATHS2 revived it. Since then, PATHS2 has worked with the State Ministry of Health (SMoH) and the State Health Board (SHB) to conduct ISS monthly. The methodology for ISS in the state was made more efficient, in part by revising the ISS checklist used by the SMoH to conduct the ISS. PATHS2 also brought stakeholders together to review the ISS process and challenges that contributed to make it weak. Some of these challenges pointed to the checklist, inadequate funds and resources for the teams to travel from one LGA and health centre to the other. Another major challenge was the non-implementation of the recommendations that were given by the teams based on the visits. After the stakeholders' forum, PATHS2 worked with the SMoH to address these challenges and improve the processes. According to Dr. G.P.I. Oluka (quoted in PATH2. 2012.), Health Administrator, SHB, "The quality of health care provided has been better since the recent ISS restructuring and reinforcement supported by PATHS2".

This perspective was further elucidated by Chijioke Ngwu, Human Resources Director, SHB (quoted in PATH2. 2012.), thus:

> It has been a big change since PATHS2 came. Although some of these improvements are difficult to measure quantitatively, we see some critical things that are changing because of this intervention. It has led to a general shift in the orientation of health workers. Right now health workers in Enugu State know it is no longer business as usual; that the SHB now conducts ISS monthly and monitors the way they work and attend to patients. The SHB shows them the best way when they are not doing something right. The visiting officials record what they see, then share it with the health workers and return later to check for improvements. This has also built self-confidence among the health workers, because they know that the government cares about what is going

on in the health centres.

However, these improvements in the performance of the labour force do not eliminate the factors that impede the role of human resources in the implementation of the DHS in Enugu state.

A critical analysis of the afore-mentioned factors that impede the role of human resources showed that they have negatively affected the successful implementation of DHS in Enugu State. Work force training is an important issue in the implementation of DHS. According to World Health (WHO Report 2003), it is essential that human resources personnel consider the composition of the health work force in terms of both skill categories and training levels. The Report went on to say that new options for the education and in-service training of health workers are required to ensure that the work force is aware of and prepared to meet present and future needs because properly trained and competent workforce is essential to any successful health system. It is necessary that the health managers are part of the recruitment process since they know the calibre and mix of staff required for in the hospitals. Ogunbanjo and Knapp (2009) in analysing the frequent industrial action by health workers concluded that such factors as career stagnation, perceived discriminatory policies and demoralization from working in systems with poor infrastructure, manpower shortages and poor personal remuneration contributed to the poor performance of the health sector (Olakunle, 2014). The Joint Learning Initiative (JLI) in the their paper, "A political economy analysis of human resources for health in Africa", stated that the health worker situation in developing countries has deteriorated to crisis level due to a variety of factors including political instability and weak health systems characterised by poor working condition while further exacerbated by the migration of health workers to industrialised countries.

There are many regulatory powers involved in HR in the health sector. Sometimes the worker is burdened with which authority to obey. Cogin et al (2012) found out in his study that different regulatory power operating in hospitals further complicates the HR practices, training, performance and reward. Unlike typical corporations, hospitals are unique because the employees are not fully regulated by the hospital. Registration and training requirements of health workers are determined by tertiary institutions, government bodies, medical and nursing colleges-completely outside the influence of the HR function and hospital executives. The above researchers' findings suggest that hospitals serve only as facilities where professionals congregate to deliver their services and where employees view the hospital and HR function as entities that need to be tolerated in order to practice medicine. Their study concluded that the complexity of HRM in health care involves a consideration of external factors and structures within the healthcare system itself. In particular, their result illustrates how the different regulatory authorities and professional bodies constrain executive and HR practitioners' ability to effectively carry out strategic.

Brain drain has been identified as one of the factors affecting improvement in health services therefore such incentives as provision of housing for the workers in rural areas, availability of schools for their children, opportunity for job rotation and promotion can motivate them to want to stay in the rural areas put in their best. Shiratori et al, (2016) in their paper "Motivation and incentive preferences of community health officers in Ghana: an economic behavioural experiment approach" concluded that to reduce health worker shortage in rural settings in Africa, policy makers could provide 'needs–specific' motivational packages which should include career development opportunities such as shorter period of work before study leave and financial policy in

the form of salary increase to recruit and retain them. Awases et al, (2004) stated that Africa's insufficient health workforce is a major constraint in achieving the health-related Millennium Development Goals (MDGs).

Indeed the World Health Organization (2008) reported that health worker retention is an important factor in the delivery and quality of health services. The depletion of human resources is particularly serious at the community level in most African countries including Nigeria (Manafa et al, 2009). WHO (2008) in its policy recommendations on rural retention suggest that countries pursue intervention on four categories: education, regulation, financial incentives and personal and professional mechanisms. Considering that a range of factors could influence health worker motivation, an appropriable selected combination of incentives would be needed to effectively attract and retain workers in rural areas (Girma et al, 2007). According to Shiratori about half of Ghanaians as in Nigeria live in rural areas and so have limited access to healthcare facilities. The researchers went further to say that poor road infrastructure hinders rural inhabitants' access to health care in urban areas therefore health services need to be delivered within their communities which is what DHS aims to achieve. It is then necessary to identify the determinants of health workers willingness to work in order to contribute to the promotion of effective health services but shortage, attrition and low motivation have been recognised as challenges in the improvement of health status (Shiratori et al (2016).

In addition, in-service training of the JCHEW, CHEWs and nurses to upgrade the midwifery skills of the existing staff is equally suggested for Enugu state DHS; while a system of incentives should be established to attract qualified human resources for health into the system. Incorporation of competency-based midwifery training into the pre-service training curricula of nurses, CHEW and JCHEW would provide more sustainable supply of health workers in Enugu state DHS.

Conclusion

This study found that the successful implementation of a new policy whether in the health sector or any other sector hinges on the availability of adequate personnel. When the District Health System was introduced in Enugu State in 2005, it was based on the assumption that the state had enough staff to implement the programme, but the donor agency PATHS, a DFID-funded programme for the health sector soon found out that the staff strength currently in the service of the State cannot optimally implement the district health system. For instance, available data then showed that the maternal mortality ratio was high in Enugu State with figures ranging from 772 to 998 per 100,000. This was almost thrice the figure (286/100,000) for the rest of South East and almost double the 545 national average.

The poor maternal and other health status in Nigeria in general, and indeed Enugu State, is attributable to lack of access to and use of skilled health personnel and a weak healthcare delivery system (Okeibunor et al, 2013). According to the researchers, a skilled health worker is critical to the implementation of the district health system in order to reduce the disease burden in the State.

As at 2008, shortly after the introduction of the DHS, the Health Management Board released the status of staff in the board that was to manage the DHS. The Board also published the health staff needed. In summary, the district/sub-district hospitals in charge of the health centres under the DHS had six doctors while the cottage hospitals had two but for effective implementation of DHS the District/sub-district should have 54 doctors and cottage hospitals 88. The staff needs in the local governments were even worse. This research found out that inadequate

number of personnel was the bane of the successful implementation of the district health system during the period under review. A situation where there were only 34 medical doctors and 87 nurse/midwives in the service of the Local Government Service Commission which ran the health centres does not show seriousness with the issue of health services.

Indeed, the importance of health workers in the success of any health care intervention cannot be overemphasised. A key component to achieving good patient outcomes is having the right type and number of healthcare professionals, with the right resources; but lack of investment in the infrastructure required for producing and retaining adequate numbers of professionals by governments all over the world is a problem.

This study discovered that the human resources in health faced similar problems as in general human resources. Consequently, quite a number of common human resources factors, both internal and external, impeded the implementation of district health system in Enugu State during the period under study. Such factors included:

a. Non-inclusion of the staff on decisions affecting staff welfare
b. Lack of adequate training and retraining
c. Inadequate compensation of staff
d. Non payment of salaries
e. Lack of incentives
f. Feeling of not being appreciated
g. Due to the mix of staff in the health sector different regulatory authorities affect the performance of the health workers.

Consequently, human resources management in the health sector must be developed in order to find the appropriate balance of workforce supply and the ability of those practitioners to practice effectively and efficiently as a practitioner without adequate tools is as inefficient as having the tools without the practitioner. Human resources for health are necessary to the delivery of health services; only by securing a sufficient equitably distributed, adequately supported and well-performing health workforce can any health goals and targets set by national governments or the international community be met, even in Enugu State.

References

Adindu, A (2010) Assessing and assuring quality of health care in Africa. *African Journal of Medical Sciences.* Vol 3, number 1

Bach, S M (2005). *Managing human resources*, New York: Tata McGraw-Hill

Bianca A (2007) *The Role of Human Resources Management in Organizations* smallbusiness.chron.com.

Chatora R. & Tumusiime P., (2004). *Module 1, DHMT training modules: Health sector reform and district health systems.* Congo, Brazzaville: WHO Regional office for Africa.

Dillion Shelagh (2015) *Factors Affecting Human Resources Plans.* smallbusiness.chron.com.

Enugu State OF Nigeria Official Gazette, NO 1 Vol 18, Oct 22nd 2009 known as Law 1 of 2009, Enugu State Health Law (ISSN 116-2031)

Enugu State Government of Nigeria (2010). State strategic health development plan (2010-2015)

Gorgen H., Kirsch-Woik T. & Schmidt-Ehry B. (2004). *The district health system: Experiences and prospects in Africa. Manual for public health practitioners*. Germany, GTZ

Kruk, M. E and Freedman L. P. (2008) Assessing health system performance in developing countries: A review of the literature. *Health Policy* 85: 263-276

Lambo, Eyitayo (2015). Primary health care: realities, challenges and the way forward. First
Annual Primary Health Care Lecture, Organised by the National Primary Health Care Development Agency (NPHCDA) at Shehu Musa Yar'Adua Centre, Wuse Zone 4, Abuja, Tuesday, 8th December.

Lucas A. O. & Gilles H. M., (2003). *Short textbook of public health medicine for the tropics.* International students' Edition 4th ed. United Kingdom: ARNOLD.

Manafa O, McAuliffe E, Maseko F, Bowie C, MacLachlan M, Norman C. (2009) *Retention of health workers in Malawi: perspectives of health workers and district management. Human Resources for Health*

Mills A, Bennett S & Russell S. (2001). *The challenge of health sector reform: What must governments do?* Palgrave: Basingstoke.

Ndibuagu E.O., Nwobi E.A., Onoka C.A., Arinze-Onyia S.U. and Obionu C.N. (2015).
Knowledge, attitudes and practices of Enugu state district health system by public primary health care workers. *International Research Journal of Medical Sciences*, Vol. 3(4), 1-10, April

Ofuebe, C (2006). *Data demands for development research.* Enugu: JOEN Printing and Publishing Company.

Oguonu, C. N. and Anugwom, E.E. (2006). *Research methods in social sciences.* Enugu: Fourth Dimension Publishing Co.

Okeibunor, Joseph C, Nkechi G Onyeneho, Obioma C Nwaorgu, Ngozi I'Aronu,Ijeoma
Okoye Felicia U Iremeka, and Johannes Sommerfeld (2013). Prospects of using community directed intervention strategy in delivering health services among Fulani Nomads in Enugu State, Nigeria, *Int J Equity Health.*; 12: 24.

Okoye, P.V.C and Ezejiofor R.A (2013) The effect of human resources development on organizational productivity, *International Journal of Academic Research and Social Sciences.* Vol. 3, No 10

Olakunle, B.O (2014) Public Health care financing in Nigeria, Jan-Jun 2012: Which way forward? *Annals of Nigerian Medicine,* Vol. 6 Issue 1

Oluka, G.P. I (2014) Report on Enugu study tour of Jigawa State Gunduma health system.

PATH2. (2012). Case study: supervising health workers to improve quality of care, UKAid, The Partnership for Transforming Health Systems Phase Two, Enugu September 2012

PATHS2 (2012). Case study: work load assessment paves way for new health workers in Enugu state, UKAid Enugu, September 2012

Seqall, M., (2003). District health system in a neoliberal world: A review of five key policy areas, *Int. Journal of Health Planning and Management*, 18: 5-26

Shiratori S, Agyekum E, Shibanuma A, Oduro A, Okawa S (2016) *Motivation and incentive preferences of community health officers in Ghana: an economic experiment approach.*
https://human-resources-health.biomedcentral.com accessed November 25, 2016.

State Ministry of Health (2008). "Togetherness in Health": The Enugu experience in health sector reform: 2002-2008. PATHS Final Programme Report

Uzochukwu, Benjamin S. C., Obinna E Onwujekwe, & Nkoli Ezumah. (2014). The district health system in Enugu state, Nigeria: an analysis of policy development and implementation. *African Journal of Health Economics* Vol 3 (1): 1-14. December

World Health Organization. (1988) *The challenge of implementation: District*

health systems for primary healthcare. Geneva, Switzerland: World Health Organization.

World Health Organization (2005). Health systems strengthening in Africa. African Union

2nd Ordinary session of the Conference of African Ministers of health (CAMH2), Gaborone, Botswana, 10-14 October, www.chr.up.ac.za. undp/regional/ docs/audeclaration7.

World Health Organization (2007). *Everybody's business: Strengthening systems to improve health outcomes: WHO'S framework for action*. Geneva, Switzerland: WHO Health Systems and Services

World Health Organization *(*2008). *World health report 2008–Primary health care: Now more than ever before*. Geneva: World Health Organization.

Wyes, K. (2004). An approach to classifying human resources constraints to attaining health-related Millennium Development.

http://www.human-resources-health.com