

Enhancing Human Capital Development through Effective Health Service Delivery in Enugu State, Nigeria

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Abstract

The study was on Human Capital Development in Enugu State (1999-2010). The general objective of the study was to examine human capital development in the public service of Enugu State. Specifically, the study was aimed at finding out how healthcare services delivery in Enugu State affected human capital development. The methodology for the study covers both the primary and secondary sources of data collection. The presentation and analysis of primary data elicited through interviews was mainly in quantitative and tabular format showing frequency and percentages. The secondary data were collected from the published journals, books, government publications, newspapers/ magazines and websites to test the hypotheses. On the basis of data presented and analysed, that lack of qualified and trained health workers is responsible for the poor quality of health services delivery in Enugu State. The study further proved that sometimes, political realities set the tone for manpower utilization in the public service of Enugu State and that this usually results in weak deployment of human assets. On that note, the study proffered some recommendations on modalities which Enugu State Government should adopt to achieve the development of manpower so as to ensure the provision of high quality services in the public institutions especially in the health sector.

Keywords: *Human Capital Development, Healthcare, Training, Service Delivery*

1. Introduction

The Asian countries of China, India, Japan and other emerging nations of great potentials in the region like Malaysia, Singapore, Indonesia and Thailand are countries which laid the foundation for growth and national development, not on natural resources but on human resources. Jim-Nwoko (2009:60), commenting on this, stated that Nigeria, in order to be part of the leading nations of the world economically and politically, will need to engage in a

fresh plan to develop a national policy on human development. He said that for vision 2020 to succeed, Nigeria will need a well developed human capital to drive the vision. Any government agenda for that matter needs adequate human capital for effective implementation.

Ribadu (2011:1) was in line with this thought when he stated that a healthy, well developed and content citizenry is at the heart of national development. According to him, the various segments of human capital development which include health, education, women and gender issues, youth, the physically challenged and social security should receive appropriate attention. No country has achieved sustainable economic development without sustainable investment in human capital. There can be no significant economic growth in any country without adequate human capital development. Ogujiuba and Adeniyi (2005:60) observed that in the past, much of the planning in Nigeria was centred on accumulation of physical capital for rapid growth and development, without recognition of the important role played by human capital in the development process.

In Nigeria, although oil and gas resources are great assets, the greatest and most valuable asset of a nation is her people; because there is no oil-well richer than the human brain. It therefore means that for us to be a great nation, we must as a people begin to devote resources and attention to human capital development.

In this study, we are to examine the Human Capital Development as it affects training and healthcare in Enugu State. It is highly imperative for any government to continue to lay emphasis on the development of human capital given its contribution to economic development. As observed by a number of studies, such as studies conducted by Marimuthu et al (2009:266), Ikejiani-Clark and Ezeh in Obikeze et al (2009:194), human capital development through the provision of healthcare services and education is

important for increase in productivity, increase in per capita income, expansion of knowledge and reduction of poverty. When compared with East Asian countries, Nigeria with her abundant human and natural resources seems to present a contrary situation given the quality of its human capital which can easily be classified as low. The healthcare delivery system in most communities in Enugu State is nothing to write home about. Most rural dwellers in Enugu State experience a lot of difficulties attending to their health because of weak primary and secondary healthcare delivery system obtainable in our localities.

Infact, one of the prime problems besieging a developing country like Nigeria, and Enugu state Government in particular is inadequate vibrant human resources. The recent effort at improving the human resources could be seen in training efforts by such bodies like the Nigerian institute of management, the industrial training fund, and the centre for management development and administrative staff college of Nigeria. While the universities concentrate on the development and training of high level man-power, the institutions and polytechnics are designed for the intermediate and middle level manpower. The development functions therefore deals with the training of the employee to acquire the necessary skills that aid his job performance.

However, as Okoye (2004:69) has noted, despite all these efforts, the public service is still bedeviled by high level of inefficiency and which culminates into low productivity. It is therefore against this backdrop that the study seeks answers to the following research questions. How effective is the delivery of healthcare services in Enugu State? What is the relationship between health services delivery and human capital development in Enugu State? The general objective of this study is to examine the human capital development in Enugu State. Specifically the study tries to find out how health services delivery in Enugu State affect human capital development.

2. Literature Review

2.1 Human Capital Development in Nigeria

The development of human capital has been recognized by economists to be a key prerequisite for a country's socio-economic and political transformation. Among the generally agreed causal factors responsible for the impressive performance of the economy of most developed and newly industrializing countries is an impressive commitment to human capital formation (World Bank 1995 Adediji and Bamidele 2003). This has been largely achieved through increased knowledge, skills and capabilities acquired through education and training by all the people of these countries

Ogujiuba and Adeniyi (2005) described human capital development as an end or objective of development. They wrote that it is a way to fulfil the potential of people by enlarging their capabilities. This necessarily implies empowerment of people, enabling them to participate actively in their own development. Human capital development, they stated, is also a means since it enhances the skills, knowledge, productivity and incentiveness of people through a process of human capital formation broadly conceived.

Human capital formation according to Dauda (2010) refers to the process of acquiring and increasing the number of persons who have the skills, education and experience that are critical for the sustainable growth and development of a country. It involves providing opportunities for all citizens to develop to their fullest potentials through education, training and motivation as well as creating the enabling environment for everyone to participate fully in national development. Any effort to increase human knowledge, enhance skills and productivity and stimulate resourcefulness of citizens is an effort in human capital development.

Adamu (2003) remarked that those already in job require training and retraining, orientation or adaptation to meet the new challenges. He noted that this special human capacity can be acquired and developed through education, training, good healthcare as well as investment in all social services that influence man's productive capacities. Investments to entrench good governance, provide supporting infrastructure and development of education, health and social systems are investments in human capital development. Such investments will include expenditures in educational and training institutions, health facilities, adult functional literacy, vocational and skills acquisition programmes, information and communication.

Ikejiani-Clark and Ezeh (2009) stated that the actual concern to any human capital development enterprise is that of optimizing personnel use to the extent that inefficiencies can be removed, skills improved and applied judiciously so that the well being of either the people or the enterprise in question can be guaranteed. Craft (1996) believed that human capital formation, through its development has continued to be of critical importance in today's managerial world. He went on to advance some vital reasons why human capital development has become increasingly important which according to him are as follows:

- i. Human capital itself is becoming increasingly expensive to employ and as such, their management must be approached with utmost caution.
- ii. Moreso, social science research has emphasized the importance of increasing productivity and the benefits of having a satisfied workforce and;

iii. Legislation and development of industrial relations have encouraged the emergence of specialists well able to interpret and apply their skills to this area of management.

There is no doubt that the above three factors shall ever remain basic to the practice of personnel management more especially as we know that the most relevant technology today can become obsolete the next minute. Science of human resources engineering has today been shifting emphasis on the indispensability of human capital development to that of its utilization and appropriate determination of the relevance of training content with that of need. From the definitions of human capital, it can be inferred that human capital development is simply the provision or enhancement of knowledge, skills, competencies and the modification of attitudes of individuals and groups in an organization or a country in order to achieve set goals. It consists essentially of efforts to expand the existing capabilities, both quantitatively and qualitatively, of an organization or a nation to pursue its mission, vision and objectives. It was in recognition of this that Essien (2000) described human capital development, as a well thought out plan and action aimed at developing and grooming human beings so as to present them fit and qualified to be productive to themselves, in particular, and to the entire society, in general. This suggests that human capital development must be a deliberate effort and targeted at providing the competence employees need to improve their performance.

However, Mbat (1992) maintained that human capital development provides the cardinal point at which any realistic economic development can be based. He believed in the existence of some degree of coordination between what may be called developers and utilizers of human resources. Mbat noted that often error of common occurrence even with the developed and developing nations of the world is that in most cases, attention is often shifted exclusively to matters of manpower supply with very little consideration to its development and utilization. He believed that there is a close linkage between human capital development and its corresponding utilization since in his observation; a trained person who is not used or only poorly utilized is not really an asset.

It has been stressed that the differences in the level of socio-economic development across nations is attributed not so much to natural resources endowments and stock of physical capital, but to the quality and quantity of human resources. Oladeji and Adebayo (1996) stated that human resources are a critical variable in the growth process and worthy of development. Capital and natural resources are passive factors of production; human beings are the active agents who accumulate capital, exploit natural resources, build social, economic and political

organizations, and carry forward national development.

Over the years, successive Nigerian governments recognized the importance of human capital formation and development process and have embarked on various programmes and projects which led to the establishment of educational institutions and health centres throughout the country. Ugal and Betiang (2009) noted that one of the most crucial avenue for grooming and developing human capital is in the educational sector, and in Nigeria the system of education has not been able to harness the different aspects of training (vocational, practical or cognitive and effectual) to prepare recipients for competition in other endeavours. Bankole in Olukoya (2011) recognized the importance of human capital development when he identified education as a variable tool for creating and building high quality human capital development in Nigeria.

In the late 1970s and early 1980s, the federal government's spending grew substantially resulting in fiscal crisis, inflation and heavy borrowing. Subsequently, through the austerity measures adopted in 1982 and Structural Adjustment Programme (SAP) introduced in 1985, the country attempted to bring down fiscal deficits as part of its stabilization programmes, often by reducing public spending on and across the board basis. Oyinlola and Adam (2003) noted that these reductions resulted in unprecedented economic and social costs as human resources development was neglected with adverse long term development consequences. Thus, the ultimate goal of economic development which could have helped to improve the well being of the people was over looked.

In more recent times, renewed attention was paid to the role of human capital formation in Nigeria's development process and this has prompted the federal government to declare in its 1999-2003 economic policy programme that the economy exists for and belongs to the people, and at all time the general well-being of all the people shall be the overriding objectives of the government and the proper measure of performance (FGN, 1999). In a keynote address presented by Sanusi (2002), he stressed the importance of human capital development for Nigeria. He emphasized that the Nigerian economy has to be efficient and competitive in the new world order in which national frontiers no longer constitute barriers to human material and capital flows. He noted that one of the greatest barriers facing Nigeria is the issue of capacity building to enhance productivity in the economy. The government of Nigeria is committed to bringing development to the door step of her citizens. This, he said, accounts for the various developmental policies and programmes of government. He equally emphasized that the

characteristic pattern of the governments allocation to education and health in Nigeria as a percentage of the total budget is a sign of commitment.

The Federal Government Reform Agenda is anchored on the National Economic Empowerment and Development Strategy (NEEDS) documents. NEEDS documents (2004) indicated that adult literacy rate of at least 65 percent would be attained by 2007. The NEEDS recognized the centrality of human capital development in achieving economic growth. The strategy is aimed at empowering the citizenry to acquire skills and knowledge that would prepare them for the world of work. In order to achieve this, the strategy was designed to address the following crucial issues among others:

- 1) Faithful implementation of the free compulsory Universal Basic Education law
 - a. Improve education infrastructure
 - b. Expand institutional capacity to produce quality manpower
 - c. Expand total school enrolment to increase the literacy level
- 2) Review of schools curricula of primary to tertiary to incorporate vocational and entrepreneurial skills
- 3) Re-tooling and repositioning of technical schools to be able to address the technical manpower needs of the economy.
- 4) Establish a more vocational centres to encourage Nigerians to embrace vocational education.
- 5) Review school curricula at all levels to incorporate the study of Information and Communication Technology (ICT).
- 6) Expand existing Special Education Programmes including the virtual library project, the distant learning programme and Nomadic Education Programme.
- 7) Sustain existing vocational/on-the-job training programmes of the federal government and encourage the states to do the same.

While listing selected targets under the NEEDS programme, education and health sectors are noted to be given closer attention. Under its specific sectoral strategies, the government and private sector are identified as key players in tackling issues that are critical for effective economic growth. One of such listed issues is inadequate human capital development.

2.2 Healthcare and Human Capital Development in Nigeria

Health is a general state of physical, mental and emotional well-being. Health is a fundamental human right and it is indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity. The World Health Organization (WHO) and Article 24.1

of the Universal Declaration of Human Rights affirms that everyone has the right to a standard of living adequate for the health of himself and of his family, including food, clothing, housing, medical care and necessary social services. The global commitment on health for all is encapsulated in goals 4,5 and 6 of the Millennium Development Goals (MDGs). The health related Millennium Development Goals cannot be reached without appropriate, adequate and significant improvements in human resources for health. Incentives and other strategies target at individual in the area of human resource policies such as safe working conditions and places, adequate compensation; continuous learning opportunities and manageable work loads are necessary to be put into parches to retain high quality and dedicated health workers. Izuoke (2009) carefully pointed out that with sufficient skilled and motivated health workers, infant mortality rate, maternal death rate, HIV/AIDS and other diseases will be drastically reduced.

The World Health Organization Report (2000) reported that the Nigeria's overall health system performance was ranked 187th among the 191 member states. Health indicators rather confirmed this assessment. Oloriegbe (2009) noted that Nigeria has one of the worst human development indicators especially for women and children in sub Sahara Africa and indeed the rest of the world. He wrote that the country accounts for 10% of the world material deaths from pregnancy and child birth related causes, but only represents 2% of the population; close to 200 out of 1000 children born every year do not live to celebrate their 5th birthday. He equally pointed out that life expectancy for the average man and woman is 42 and 47 years respectively. These figures hide huge disparities with the Northern part of the country accounting for the worst indicators.

In the 1999 constitution of the Federal Republic of Nigeria, among all the 68 items on the exclusive legislative list and 30 items on the concurrent list, health is not listed in either. Health is only mentioned in the following way;

In relation to industrial safety (section 17 (3c) "The State shall direct its policy towards ensuring that the health, safety and welfare of all persons in employment are safeguarded and not endangered or abused. There is no health objectives in the Nigerian Health Constitution. All the three levels of government in practice have the responsibility for the provision of healthcare. The 36 states and the 774 Local Government are each responsible for all financial aspects of Secondary Health Care, and Primary Health Care including personnel costs, consumables, running cost and capital investments.

The National Health Care Development Agency was established to provide a source of technical knowledge and expertise on the provision of Primary Health care and monitor PHC delivery on behalf of

the Federal Ministry of Health. Public Primary Health Care Services are funded by all tiers but administered by local government areas with technical assistance and direction from the State Ministries of Health. Secondary Health Services (SHC) are the responsibilities of the State governments (and in some states) may be administered by a State Hospital Management Board. However, Alm and Boex (2002) argued that the co-ordination and activities between (and within) the three tiers of governments concerning health issues is generally weak.

In many states of the federation, and in Enugu State in particular, the health sector is in a state of near collapse despite the substantial resources allocated to this tier of government. The Enugu State health care system, comprising of primary healthcare and secondary healthcare centres are characterized by inadequate infrastructure and lack of basic amenities. The health maintenance officers both in the state and local government levels, equally are not able to provide adequate health care services for citizens. Investment in health maintenance of health worker in Enugu State will ensure that the work force is mentally and physically disposed to carry out productive activities. Sorokin (1997) pointed out several ways how health programmes could have an impact on economic development in developing countries. Jack (1999) explained that productivity of labour depends on factor like physical and mental capabilities, investments in human capital and efficiency of labour organization and management. He emphasizes that changes in health could affect labour productivity. Also labour productivity could be reduced by the need to care for sick relatives or by reducing years of schooling if parents are chronically ill. On the other hand, improvement in health could positively affect the experience and level of work by increasing their life expectancy and good health status. Ample evidence, according to Oluyinka (2010) suggest that as people become healthier, better nourished and educated, they contribute more to economic growth through higher labour productivity and improved technology.

The local governments of Enugu State, being the third tier government is expected to discharge some useful functions. According to schedule 4 of the 1999 Constitution of the Federal Republic of Nigeria, the following are among the functions of local government in Nigeria: provision of Health centres, maternity centres, dispensaries and health clinics, provision of rural and semi-urban water supply etc. Employees in the local government are expected to discharge their responsibility to enable the local governments carry out these functions. In the process of working to achieve the set goals and objectives of the local government, management or

employers of labour expects increased productivity from the workers. Agbro (2009:90) was in support of this argument when he wrote that any management that is expecting improved productivity from its workers must discharge the following obligations: creation of enabling environment for adequate number of suitable and or skilled workers; judicious allocation of duties or assignments to workers, provision of required and sufficient machinery or equipment and other tools regular payment of staff wages or salaries, allowances and other entitlements, additional motivation of workers through award of incentives (such as regular promotion, increase in salaries and allowances, long service awards etc), regular training of workers; regular transfer of certain categories of workers from certain duty posts to others etc. As a matter of fact, in Enugu State, the development of human capital is noticeable, not only in the state government establishments, but also in all the 17 local governments in the state, from where we shall obtain some materials for this study.

3. Research Design

This study made use of survey research. Okeke (2001:65) opined that "survey research is interested in studying large and small populations, usually as samples that are representative of such populations. Data from samples are collected and analysed". He believes that the researcher is interested in making an accurate assessment of the characteristics of the population.

Premised on the above, a survey based on the human capital development as it affects healthcare delivery was embarked upon. The researcher ascertained how healthcare delivery influence human capital development in Enugu State.

There are broadly two types of survey research design namely cross-sectional (which is descriptive, exploratory and explanatory) and longitudinal comprising of trend, cohort and panel. The cross-sectional survey design with its descriptive, exploratory and explanatory attributes suited this study better and the researcher decided to use the cross-sectional survey design for this study.

4. Results and Discussion

The Relationship between Human Capital Development and the Quality of Healthcare Delivery in Enugu State

To examine the above, related secondary data obtained from various ministries in Enugu State that relate to this hypothesis were presented. Relevant data from interview instrument were also presented and analysed as follows:

Table 1: Health Budget from 1999-2010 as Part of Enugu State Budget

Year	Total State Approved Budget (N)	Allocation to Health (N)	% of Total Health Budget on Total State Budget
1999	*	*	*
2000	9,583,376,000	326,661,190	3.40
2001	12,781,289,000	767,673,800	6.00
2002	17,100,825,640	613,462,000	3.60
2003	20,043,344,200	1,003,907,000	5.00
2004	22,298,829,600	1,129,690,920	5.07
2005	26,298,797,500	2,572,380,000	9.78
2006	31,976,432,630	2,932,948,750	9.17
2007	38,421,200,000	1,619,211,980	4.21
2008	60,710,359,100	2,458,226,480	4.05
2009	60,460,135,000	1,311,016,000	2.17
2010	68,366,418,359	2,053,151,410	3.00

Source: Enugu State of Nigeria, Approved Budget Estimates 1999-2010 Ministry of Budget & Planning Enugu

Table 1 above presents budgetary allocation to Health Ministry in Enugu State between 1999 and 2010. This table also presents the percentage of total health budget as against the total state budget within the period under survey. A cross examination of this table, will make one to believe that Enugu State government do not commit resources to the provision of healthcare, considering the important role attached to the provision of good health in any society.

From the records it was revealed that most health centres in Enugu State do not have enough health equipments. It was revealed during the interview that the problem of inadequate hospital materials is more noticeable in rural area than in urban area. Health workers, who are not provided with hospital materials may find it difficult to deliver quality healthcare no matter the amount of training given to him/her.

Fifty (50%) of the population interviewed believed that the public is benefiting very little from health care providers in Enugu State. They believed that when you consider the huge amount of resources, invested by both state, local governments and donor agencies on health sector, that one should expect the benefits to be more than what is on ground.

The study shows that there is a narrow view of poor human capital development in health sector (in content and in practice). From the records of data that was compiled, it was discovered that human capital development in the health sector of Enugu State is not actually poor. It was gathered that Enugu State government in partnership with various agencies, sponsor and organize training programmes for health workers. There is sufficient evidence from our data that health workers in Enugu State attended to training very often.

That the major problem of human capital in the health sector lies on the fact that most health staff

were not competent enough in the field before they were recruited. As a result of their incompetency, they find it difficult to deliver quality healthcare to the public. This is because they lack the basic knowledge in healthcare delivery. One is required to have some basic knowledge of healthcare delivery before being recruited into the system. It is only when you have the basic knowledge on the field that you go to training to gain proficiency.

Another major finding is that recruitment of staff into public offices in Enugu State are usually done with some political considerations. Once a party member wants to favour another party member by allowing him a chance to bring a candidate for recruitments, less considerations are usually given to whether that candidate is qualified for that job or not. When incompetent staff are recruited into the system, no amount of training will develop the person into delivering of quality services.

This study also finds out that lack of sufficient equipment and drugs, can hamper the quality of healthcare delivery in Enugu State. The implications of this finding is that if quality healthcare is to be expected, then, there will not only be appropriate and high quality human resource but also sufficient equipment and drugs in the hospitals of Enugu State.

One major finding associated with our second assumption is that shortage of health workers, in addition to limited number of qualified and experienced staff, was identified as responsible for poor quality healthcare in most health centres in Enugu State. As a result of inadequate health workers, the available ones are over-laboured. Shortage of health workers was also identified as mainly responsible for unfriendly atmosphere for patients.

This study equally found out that there is imbalance in the distribution of health workers between the primary, secondary and tertiary health centres in

Enugu State, and that this affects the quality of healthcare delivery. In some health centres, some staff in a particular unit are duplicated at the expense of some other units where they are very few or none posted at all.

We were also concerned on how the poor quality of training given to health workers affects the quality of healthcare delivery they render to public. The main organ of government to ensure access to quality health care services for the citizens of Enugu State is the state ministry of health. The services offered by the state ministry of health are delivered through the structure of the District Health System (DHS). The District Health Systems law (2005) institutionalized a joint management of the health care delivery system between the local government and the state government.

The health indicators of Enugu State, according to Health Bulletin (2010:15) were found to be largely

negative, as were health indicators for the rest of the country. This negative trend was as a result of many negative issues around the health care delivery system in Enugu State. As for this section of the study our argument is that some activities surrounding the development of human capital can affect the quality of healthcare delivery.

Another findings of the study was that there was shortage of health workers in Enugu State. Table 2 revealed that healthcare delivery workers in Enugu State are not sufficient when compared with the number of health facilities we have. Below is the table showing the number of health staff currently working under Enugu State Local Government Services Commission in the 17 LGA's in Enugu State.

Table 2: The Number of Health Staff Currently in the Employ of the Commission-Cadre by Cadre.

Names of LGA	Doctors	Environmental Health Officers	Nurses	Community Health Officers	Community Health Technicians	Community Health Ext. Workers	Pharmacy Technicians	Medical Lab. Technicians	Health Assistant/Attendants	Entomology Assts	Health Educators	Remarks
Aninri	2	16	14	7	7	23	1		12			
Awgu	1	23	15	11	56	2	2	35	-	1		
Enugu East	2	12	13	5	52	12	4	-	14	-	-	
Enugu North	2	10	24	3	33	32	-	1	6	-	1	
Enugu South	3	15	10	11	30	53	1	1	10	3		
Ezeagu	3	24	16	5	14	56	2	1	6	1	-	
Igbo-Etiti	2	41	13	4	42	36	3	1	7	-	-	
Igbo-Eze North	2	28	17	2	29	-	-	7	2	-	-	
Igbo-Eze South	2	14	14	2	52	40	1	1	28	-	-	
Isi-Uzo	1	14	14	3	37	18	1	1	12	1	-	
Nkanu East	2	15	20	2	58	2	3	-	12	-	1	
Nkanu West	2	23	14	9	32	19	1	1	11			
Nsukka	1	LL2	28	3	24	35	2	2	27	-	-	
Oji-River	2	20	13	7	42	36	2	1j	6			
Udenu	2	10	14	5	36	21	-	2	23	1	-	
Udi	2	14	12	-	47	22	2	4	15	1		
Uzo-Uwani	2	17	8	3	56	28	-	-	12			
Grand Total	32	308	259	82	647	509	25	18	243	8	2	2133

Source: Enugu State Local Government Service commission 2009 - 2011 Year Book

The summary of this table shows that the total number of all the health staff under the employ of the Local Government Service Commission in the 17 Local Government Areas of Enugu State is 2133.

Below is another table showing data on number of facilities in 17 LGA's and Development Centers in Enugu State

Table 3: Data on Number of Health Facilities in 17 LGAs and Development Centers in Enugu State

S/No	LGA	LGA and DEV. Centres	NO Of PHCS	TOTAL	NO of LABS
1	Aninri	Aninri East DC	7	18	NIL
		Aninri North DC	8		
		Aninri West	3		
2	AWGU	Awgu LGA	6	24	2
		Anike DC	6		
		Mbanabo North DC	8		
		Mbanabo South DC	4		
3	Enugu East	Enugu East LGA	3	16	Nil
		Enugu East Central DC	1		
		Iyiukwu DC	7		
		Ujodo DC	5		
4	Enugu North	Enugu	10	15	Nil
		Enugu Central DC	5		
5	Enugu South	Enugu South LGA	4	8	Nil
		Enugu West DC	4		
6	Eziagu	Ezagu LGA	9	35	2
		Eziagu West DC	7		
		Eziagu North DC	7		
		Eziagu South DC	12		
7	Igbo-Etiti	Igbo-Etiti LGA	19	41	Nil
		Igbo-Etiti East DC	11		
		Igbo-Etiti West DC	11		
8	Igbo-Eze North	Igbo-Eze North LGA	8	34	Nil
		Igbo-Eze North West DC	11		
		Igbo-Eze North East DC	15		
9	Igbo-Eze South	Igbo-Eze South LGA	8	20	1
		Ekete DC	5		
		Udeze DC	7		
10	Isi-Uzo	Isi-Uzo LGA	7	31	
		Amanyi DC	9		
		Eha-Amufu DC	15		
11	Nkanu East	Nkanu East LGA	7	27	Nil
		Nkanu South DC	5		
		Ama-Nkanu DC	7		
		Asu-Nkanu DC	8		
12	Nkanu Wst	Nkanu West LGA	6	19	1
		Nkanu Central DC	3		
		Awkunanaw DC	5		
		Akpugo DC	5		

13	Nsukka	Nsukka LGA	6	22	1
		Nsukka East DC	8		
		Nsukka West DC	8		
14	Oji-River	Oji-River LGA	11	28	1
		Mmam River DC	13		
		Ugwu (Oji) River South	4		
15	Udenu	Udenu LGA	15	34	Nil
		Orba DC	8		
		Udunedam DC	11		
16	Udi	Udi LGA	14	28	4
		Ojebe-Ogene DC	8		
		Ugwunye DC	2		
		Ezedike DC	4		
17	Uzo-Uwani	Uzo-Uwani LGA	9	31	Nil
		Adada DC	7		
		Igbo Ano DC	9		
		Ogboli DC	6		
		Grand Total		431	12

Source: Enugu State Local Government Service Commission. 2009 – 2011 Year Book

The summary of this table shows that the number of Primary Health Centres in Enugu State is 431. The breakdown of the number of health staff in table 2 compared with the number of primary Health centres are as follows; Only 32 primary health centres have 1 doctor per health centre and 399 primary health centres are functioning without a doctor. 308 primary health centres have 1 Environmental Health Officer per health centre, 123 health centres have no Environmental Health officer. 259 primary health centres have 1 nurse per health centre and 172 primary health centres are functioning without a nurse, and so on. Let us state categorically clear that the figures here are only health workers paid by local government service commission. By this we mean that we have other health workers not included in the list and under the services of state government. Even at that, the point we are trying to substantiate here is that there is a critical shortage of healthcare personnel - from doctors and nurses to community health extension workers (CHEWS). As a result of this, it has negatively affected the quality of healthcare services.

One of the implications of lack of healthcare personnel is that workers very often develop unfriendly attitude for patients. The healthcare givers, on seeing that the workload is heavy on them very often develop unfriendly postures. This inhospitable environment explains why people seek care at private hospitals not minding the cost. In addition, shortage of qualified and experienced staff

affects the quality of healthcare delivery in Enugu State.

Enugu State Government do not give sufficient training to healthcare givers. It was only in the year 2006, that Enugu State government trained 17% of their workforce under the health sector. That was the highest percentage of the trained staff in the health sector of the State between 1999 and 2010. This of course, shows that the human capital development in the health sector is very poor. It should be noted here that Enugu State government does not give adequate attention to training of health workers in other units. It is only on national immunization programmes that government give particular attention to training of staff. Oloriegbe (2009) summarized the situation in Enugu State better when he wrote that apart from its inability to provide basic healthcare services for majority of the population, it lacks the ability for disease surveillance, prevention and management. The point we are making here is that Enugu State government should raise human capital at all levels and units of health sector. Raising human capital raises health levels. It is only when you have greater percentage of trained health staff that you can think of being in the position to provide basic healthcare for the people.

Moreover, there is total lack of joint health planning between the local government and the State governments. The distribution of State workforce shows that there are more staff concentration in primary health care level. Enugu State Health Bulletin (2010:45) revealed that the distributional

mix of professional health workers by levels of care shows that over 90% CHO/CHEW operates at the level of primary health care, while most of other professionals operate more at the secondary and tertiary levels of health care. The 2010 nominal roll of health workers in Enugu State equally revealed that there is a total workforce of about 14, 186 health workers (Health Bulletin 2010:45). Nurses present the largest category of health workers with 2, 752 representing 19.4% of the total work force. This is followed by community health extension workers with 2,685 representing 18.9% of the total work force. The junior community health extension workers with 2,534 represent 17.9% of the total workers and doctors with 1,444 representing 10.2% of the total workforce. Other category of health personnel of less significant magnitude make up the rest.

The distribution of the state workforce according to the levels of care shows that primary, secondary and tertiary health care account respectively for 71.1%, 9.7% and 19.2% of the state workforce. This pattern clearly indicates that there is more staff concentration in the primary health care level. However, the pattern also shows that there is relatively a greater number of health workers at tertiary level than at the secondary level.

This implies that the referral hierarchy might not be functioning well. Patients apparently bypass the secondary level of care for the tertiary care. The point we are trying to address here is that there is imbalance in the distribution of health workers between the Local, State and Federal government and this affects the quality of health care delivery. Government should also make effort to balance the distribution of health workers in order not to duplicate staff in one unit, while the other unit is suffering. The argument here is that if quality health care is to be expected in Enugu State, the health workers should not only be trained, but should also be evenly distributed so as to ensure that no category of health personnel is lacking in all the health centers. This is because, quality health care requires the collaboration of many health workers, each specializing on a particular field.

One other finding that emanated from this study is that lack of sufficient equipment and drugs hamper the quality of healthcare delivery in Enugu state. After training the health personnel, it is expected that government should provide sufficient health equipments and drugs to facilitate the quality of health care they provide to the public. In a situation where government is not able to provide sufficient health equipments and drugs, such as the cases in many health centers in Enugu State, it is difficult to achieve quality health care. Therefore, one of the conditions necessary for provision of quality healthcare in Enugu State is not only providing appropriate and quality human resources, but also

providing sufficient equipment and drugs needed in health centers. The Enugu State healthcare system comprising of primary healthcare (PHC), secondary health centers (SHC) and tertiary health centers is primarily characterized by inadequate infrastructure and lack of basic amenities. This finding reinforced Odozi's (2002) view that the major challenges of human capital under the health sector are poor State of infrastructure and facilities. The health system of Enugu State is in a state of near collapse despite the substantial resources allocated to this sector.

5. Conclusions

Bearing in mind, the importance of human capital development, and the role it plays in providing an organization with the high quality of personnel necessary for effective and efficient services, we must conclude, that the development of human capital, especially in the public service of Enugu State is inevitable. Any nation that desires guaranteed economic vitality and self sufficiency; high quality human development indices, social well-being and qualitative life for its citizens must of a necessity place high premium on human capital development. Under-achievement in the human capital development results in the inability of the State to adequately access and effectively appropriate its human and other resources to meet the objectives of the state.

The globalized world today is driven by performance and results. Increasingly, jobs are being professionalized and international certification is becoming prominent with employers as a measure of relevant skills and competence for the job at hand. Institutional education certificates are likely to become in time the only base qualification for eligibility for professional certification. We must therefore be focusing our system to global standard of knowledge with accompanying skills and competences for each type and level of education. The current economic recession or financial crash is a serious lesson for our country. It is a warning to us all to learn to keep our home in order and rely more on our home grown policies and ideas meant to face the real challenges of our times and of the future. This requires the development of enlightened and disciplined citizenry, manpower and human capital. As things stand now, judging from the findings of this study Enugu State public service is facing some serious challenges in the development of its human capital, which adversely affects the delivery of quality service. These problems range from poor resources, corruption, and political interference to bad policies.

6. Recommendations

Based on our findings, we recommend that

(a) Government should increase the resources meant for the development of human capital in all the ministries and parastatals in Enugu State. This can be done by increasing the budget allocation for all the ministries. Once there is a sufficient budget, then, the provisions for increasing the training fund will be provided. On the other hand, government should avoid completely, the idea of financing the budget deficit through curbing of training expenses. Our suggestion is that government should commit more resources to the development of human capital.

There should be conscious and deliberate effort on the part of government to monitor and supervise the management of the available training fund for healthcare staff. This, of course, is to ensure that the released fund is spent appropriately and judiciously. The management should in turn supervise the officers in the training units to make sure that training fund is not mismanaged.

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