REPORT DOCUMENTATION

Delta State Health Workforce Profile 2025

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Android data capture · iHRIS · DHIS2 · Excel · PowerPoint

108	25	11	3
pages in eleven sections	Local Government Areas	sections, each ending in key insights	levels of care covered

> This is government work for Delta State. This document explains how the profile was produced. It does not show the figures in it. The profile itself is marked as a draft for review and approval by the State. A full walkthrough is available on request.

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01 THE STORY BEHIND THE PROFILE

> *Imagine Delta State is asked how many health workers it has, where they work and how many will retire in five years. Until now the answer came from several lists that did not agree. The profile is the first answer drawn from one registry, across all 25 Local Government Areas.*

The Delta State Health Workforce Profile 2025 gives the State an individual-level account of its health workforce, drawn from the State Health Workforce Registry. It was prepared with technical support from the Federal Ministry of Health and Social Welfare, funded by the Global Fund. It is marked as a draft for review and approval by the State.

02 MY ROLE

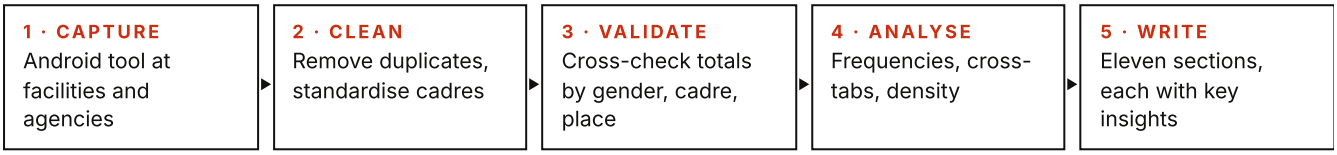
- Developed the electronic data collection tool.
- Trained the enumerators.
- Cleaned and analysed the data.
- Wrote the profile in full, from the executive summary to the glossary, the reporting entities table and the LGA workforce summary.

03 WORDS USED IN THIS DOCUMENT

Word	What it means
Registry	A maintained list of health workers that the State can update, not a one-off count.

Word	What it means
Licensed cadre	A cadre whose members must register with a statutory council, so density can be measured against a standard.
Reporting entity	An organisation that supplied records, such as a hospitals management board.
Level of care	Primary, secondary or tertiary, the three tiers of the health system.
Early, mid and late career	Under 5, 5 to 19, and 20 or more years of professional experience.
Density	Licensed health workers per 10,000 people.

04 HOW IT WAS DONE



Records were collected electronically from public health facilities, agencies and training institutions across the State, using standard templates so every facility reports the same way. After collection the dataset was cleaned and validated: duplicate entries removed, cadre classifications and formats standardised, missing or inconsistent values checked, and totals cross-checked across gender, cadre and location.

The analysis is descriptive and comparative: frequency and percentage distributions, cross-tabulations (gender by level of care, cadre by age), geographic analysis across Areas, and workforce density.

05 WHAT THE PROFILE CONTAINS

Section	What it covers
1 and 2	Introduction and methodology.
3 Overview	Distribution by level of care and gender, and the licensed share of the workforce.
4 Demographics	Age, gender and marital status.
5 Cadre mix	Cadres, age by cadre, licensing authority, appointment status and the completeness of licence records.
6 Geography	Distribution by Area, gender and age by Area, origin and residence, rural and urban.
7 Level of care	Cadres, age and gender across the three levels.
8 Experience	Early, mid and late career.
9 Density	Licensed workforce density against the population of each Area.
10 Training	Training background of the workforce and the State's training institutions.
11 Retirement and recruitment	Retirement outlook and recent recruitment.

06 HOW THE KEY NUMBERS ARE WORKED OUT

LICENSED DENSITY

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density  =  licensed workers in an Area  ÷  Area population (2025)  ×  10,000
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> **An everyday example.** An Area with 200 licensed workers and 100,000 people has 200 ÷ 100,000 × 10,000 = 20 per 10,000.

RETIREMENT RULE

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retires when:  age 60   or   35 years of service,  whichever comes first
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Density counts licensed cadres by cadre, not by recorded licence number, because licence details are missing for a large share of records. Retirement is a projection from dates of birth and first appointment, so some workers past the threshold may be on extended terms or may have date errors, and the profile says they should be verified.

Density is measured where staff are deployed, not where patients live. An Area with a tertiary hospital therefore overstates access for its own residents, and the profile says so.

07 PROBLEMS FOUND IN THE RECORDS AND WHAT I DID

Issue	What I did	Why
Licence details missing for a large share of records	Used a cadre-based definition for density	A licence-number definition would undercount
Duplicate entries across reporting entities	Removed them	One worker counted twice
Different spellings of cadres and variable formats	Standardised them	Otherwise one cadre splits into several
Completeness varied across Areas	Treated counts as a verified minimum and said so	Low counts may reflect late submission, not low staffing
Dates that were missing or impossible	Flagged them in the retirement analysis	A wrong date moves a worker to the wrong year

08 WHERE TO START, BY READER

If you are	Start with	Then read
A Commissioner or Permanent Secretary	The executive summary and the key insights at the end of each section	Section 9 on density and Section 11 on retirement
A planner or HR manager	Sections 5 to 8: cadre mix, geography, level of care and experience	Section 10 on training institutions
A data officer	Section 2 on methodology and the glossary	The problems found in the records
A development partner	Sections 3 and 9	The limitations, so that figures are read as a verified minimum

09 HOW THE CLEANING RULES WORK (AN ILLUSTRATION)

The records below are invented to show three of the cleaning rules. They are not real workers.

Record as submitted	Problem	What was done
Worker A listed by two facilities	Duplicate across reporting entities	Kept once, so the worker is counted once
Cadre written three different ways	Different spellings	Standardised to one cadre name

Record as submitted	Problem	What was done
Date of first appointment earlier than date of birth	Impossible date	Flagged, so the retirement projection is checked

> **An everyday example.** If a worker born in 1975 joined in 1990, the service rule gives 2025 and the age rule gives 2035. The earlier date applies, so the worker is projected to retire in 2025. If the date of birth were wrong by ten years, the projection would be wrong by ten years, which is why impossible dates are flagged.

10 QUESTIONS A READER IS LIKELY TO ASK

Question	Answer
Why does the profile say counts are a minimum?	Only workers whose records were submitted in the collection window are included, so a late submission lowers a count.
Why is the private sector missing?	No return recorded it. The profile covers government facilities, agencies and training institutions, and says so.
Can the profile give vacancy rates?	No. Vacancy rates need the approved posts for each facility, which were not available.
Can it show who is leaving?	No. A profile is a snapshot. Exits, migration and dual practice need records over time.
How often will it be updated?	The registry is built to be updated, so the next edition can start from a current list.

11 LIMITATIONS STATED IN THE PROFILE

The profile covers government facilities, agencies and training institutions. Private facilities, military and paramilitary services, faith-based and non-governmental facilities and informal providers are not represented, so total availability, especially in urban centres, is higher than reported. Counts are a verified minimum. The profile is a snapshot, so it cannot measure exits, migration or dual practice, and without approved posts it cannot give vacancy rates.

12 OUTPUTS AND HOW THEY ARE USED

- The profile, with an executive summary, abbreviations and glossary.
- A slide version of the profile for presenting to the State.
- A maintained registry, so the next edition starts from a current list.
- Key insights at the end of each section for the State's recruitment, posting and training decisions.

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