**Patterns of incentives for frontline health workers at primary healthcare (PHC) level in Nigeria: implications for health workers’ performance.**

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**Background**

A properly motivated health workforce is a prerequisite for effective maternal, newborn and child health (MNCH) service delivery, but frontline health workers (FLHWs) may be reluctant to work in rural primary healthcare settings. Factors that influence the motivation and retention of healthcare workers in developing countries have not been exhaustively researched but providing incentives to FLHWs could be a viable policy option to improve the motivation, retention and performance of health workers, especially in rural settings.

**Aim**: This study explored patterns of incentives received by FLHWs in rural communities and its implications for job performance at primary healthcare level in Nigeria.

**Methods**

The study adopted a cross-sectional quantitative design in two States in Nigeria. Structured interviews were conducted with 114 FLHWs using Personal Digital Assistants. Data analysis was done using SPSS software. Descriptive analysis was carried out using percentage frequency distribution tables. Bivariate analysis explored relationships between the level of satisfaction with incentives received by FLHWs and their performance within primary healthcare rural settings. Multivariate regression analysis was done to ascertain the extent of the relationship between satisfaction of frontline health workers with the incentives which they receive and their performance.

**Key Findings**

Results show that half (51.8%) of FLHWs received incentives for their work. The State government provided the least (11.7%) incentives while host communities and ‘not-for-profit organizations’ provided 26.7% and 18.3% of incentives respectively. Money-for-referral (3.3%) was the least utilized incentive while payment of rural posting allowance (66.1%) was the most utilized form of incentive. Bivariate analysis shows a statistically significant relationship (p = 0.012) between satisfaction with incentives received by FLHWs and their health care service delivery performance at primary healthcare level. Results from unadjusted regression indicates that health workers who were satisfied with incentives were 2.8 times more likely to perform better than those who were unsatisfied with incentives received. (P=0.013, C.I= 1.3-6.3). When other predictors were controlled for within the multivariate regression model, those who received incentives and were satisfied with the incentives were 3.3 times more likely to perform better than those who were unsatisfied (P=0.009, C.I =1.3 -8.2).

**Main Conclusions**

Governments at all levels should provide incentives to frontline health workers working in rural communities to improve job satisfaction and performance. Structured performance-based incentive mechanisms are highly recommended at primary healthcare level which should lead to better maternal, newborn and child health outcomes especially across the developing world, including within sub-Saharan Africa.