**Frontline Health Worker** **Performance on MNCH Care at the PHC Levels in Nigeria**

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**Background:** Facility-based evidence indicate that strengthening frontline health workers (FLHWs) at the primary health care (PHC) levels reduce the incidence of maternal and infant health mortality when the personal, organisational and community factors are supportive as a survey in Bauchi and Cross River States (CRS) of Nigeria established.

**Aims and Objectives and Methods:** To establish a relationship between the contextual factors that promote effective service delivery by FLHWs and reduction in facility-based maternal and infant mortality in Nigeria.

**Method:** The cross-sectional study was conducted in November (6-13, 2016) to obtain data from FLHWs who had worked at the PHC levels 12 months prior, in 2 local government areas (LGAs) in each State.

**Results:** Personal FLHWs contentment (Bauchi 100%; CRS 100%); motivation to serve (Bauchi 95.9%; CRS 92%); job effectiveness (Bauchi 95.9%; 93.9%) and opportunity to use skills (Bauchi 95.9%; CRS 98.5%) were associated with performance MNCH roles. Other correlates included organizational factors like keeping the health facility opened and previous training for MNCH care (CRS 90%; Bauchi 60%). Village/ward support for disseminating knowledge on MNCH prevention/treatment to FLHWs/facility (CHEWs 79.2%; JCHEWs 80.9%); community mobilization (CHEWs 84.5%; JCHEWs 83.0%); record keeping support (CHEWs 71.7%; JCHEWs 68.1) and assistance during training (CHEWs 71.7%; JCHEWs 85.7%) were community interventions listed. Personal factors that inhibited FLHW were low knowledge on ANC care/counseling, danger signs and symptoms/complications of pregnancy and management of delivery/child health (less than 10% in Bauchi and CRS). Reported organizational inhibitors were lack of stethoscope (Bauchi 47.8%; CRS 46.7%); thermometer for CHEWs (Bauchi 31.9%; CRS 43.3%) and JCHEWs (Bauchi 54.5%; CRS 20.0%); weighing scale for CHEWs (Bauchi 43.5%; CRS 36.0%); JCHEWs (Bauchi 54.5%; CRS 56.7%) and infant scale (Bauchi and CRS 40%).

**Main Conclusions:** Facilities where FLHWs provided MNCH care at PHC levels in an environment with favourable personal, organizational and community factors maternal and infant mortality were significantly low. Also, carefully planned monitoring, supportive supervision, trainee feedback and implemented recommendations similarly enhanced the performance of FLHWs at the PHC levels in Nigeria.