***Organised session title:*** How can health systems be shaped to sustainably address the maternal health needs of the most vulnerable and under-served populations?

***Abstract Title****:* What motivates primary health care workers to perform well in resource-limited settings? Insights from realist evaluation of health systems strengthening in Nigeria

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**Background:** In 2012, a UN General Assembly resolution endorsed the need for an adequate, well-trained, skilled and motivated primary health care (PHC) workforce, to accelerate progress towards Universal Health Coverage (UHC). While there is growing recognition that a motivated workforce provides quality healthcare that in turn improves access to and utilization of health services, however, information is limited on key factors that motivate PHC workers to perform well, especially in resource-constrained countries.

**Aims and objectives:** We present emerging insights on key individual, organizational and systems factors that influence workers’ motivation, based on health systems strengthening work in Nigeria. The specific objective is to assess which aspects of a Government of Nigeria’s social protection programme implemented from 2012 to 2015 (to improve the lives of vulnerable mothers and infants) impacted on workers’ motivation. The programme’s health systems strengthening activities included upgrading infrastructure, providing supplies, recruiting and training PHC workers (2,000 midwives and 10,000 community health workers), and providing incentives to pregnant women to promote access to maternity services.

**Methodology:** From June 2015, we conducted a realist evaluation combining documents review, 63 semi-structured interviews, 12 focus group discussions and secondary analysis of facility data, to assess sustainability of programme effects in Anambra State, south-eastern Nigeria. We used an analytical framework involving theory testing, verification and consolidation to understand how the implementation context shaped workers’ motivation.

**Key findings:** A complex interplay of individual, organisational, system and societal factors during programme implementation, affected staff motivation in Anambra State. Individual-level motivators were PHC workers’ love of their vocation and welfare of patients. Organizational motivators included on-the-job training, supportive supervision and increased availability of staff, equipment and supplies at health facilities. Societal motivators included community appreciation of workers’ roles. Though withdrawal of programme support from 2016 caused significant material resource and staff shortages at organizational level, yet, individual and societal motivations were sustained. Prominent demotivators were lack of security and staff accommodation at facilities, which increased workers’ vulnerability to attacks and reluctance to work at night. Other demotivators were poor workforce policies that prevented replacement of retired workers, and lack of ambulances to refer complicated cases to specialist facilities.

**Main conclusions:** Lack of material resources and security constrained the motivation of PHC staff to provide essential, round-the-clock maternity services, thereby hindering attainment of UHC. We recommend context-specific interventions, including improving workforce security and feasible changes in policy, to improve staff motivation and ensure quality PHC services.