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**1. Introduction**

In 2012, a UN General Assembly resolution endorsed the need for an adequate, well-trained, skilled and motivated health workforce, to accelerate progress towards Universal Health Coverage (UHC).

There is abundant evidence on production of primary health care (PHC) workers to ensure access to and utilization of health services.

There is growing recognition that a motivated workforce provide quality healthcare.

Information is limited on key factors that motivate PHC workers to perform well, particularly in resource-constrained countries.

We present emerging insights on key influences on PHC workers motivation.

**2. The Subsidy Reinvestment and Empowerment Programme (SURE-P)**

- From 2012 to 2015, the Government of Nigeria implemented a social protection programme (SURE-P) to improve the lives of most vulnerable groups.
- One component focused on improving maternal and child health (SURE-P MCH) through:
  a. Recruiting and training PHC workers (2,000 midwives and 10,000 community health workers).
  b. Upgrading infrastructure, improving availability of supplies and medicines and activation of ward development committees.
  c. Providing financial incentives to pregnant women to promote access to maternity services such as ante-natal care and facility deliveries.

**3. Methods Used**

- In June 2015, we started the realist evaluation of the SURE-P MCH programme in Anambra State, south-eastern Nigeria.
- To assess the sustainability of programme effects, data was collected through documents review, in-depth interviews (n=63), focus groups (n=12), facility exit survey and secondary analysis of facility data.
- We used a realist analytical framework of theory testing, verification and theory consolidation to understand how the context of SURE-P MCH implementation shaped PHC workers’ motivation.

**4. Key findings**

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<thead>
<tr>
<th>Motivators of performance</th>
<th>De-motivators of performance</th>
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<td>An interplay of factors at individual, organizational, systems and societal levels affected staff motivation.</td>
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1. **Individual**: workers’ love of their jobs and patient welfare
2. **Organizational**: Lack of security and staff accommodation
3. **Organizational**: Lack of ambulances for referrals to specialist facilities
4. **Societal**: Appreciation and recognition of workers’ role
5. **Systems level**: Poor policies that hinder staff recruitment

**5. Discussion and Conclusion**

- Though withdrawal of support to SURE-P MCH programme caused significant resource and staff shortages at organizational level, yet, individual and societal motivations have been sustained.
- Lack of security and material resources constrain motivation of PHC workers to provide round-the-clock maternity care.
- Context-specific interventions, that include boosting PHC workforce security and feasible changes in policy, can improve staff motivation and consequently quality of MCH services.

**6. References**

