

## **Title: Assessing PHC Workforce Productivity in Niger and Ondo States: Implications for Service Delivery in Underserved Settings**

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**BACKGROUND:** Nigeria's primary healthcare (PHC) system faces persistent workforce-related challenges, including uneven staff distribution, low productivity, and weak accountability—factors that undermine service delivery, especially in underserved areas. This study evaluated health workforce performance across selected PHC facilities in Niger and Ondo States to identify root causes of underperformance and co-design targeted improvement strategies.

**METHODOLOGY:** A cross-sectional assessment was conducted in 100 PHC facilities receiving direct facility financing (DFF). Facilities were purposively selected based on similarity in service scope and financing structures. Workforce performance was evaluated using WHO's four dimensions—availability, competence, productivity, and responsiveness—adapted from the CapacityPlus Health Workforce Productivity Analysis and Improvement Toolkit. Data were collected via interviews, direct observation, staff flow mapping, and focus group discussions. Facility-specific action plans were co-developed with stakeholders. Workforce productivity is analysed by aggregating the total number of health care services provided to the population into a Composite Services Index (CSI) and aggregating the relevant labour inputs into a composite human resource for health measure (CHRH). Each domains were weighted based on priority health system objectives and Donabedian's structure-process-outcome model.

**RESULTS:** Overall workforce performance was suboptimal, with composite scores of 41% in Niger and 43% in Ondo. Average productivity levels were 24% and 32%, respectively. Domain-specific scores revealed major deficits in availability (5.94% Niger, 6.79% Ondo) and productivity, while responsiveness scored highest (22.17% Niger, 21.23% Ondo). Performance improvement initiatives, including facility-led recruitment of skilled birth attendants, strategic staff postings, and recognition awards, were implemented in Ondo State as early signs of positive uptake and acceptability.

**CONCLUSION: Inadequate:** Workforce availability and productivity remain critical bottlenecks in PHC performance. Root causes include high absenteeism linked to weak accountability systems, operational inefficiencies, and limited community demand for services. Addressing these barriers requires integrated interventions targeting both workforce governance and service delivery efficiency.