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# Design, implementation and testing of a feasible intervention to address absenteeism of frontline health workers in Nigeria

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| **Submission date**<br>11/09/2026 | **Recruitment status**<br>No longer recruiting | [_] Prospectively registered<br>[_] Protocol<br>[_] Statistical analysis plan<br>[_] Results<br>[_] Individual participant data<br>[X] Record updated in last year |
| **Registration date**<br>20/09/2026 | **Overall study status**<br>Ongoing | |
| **Last Edited**<br>18/09/2026 | **Condition category**<br>Other | |

## Plain English summary of protocol

Background and study aims
Health worker absenteeism is a challenge in primary healthcare facilities in Nigeria. When health workers are absent from work, patients may have difficulty getting the care they need. This study tests a package of interventions designed with health workers, health policy makers, community members and other stakeholders to reduce absenteeism among frontline health workers. It also aims to understand how the approaches work, what helps or hinders their implementation, and whether they can be sustained and used more widely.

Who can participate?
The study involves frontline health workers and Officers-in-Charge in participating primary healthcare facilities, members of the Community Monitoring and Support Committees (CMSCs), health service users and other community members. Both women and men can participate.

What does the study involve?
The study includes facilities receiving the programme and comparison facilities that do not receive it during the study period.
The programme has three components: transport support, peer support among health workers, and community monitoring and support. Transport support helps eligible health workers with travel costs. Peer-support groups help health workers and facility heads support one another and address attendance problems. CMSCs monitor health worker attendance and support facilities in addressing barriers to attendance.
Researchers assess attendance using facility attendance records and visits to the facilities. Questionnaires, interviews and group discussions are also used to understand participants' experiences and changes in service delivery.

What are the possible benefits and risks of participating?
The study will help improve health worker attendance, accountability and the availability of primary healthcare services. However, participants may not benefit directly.

There are no medical treatments involved. Some participants may feel uncomfortable discussing absenteeism or accountability. Participants' information is kept confidential, and individual health workers are not identified in study reports.

Where is the study run from?
The study is conducted in primary healthcare facilities in Enugu State, Nigeria, and is led by the University of Nigeria, working with the London School of Hygiene & Tropical Medicine (LSHTM) and SOAS University of London.

When is the study starting and how long is it expected to run for?
The study will commence from 1 November 2024 to June 2027 in Nigeria. The intervention was implemented in two states. In Enugu state, from August 2025 to January 2026, followed by the endline evaluation in March 2026 in Enugu state and subsequent analysis and dissemination. In Kano state, intervention commenced from December 2026 to May 2026. Endline evaluation was conducted in June 2026, analysis and dissemination follows. Development of knowledge products continues.

Who is funding the study?
The study is funded by UK aid from the UK Government [Contract P07073].

Who is the main contact?
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# Additional identifiers

# Study information

### Scientific Title
Design, implementation and testing of a multi-component intervention to reduce absenteeism among frontline health workers in primary healthcare facilities in Nigeria: a pre- and post-intervention study

### Acronym
Anti-corruption Evidence 2 (ACE 2)

### Study objectives

### Ethics approval required
Ethics approval required

### Ethics approval(s)
Approved 19/01/2024, University of Nigeria Teaching Hospital (UNTH) (Ituku-Ozalla, Enugu, 01129, Nigeria; +234 42252022; info@unth.edu.ng), ref: UNTH/HREC/2024/01/829

### Primary study design
Interventional

### Allocation
Non-randomized controlled trial

### Masking
Open (masking not used)

### Control
Uncontrolled

### Assignment
Parallel

### Purpose
Health services research, Prevention

### Study type(s)

## Health condition(s) or problem(s) studied
Reducing absenteeism among health workers

## Interventions
This is a quasi-experimental, mixed-methods study involving intervention and control primary healthcare (PHC) facilities in Enugu State, Nigeria. The intervention facilities receive a co-created multi-component intervention comprising: (1) supplementary monthly transport allowances for eligible health workers; (2) peer support networks; and (3) community monitoring and support.

The supplementary transport allowance is paid monthly at the beginning of each month to eligible health workers to reduce transport-related barriers to attending work. The peer support network is conducted monthly and operates at three levels: intra-facility peer support among health workers within each PHC, inter-facility peer support across participating PHCs, and a forum for facility heads/Officers-in-Charge (OICs) to promote shared learning, problem-solving and accountability. The community monitoring and support component involves members of the Community Monitoring and Support Committee (CMSC) visiting PHCs at least three times per week to monitor health worker attendance and support facilities in addressing identified barriers to attendance.

The control PHC facilities continue routine primary healthcare service delivery and do not receive the multi-component intervention during the six-month intervention period. Quantitative data are collected from the control facilities at baseline and endline using the same assessment approach as in the intervention facilities.

The study uses a non-randomized design. Four PHC facilities were purposively selected for the intervention arm across four Local Government Areas (LGAs) in Enugu State, and one comparison PHC facility was selected from each corresponding LGA to form the control arm. Health workers participate according to the study arm of their respective PHC facility and are not individually assigned to the intervention or control arms.

The intervention runs for six months. Quantitative and qualitative data are collected at baseline and endline, while process evaluation is conducted monthly throughout the intervention period to assess implementation, fidelity, acceptability, feasibility and adaptations. Quantitative data are used to assess changes in absenteeism and related outcomes, while qualitative data are used to understand the mechanisms of change, implementation processes and sustainability of the intervention. Changes in absenteeism are assessed using before-and-after and intervention-versus-control comparisons.

## Intervention Type
Behavioural

## Primary outcome(s)
1. Health worker absenteeism measured using attendance register audits and unannounced facility visits at baseline (August 2025), endline (March 2026)

2. Health worker motivation and accountability measured using provider survey, peer-support meeting records and monthly process-evaluation reports at during the intervention (August 2025 to February 2026), endline (March 2026)

3. Community monitoring and engagement measured using CMSC monthly oversight template and CMSC reports at during the intervention (August 2025 to February 2026), endline (March 2026)

4. Community perceptions of the intervention and stakeholder experiences measured using questionnaires, interview guides, surveys, key informant interviews and focus group discussions at endline (6 months)

### Key secondary outcome(s)
1. Consistency and reliability of healthcare service provision measured using facility records and the facility/provider survey at endline (March 2026)
2. Patient satisfaction and trust in primary healthcare measured using the consumer/service-user questionnaire and focus group discussions with service users at endline
3. Community perceptions of primary healthcare services and stakeholder experiences measured using questionnaires, interview guides, surveys, key informant interviews and focus group discussions at endline (6 months)

### Completion date
30/06/2027

## Eligibility

### Key inclusion criteria
The participants must be frontline health workers in selected primary health centers.

### Healthy volunteers allowed
Yes

### Age group
Mixed

### Lower age limit
18 Years

### Upper age limit
120 Years

### Sex
All

### Total final enrolment
314

### Key exclusion criteria
1. Frontline health workers in selected primary health centers that refused to participate in the study
2. Other workers in the PHC who do not provide clinical services like administrative staff, cleaners, securities etc.

### Date of first enrolment

01/07/2025

**Date of final enrolment**
01/06/2026

# Locations

**Countries of recruitment**
Nigeria

# Sponsor information

**Organisation**
SOAS University of London

**ROR**
https://ror.org/04vrxay34

# Funder(s)

**Funder type**

**Funder Name**
UK aid from the UK Government [Contract P07073]

# Results and Publications

**Individual participant data (IPD) sharing plan**

**IPD sharing plan summary**
Not expected to be made available

**Study outputs**

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|---|---|---|---|---|---|
| Participant information sheet | | | 18/09/2026 | No | Yes |