



WORKING BETTER TOGETHER

Bihar Technical Support Program
Innovation Brief No.2
Team-Based Goals and Incentives



THE CHALLENGE: MOTIVATING FRONTLINE HEALTH WORKERS

Frontline health workers (FLWs) are an integral part of the public health system in many low- and middle-income countries. In Bihar, India, female FLWs provide in-home counseling, health and hygiene education along with basic maternal, newborn and child health plus nutrition services. FLWs working in Bihar include Aganwadi workers (AWWs), part of Bihar's Integrated Child Development Services department, and Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs), part of the National Rural Health Mission led by the Department of Health.

These hard-working FLWs bring services to the “last mile”— families in rural and remote areas of Bihar. Although thousands of households rely on the services and counseling they provide, their training, supervision and compensation have often been inadequate and inconsistent. They are sometimes treated poorly by officials and even the communities they serve. Although most FLWs take pride in what they do, they tend to lose their motivation over time when faced with the difficult realities of their work.

Although job descriptions and responsibilities of AWWs and ASHAs overlap, they have different compensation and supervisory structures. ASHAs do not receive salaries, but are given financial incentives for accomplishing certain tasks, such as ensuring a pregnant woman goes to a proper health facility to give birth. For many other services and duties, which contribute indirectly to accomplishing their overall tasks and responsibilities, they do not receive any direct compensation. Because of this, they tend to prioritize the incentivized services while ignoring those contributory tasks. AWWs, on the other hand, are entitled to receive a monthly honorarium. The differences in compensation and supervisory structure and lack of coordination among these two cadres of FLWs make it difficult for them to work together effectively.

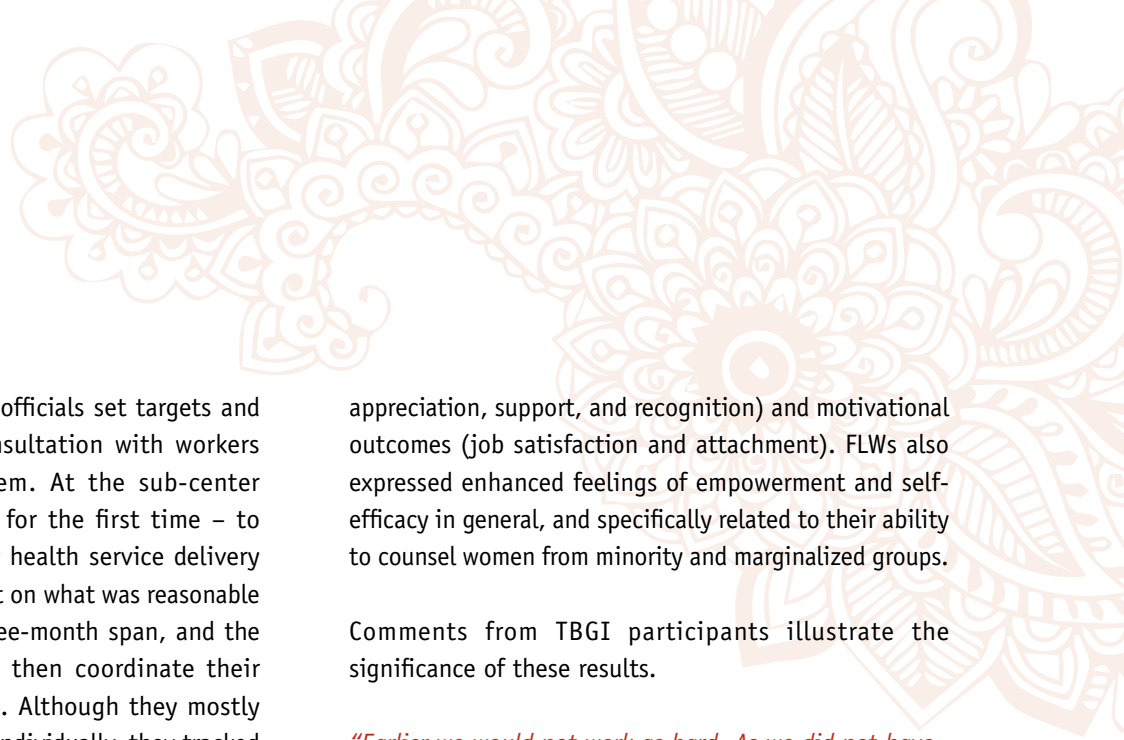
THE INNOVATION: TEAM-BASED GOALS AND INCENTIVES

Organizational psychology research suggests that work motivation is dependent on factors that increase job satisfaction, including self-efficacy, personal goals and values, recognition and appreciation, opportunities for training, relationships at work, supportive supervision, and leadership. Recognizing that FLWs in Bihar lacked many of these motivational determinants, CARE designed and implemented the Team-Based Goals and Incentives (TBGI) innovation to leverage the power of incentives, teamwork, and goal-setting to improve their motivation and job performance.

Coming together

CARE began by initiating a monthly health sub-center meeting that brought together the FLWs working in the same community for joint review, planning, and coordination of service delivery (see *Innovation Brief no.1* for more information on the monthly sub-center meetings). ASHAs and AWWs from the same sub-center came together to form small teams, led by the sub-center ANM. During meetings, CARE routinely conducted a range of team-building and motivational activities to build comradery and a spirit of solidarity among the different FLW cadres. ASHAs, AWWs, and ANMs collaborated to establish team norms, and develop a team pledge that they wrote in their diaries and recited at every meeting.





Incentivizing progress

Historically, state government officials set targets and goals for FLWs with little consultation with workers responsible for achieving them. At the sub-center meetings, FLWs were asked – for the first time – to contribute to setting quarterly health service delivery targets. Each FLW provided input on what was reasonable for them to achieve over a three-month span, and the ANM-ASHA-AWW teams would then coordinate their activities to reach these goals. Although they mostly continued to make home visits individually, they tracked their progress as a team. If one member of the team had more access to a community or family than the other (due to geography, caste, or any other reason), that FLW would serve that community or household. If a FLW could not work one day due to illness or family responsibilities, their teammates would make sure the households with the most urgent health issues were visited.

At the end of every quarter, teams would report their progress against the targets. Those who were successful at achieving their goals received a small, non-financial incentive, which they chose from a list (usually a household item like a pressure cooker, food storage container, or kitchen utensil). Teams that consistently achieved their quarterly targets qualified for a larger incentive prize, awarded annually, and received a certificate of recognition from a high-level district official at a community recognition ceremony.

*“We sat and discussed the goals and made a strategy. We planned to make the maximum number of home visits. **We won our first prize, and after that we started feeling more involved in our work. When we got the annual incentives from the district magistrate we felt very honored. We started seeing the results of our work in our community.**”* —RANJU, AWW

RESULTS

An evaluation of the TBGI intervention found that it positively impacted motivational determinants (including

appreciation, support, and recognition) and motivational outcomes (job satisfaction and attachment). FLWs also expressed enhanced feelings of empowerment and self-efficacy in general, and specifically related to their ability to counsel women from minority and marginalized groups.

Comments from TBGI participants illustrate the significance of these results.

*“Earlier we would not work as hard. As we did not have any targets, we would deliver whatever messages were on our mind to whomever we met without any focus. I believed that community members would never accept my messages. But after [TBGI], I myself was surprised by the results... The main thing I learned from TBGI is that **if a team decides on a goal, plans accordingly, and makes the right use of time, they can achieve even a very big goal with ease as long as all the team members cooperate.**”* —VIMLA, ASHA

*“I realized that we could solve our problems ourselves, provided we coordinated well with each other. This realization increased my confidence and that of my team members even more. The non-monetary incentives energize me and make me work better. **I get my salary for the same work from the government but not the same sense of achievement.**”* —SARITA, ASHA



As FLW motivation improved, so did the health of the families they served. Compared to non-intervention areas, recently delivered mothers living in areas served by TBGI sub-centers were more likely to have received home visits by FLWs in their last trimester of pregnancy, 24 hours after delivery, and regularly thereafter during the same month. The quality of the home visits improved more in the intervention group than the control group as well. TBGI participants spent significantly longer in each home and were more likely to involve a woman's mother-in-law and to use interactive teaching tools than non-participants. Participants also demonstrated improved performance in the areas of teamwork and provision of equitable services.

Prior to TBGI implementation, the majority of health and nutrition sector reforms in Bihar had focused mainly on systemic changes such as infrastructure and affordability, while the human component of health service delivery had remained largely unaddressed. By increasing the visibility of FLWs in their communities, promoting teamwork, and enhancing feelings of self-efficacy, appreciation, and social cohesion among FLWs, TBGI improved their job satisfaction and motivation, resulting in better quality, equity, and coverage of health services in Bihar.

"AWWs, ASHAs, and ANMs who used to be known by their separate names got a new name: Team. It united the 22 of us, and each of us formed a common mission that we'll work for the community and achieve program objectives. Even today, we sing our team song which energizes us as a team. In the last two years our team has achieved all the quarterly and yearly targets. The occasions on which me and my team have been given our prizes by the 'saheb' himself have been like a dream come true. In my seven years of experience before I had never obtained such prizes and honor." —SABITA, ASHA

?? WHAT'S NEXT

FLWs provide essential care and guidance to individuals and families around the world. Properly trained, supported and valued, they have the potential to save millions of lives. The TBGI approach was able to unlock the potential of multiple cadres of FLWs to work together in the challenging environment of rural Bihar. CARE is exploring scaling this approach in other South Asian countries striving to get care to rural and remote communities.

This brief is part of the Bihar Innovation Series, which highlights some of the innovations that make up the Bihar Technical Support Program. In partnership with the Government of Bihar, CARE has developed innovative solutions that are increasing access to high quality health services in Bihar.

The Bihar Technical Support Program is helping the Health and Social Welfare Departments of Bihar to achieve their goals of reducing rates of maternal, newborn, and child mortality and malnutrition, and of improving immunization rates and reproductive health services statewide.

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