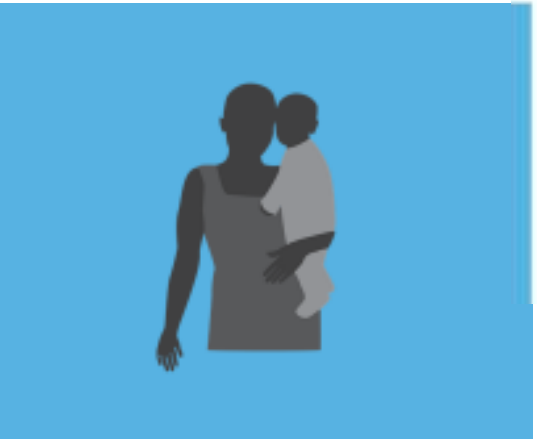

Institutionalizing Community Health Conference

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Motivation Matters: Findings from Studies of CHWs and their motivation and work climate from India

Yamini Atmavilas, BMGF
Aarushi Bhatnagar, Oxford Policy Management Limited, India (OPM)

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OVERVIEW

- Pay for performance is seen as a critical HRH management and efficiency strategy

- Findings from a survey of health and nutrition community health workers in Bihar to understand the role of payments in motivation against other factors

ASHAS IN INDIA

ASHAs are among the world's largest community-based health 'volunteers'

The earn activity-based incentives

- Incentives in all states for Janani Suraksha Yojana (JSY), immunization and participation in review meetings – comprise highest component of ASHA incentives (NIHFW, 2011)
- Alternative models: Rajasthan offers fixed honorarium plus incentives linked to certain tasks (Nandan et al., 2009); ASHAs in West Bengal earn fixed amount

India's experience suggests **P4P could contribute to positive health outcomes**:

Institutional delivery rates increased in Bihar, MP, UP, Odisha and Rajasthan (MPR, 2014, 2016; UNFPA, 2008); rise in ANC and PNC visits also witnessed (Gopalan and Durairaj, 2012)

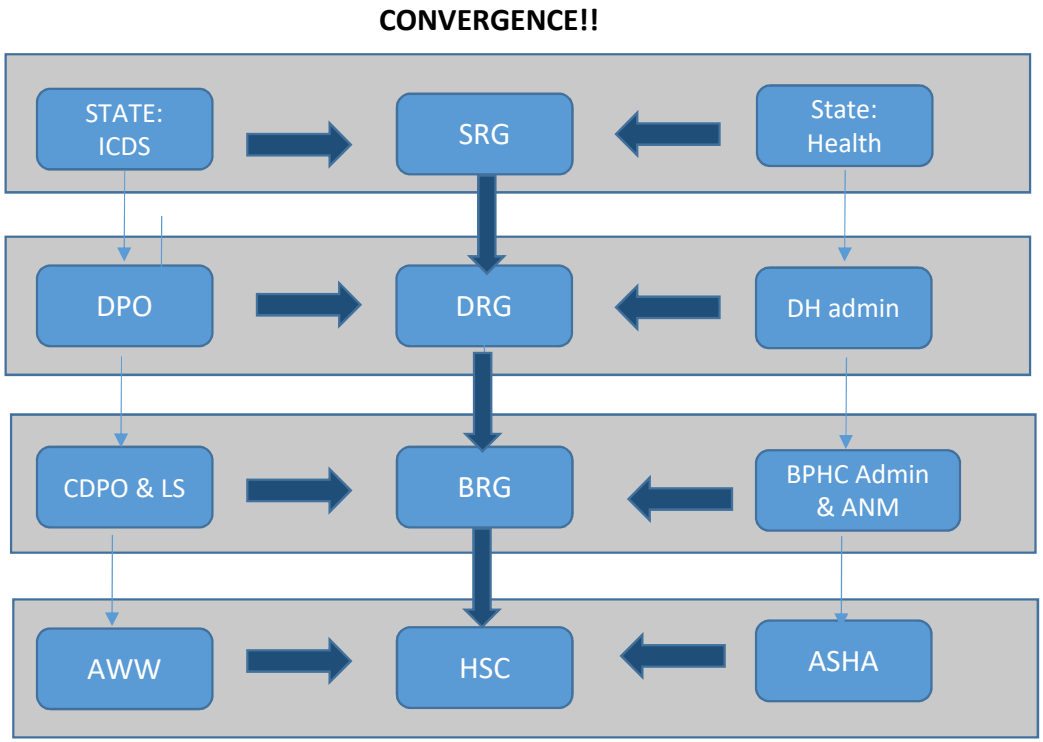
Breastfeeding rates increased (MPR 2014)

Pilot study in Gadhchiroli district, Maharashtra: linking ASHA incentives to new-born care activities (such as **home visits, monitoring, and managing sickness**) reduced neonatal mortality by 70 percentage between 1993 and 2003 (Wang *et al.*, 2012)

Incentivising promotion of female sterilisation in Surendranagar district, Gujarat saw **increase in service uptake** – ASHA contribution higher than other health workers (Nimavat *et al.*, 2016)

PLATFORMS PROMOTE PLANNING OF OUTREACH CONVERGENCE AT ALL MANAGEMENT LEVELS

- State Resource Group, District Resource Group, Block Resource Group provide planning platforms
- Health Sub-Centre is the primary focus for convergence because it is the first point of outreach service delivery



HEALTH AND NUTRITION FRONTLINE WORKERS IN INDIA

Characteristics	ASHA	AWW
Nature of contract	• Part-time female workers recruited from local communities • Employed by the National Rural Health Mission • Non-salaried but receive monetary incentives for specific activities	• Part-time female workers recruited from local communities • Employed by the Integrated Child Development Services • Receive fixed monthly honorarium based on educational qualifications • May receive monetary incentives for specific activities
Amount of financial incentives or honorariums earned (monthly)	• Varied by state • Some states have incentives tied to the volume of services, others provide a fixed monthly incentive per service • For e.g. Rajasthan has the latter and if an ASHA performs as per the benchmark, she is expected to earn INR 1067.	~INR 3000 from central funds In addition, states/UTs can provide additional honorarium from their own resources. For e.g. Rajasthan provides an addition INR 1330 from state funds
Any other incentive		Insurance cover, annual award schemes at the state and central level
Supervisor	• A Block Community Mobilizer, and ASHA facilitators at cluster level (one ASHA Facilitator for 10 to 20 ASHAs) are expected to provide support and supervision at block levels and below	• About 20-25 AWWs are supervised by a Supervisor • Four supervisors are headed by a Child Development Project Officer (CDPO)

MONETARY INCENTIVES FOR ASHAS IN BIHAR

Domain	Incentive	Amount	Per	Source of Funds
Adolescent Health	Social marketing of sanitary napkins for adolescent girls	1	Pack of 6	Menstrual hygiene - ARSH
Adolescent Health	Monthly meeting with adolescent girls on menstrual hygiene	50	Meeting	VHSNC untied fund
Child Health	Successful follow up of children after discharge from SAM management	150	Case	CH - RCH Flexi Pool
Child Health	Monthly follow ups of LBW babies until age 2	150	Case	CH - RCH Flexi Pool
Child Health	Monthly follow ups of SNCU discharged babies until aged 1	50	Case	CH - RCH Flexi Pool
Child Health	HBNC home visits (complete set)	250	Child	CH - RCH Flexi Pool
Communitisation	Convening and guiding VHSNC	150	VHSNC	VHSNC untied fund
Communitisation	Line Listing of Households	100	Event	VHSNC untied fund
Communitisation	Maintaining village health register and registration of births and deaths	100	Month	VHSNC untied fund
Communitisation	Preparation of due list of children to be immunised	100	Month	VHSNC untied fund
Communitisation	Preparation of ANC beneficiaries list	100	Month	VHSNC untied fund
Family Planning	Escorting/facilitating clients to facility for PPIUCD	150	Case	FP compensation funds
Family Planning	Preparation of list of eligible couples for FP	100	Month	VHSNC untied fund
Family Planning	Spacing for 2 years after marriage	500	Couple	FP compensation funds
Family Planning	Spacing for 3 years after first birth	500	Couple	FP compensation funds
Family Planning	Couples adopt permanent limiting method after two children	1000	Couple	FP compensation funds
Family Planning	Counselling, motivation and follow up for tubectomy	150	Couple	FP sterilisation compensation funds
Family Planning	Counselling, motivation and follow up for vasectomy/NSV	200	Couple	FP sterilisation compensation funds
Family Planning	Social marketing of condoms	1	Pack of 3	Family planning fund
Family Planning	Social marketing of OCPs	1	1 cycle	Family planning fund
Family Planning	Social marketing of ECPs	2	1 pack	Family planning fund
Immunisation	Mobilising and attending VHND	200	VHND	Routine immunisation pool
Immunisation	Mobilising children for OPV immunisation under pulse polio programme	100	Day	IPPI Funds
Immunisation	Complete immunisation of chldren under 1 year	100	Child	Routine immunisation pool
Immunisation	Complete immunisation of children under 2 years	50	Child	Routine immunisation pool
Maternal Health	JSY - ensuring ANC	300	Patient	MH - RCH Flexi Pool
Maternal Health	JSY- facilitating institutional delivery	300	Patient	MH - RCH Flexi Pool
Maternal Health	Reporting death of women 15-49 to PHC within 24 hrs	200	Patient	HSC untied fund

- A wide gamut of incentive payments targeting outcomes, outputs and process indicators from different sources of funds using different reporting mechanisms
- Findings from two districts confirm that payments for all programmes were not made last fiscal year
- Overall dissatisfaction (over 70% among 350 ASHAs) with amount of incentives and delays in receiving them (OPM, 2016
- Understanding of these incentives very low among ASHAs and Block Community Mobilisers

P4P FOR ASHAS IN INDIA

Incentives in line with NRHM guidelines to states (Public Health Resource Society, 2009)

Several issues in P4P implementation:

- **Payments not commensurate with level of effort, out-of-pocket expenses** and expectations (Wang *et al.*, 2012, Sarin *et al.*, 2016)
- **Irregular, non-timely** payments – for 79% ASHAs in Bihar, 50% in UP and MP (UNFPA, 2009, Wang *et al.*, 2012)
- **Lack of awareness among ASHAs** on payers ("who will pay?") and incentive amounts for different activities ("how much for what job?") (Sharma *et al.*, 2014, Gosavi *et al.*, 2009)
- Health service promotion and provision **focus shifting to activities yielding highest incentive payments**; to the detriment of other tasks, health determinants (Wang *et al.*, 2012, Sarin *et al.*, 2016)
  - Study in Udaipur district, Rajasthan: Lower than expected work output of ASHAs. Did not conduct mobilization for latrine construction, cataract surgery; small proportion of urban ASHAs completed DOTS programme (Nandan *et al.*, 2009)
- Incentives released after furnishing informal payments (Wang *et al.*, 2012)
- Uncertainty persists among PHC MOICs on disbursal, reporting related to payments (Wang *et al.*, 2012)

There is an absence of comparison between fixed-pay and P4P models. Even if P4P engenders increased service delivery, impact on quality not known (Wang *et al.*, 2012)

SURVEY OF MOTIVATION OF ASHA (AND OTHER CHWS) IN BIHAR IN 2016

~ 1200 Community Health Workers across cadres

Self-assessment of motivation, work climate, and practice

Tools adapted from different sources, including MSH

Outreach workers were asked to rate to what extent a series of job attributes were important for them on a four-point Likert scale (1 = Completely Unimportant, 2 = Unimportant, 3=Important 4 = Completely Important). These answers were then analyzed (using Exploratory Factor Analysis) to derive domains of motivation as well as an aggregate score.

MOTIVATION: KEY INSIGHTS - 1/2

A mix of intrinsic factors and external rewards emerge as the most important reason that outreach workers in health and nutrition systems to work in their respective settings.

External Rewards:

- (i) Payment for work,
- (ii) Fair remuneration and
- (iii) Long-term security,

Intrinsic Factors:

- Shouldering responsibility
- Contributing to health and well-being/sense of purpose
- non-financial rewards such as trainings
- having sufficient resources to work with

KEY RESULTS - MOTIVATION

- Each motivation domain score and aggregate motivation scores are outcome variables in the five specifications displayed in the table above
- **Training is *positively associated*** with *Motivation Domain Scores for 'Self Identity' and 'Self Worth'*
- After controlling for individual, job, supervision, and other factors we find that **ASHAs have lower motivation scores (overall) compared to other outreach workers (AWW, for example)**
- Supervision that is procedural in that it consists of checking registers is ***negatively associated*** with *Motivation Domain Scores for 'Self Identity' and 'External Rewards'*
- *P*unitive Actions were categorized into mild (eg.: Encouraging to improve performance), moderate(eg. Giving an official warning) and severe actions(eg. Withholding salary). A composite score was created based on respondents answers on which ones their supervisors are likely to use if they do not turn up for work.
- More severe punitive actions were ***positively associated*** with *Amotivation* – since the statements that formed the *Amotivation* were negative the scoring was reversed for inclusion into EFA and our multivariate regression analysis
- Salary amounts were negatively associated with the *Motivation*
- Motivating actions are categorized into motivation through (i) Encouragement, Support and Recognition, (ii) Financial Rewards and (iii) Non-financial Rewards. Composite index is created based on responses on which actions supervisors are most likely to use to motivate outreach workers.

KEY RESULTS – WORK CLIMATE

-
- Salary amounts were ***positively associated*** with the *Work Climate attributable to 'Monetary Rewards and Resources' – outreach workers with higher salaries were* more satisfied with this attribute of their work climate
- Supervisors' motivating actions consisting of encouragement, support and recognition is ***positively associated*** with *Work Climate*
- Drugs, equipment, tools and resource availability was positively associated with work climate scores
- *Personal safety was ranked as important to work climate*

EVIDENCE ON OTHER FACTORS MOTIVATING ASHAS

ASHA motivation also determined by factors apart from remuneration:

- Odisha study: Level of **motivation highest on intrinsic job satisfaction factors** (such as self-efficacy, social responsibility and altruism).
  - Remuneration through activity-based incentives seems to motivate performance despite feeling of under-remuneration (Gopalan *et al.*, 2012)

- Lack of 'employee status' (unlike other frontline worker cadres), defined career path, promotion or recognition for positive performance gives rise to **job insecurity and de-motivation** (Sharma *et al.*, 2014)

MONETARY INCENTIVES FOR FRONTLINE WORKERS IN BIHAR

This study examined the predictors of use of 4 services: (1) immunization information and services, (2) food supplements, (3) pregnancy care information, and (4) general nutrition information using data from a cross-sectional survey of 377 AWWs and 383 ASHAs from 400 randomly selected villages in one district in Bihar

- Monetary immunization incentives for AWWs (OR = 1.55, CI = 1.02–2.36) was a statistically significant predictor of household receipt of immunization services.
- ASHAs receiving incentives for institutional delivery (OR = 1.52, CI = 0.99–2.33) was marginally associated with higher odds of receiving pregnancy care information.
- AWWs receiving immunization incentives was associated with significantly higher odds of households receiving general nutrition information (OR = 1.92, CI = 1.08–3.41)
- Providing performance-based incentives for product- oriented services is associated with improved delivery of those services and may also have important spillover effects on information-oriented services

CONCLUSIONS AND QUESTIONS

Motivation Matters

Money matters

But, supervision, recognition (non-cash), and community recognition, investment in capacity, and timely and ‘fair’ payments matter.

How do we address demotivation?

Other models to augment P4P?

Other goals like equity?

WORKING WITH OTHERS? WOMEN AND CHILDREN HAVE INTERACTIONS WITH MULTIPLE STAKEHOLDERS FOR SERVICE ACCESS AND ADOPTION OF LIFE-SAVING PRACTICES

To address NMR, IMR, and MMR, our systems are tailored to reach…

Pregnant women

Eligible couples (primarily married <u>women</u>, regardless of parity)

Recently delivered women (RDW)

These target groups are often strongly influenced by many others for different behaviors…

Husbands

Mothers-in-law

Front-line workers: ASHAs, AWWs & ANMs

Women and their institutions like SHGs

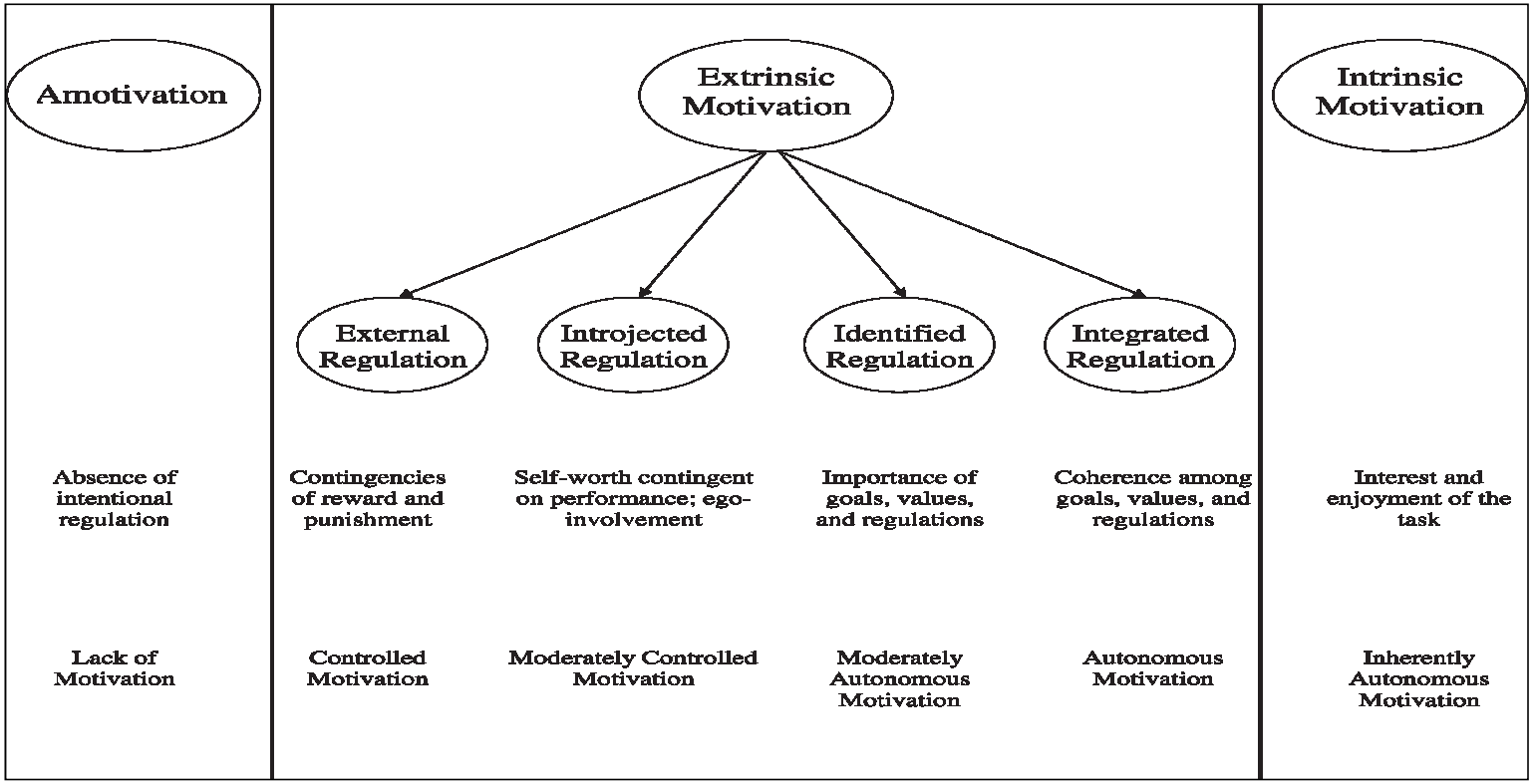
Facility-based qualified staff

Trusted informal providers

Local political, religious and community leaders

Mass-media/ Pan-regional /national icons

Indicating for measuring types of motivation



Source: Gagne and Deci, 2005

Indicating for measuring types of motivation

Construct		Scale Items
AMOTIVATION		• I sometimes feel my work here is meaningless
		• It is hard for me to care very much about whether or not the work gets done right
		• I frequently think of quitting this job
		• I don't know why I work in this job, too much is expected of me
EXTERNAL REGULATION	Rewards only	• I only work here so that I get paid at the end of the month
		• I work here because of training opportunities
		• I work here because of opportunities for promotion
		• I work here because it provides long term security for me
		• I work here because the pay reflects each individual worker's contribution fairly
		• I work in this facility/hospital because it has sufficient resources I need to do my job (medicine, equipment, infrastructure)
INTROJECTED REGULATION	Self-worth contingencies	• My opinion of myself goes up when I do my job well
		• It is important for me that I get respect from the community for my work (modified)
		• It is important for me that I get recognition from my supervisor
		• If I didn’t have supportive colleagues, I would not like this job.

Indicating for measuring types of motivation

Construct		Scale Items
IDENTIFIED REGULATION	Accepting value of an activity	• I feel a great deal of personal satisfaction when I am able to ensure better health/nutrition in the community (modified)
		• The work I do in this job is very meaningful to me
		• I feel a very high degree of personal responsibility for the work I do on this job
		• I feel I should personally take the blame if we do not get high coverage of health/nutrition services
		• I am glad that I work in this facility/hospital/block/district rather than any other in the state
INTEGRATED REGULATION	The value of the an activity becomes part of sense of self	• Whether or not this job gets done right is clearly my responsibility
		• I work in this job because it is part of the way in which I have chosen to live my life
		• I work in this job because it allows me to use my skills (modified)
		• I work in this job because I can accomplish something worthwhile in this job (modified)
INTRINSIC MOTIVATION	Doing an activity for its own sake	• I work here bacause I am doing the work I always liked
		• I work here because I simply enjoy doing this work

Indicating for measuring work climate

Construct	Definition	Scale Items
Job design	Is the work doable, interesting, worthwhile, well-paid, etc. You have quite a few factors here.	• Amount of your salary • Job security • Opportunities for training • Opportunities to use skills • Amount of other allowances (housing, transport, uniform) • Frequency of salary payments • Amount of annual leave • The amount of work you have to do
Job feedback	Is there sufficient feedback from supervisors, colleagues and other stakeholders, is terms of suggestions and recognition.	• Frequency of supervision visits/meetings • Recognition received from co-workers on performing well • Recognition received supervisors on performing well • Fairness and transparency with which your performance is measured • Level of accountability you feel from supervisors and co-workers • Appreciation of your ideas by the management • Clarity with which your role and responsibilities are described to you
Job empowerment	Not only does one have enough autonomy, but also the resources to make it happen and a lack of needless rules and reporting.	• Autonomy to take decisions at work • Availability of drugs, supplies and equipment • The condition of the facility building • Opportunities to participate in decision-making • Personal safety at work

Indicating for measuring work climate

Construct	Definition	Scale Items
Team composition	Does one have competent colleagues with complementary skills.	• The number of staff available • Capability of team members to carry out work • Attitude of team members
Team decision-making	Are decision made quickly, fairly and effectively, and implemented adequately.	• Process of decision-making here • Means of communication to disseminate information about decisions made • Speed with which decisions made at meetings are implemented into practice
Team spirit	Is there strong mutual support and trust.	• Support your co-workers give you in your work • Support your direct supervisor gives you in your work • Mutual trust team members have for each other • Cooperation amongst team members here
Leadership/ management confidence	Do people feel that the leaders/managers are competent and trustworthy.	• Leadership/direction that you receive from higher authorities • Support received from higher authorities • Management of the work in your facility/block/district • Motivation received from higher authorities to achieve goals of better health/nutrition outcomes

THANK YOU