

TEAM-BASED GOALS AND INCENTIVES (TBGI) PRESENTED BY CARE INDIA



In India, health workers receive very little training, support and positive feedback to boost morale and improve motivation. Borrowing ideas from the business world, the Team-Based Goals and Incentives model brings frontline health workers together to form teams and set their own goals for improved health outcomes in their community. Teams work together to meet their targets and win small incentives, overcoming challenges to service delivery through mutual support.

THE PROBLEM

While breakthrough discoveries are made every day in the field of medicine, the progress towards improving community health in developing countries is slow. While the majority of health sector reforms focus on difficult to address system changes, such as infrastructure or affordability, the human element of transformation - particularly the motivation of the Community Health Workers - has largely been ignored. Community Health Workers are a vital point of care for people living in resource-poor settings, often hours away from the nearest hospital or clinic. They deliver advice, make referrals, diagnose, and provide information to clients. Though they are a critical link for health systems, their training and supervision is often limited and inconsistent. Most work as volunteers with few financial or other incentives to motivate them.

BY THE NUMBERS

Only **2%** of doctors practice in rural areas, yet this is **where 68% of the population** resides.

Bihar has a **33%** higher maternal mortality rate than the rest of India.

Situation in Bihar

Despite significant improvements in the health and wellbeing of its population in recent years, Bihar remains one of India's poorest states, with high maternal (MMR), infant (IMR), and neonatal mortality rates (NMR). With few doctors, the burden falls upon community health workers.

THE INNOVATION

Respect and Recognition Motivating Millions of CHWs

CARE India developed the innovative Team-Based Goals and Incentives (TBGI) program to strengthen teamwork and improve motivation for community health workers in Bihar. It not only addresses the lack of motivation among CHWs but also the resulting high maternal and infant mortality rates and other life-threatening health issues in the region. The program integrates both the motivational power of incentives and the virtues of teamwork, with CHWs mutually deciding and setting goals for the provision of services in its catchment area. Given specific numeric targets on predetermined health indicators for each quarter, CHWs work together to meet the targets, leveraging individual competencies and working together to tackle challenges.

OUR CURRENT IMPACT:

The TBGI Effect:

- Piloted in 76 health sub-centers in Bihar
- Results after 1 year included:
- Exclusive breastfeeding: 71% in treatment area vs. 61% in control area
- Use of modern contraceptives: 26% in treatment area vs. 15% in control area
- Increased motivation levels of CHWs

POTENTIAL IMPACT:

2.8 million CHWs

20 million women

6 million children



THE SCALE X FACTOR:

- Uses a single unifying platform
- Focuses on empowering women
- Focuses on respect and recognition
- Capacity to transform the entire healthcare system of India

THE IMPACT

2020 VISION

The TBGI team is seeking to scale the model across the state of Bihar and strengthen the performance of the 2.38 million frontline health workers to reach the state's population of over 100 million people. Additional regional advocacy will be required to scale and expand TBGI throughout Bihar - with the goal of transitioning the program operations to government oversight.

THE CHALLENGE TO SCALE

TBGI has been tested in one area of Bihar. As the first phase of bringing this program to scale, TBGI should be implemented in different districts representing different geographic areas, populations demographics (scheduled caste, tribal, unscheduled caste), etc. to determine whether TBGI is still a valid model in different contextual situations. Once it has been brought to scale in Bihar, we believe that testing it in a context outside of public health would be interesting to determine the applicability in other fields.

Because the TBGI model must be sustained through the government, mentors with expertise in scaling through the public sector, systems thinking and human-centered design would be beneficial. Concurrently, the team will have to develop advocacy and communications strategies to build a robust plan for government buy for successful scaling and handoff.

Opportunities include:

Mentorships in Systems Thinking, Scaling through the Public Sector, and Human Centered Design
Advocacy and communications strategies
Media Coverage

Join us in accelerating change for good!