



# Improving Performance of Community-Level Health and Nutrition Functionaries: A Review of Evidence in India

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## Context

Community-level workers, such as Auxiliary Nurse Midwives (ANMs) and Anganwadi Workers (AWWs), deliver most of the critical public health services for the poor in India. However, the systems that support them are often weak. Programs often focus on training but other performance factors such as supportive supervision, clear performance expectations, and motivation and recognition are neglected. Major reviews of the National Rural Health Mission (NRHM) and the Integrated Child Development Scheme (ICDS) III have highlighted a lack of supervision, poor worker motivation and related issues as critical challenges<sup>25</sup>. These factors are part of a comprehensive “performance improvement” approach, and the lack of this approach in many areas of India appears to be a major constraint to improving health and nutrition program impact.

## Evidence Review Process

Improving health and nutrition outcomes is very dependent on human resources and, accordingly, leaders from the central and state Governments of Uttar Pradesh and Jharkhand (including Health and Family Welfare and Women and Child Development Department officials) agreed that an evidence review on improving the performance of community-level health and nutrition functionaries would be helpful. The USAID-funded Vistaar Project facilitated this review, which was conducted by recognized national experts in this field.

In keeping with Government programming priorities and approaches, the project team defined community-level functionaries as primarily ANMs, AWWs and the new cadre of Accredited Social and Health Activists (ASHA) workers. The Project team then identified existing evidence from India for the review, through a literature review as well as direct requests for information from many experts working in this area.

The team initially identified 41 interventions. The team then short-listed 11 interventions based on the following main selection criteria:

- The interventions should have an evaluation and
- The interventions should have some documentation of

**Performance Improvement** is defined as “a method for analyzing performance problems and setting up systems to ensure good performance”<sup>20</sup>.

An evidence-based list of the major performance factors includes:

- Knowledge and skills
- Clear performance expectations
- Performance feedback and supportive supervision
- Motivation and rewards
- Supplies and equipment

higher-level outputs such as improvements in:

- **coverage of services** (increased number of persons receiving services)
- **depth of services** (an expansion in the range of services offered)
- **quality of services** (improved client-provider contact for community-level outreach, improved counseling, improved practice or adherence to protocols)
- **reliability of services** (improved accessibility of workers and services to the community, improved referral services)

Of the 11 interventions selected for the review, four interventions were implemented by the state Governments of Nagaland, Tamil Nadu, Chhattisgarh and Kerala, another four were implemented by NGOs with support coming from non-Government donors, and three interventions were designed and implemented through a public-private partnership. All of the selected interventions took place in rural areas. (For an overview of the interventions, see Table 1)



**Table 1. Overview of Interventions**

Intervention Name	Lead Agencies	Focus Areas
Provision of Essential Maternal and Child Health Services in Tribal Areas <sup>(1-3, 30)</sup>	Action Research and Training (ARTH)	Training and supporting midwives to provide 24/7 safe motherhood and neonatal health services in a rural community in Rajasthan. (1997- ongoing)
Mini Health Center Scheme <sup>(10, 39)</sup>	Voluntary Health Services	Improving comprehensive and continuous care with community involvement and referral links of the mini health centers with Government health facilities in Tamil Nadu. (1969- ongoing)
Mitanin Program <sup>(22, 33, 34, 36, 37)</sup>	State Health Resource Center	A community health volunteer effort to increase health awareness and provide health services, run through state-civil society partnership in Chhattisgarh. (2002- ongoing)
Improving Mobility of Village Health Nurses <sup>(14, 16)</sup>	Dept. of Health and Family Welfare (Tamil Nadu)	Training and supporting village health nurses to increase reach by using a bicycle or moped in Tamil Nadu. (1996-2003)
Tribal Auxiliary Nurse Midwives for Tribal Areas <sup>(7, 9, 35)</sup>	Karuna Trust	Training and support of ANMs to work in tribal areas and work with the community in Karnataka
Home-Based Newborn Care Project <sup>(5, 6)</sup>	Society for Education, Action and Research in Community Health (SEARCH)	Establishing systems for home-based assistance for obstetric emergencies and systems for emergency transport in Maharashtra. (1996-2003)
Communitization of Grassroots Health Services <sup>(4, 13)</sup>	Department of Health and Family Welfare (Nagaland)	Creation of the legal and institutional context for the communitization (decentralization) of health services through transfer of power, management functions and assets to communities in Nagaland. (2002- ongoing)
Delaying Age of First Conception to Avert Adverse Consequences of Early Motherhood in Married Adolescent Girls <sup>(15)</sup>	Institute of Health Management (Pachod)	Establishing and supporting a cadre of community workers to provide home visits, detect pregnancies, assess health needs and provide primary level care; mobilizing community resources to reward satisfactory performance of duties in Maharashtra. (2003-2006)
Community Volunteer Initiative <sup>(17, 31)</sup>	Tamil Nadu Science Forum	Organizing and monitoring Village Health Committees; selecting and training local health activists in Tamil Nadu. (1999-ongoing)
Revising Female Health Worker Training Courses <sup>(11, 32)</sup>	Public Health Training School, (Kerala)	Conducting job analyses, redefining curriculum objectives, listing and prioritizing content, designing methodology, structuring sessions, and devising evaluation methods for training Junior Public Health Nurses in Kerala. (2004-2005)
Reproductive and Child Health, Nutrition, and HIV/AIDS (RACHNA) Program <sup>(8)</sup>	CARE India	Support in multiple areas such as capacity building and supplies to support health and nutrition workers in several states in India. (Phase I: 1996 – 2001, Phase II: 2001-ongoing)

The Vistaar Project team prepared a summary of each selected intervention, which included available data in the areas of effectiveness, efficiency, and expandability. These summaries were provided to the lead implementing organizations for feedback and then shared with the expert reviewers prior to the expert review meeting. (These summaries are available on the IntraHealth website: <http://www.intrahealth.org>)

The Project team worked with Government officials and recognized experts to form a panel of experts in this field to conduct the evidence review. The expert group included Government officials, as well as representatives from NGOs, academia, donors, professional associations, and other sectors. (See Table 2)

**Table 2: List of Experts**

<b>Dr. A.K. Patwari</b>	MCH STAR Project, New Delhi	<b>Ms. P. Bolina</b>	Ministry of Women and Child Development, Government of India
<b>Ms. Anju Dadhwal</b>	MCH STAR Project, New Delhi	<b>Dr. P. Padmanabhan</b>	Department of Health and Family Welfare, Government of Tamil Nadu
<b>Dr. B. Prabha</b>	Tamil Nadu Science Forum, Tamil Nadu	<b>Dr. Poonam Tiwari</b>	Uttar Pradesh Health Systems Development Project, Uttar Pradesh
<b>Dr. Deoki Nandan</b>	National Institute of Health and Family Welfare, New Delhi	<b>Dr. Rajiv Tandon</b>	USAID, New Delhi
<b>Prof. Devi Singh</b>	Indian Institute of Management, Uttar Pradesh	<b>Dr. Sanghita Bhattacharya</b>	Public Health Foundation of India, New Delhi
<b>Dr. H. Sudarshan</b>	Karuna Trust, Karnataka	<b>Ms. Sarovar Zaidi</b>	ICICI Center for Child Health and Nutrition, Maharashtra
<b>Dr. J.P. Mishra</b>	GTZ India, New Delhi	<b>Dr. Sehba Hussain</b>	BETI Foundation, Uttar Pradesh
<b>Dr. Jaya Jaya</b>	Public Health Foundation of India, New Delhi	<b>Ms. Shashi Prabha Gupta</b>	Consultant, New Delhi
<b>Dr. Joseph Williams</b>	Voluntary Health Services, Tamil Nadu	<b>Ms. Sona Sharma</b>	Population Foundation of India, New Delhi
<b>Dr. Kumudha Aruldas</b>	Population Foundation of India, New Delhi	<b>Dr. Suranjeen Prasad</b>	Child in Need Institute, Jharkhand
<b>Dr. Marta Levitt Dayal</b>	MCH STAR Project, New Delhi	<b>Dr. T. Sundararaman</b>	National Health Systems Resource Center, New Delhi
<b>Dr. Meera Priyadarshini</b>	Consultant, New Delhi	<b>Ms. T. Usha Kiran</b>	Bill and Melinda Gates Foundation, New Delhi
<b>Mr. Mukesh Kumar</b>	CARE India, New Delhi	<b>Dr. Vandana Prasad</b>	Public Health Resource Network, New Delhi
<b>Dr. Narika Namshum</b>	Ministry of Health and Family Welfare, Government of India	<b>Dr. Vaishali Deshmukh</b>	INCLIN Trust, New Delhi
<b>Dr. Nayira Shakeel</b>	Department of Health and Family Welfare, Government of Uttar Pradesh		
<b>Dr. Neha Khandpur</b>	Public Health Foundation of India, New Delhi		

Note: Other invited experts were unable to attend.

## Lessons Learned

A group of 30 technical experts met for one day on January 15, 2008, to review the 11 selected interventions. The experts worked in a consultative manner to achieve the following objective:

*Analyze the available evidence to determine the key lessons learned in the area of improving the performance of community-level health and nutrition functionaries.*

In addition, the experts identified several important evidence gaps where additional knowledge is needed.

The experts worked in small groups to identify lessons related to each performance factor:

- Knowledge and skills
- Clear performance expectations (roles and responsibilities)
- Performance feedback, supportive supervision and enabling environment

- Motivation and rewards
- Supplies and equipment
- Other factors

The experts identified a number of lessons learned and general recommendations, based on the evidence available from the 11 interventions. They also prioritized some as the most important areas to strengthen in order to improve the performance of community health and nutrition workers. The prioritized lessons included:

- Make supervision more supportive
- Improve the quality of training and ensure follow-up of training, especially through field-level mentoring and support
- Develop human resource policies that are gender-sensitive and support female community-level workers (this is critical to attract and retain workers in difficult and remote areas)
- Build the capacity to decentralize primary health services

Other lessons identified are grouped according to performance factors below.

### Knowledge and Skills

- Performance improves when training programs and methods match the competency and work realities of the work situation. Evidence from programs that achieved results indicates that training should include practical sessions on organizing work, managing job responsibilities and problem solving. In addition, training methodologies that provide hands-on training and experiential learning show better outcomes.
- The data from these interventions reinforce other evidence that shows training should not be a one-time activity, but part of an on-going process, with training follow-up and regular efforts to refresh and update knowledge and skills.
- The content of training courses should be based on community-specific needs to the extent possible, which should be generated using community-needs assessment tools and approaches. (Some experts noted that there is a possibility of communities not prioritizing significant public health issues and suggested a careful approach to identify community needs.)

### Clear Performances Expectations

- Performance can improve when the tasks of community-level workers are more directly linked to related outcomes. This can serve as motivation and improve accountability for results
- Performance improves if community level workers have contextually relevant, good quality job aides

### Supportive Supervision, Feedback and Enabling Environment

- Performance improves when supervision is an extension of training and supports the training content
- Feedback to community-level workers as part of supportive supervision leads to better results
- Catalytic and facilitative support from outside the routine public health system, such as from NGOs, may be one option to improve supportive supervision of community-level workers
- Monthly review meetings focused on well-defined output indicators can be an important part of an effective monitoring and supportive supervision system for community workers

### Motivation and Rewards

- There is some evidence to support performance-based incentives, with a transparent payment system
- It may improve performance to choose community-level workers based on community inputs or through a consultative process, as this may improve the worker's sense of being a representative of the community and feeling of responsibility to the community

### Supplies and Materials

- An improved, well-managed system to ensure the availability of quality supplies can improve worker performance (including all supplies, timeliness)
- ANMs need support for mobility (e.g., drivers, motorcycles, funds) to perform better

### Other Factors

- A "catalytic agent" at district and block level can make a significant difference in health and nutrition results. This agent is a committed individual or dedicated organization, external to the Government system, which can provide assistance in key areas
- Holding supervisors and those above them responsible and accountable for supporting the work of frontline health and nutrition functionaries can improve health results
- Community-level workers need effective and responsive linkages to the rest of the health system, including technical support and a referral systems, to perform well
- It may improve retention and possibly effectiveness if ANMs are from the areas where they are posted and work

### Evidence Gaps

The group of experts also identified key gaps in evidence in the area of performance improvement of community-level health and nutrition functionaries, which are listed below.

- There is a need to collect, review and analyze Government decentralization efforts around India to learn lessons and improve or refine this approach
- There is a need for more information on the pros and cons of adding curative care services to the workload of community workers
- There is a need for more information on what really motivates community workers, such as *Mitanin* or ASHAs
- There is a need for more analysis of the costs and cost efficiency of promising interventions vis-à-vis the cost structure of the Government programs
- There is a need for more evidence and information about how the private sector can work with public health systems, especially to improve worker performance
- There is a need for stronger monitoring and evaluation in the performance improvement area, especially better tracking of what inputs and strategies really work to improve performance (in terms of attribution of results) and providing more information on the equity- and gender-related results of interventions
- There is a need for better indicators and better evaluation of BCC initiatives to show the links with health and nutrition outcomes or impact

## In Summary

The evidence review process is a useful approach to build consensus among experts and program leaders, inform program planning, and assist with decision making. The Vistaar Project experience shows that this process is most valuable when:

- It is conducted in an open, inclusive and participatory manner
- The focus is on learning lessons, not identifying the "best model"
- The audience is clear, and the evidence is reviewed from their perspective (i.e., in this case, the evidence was reviewed for application in Government programming)

The Vistaar Project greatly appreciated the opportunity to be a part of this evidence review and is honored to join with the technical experts, implementing agencies, and Government program leaders and implementers who are using evidence to improve MNCHN program impact.





## IntraHealth International, Inc.'s Vision

We believe in a world where all people have an equal opportunity for health and well-being.

## Mission

To mobilize local talent to create sustainable and accessible health care

## The Purpose of the Vistaar Project is:

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

*IntraHealth International, Inc. is the lead agency for the Vistaar Project*

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### Vistaar Project Contacts:

infovistaar@intrahealth.org; Website: [www.intrahealth.org](http://www.intrahealth.org)

#### Delhi:

The Vistaar Project  
A-2/35 Safdarjung Enclave  
New Delhi-110029 India  
Tel.:+91-11-46019999  
Fax: +91-11-46019950

#### Jharkhand:

The Vistaar Project  
153 C, Road No. 4, Ashok Nagar  
Ranchi -834 002 Jharkhand  
Tel.:+91-9234369217  
Fax: +91-651-2244844

#### Uttar Pradesh:

The Vistaar Project  
1/55 A, Vipul Khand, Gomti Nagar  
Lucknow-226 010, Uttar Pradesh  
Tel.:+91-522-4027805  
Fax: +91-522-2302416