BEYOND THE STATUS QUO

Using Impact Evaluation Research to Drive Innovation & Improve Outcomes in Health

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Improving Midwife Retention with Monetary and Non-Monetary Incentives: An Experimental Evaluation

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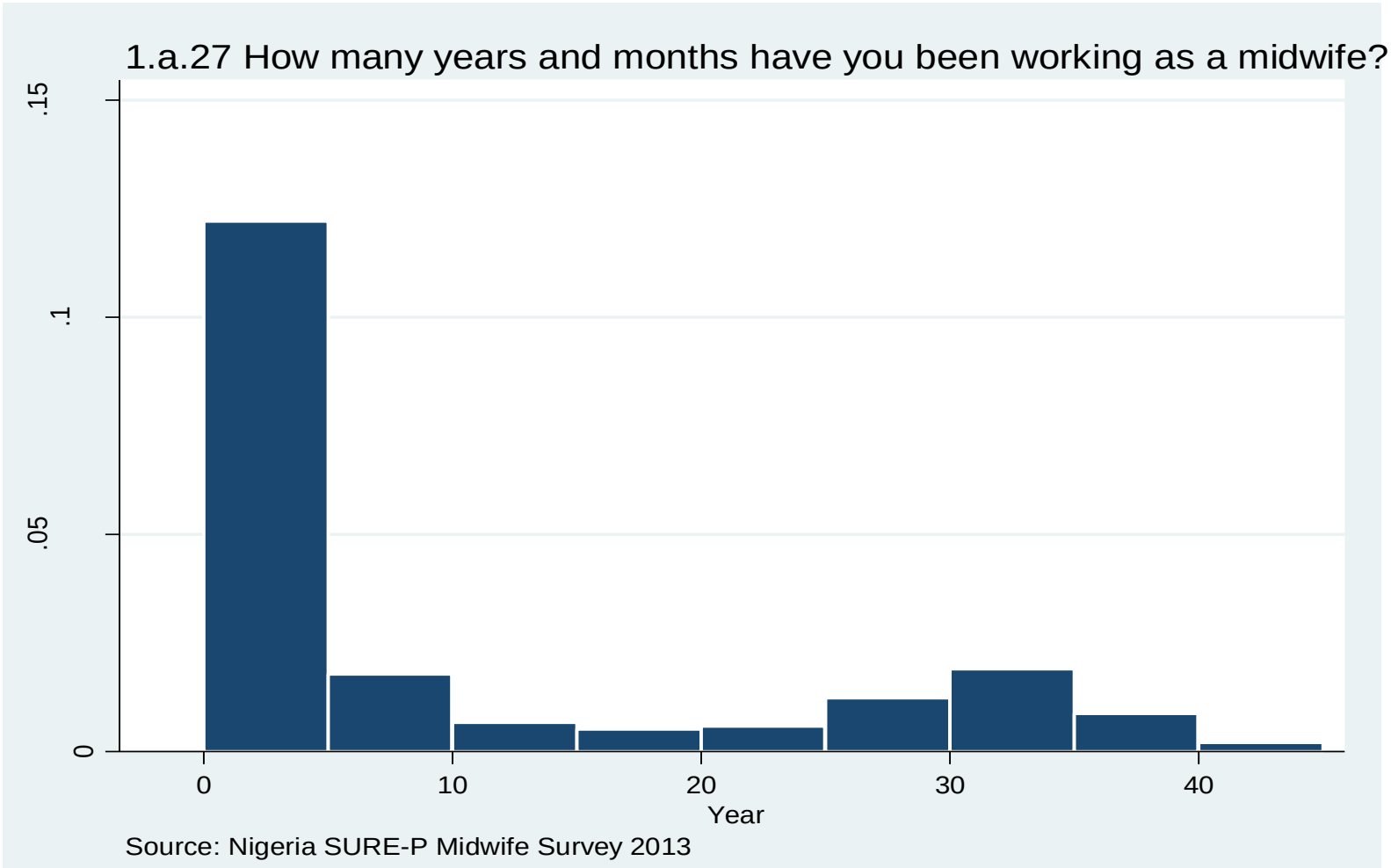
Subsidy Reinvestment and Empowerment Programme – Maternal and Child Health (SURE-P MCH)

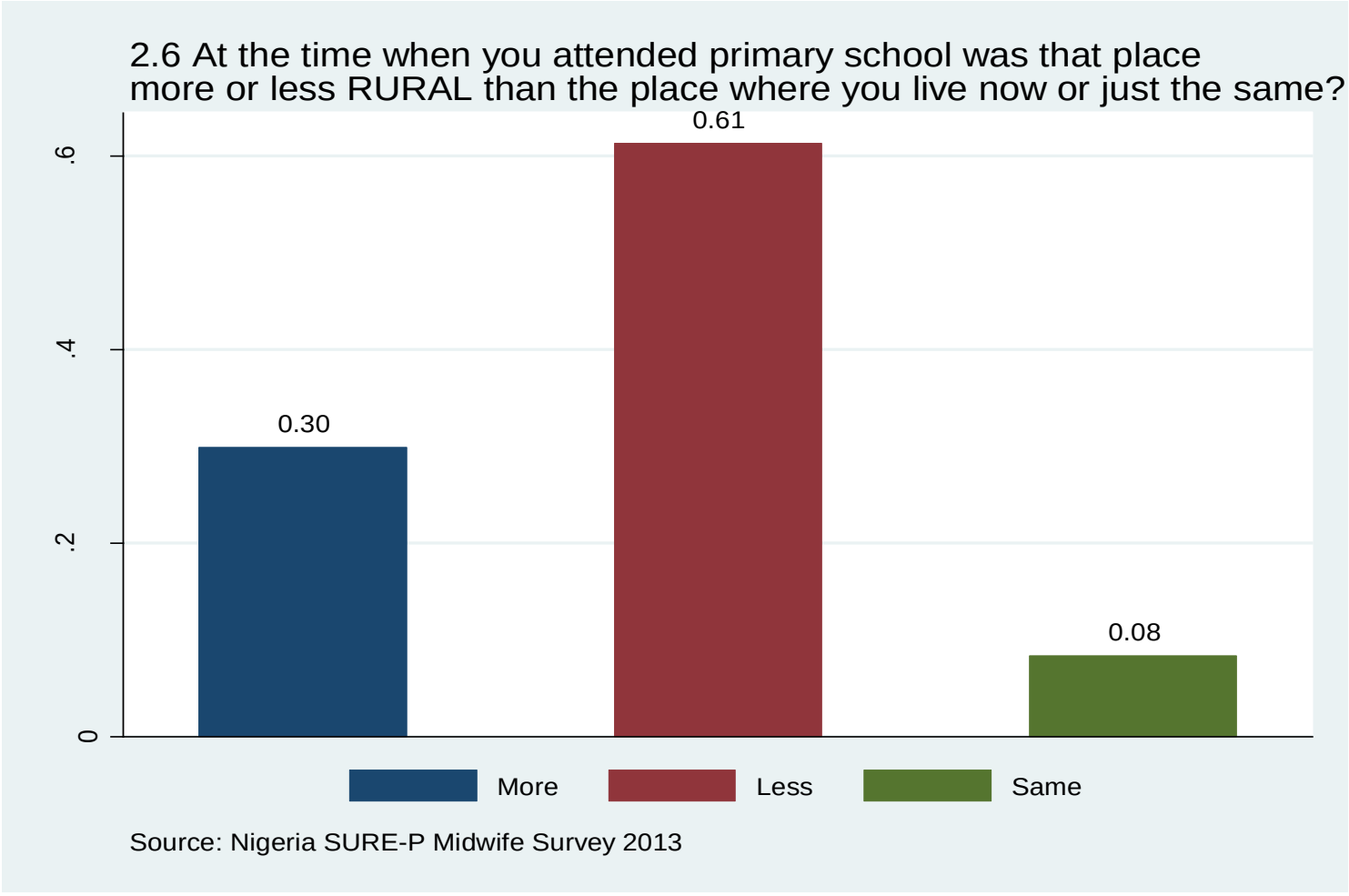
- Nigeria: high rates of maternal mortality; strong association with short supply of midwives and insufficient healthcare infrastructure
- SURE-P aimed to increase institutional deliveries, skilled birth attendance and use of antenatal care.
- Recruitment, training and deployment of midwives to needy areas: 500 primary health centres (PHCs) across 36 states and Federal Capital Territory.
- Basic upgrading of PHC facilities
- **Retention incentives** given to midwives: monetary incentives and non-monetary ones

Subsidy Reinvestment and Empowerment Programme – Maternal and Child Health (SURE-P MCH)

Retention incentives to midwives

- Randomized evaluation
- Relative effectiveness of different types of incentives on midwives attrition.
- Analysis of complementarity between types of incentives
- Identification of impact channels of different incentives

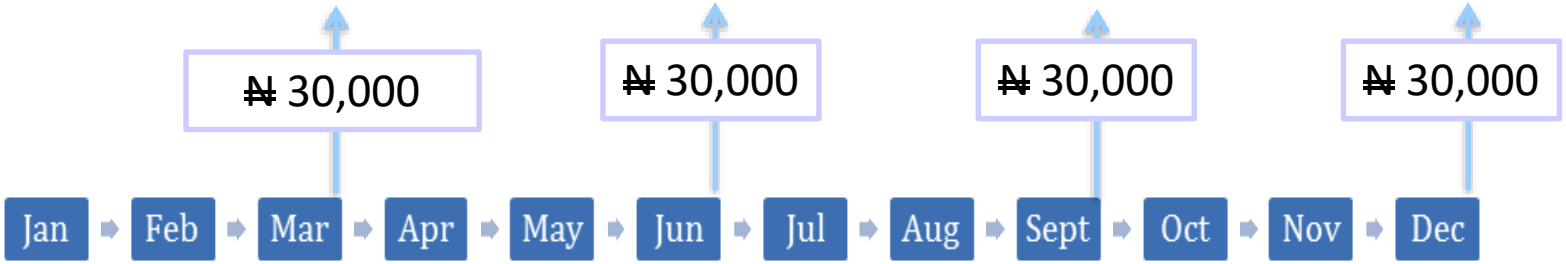

1.a.27 How many years and months have you been working as a midwife?
.15
.1
.05
0
0
10
20
30
40
Year
Source: Nigeria SURE-P Midwife Survey 2013


2.6 At the time when you attended primary school was that place more or less RURAL than the place where you live now or just the same?
0.61
0.30
0.08
0
.2
.4
.6
More
Less
Same
Source: Nigeria SURE-P Midwife Survey 2013

What incentives work? Monetary, non-monetary or a combination of both?

Why do incentives work (or fail)?

Monetary incentives

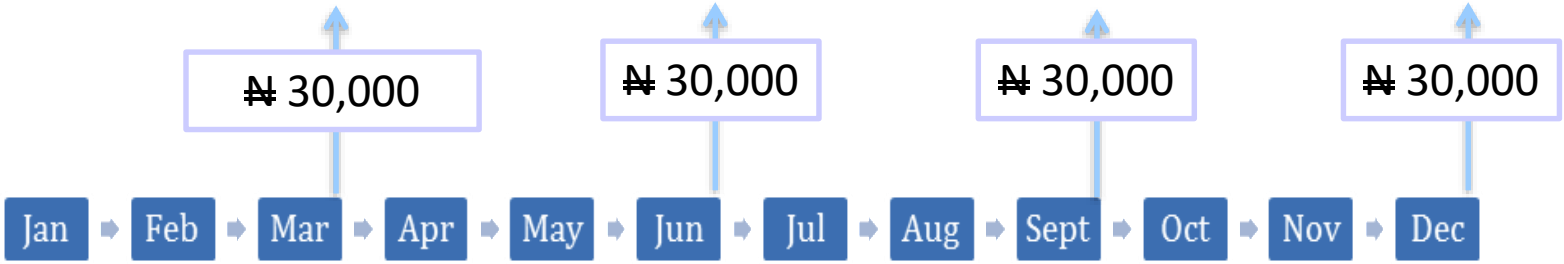


Non-monetary incentives: FGD 13-17 May, 2013

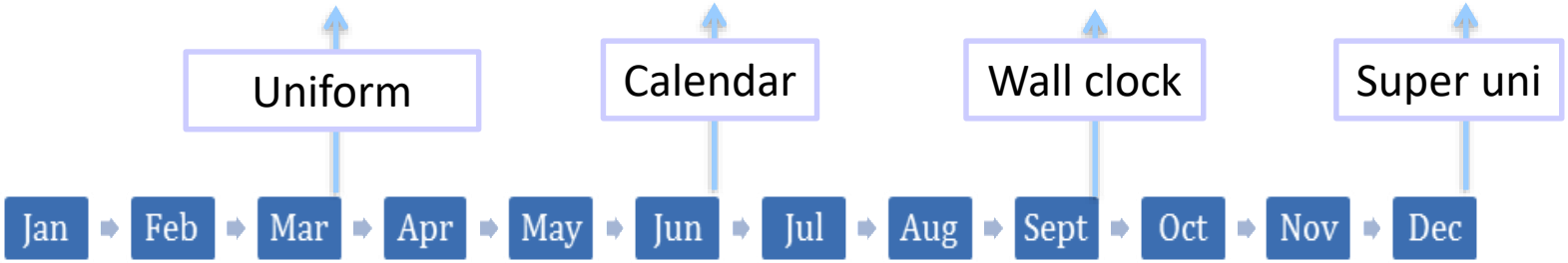
Other non-monetary incentives included a **SURE-P wall clock** and a **personalised wall calendar**.

SURE-P midwives wearing uniform in a PHC in 2015

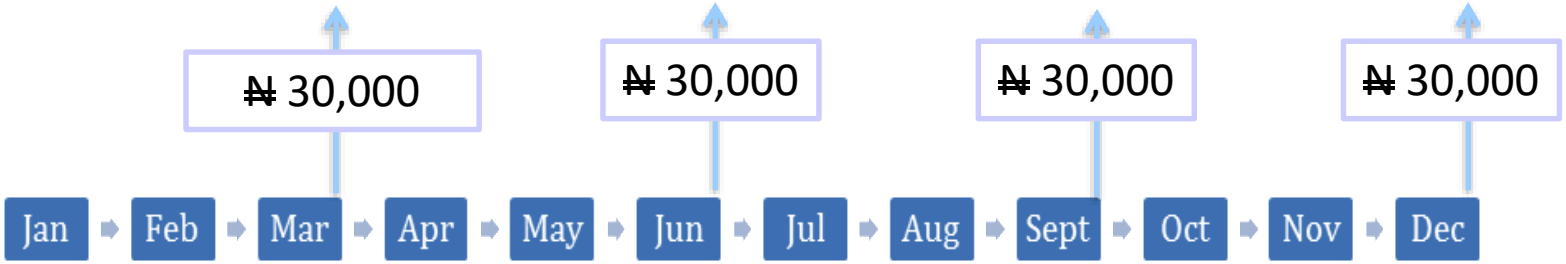
Monetary incentives



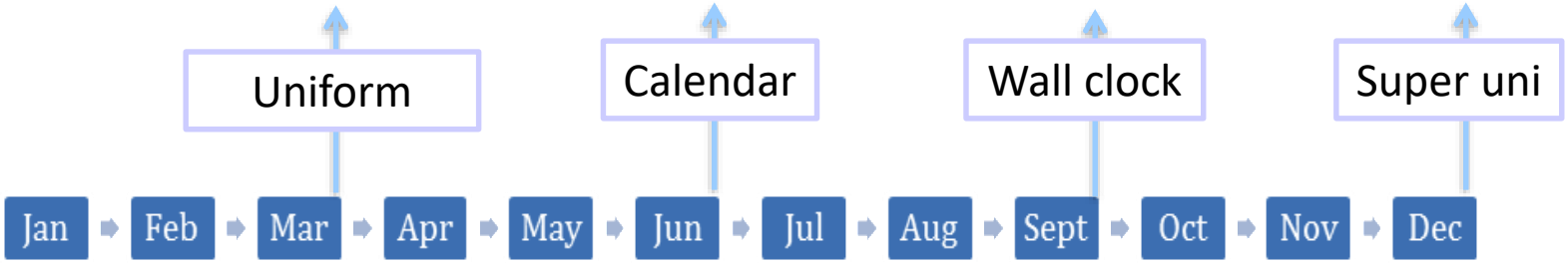
Non-monetary incentives



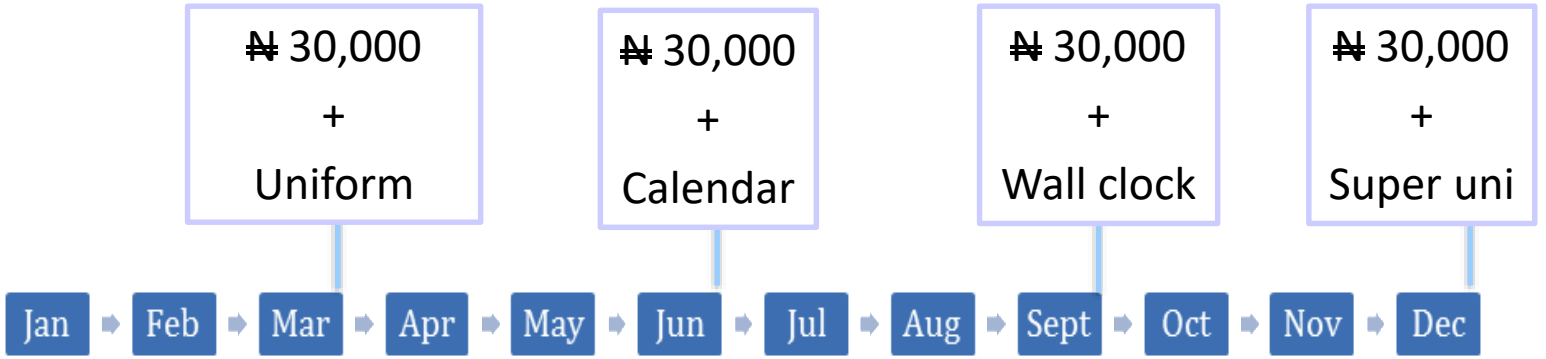
Monetary incentives

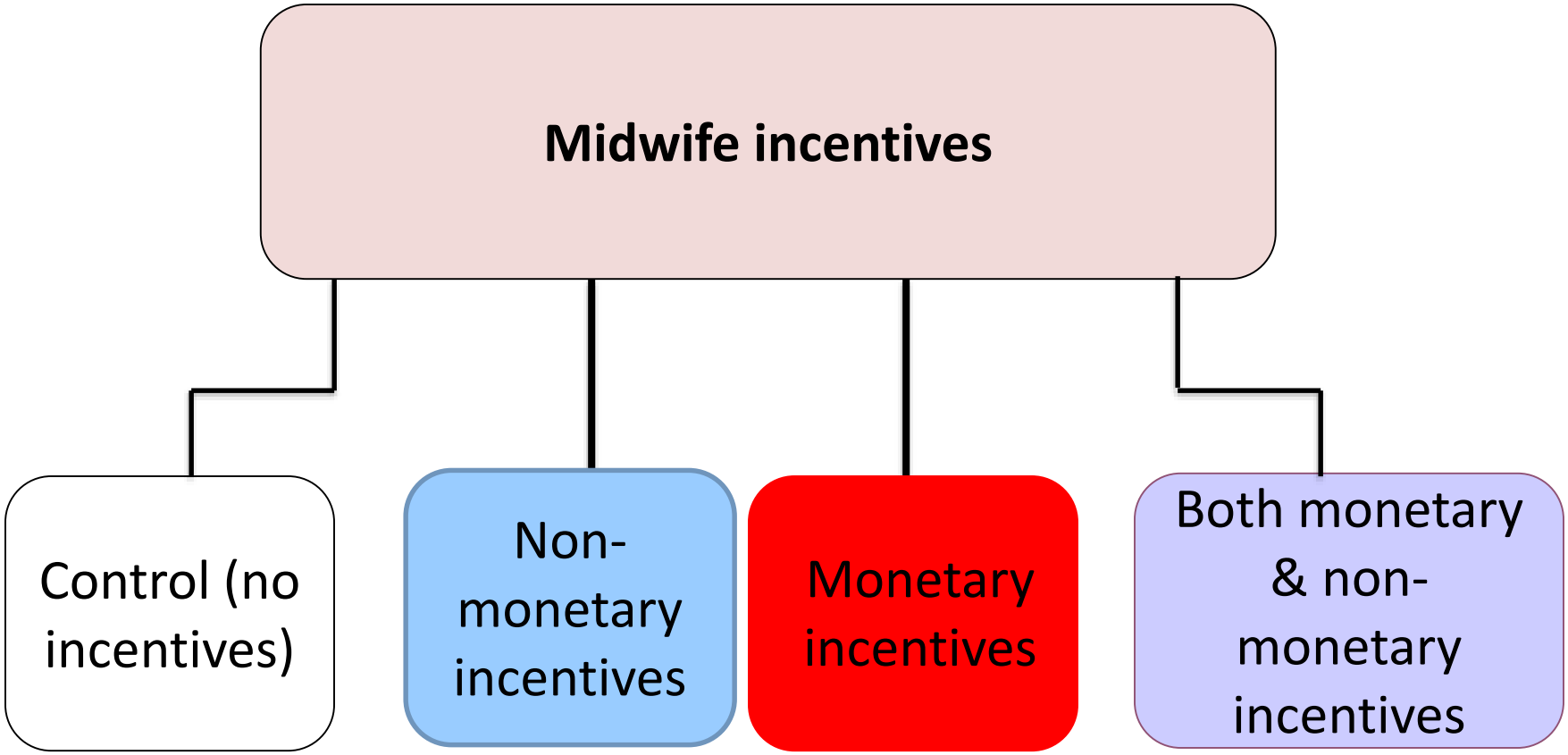


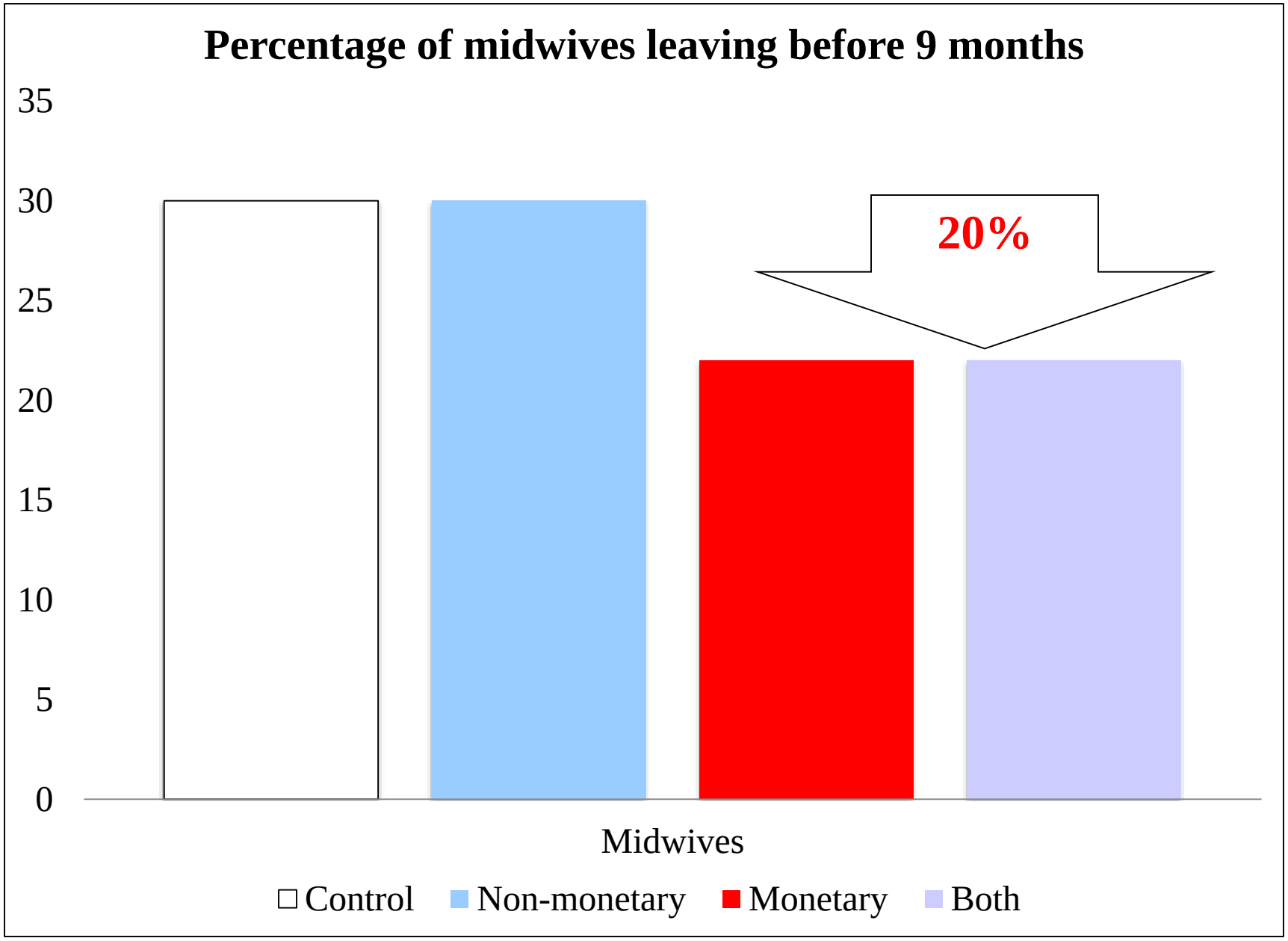
Non-monetary incentives



Both incentives




Midwife incentives
Control (no incentives)
Non-monetary incentives
Monetary incentives
Both monetary & non-monetary incentives


Percentage of midwives leaving before 9 months
35
30
25
20
15
10
5
0
20%
Midwives
Control
Non-monetary
Monetary
Both

Average effect of incentives on attrition

Midwife left during the first 9 months	
Monetary	-0.0654**
	(0.0251)
Non-Monetary	0.0299
	(0.0285)
Monetary & Non-Monetary	-0.0695**
	(0.0290)
extended controls++	yes
Observations	1270
R-sq	0.116

Note: *p < 0.1, **p < 0.05, ***p < 0.05; robust standard errors in parentheses clustered at the hospital id level

Monetary incentives reduced attrition substantially

Non-monetary incentives did not.

Why do incentives work (or fail)?

Why do incentives work (or not): mechanisms

- Incentives **may affect individuals' image motivation**
  - *engaging in the activity is no longer useful to signal that I am good; the public signal is lost.*

- **Reciprocity**: workers that feel supported might reciprocate by working harder

- Incentives **can affect perception of what is socially acceptable**

Causal mechanisms: Why do incentives work?

Sharing ₦2,000: altruism and image

PRIVATE version: the result of the split is kept private

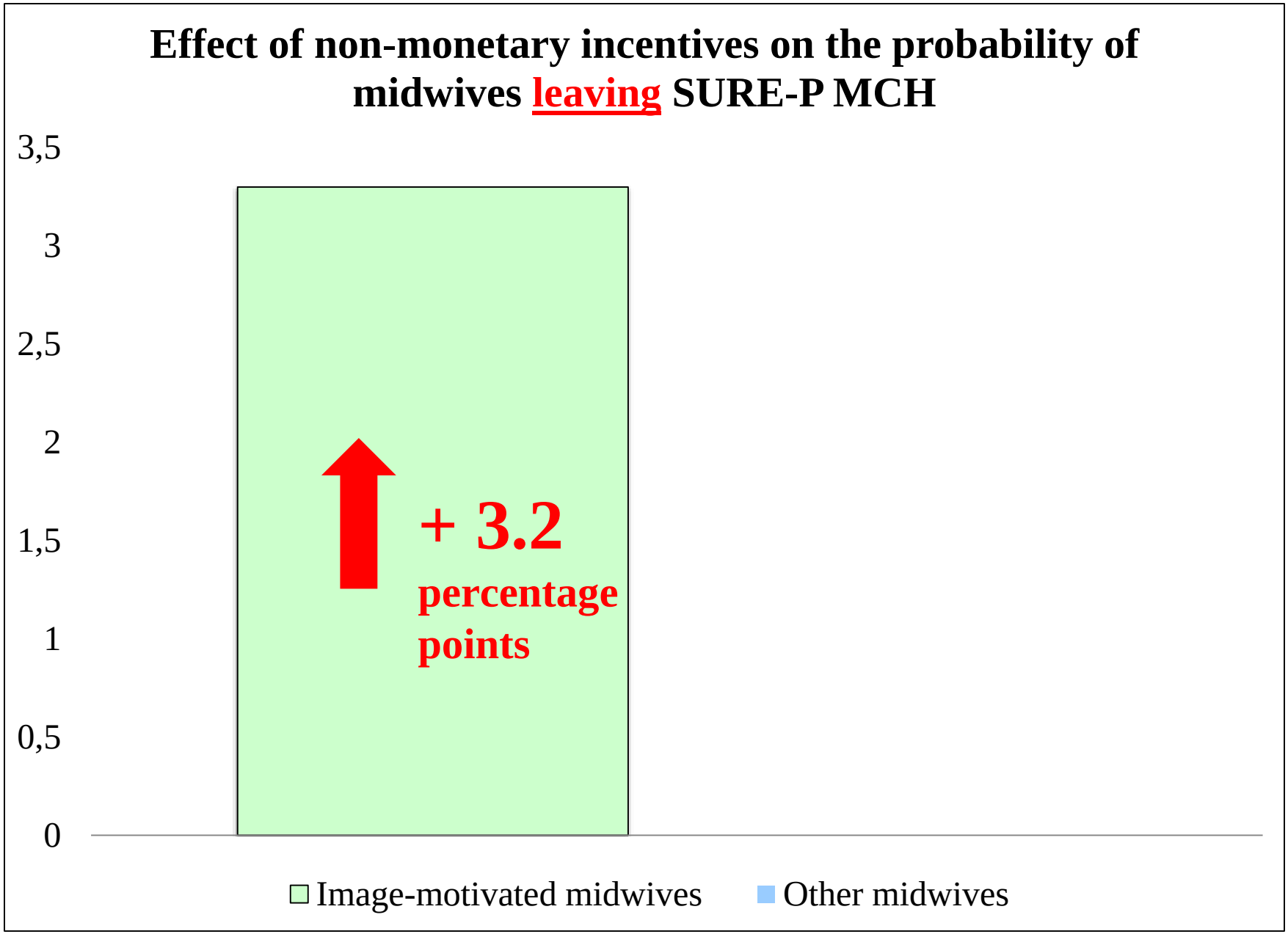
Midwife's bank account

Red Cross/ Red Crescent

PUBLIC version: the result of the split is made public

Midwife's bank account

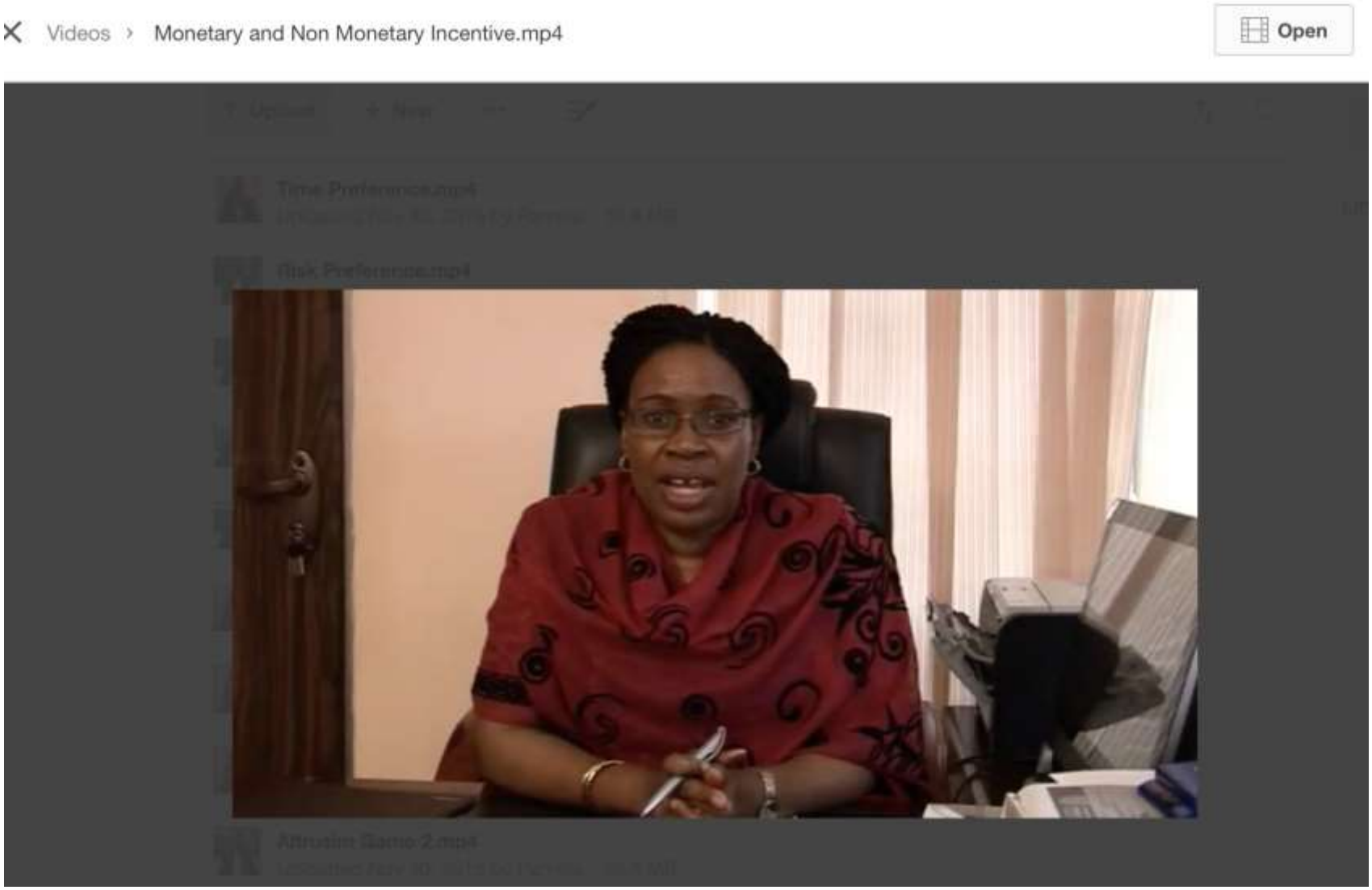
Red Cross/ Red Crescent


Effect of non-monetary incentives on the probability of midwives leaving SURE-P MCH
3,5
3
2,5
2
1,5
1
0,5
0
+ 3.2
percentage points
Image-motivated midwives
Other midwives

Why non-monetary incentives fail to work? Image motivation

	Image Motivation	
	Public - Private	Donation
Pub-Priv		-0.0398**
		(0.0170)
Any Monetary		-0.0839***
		(0.0195)
Any Mon*(Pub-Priv)		0.0126
		(0.0179)
Any Non-Monetary		0.0167
		(0.0199)
Any Non-Mon*(Pub-Priv)		0.0319*
		(0.0171)
Observations		1270
R-sq [illegible] arms		0.120

Incentives: letter-contract



Effect of the announcement of non-monetary incentives on the probability of midwives enjoying living in the community, earning the appreciation of the community and working in their SURE-P facility

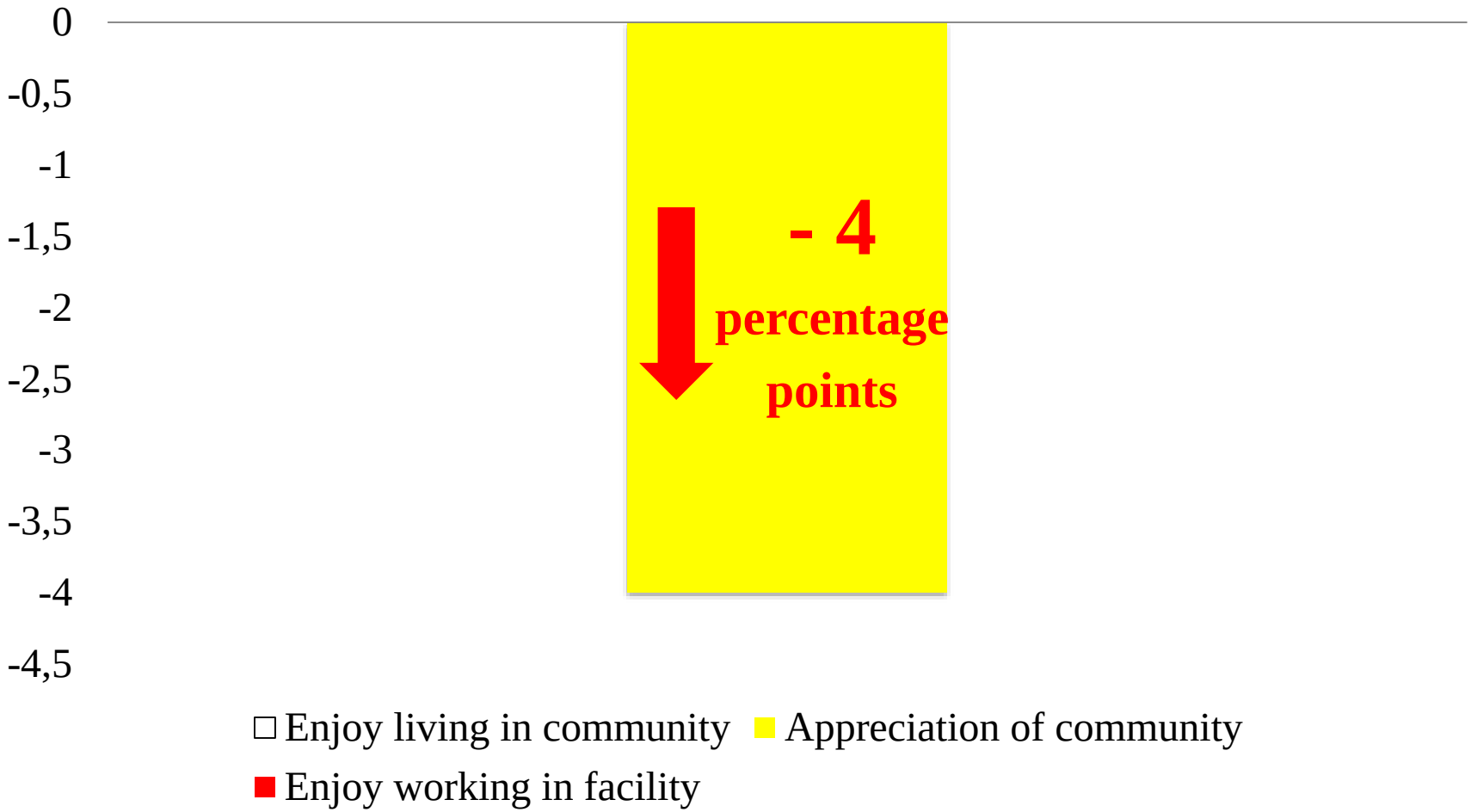
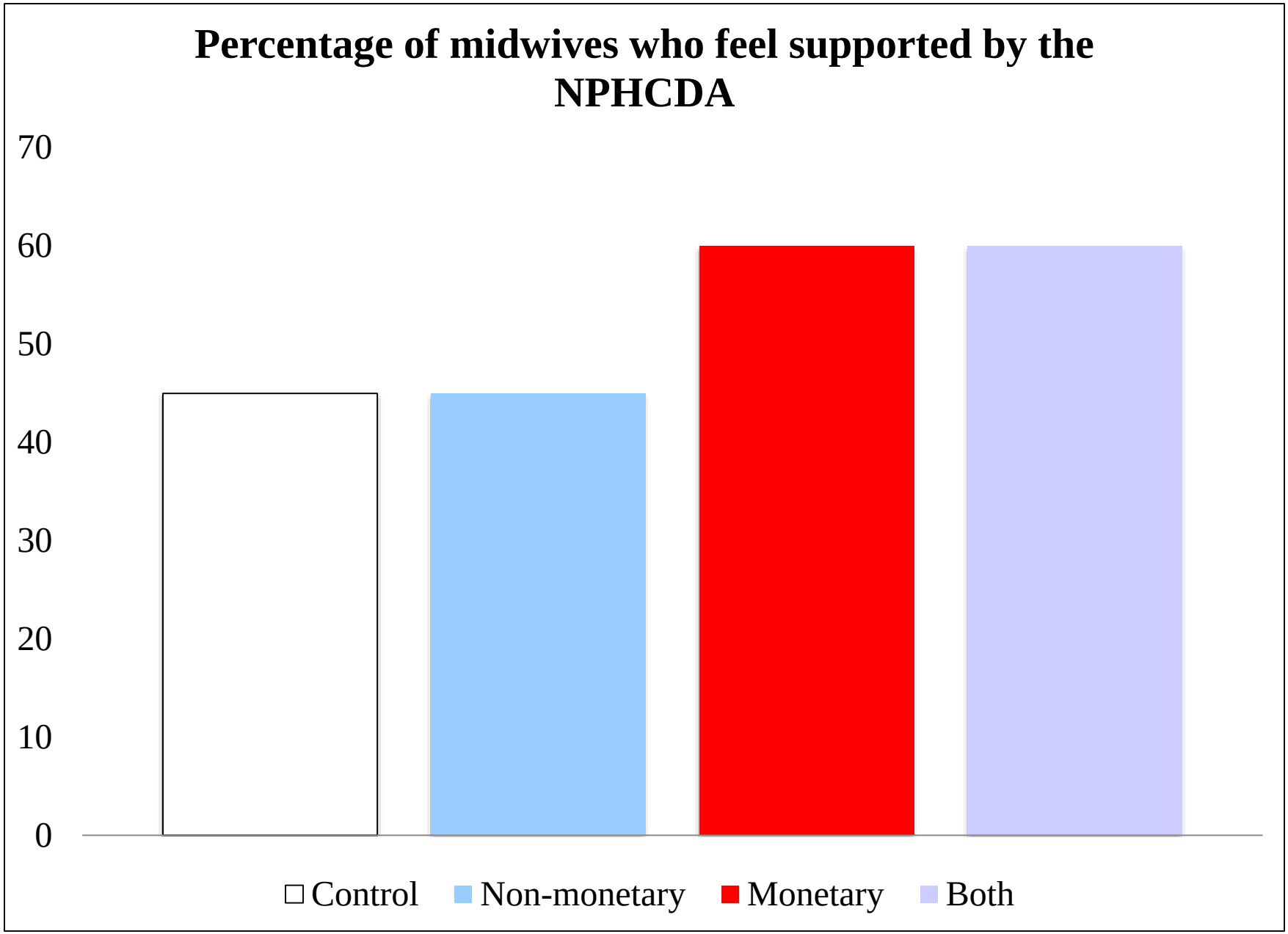


Image motivation and anticipated lack of community appreciation for non-monetary incentives

	Living in the community	Appreciation of the community	Enjoyment working in the facility
Image Motivation	0.0167	0.0298*	-0.00188
	(0.0236)	(0.0159)	(0.0213)
Any Monetary	0.0778**	0.0265	0.0619*
	(0.0321)	(0.0217)	(0.0332)
Any Mon*Image Motivation	-0.0113	0.0151	0.0158
	(0.0242)	(0.0184)	(0.0274)
Any Non-Monetary	0.0185	-0.0291	-0.0149
	(0.0295)	(0.0200)	(0.0250)
Any Non-Mon*Image Motivation	-0.0178	-0.0372**	-0.0117
	(0.0251)	(0.0187)	(0.0283)
Observations	1265	1278	1275
R-sq 2 arms	0.158	0.180	0.142

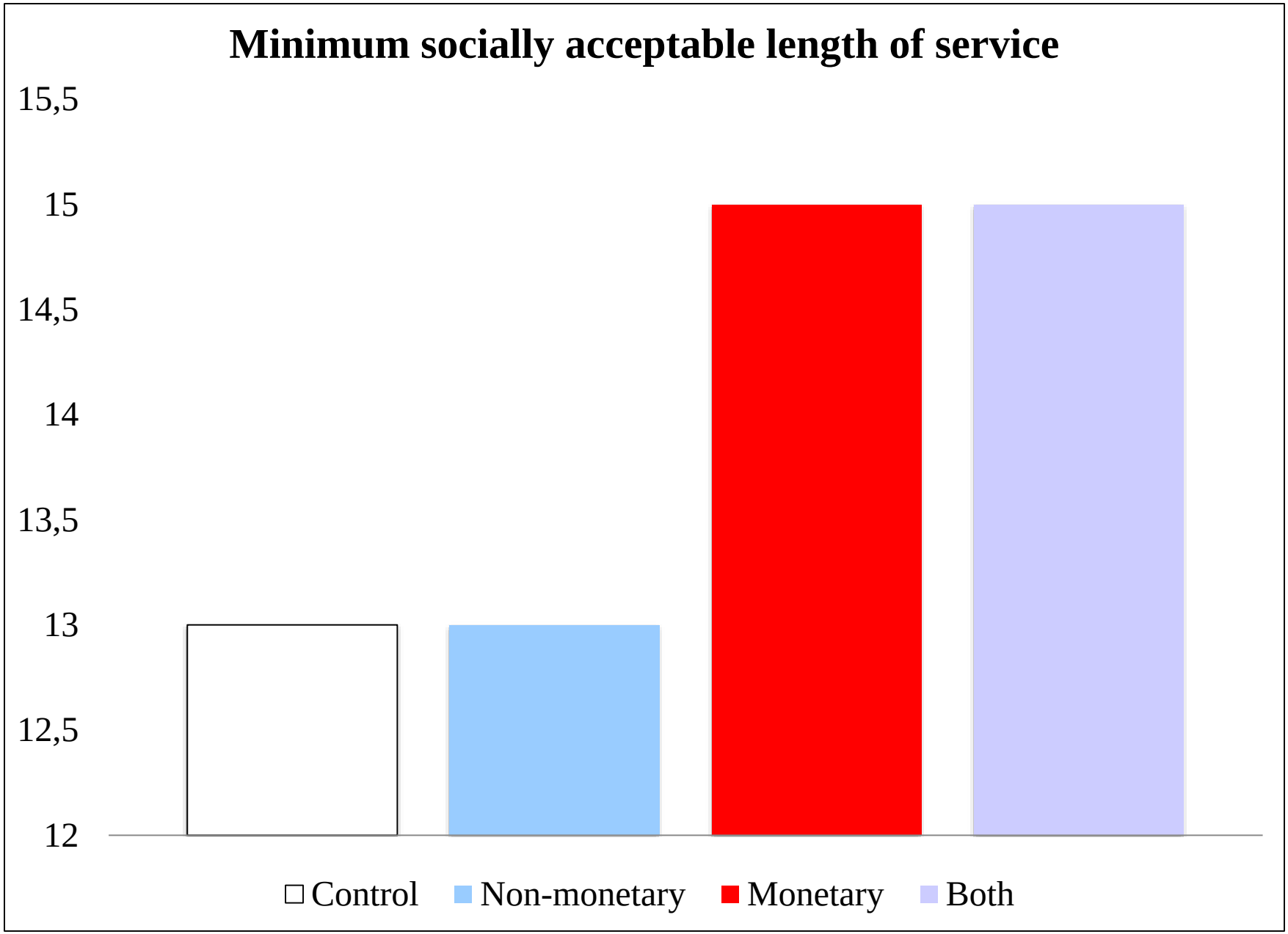

Percentage of midwives who feel supported by the NPHCDA
70
60
50
40
30
20
10
0
Control
Non-monetary
Monetary
Both

Post contract decision activities: social acceptability

- Centred on the concept of **socially acceptable length of service**
- Midwives asked to guess the most popular answer amongst midwives is; a correct guess is rewarded with **₦1000**
- E.g:

Jamila is a midwife who joined SURE-P and was deployed to her PHC today. She is remunerated in the same way as you. Your colleagues from other PHCs are aware of this. Suppose that Jamila decides to quit her job in SURE-P, **2 months after joining**. We asked your colleagues from other primary health centres, who also receive the incentive package that you will receive, what they think of Jamila's decision. Amongst these midwives, the most popular opinion is that Jamila's decision of leaving is (please circle your answer):

Now suppose that Jamila decides to quit her job in SURE-P, **5 month after joining**. We asked your colleagues from other primary health centres, what they think of Jamila's decision. Amongst these midwives, the most popular opinion is that Jamila's decision of leaving is (please circle your answer):


Minimum socially acceptable length of service
15,5
15
14,5
14
13,5
13
12,5
12
Control
Non-monetary
Monetary
Both

Monetary incentives effective in reducing attrition of health workers

But non-monetary ineffective and harmed the motivation of some midwives

Important to understand health workers' motivation to make incentives work