



**GHANA HEALTH SERVICE
SWISS RED CROSS
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THE RIGHT INCENTIVE FOR THE RIGHT PERFORMANCE IN EYE CARE

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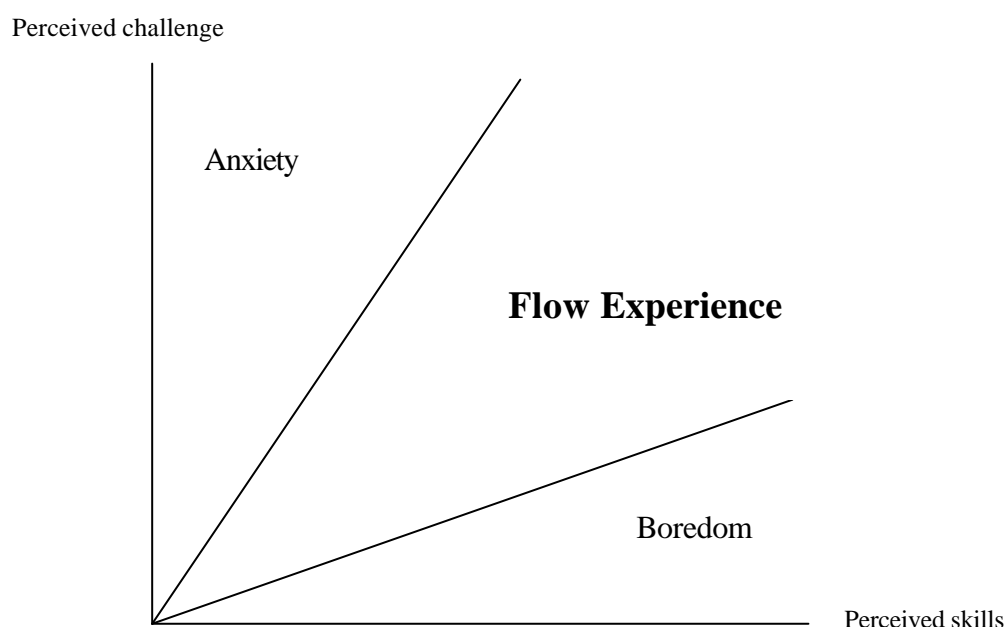
Acronyms

QI	Quality Improvement
QA	Quality Assurance
GHS	Ghana Health Service
GRCS	Ghana Red Cross Society
ONs	Ophthalmic Nurses
SRC	Swiss Red Cross
WHO	World Health Organisation

1. Introduction

Health staff in today's health services faces the challenge of coping with difficulties caused by constant change. The concept of motivation is often used in public health as if health staff needed to be more committed to their daily tasks. In the context of eye care services in Ghana and the Vision First Programme, the issue of motivation is rather linked to finding out the best way of influencing eye care staff and community volunteers to **perform better**.

People perform better if they have the feeling that they have the capacities of achieving the objectives and if they find the work challenging enough. This is what Csikszantmihalyi¹ calls the *flow experience* (see graph below). On the other hand, if the job is not challenging enough compared to their level of competence, people get bored. If it is too challenging, people will get stressed. The difficulty is to find the right balance.



Source: Csikszantmihalyi M., 1991

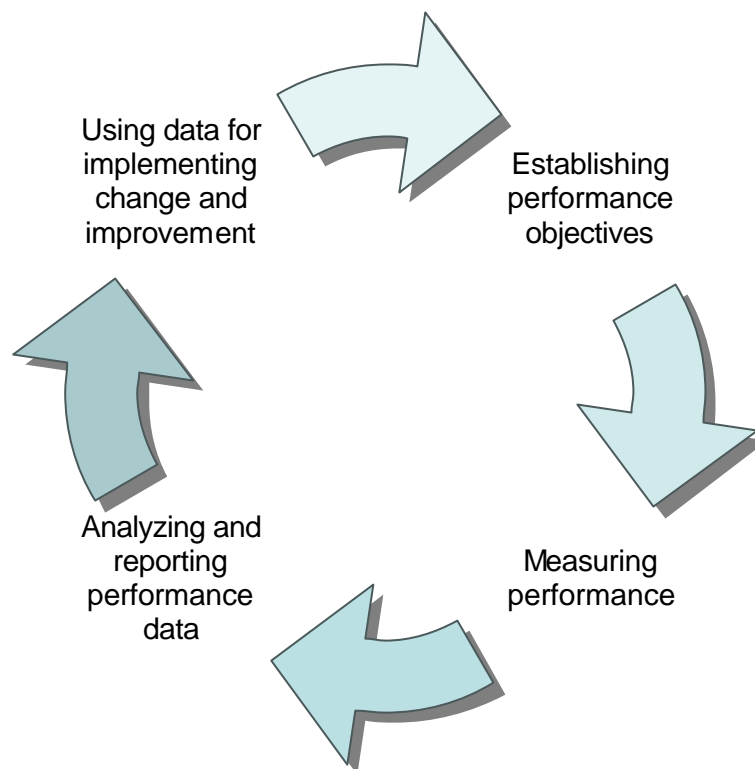
As health systems are essentially made up of people, improving performance would first have to focus on individuals and teams. Changes in performance are expected both at the **internal organisation** level and the **external environment** level. Internal changes are defined in our context as all aspects directly related to eye care staff and Ghana Red Cross Society (GRCS) volunteers.

2. Performance-based Management

Performance-based management is a strategy that aims to enhance performance through a continuous process of “establishing strategic performance objectives; measuring

¹ Csikszantmihalyi M., *Flow: The Psychology of Optimal Experience*, 1993.

performance; collecting, analyzing, reviewing, and reporting performance data; and using that data to drive performance improvement”². Performance-based management is a learning cycle as illustrated below:



Performance-based management presents a few advantages:

- It gives more importance to the achievement of results than to the volume of activities performed.
- Staff development and promotion is based on the performance of each individual.
- Performance-based management requires the existence of an accountability system providing transparency in all decisions and results.
- Performance is not considered as an individual responsibility. Positive and negative results are shared between all people involved.

3. What do we exactly mean by performance in the Vision First Programme?

The Vision First Programme on eye care in Ghana has introduced innovations in terms of technology and management. Quality Improvement is a very good example on how performance can be placed at the heart of the management system³. Quality of care has already been identified as one element of performance in the Vision First Programme.

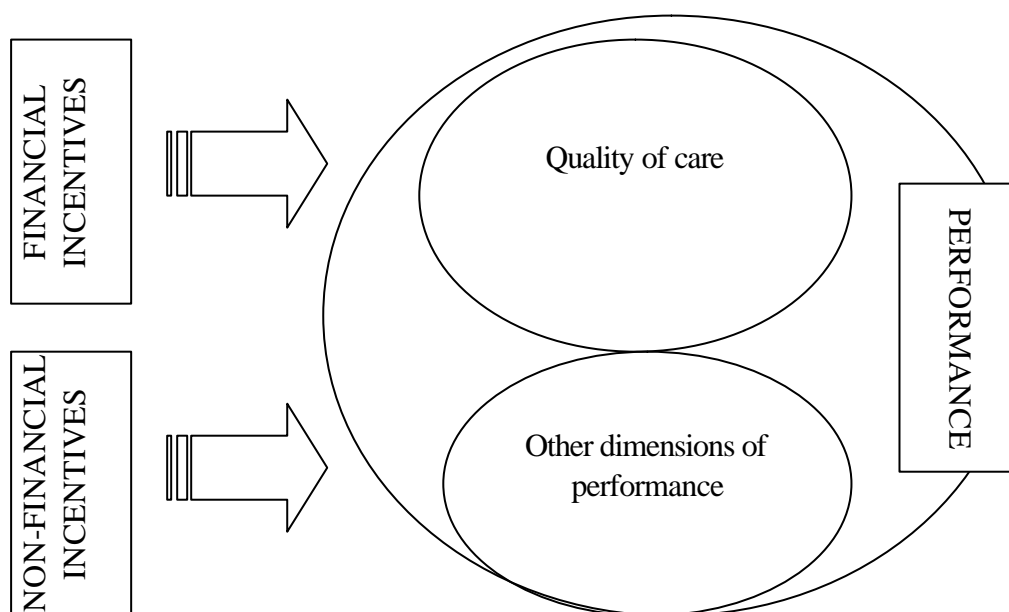
² Performance-based Management Special Interest Group, *Performance-based management handbook*, 1993, Department of Energy, USA.

³ Blanchet K., Hagan M., Osei-Bonsu P., Bannerman C., Ahorsu F., Asubonteng K., Wanye S., *Quality Improvement in eye care*, Vision First Programme, 2005, Ghana Health Service, Swiss Red Cross, Ghana.

Are there other areas of work that could be considered as performance? Indeed, the concept of performance is very broad and abstract. It needs to be defined for the very specific context of the Vision First Programme and by people who are involved in the management of the programme (ophthalmologists, ophthalmic nurses, volunteers, project managers). A progressive process was introduced facilitating the sharing of experience, consultation and the analysis of existing literature.

The first lesson learned from literature and the past few years in the Vision First Programme is that performance can only be enhanced if staff is motivated to perform better. The statement seems to be evident. It nevertheless highlights the importance of the role of individuals in performance-based management. People are the core of the strategy and their perceptions and feelings regulate the success or failure of this type of management.

Therefore, the Vision First Programme has identified extrinsic incentives that could influence the level of performance of eye care staff.



Let's describe the expected changes and areas of performance relevant to the Vision First Programme through a *Force Field Analysis* based on the strategy of the programme⁴ and the situation analysis⁵.

⁴ Ghana Health Service, Ghana Red Cross Society, Swiss Red Cross, *Vision First Programme: 2005-2007*, Project Proposal, 2005.

⁵ Ministry of Health, Ghana Red Cross Society, Swiss Red Cross, *Micro-Planning Workshop*, September 2004, Ghana.

Expected changes

Expected Internal Changes	Expected External Changes
More team work and coordination	More patients utilise eye care services
Higher competencies of staff	Patients are better informed about eye care facilities
More accountability: reports, information flows	Patients are better informed about eye care prevention and eye diseases
Better quality of care	More poor people get access to eye care services
More cataract surgeries performed	

4. Which incentive for which performance?

Incentives are diverse and numerous. Restricting the meaning of incentives to financial bonuses would limit the number of tools available to motivate staff. Let's explore the type of incentives that are available for health managers.

In the World Health Report 2000⁶, incentives are defined as “all the rewards and punishments that providers face as a consequence of the organisations in which they work, the institutions under which they operate and the specific interventions they provide”. The objectives of incentives are “to achieve some specific change in behaviour”⁷.

4.1. Existing incentives in the Vision First Programme

For each change, let's now define per area of performance (or expected change) which type of incentives can be used and the category of staff concerned.

⁶ World Health Organisation, *The World Health Report 2000 – Health Systems: Improving Performance*, 2000, Geneva, WHO

⁷ Buchan J., Thompson M., O'May F., *Incentive and Remuneration Strategies in health Care: a Research Review*, In Press

Internal Changes	Category of staff	Type of incentives	
		Non financial	Financial
More team work and coordination	Ophthalmologists, ophthalmic nurses (ONs), GRCS volunteer	Regular team and regional meetings.	Not specific. Possibility of paying some incentives to teams
Higher competencies of staff	Ophthalmologists, ONs, coordinator, GRCS volunteer	Training	
More accountability: reports, information flows	Ophthalmologists, ONs, regional Director	Training in report writing and setting up standard tools	Yes, performance-based. For all reports and statistics delivered on time
Better quality of care	Ophthalmologists, ONs	Training and guidelines	Yes, performance-based
More cataract surgeries performed	Ophthalmologists, ONs, GRCS volunteers	Training, facilities and equipment	Yes, performance-based. With the aim of exceeding a target

External Changes	Category of staff	Type of incentives	
		Non financial	Financial
More patients utilise eye care services	Ophthalmologists, ONs, level B staff, GRCS regional coordinator, GRCS volunteer	Publicity	
Patients are better informed about eye care facilities	Ophthalmologists, ONs, level B staff, GRCS regional coordinator, GRCS volunteer	Training, brochures, community meetings, publicity	
Patients are better informed about eye care prevention and eye diseases	Ophthalmologists, ONs, level B staff, GRCS regional coordinator, GRCS volunteer	Training, brochures, posters, health education sessions	
More poor people get access to eye care services	Ophthalmologists, ONs, level B staff, GRCS regional coordinator, GRCS volunteer	Equity Funds, eye camps, outreach surgery	Yes, performance-based. Target for outreach and eye camps

All non financial incentives have been extensively integrated in the programme proposal⁸. We are now going to focus on financial incentives.

⁸ Ghana Health Service, Ghana Red Cross Society, Swiss Red Cross, *Vision First Programme: 2005-2007*, Project Proposal, 2005.

4.2 Performance-based financial incentives

A financial incentive can be given to an individual or a team. Financial bonuses given to teams are supposed to enhance team work and collective solidarity. An individual financial incentive only focuses on the performance of a single individual.

In the context of the Vision First Programme, the team is the one at the **regional level** (all doctors and nurses working in the same region) or at the **facility level** (all doctors and nurses working in the same eye unit).

The following table presents all performance areas that are more likely to be influenced by financial incentives. For each of these, the working group has identified the type of team concerned:

Performance	Category of staff	Incentives for the performance achieved by	
		Regional team	Team at the facility
More accountability: reports, information flows	Ophthalmologists, ONs, GRCS regional coordinators	✓	
Better quality of care	Ophthalmologists, ONs, level B staff		✓
More cataract surgeries performed	Ophthalmologists, ONs, GRCS volunteers	✓	
More poor people get access to eye care services	Ophthalmologists, ONs, level B staff, GRCS regional coordinator, GRCS volunteer		✓

Note: It has been decided by the group that the concept of *regional team* will not be applied for practical reasons to the Vision First Programme.

4.3. How to create a link between the level of performance and financial bonuses?

The allocation of financial incentives is mainly constrained by the volume of financial resources available for incentive purposes. This means that the maximum annual amount of money spent on financial incentives is pre-determined by the ceiling agreed by the Swiss Red Cross.

For each category of staff, we have allocated points in function of the importance of the performance area. The total of points allocated is 10. Boxes with X designate the areas of performance that are not relevant to the category of staff or not viewed as priority.

Areas of performance and priorities were defined through the following process:

- Review of existing programme documents
- Brainstorming with the SRC team
- Consultation and discussions with health staff

Performance	Category of staff			
	Regional Director	Ophthalmologists	ONs	GRCS volunteers
More accountability: reports, information flows	X	1	1	X
Better quality of care	X	3	3	X
More cataract surgeries performed	X	5	4	10
More poor people get access to eye care services	X	1	2	X
Management of financial transfers	10	X	X	X
TOTAL POINTS	10	10	10	10

Through the table, the reader has a better understanding of what Vision First Programme managers mean by performance.

5. How to monitor performance?

As explained in the introduction, monitoring is an essential step in the performance-based management cycle. It enables to measure performance at one point in time. Measurement results will be used by project managers to take decisions for the future. Of course, it is important to define which indicators need to be measured. Indicators need to be properly selected. They need to be able to illustrate with sensitivity and accuracy the situation and changes. The following table presents the indicators that have been selected by the group for monitoring performance. Please note that some indicators describe the work done by the regional team as others are based on the performance of the facility team.

Monitoring Indicators

<i>Performance</i>	<i>Category of staff</i>			
	<i>Regional Director</i>	<i>Ophthalmologist</i>	<i>ONs</i>	<i>GRCS volunteers</i>
More accountability: reports, information flows (Facility Team)	X	Quarterly medical report sent in time (two weeks after the end of each quarter)	Monthly report (statistics) sent in time (one week after the end of each month)	X
Better quality of care (Facility Team)	X	Combination of several indicators	Combination of several indicators	X
More cataract surgeries performed (Facility Team)	X	Quantitative target negotiated per region with SRC	Quantitative target negotiated per region with SRC	100 referrals of patients with poor vision (<6/60) per year per volunteer
More poor people get access to eye care services (Facility Team)	X	Number of surgical outreach and eye camps	Number of outreach activities	X
Management of financial transfers (Individual)	All transfers sent on time	X	X	X
TOTAL POINTS	10	10	10	10

Note: Three performance indicators had already been integrated into the routine monitoring system set up for the Vision First Programme. Quality of Care is the only new variable.

6. How to calculate the amount of money that will be earned?

For each category of staff, a maximum amount of money has been defined that can not be exceeded. The maximum amount represents the 100% target.

Each level of performance over 70% will be rewarded by the same level of incentives (in percentage). A performance below 70% is not considered by the Vision First Programme as performance and therefore will not be rewarded by incentives.

The performance-incentive scale described below shows the correspondence between incentive and performance.

The Performance-Incentive Scale

Level of performance	% of financial incentives corresponding
Between 100% and 70%	The same percentage between 70 and 100%
Below 69%	No financial incentive

First example

If the level of performance of an individual is 75%, the person will receive 75% of the maximum amount allocated for this category of staff.

Second example

Let's take the example of Ms X, ophthalmic nurse in a district hospital D located in the region A. Let's consider that the maximum amount of money she can earn through the financial incentive scheme is 100 cedis per quarter. Her level of performance has been assessed for the quarter and is described in the following table.

<i>Changes</i>	<i>Ophthalmic nurse</i>			
	<i>Weight</i>	<i>Maximum Amount</i>	<i>Level of performance of Ms X</i>	<i>Amount of financial incentive</i>
More accountability: reports, information flows (region)	1	10 cedis	66%	0
Better quality of care (facility)	3	30 cedis	75%	$75\% \times 30 = 22.5$ cedis
More cataract surgeries performed (region)	4	40 cedis	70%	$70\% \times 50 = 35$
More poor people get access to eye care services (facility)	2	20 cedis	30%	0
TOTAL POINTS	10	100 cedis	10	57.5 cedis

Let's explain the figures in the table.

The first column has been extracted from the table in chapter 4.3. They are the points allocated to each area of performance.

In the second column, we have calculated the amount of financial bonus corresponding to each area of performance assuming that 100 cedis is the maximum amount of money that can be earned by a nurse through the financial incentive scheme. For example, for the performance of quality of care, 3 points correspond to 30% of 100 cedis (30 cedis).

More accountability:

The regional team in A is supposed to send 3 monthly reports. After the monitoring exercise, the evaluators note that only one report had not been sent in time. The level of performance in this area is then: $(2/3) \times 100 = 66\%$. The performance is under the minimum required. Eye care staff in region A will receive no incentive for this activity.

Better quality of care:

The performance for the facility in terms of quality was evaluated to 75%. The maximum amount allocated for this performance is 30 cedis. That means that the each individual working in the eye care unit of the facility (nurse and ophthalmologist) will earn 75% of 30 cedis (22.5 cedis).

More cataract surgeries:

The region had negotiated with SRC a target for the quarter of 200. They performed 140 cataract surgeries (70% of the target). All nurses and ophthalmologists of the region A will earn 35 cedis for this performance.

More access to poor people:

The nurse at the facility had planned to organise one outreach per month. Only one was performed for the whole quarter. The level of performance is 30%. The nurse will not receive any bonus for this activity.

Total:

The total amount of money earned by Ms X will be for the quarter 57.5 cedis.

Comment:

1. The target for cataract surgeries is an annual target. Therefore, the amount of financial incentives concerning this area will be readjusted at the end of the year. However, regional teams will negotiate quarterly targets to facilitate the planning of activities with the Swiss Red Cross.
2. The monitoring team will assess the level of performance of the eye care team at the facility or regional level. However, all payments will be transferred to individuals on a quarterly basis.

7. Awards

The performance of the GRCS volunteers will be monitored throughout the year. Bikes and radios will be donated to individuals with high annual performance scores at the end of each year.

An annual award will be given to the “best” eye care unit based on the average level of performance of the team during the year.