Background –

ASHA program in a major initiative of National Health Mission (NHM) as part of communitisation of the health systems. To this date, ASHA program is one of the largest community health worker (CHW) programs in the world. ASHAs perform threefold functions of a facilitator, a service provider, and an activist. Their role broadly involves health promotive, preventive, and curative work that complements the functions of other health personnel. ASHA programme has been in the discussions for its impact and unique structure and spirit of volunteerism. However, the monetary incentives given to ASHAs have been argued upon. While each and every activity of ASHA is incentivized and compensated for, the programme still exploring a comprehensive layout for incentive structure that has ability to change with activities and role of ASHAs.

The system for assessing ASHA’s performance and incentives has been set up through ASHA facilitators, block community mobiliser and district community mobiliser. It is expected that this assessment runs timely and ASHAs receive their payments every month. While some state undertakes the method of only paying Performance based incentives, few states have also adapted different methods of compensation.

With this backdrop of volunteerism and community accountability of ASHA, it is interesting to understand motivating factors for ASHAs. Complex interactions of extrinsic factors like presence of support structures, regularity of incentives, support from peers, social recognition and intrinsic factors like autonomy, sense of achievement and sense of influence will be seen as the level of ASHA. As it is apparent that group of ASHAs is not a homogeneous group, it is also evident through Common Review Mission reports of NHM that their performance also varies across the country.

The current study aims to assess level of motivation of ASHAs with comparison of different incentive systems in place.

Objectives

1. To explore the perspectives of stakeholders with regards to ASHAs’ motivation and performance in the respective incentive systems?
2. To understand the factors including incentive system, influencing ASHAs’ motivation to perform their tasks across the incentive systems?
3. To understand whether there are any differences in the motivation and performance of ASHAs working in four different incentive systems

Methodology:
The study will undertake mix of qualitative and quantitative methods. Following are the three methods that will be followed.

1. Quantitative secondary data analysis of the ASHAs’ performance
2. Qualitative study of perspectives of ASHAs and health system stakeholders on ASHA’s performance, motivation, incentive system
3. Quantitative study of ASHAs’ motivation through motivation scale

National Health System Resource Centre invites organisations, universities, not-for-profit organisations, civil society organisations and academic institutions to conduct data collection for the abovementioned study. Organizations (consortia of institutions can also apply provided they demonstrate complementary areas of expertise and have a recorded agreement for expressing agreement together), with a track record of conducting research/evaluations, experience with implementing community-based interventions (experience in Community Health Worker efforts and health promotion activities) and primary health care service delivery would be eligible to apply.

The organisation shall help for 2nd and 3rd components of methods.

**Deliverables**-

1. Pilot testing of the tool, providing inputs on the tool.
2. In-person interview of 4800 ASHAs from Meghalaya, Chhattisgarh, Rajasthan, Andhra Pradesh (1200 per state) using quantitative closed ended questionnaire
3. In-depth interview of 120 ASHAs from Meghalaya, Chhattisgarh, Rajasthan, Andhra Pradesh (30 per state) using interview guide
4. In-depth interview of 120 ASHA Facilitators (AFs) (30 per state), 120 Block Community Mobilisers (BCM) (30 per state), 8 District Community Mobilisers (DCM)(2 per state), 8 District Health Officers (DHO) (2 per state) of selected blocks from Meghalaya, Chhattisgarh, Rajasthan, Andhra Pradesh.*
5. 8 Focus Group discussion of ASHAs (2 for each state)*
6. 8 Focus Group discussion of beneficiaries (2 for each state)*
7. Data entry, cleaning of quantitative data
8. Transcriptions and translation of all in-depth interviews and focus group discussion.

*Note: the numbers indicate minimum deliverables in case of qualitative data collection. However, based on the interim data analysis and data saturation, these numbers are subject to change at the time of data collection. More qualitative exploration may be required with respect to blocks from aspirational districts or blocks with tribal areas.

**The application should include** -

1. Proposal for conducting the assessment with details of team composition, budgetary requirements and timelines. It is suggested that with the purview of COVID19 situation, the team of data collectors may be residing in the select states.
2. Background of organization, nature of organization, list of board members, demonstration of the necessary skill mix, experience, project management, budgets handled, and infrastructure (for data management- data entry and analysis);

3. Details of past experience in conducting research, brief description of nature of research (topic and methodology) and outcomes (publications, dissemination) undertaken in last five years, details of research staff- (in house or demonstrate access to experts on a reliable basis), demonstrate track record of the research team.

4. Copies of the most relevant work in recent years, preferably conducted by the researcher teams who are currently in place.

5. Agency should give details of Firm/Institution s Registration, Copy of GST registration if applicable, copy of PAN Card and copy of last three years IT return and audit reports i.e. 2018-19, 2019-20, 2020-21

The last date for receipt of applications is September 17, 2021. Applications may be sent to ‘The PAO, National Health Systems Resource Centre, NIHFW, Baba Gangnath Marg, Munirka, New Delhi -110067’ by post or hand. With the cognisance of COVID19 situation, online submission of applications has been enabled. Interested organisations may submit their applications by sending email to nhsrc.india@gmail.com.