Motivating Bureaucrats through Social Recognition: Evidence from Simultaneous Field Experiments

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Sector(s): Health

Fieldwork: Hanovia Medical Ltd.

Location: Nigeria

Sample: 140 facilities

Target group: Civil servants

Outcome of interest: Provider Performance

Intervention type: Behavioral economics

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Partner organization(s): World Bank

Governments typically use a combination of incentive pay, long-term career rewards, or behavioral nudges to incentivize bureaucrats to be more productive, but little is known about the effects of these interventions on performance. To shed light on this question, researchers introduced a performance recognition system for employees to improve record keeping in clinics in Ekiti and Niger, Nigeria. They found that the performance recognition improved record keeping in Ekiti but not in Niger. Researchers suggested that important institutional, managerial and behavioral variables that were not measured may have played a key role in determining the viability and effectiveness of the intervention in each state.

Policy issue

Effective bureaucracies are believed to be crucial for economic growth and poverty reduction, but the performance of individual bureaucrats may be affected by the political agenda of local political actors or by poorly designed incentive schemes.

Public health organizations are also concerned about bureaucratic efficiency, particularly as public spending on health can occupy a large proportion of government budgets. While monetary payments and long term career rewards are common ways to incentivize bureaucrats, this can be expensive and may distort their natural motivation. If bureaucrats know that one aspect of their performance is being observed closely, they may exert more effort on that task at the expense of others.

Recent research shows that behavioral incentives that provide performance recognition for achieving specific tasks, such as certificates for “employee of the month”, or other forms or appreciation can effectively ‘nudge’ individuals towards improving their performance.[1] Researchers hypothesized that recognition may enhance an individual's natural motivation to perform, for instance by making the positive attributes of the effort more salient. Moreover, recognition and other non-monetary incentives could enhance reputations, spur competitive behavior, and/or simply be valued in their own right.

Can public recognition within primary health care facilities be an effective motivator of behavior for change? What are the underlying mechanisms behind recognition among health care workers and do they translate from one setting to another?

Context of the evaluation

In Nigeria, where this study takes place, tracking primary health care expenditure is particularly challenging. Resources that flow to primary health care in the country are heavily fragmented, with no system in place to aggregate them to a single central database. Record-keeping tends to be viewed as a mundane task, and there are few incentives for better resource tracking.

Particularly in Ekiti and Niger, most health care facilities are in rural areas, and are equally likely to have access to electricity and water. Ekiti is more densely populated than Niger and has higher adult literacy rates. Moreover, facilities in Ekiti are larger, open about one more day per week and open about seven more hours per day compared to Niger.

In an effort to support the Nigerian government on improving their tracking systems, the World Bank introduced an innovative Public Expenditure Tracking Survey (PETS) and Resource Tracking (RT) exercise in Ekiti and Niger, to accurately record and aggregate information on resource flows in real time.

Details of the intervention

Researchers partnered with the Government of Nigeria to test the effectiveness of a performance recognition intervention to improve performance of income and expenditure tracking using the World Bank's new system among primary health clinic managers in Nigeria.

In January 2016, researchers introduced performance recognition as an incentive for staff based on facilities' record-keeping qualities. The record was a cashbook form in a simple excel balance sheet that tracked cash receipts. The quality of these records were assessed and scored by enumerators weekly, then converted to a number of stars between zero and five. 140 facilities across Niger and Ekiti were selected for the study lasting four weeks, and each facility was randomly assigned to one of two groups:

1. *Comparison group*: Records were scored weekly by enumerators but not shared publicly.
2. *Public recognition group*: The number of stars each staff member received was publically displayed on a 'Certificate of Excellence' for anyone visiting the facility to see. The best-performing facility and its accounting staff were commended and could pose for photographs; they were also given the opportunity to accept an honorable handshake with the Permanent Secretary of Health in a special ceremony.

In both Ekiti and Niger, a local firm named Hanovia Medical Ltd. was hired to conduct the intervention and monitoring activities. Researchers then collected weekly data on the quality of the cashbook record-keeping. Quality was determined by scoring each cashbook against a checklist which focused on whether the cashbook had been filled out, how complete its various sections were, and how consistent it was with other documentation such as forms and receipts.

Results and policy lessons

The performance recognition intervention targeting bureaucrats had large positive effects on record-keeping performance in Ekiti but not in Niger.

In Ekiti, the display of a Certificate of Excellence that publically signaled a facility's performance improved record-keeping scores by an average of 12.3 percentage points (18 percent increase). The performance recognition intervention motivated staff in Ekiti to complete all sections of the cashbooks prior to enumerator arrival, and to check cashbooks for accuracy and completeness. However, it did not change the likelihood that different cashbooks relating to drug acquisition agreed with one another. One explanation could be that documentation of cash receipts and drugs acquisition relied on the participation of all health workers in the facilities, who were not a target of the intervention. Nevertheless, the results show that performance recognition in the Ekiti context can be an effective and relatively low-cost tool to motivate bureaucrats to complete a specific task, such as record keeping.

In Niger, the intervention did not improve record-keeping scores. This discrepancy in results between Niger and Ekiti may have been due to differences between healthcare facilities in the two states. However, observable differences such as the differences in the number of patients seen monthly, the staffing levels, and the number of days open per week between facilities in Ekiti and Niger were unable to explain the different in impact between the two states. Given the large variation in bureaucratic and managerial environment for service providers in Nigeria, researchers suggest there may have been important institutional, managerial, and behavioral characteristics that were not considered. These characteristics such as career dynamics, organizational structure, or level of patience may have played a key role in determining the viability and effectiveness of the intervention in each state.

Despite the fact that the intervention was carried out in two states within the same country, and that implementers in both cases were the same, the intervention was successful in one state but not the other. It may be that social recognition was motivating for officers in Ekiti but not Niger, because health care workers in the former believed that the bureaucracy had the capacity to use social recognition as a credible input into long-term career incentives. Identifying these behavioral and contextual differences are important considerations when translating successful findings to a new context.

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1. Ashraf N., Bandiera O., Jack, K. "No Margin, No Mission? A Field Experiment for Public Services Delivery." Journal of Public Economics 120: 1-17. 2014