

Streamlining the Performance-Based Incentive in Madhya Pradesh under Ayushman Bharat: Comprehensive Primary Health Care through Health and Wellness Centres

I. Background

Performance-based incentives (PBIs) are being applied in many national health programs under National Health Mission (NHM), to strengthen health outcomes by providing stimulus actions by households, providers, and other health system actors to overcome obstacles to achieve better health outcomes. In a similar context, The Operational Guidelines for Ayushman Bharat: Comprehensive Primary Health Care through Health and Wellness



Centres identify Performance Linked Payments as a strategy to improve motivation levels, strengthen the quality of services, enhance accountability for population health outcomes and serve as a mechanism to identify performance and skill gaps, at the Health and Wellness Centers at the sub-center level. The PLP is provided for the team (Multi-Purpose Workers, ASHAs) of frontline functionaries and the Community Health Officers (CHO) based on indicators having a mix of service utilization and population coverage for essential services. These payments are to be made every month after being verified by Block Medical Officer/In-charge, and currently, the incentive mechanism has the following key challenges:

- **Access to reporting Portal:**

As payment of incentive to be made every month after being verified by Block Medical Officer/In-charge but the block level officials don't have access to every reporting portal, for example, AB-HWC portal, so the process of verification of report submitted by CHO often get delayed. Delays generally occur due to paperwork involved, and manual errors related to accounting.

- **Delays in Payment:**

The untimely payment of incentives is another issue, during various review meetings it was noted that delayed remittance of incentive payment remains an obstacle to the effective implementation of the performance-based incentive (PBI) system in the state due to the delay in submission of reports from CHO and verification and approval process at the block level.

- **Lack of Clarity in the Payment processes:**

Although the guidelines have been developed to guide the process of payment, CHO and block officials may still be confused about how to implement the payment system, including how to fulfill the reporting requirements, how much incentive is allotted to each reporting indicator, and how to disburse funds.

- **Lack of tracking of submission and disbursement:**

A tracking system is essential for any incentive payment system to work effectively, as the current mechanism is more of a manual process, it is very challenging for the district, division, and state administration to track and follow up on whether the CHOs have submitted the report along with the data source or not, whether the block released the incentive payment after verification for not.

To address the above-cited key challenges, the state of Madhya Pradesh decided to develop and introduce a web-based portal for saving time and ensuring quality in processes related to claim, consolidation, and release of incentives and also to review the performance of health and wellness centers with clear measures directed towards substantial performance improvements.

2. Process

Accuracy and transparency are considered to be the key guiding factor for developing the model. we identified five main design features, as shown in the figure below

What is incentivised	Who is incentivised	Incentive payment attributes	Basis for payment	Tracking Mechanism
<ul style="list-style-type: none"> •Which measures are used to assess performance 	<ul style="list-style-type: none"> •Whose performance is measured •Who (ultimately) receives the incentive 	<ul style="list-style-type: none"> •Frequency •Incentive amount 	<ul style="list-style-type: none"> •Each activity vs threshold of performance •Ranking 	<ul style="list-style-type: none"> •Lag time between reporting and payment

The first design feature captures **what** is incentivized – meaning, which types of performance measures are incentivized in the PBI scheme. Besides, the 15 indicators suggested in the Induction Training Module the State of Madhya Pradesh, considering the state priority has added four indicators related to High-Risk Pregnancy (03) and, teleconsultation (01) in the PBI.

The second design feature captures **who** is incentivized. Considering the idea of team-based incentive we separate this into two elements: whose performance is measured and who (ultimately) receives the payment i.e. CHO, MPWs, and ASHAs working in the same SHC-HWC. It is anticipated that team-based incentives are more likely to catalyze changes in group culture – which can lead to better team cohesion, collaboration, and peer pressure to achieve results.

The third design feature captures the **attributes** of the incentive payment. We include two characteristics of incentives that are likely to influence SHC-HWC team behavior: frequency of incentive payment, and amount of incentive. While the amount of incentive will have a positive effect on performance. The fixed frequency of payment will eliminate the delay in payment of incentive as the delay between taking an action and receiving payments is a priori relevant as a design feature because people more strongly discount benefits that occur in the future Furthermore, long delays between reporting and payment could make individuals question whether incentives will be paid at all.

The fourth design feature is the **basis** for payment, which essentially captures the calculation or formula used to determine the incentive payment amount. We highlight two main elements of this calculation: whether the SHC-HWC team achieved or overachieved the threshold level (target) for each measure, the threshold level or targets were calculated based on the estimates provided under various guidelines developed by GOI, last year reporting data, National Health Profile, Annual Health Surveys, etc. The performance of the SHC-HWC team against the threshold level will determine the rank of SHC-HWC in Block, District, Division, and State which will serve as evidence of effectiveness.

The fifth design feature is the **tracking mechanism**, which means every level of administration i.e. Block, District, Division, and State have access to track the lag time between reporting and payment which enables the authorities to follow up with the concerns.

Considering the design features a web-based reporting portal has been developed, the portal works in 5 i.e registration, approval from the block, report preparation and submission; verification and validation; and disbursement.



3. Area of Scope:

- **Human Resources (Existing and/or New)**

The model does not require the hiring of any additional new staff, the model is implemented through existing health cadre i.e. CHO, BMO, CMHO, RJDs, and State officials.

- **Reward and Recognition**

The ranking (in Block, district, division, and State) of HWCs gets automatically generated based on the performance of indicators

- **Potential for scale**

The programming of the web portal is an open-source solution, which can be easily shared with other states.

- **Cost**

No additional funds were leveraged for the development of the web portal as it is developed by IT-Cell of NHM-MP with technical support of USAID-NISHTHA Jhpiego. However, it is envisioned that in the future considering the influx of CHOs, and the addition of PHC-HWCs, some funds will be required for additional servers and some utilities.

4. Step Taken

- I. CHOs, 400 block officials, and 150 district officials from 52 districts were trained on the web-based PBI portal. The training was conducted through a **demonstration version of the web portal** was rolled out on Sep-2021 and shared with all the concerns to get acquainted with the portal.

Besides this, a separate helpline number is also provided to troubleshoot teething issues while practicing.

- II. A separate helpline number created with 24 X7 Whats App message service and call facility from 9 am to 5 PM (Monday to Friday) to provide support to CHOs and all concerned.
- III. Live Version (www.mp-aarogyam.nhmmp.gov.in) of the portal rolled out from Dec-2021

5. Results

- More than 7500 CHOs get themselves registered on the portal more than 7000 registrations were approved by Block.
- Incentives amounting to more than 5.8 crores (≥ 5 crores for CHO, ≥ 50 Lakh to MPW, and ≥ 35 Lakh) were verified till Jul 2022.

6. Partners involved in the implementation

USAID-Nishtha Jhpiego provided all the technical support in terms of the development of the prototype of the portal, data flow mechanism, calculation of target and incentive, dashboard development, training of all the concerned stakeholders, recoding of issues, coordination with IT-Cell and HWC-Cell for rectification of issues raised by stakeholders.

Future Planning:



1. Linking with E-Vitta Pravah Software for direct payment
2. HWC Reporting for an expanded range of services OPD
3. Upward and downward referral from OPD

PBI Portal

Not secure | mp-aarogyam.nhmp.gov.in/login

User Login

NHM Login

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HWC Dashboard

Dashboard

Home / HWC Dashboard

<p>Avg. per month:</p> <p>350.49</p> <p>Total OPD Conducted:</p> <p>1812378</p>	<p>Avg. per month:</p> <p>32.49</p> <p>Total Teleconsultations Conducted:</p> <p>168025</p>	<p>Avg. per month:</p> <p>8.41</p> <p>Total Pregnant Women registered:</p> <p>43493</p>	<p>Avg. per month:</p> <p>₹ 10,256.56</p> <p>Total Incentive Received till Last Month by CHO:</p> <p>₹ 63,036,691</p>	<p>No of Registered User:</p> <p>7543</p> <p>No. of Registration Approved:</p> <p>7087</p>
<p>Avg. per month:</p> <p>2.52</p> <p>Total High-Risk Pregnant Women Identified:</p> <p>13032</p>	<p>Avg. per month:</p> <p>8.41</p> <p>Total Registered pregnant women examined by CHO:</p> <p>43493</p>	<p>Avg. per month:</p> <p>50.19</p> <p>Total Patients with Hypertension received treatment/ Follow up:</p> <p>259557</p>	<p>Avg. per month(per MPW):</p> <p>₹ 1,053.97</p> <p>Total Incentive Received till Last Month by MPW(per MPW):</p> <p>₹ 5,450,091</p>	<p>No. of Incentive Approved:</p> <p>5171</p> <p>No. of Incentive Not Approved:</p> <p>5322</p>
<p>Avg. per month:</p> <p>33.50</p> <p>Total Patients with Diabetes received treatment/ Follow up:</p> <p>173216</p>	<p>Avg. per month:</p> <p>2.83</p> <p>Total TB patients received treatment:</p> <p>14644</p>	<p>Avg. per month:</p> <p>8.58</p> <p>Total TB cases referred for screening:</p> <p>44360</p>	<p>Avg. per month (per Asha):</p> <p>₹ 701.00</p> <p>Total Incentive Received till Last Month by ASHA(per Asha):</p> <p>₹ 3624889</p>	

Month Wise Incentive Data

2022

Day wise PBI Report Submission2022

Month Wise Incentive Received by CHO 2022

Month Wise Avg. Incentive Received by Per MPW 2022

Month Wise Avg. Incentive Received by Per Asha 2022



HWC Ranking

MP-Aard

State:

Export

S/N	RankInState	RankInDivision	RankInDistrict	RankInBlock	DivisionName	DistrictName	BlockName	NameofHWC	NameofCHO	TotalScore
1	1	1	1	1	Ujjain	Agar Malwa	Susner	SHC Dongargove	Nirmala Dangi	68%
2	1	1	1	1	Bhopal	Raisen	Obedullaganj	SHC Noorganj New	Garima Sharma	68%
3	1	1	1	1	Indore	Jhabua	Jhabua	SHC Naldi Choti	Arvind Kumar Panwar	68%
4	1	1	1	1	Rewa	Umaria	Pali No.2	SHC Goraiya	Shivani Mahara	68%
5	2	2	1	1	Bhopal	Betul	Shahpur	SHC Silpati	Neelu	67.46%
6	3	2	2	2	Ujjain	Agar Malwa	Susner	SHC Maina	Mayank Soni	67.27%
7	4	2	2	1	Indore	Jhabua	Meghnagar	SHC Mandli	Neha Damor	66.71%
8	5	3	3	2	Indore	Jhabua	Meghnagar	SHC KADWAPADA NEW	Shanta Katara	66.65%
9	6	3	3	3	Ujjain	Agar Malwa	Susner	SHC Shalyakedi	Hemraj Rawat	66.62%
10	7	4	1	1	Indore	Alirajpur	Bhavra	SHC Behdwa	Tarika Masih	66.57%

1 2 3 4 Next Last

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