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Brief report: Activities and achievements of the P4P Project—Introducing pay-for-performance (P4P) approach to increase utilization of maternal, newborn, and child health services in Bangladesh

Population Council

Brief Report
Activities and Achievements of the P4P Project

Introducing Pay-for-Performance (P4P) Approach to Increase Utilization of Maternal, Newborn, and Child Health Services in Bangladesh

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Introducing Pay-for-Performance (P4P) Approach to Increase Utilization of Maternal, Newborn, and Child Health Services in Bangladesh

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INTRODUCTION

A pilot study was initiated in February 2010 in Bangladesh for testing Pay-for-Performance (P4P) for providers and clients in improving maternal, newborn, and child health (MNCH) services by addressing supply and demand-side barriers. With funding from UNICEF, Population Council has provided technical assistance to the operations research study implemented by the Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MoHFW) of the Government of Bangladesh (GoB), as a human resource innovation project under their 2010-2011 operational plan. The study is within two ongoing UNICEF projects, namely MNCH and maternal and newborn health (MNH) projects. BRAC and Care Bangladesh are existing NGO partners of UNICEF, while James P. Grant School of Public Health (JPGSPH) is collaborating with the Council in conducting operations research. The study provides a unique opportunity for comparing the pay-for-performance approach against interaction between the pay-for-performance and subsidized coupon models. The ***immediate objective*** is *testing two service delivery models for increasing utilization of delivery, maternal, and neonatal care services, and under-five children's life-threatening health care services, from facilities for contributing to MDGs 4 and 5*.

After initiation in mid-February 2010, the P4P project carried out preparatory activities exclusively until September 2010. Intervention activities were initiated in October after receiving approval from DGHS of the Guidelines on the P4P and/or Coupon Committee, Quality Assurance Group (QAG) visits, and Coupon Mechanism, as well as completing QAG accreditation visits in September 2010. This report describes key activities and achievements from mid-February to December 2010, as well as the work plan for the next quarter, January to March 2011.

ACTIVITIES

To implement the pilot project, three types of activities have been performed, including: (a) preparatory, (b) intervention, and (c) evaluation activities.

Preparatory activities

Preparatory activities included (i) site selection; (ii) organizing workshops for increasing understanding on the innovative P4P approach, designing incentives and coupon schemes, and provider and worker capacity building; and (iii) developing guidelines, manual and Behavior Change Communication (BCC) materials for facilitating capacity building and implementing project activities.

(i) **Site selection:** Four of eight MNCH and MNH districts were selected as project sites in March 2010. Gaibandha, Nilphamary, Jamalpur, and Thakurgaon were primarily selected based on similarity in structure, human resource availability, and location; DGHS replaced Nilphamary

with Kurigram district in August 2010. Sixteen facilities were distributed according to the three arms—two strategies[1] and a comparison arm, as depicted in Table 1.

Table 1. Selected facilities under the P4P Project, according to study arms

Strategy- I		Strategy- II	Control
Gaibandha	**Kurigram**	**Jamalpur**	**Thakurgaon**
1. Gaibandha District Hospital	2. Kurigram District Hospital	3. Jamalpur District Hospital	4. Thakurgaon District Hospital
5. Sunderganj UHC	6. Nageswari UHC	7. Islampur UHC	8. Baliadangi UHC
9. Fulchari UHC	10. Bhurungamari UHC	11. Melandah UHC	12. Pirganj UHC
13. Saghata UHC	14. Chilmary UHC	15. Bakshiganj UHC	16. Ranisankal UHC

Note: Facilities with serial numbers 1 to 8 were selected as comprehensive emergency obstetric and newborn care facilities (CEmONC), and the remaining facilities were selected as basic emergency obstetric and newborn care facilities (BEmONC). UHC stands for Upazila Health Complex or sub-district Hospital.

(ii) **Organizing workshops:** Five types of workshops were organized, with varying numbers of participants, from March to December 2010, (Table 2) as follows: (a) designing interventions (294), (b) QAG orientation (50), (c) team-building of MNCH teams (579), (d) coupon and referral mechanism (1065), and (e) financial management workshops (176).

Table 2. Workshops organized under P4P project, February to December 2010

	Designing and consensus building	**QAG orientation**	**Team-building with facility-based MNCH teams**	**Orientation of the field workers**	**Financial management**
Objectives	Design the interventions and build consensus among the stakeholders	Orient the QAG members about objectives of the QAG visit and roles of the QAG members	Identify the barriers, and revitalize the team spirit among the facility-based MNCH team members	Orient the field workers about referrals and coupon distribution among the poor for utilizing MNCH services	Orient the financial operation teams to manage the incentives funds for providers and patients
Locations	**Number of participants**				

[1] The *first strategy* is a combination of the pay-for-performance for providers and subsidized coupon for the poor clients while the *second strategy* employs only the pay-for-performance incentives for the providers.

	Designing and consensus building	QAG orientation	Team-building with facility-based MNCH teams	Orientation of the field workers	Financial management
Dhaka	94	-	n/a		
Nilphamary	60	-			
Mymensingh		26			
Rangpur		24			
Gaibandha	51	n/a	154	390	54
Kurigram	35		207	300	62
Jamalpur	54		218	375	60
Total participants	**294**	**50**	**579**	**1,065**	**176**

Notes: (1) Designing workshops were held in March, April, May and August; (2) QAG orientation workshops were held at Mymnesingh and Rangpur Medical College Hospitals in August; (3) team-building workshops in August and September; (4) orientation workshops in October and December; and (5) financial workshops in November-December 2010 .

To design interventions and build consensus among the stakeholders, one national and four district level ***Designing and Consensus-building Workshops*** were held March to August 2010, wherein a total of 294 participants, including policymakers, program managers, researchers, and other stakeholders from government, development partners and non-government organizations actively participated. The workshops enabled DGHS to develop guidelines for implementing incentives to providers and poor patients, and form P4P and/or Coupon Committees as well as Quality Assurance Groups, for facility accreditation and performance measurement.

Two ***QAG Orientation Workshops*** were organized for orienting members of the 12 QAGs about proposed visit objectives and member roles in August 2010. Workshops were chaired by the principals of the Rangpur and Mymensingh Medical College Hospitals. Active discussions generated feedback for forming facility-based Quality Assurance Teams (QATs) for generating and sustaining improvement in MNCH service quantity and quality. Dr. A.B.M. Jahangir Alam, Director Primary Health Care and Line Director, Essential Service Delivery, DGHS underscored the need for developing facility-based Quality Assurance Teams for sustaining facility quality of care.

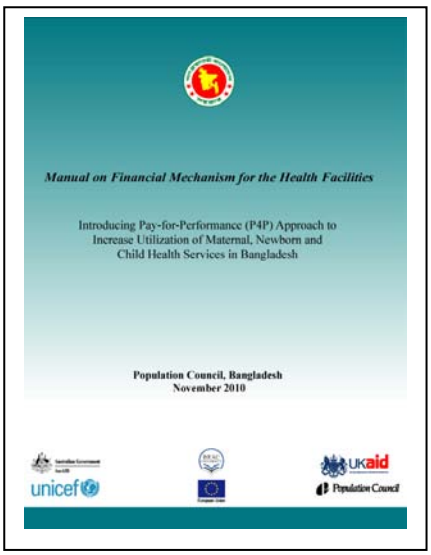
Twenty-four ***Team-Building Workshops*** in the 12 facilities, with 579 facility-based managers, direct and indirect providers, and support staff were organized in August and September 2010. To not disrupt services, two workshops for each facility were arranged on facility premises. The workshops aimed to revitalize team spirit among MNCH teams by discussing present barriers and motivating staff to be team players for attaining facility targets.

Orientation Workshops with 1,065 field workers (Health Assistants, Family Welfare Assistants, and NGO workers) were organized in October and December 2010 in the nine Upazilas, which will coordinate referrals and/or coupon distribution. The workshops oriented field workers on (a) the P4P project, (b) MNCH referral mechanism, and (c) the coupon mechanism proposed under the study. Ultimate objectives were to enable field workers to work in harmony for strengthening the referral mechanism and to identify poor pregnant women and mothers of neonates and under-five children for coupon distribution and motivating them to use the coupons for receiving MNCH services from selected facilities.

Eleven ***Financial Management Workshops*** with fund operation teams of the 11 intervention facilities were organized in November and December 2010. The workshops aimed to orient and build facility capacity for managing incentive funds for providers and patients. Fulchari Upazila Health Complex of Gaibandha deferred the workshop from December to January because of preoccupation with National Immunization Day and Health Assistant training activities.

(iii) **Development and publication of Guidelines, Manual, and BCC materials:** Through a consultation process, the Council developed and published four guidelines and a manual on Financial Mechanisms for Health Facilities for facilitating, requesting, and utilizing P4P incentives and coupon funds. The guidelines on pay-for-performance incentives, forming P4P and/or Coupon Committees and QAGs, and coupons for clients were approved by DGHS in early October 2010. The guidelines describe technical aspects, while the manual depicts financial procedures for incentive distribution.

Figure 1. Guidelines for the Project and Manual on Financial Mechanism for Facilities



The guideline for coupons for poor clients provided eligibility criteria for coupon clients, and listed the 12 services for which poor pregnant women, newborns and under-five children can utilize them. Coupon cards cover four types of expenses: (a) transportation costs; (b) medicine costs; (c) diagnostic costs; and (d) incidental costs for hospitalization and eight services for women: four antenatal care, one pregnancy complications, one delivery care, one postnatal complications and postnatal complications follow-up care. Both newborns and under-five children are eligible to receive *one complication, and one complication follow up care* visit. Eligibility criteria for coupon card holders includes family income of less than Taka 4,000, ownership of less than 15 decimals of land, and no income generating asset.

In collaboration with partners, the Council also developed three brochures on (a) P4P project activities, (b) Referrals for MNCH complication management, and (c) the Coupon Mechanism (Figure 1). The first brochure gives an overview of the project, while the second and the third brochures provide important information on coupon referral mechanisms, distribution, and utilization.

Figure 2. Three brochures on the P4P project, MNCH Referrals and Coupon mechanism

Intervention activities

Intervention activities included (i) forming committees; MNCH, quality assurance, and referral teams; and holding meetings facilitating intervention activities; (ii) hosting QAG visits; (iii) setting facility benchmarks, targets, and performance measurement; and (iv) identifying coupon clients and coupon distribution.

(i) **Committee and team formation:** All 12 facilities formed P4P and/or Coupon Committees, and aligned MNCH teams, QATs, Referral teams and Financial Operation teams (Table 3).

To lead and manage project activities, six-member **P4P and/or Coupon Committees**, headed by the Civil Surgeon/UH&FPO, were formed. Fifteen-member EOC committees of MNCH and MNH projects were not adopted because of their size and non-functional status. All four P4P and Coupon Committees were formed in Gaibandha, but committees held only one meeting until December 2010, except for Sundarganj, which met twice. All four P4P and coupon committees were formed in Kurigram, and held two meetings through December 2010, except for Bhurungamari, which met only once. All committees in Kurigram and Gaibandha districts signed agreements with the Council to receive and utilize funds for distributing incentives to providers and poor clients, and incur expenses for drugs, consumables, and maintenance activities under the P4P project, except for Fulchari UHC in Gaibandha district. Each P4P committee in Jamalpur district held three monthly meetings, signed agreements with the Council for receiving funds and incurring expenses, and opened bank account in the name of the P4P Committee for funds for providers' incentives and expenses for drugs, consumables, and maintaining activities under the P4P project.

All 12 facilities aligned **MNCH Teams**, including managers, direct and indirect providers, and support staff for providing services and receiving performance-based incentives. Numbers of team members in district hospitals varied from 50 to 84 (lowest in Gaibandha and highest in Jamlpur, a 250-bed hospital), while members varied from 40 to 51 in UHCs.

Quality Assurance Teams (QATs) were formed in all facilities for ensuring quality of care at different units including emergency room, labor room, operation theater, indoor (female ward), newborn care and under-5 children's services. QAT committees carried out meetings for identifying limitations and improving quality of services of respective units.

Referral Teams were formed with a total of 1,484 field workers who will be eligible to receive incentives for making referrals to complicated MNCH patients, and for distributing coupons in Gaibandha and Kurigram districts. Referral teams have been formed based on unions, and government workers have been made primarily responsible for identifying coupon beneficiaries and distributing them. In places where government worker positions are vacant or inactive, NGO workers have been employed for identifying poor coupon beneficiaries and distributing coupons.

In order to receive funds, incur expenses, and settle an advance following the approved guidelines, financial mechanism manual, and standard account procedures with the Council,

Fund Operation Teams have been formed, consisting of Civil Surgeon/UH&FPO, RMO, Head Assistant, and Cashier in the 11 facilities, except for Fulchari in Gaibandha district.

Table 3. Committee and team formation activities under P4P project to December 2010.

Activities	Gaibandha	Kurigram	Jamalpur
• **Formation of P4P and/or Coupon Committees**	All 4 P4P and Coupon Committees formed, but committees held only one meeting until December 2010, except Sundarganj, which met twice.	All 4 P4P and Coupon Committees formed and held two meetings until December 2010, except Bhurungamari, which met only once.	All 4 P4P Committees formed and held 3 meetings until December 2010.
• **Aligning MNCH team**	District Hospital, Sundarganj, Saghata and Fulchari UHCs aligned MNCH teams consisting of 50, 50, 46 and 40 members, respectively.	District Hospital, Nageswari, Bhurungamari and Chilmary UHCs aligned MNCH teams consisting of 55, 45, 40 and 45 members, respectively.	District Hospital, Islampur, Melandah and Bakshiganj UHCs aligned MNCH teams consisting of 84, 51, 50 and 41 members, respectively.
• **Forming QATs**	QATs formed in facilities, but none except Sundarganj were functional.	QATs formed in all facilities and held meetings, except Bhurungamari.	QATs formed and met in all facilities in Jamalpur.
• **Referral teams***	433 field workers (142 Health Assistants, 177 Family Welfare Assistants and 114 NGO workers) aligned as members of referral teams.	230 field workers (120 Health Assistants, 110 Family Welfare Assistant) aligned as members of referral teams.	821 field workers (119 Health Assistants, 137 Family Welfare Assistants and 565 NGO workers) aligned as members of referral teams.
• **Forming Fund Operation Teams**	Fund Operation Teams formed in all but Fulchari UHC.	Fund Operation Teams formed in all four facilities.	Fund Operation Teams formed in all four facilities.

** Only UHCs have referral teams because coupon and referral mechanisms will not be implemented in urban areas.*

(ii) **Hosting Quality Assurance Group Visits:** All facilities hosted QAG visits and received accreditation for providing MNCH services. QAGs visited facilities in Kurigram and Jamalpur districts in September, while Gaibandha hosted QAG visits in November 2010. QAGs made recommendations for improving service quality, mentored QATs, and assisted committees in setting first and second level targets. Eight facilities in Kurigram and Jamalpur districts received targets for three months, District Hospital and Sundarganj UHC of Gaibandha received targets for two months, while Saghata and Fulchari UHCs set targets for one month only.

(iii) **Benchmarks and target setting, and performance measurements:** Benchmarks, quantitative targets, and achievements for the first quarter for facilities were set as depicted in Table 4.

Table 4. Benchmarks and targets for facilities for the first quarter, October to December 2010

GAIBANDHA	**District Hospital***	**Sundarganj UHC***	**Saghata UHC***	**Fulchari UHC***
Normal delivery				
Benchmark based on past performance	24	17	9	10
1st level target	29	20	11	12
2nd level target	34	24	13	14
Performance	**76**	**62**	**13**	**12**
Cesarean section				
Benchmark based on past performance	10	n/a	n/a	n/a
1st level target	12	n/a	n/a	n/a
2nd level target	14	n/a	n/a	n/a
Performance	**12**	n/a	n/a	n/a
KURIGRAM	**District Hospital**	**Nageswari UHC**	**Bhurungamari UHC**	**Chilmary UHC**
Normal delivery				
Benchmark based on past performance	72	18	4	21
1st level target	100	22	10	26
2nd level target	110	25	15	27
Performance	**126**	**46**	**8**	**48**
Cesarean section				
Benchmark based on past performance	16	5	n/a	n/a
1st level target	20	6	n/a	n/a
2nd level target	24	8	n/a	n/a
Performance	**47**	**10**	**n/a**	**n/a**
JAMALPUR	**District Hospital**	**Islampur UHC**	**Melandah UHC**	**Bankshiganj UHC**
Normal delivery				
Benchmark based on past performance	168	19	9	33
1st level target	200	27	18	45
2nd level target	220	38	24	54
Performance	**329**	**47**	**29**	**96**
Cesarean section				
Benchmark based on past performance	195	0	n/a	n/a
1st level target	234	6	n/a	n/a
2nd level target	254	9	n/a	n/a
Performance	**299**	**n/a**	**n/a**	**n/a**

Note: Two months' prorated benchmark and targets were set for Gaibandha District Hospital and Sundarganj UHC; and one month's prorated benchmark and targets for Saghata and Fulchari UHC. Cesarean sections benchmark and targets were set for Islampur, but the facility performed as a basic EOC facility due to human resource constraint. Likewise, Sundarganj UHC was considered as a basic EOC facility.

No quantitative targets were set for newborn care, family planning, and IMCI services. Benchmarks differed through facilities because of differences in past performance due to infrastructure and human resource capacity. For example, Kurigram and Gaibandha District Hospitals have 100 beds, while Jamalpur District Hospital has a 250 bed capacity, while all UHCs have 31 beds, except for Chilmary, which has 50 beds.

The major thrust of the P4P project underlies quality of care, so QAGs discussed quality issues at length with P4P committees and QATs who, in turn, mentioned inadequacy of human resources, infrastructure, and equipment-related barriers. QAGs recommended ensuring adequate human resources and arranging for refresher training on infection prevention including autoclaving, waste management, and newborn care, for providers and staff. Facilities do not have MNCH related protocols and behavior change communication materials. Providing protocols and activating EOC and Death Review Committees were recommended for improving service quantity and quality.

(iv) **Coupon client identification and coupon distribution:** FWAs and HAs identified 6,108 pregnant women in the three upazilas of Kurigram district. Subsequently, 4,478 women were identified as eligible for coupons by Union level Family Planning Committees (Table 5). After identifying coupon recipients, Coupon Cards were distributed among 805 poor women, less than one-fifth of identified recipients; 64,545 under-five children were identified in the three upazilas of Kurigram district.

Table 5. Identification and coupon card distribution among poor pregnant women by December 2010 in Kurigram District

Activities	Nageshwari UHC	Bhurungamari UHC	Chilmary UHC	Total
Identified	4,074	811	1,223	6,108
Selected for coupon distribution	2,745	811	922	4,478
Coupon distributed	**507**	**146**	**152**	**805**
Percentage of coupon distribution among the selected clients	18%	18%	16%	18%

In Gaibandha, 1,962 pregnant women and 3,061 under-five children were identified in Sundarganj. However, selecting coupon recipients, by eligibility criteria and coupon distribution, are yet to be started.

Evaluation activities

(i) **Facility assessment:** Rapid facility assessments of the 16 facilities, including the four comparison facilities in Thakurgaon district, were carried out May to July 2010. Based on the findings, an assessment has been prepared and published separately by the Council.

(ii) **Women's survey:** A total of 2,844 pregnant women, and women who delivered in the previous year, were interviewed in 32 unions and wards (two from each of the 16 Upazilas of the four districts). Of them, 640 women were pregnant, and 2,204 delivered in the last year. Response rates varied from 68.5 percent in Jamalpur to 79.1 percent in Kurigram district. The Council also carried out enumeration in eight selected urban wards of the four districts before carrying out the survey. Data have been entered, edited and coded, and are expected to be analyzed using the SPSS program in the next quarter.

(iii) **Providers' survey:** A total of 288 providers (35% males and 65% females) from the 16 facilities were interviewed using a semi-structured questionnaire on motivation and problems faced in carrying out MNCH services. Direct providers and managers were surveyed in Gaibandha (58), Kurigram (77), Jamalpur (79), and Thakurgaon (74) districts. Data have been entered using the SPSS program and will be analyzed in the next quarter. Preliminary descriptive analysis showed the majority of providers thought MNCH services will be improved by providing incentives for providers.

(iv) **Publication and documentation:** In collaboration with partners, the Council published the Workshop Report on Designing and Consensus Building, a Facility Assessment, and a Research Update to inform about design, activities, and implementation processes of the pilot project. The project design has been shared in an oral scientific session of the Global Maternal Health Conference held in New Delhi in September 2010.

ACHIEVEMENTS

In spite of human resource, infrastructure, and supply barriers, facilities expressed desire for exploiting existing human resources, infrastructure, and other resources for improving MNCH services. *Key achievements* of the project in the three districts are discussed following:

Key Achievements in Gaibandha District

- Expressed strong commitment for improving MNCH services by forming P4P and Coupon Committees.
- MNCH teams were identified in all facilities, and field workers were aligned for strengthening MNCH referral system and coupon distribution.
- Quality Assurance Teams were formed in all facilities but were functional only in Sundarganj UHC.
- Raised awareness and brought issue of MNCH service quality of care in focus.

- Steps for improving Quality of Care were identified during QAG visits and feedback sessions with P4P and Coupon Committees and QAT leaders.
- All facilities exceeded second level of quantitative target in terms of normal delivery, except Fulchari UHC.
- Pregnant Women and Children's corners were established, and waiting areas were improved in Sundarganj UHC.
- Financial mechanism established by agreement signing in three of four facilities, and bank accounts were opened in two facilities (Sundarganj and Saghata UHCs).

Key Achievements in Kurigram District

- Expressed strong commitment for improving MNCH services by forming P4P and Coupon Committees.
- MNCH teams were identified in all facilities, and field workers were aligned for strengthening MNCH referral system and coupon distribution.
- Quality Assurance Teams were formed and became functional in all facilities.
- Raised awareness and brought issue of MNCH quality of care in focus.
- Steps for improving Quality of Care were identified during QAG visits and feedback sessions with P4P and Coupon Committee and QAT leaders.
- All facilities exceeded second level of quantitative target in terms of normal delivery, except Bhurungamari UHC.
- Identified coupon clients and distributed coupons among 805 pregnant women.
- Financial mechanism established by agreement signing and opening bank accounts in all four facilities.

Key Achievements in Jamalpur District

- Expressed strong commitment for improving MNCH services by forming P4P Committees.
- MNCH teams were identified in all facilities, and field workers were aligned to strengthen MNCH referral system.
- Quality Assurance Teams were formed and became functional in all facilities.
- Raised awareness and brought issue of MNCH service quality of care in focus.
- Steps for improving Quality of Care were identified during QAG visits and feedback sessions with P4P and Coupon Committees and QAT leaders.
- Quality of care improved through round the clock service delivery (especially delivery at night), and facility cleanliness visibly improved.
- All facilities exceeded second level of quantitative target in terms of normal delivery.
- Financial mechanism established by agreement signing and opening of bank accounts.

WAY FORWARD

Necessary and key human resource placement and training on IMCI, EoC, newborn care, infection prevention, and waste management are important for better performance in all facilities. All UHCs of Gaibandha and Jamalpur districts, and Nageswari of Kurigram, need generators and wheelchairs, while Sundarganj UHC needs a functional refrigerator. Labor rooms and neonatal wards need to be fully replenished with necessary equipment and supplies. Hospital Management and Death Review committees need to be revitalized, and relevant protocols are needed for providers, preferably in Bangla language. District Hospitals need to introduce and improve family planning related services and coordinate with the family planning units for identifying coupon clients.

In response to fund requests, facilities will receive funds and incur expenses for the DCM fund, pay incentives to providers and coupon clients, and refer services from the next quarter.

Referral services will be strengthened, and P4P and/or Coupon Committee and QAT meetings will be held regularly using QAT monitoring tools in all facilities, while Gaibandha and Kurigram districts will, additionally, complete coupon client identification and coupon card distribution. QAGs will make performance measurement visits and advise on providing incentives in case facilities achieve quantitative and qualitative targets. Death reviews are also expected to be initiated in the next quarter, for identifying direct and indirect causes of facility-based maternal, newborn, and stillborn deaths. Exit client and in-depth interviews will be carried out for measuring quality of care in all three districts from January 2011.

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