

Institutionalizing Performance Linked Payments (PLP) for Community Health Officers (CHO) and Frontline Workers (FLW): A Guidance Note

Background: 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 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 sub center level. The PLP are provided for the team of frontline functionaries and the Community Health Officers who will play a key role in enabling continuum of care.

This guidance note is expected to enable the states to roll out Performance Linked Payments for the primary care team at the HWC-SHC that includes- A Community Health officer (Team leader), Two Multi-Purpose Workers (Male and Female or Two Females) and ASHAs in the catchment population of the HWC-SHC.

These payments are to be made on a monthly basis. Team and individual performance will be assessed on the basis of data obtained from existing information systems. However, states also have the flexibility to undertake independent monitoring, to validate the information systems. This could be done through partnerships with research organizations, NGOs, State Health System Resource Centres and medical colleges or through training the existing staff at district and block level to undertake population- linked surveys to monitor progress on outcomes on a periodic basis.

The key features and suggested indicators to guide performance linked payment mechanism for primary care team at HWC-SHC is explained below-

- 1. Level of Incentive Distribution:** Sub-Centre-Health and Wellness Centres
- 2. HWC-SHC Team-** Community Health officer; Two Multi-Purpose Workers (Male and Female or Two Female as per the context) and ASHAs as per the population of the HWC-service area.
- 3. Periodicity:** Every Month
- 4. Indicators for performance measurement and source of verification:** The performance of the team will be assessed on indicators that will be a mix of service utilization and coverage of population for essential services. (Table 1).

Key criteria for selection of indicators is that they cover essential activities related to the first seven service packages of CPHC that have been rolled out. Thus, outpatient services for acute simple illnesses, provision of ANC, Immunization, services, screening and management for NCDs and TB, and management of Vector borne diseases have been included. In addition, other public health and management functions of HWC-SHC teams such as community level meetings for health promotion and prevention, and monthly meetings at HWC-SHCs have also been included.

The selected indicators are those that are reported in the HMIS, RCH portal, CPHC-NCD Application, AB-HWC Portal and Nikshay. Monthly performance of the functionaries will be assessed on a set of 15 indicators. That have been specified in Table 1. Additional indicators if required may be included by each State/UT linked on their specific context. For example states

having a high burden of vector borne diseases may include indicators pertaining to same. However, the total amount linked with performance incentive for HWC-HSC team would remain the same. (Refer Point 5)

The list of indicators will be updated periodically linked on the - experience gained from the implementation of performance linked payments, progress on outcomes and roll out of new service packages.

5. Distribution of Incentive Amount for each HWC-SHC team- The monthly incentive to HWC-SHC team could follow the distribution listed below:

- Rs 15,000/ CHO/month
- Rs 3000/month for MPWs (Subject to a maximum of Rs 1500/month/MPW)
- Rs 5000/month for ASHAs (Subject to a maximum of Rs 1000/month/ASHA)

Considering the above distribution, the maximum amount of incentive for MPWs and ASHAs would remain fixed @ Rs 96,000/annum. The maximum amount allocated to CHO would be 1,80,000/annum.

6. Incentive Amount to be allocated for the indicators- For ease of implementation in the early stages, all indicators are weighted equally, and the CHO would receive Rs. 1000 per indicator, upto a maximum of Rs. 15,000. Similarly, the incentive of Rs 3000/month for MPWs and Rs 5000/month for ASHAs respectively will be equally allocated to each indicator.

7. Service Delivery Output for incentive payment- The service delivery outputs as included in Table 1 have been graded at two levels of achievement: 75% and 100% for 8 out of 15 indicators. Performance linked payment that is to be disbursed for each indicator will correspond the level of achievement.

8. Illustration for Calculation of incentives-*

Assessment Indicator	Definition	Source of Verification/ Reporting	Service Delivery Output to receive 75% of Incentive Payment	Service Delivery Output to receive 100% of Incentive Payment	Maximum incentive allocation for each personnel (Rs) at 75% achievement	Maximum incentive allocation for each personnel (Rs) at 100% achievement	
1	Number of OPD cases in the month	No. of OPD cases including new and old cases	AB-HWC Portal / HWC – SHC Register	Min. 300 /Month	400 /month	MLHP=750 MPW= 75 ASHA=50	MLHP=1000 MPW= 100 ASHA=67

Based on standard assumption that there fifteen indicators and monthly incentive allocated to each personnel has been distributed equally.

9. Key principles to assess performance:

- Indicators for performance measurement of the primary care team should be easily verifiable. The selection of indicators is such that report for these indicators can be verified from the existing information systems such as- RCH Portal/ SHC Registers, NCD- CPHC

Application - NIKSHAY, IDSP reports, HMIS, AB-HWC Portal meeting records submitted to PHC Medical Officer.

- Ensuring that data is fed accurately and regularly in the information system at each level is a collective and individual responsibility of the HWC-SHC team.

10. Process-

- The PHC Medical Officer under whose jurisdiction the HWC-SHC is assigned or (any other suitable representative as decided by the state) will be responsible for assessing the performance of the HWC-SHC team. He/ She will-
 - Ensure that CHOs/MPWs are trained in using the CPHC IT system for online auto compilation and transmission of performance data for HWC-SHC team. However, till the time such a system is in place, CHOs will use the data entered in the respective information system to submit performance reports on service delivery outputs for the particular month in a standard format developed by the state.
 - Ensure release of performance- linked incentives within one month of submission of performance report by CHOs.
 - Use the performance monitoring mechanism to identify the areas of improvement for the primary care team at the HWC-SHC and provide the necessary handholding and support to improving the performance and overall service delivery at HWCs.
 - Undertake monthly visits to every HWC for field level monitoring visits and use these visits to handhold and mentor HWC-SHC team.

11. Mode of Validation-

Local-PHC-MO will assess and validate the records submitted by MLHPs with the reports from information systems- RCH Portal/Registers, NCD - CPHC IT application, NIKSHAY, IDSP reports, meeting records submitted for performance- linked payment.

External- (i) Existing mechanisms of 104 Call Centre etc. can also be used to validate team performance data reported by CHOs. (ii) States can also opt to assess service use and satisfaction by random surveys of service users through telephone surveys, (iii) States may also opt for nominating an independent committee comprising of officials and civil society representative to validate the quantity and quality of service delivered by HWCs. This committee can evaluate the performance quarterly or bi annually to ensure that no conflict of interest arise, during the process of performance- linked payment.

12. Ensuring timely payments

Though external validation is essential to check fraudulent reporting; in any given circumstance monthly payment of incentives to CHOs and frontline functionaries should not await call centre linked validations.

13. Possible Action for False reporting by CHOs:

CHO as team leader would be accountable for submitting performance reports of HWC-SHC team. He/she should be given one warning if an instance of false reporting of performance

indicators is identified from the call-linked validation of performance reports. Any repeat of falsification could result in deducting the amount from their salaries, and a third instance could lead to termination of service contracts of CHOs if continuous false reporting is observed despite warning.

Table 1 Suggestive List of Indicators to Assess Monthly Performance of HWC-SHC Team for Service Utilization

	Assessment Indicator	Definition	Source of Verification/ Reporting	Service Delivery Output to receive 75% of Incentive Payment	Service Delivery Output to receive 100% of Incentive Payment
1	Number of OPD ¹ cases in the month	No. of OPD cases including new and old cases	AB-HWC Portal / HWC – SHC Register	300 per month for 5000 population Or 180 per month for 3000 population <i>(Estimated @ 60 cases per 1000 population)</i>	400 per month for 5000 population Or 240 per month for 3000 population <i>(Estimated @ 80 cases per 1000 population)</i>
2	Proportion of estimated pregnancies registered	Numerator: Number of pregnant women registered for ANC Denominator – Total no. of estimated pregnancies ²	RCH Portal/ HWC – SHC Register	60% of the estimated pregnancies registered	80% of the estimated pregnancies registered
3	Proportion of Pregnant Women registered who received ANC	Numerator - No. of pregnant women who received ANC services (as per schedule) in a month Denominator - Total no. of registered pregnant women whose ANC is due that month	RCH portal/ HWC – SHC Register	80% of the pregnant women received ANC as per schedule	100% of the pregnant women received ANC as per schedule

¹ OPD includes outreach and facility-based services provided by HWC-SHC team. It encompasses all services delivered by the team with regards to NCD Screening, ANC/ PNC services, Immunization, counselling and treatment of illnesses etc.

² Denominator can be derived from HMIS

4	Proportion of Children up to 2 years of age who received immunization	Numerator - No. of children who received immunization (as per schedule) in a month Denominator - Total no. of registered children whose immunization was due that month	RCH portal/ HWC – SHC Register	90% of the children ³ received immunization as per schedule	100% of the children received immunization as per schedule
5	Proportion of Newborns who received HBNC visits	Numerator - No. of newborns who received visits (as per schedule) as per HBNC schedule Denominator - Total no. of newborns	RCH portal/ HWC – SHC Register	80% of newborn received HBNC visits	100% of newborn received HBNC visits
6	Proportion of above 30 years individuals screened for Hypertension ⁴	Numerator - No. of individuals screened for Hypertension Denominator-Total population of 30 years and above of age	NCD- CPHC IT application / HWC – SHC Register	120 individuals over 30 years of age per 5000 population and 74 individuals over 30 years of age per 3000 population screened for HTN every month (Estimated to achieve 80% screening of individuals over 30 years over a period of one year) ⁵	
7	Proportion of above 30 years individuals screened for Diabetes ⁴	Numerator - No. of individuals screened for Diabetes Denominator-Total population above 30 years of age	NCD- CPHC IT application / HWC – SHC Register	120 individuals over 30 years of age for 5000 population and 74 individuals over 30 years of age for 3000 population screened for DM every month (Estimated to achieve 80% screening of individuals over 30 years over a period of one year) ⁵	
8	Proportion of above 30 years individuals screened for Oral Cancers ⁶	Numerator - No. of individuals screened for Oral Cancer Denominator-Total population above 30 years of age	NCD- CPHC IT application/ HWC – SHC Register	120 individuals over 30 years of age for 5000 population and 74 individuals over 30 years of age for 3000 population screened for Oral Cancer every month for year1. Subsequently from year 2 onwards team would need to screen individuals entering the age group of 30 years and maintain the 80% screening status for oral cancer every year ⁵	

³ In case of target beneficiaries being in the range of 7-9, achievement of 85% can be rounded off and equated as 90% achievement. If target beneficiaries are in the range of 4-6, the achievement of 75% can be equated as 90%.

⁴ Screening for HT and DM to be repeated every year

⁵ Incentive may be provided to HWC- SHC team once the target of 80% screening is met irrespective of number of individuals screened in the remaining months of the year

⁶ Screening for Oral Cancer to be repeated once in five years. This indicator is subject to revision subsequently.

9	Proportion of Patient of HTN on treatment	Numerator - No. of HTN patients who received follow up care Denominator - Total no. of HTN/ patients	NCD- CPHC IT application / HWC – SHC Register	30% of patients who received treatment	50% of patients who received treatment
10	Proportion of Patient of DM on treatment	Numerator - No. of DM patients who received follow up care Denominator - Total no. of DM/ patients	NCD- CPHC IT application / HWC – SHC Register	30% of patients who received treatment	50% of patients who received treatment
11	Proportion of cases referred for TB screening	Numerator-Number of suspected TB cases referred for diagnosis/ Denominator- Total number of patients attended in OPD	Nikshay/SHC – HWC Register ⁷	Minimum 3% cases identified from OPD should have been referred for screening of TB at a higher facility	
12	Notified TB patients who received treatment as per protocols ⁸	Numerator - No. of TB patients who are on regular treatment as per protocol Denominator - Total no. of TB patients	Nikshay/TB treatment card/ SHC – HWC Register DMC Register ⁹	100% of patients on treatment	
13	VHND held against planned	Numerator - No. of VHND attended Denominator - Total no. of VHND held	Self- reported in CPHC-NCD application	MPWs and ASHAs will organize all VHND session as planned and CHO should monitor at least two VHNDs in a month for performance- linked incentive	
14	Village meetings (VHSNCs)/MAS held	Numerator - No. of VHSNC / Village meetings attended as per plan Denominator - Total no.of VHSNC/ Village		MPWs and ASHAs will organize all VHNC session as planned and CHO should monitor at least two VHNSC meeting in a month for performance- linked incentive	

⁷ Senior Treatment Supervisor (STS) can verify the records

⁸ If there are no cases of notified TB patients, this indicator will be marked as non-applicable. In such instances, extrapolation of incentives can be done based on 14 indicators in place of 15 indicators. Thus, the total entitlement of the incentives for that month will remain unchanged but the incentive amount to be disbursed will be calculated based on achievements on remaining 14 indicators.

⁹ Senior Treatment Supervisor (STS) can verify the records

		meetings held	
15	Monthly meetings held at SHC- HWCs	Organized monthly meeting with Primary Care Team at Sub centers HWCs to monitor the following- 1. Review of work plan for current month. 2. Updating work plan for the next month. 3. At least one technical session held for capacity building of the primary health care team.	One meeting held at the SHC- HWC and should be attended by MPWs and all ASHAs

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