



# Impact Of Pay For Performance Intervention On Provision of Primary Health Care Services at PPHI, Sindh



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PPHI SINDH

## Background

Since its inception, PPHI Sindh has been achieving its targets and goals of Primary Health Care (PHC) services delivery at grass root level. From the infrastructure up to the availability of services, multiple interventions have been implemented to augment the functionality and utilization of PHC health facilities, including up-gradation of 6 hour working facilities into 24 hour working facilities (i.e. BHU Plus), provision of medicines, provision of laboratory and radiological services, availability of female medical officers and ambulances at PHC level which is further than its mandate. All these interventions have shown remarkable effects in improving the service delivery at PPHI health facilities. In 2017, PPHI Sindh decided to initiate the Pay for Performance (P4P) intervention with the following purpose:.

- To improve the quality of services delivery up to optimal level.
- Create a competitive environment and sense of ownership among Health Care Providers (HCP)
- To engage employees in overall organization's achievements.
- To reward and retain hard working HCPs for their contribution in success of PPHI.

## Aim of Study

The aim of this study is to assess the impact of P4P intervention on the provision of routine and MNCH health care services at PPHI SINDH.

## Specific Objective

To assess the increase in provision and quality of health care services especially MNCH & routine care at PPHI Sindh before & after implementation

## Methodology

Assessment for pay for performance are conducted quarterly for providing incentives. Employees are scored on the basis of their mean performance on key performance indicators from following 4 components: 1) District Health Information System (DHIS); 2) Summary of Additional Services (SAS); 3) Monitoring of Medicines (MOM) ; 4) Clinical Knowledge (CK) assessment. Each of these components carry equal weightage i.e. 25%. Employees scoring cumulative score of more than 60% with a minimum of 25% individual score for the component of CK assessment is necessary to qualify for incentives in each round. The validation of service delivery data reported by health facilities on monthly basis is done at 2 stages. First validation is done by LQAS basis by regional and district monitoring teams of PPHI Sindh and secondly the data is verified by P4P committee at Head office through randomized sampling technique. (Figure 1)

We selected 09 key performance indicators (Table 1) to evaluate the overall impact of P4P intervention in terms of coverage & quality of service provision. Data was extracted for two time-frames, before implementation of the intervention i.e. (FY July 2016- June 2017) and after implementation (July 2017-June 2018). The impact in performance for key performance indicator is reported in form of change in percentage for pre and post P4P Intervention (Chart 1).

Figure 1: Framework for P4P Assessment:

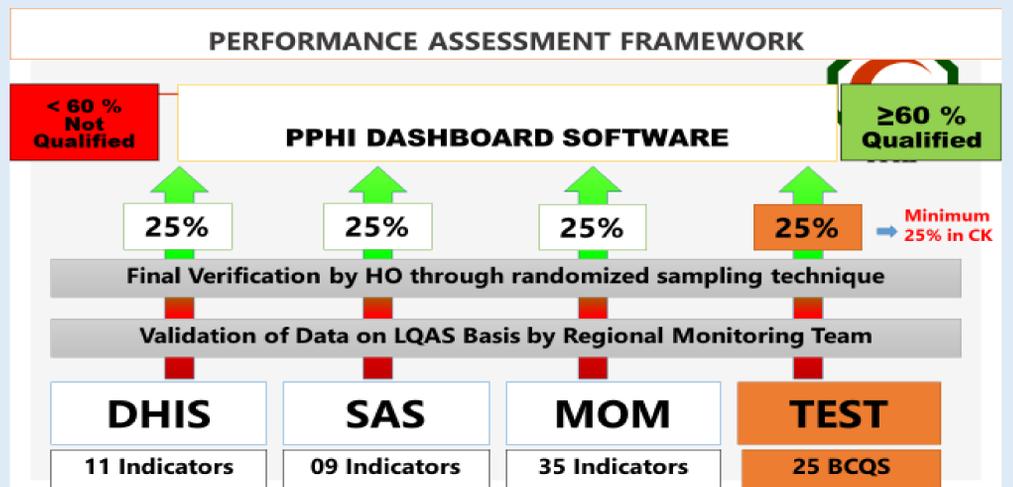


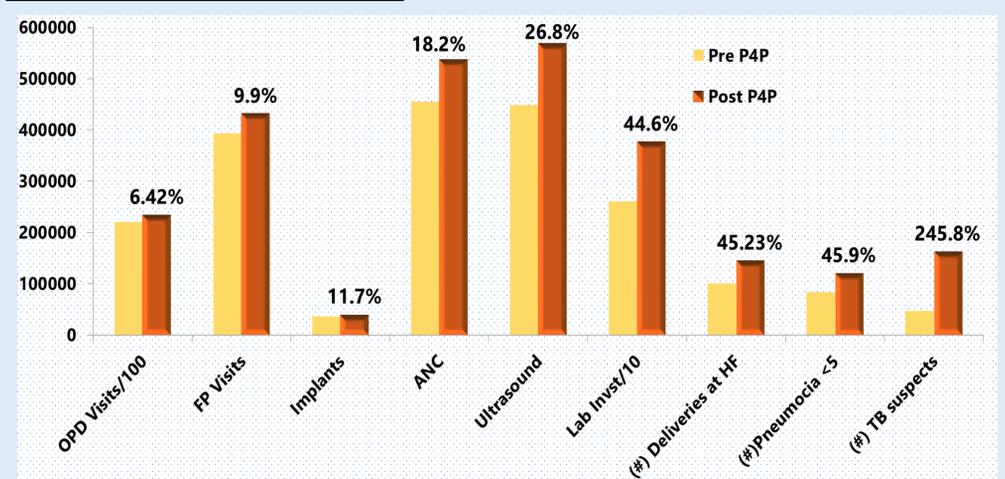
Table 1: List of Key Performance Indicators (KPI) used in analysis

S.No	Indicator	Variable
1	Number of OPD Visits (New + Follow up)	OPD/100
2	Number of Deliveries Performed at PPHI Health Facilities	Deliveries at HF
3	Number of Antenatal Care Consultancies Provided (1 <sup>st</sup> ANC Visit + Follow Ups)	ANC
4	Number of Pneumonia cases successfully treated in children < 5 years	Pneumonia <5
5	Number of Family Planning Consultancies Provided (Initial + Follow Up)	FP Visits
6	Number of Implants (FP) provided to MWRA	Implants
7	Number of suspected TB cases	(#) TB suspect
8	Number of OPD Lab investigations performed	Lab Invst/10
9	Number of OPD Ultrasound Scans performed	ultrasound

## Results

Overall, we found notable increase for indicators such as number of TB suspected cases, number of pneumonia cases diagnosed in children less than 5 years of age and number of deliveries attended at PPHI health facilities with a percentage increase of 245.8%, 45.9 % and 45.23% respectively. Number of laboratory investigations, ultrasound, ANC visits and implants also showed increment in comparison to their pre-p4p intervention levels. Some indicators like OPD and FP visits observed least increase in percentage but were still above 5% from the previous years.

Chart 1: Number & Percentage change against each KPI before and after implementation of P4P



## Conclusion:

P4P intervention created an encouraging and competitive environment which eventually supported the organization's performance as a whole. Providing opportunities like academic (Trainings) and financial incentives attracted and retained more qualified and skilled health care providers for the organization, which eventually led to improvement in quality of health care services. By adopting this model the quantity and quality of health care services has been improved noticeably.