**Incentives for GPs and Health Workers**

GPs

GPs will receive a mix of monetary and non-monetary incentives, based on the findings of the GP assessment.

*Non-Monetary Incentives*

* Signboards with Logos

During the interviews, GPs with lower volumes of TB patients suggested that they be given signboards with project logos outside their clinics to indicate that they do have the expertise to manage TB patients, thereby increasing their caseload. This incentive will be an incentive for participation and will be a gesture towards relationship building.

* Training Certificates

GPs will receive trainings certificates following the trainings. GPs expressed in their interviews that they would like training opportunities and so the certificates can be used to build their credibility.

* Free Medication for Patients

TB medication will be provided to patients free-of-cost by the program. CHWs will deliver the medication daily to the patients’ homes, while they perform DOT. For patients who opt out of DOT, the medication will be delivered to their homes on a weekly basis. During the interviews, GPs expressed that free medication for their patients would be an incentive to participate.

* Free TB Diagnostic Tests for TB Suspects

All diagnostic tests (sputum smears, GeneXpert, chest radiographs as required) will be performed free of cost by the program. The results will be communicated to the GP at the time of each subsequent visit by the patient through the mobile phone system.

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| --- | --- |
| **Incentive** | **Conditions** |
| Training Certificate | •Upon completion of the entire GP training held by Indus Hospital.  •Participants who do not complete the training will not receive certificates. |
| Signboard | •After the confirmation of 4 TB cases at the GP’s clinic |
| Free TB Medication to Patients | •Given directly to the patient free-of-cost by the project team |
| Free TB Diagnostic Tests | •Conducted by the project team at the patient’s home  •Results communicated to the GP via SMS and on subsequent electronic forms on the mobile phones |

*Monetary Incentives*

Small monetary incentives will be given to compensate for the time spent on filling forms. The basis of the incentives is on the fee structure of GPs. The average fee per GP for the study was PKR ---. Thus, this has been rounded to PKR 50 for each visit so that they receive payment for two patients, rather than one, for each visit. The GP payment schedule will be as follows:

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| --- | --- | --- |
| **Event** | **Incentive (PKR)** | **Incentive (USD)** |
| Confirmed Patient | Rs. 150\* | $1.76 |
| Baseline Visit | Rs. 50 | $0.59 |
| 2/3 Month Visit | Rs. 50 | $0.59 |
| 5 Month Visit | Rs. 50 | $0.59 |
| 7 Month Visit | Rs. 50 | $0.59 |
| Tx Complete | Rs. 150 | $1.76 |
| Cured | Rs. 200 | $2.35 |
| Total per patient | Rs. 525 | $6.18 |
| \*This incentive was calculated based on the assumption that there is one confirmed TB case in every three suspects. | | |

Community Health Workers

The primary role of CHWs will be to increase the number of confirmed TB patients. CHWs will either be seated at GP clinics or will be given lists of patients with TB to do contact tracing. However, they will have the flexibility to recruit any other patients within the community and either bring them to the GP clinic or to take them to the Indus Hospital for treatment. Incentives for CHWs will be purely monetary.

*Incentives for Case Detection*

The incentives for case detection will be form the basis of their salary and will be dependent on both individual and group performance.

CHWs will receive salaries based on how many suspects they identify. At the end of each two-week period, the CHWs will be ranked according their performances and will receive a salary based on which quintile of performance they fall in. The salary scale will be based on the group’s performance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Salary Scale | Mean number of cases detected by CHWs | Bottom Quintile | 4th Quintile | 3rd Quintile | 2nd Quintile | Top Quintile |
| Pkg 1 | <1 Cases | 2000  ($23.53) | 2250  ($26.47) | 2500  ($29.41) | 2750  ($32.35) | 3000  ($35.29) |
| Pkg 2 | 1 to <2 Cases | 2000  ($23.53) | 2500  ($29.41) | 3000  ($35.29) | 3500  ($45.18) | 4000  ($47.06) |
| Pkg 3 | 2 to 3 Cases | 2000  ($23.53) | 3000  ($35.29) | 4000  ($47.06) | 5000  ($58.82) | 6000  ($70.58) |
| Pkg 4 | >3 Cases | 2000  ($23.53) | 3750  ($44.12) | 5500  ($64.71) | 7250  ($85.29) | 9000  ($105.88 |

If multiple CHWs are clustered around the same number of suspects, they will all receive the mean amount received by their cluster.

*Example:*

If there are 10 CHWs who have detected the following number of cases:

|  |  |  |
| --- | --- | --- |
| Quintile | CHW | # Cases |
| Top | 1 | 7 |
| Top | 2 | 5 |
| 2 | 3 | 3 |
| 2 | 4 | 2 |
| 3 | 5 | 1 |
| 3 | 6 | 0 |
| 4 | 7 | 0 |
| 4 | 8 | 0 |
| Bottom | 9 | 0 |
| Bottom | 10 | 0 |
| Average number of cases per CHW | | 1.8 |

So the salary scale will be Pkg 2. The top quintile will receive PKR 4000, the second quintile PKR 3500, the third quintile 3000, the forth quintile 2500, and the bottom quintile 2000. However, there are 5 people who have detected 0 cases. As a result, they will all receive the average amount that would have been allocated to their group. So they will receive ((1\*3000)+(2\* 2500)+(2\*2000))/5=2400 each.

Before the end of each payment period, the results for that month will be communicated to them. Once a month, a meeting will be conducted with all CHWs where they will be allocated a budget for the month in which they can choose to allocate it however they want to help improve their ability to detect cases (informational materials, advertisements, etc.).

*Bonuses*

There will also be bonuses for the highest scorer and for those who have detected cases corresponding to 2 package levels above the package being given to the workers during the month. The bonuses will vary based on the package in question and will be as follows:

|  |  |  |
| --- | --- | --- |
| Number of Confirmed Cases Detected | Top Scorer | People with case detection numbers 2 package levels above the existing package |
| 1 | 200 | 100 |
| 2 | 300 | 150 |
| 3 | 400 | 200 |
| 4 | 500 | 250 |
| >4 | 600 | 300 |

So, using the example above, the top scorer with 7 cases detected will receive a bonus of PKR 600 while the second highest score will receive PKR 300. The CHWs with 3 and 2 cases detected will receive no bonuses, as they are only 1 packages above the existing package (i.e. the existing package talks about <2 cases and these fall under the next level of 2-3 cases, which is only one package above). If multiple people receive the top score, the top scorer reward will no longer apply and they will only be eligible for the bonuses for the 2 package levels above the current package.

*Incentives for Case Holding*

CHWs will receive additional incentives for case holding, as follows:

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| --- | --- | --- |
| **Event** | **Incentive** | **Incentive (USD)** |
| Baseline Visit | Rs. 50 | $0.59 |
| 2/3 Month Visit\* | Rs. 50 | $0.59 |
| 5 Month Visit\* | Rs. 50 | $0.59 |
| 7 Month Visit\* | Rs. 50 | $0.59 |
| Tx Complete | Rs. 400 | $4.71 |
| Cured\* | Rs. 600 | $7.06 |
| Total per patient | Rs. 700 | $8.24 |
| \*Contingent on a negative sputum sample for this visit | | |

Incentive Delivery

* For GPs, until the first 4 cases are detected, incentives will be delivered to the GP on a monthly basis
* Once 4 cases have been detected by a particular GP, a Level 1 account through UBL Omni will be opened for the GP with an opening balance of PKR 500 to enable them to maintain their minimum balance requirements
* Level 2 accounts will be opened for all CHWs with an opening balance of PKR 500 to maintain their minimum balance requirements