

For Online Publication

Supplementary Materials

“Different strokes for different folks: Experimental evidence on the effectiveness of input and output based contracts for health care providers with varying skills”
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Contents:

- Appendix 1: Sample Contracts and Guidelines
- Appendix 2: Calculations and Measurement of Inputs and Outputs

APPENDIX 1: Contracts

Contents:

1. WHO Guidelines (2009) - given to all providers
2. Sample Input contract
3. Sample Output contract
4. Sample Control contract

WHO Recommended Interventions for Improving Maternal and Newborn Health

First edition 2007
Second edition 2009



Contents

Table 1	2
Table 2	4
Table 3	5
Table 4	5
Table 5	5



World Health Organization

Department of Making Pregnancy Safer

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Maternal and newborn health care programmes should include key interventions to improve maternal and newborn health and survival. The five tables include these key interventions to be delivered through health services, family and the community.

Table 1 lists interventions delivered to the mother during pregnancy, childbirth and in the postpartum period, and to the newborn soon after birth. These include important preventive, curative and health promotional activities for the present as well as the future. “*Routine essential care*” refers to the care that should be offered to all women and babies, while “*situational care*” is dependent on disease patterns in the community. Some women and babies with moderately severe diseases or complications require “*additional care*” while those with severe diseases or complications require “*specialized care*”.

Table 2 lists the places where care should be provided through health services, the type of providers required and the recommended interventions and commodities at each level.

Table 3 lists practices, activities and support needed during pregnancy and childbirth by the family, community and workplace.

Table 4 lists key interventions provided to women before conception and between pregnancies.

Table 5 addresses unwanted pregnancies.

Further information on these interventions is available in WHO’s Integrated Management of Pregnancy and Childbirth (IMPAC) clinical guidelines: *Pregnancy, Childbirth, Postpartum and Newborn Care: a guide for essential practice*, *Managing Complications in Pregnancy and Childbirth: a guide for midwives and doctors*, and *Managing Newborn Problems: a guide for doctors, nurses and midwives*. IMPAC guidelines are available at www.who.int/making_pregnancy_safer/en.

Table 1. Care in pregnancy, childbirth and postpartum period for mother and newborn infant

	Routine care (offered to all women and babies)	Additional care (for women and babies with moderately severe diseases and complications)	Specialized - obstetrical and neonatal care (for women and babies with severe diseases and complications)
Pregnancy care - 4 visits <i>Essential</i>	<ul style="list-style-type: none"> • Confirmation of pregnancy • Monitoring of progress of pregnancy and assessment of maternal and fetal well-being • Detection of problems complicating pregnancy (e.g., anaemia, hypertensive disorders, bleeding, malpresentations, multiple pregnancy) • Respond to other reported complaints. • Tetanus immunization, anaemia prevention and control (iron and folic acid supplementation) • Information and counselling on self care at home, nutrition, safer sex, breastfeeding, family planning, healthy lifestyle • Birth planning, advice on danger signs and emergency preparedness • Recording and reporting • Syphilis testing 	<ul style="list-style-type: none"> • Treatment of mild to moderate pregnancy complications: <ul style="list-style-type: none"> - mild to moderate anaemia - urinary tract infection - vaginal infection • Post abortion care and family planning • Pre-referral treatment of severe complications <ul style="list-style-type: none"> - pre-eclampsia - eclampsia - bleeding - infection - complicated abortion • Support for women with special needs e.g. adolescents, women living with violence • Treatment of syphilis (woman and her partner) 	<ul style="list-style-type: none"> • Treatment of severe pregnancy complications: <ul style="list-style-type: none"> - anaemia - severe pre-eclampsia - eclampsia - bleeding - infection - other medical complications • Treatment of abortion complications
<i>Situational</i>	<ul style="list-style-type: none"> • HIV testing and counselling • Antimalarial Intermittent preventive treatment (IPT) and promotion of insecticide treated nets (ITN) • Deworming • Assessment of female genital mutilation (FGM) 	<ul style="list-style-type: none"> • Prevention of mother to child transmission of HIV (PMTCT) by antiretroviral treatment (ART), infant feeding counselling, mode of delivery advice • Treatment of mild to moderate opportunistic infections • Treatment of uncomplicated malaria 	<ul style="list-style-type: none"> • Treatment of severe HIV infection • Treatment of complicated malaria
Childbirth Care (labour, delivery, and immediate postpartum) <i>Essential</i>	<ul style="list-style-type: none"> • Care during labour and delivery <ul style="list-style-type: none"> - Diagnosis of labour - Monitoring progress of labour, maternal and fetal well-being with partograph - Providing supportive care and pain relief - Detection of problems and complications (e.g. malpresentations, prolonged and/or obstructed labour, hypertension, bleeding, and infection) - Delivery and immediate care of the newborn baby, initiation of breastfeeding - Newborn resuscitation - Active management of third stage of labour • Immediate postnatal care of mother <ul style="list-style-type: none"> - Monitoring and assessment of maternal well being, prevention and detection of complications (e.g. hypertension, infections, bleeding, anaemia) - Treatment of moderate post-haemorrhagic anaemia - Information and counselling on home self care, nutrition, safe sex, breast care and family planning - Postnatal care planning, advice on danger signs and emergency preparedness • Recording and reporting 	<ul style="list-style-type: none"> • Treatment of abnormalities and complications (e.g. prolonged labour, vacuum extraction; breech presentation, episiotomy, repair of genital tears, manual removal of placenta) • Pre-referral management of serious complications (e.g. obstructed labour, fetal distress, preterm labour, severe peri- and postpartum haemorrhage) • Emergency management of complications if birth imminent • Support for the family if maternal death 	<ul style="list-style-type: none"> • Treatment of severe complications in childbirth and in the immediate postpartum period, including caesarean section, blood transfusion and hysterectomy): <ul style="list-style-type: none"> - obstructed labour - malpresentations - eclampsia - severe infection - bleeding • Induction and augmentation of labour
<i>Situational</i>	<ul style="list-style-type: none"> • Vitamin A administration 	<ul style="list-style-type: none"> • Prevention of mother-to-child transmission of HIV by mode of delivery, guidance and support for chosen infant feeding option 	<ul style="list-style-type: none"> • Management of complications related to FGM

	Routine care (offered to all women and babies)	Additional care (for women and babies with moderately severe diseases and complications)	Specialized - obstetrical and neonatal care (for women and babies with severe diseases and complications)
Postnatal maternal care (up to 6 weeks) <i>Essential</i>	<ul style="list-style-type: none"> • Assessment of maternal wellbeing • Prevention and detection of complications (e.g. infections, bleeding, anaemia) • Anaemia prevention and control (iron and folic acid supplementation) • Information and counselling on nutrition, safe sex, family planning and provision of some contraceptive methods • Postnatal care planning, advice on danger signs and emergency preparedness • Provision of contraceptive methods 	<ul style="list-style-type: none"> • Treatment of some problems (e.g. mild to moderate anaemia, mild puerperal depression) • Pre-referral treatment of some problems (e.g. severe postpartum bleeding, puerperal sepsis) 	<ul style="list-style-type: none"> • Treatment of all complications <ul style="list-style-type: none"> - severe anaemia - severe postpartum bleeding - severe postpartum infections - severe postpartum depression • Female sterilization
<i>Situational</i>	<ul style="list-style-type: none"> • Promotion of ITN use 	<ul style="list-style-type: none"> • Treatment of uncomplicated malaria 	<ul style="list-style-type: none"> • Treatment of complicated malaria
Newborn care (birth and immediate postnatal) <i>Essential</i>	<ul style="list-style-type: none"> • Promotion, protection and support for breastfeeding • Monitoring and assessment of wellbeing, detection of complications (breathing, infections, prematurity, low birthweight, injury, malformation) • Infection prevention and control, rooming-in • Eye care • Information and counselling on home care, breastfeeding, hygiene • Postnatal care planning, advice on danger sign and emergency preparedness • Immunization according to the national guidelines (BCG, HepB, OPV-0) • Kangaroo Mother Care follow-up 	<ul style="list-style-type: none"> • Care if moderately preterm, low birth weight or twin: support for breastfeeding, warmth, frequent assessment of wellbeing and detection of complications e.g. feeding difficulty, jaundice, other perinatal problems • Kangaroo Mother Care follow-up • Treatment of mild to moderate <ul style="list-style-type: none"> - local infections (cord, skin, eye, thrush) - birth injuries • Pre-referral management of infants with severe problems: <ul style="list-style-type: none"> - very preterm babies and/or birth weight very low - severe complications - malformations • Supporting mother if perinatal death 	<ul style="list-style-type: none"> • Management of severe newborn problems - general care for the sick newborn and management of specific problems: <ul style="list-style-type: none"> - preterm birth - breathing difficulty - sepsis - severe birth trauma and asphyxia - severe jaundice - Kangaroo Mother Care (KMC) • Management of correctable malformations
<i>Situational</i>	<ul style="list-style-type: none"> • Promotion of sleeping under ITN 	<ul style="list-style-type: none"> • Presumptive treatment of congenital syphilis • Prevention of mother-to-child transmission of HIV by ART • Support for infant feeding of maternal choice 	<ul style="list-style-type: none"> • Treatment of: <ul style="list-style-type: none"> - congenital syphilis - neonatal tetanus
Postnatal newborn care (visit from/at home) <i>Essential</i>	<ul style="list-style-type: none"> • Assessment of infant's wellbeing and breastfeeding • Detection of complications and responding to maternal concerns • Information and counselling on home care • Additional follow-up visits for high risk babies (e.g. preterm, after severe problems, on replacement feeding) 	<ul style="list-style-type: none"> • Management of: <ul style="list-style-type: none"> - minor to moderate problems and - feeding difficulties • Pre-referral management of severe problems: <ul style="list-style-type: none"> - convulsions - inability to feed • Supporting the family if perinatal death 	<ul style="list-style-type: none"> • Management of severe newborn problems: <ul style="list-style-type: none"> - sepsis - other infections - jaundice - failure to thrive

 Routine care
 Additional care
 Specialized - Obstetrical and neonatal care

Table 2. Place of care, providers, interventions and commodities

Health care	Level of health care	Venue / place	Provider	Interventions and commodities
Pregnancy (antenatal) care				
Routine	Primary	<ul style="list-style-type: none"> Health centre in the community Outpatient clinic of a hospital Outreach home visit 	<ul style="list-style-type: none"> Health worker with midwifery skills* 	<ul style="list-style-type: none"> On site tests (Hb, syphilis) Maternal health record Vaccine Basic oral medicines
Situational	Primary	<ul style="list-style-type: none"> Health centre in the community Outpatient clinic of a hospital Outreach home visits 	<ul style="list-style-type: none"> Health worker with midwifery skills* 	<ul style="list-style-type: none"> On site tests (HIV) Insecticide treated nets (ITN)
Additional	Primary	<ul style="list-style-type: none"> Health centre in the community Outpatient clinic of a hospital 	<ul style="list-style-type: none"> Health worker with midwifery and selected obstetric and neonatal skills* 	<ul style="list-style-type: none"> IV fluids Parenteral drugs (antibiotics, MgSO₄, antimalarial) Manual Vacuum Aspiration (MVA) Anti-retroviral therapy (ART)
Specialized	Secondary	<ul style="list-style-type: none"> Hospital 	<ul style="list-style-type: none"> Team of doctors, midwives and nurses 	All of the above plus: <ul style="list-style-type: none"> Blood transfusion Surgery Laboratory tests Obstetric care
Childbirth (mother and baby)				
Routine	Primary	<ul style="list-style-type: none"> Health centre in the community Maternity ward of a hospital Outreach home care 	<ul style="list-style-type: none"> Health worker with midwifery skills* 	<ul style="list-style-type: none"> Delivery set Oxytocin Partograph
Situational	Primary	<ul style="list-style-type: none"> Health centre in the community Maternity ward of a hospital Outreach home care 	<ul style="list-style-type: none"> Health worker with midwifery skills* 	<ul style="list-style-type: none"> ART
Additional	Primary	<ul style="list-style-type: none"> Health centre in the community Maternity ward of a hospital 	<ul style="list-style-type: none"> Health worker with midwifery and selected obstetric and neonatal skills* 	<ul style="list-style-type: none"> Vacuum extraction Manual removal of placenta Repair of genital tears IV fluids MgSO₄, parenteral uterotonics, and antibiotics Newborn resuscitation
Specialized Mother	Secondary	<ul style="list-style-type: none"> Hospital 	<ul style="list-style-type: none"> Team of doctors, midwives and nurses with neonatal care skills 	All of the above plus: <ul style="list-style-type: none"> Surgery Blood transfusion
Specialized Newborn	Secondary	<ul style="list-style-type: none"> Hospital 	<ul style="list-style-type: none"> Team of doctors and nurses with obstetric and nursing skills 	<ul style="list-style-type: none"> Oxygen IV fluids Parenteral antibiotics Blood transfusion Laboratory - biochemical and microbiology (small blood samples)
Postpartum (mother), postnatal (newborn infant)				
Routine	Primary	<ul style="list-style-type: none"> Health centre in the community Outpatient clinic of a hospital Outreach home visit 	<ul style="list-style-type: none"> Health worker with midwifery skills* 	<ul style="list-style-type: none"> On site tests (Hb, syphilis) Vaccines Basic oral medicines
Situational	Primary	<ul style="list-style-type: none"> Health centre in the community Outpatient clinic of a hospital 	<ul style="list-style-type: none"> Health worker with midwifery skills* 	<ul style="list-style-type: none"> On site tests (HIV) ART
Additional	Primary	<ul style="list-style-type: none"> Health centre in the community Outpatient clinic of a hospital 	<ul style="list-style-type: none"> Health worker with midwifery and selected obstetric and neonatal skills* 	<ul style="list-style-type: none"> IV fluids Parenteral drugs (antibiotics, MgSO₄, antimalarial) Manual removal of placenta
Specialized Mother	Secondary	<ul style="list-style-type: none"> Hospital 	<ul style="list-style-type: none"> Team of doctors, midwives and nurses 	All of the above plus: <ul style="list-style-type: none"> Blood transfusion Surgery Laboratory tests Obstetric care
Specialized Newborn	Secondary	<ul style="list-style-type: none"> Hospital 	<ul style="list-style-type: none"> Team of doctors, midwives and nurses with neonatal skills 	<ul style="list-style-type: none"> Oxygen IV fluids Parenteral antibiotics Blood transfusion Laboratory - biochemical and microbiology (small samples)

* Health worker providing maternity care only or a health worker providing other services in addition to maternity care

Table 3. Home care, family, community and workplace support for the woman during pregnancy and childbirth and for the newborn infant

	Home/family	Community and workplace
Pregnancy	<ul style="list-style-type: none"> • Safe and nutritive diet • Safe sexual practices • Support for quitting smoking • Protection from passive tobacco smoking • Support for avoiding hard work • Planning for birth, and emergencies -mother and baby • Knowledge and support for the birth and emergency plan • Recognition of labour and danger signs • Support for compliance with preventive treatments • Support / accompaniment for pregnancy care visits • Adolescent girls encouraged to continue going to school • Participation in improving quality of services • Participation in transport and financing scheme 	<ul style="list-style-type: none"> • Maternity protection • Time off for antenatal care visits • Safe and clean workplace • Tobacco free working environment • Pregnant adolescents kept at school
<i>Situational</i>	<ul style="list-style-type: none"> • Support for taking ART and for coping with its side effects 	<ul style="list-style-type: none"> • Support for HIV positive women
Childbirth	<ul style="list-style-type: none"> • Accompanying and supporting the woman in childbirth • Support and care for the rest of the family • Organize transport and financial support 	<ul style="list-style-type: none"> • Support for the family during childbirth and immediate postpartum
Postpartum and beyond	<ul style="list-style-type: none"> • Support for exclusive breastfeeding/replacement feeding • Personal hygiene • Safe disposal / washing of pads • Support for rest and less work load • Safe and nutritive diet • Safe sexual practices • Motivation for prescribed treatments • Recognition of dangers signs, including blues / depression • Optimal pregnancy spacing • Reporting birth and death (vital registration) • Participation in improving quality of services • Participation in transport and financing scheme 	<ul style="list-style-type: none"> • Maternity leave • Breastfeeding breaks • Time off for postpartum and baby care visits • If mother referred to hospital, support that she is accompanied with the baby
Newborn and young infant	<ul style="list-style-type: none"> • Exclusive breastfeeding • Hygiene (cord care, washing, clothes) • Avoiding contacts with sick family members • Clean, warm and quiet place, tobacco and fire smoke free • Extra care for small babies (preterm, low birth weight) including KMC • Support for routine and follow up visits • Motivation for home treatment of minor problems • Recognition of danger signs • Safe disposal of baby stool • Care seeking at health facility or hospital 	<ul style="list-style-type: none"> • Promotion, protection and support for breast feeding. • Keeping mother with the baby in hospital for breast-feeding • Supporting the family during maternal absence • Support for referral care for sick newborn.
<i>Situational</i>	<ul style="list-style-type: none"> • Sleeping under ITN 	

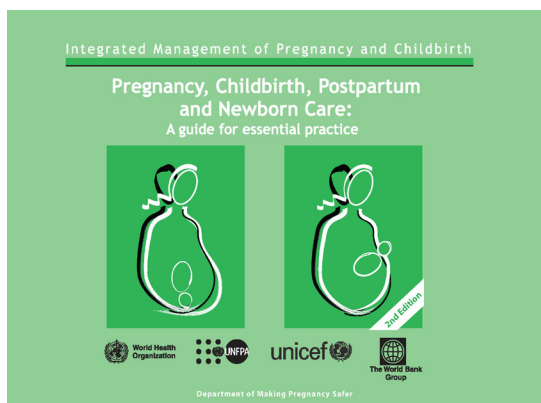
Table 4. Care for the woman before and between pregnancies

	Care by health services	Home/family	Community and workplace
Adolescence	<ul style="list-style-type: none"> • Immunization according to national policy (tetanus and rubella) • Family planning • HIV prevention including VCT 	<ul style="list-style-type: none"> • Delayed childbearing • Healthy lifestyle • Balanced diet, including iodized salt 	<ul style="list-style-type: none"> • Education • Information on prevention of HIV and STI infections
All women of reproductive age	<ul style="list-style-type: none"> • Family planning • Assessment and management of STIs • HIV prevention including testing and counselling 	<ul style="list-style-type: none"> • Optimal pregnancy timing 	

Table 5. Pregnant women not wanting child

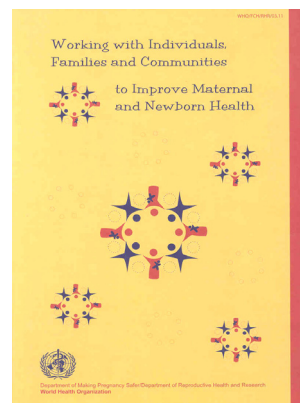
	Care by health services	Home/family	Community and workplace
Pregnant woman not wanting child	<ul style="list-style-type: none"> • Safe abortion (where legal) • Post-abortion care and family planning 	<ul style="list-style-type: none"> • Care for unwanted pregnancy 	

Integrated Management of Pregnancy and Childbirth (IMPAC) Guidelines



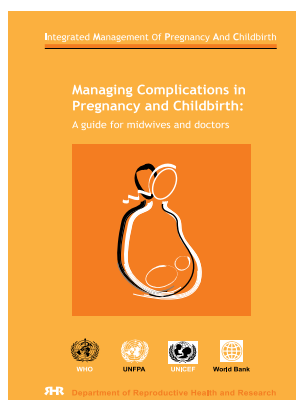
Pregnancy, childbirth, postpartum and newborn care: a guide for essential practice

This guide provides evidence-based recommendations to guide health-care professionals in the management of women during pregnancy, childbirth and postpartum, and post abortion, and newborns during their first week of life. It is a guide for clinical decision-making. It facilitates the collection, analysis, classification and use of relevant information by suggesting key questions, essential observations and/or examinations, and recommending appropriate research-based interventions. It promotes the early detection of complications and the initiation of early and appropriate treatment, including timely referral, if necessary.



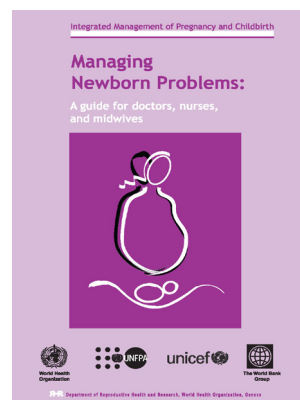
Working with individuals, families and communities to improve maternal and newborn health

The purpose of this document is to establish a common vision and approach, as well as to identify the role of maternal and newborn health programmes, for working with women, men, families and communities to improve maternal and newborn health. Part 1 of the document defines the concepts, values and guiding principles. Part 2 presents strategies, settings, and priority areas for intervention. Part 3 proposes an implementation process; and, finally, Part 4 considers the role and functions of WHO.



Managing complications in pregnancy and childbirth: a guide for midwives and doctors

This easy-to-use manual is arranged by symptoms (e.g. vaginal bleeding in early pregnancy). Because this symptom-based approach is different from most medical texts, which are arranged by disease, corresponding diagnosis tables are provided. Links have been used extensively to facilitate navigation between symptoms and diagnoses. The clinical action steps are based on clinical assessment with limited reliance on laboratory or other tests and most can be performed in a variety of clinical settings (e.g. district hospital or health centre).



Managing newborn problems: a guide for doctors, nurses and midwives

This guide is designed to assist countries with limited resources in their efforts to reduce neonatal mortality and to ensure care for newborn babies with problems due to complications of pregnancy and childbirth, such as asphyxia, sepsis, and low birth weight or preterm birth. The main section of this guide is arranged by clinical signs or findings, which facilitates early identification of illness, and provides up-to-date guidelines for clinical management.

INPUT CONTRACT



OFFER OF REWARD PAYMENTS FOR IMPROVEMENT IN PROVISION OF MATERNAL AND NEONATAL HEALTH CARE

ತಾಯಿ ಮತ್ತು ನವಜಾತ ಶಿಶುವಿನ ಆರೋಗ್ಯ ಸೇವೆಯ ನೀಡುವಲ್ಲಿ ಸುಧಾರಣೆ ಮಾಡುವುದಕ್ಕಾಗಿ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯ (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ಪ್ರಸ್ತಾವ

Date:

Dr. _____

Dear _____

Thank you for taking the time today to learn about our ongoing project to develop innovative ways to partner with private sector doctors in Karnataka. This project has been jointly funded by the World Bank, the International Initiative for Impact Evaluation (3ie), the UK Department for International Development (DFID), and the Government of Karnataka and is focused on the health of women and infants in the time surrounding pregnancy, delivery, and the months following.

ಕರ್ನಾಟಕದಲ್ಲಿ ಖಾಸಗಿ ವಲಯದ ವೈದ್ಯರೊಂದಿಗೆ ಸಹಭಾಗಿತ್ವದ ಅಭಿವೃದ್ಧಿಯು ವಿಧಾನಗಳನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸಲು ನಮ್ಮ ಪ್ರಗತಿಯಲ್ಲಿರುವ ಯೋಜನೆಗೆ ಈದಿನ ನೀವು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳುತ್ತಿರುವುದಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು. ಈ ಯೋಜನೆಗೆ ವಿಶ್ವ ಬ್ಯಾಂಕ್, ದಿ ಇಂಟರ್‌ನ್ಯಾಷನಲ್ ಇನಿಷಿಯೇಟಿವ್ ಫಾರ್ ಇಂಪ್ಯಾಕ್ಟ್ ಎವಾಲ್ಯುಯೇಷನ್(3ie), ಯುಕೆ ಡಿಪಾರ್ಟ್‌ಮೆಂಟ್ ಫಾರ್ ಇಂಟರ್‌ನ್ಯಾಷನಲ್ ಡೆವಲಪ್‌ಮೆಂಟ್ (DFID), ಮತ್ತು ಕರ್ನಾಟಕ ಸರ್ಕಾರದಿಂದ ಜಂಟಿಯಾಗಿ ಅನುದಾನ ಮಾಡಲಾಗಿದೆ ಮತ್ತು ಗರ್ಭಿಣಿ, ಹೆರಿಗೆ, ಮತ್ತು ನಂತರದ ತಿಂಗಳುಗಳ ಸಮಯದಲ್ಲಿ ತಾಯಿಯ ಮತ್ತು ಎಳೆ ಮಕ್ಕಳ ಆರೋಗ್ಯದ ಮೇಲೆ ಕೇಂದ್ರೀಕರಿಸಿದೆ.

As part of this project, Sambodhi Research & Communications Pvt. Ltd (New Delhi), in collaboration with COHESIVE-India¹, is pleased to offer you reward payments based on the quality of medical care that your facility provides to pregnant women and infants. Quality of care is measured in terms of clinically relevant actions to promote a healthy pregnancy and delivery for mothers and infants. Following the WHO guidelines that we are pleased to share with you today, these actions fall into the following five domains:

ಈ ಯೋಜನೆಯ ಭಾಗವಾಗಿ, ಕೊಹೆಸಿವ್- ಇಂಡಿಯಾದ ಸಹಯೋಗದಲ್ಲಿ, ಸಂಬೋಧಿ ರಿಸರ್ಚ್ & ಕಮ್ಯುನಿಕೇಷನ್ಸ್ ಪ್ರೈವೇಟ್ ಲಿಮಿಟೆಡ್ (ನವ ದೆಹಲಿ), ಇವರು ಗರ್ಭಿಣಿ ಮಹಿಳೆ ಮತ್ತು ಎಳೆ ಮಕ್ಕಳಿಗೆ ನಿಮ್ಮ ಸೌಲಭ್ಯವು(ಆಸ್ಪತ್ರೆಯು) ಒದಗಿಸುವಂತಹ ವೈದ್ಯಕೀಯ ಸೇವೆಯ ಗುಣಮಟ್ಟದ ಮೇಲೆ ಆಧರಿಸಿ ಪ್ರತಿಫಲದ ಪಾವತಿಗಳನ್ನು ನಿಮಗೆ ಪ್ರಸ್ತಾಪಿಸಲು ಸಂತೋಷಿಸುತ್ತಿದ್ದಾರೆ. ಎಳೆಮಕ್ಕಳಿಗೆ ಮತ್ತು ತಾಯಂದಿರಿಗೆ ಆರೋಗ್ಯಕರ ಗರ್ಭಾವಸ್ಥೆ ಹಾಗೂ ಹೆರಿಗೆಯನ್ನು ಪ್ರಚಾರಪಡಿಸಲು ವೈದ್ಯಕೀಯವಾಗಿ ಪ್ರಸ್ತುತವಾದ ಕ್ರಮಗಳ ವಿಷಯಗಳಲ್ಲಿ ಆರೋಗ್ಯ ಸೇವೆಯ ಗುಣಮಟ್ಟವನ್ನು ಅಳೆಯಲಾಗುವುದು. ಇಂದು ನಿಮ್ಮೊಂದಿಗೆ ಹಂಚಿಕೊಳ್ಳಲು ನಾವು ಸಂತೋಷಿಸುತ್ತಿರುವಂತಹ ಡಬ್ಲ್ಯೂ ಎಚ್‌ಟಿ ಮಾರ್ಗಸೂಚಿಗಳನ್ನು ಅನುಸರಿಸಿ, ಕೆಳಗಿನ ಐದು ಕಾರ್ಯಕ್ಷೇತ್ರಗಳಲ್ಲಿ ಈ ಕ್ರಮಗಳು ಒಳಪಡುತ್ತವೆ:

¹ COHESIVE-India is a collaboration of researchers from Duke University (USA), Stanford University (USA), University

1. Pregnancy care ಗರ್ಭಿಣಿ ಆರೈಕೆ
2. Childbirth care ಪ್ರಸವ ಆರೈಕೆ
3. Postnatal maternal care ಪ್ರಸವ ನಂತರ ತಾಯಿಯ ಆರೈಕೆ
4. Newborn care, ನವಜಾತ ಶಿಶು ಆರೈಕೆ,
5. Postnatal newborn care. ಪ್ರಸವ ನಂತರ ನವಜಾತ ಶಿಶು ಆರೈಕೆ.

Structure of Payments: ಪಾವತಿಗಳ ರಚನೆ:

<p>1. <i>Participation</i> (today's visit) ಭಾಗವಹಿಸುವಿಕೆ [ಇಂದಿನ ಭೇಟಿ]</p> <ul style="list-style-type: none"> ▪ You will receive Rs. 2,500 for agreement to participate in the reward payments program and for participation in a brief survey; you will be provided with documentation (paper and CD) on standard obstetric care and management of common obstetric complications and a general explanation of the program. ರಿವಾರ್ಡ್ ಪಾವತಿಸುವಿಕೆ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಒಪ್ಪಂದಕ್ಕಾಗಿ ಮತ್ತು ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2500 ಪಡೆಯುತ್ತೀರಿ; ಗುಣಮಟ್ಟದ ಪ್ರಸೂತಿ ಆರೈಕೆ ಮತ್ತು ಸಾಮಾನ್ಯ ಪ್ರಸೂತಿ ತೊಡಕುಗಳ ನಿರ್ವಹಿಸುವಿಕೆ ಮತ್ತು ಕಾರ್ಯಕ್ರಮದ ಸಾಮಾನ್ಯ ವಿವರಣೆ ಮೇಲೆ ದಾಖಲು ಪತ್ರದೊಂದಿಗೆ (ಪೇಪರ್ ಮತ್ತು ಸಿಡಿ) ನಿಮಗೆ ಕೊಡಲಾಗುತ್ತದೆ.
<p>2. <i>Discussion of Strategies</i> (1 – 2 months from now) ಕಾರ್ಯವಿಧಾನಗಳ ಚರ್ಚಿಸುವಿಕೆ (ಈಗಿನಿಂದ 1-2 ತಿಂಗಳು)</p> <ul style="list-style-type: none"> ▪ You will receive an additional Rs. 2,500 for discussing the strategies that you might pursue to provide the highest quality of care to pregnant women and infants who may come to you for care, and for participation in a brief survey. ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಪಡೆದುಕೊಳ್ಳಲು ನಿಮ್ಮಲ್ಲಿಗೆ ಬರುವಂತಹ ಗರ್ಭಿಣಿ ಮಹಿಳೆ ಮತ್ತು ಎಳೆಮಕ್ಕಳಿಗೆ ಅತಿ ಹೆಚ್ಚು ಗುಣಮಟ್ಟದ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಒದಗಿಸಲು ನೀವು ಮುಂದುವರಿಸಬಹುದಾದ ಕಾರ್ಯವಿಧಾನಗಳನ್ನು ಚರ್ಚಿಸುವುದಕ್ಕಾಗಿ ಮತ್ತು ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2,500 ಹೆಚ್ಚುವರಿಯಾಗಿ ಪಡೆಯುವಿರಿ.
<p>3. <i>Reward Payment</i> (12 – 14 months from now) ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆ (ಈಗಿನಿಂದ 12-14ತಿಂಗಳು)</p> <ul style="list-style-type: none"> ▪ You will receive Rs. 2,500 for participation in a brief survey and a final reward payment up to Rs. 1,69,750², based on your facility's performance in the five identified quality of care domains. ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2500 ಪಡೆಯುತ್ತೀರಿ ಮತ್ತು ಐದು ಗುರುತಿಸಲಾದ ಗುಣಮಟ್ಟದ ಆರೋಗ್ಯ ಸೇವೆಯ ಕಾರ್ಯಕ್ಷೇತ್ರಗಳಲ್ಲಿ ನಿಮ್ಮ ಸೌಲಭ್ಯದ (ಆಸ್ಪತ್ರೆಯ) ಕಾರ್ಯಕ್ಷಮತೆಯ ಮೇಲೆ ಆಧರಿಸಿ, ರೂ.1,69,750 ವರೆಗೆ ಅಂತಿಮ ಪ್ರತಿಫಲ ಪಾವತಿಯನ್ನು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್‌ನ್ನು) ನೀವು ಪಡೆಯುತ್ತೀರಿ.

Reward Payment Calculation: ಪ್ರತಿಫಲ ಪಾವತಿ (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ಲೆಕ್ಕ ಮಾಡುವಿಕೆ

The five domains of care are based on the priorities of the fourth and fifth Millennium Development Goals (MDGs) related to maternal and child health, with consideration for the specific health challenges in Karnataka and India in general. Performance in each domain is measured as the share of your patients receiving all of the recommended care that falls under that domain, as identified in the WHO pamphlet. ಆರೋಗ್ಯ ಸೇವೆಯ ಐದು ಕಾರ್ಯಕ್ಷೇತ್ರಗಳು ಸಾಮಾನ್ಯವಾಗಿ ಕರ್ನಾಟಕದಲ್ಲಿ ಮತ್ತು ಭಾರತದಲ್ಲಿ ನಿಶ್ಚಿತ ಆರೋಗ್ಯ ಸವಾಲುಗಳ ಪರಿಗಣಿಸುವಿಕೆಯೊಂದಿಗೆ, ತಾಯಿ ಮತ್ತು ಮಗುವಿನ ಆರೋಗ್ಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ನಾಲ್ಕನೇ ಮತ್ತು ಐದನೇ ಸಹಸ್ರಮಾನದ ಅಭಿವೃದ್ಧಿ ಗುರಿಗಳ (MDGs) ಆಧಾರದ ಮೇಲೆ ಆಧರಿಸಿವೆ. ಡಬ್ಲ್ಯೂಎಚ್‌ಒ ಪಾಂಫ್ಲೆಟ್‌ನಲ್ಲಿ ಗುರುತಿಸಿದ ಹಾಗೆ, ಆ ಕಾರ್ಯಕ್ಷೇತ್ರದ ಅಡಿಯಲ್ಲಿ ಬರುವಂತಹ ಶಿಫಾರಿತ ಎಲ್ಲಾ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ನಿಮ್ಮ ಪಾಲಿನ ರೋಗಿಗಳು ಪಡೆದುಕೊಳ್ಳುತ್ತಿದ್ದಾರೆ ಎನ್ನುವ ಹಾಗೆ ಪ್ರತಿ ಕಾರ್ಯಕ್ಷೇತ್ರದಲ್ಲಿ ಕಾರ್ಯಕ್ಷಮತೆಯನ್ನು ಅಳೆಯಲಾಗುವುದು.

² The amount for the final reward payment is linked to the USD-INR exchange rate and may vary slightly depending on the USD-INR exchange rate at the time of the third visit.

Column 2 of the table below lists the minimum performance levels in each domain that should already be easily attainable by the most doctors in Karnataka. Coverage at or below these Minimum Performance Levels will not receive any reward payments. Column 3 lists the amount of reward that will be paid for every percentage point in performance over the Minimum Performance Level listed in Column 2. The performance reward amounts in Column 3 take into account the relative difficulty of providing high quality care in each of the domains in Karnataka.

ಕರ್ನಾಟಕದಲ್ಲಿ ಸರಾಸರಿಯಾಗಿ ವೈದ್ಯರಿಂದ ಈಗಾಗಲೇ ಸುಲಭವಾಗಿ ಕಾರ್ಯಗತ ಆಗಬೇಕಿದ್ದ ಪ್ರತಿ ಕಾರ್ಯಕ್ಷೇತ್ರದಲ್ಲಿ ಕನಿಷ್ಠ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಗಳನ್ನು ಕೆಳಗಿನ ಟೇಬಲ್‌ನ ಕಾಲಂ 2 ಪಟ್ಟಿ ಮಾಡಿದೆ. ಈ ಕನಿಷ್ಠ ಕಾರ್ಯಕ್ಷಮತೆಯ ಮಟ್ಟಗಳ ಕೆಳಗಿನ ಕವರೇಜ್ ಯಾವುದೇ ಪ್ರತಿಫಲ ಪಾವತಿಯನ್ನು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್‌ನ್ನು) ಪಡೆಯುವುದಿಲ್ಲ. ಕಾಲಂ 2ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿದ ಕನಿಷ್ಠ ಕಾರ್ಯಕ್ಷಮತೆಯ ಮಟ್ಟಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟ ಕಾರ್ಯಕ್ಷಮತೆಯಲ್ಲಿ ಪ್ರತಿ ಪ್ರತಿಶತದ ಪಾಯಿಂಟ್‌ಗಾಗಿ ಪಾವತಿಸುವಂತಹ ರಿವಾರ್ಡ್ (ಪ್ರತಿಫಲದ) ಮೊತ್ತವನ್ನು ಕಾಲಂ 3 ಪಟ್ಟಿ ಮಾಡಿದೆ. ಕಾಲಂ 3ರಲ್ಲಿನ ಕಾರ್ಯಕ್ಷಮತೆಯ ರಿವಾರ್ಡ್ (ಪ್ರತಿಫಲದ) ಮೊತ್ತಗಳು ಕರ್ನಾಟಕದಲ್ಲಿ ಪ್ರತಿಯೊಂದು ಕಾರ್ಯಕ್ಷೇತ್ರಗಳಲ್ಲಿ ಉನ್ನತ ಗುಣಮಟ್ಟದ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಒದಗಿಸುವುದರ ಪ್ರಸಕ್ತ ತೊಂದರೆಯನ್ನು ಲೆಕ್ಕದೊಳಕ್ಕೆ ತೆಗೆದುಕೊಳ್ಳುತ್ತದೆ.

Column 4 lists the Target Performance Levels that experts believe all doctors should be able to achieve with concerted effort to follow the WHO guidelines. Finally, Column 5 lists the amount that would be earned in each domain if these Target Performance Levels are obtained. (Note that reward payments could exceed those listed in Column 5 if performance levels exceed those of the targets in Column 4.)

ಡಬ್ಲ್ಯೂಎಚ್‌ಒ ಮಾರ್ಗಸೂಚಿಗಳನ್ನು ಅನುಸರಿಸಲು ಸಂಘಟಿತ ಶ್ರಮದೊಂದಿಗೆ ಸಾಧಿಸಲು ಎಲ್ಲಾ ವೈದ್ಯರು ಶಕ್ತರಾಗಿದ್ದಾರೆ ಎಂದು ಪರಿಗಣಿತರು ನಂಬುವಂತಹ ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಗಳನ್ನು ಕಾಲಂ 4 ಪಟ್ಟಿ ಮಾಡುತ್ತದೆ. ಅಂತಿಮವಾಗಿ, ಒಂದುವೇಳೆ ಈ ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಗಳನ್ನು ಪಡೆದರೆ ಪ್ರತಿ ಕಾರ್ಯಕ್ಷೇತ್ರದಲ್ಲಿ ಗಳಿಸಲಿರುವಂತಹ ಮೊತ್ತವನ್ನು ಕಾಲಂ 5 ಪಟ್ಟಿ ಮಾಡುತ್ತದೆ. (ಕಾಲಂ 4ರಲ್ಲಿ ಆ ಉದ್ದೇಶಿತ ಆರೋಗ್ಯ ಸೇವೆಗಳನ್ನು ಮೀರಿಸುವಂತಹ ಕಾರ್ಯಕ್ಷಮತೆಯ ಮಟ್ಟಗಳು ಇದ್ದರೆ ಕಾಲಂ 5ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿದ ಮೊತ್ತಗಳನ್ನು ರಿವಾರ್ಡ್ ಪ್ರತಿಫಲ ಪಾವತಿಗಳನ್ನು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್‌ಗಳನ್ನು) ಮೀರಬಹುದು ಎಂದು ಗಮನಿಸಿ.)

Table 1:

(1) Maternal and Child Health Domains of Care ತಾಯಿ ಮತ್ತು ಮಗುವಿನ ಆರೋಗ್ಯ ಕಾರ್ಯಕ್ಷೇತ್ರಗಳ ಆರೋಗ್ಯ ಸೇವೆ	(2) Minimum Performance Level ಕನಿಷ್ಠ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟ	(3) Reward Payment per percentage point over Minimum Level ಕನಿಷ್ಠ ಮಟ್ಟಕ್ಕೆ ಮೇಲ್ಪಟ್ಟ ಪ್ರತಿ ಪ್ರತಿಶತ ಪಾಯಿಂಟ್‌ಗೆ ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್	(4) Target Performance Level ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟ	(5) Example: Payment for Target Performance Level ಉದಾಹರಣೆ: ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಕ್ಕಾಗಿ ಪಾವತಿಸುವಿಕೆ
1. Pregnancy care ಗರ್ಭಿಣಿ ಆರೈಕೆ	85%	Rs. 3,700	95%	Rs. 37,000
2. Childbirth care ಪ್ರಸವ ಆರೈಕೆ	65%	Rs. 750	85%	Rs. 15,000
3. Postnatal maternal care ಪ್ರಸವ ನಂತರ ತಾಯಿಯ ಆರೈಕೆ	50%	Rs. 450	75%	Rs. 11,250
4. Newborn care ನವಜಾತ ಶಿಶು ಆರೈಕೆ	80%	Rs. 1,850	90%	Rs. 18,500
5. Post natal newborn care ಪ್ರಸವ ನಂತರ ನವಜಾತ ಶಿಶು ಆರೈಕೆ	70%	Rs. 950	85%	Rs. 14,250

For example, if your facility's performance in Domain 1: Pregnancy Care is measured at 90%, your reward payment in that category will be Rs. 18,500 (5 * Rs. 3,700); if it is 95%, your reward payment in that category will be Rs. 37,000 (10 * Rs. 3,700); and if it is 100%, your reward payment in that category will be Rs. 55,500 (15 * Rs. 3,700).

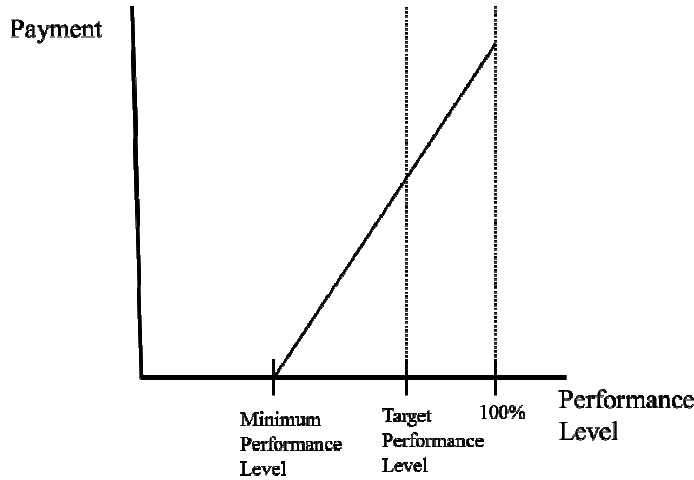
ಉದಾಹರಣೆಗೆ, ನಿಮ್ಮ ಸೌಲಭ್ಯದ(ಆಸ್ಪತ್ರೆಯ) ಕಾರ್ಯಕ್ಷಮತೆಯ ಕಾರ್ಯಕ್ಷೇತ್ರ 1ರಲ್ಲಿ ಆಗಿದ್ದರೆ: ಗರ್ಭಿಣಿ ಆರೈಕೆ ಸೇವೆಯನ್ನು 90%ರಲ್ಲಿ ಅಳಿಯಲಾಗುವುದು, ಆ ವರ್ಗದಲ್ಲಿ ನಿಮ್ಮ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ರೂ. 18,500 (5 * Rs. 3,700) ಆಗಿರುತ್ತದೆ; ಒಂದುವೇಳೆ ಅದು 95% ಆಗಿದ್ದರೆ, ಆ ವರ್ಗದಲ್ಲಿ ನಿಮ್ಮ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ರೂ. 37,000 (10 * Rs. 3,700); ಮತ್ತು ಒಂದುವೇಳೆ ಅದು 10% ಆಗಿದ್ದರೆ, ಆ ವರ್ಗದಲ್ಲಿ ನಿಮ್ಮ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ರೂ. 55, 500 (15 * Rs. 3,700).

On the other hand, if your facility's performance in Domain 1: Pregnancy Care is measured at 70% (or any other level at or below 85%), you would not receive any reward payment for this domain because it is below the threshold set in Column 2. Note that performance below the thresholds set in Column 2 will never detract from your overall payout, and that you will never be in a position to owe money.

ಇನ್ನೊಂದು ಕಡೆಯಲ್ಲಿ, ನಿಮ್ಮ ಸೌಲಭ್ಯದ(ಆಸ್ಪತ್ರೆಯ) ಕಾರ್ಯಕ್ಷಮತೆಯ ಕಾರ್ಯಕ್ಷೇತ್ರ 1ರಲ್ಲಿ ಆಗಿದ್ದರೆ: ಗರ್ಭಿಣಿ ಆರೈಕೆ ಸೇವೆಯನ್ನು 70%ರಲ್ಲಿ (ಅಥವಾ 85% ಕೆಳಗೆ ಬೇರೆ ಯಾವುದೇ ಮಟ್ಟ) ಅಳಿಯಲಾಗುವುದು, ಈ ಕಾರ್ಯಕ್ಷೇತ್ರಕ್ಕಾಗಿ ನೀವು ಯಾವುದೇ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆ (ರಿವಾರ್ಡ್ ಪಾಯಿಂಟ್) ಪಡೆಯುವುದಿಲ್ಲ ಏಕೆಂದರೆ ಅದು ಕಾಲಂ 2ರಲ್ಲಿ ಇಟ್ಟಿರುವ ಮಿತಿಗಿಂತ ಕಡಿಮೆ ಆಗಿದೆ. ಕಾಲಂ 2ರಲ್ಲಿ ಇಟ್ಟಿರುವ ಮಿತಿಗಳ ಕೆಳಗೆ ಆಗಿರುವ ಕಾರ್ಯಕ್ಷಮತೆಯು ನಿಮ್ಮ ಒಟ್ಟಾರೆ ಪಾವತಿಯಿಂದ ಎಂದೂ ತೆಗೆದುಹಾಕುವುದಿಲ್ಲ, ಮತ್ತು ನೀವು ಹಣ ಪಡೆದುಕೊಳ್ಳುವ ಸ್ಥಾನದಲ್ಲಿ ಎಂದಿಗೂ ಇರುವುದಿಲ್ಲ ಎಂದು ಗಮನಿಸಿ.

A graphical representation of the reward payment strategy is shown in Figure 1 below.
ರಿವಾರ್ಡ್ ಪಾವತಿಯ ಯೋಜನೆಯ ರೇಖಾಚಿತ್ರವನ್ನು ಕೆಳಗಿನ ಚಿತ್ರ 1 ರಲ್ಲಿ ತೋರಿಸಲಾಗಿದೆ

Figure 1:



Over the next year, the quality of care provided in each of these domains will be measured through interviews with your patient population.

ಮುಂದಿನ ವರ್ಷದಲ್ಲಿ, ಈ ಪ್ರತಿಯೊಂದು ಕಾರ್ಯಕ್ಷೇತ್ರಗಳಲ್ಲಿ ಒದಗಿಸಲಾಗುವ ಆರೋಗ್ಯ ಸೇವೆಯ ಗುಣಮಟ್ಟವನ್ನು ನಿಮ್ಮ ರೋಗಿಗಳೊಂದಿಗೆ ಸಂದರ್ಶನಗಳ ಮೂಲಕ ಅಳಿಯಲಾಗುತ್ತದೆ.

NOTE: It is very important that (a) patients are not refused treatment from your facility other than in medically appropriate referrals, and (b) we are able to work with your administrative staff to follow up on all patients who deliver at your facility.

ಈ ಮಹತ್ವದ ಅಂಶಗಳನ್ನು ಗಮನಿಸಿ: ಎ) ಸೂಕ್ತವಾದ ವೈದ್ಯಕೀಯ ಕಾರಣಗಳಿಗಲ್ಲದೆ ರೋಗಿಗಳನ್ನು ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಿಂದ ಚಿಕಿತ್ಸೆ ನಿರಾಕರಿಸುವಂತಿಲ್ಲ. ಬಿ) ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಹೇರಿಗಿಯಾಗುವ ಎಲ್ಲಾ ತಾಯಂದಿರನ್ನು ಭೇಟಿಮಾಡಲು ನಿಮ್ಮ ಸಿಬ್ಬಂದಿಯೊಂದಿಗೆ ಕೆಲಸನಿರ್ವಹಿಸುತ್ತೇವೆ.

An independent research team will regularly visit the communities around your facility. Any extraordinary patterns of referral will result in investigations into the reasons for these referrals. If it is found that women have been turned away from your facility for any reason other than medically appropriate referrals to higher-tier facilities, *then this can have an implication on your agreement with us and as a result no further payments will be made.* Similarly, if it is found that there is selective reporting of the births that have taken place in your facility, *then this can have an implication on your agreement with us and as a result no further payments will be made.*

ನಿಮ್ಮ ಸೌಲಭ್ಯದ(ಆಸ್ಪತ್ರೆಯ) ಸುತ್ತಲಿನ ಸಮುದಾಯಗಳನ್ನು ಸ್ವತಂತ್ರವಾದ ಸಂಶೋಧನ ತಂಡವು ನಿಯಮಿತವಾಗಿ ಭೇಟಿ ಮಾಡುತ್ತಾರೆ. ಅಸಾಧಾರಣವಾದ ವೈದ್ಯಕೀಯ ಶಿಫಾರಸುಗಳು ಕಂಡುಬಂದರೆ ಅದನ್ನು ಪರಿಶೀಲಿಸಲಾಗುವುದು. ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಿಂದ ಮಹಿಳೆಯರನ್ನು ಸೂಕ್ತವಾದ ವೈದ್ಯಕೀಯ ಕಾರಣಗಳಿಲ್ಲದೇ ಉನ್ನತ ಮಟ್ಟದ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಕಳುಹಿಸಿಕೊಟ್ಟರೆ, ಈ ಕಾರಣದಿಂದಾಗಿ ಮಾನ್ಯವಾಗುವುದಿಲ್ಲ ಮತ್ತು ಮುಂದಕ್ಕೆ ಯಾವುದೇ ಪಾವತಿಗಳನ್ನು ಮಾಡಲಾಗುವುದಿಲ್ಲ. ಅದೇ ರೀತಿ, ಒಂದು ವೇಳೆ ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಅದ ಮಕ್ಕಳ ಜನನದ ಮಾಹಿತಿ ಪಟ್ಟಿಯನ್ನು ನಿರ್ದಿಷ್ಟವಾಗಿ ಆಯ್ದು ಪಟ್ಟಿಮಾಡಿದ್ದೆಂದು ತಿಳಿದುಬಂದರೆ, ಈ ಕಾರಣದಿಂದಾಗಿ ಮಾನ್ಯವಾಗುವುದಿಲ್ಲ ಮತ್ತು ಮುಂದಕ್ಕೆ ಯಾವುದೇ ಪಾವತಿಗಳನ್ನು ಮಾಡಲಾಗುವುದಿಲ್ಲ.

Please do not hesitate to contact us in case you have any questions or require further information.
ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳಿದ್ದರೆ ಮತ್ತು ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ನಮ್ಮನ್ನು ಸಂಪರ್ಕಿಸಲು ಹಿಂಜರಿಯಬೇಡಿ.

Thank you for your cooperation. We look forward to working with you.
ನಿಮ್ಮ ಸಹಕಾರಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು. ನಿಮ್ಮೊಂದಿಗೆ ಕಾರ್ಯ ನಿರ್ವಹಿಸಲು ನಿರೀಕ್ಷಿಸುತ್ತೇವೆ

Sincerely, ಇಂತಿ,

Kultar Singh

ಕುಲ್ತಾರ್ ಸಿಂಗ್

Chief Executive Officer

ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಾಹಕ ಅಧಿಕಾರಿ

Anil M. Lobo

ಅನಿಲ್ ಎಮ್. ಲೋಬೊ

Manager – Research

ವ್ಯವಸ್ಥಾಪಕ ಅಧಿಕಾರಿ

Sambodhi Research and Communications Pvt. Ltd.

ಸಂಬೋಧಿ ರಿಸರ್ಚ್ ಎಂಡ್ ಕಮ್ಯುನಿಕೇಷನ್ ಪ್ರೈವೇಟ್ ಲಿಮಿಟೆಡ್

O-2, 2nd Floor, Lajpat Nagar-II, New Delhi 110024

ಒ -2, ಸೆಕೆಂಡ್ ಫ್ಲೋರ್, ಲಾಜಪತ್ ನಗರ್ - 2, ನ್ಯೂ - ಡೆಲ್ಲಿ 110024

I agree to participate in the above mentioned study.

ನಾನು ಮೇಲೆ ತಿಳಿಸಿದ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಒಪ್ಪಿಕೊಳ್ಳುತ್ತೇನೆ.

Name of Provider (Print)

ಆರೋಗ್ಯ ಸೇವೆ ಒದಗಿಸುವವರ ಹೆಸರು

Signature of Provider

ಸಹಿ

Date

ದಿನಾಂಕ

**WHO Recommended Interventions for Improving Maternal and Newborn Health
Routine Care in Pregnancy, Childbirth and Postpartum Period for Mother and Newborn Infant**

<p>Pregnancy care – 4 visits</p>	<ul style="list-style-type: none"> • Confirmation of pregnancy • Monitoring of progress of pregnancy and assessment of maternal and fetal well-being • Detection of problems complicating pregnancy (e.g., anemia, hypertensive disorders, bleeding, malpresentations, multiple pregnancy) • Respond to other reported complaints • Tetanus immunization, anemia prevention and control (iron and folic acid supplementation) • Information and counseling on self care at home, nutrition, safer sex, breastfeeding, family planning, healthy lifestyle • Birth planning, advice on danger signs and emergency preparedness • Recording and reporting • Syphilis testing
<p>Childbirth Care (labor, delivery, and immediate postpartum)</p>	<ul style="list-style-type: none"> • Care during labor and delivery <ul style="list-style-type: none"> ○ Diagnosis of labor ○ Monitoring progress of labor, maternal and fetal well-being with partograph ○ Providing supporting care and pain relief ○ Detection of problems and complications (e.g. malpresentations, prolonged and/or obstructed labor, hypertension, bleeding, and infection) ○ Delivery and immediate care of the newborn baby, initiation of breastfeeding ○ Newborn resuscitation ○ Active management of third stage of labor • Immediate postnatal care of mother <ul style="list-style-type: none"> ○ Monitoring and assessment of maternal well being, prevention and detection of complications (e.g. hypertension, infections, bleeding, anemia) ○ Treatment of moderate post-hemorrhagic anemia ○ Information and counseling on home self care, nutrition, safe sex, breast care and family planning ○ Postnatal care planning, advice on danger signs and emergency preparedness • Recording and reporting
<p>Postnatal maternal care (up to 6 weeks)</p>	<ul style="list-style-type: none"> • Assessment of maternal wellbeing • Prevention and detection of complications (e.g. infections, bleeding, anemia) • Anemia prevention and control (iron and folic acid supplementation) • Information and counseling on nutrition, safe sex, family planning, and provision of some contraceptive methods • Postnatal care planning, advice on danger signs and emergency preparedness • Provision of contraceptive methods
<p>Newborn care (birth and immediate postnatal)</p>	<ul style="list-style-type: none"> • Promotion, protection and support for breastfeeding • Monitoring and assessment of wellbeing, detection of complications (breathing, infections, prematurity, low birth weight, injury, malformation) • Infection prevention and control, rooming in • Eye care • Information and counseling on home care, breastfeeding, hygiene • Postnatal care planning, advice on danger signs and emergency preparedness • Immunization according to the national guidelines (BCG, HepB, OPV-O) • Kangaroo Mother Care follow-up
<p>Postnatal newborn care (visit from/at home)</p>	<ul style="list-style-type: none"> • Assessment of infant’s wellbeing and breastfeeding • Detection of complications and responding to maternal concerns • Information and counseling on home care • Additional follow-up visits for high risk babies (e.g. preterm, after severe problems, on replacement feeding)

OUTPUT CONTRACT



OFFER OF REWARD PAYMENTS FOR IMPROVEMENT IN PROVISION OF MATERNAL AND NEONATAL HEALTH CARE

ತಾಯಿ ಮತ್ತು ನವಜಾತ ಶಿಶುವಿನ ಆರೋಗ್ಯ ಸೇವೆಯ ನೀಡುವಲ್ಲಿ ಸುಧಾರಣೆ ಮಾಡುವುದಕ್ಕಾಗಿ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯ (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ಪ್ರಸ್ತಾವ

Date: _____

Dr. _____

Dear _____

Thank you for taking the time today to learn about our ongoing project to develop innovative ways to partner with private sector doctors in Karnataka. This project has been jointly funded by the World Bank, the International Initiative for Impact Evaluation (3ie), the UK Department for International Development (DFID), and the Government of Karnataka and is focused on the health of women and infants in the time surrounding pregnancy, delivery, and the months following.

ಕರ್ನಾಟಕದಲ್ಲಿ ಖಾಸಗಿ ವಲಯದ ವೈದ್ಯರೊಂದಿಗೆ ಸಹಭಾಗಿಯಾಗಲು ಅವಿಷ್ಕಾರಿಯುತ ವಿಧಾನಗಳನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸಲು ನಮ್ಮ ಪ್ರಗತಿಯಲ್ಲಿರುವ ಯೋಜನೆಗೆ ಈದಿನ ನೀವು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳುತ್ತಿರುವುದಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು. ಈ ಯೋಜನೆಗೆ ವಿಶ್ವ ಬ್ಯಾಂಕ್, ದಿ ಇಂಟರ್‌ನ್ಯಾಷನಲ್ ಇನಿಷಿಯೇಟಿವ್ ಫಾರ್ ಇಂಪ್ಯಾಕ್ಟ್ ಎವಾಲ್ಯುಯೇಷನ್(3ie), ಯುಕೆ ಡಿಪಾರ್ಟ್‌ಮೆಂಟ್ ಫಾರ್ ಇಂಟರ್‌ನ್ಯಾಷನಲ್ ಡೆವಲಪ್‌ಮೆಂಟ್ (DFID), ಮತ್ತು ಕರ್ನಾಟಕ ಸರ್ಕಾರದಿಂದ ಜಂಟಿಯಾಗಿ ಅನುದಾನ ಮಾಡಲಾಗಿದೆ ಮತ್ತು ಗರ್ಭಿಣಿ, ಹರಿಗೆ, ಮತ್ತು ನಂತರದ ತಿಂಗಳುಗಳ ಸಮಯದಲ್ಲಿ ತಾಯಿಯ ಮತ್ತು ಎಳೆ ಮಕ್ಕಳ ಆರೋಗ್ಯದ ಮೇಲೆ ಕೇಂದ್ರೀಕರಿಸಿದೆ.

As part of this project, Sambodhi Research & Communications Pvt. Ltd (New Delhi), in collaboration with COHESIVE-India¹, is pleased to offer you reward payments based on the share of women and infants receiving care in your facility who face adverse health outcomes. Based on health statistics and expert judgment, the four most serious adverse health outcomes are:

ಈ ಯೋಜನೆಯ ಭಾಗವಾಗಿ, ಕೊಹೆಸಿವ್- ಇಂಡಿಯಾದ ಸಹಯೋಗದಲ್ಲಿ, ಸಂಬೋಧಿ ರಿಸರ್ಚ್ & ಕಮ್ಯುನಿಕೇಷನ್ಸ್ ಪ್ರೈವೇಟ್ ಲಿಮಿಟೆಡ್ (ನವ ದೆಹಲಿ), ಇವರು ಪ್ರತಿಕೂಲ ಆರೋಗ್ಯ ಪರಿಣಾಮಗಳನ್ನು ಕಂಡಂತಹ ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಿಂದ ಸೇವೆ ಪಡೆಯುತ್ತಿರುವ ಮಹಿಳೆ ಮತ್ತು ಮಕ್ಕಳ ಅಂಶದ ಮೇಲೆ ಆಧರಿಸಿ ರಿವಾರ್ಡ್ ಪಾವತಿಗಳನ್ನು ನಿಮಗೆ ಪ್ರಸ್ತಾಪಿಸಲು ಸಂತೋಷಿಸುತ್ತಿದ್ದಾರೆ. ಆರೋಗ್ಯ ಸಂಖ್ಯಾ ಶಾಸ್ತ್ರಜ್ಞರ ಮತ್ತು ತಜ್ಞರ ಪ್ರಕಾರ ಪ್ರತಿಕೂಲ ಆರೋಗ್ಯ ಪರಿಣಾಮಗಳೆಂದರೆ:

1. Post-partum hemorrhage, ಪ್ರಸವದ ನಂತರ ರಕ್ತಶ್ರಾವ
2. Pre-eclampsia, ಬಸಿರು ನಂಜು
3. Sepsis among women who have just given birth, ಪ್ರಸವದ ನಂತರ ತಾಯಿಯಲ್ಲಿ ಕೀವು / ನೆತ್ತರು ನಂಜಾಗುವುದು
4. Neonatal death ಆಗ ತಾನೇ ಜನಿಸಿದ ಮಗುವಿನ ಮರಣ

¹ COHESIVE-India is a collaboration of researchers from Duke University (US), Stanford University (US), University College

Structure of Payments:

<p>1. <i>Participation</i> (today's visit)</p> <ul style="list-style-type: none">You will receive Rs. 2,500 for agreement to participate in the reward payments program and for participation in a brief survey; you will be provided with documentation (paper and CD) on standard obstetric care and management of common obstetric complications and a general explanation of the program <p>ರಿವಾರ್ಡ್ ಪಾವತಿಸುವಿಕೆ ಕಾರ್ಯಕ್ರಮದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಒಪ್ಪಂದಕ್ಕಾಗಿ ಮತ್ತು ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2500 ಪಡೆಯುತ್ತೀರಿ; ಗುಣಮಟ್ಟದ ಪ್ರಸೂತಿ ಆರೈಕೆ ಮತ್ತು ಸಾಮಾನ್ಯ ಪ್ರಸೂತಿ ತೊಡಕುಗಳ ನಿರ್ವಹಿಸುವಿಕೆ ಮತ್ತು ಕಾರ್ಯಕ್ರಮದ ಸಾಮಾನ್ಯ ವಿವರಣೆ ಮೇಲೆ ದಾಖಲು ಪತ್ರದೊಂದಿಗೆ (ಪೇಪರ್ ಮತ್ತು ಸಿಡಿ) ನಿಮಗೆ ಕೊಡಲಾಗುತ್ತದೆ.</p>
<p>2. <i>Discussion of strategies</i> (1 – 2 months from now)</p> <ul style="list-style-type: none">You will receive an additional Rs. 2,500 for discussing the strategies that you might pursue to minimize adverse health outcomes among women and infants receiving care at your facility and for participation in a brief survey <p>ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಿಂದ ಸೇವೆಯನ್ನು ಪಡೆಯುವ ತಾಯಿಯ ಮತ್ತು ಮಕ್ಕಳ ಪ್ರತಿಕೂಲ ಅರೋಗ್ಯ ಪರಿಣಾಮಗಳನ್ನು ಕಡಿಮೆ ಮಾಡಬಹುದಾದ ಕಾರ್ಯವಿಧಾನಗಳನ್ನು ಚರ್ಚಿಸುವುದಕ್ಕಾಗಿ ಮತ್ತು ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2,500 ಹೆಚ್ಚುವರಿಯಾಗಿ ಪಡೆಯುವಿರಿ.</p>
<p>3. <i>Reward Payout</i> (12 – 14 months from now)</p> <ul style="list-style-type: none">You will receive Rs. 2,500 for participation in a brief survey and a final reward payment up to Rs. 148,950², based on your facility's rates of the four identified adverse health outcomes among women and infants at your facility. <p>ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2500 ಪಡೆಯುತ್ತೀರಿ ಮತ್ತು ಮಹಿಳೆ ಮತ್ತು ಮಕ್ಕಳಲ್ಲಿ ಗುರುತಿಸಲಾದ 4 ಪ್ರತಿಕೂಲ ಅರೋಗ್ಯ ಪರಿಣಾಮಗಳ ಮೇಲೆ ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯ ಪಡೆಯುವ ಫಲಿತಾಂಶಗಳನ್ನು ಆಧರಿಸಿ, ರೂ.148,950 ವರೆಗೆ ಅಂತಿಮ ಪ್ರತಿಫಲ ಪಾವತಿಯನ್ನು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್‌ನ್ನು) ನೀವು ಪಡೆಯುತ್ತೀರಿ.</p>

Reward Payment Calculation: ಪ್ರತಿಫಲ ಪಾವತಿ (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ಲೆಕ್ಕ ಮಾಡುವಿಕೆ

The four adverse health outcomes are based on the priorities of the fourth and fifth Millennium Development Goals (MDG's) related to maternal and child health, with consideration for the specific health challenges in Karnataka and India in general. Performance for each maternal health outcome is measured by the percentage of women who suffer from each of the identified adverse health outcomes.

ನಾಲ್ಕು ವ್ಯತಿರಿಕ್ತ ಅರೋಗ್ಯ ಫಲಿತಾಂಶಗಳು ಸಾಮಾನ್ಯವಾಗಿ ಕರ್ನಾಟಕದಲ್ಲಿ ಮತ್ತು ಭಾರತದಲ್ಲಿ ನಿಶ್ಚಿತ ಅರೋಗ್ಯ ಸವಾಲುಗಳ ಪರಿಗಣಿಸುವಿಕೆಯೊಂದಿಗೆ, ತಾಯಿ ಮತ್ತು ಮಗುವಿನ ಅರೋಗ್ಯಕ್ಕೆ ಸಂಬಂಧಿಸಿದಂತೆ ನಾಲ್ಕನೇ ಮತ್ತು ಐದನೇ ಸಹಸ್ರಮಾನದ ಅಭಿವೃದ್ಧಿ ಗುರಿಗಳ (MDGs) ಆಧಾರದ ಮೇಲೆ ಆಧರಿಸಿವೆ. ಗುರುತಿಸಲಾದ ಪ್ರತಿಯೊಂದು ವ್ಯತಿರಿಕ್ತ ಅರೋಗ್ಯ ಫಲಿತಾಂಶಗಳಿಂದ ಬಳಲುತ್ತಿರುವಂತಹ ಮಹಿಳೆಯರ ಪ್ರತಿಶತದಿಂದ ಪ್ರತಿ ತಾಯಿಯ ಅರೋಗ್ಯ ಫಲಿತಾಂಶಕ್ಕಾಗಿ ಕಾರ್ಯಕ್ಷಮತೆಯನ್ನು ಅಳೆಯಲಾಗುವುದು.

Column 2 of Table 1 below lists the Baseline Performance Levels in each maternal adverse health outcome that should already be easily attainable by the average doctor in Karnataka. Adverse health outcome rates above these baseline performance levels will not receive any reward payments. Column 3 lists the amount of reward that will be paid for every percentage point in performance under the baseline performance level listed in Column 2. The performance reward amounts in Column 3 take into account the relative difficulty of preventing each of the three maternal adverse health outcomes in Karnataka.

ಕರ್ನಾಟಕದಲ್ಲಿ ಸಾಧಾರಣ ವೈದ್ಯರಿಂದ ಈಗಾಗಲೇ ಸುಲಭವಾಗಿ ಕಾರ್ಯಗತ ಆಗಬೇಕಿದ್ದ ಪ್ರತಿ ತಾಯಿಯ ವ್ಯತಿರಿಕ್ತ ಅರೋಗ್ಯ ಫಲಿತಾಂಶದಲ್ಲಿನ ಮೂಲ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಗಳನ್ನು ಕೆಳಗಿನ ಟೇಬಲ್‌ನ ಕಾಲಂ 2ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿದೆ. ಈ ಮೂಲ ಕಾರ್ಯಕ್ಷಮತೆಯ ಮಟ್ಟಗಳ ಮೇಲ್ಪಟ್ಟ ವ್ಯತಿರಿಕ್ತ ಅರೋಗ್ಯ ಫಲಿತಾಂಶದ ಪ್ರಮಾಣಗಳು ಯಾವುದೇ ಪ್ರತಿಫಲ ಪಾವತಿಯನ್ನು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್‌ನ್ನು) ಪಡೆಯುವುದಿಲ್ಲ. ಕಾಲಂ 2ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿದ ಮೂಲ ಕಾರ್ಯಕ್ಷಮತೆಯ ಮಟ್ಟದ ಕೆಳಗೆ ಪ್ರತಿ ಪ್ರತಿಶತದ ಪಾಯಿಂಟ್‌ಗಾಗಿ ಪಾವತಿಸುವಂತಹ ರಿವಾರ್ಡ್ (ಪ್ರತಿಫಲದ) ಮೊತ್ತವನ್ನು ಕಾಲಂ 3ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿದೆ. ಕಾಲಂ 3ರಲ್ಲಿನ ಕಾರ್ಯಕ್ಷಮತೆಯ ರಿವಾರ್ಡ್ (ಪ್ರತಿಫಲದ) ಮೊತ್ತಗಳು ಕರ್ನಾಟಕದಲ್ಲಿ ತಾಯಿಯ ಮೂರು ವ್ಯತಿರಿಕ್ತ ಅರೋಗ್ಯ ಫಲಿತಾಂಶಗಳಲ್ಲಿ ಪ್ರತಿಯೊಂದರ ಪ್ರಸಕ್ತ ತೊಂದರೆಯನ್ನು ಲೆಕ್ಕದೊಳಕ್ಕೆ ತೆಗೆದುಕೊಳ್ಳುತ್ತದೆ.

² The amount for the final reward payment is linked to the USD-INR exchange rate and may vary slightly depending on the USD-INR exchange rate at the time of the third visit

Column 4 lists the Target Performance Levels that experts believe all doctors should be able to achieve with concerted effort. Finally, Column 5 lists the amount that would be earned for each of the maternal adverse health outcomes if these Target Performance Levels are obtained. (Note that reward payments could exceed those listed in Column 5 if performance is better than the targets in Column 4.)

ಸಂಘಟಿತ ಶ್ರಮದೊಂದಿಗೆ ಸಾಧಿಸಲು ಎಲ್ಲಾ ವೈದ್ಯರು ಶಕ್ತರಾಗಿದ್ದಾರೆ ಎಂದು ಪರಿಗಣಿತರು ನಂಬುವಂತಹ ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಗಳನ್ನು ಕಾಲಂ 4 ಪಟ್ಟಿ ಮಾಡುತ್ತದೆ. ಅಂತಿಮವಾಗಿ, ಒಂದುವೇಳೆ ಈ ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಗಳನ್ನು ಪಡೆದರೆ, ಪ್ರತಿ ಕಾರ್ಯಕ್ಷೇತ್ರದಲ್ಲಿ ಗಳಿಸಲಿರುವಂತಹ ಮೊತ್ತವನ್ನು ಕಾಲಂ 5 ಪಟ್ಟಿ ಮಾಡುತ್ತದೆ. (ಕಾಲಂ 4ರಲ್ಲಿ ಗುರಿಗಳನ್ನು ಮೀರಿಸುವಂತಹ ಕಾರ್ಯಕ್ಷಮತೆಯು ಇದ್ದರೆ ಕಾಲಂ 5ರಲ್ಲಿ ಪಟ್ಟಿ ಮಾಡಿದ ಮೊತ್ತಗಳನ್ನು ರಿವಾರ್ಡ್ ಪ್ರತಿಫಲ ಪಾವತಿಗಳನ್ನು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್‌ಗಳನ್ನು) ಮೀರಬಹುದು ಎಂದು ಗಮನಿಸಿ).

Table 1:

(1)	(2)	(3)	(4)	(5)
Maternal Adverse Health Outcomes ತಾಯಿಯ ವೈತರಿಕ ಆರೋಗ್ಯ ಫಲಿತಾಂಶಗಳು	Baseline Performance Level ಮೂಲ ಕಾರ್ಯಕ್ಷಮತೆಯ ಮಟ್ಟ	Reward Payment per percentage point under Baseline Level ಮೂಲ ಮಟ್ಟದ ಅಡಿಯಲ್ಲಿ ಪ್ರತಿ ಪ್ರತಿಶತ ಪಾಯಿಂಟ್‌ಗೆ ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್	Target Performance Level ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟ	Example: Payment for Target Performance Level ಉದಾಹರಣೆ: ಉದ್ದೇಶಿತ ಕಾರ್ಯಕ್ಷಮತೆ ಮಟ್ಟಕ್ಕಾಗಿ ಪಾವತಿಸುವಿಕೆ
1. Post-partum hemorrhage ಪ್ರಸವದ ನಂತರ ರಕ್ತಸ್ರಾವ	35%	Rs. 850	15%	Rs. 17,000
2. Pre-eclampsia ಬಸಿರು ನಂಜು	20%	Rs. 1,750	10%	Rs. 17,500
3. Sepsis among women who have just given birth ಪ್ರಸವದ ನಂತರ ತಾಯಿಯಲ್ಲಿ ಕೀವು /ನೆತ್ತರು ನಂಜಾಗುವುದು	8%	Rs. 8,650	4%	Rs. 34,600

For example, if your facility's rate of Outcome 1: Post-partum hemorrhage is measured at 30%, your reward payment in that category will be Rs. 4,250 (5 * Rs. 850); if it is measured at 25%, your reward payment in that category will be Rs. 8,500 (10 * Rs. 850); and if it is measured at 20%, your reward payment in that category will be Rs. 12,750 (15 * Rs. 850).

ಉದಾಹರಣೆಗೆ, ನಿಮ್ಮ ಸೌಲಭ್ಯದ(ಆಸ್ಪತ್ರೆ) ಫಲಿತಾಂಶ ಪ್ರಮಾಣವು 1ರಲ್ಲಿ ಆಗಿದ್ದರೆ: ಪ್ರಸವದ ನಂತರ ರಕ್ತಸ್ರಾವವನ್ನು 30%ರಲ್ಲಿ ಅಳಯಲಾಗುವುದು, ಆ ವರ್ಗದಲ್ಲಿ ನಿಮ್ಮ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ರೂ. 4,250 (5 * ರೂ. 850) ಆಗಿರುತ್ತದೆ; ಒಂದುವೇಳೆ ಅದು 25% ಆಗಿದ್ದರೆ, ಆ ವರ್ಗದಲ್ಲಿ ನಿಮ್ಮ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ರೂ. 8,500 (10 * ರೂ. 850); ಮತ್ತು ಒಂದುವೇಳೆ ಅದು 20% ಆಗಿದ್ದರೆ, ಆ ವರ್ಗದಲ್ಲಿ ನಿಮ್ಮ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆಯು (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ರೂ. 12,750 (15 * ರೂ. 850).

On the other hand, if your facility's rate of Outcome 1: Post-partum hemorrhage measured at 40% (or any other rate above 35%), you would not receive any reward payment for this outcome because it is above the threshold set in Column 2. Note that performance rates above the thresholds set in Column 2 will never detract from your overall payout, and that you will never be in a position to owe money.

ಇನ್ನೊಂದು ಕಡೆಯಲ್ಲಿ, ನಿಮ್ಮ ಸೌಲಭ್ಯದ(ಆಸ್ಪತ್ರೆಯ) ಫಲಿತಾಂಶ ಪ್ರಮಾಣವು 1ರಲ್ಲಿ ಆಗಿದ್ದರೆ: ಪ್ರಸವದ ನಂತರ ರಕ್ತಸ್ರಾವವನ್ನು 40%ರಲ್ಲಿ (ಅಥವಾ 35% ಕೆಳಗೆ ಬೇರೆ ಯಾವುದೇ ಮಟ್ಟ) ಅಳಿಯಲಾಗುವುದು. ಈ ಫಲಿತಾಂಶಕ್ಕಾಗಿ ನೀವು ಯಾವುದೇ ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆ (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ಪಡೆಯುವುದಿಲ್ಲ ಏಕೆಂದರೆ ಅದು ಕಾಲಂ 2ರಲ್ಲಿ ಇಟ್ಟಿರುವ ಮಿತಿಗಿಂತ ಹೆಚ್ಚು ಆಗಿದೆ. ಕಾಲಂ 2ರಲ್ಲಿ ಇಟ್ಟಿರುವ ಮಿತಿಗಳ ಮೇಲೆ ಆಗಿರುವ ಕಾರ್ಯಕ್ಷಮತೆಯು ನಿಮ್ಮ ಒಟ್ಟಾರೆ ಪಾವತಿಯಿಂದ ಎಂದೂ ತೆಗೆದುಹಾಕುವುದಿಲ್ಲ, ಮತ್ತು ನೀವು ಹಣ ಪಡೆದುಕೊಳ್ಳುವ ಸ್ಥಾನದಲ್ಲಿ ಎಂದಿಗೂ ಇರುವುದಿಲ್ಲ ಎಂದು ಗಮನಿಸಿ.

As shown in Table 2 below, a reward payment of Rs.15, 000 will be paid if there are 0 neonatal deaths over the course of the study.

ಟೇಬಲ್ 2ರಲ್ಲಿ ತೋರಿಸಿದ ಹಾಗೆ, ಅಧ್ಯಯನದ ಅವಧಿಯಲ್ಲಿ ಶೂನ್ಯ ನವಜಾತ ಶಿಶು ಮರಣಗಳು ಇದ್ದರೆ ರೂ.15,000 ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆ (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್) ಪಾವತಿಸಲಾಗುತ್ತದೆ.

Table 2:

(1)	(2)	(3)
Neonatal Adverse Health Outcome ನವಜಾತ ಶಿಶುವಿನ ವೈತರಿಕ ಆರೋಗ್ಯ ಫಲಿತಾಂಶ	Performance during the study ಅಧ್ಯಯನದ ಸಂದರ್ಭದಲ್ಲಿ ಕಾರ್ಯಕ್ಷಮತೆ	Reward Payment ಪ್ರತಿಫಲ ಪಾವತಿಸುವಿಕೆ (ರಿವಾರ್ಡ್ ಪೇಮೆಂಟ್)
4. Neonatal mortality ನವಜಾತ ಶಿಶುವಿನ ಮರಣ	0 neonatal deaths ಶೂನ್ಯ ನವಜಾತ ಶಿಶು ಮರಣಗಳು	Rs. 15,000

Over the next year, the rates of these maternal and neonatal adverse health outcomes will be measured through interviews with your patient population.

ಮುಂದಿನ ವರ್ಷದಲ್ಲಿ, ಈ ತಾಯಿ ಮತ್ತು ನವಜಾತ ಶಿಶುಗಳ ವೈತರಿಕ ಆರೋಗ್ಯ ಫಲಿತಾಂಶಗಳ ಪ್ರಮಾಣಗಳನ್ನು ನಿಮ್ಮ ರೋಗಿಗಳೊಂದಿಗೆ ಸಂದರ್ಶನಗಳ ಮೂಲಕ ಅಳಿಯಲಾಗುತ್ತದೆ.

NOTE: It is critical that (a) patients are not refused treatment from your facility other than in medically appropriate referrals, and (b) we are able to work with your administrative staff to follow up on all patients who deliver at your facility.

ಈ ಮಹತ್ವದ ಅಂಶಗಳನ್ನು ಗಮನಿಸಿ: ಎ) ಸೂಕ್ತವಾದ ವೈದ್ಯಕೀಯ ಕಾರಣಗಳಿಲ್ಲದೆ ರೋಗಿಗಳನ್ನು ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಿಂದ ಚಿಕಿತ್ಸೆ ನಿರಾಕರಿಸುವಂತಿಲ್ಲ. ಬಿ) ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಹೇರಿಗಿಯಾಗುವ ಎಲ್ಲಾ ತಾಯಂದಿರನ್ನು ಭೇಟಿಮಾಡಲು ನಿಮ್ಮ ಸಿಬ್ಬಂದಿಯೊಂದಿಗೆ ಕೆಲಸನಿರ್ವಹಿಸುತ್ತೇವೆ.

An independent research team will regularly visit the communities around your facility. Any extraordinary patterns of referral will result in investigations into the reasons for these referrals. If it is found that women have been turned away from your facility for any reason other than medically appropriate referrals to higher-tier facilities, then this can have an implication on your agreement with us and as a result no further payments will be made. Similarly, if it is found that there is selective reporting of the births that have taken place in your facility, then this can have an implication on your agreement with us and as a result no further payments will be made.

ನಿಮ್ಮ ಸೌಲಭ್ಯದ(ಆಸ್ಪತ್ರೆಯ) ಸುತ್ತಲಿನ ಸಮುದಾಯಗಳನ್ನು ಸ್ವತಂತ್ರವಾದ ಸಂಶೋಧನ ತಂಡವು ನಿಯಮಿತವಾಗಿ ಭೇಟಿ ಮಾಡುತ್ತಾರೆ. ಅಸಾಧಾರಣವಾದ ವೈದ್ಯಕೀಯ ಶಿಫಾರಸುಗಳು ಕಂಡುಬಂದರೆ ಅದನ್ನು ಪರಿಶೀಲಿಸಲಾಗುವುದು. ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಿಂದ ಮಹಿಳೆಯರನ್ನು ಸೂಕ್ತವಾದ ವೈದ್ಯಕೀಯ ಕಾರಣಗಳಿಲ್ಲದೇ ಉನ್ನತ ಮಟ್ಟದ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಕಳುಹಿಸಿಕೊಟ್ಟರೆ, ಈ ಕರಾರು ಒಪ್ಪಂದವು ಮಾನ್ಯವಾಗುವುದಿಲ್ಲ ಮತ್ತು ಮುಂದಕ್ಕೆ ಯಾವುದೇ ಪಾವತಿಗಳನ್ನು ಮಾಡಲಾಗುವುದಿಲ್ಲ. ಅದೇ ರೀತಿ, ಒಂದು ವೇಳೆ ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಅದ ಮಕ್ಕಳ ಜನನದ ಮಾಹಿತಿ ಪಟ್ಟಿಯನ್ನು ನಿರ್ದಿಷ್ಟವಾಗಿ ಆಯ್ದು ಪಟ್ಟಿಮಾಡಿದ್ದೆಂದು ತಿಳಿದುಬಂದರೆ, ಈ ಕರಾರು ಒಪ್ಪಂದವು ಮಾನ್ಯವಾಗುವುದಿಲ್ಲ ಮತ್ತು ಮುಂದಕ್ಕೆ ಯಾವುದೇ ಪಾವತಿಗಳನ್ನು ಮಾಡಲಾಗುವುದಿಲ್ಲ.

Please do not hesitate to contact us in case you have any questions or require further information.
ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳಿದ್ದರೆ ಮತ್ತು ಹೆಚ್ಚಿನ ಮಾಹಿತಿಗಾಗಿ ನಮ್ಮನ್ನು ಸಂಪರ್ಕಿಸಲು ಹಿಂಜರಿಯಬೇಡಿ.

Thank you for your cooperation. We look forward to working with you.
ನಿಮ್ಮ ಸಹಕಾರಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು. ನಿಮ್ಮೊಂದಿಗೆ ಕಾರ್ಯ ನಿರ್ವಹಿಸಲು ನಿರೀಕ್ಷಿಸುತ್ತೇವೆ

Sincerely, ಇಂತಿ

Kultar Singh

ಕುಲ್ತಾರ್ ಸಿಂಗ್

Chief Executive Officer

ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಾಹಕ ಅಧಿಕಾರಿ

Anil M. Lobo

ಅನಿಲ್ ಎಮ್. ಲೋಬೊ

Manager – Research

ವ್ಯವಸ್ಥಾಪಕ ಅಧಿಕಾರಿ

Sambodhi Research and Communications Pvt. Ltd.

ಸಂಬೋಧಿ ರಿಸರ್ಚ್ ಎಂಡ್ ಕಮ್ಯುನಿಕೇಷನ್ ಪ್ರೈವೇಟ್ ಲಿಮಿಟೆಡ್

O-2, 2nd Floor, Lajpat Nagar-II, New Delhi 110024

ಒ -2, ಸೆಕೆಂಡ್ ಫ್ಲೋರ್, ಲಾಜಪತ್ ನಗರ್ - 2, ನ್ಯೂ - ಡೆಲ್ಲಿ 110024

I agree to participate in the above mentioned study.

ನಾನು ಮೇಲೆ ತಿಳಿಸಿದ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಒಪ್ಪಿಕೊಳ್ಳುತ್ತೇನೆ.

Name of Provider (Print)

ಆರೋಗ್ಯ ಸೇವೆ ಒದಗಿಸುವವರ ಹೆಸರು

Signature of Provider

ಸಹಿ

Date

ದಿನಾಂಕ

CONTROL CONTRACT



Date:

Dr. _____

Dear _____

Thank you for taking the time today to learn about our ongoing project to develop innovative ways to partner with private sector doctors in Karnataka. This project has been jointly funded by the World Bank, the International Initiative for Impact Evaluation (3ie), the UK Department for International Development (DFID), and the Government of Karnataka and is focused on the health of women and infants in the time surrounding pregnancy, delivery, and the months following. To this end, over the next year we would like to learn more from you and from your obstetric patients.

ಕರ್ನಾಟಕದಲ್ಲಿ ಖಾಸಗಿ ವಲಯದ ವೈದ್ಯರೊಂದಿಗೆ ಸಹಭಾಗಿತ್ವದ ವಿಧಾನಗಳನ್ನು ಅಭಿವೃದ್ಧಿಪಡಿಸಲು ನಮ್ಮ ಪ್ರಗತಿಯಲ್ಲಿರುವ ಯೋಜನೆ ಬಗ್ಗೆ ತಿಳಿದುಕೊಳ್ಳಲು ಈದಿನ ನೀವು ಸಮಯ ತೆಗೆದುಕೊಳ್ಳುತ್ತಿರುವುದಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು. ಈ ಯೋಜನೆಗೆ ವಿಶ್ವ ಬ್ಯಾಂಕ್, ದಿ ಇಂಟರ್‌ನ್ಯಾಷನಲ್ ಇನಿಷಿಯೇಟಿವ್ ಫಾರ್ ಇಂಪ್ಯಾಕ್ಟ್ ಎವಾಲ್ಯೂಯೇಷನ್(3ie), ದಿ ಯುಕೆ ಡಿಪಾರ್ಟ್‌ಮೆಂಟ್ ಫಾರ್ ಇಂಟರ್‌ನ್ಯಾಷನಲ್ ಡೆವಲಪ್‌ಮೆಂಟ್ (DFID), ಮತ್ತು ಕರ್ನಾಟಕ ಸರ್ಕಾರದಿಂದ ಜಂಟಿಯಾಗಿ ಅನುದಾನ ಮಾಡಲಾಗಿದೆ ಮತ್ತು ಗರ್ಭಿಣಿ, ಹರಿಗೆ, ಮತ್ತು ತದನಂತರದ ತಿಂಗಳುಗಳ ಸಮಯದಲ್ಲಿ ತಾಯಿಯ ಮತ್ತು ಎಳೆ ಮಕ್ಕಳ ಆರೋಗ್ಯದ ಮೇಲೆ ಕೇಂದ್ರೀಕರಿಸಿದೆ. ಇದರ ಕೊನೆಗೆ, ಮುಂದಿನ ವರ್ಷದಲ್ಲಿ ನಿಮ್ಮಿಂದ ಮತ್ತು ನಿಮ್ಮ ಪ್ರಸೂತಿ ರೋಗಿಗಳಿಂದ ಹೆಚ್ಚಿಗೆ ತಿಳಿದುಕೊಳ್ಳಲು ನಾವು ಇಷ್ಟಪಡುತ್ತೇವೆ.

As part of this project, Sambodhi Research & Communications Pvt. Ltd (New Delhi), in collaboration with COHESIVE-India¹, would like to work with you over the year to understand the conditions of rural obstetric health care and maternal and neonatal health in the private sector, the difficulties that providers face in trying to provide care, and to investigate strategies to improve the quality of care and maternal and child health outcomes.

ಈ ಯೋಜನೆಯ ಭಾಗವಾಗಿ, ಕೊಹೆಸಿವ್-ಇಂಡಿಯಾದ ಸಹಯೋಗದಲ್ಲಿ, ಸಂಬೋಧಿ ರಿಸರ್ಚ್ & ಕಮ್ಯುನಿಕೇಷನ್ಸ್ ಪ್ರೈವೇಟ್ ಲಿಮಿಟೆಡ್ (ನವ ದೆಹಲಿ), ಇವರು ಖಾಸಗಿ ವಲಯದಲ್ಲಿ ಗ್ರಾಮೀಣ ಪ್ರಸೂತಿ ಆರೋಗ್ಯ ಸೇವೆ ಹಾಗೂ ತಾಯಿ ಮತ್ತು ಶಿಶುವಿನ ಆರೋಗ್ಯ ಪರಿಸ್ಥಿತಿಗಳನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಳ್ಳುವ ಸಲುವಾಗಿ, ಆರೈಕೆಯನ್ನು ಒದಗಿಸಲು ಪ್ರಯತ್ನಿಸುವುದರಲ್ಲಿ ಆರೋಗ್ಯ ಸೇವೆ ಒದಗಿಸುವವರು (ವೈದ್ಯರು) ಎದುರಿಸುವಂತಹ ಕಷ್ಟಗಳನ್ನು ಅರ್ಥ ಮಾಡಿಕೊಳ್ಳುವ ಸಲುವಾಗಿ, ಹಾಗೂ ಆರೈಕೆಯ ಗುಣಮಟ್ಟ ಹಾಗೂ ತಾಯಿ ಮತ್ತು ಮಕ್ಕಳ ಆರೋಗ್ಯ ಫಲಿತಾಂಶಗಳನ್ನು ಸುಧಾರಿಸಲು ಕಾರ್ಯವಿಧಾನಗಳನ್ನು ಪರಿಶೀಲಿಸುವ ಸಲುವಾಗಿ ಮುಂದಿನ ಒಂದು ವರ್ಷದಲ್ಲಿ ನಿಮ್ಮೊಂದಿಗೆ ಕೆಲಸ ನಿರ್ವಹಿಸಲು ಬಯಸುತ್ತಾರೆ.

¹ COHESIVE-India is a collaboration of researchers from Duke University (USA), Stanford University (USA), University

Structure of Payments: ಪಾವತಿಗಳ ರಚನೆ:

<p>1. <i>Participation (today's visit)</i> ಭಾಗವಹಿಸುವಿಕೆ [ಇಂದಿನ ಭೇಟಿ]</p> <ul style="list-style-type: none">You will receive Rs. 2,500 for agreement to participate in the research study and for participation in a brief survey; you will be provided with documentation (paper and CD) on standard obstetric care and management of common obstetric complications ಈ ಸಂಶೋಧನೆಯ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಒಪ್ಪಿದಕ್ಕಾಗಿ ಮತ್ತು ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2500 ಪಡೆಯುತ್ತೀರಿ; ಗುಣಮಟ್ಟದ ಪ್ರಸೂತಿ ಆರೈಕೆ ಮತ್ತು ಸಾಮಾನ್ಯ ಪ್ರಸೂತಿ ತೊಡಕುಗಳ ನಿರ್ವಹಿಸುವಿಕೆ ಮತ್ತು ಕಾರ್ಯಕ್ರಮದ ಸಾಮಾನ್ಯ ವಿವರಣೆ ಮೇಲೆ ದಾಖಲು ಪತ್ರಗಳನ್ನು (ಪೇಪರ್ ಮತ್ತು ಸಿಡಿ) ನಿಮಗೆ ಕೊಡಲಾಗುತ್ತದೆ.
<p>2. <i>Discussion of strategies (1 – 2 months from now)</i> ಕಾರ್ಯವಿಧಾನಗಳ ಚರ್ಚಿಸುವಿಕೆ (ಈಗಿನಿಂದ 1-2 ತಿಂಗಳು)</p> <ul style="list-style-type: none">You will receive an additional Rs. 2,500 for discussing the strategies that you might pursue to improve the health of women and infants who may come to you for care in the time surrounding pregnancy, delivery, and the months following, and for participation in a brief survey ಗರ್ಭಿಣಿ ಆಗಿರುವ ಸಮಯದಲ್ಲಿ, ಹೆರಿಗೆ ಸಮಯದಲ್ಲಿ ಮತ್ತು ತದನಂತರದ ತಿಂಗಳುಗಳಲ್ಲಿ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಪಡೆದುಕೊಳ್ಳಲು ನಿಮ್ಮಲ್ಲಿಗೆ ಬರುವಂತಹ ಗರ್ಭಿಣಿ ಮಹಿಳೆ ಮತ್ತು ಎಳೆಮಕ್ಕಳಿಗೆ ಅತಿ ಹೆಚ್ಚು ಗುಣಮಟ್ಟದ ಆರೋಗ್ಯ ಸೇವೆಯನ್ನು ಒದಗಿಸಲು ನೀವು ಮುಂದುವರಿಸಬಹುದಾದ ಕಾರ್ಯವಿಧಾನಗಳನ್ನು ಚರ್ಚಿಸುವುದಕ್ಕಾಗಿ ಮತ್ತು ಸಂಕ್ಷಿಪ್ತ ಸಮೀಕ್ಷೆಯಲ್ಲಿ ಭಾಗವಹಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2,500 ಹೆಚ್ಚುವರಿಯಾಗಿ ಪಡೆಯುವಿರಿ.
<p>3. <i>Final Debriefing (12 – 14 months from now)</i> ಅಂತಿಮ ಸಂಕ್ಷಿಪ್ತ ಮಾಹಿತಿ ನೀಡುವಿಕೆ (ಈಗಿನಿಂದ 12-14 ತಿಂಗಳು)</p> <ul style="list-style-type: none">You will receive an additional Rs. 2,500 for discussing your experiences with the strategies you identified in the second visit, and for participation in a brief survey ಎರಡನೇ ಭೇಟಿಯಲ್ಲಿ ನೀವು ಗುರುತಿಸಿರುವ ಕಾರ್ಯವಿಧಾನಗಳೊಂದಿಗೆ ನಿಮ್ಮ ಅನುಭವಗಳನ್ನು ಚರ್ಚಿಸುವುದಕ್ಕಾಗಿ ನೀವು ರೂ.2,500 ಹೆಚ್ಚುವರಿಯಾಗಿ ಪಡೆಯುವಿರಿ.

As part of this project, we would like to separately follow up with all women who come to your facility to deliver their babies. In our second visit to you 1-2 months from now, we will establish a mutually agreeable strategy for confidentially conveying your obstetric patient lists to our research team.

ಈ ಯೋಜನೆಯ ಭಾಗವಾಗಿ, ಹೆರಿಗೆಗಾಗಿ ನಿಮ್ಮ ಸೌಲಭ್ಯಕ್ಕೆ (ಆಸ್ಪತ್ರೆಗೆ) ಬರುವಂತಹ ಎಲ್ಲಾ ಗರ್ಭಿಣಿ ಮಹಿಳೆಯರೊಂದಿಗೆ ಪ್ರತ್ಯೇಕವಾಗಿ ಅನುಸರಿಸಲು ನಾವು ಇಷ್ಟಪಡುತ್ತೇವೆ. ಈಗಿನಿಂದ 1-2 ತಿಂಗಳಲ್ಲಿ ನಿಮ್ಮೊಂದಿಗೆ ನಮ್ಮ ಎರಡನೇ ಭೇಟಿಯಲ್ಲಿ, ನಮ್ಮ ಸಂಶೋಧನಾ ತಂಡಕ್ಕೆ ನಿಮ್ಮ ಪ್ರಸೂತಿ ರೋಗಿಗಳ ಪಟ್ಟಿಯನ್ನು ಗೌಪ್ಯವಾಗಿ ತಿಳಿಸುವುದಕ್ಕಾಗಿ ಪರಸ್ಪರ ಒಪ್ಪಬಹುದಾದ ಕಾರ್ಯತಂತ್ರವನ್ನು ನಾವು ಹುಟ್ಟುಹಾಕುತ್ತೇವೆ.

NOTE: It is critical that (a) patients are not refused treatment from your facility other than in medically appropriate referrals which we will verify through independent visits in the community around you, and (b) we are able to work with your administrative staff to follow up on all patients who deliver at your facility.

ಈ ಮಹತ್ವದ ಅಂಶಗಳನ್ನು ಗಮನಿಸಿ: ಎ) ಸೂಕ್ತವಾದ ವೈದ್ಯಕೀಯ ಕಾರಣಗಳಿಗಲ್ಲದೆ ರೋಗಿಗಳನ್ನು ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಿಂದ ಚಿಕಿತ್ಸೆ ನಿರಾಕರಿಸುವಂತಿಲ್ಲ. ಬಿ) ನಿಮ್ಮ ಆಸ್ಪತ್ರೆಯಲ್ಲಿ ಹೆರಿಗೆಯಾಗುವ ಎಲ್ಲಾ ತಾಯಂದಿರನ್ನು ಭೇಟಿಮಾಡಲು ನಿಮ್ಮ ಸಿಬ್ಬಂದಿಯೊಂದಿಗೆ ಕೆಲಸನಿರ್ವಹಿಸುತ್ತೇವೆ.

Please do not hesitate to contact us in case you have any questions or require further information.

ಯಾವುದೇ ಪ್ರಶ್ನೆಗಳನ್ನು ನೀವು ಹೊಂದಿದ್ದ ಪಕ್ಷದಲ್ಲಿ ಅಥವಾ ಇನ್ನೂ ಹೆಚ್ಚಿನ ಮಾಹಿತಿಯು ಅವಶ್ಯವಿದ್ದ ಪಕ್ಷದಲ್ಲಿ ನಮ್ಮನ್ನು ಸಂಪರ್ಕಿಸಲು ದಯವಿಟ್ಟು ಹಿಂಜರಿಯಬೇಡಿ.

Thank you for your cooperation. We look forward to working with you.

ನಿಮ್ಮ ಸಹಕಾರಕ್ಕಾಗಿ ಧನ್ಯವಾದಗಳು. ನಿಮ್ಮೊಂದಿಗೆ ಕಾರ್ಯ ನಿರ್ವಹಿಸಲು ನಿರೀಕ್ಷಿಸುತ್ತೇವೆ

Sincerely, ಇಂತಿ ,

Kultar Singh

ಕುಲ್ತಾರ್ ಸಿಂಗ್

Chief Executive Officer

ಮುಖ್ಯ ಕಾರ್ಯನಿರ್ವಾಹಕ ಅಧಿಕಾರಿ

Sambodhi Research and Communications Pvt. Ltd.

ಸಂಬೋಧಿ ರಿಸರ್ಚ್ ಎಂಡ್ ಕಮ್ಯುನಿಕೇಷನ್ ಪ್ರೈವೇಟ್ ಲಿಮಿಟೆಡ್

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Manager – Research

ವ್ಯವಸ್ಥಾಪಕ ಅಧಿಕಾರಿ

I agree to participate in the above mentioned study.

ನಾನು ಮೇಲೆ ತಿಳಿಸಿದ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಒಪ್ಪಿಕೊಳ್ಳುತ್ತೇನೆ.

Name of Provider (Print)

ಆರೋಗ್ಯ ಸೇವೆ ಒದಗಿಸುವವರ ಹೆಸರು

Signature of Provider

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Date

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Appendix 2: Calculation and Measurement of Inputs and Outputs

Performance Based Contracts in Healthcare: Experimental Evaluation of Contracting Based on Inputs and Health Outcomes

October 2014

Inputs Performance Calculations

Evaluation of inputs is based on responses to questions asked during household interviews 7 – 20 days after delivery. Rules for evaluating each domain of inputs are described in the fourth column and last two rows of each section. “Don’t know/can’t remember” responses are treated as missing; there is no penalty/gain to performance for missing responses, whether they arise from skip patterns or “don’t know/can’t remember” responses. Questions have been chosen to reflect factors that women could conceivably answer reliably and that do not depend on whether an adverse outcome occurred.

SECTION A: PREGNANCY CARE (ANC)

WHO Recommendation	Qn #	Question	One point if: (0 otherwise)
Monitoring of progress of pregnancy and assessment of maternal and fetal well-being	Q301	During this pregnancy, did any health worker see you/provide checkups or advice?	A1. Yes
	Q304	How many months were you when you received first checkup for this last pregnancy?	A2. < 5
	Q305	How many times were you checked up during this pregnancy?	A3. > 3
Detection of problems complicating pregnancy (e.g., anemia, hypertensive disorders, bleeding, malpresentations, multiple pregnancy)	Q306B	As part of your checkups during this pregnancy, were any of the following tests or exams done at least once: weight?	A4. Yes
	Q306C	As part of your checkups during this pregnancy, were any of the following tests or exams done at least once: blood pressure?	A5. Yes
	Q306D	As part of your checkups during this pregnancy, were any of the following tests or exams done at least once: urine?	A6. Yes
	Q306E	As part of your checkups during this pregnancy, were any of the following tests or exams done at least once: blood test?	A7. Yes
	Q306F	As part of your checkups during this pregnancy, were any of the following	A8. Yes

		tests or exams done at least once: abdomen/ internal/ vaginal exam?	
	Q306H	As part of your checkups during this pregnancy, were any of the following tests or exams done at least once: ultrasound/ sonogram?	A9. Yes
	Q306I	As part of your checkups during this pregnancy, were any of the following tests or exams done at least once: anemia test (in this test, blood is taken from your finger tip or your eyes and palm are checked)?	A10. Yes
Tetanus immunization, anemia prevention and control (iron and folic acid supplementation)	Q313	During this pregnancy, were you given an injection in the arm or shoulder or other part of the body to prevent getting tetanus?	A11. Yes
	Q314	During this pregnancy, did you consume any iron tablets or iron syrup?	A12. Yes
	Q315	During this pregnancy, did you consume folic acid?	A13. Yes
Information and counseling on self care at home, nutrition, safer sex, breastfeeding, family planning, healthy lifestyle	Q308	During your ANC checkups, were you given any guidance about what kinds of things you should eat during pregnancy?	A14. Yes
	Q309	During your ANC checkups, were you given any guidance about breastfeeding?	A15. Yes
	Q310	During your ANC checkups, were you given any guidance about family planning?	A16. Yes
Birth planning, advice on danger signs and emergency preparedness	311	During your ANC checkups, were you given any guidance about birth planning?	A17. Yes
	312	During your ANC checkups, were you given any advice on danger signs during pregnancy and emergency preparedness?	A18. Yes
Individual Level Inputs, Section A: Pregnancy Care (e.g., y_{ip}, y_{ic}):		$IndInput_A = \frac{\sum A1: A18}{18}$	
Provider Level Inputs, Section A: Pregnancy Care (e.g., y_p): [Evaluated based on women who delivered at the provider's facility]		$ProvInput_A = \frac{\sum IndInput_A}{\# patients}$	

SECTION B: CHILDBIRTH CARE

WHO Recommendation	Qn #	Question	One point if: (0 otherwise)
Diagnosis of labor	Q404	[For institutional deliveries] When you arrived at the facility for delivery, were you asked about the details of the pain (onset/type, association of pain with leaking) while the child was in your womb?	B1. Yes
		[For attended home deliveries] When the health provider reached your home for delivery, were you asked about the details of the pain (onset/type, association with leaking) while the child was in your womb?	
Monitoring progress of labor, maternal and fetal well-being with partograph	Q405	Were you asked about the movement of your baby in your womb?	B2. Yes
	Q413	Was the heart rate of the baby checked while the baby was still in your womb?	B3. Yes
	Q416	Was a per vaginal examination (the healthcare provider inserting fingers in the mother's vagina) done to you?	B4. Yes
Providing supportive care and pain relief	Q419	Were you encouraged to bear down?	B5. Yes
Detection of problems and complications (e.g., malpresentations, prolonged and/or obstructed labor, hypertension, bleeding, and infection)	Q407	Were you asked about your previous deliveries including live birth/stillbirth/abortion, etc.?	B6. Yes
	Q408	Were you asked if you have ever had hypertension or high blood pressure?	B7. Yes
	Q409	Were you asked whether you are diabetic?	B8. Yes
	Q410	Were you asked about whether you have hyper or hypo thyroidism (increased/decreased palpitation & perspiration for which is on treatment)?	B9. Yes
	Q411	Were you asked whether you have asthma?	B10. Yes
	Q412	Was your blood pressure checked?	B11. Yes
	Q414	Was an anemia test done on you? In this test, blood is taken from your finger tip, your eyes and palm are checked, or blood sample.	B12. Yes
	Q415	Was a per abdominal examination (touched and examined the bare abdomen) done to you?	B13. Yes
Delivery and immediate care	Q502	Was the baby dried immediately after	B14. Yes

of the newborn baby, initiation of breastfeeding		birth?	
	Q503	Was the baby subsequently wrapped in different clothes from what were used to dry the baby?	B15. Yes
	Q504	Was the head of the baby covered?	B16. Yes
	Q506	Was the heart rate of the baby checked during the first five minutes after birth?	B17. Yes
	Q507	Were you counseled to start breastfeeding shortly after delivery?	B18. Yes
	Q508	How long after birth did you put (BABY NAME) to the breast?	B19. Immediately (within 1 hr)
	Q510	Was (BABY NAME) weighed at birth?	B20. Yes
Active management of third stage of labor	Q423	Did the doctor/other assistants/nurses press your abdomen after the delivery?	B21. Yes
	Q605	After delivery of your baby were you given medicine/injections/drip (oxytocin) to decrease bleeding?	B22. Yes
Monitoring and assessment of maternal well being, prevention and detection of complications (e.g., hypertension, infections, bleeding, anemia)	Q601	Was your blood pressure monitored after delivery?	B23. Yes
	Q602	Was a vaginal examination done after delivery?	B24. Yes
	Q603	Was your episiotomy checked?	B25. Yes
	Q417	Did the healthcare provider wear gloves while doing the per vaginal examination?	B26. Yes
Individual Level Inputs, Section B: Childbirth Care (e.g., y_{ip}, y_{ic}):		$IndInput_B = \frac{\sum B1: B26}{26}$	
Provider Level Inputs, Section B: Childbirth Care (e.g., y_p): [Evaluated based on women who delivered at the provider's facility]		$ProvInput_B = \frac{\sum IndInput_B}{\# patients}$	

SECTION C: POSTNATAL MATERNAL CARE

WHO Recommendation	Qn #	Question	One point if: (0 otherwise)
Anemia prevention and control (iron and folic acid supplementation)	Q802-3	[For institutional deliveries] Before discharge, were you given counseling by hospital staff on any of the following topics? Iron and calcium intake for 3 months	C1. Yes
		[For home deliveries] Before the attending healthcare provider left, did she give you any counseling on any of the following topics? Iron and calcium intake for 3 months	
Information and counseling on nutrition, safe sex, family planning and provision of some contraceptive methods	Q802-2	[For institutional deliveries] Before discharge, were you given counseling by hospital staff on any of the following topics? Normal diet	C2. Yes
		[For home deliveries] Before the attending healthcare provider left, did she give you any counseling on any of the following topics? Normal diet	
	Q802-4	[For institutional deliveries] Before discharge, were you given counseling by hospital staff on any of the following topics? Family planning	C3. Yes
		[For home deliveries] Before the attending healthcare provider left, did she give you any counseling on any of the following topics? Family planning	
Postnatal care planning, advice on danger signs and emergency preparedness	Q807-1	Were you advised to report immediately if you had any of the following? High grade fever	C4. Yes
	Q807-2	Were you advised to report immediately if you had any of the following? Foul smelling vaginal discharge	C5. Yes
	Q807-3	Were you advised to report immediately if you had any of the following? Excessive bleeding	C6. Yes
	Q807-4	Were you advised to report immediately if you had any of the following? Wound gaping or oozing wound	C7. Yes
	Q807-5	Were you advised to report immediately if you had any of the following? Convulsions	C8. Yes
Individual Level Inputs, Section C: Postnatal Maternal Care (e.g., y_{ip}, y_{ic}):		$IndInput_c = \frac{\sum C1:C8}{8}$	

Provider Level Inputs, Section C: Postnatal Maternal Care

(e.g., y_p):

[Evaluated based on women who delivered at the provider's facility]

$$ProvInput_c = \frac{\sum IndInput_c}{\# patients}$$

SECTION D: NEWBORN CARE

WHO Recommendation	Qn #	Question	One point if: (0 otherwise)
Promotion, protection, and support for breastfeeding	Q704	In the first 12 hours after birth, did the health care provider/staff ask whether the baby had been fed?	D1. Yes
	Q803	[For institutional deliveries] Did you receive advice on breastfeeding during your stay in the hospital? [For attended home deliveries] Before the attending health care provider left, did she give you any advice on breastfeeding?	D2. Yes
Monitoring and assessment of wellbeing, detection of complications (breathing, infections, prematurity, low birth weight, injury, malformation)	Q701	Was the baby's heart rate checked during the first 6 hours after birth?	D3. Yes
	Q702	Was the baby's temperature measured with a thermometer during the first 12 hours after birth?	D4. Yes
	Q703	Did the healthcare provider ask the mother whether the baby has urinated or was the urine checked directly by the healthcare provider?	D5. Yes
Infection prevention and control, rooming-in	Q708	Was the baby bathed within 6 hours after birth?	D6. No
Eye care	Q701A	Was the baby given eyedrops in the first 6 hours after birth?	D7. Yes
Information and counseling on homecare, breastfeeding, hygiene	Q802-1	[For institutional deliveries] Before discharge, were you given counseling by hospital staff on any of the following topics? Exclusive breastfeeding [For home deliveries] Before the attending healthcare provider left, did she give you any counseling on any of the following topics? Exclusive breastfeeding	D8. Yes
	Q804	Were you told that breast milk or formula milk is better?	D9. Breast milk
	Q802-5	[For institutional deliveries] Before discharge, were you given counseling by hospital staff on any of the following topics? Hygiene [For home deliveries] Before the attending healthcare provider left, did she give you any counseling on any of the following topics? Hygiene	D10. Yes
Postnatal care planning, advice on danger signs and	Q802-8	[For institutional deliveries] Before discharge, were you given counseling by	D11. Yes

emergency preparedness		hospital staff on any of the following topics? Warning signs indicating that you should take the baby to see a doctor [For home deliveries] Before the attending healthcare provider left, did she give you any counseling on any of the following topics? Warning signs indicating that you should take the baby to see a doctor	
Immunization according to the national guidelines	Q706-1	What immunizations did the baby receive? BCG (right upper arm)	D12. Yes
	Q706-2	What immunizations did the baby receive? HEP-B1	D13. Yes
	Q706-3	What immunizations did the baby receive? Polio (oral drops)	D14. Yes
Individual Level Inputs, Section D: Newborn Care (e.g., y_{ip}, y_{ic}):		$IndInput_D = \frac{\sum D1: D14}{14}$	
Provider Level Inputs, Section D: Newborn Care (e.g., y_p): [Evaluated based on women who delivered at the provider's facility]		$ProvInput_D = \frac{\sum IndInput_D}{\# patients}$	

SECTION E: POSTNATAL NEWBORN CARE

WHO Recommendation	Qn #	Question	One point if: (0 otherwise)
Detection of complications and responding to maternal concerns	Q808	Were you given any contact number to call during the time of emergency/need?	E1. Yes
Information and counseling on home care	Q805	Did the hospital staff/health care provider advise you to keep the baby warm?	E2. Yes
Individual Level Inputs, Section E: Postnatal Newborn Care (e.g., y_{ip} , y_{ic}):		$IndInput_E = \frac{\sum E1: E2}{2}$	
Provider Level Inputs, Section E: Postnatal Newborn Care (e.g., y_p): [Evaluated based on women who delivered at the provider's facility]		$ProvInput_E = \frac{\sum IndInput_E}{\# patients}$	

Health Outcomes Calculations

Evaluation of inputs is based on responses to questions asked during household interviews 7 – 20 days after delivery. Every output is a binary adverse health outcome when evaluated at the individual level (e.g., y_{ip} , y_{ic}). Provider level outputs (e.g., y_p) represent the share of respondents who delivered at the provider’s facility evaluated to have experience the health outcome. “Don’t know/can’t remember” responses are treated as missing; there is no penalty/gain for missing responses, whether they arise from skip patterns or “don’t know/can’t remember” responses.

Pre-Eclampsia

Qn #	Question
Q206	Have you ever had a fit/convulsion when you were not pregnant?
Q316	At any point during pregnancy did you have a fit/convulsion?
Q629	Did you experience convulsions? [within 24 hrs of delivery, 24 hrs post-delivery – 1 week post]
Pre-eclampsia Identification Rule	<ul style="list-style-type: none"> • No fit or convulsion when not pregnant (206 = no), and • At least one of: <ul style="list-style-type: none"> ○ Fit or convulsion during pregnancy (316 = yes) ○ Convulsion within 24 hours of delivery (629a = yes) ○ Convulsion in period from 24 hours post-birth to 1 week post-birth (629b = yes)

Sepsis

Qn #	Question
Q426	At any point during labor and delivery, did you have a fever?
Q627	Did you experience high grade fever? [within 24 hrs of delivery, 24 hrs post-delivery – 1 wk post]
Q636	Did you have foul smelling vaginal discharge or pus?
Sepsis Identification Rule	<ul style="list-style-type: none"> • At least one of: <ul style="list-style-type: none"> ○ Fever during labor or delivery (426 = yes) ○ High grade fever from 24 hours post-birth to 1 week post-birth (627b = yes) ○ Foul smelling vaginal discharge or pus (636 = yes)

Postpartum Hemorrhage

Qn #	Question
622	Did you have any bleeding along with experiencing dizziness? [within 24 hrs of delivery, 24 hrs post-delivery – 1 wk post]
623	Did you have any bleeding along with experiencing weakness? [within 24 hrs of delivery, 24 hrs post-delivery – 1 wk post]
624	Did you have any bleeding along with losing consciousness? [within 24 hrs of delivery,

	24 hrs post-delivery – 1 wk post]
PPH Identification Rule	<ul style="list-style-type: none"> • At least one of: <ul style="list-style-type: none"> ○ Bleeding along with experience dizziness (622a or 622b = yes) ○ Bleeding along with experiencing weakness (623a or 623b = yes) ○ Bleeding along with losing consciousness (624a or 624b = yes)

Neonatal Mortality

Qn #	Question
117a	Did the baby cry immediately after delivery?
118	Was the baby born alive?
118a	Did the doctor/health care provider do anything to attempt to resuscitate the baby?
119	How is the baby doing now?
MU 201	Is the baby still alive? [note this question is asked at least 28 days post birth]
MU 204	When did the baby die? [note this question is asked at least 28 days post birth]
28-Day Neonatal Mortality Identification Rule	<ul style="list-style-type: none"> • Baby cried immediately after delivery and has now passed away (117a = Yes & 119 = Passed Away), or • Baby did not cry immediately after delivery, was born alive, and has now passed away (117a = No & 118 = Yes & 119 = Passed Away), or • Baby did not cry immediately after delivery, and doctor/health care provided attempted to resuscitate the baby (117a = No & 118 = No & 118a = Yes), or • Baby was alive at time of initial survey, but has died within one month of delivery (119 = alive and healthy or alive and sick & MU201 = No & MU204 < 1 month)
Stillborn Death Identification Rule	<ul style="list-style-type: none"> • Baby did not cry immediately after delivery, was not born alive, and doctor did not do anything to attempt to resuscitate the baby (117a = No & 118 = No & 118a = No), or • Baby did not cry immediately after delivery, baby was not born alive, and question about resuscitating the baby was not applicable (117a = No & 118 = No & 118a = Not applicable)