7 questions to demystify IPAs for MHSSP

1. What is IPA?

Internal performance agreements (IPAs) are special agreements signed with different levels of the health system. The idea behind the agreements is to stimulate better performance of health facilities, district health teams and state-level administrative units and for improving the quality of their services, management and accountability. In the key performance indicator certain activities are defined, linked to specific improvements the health system deems urgent. These activities have a score and are regularly monitored. If the scores are good, extra money can be earned. In Mizoram, IPAs have been drawn up for different levels of health facilities (Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District Hospitals (SDHs), and District Hospitals (DHs)). In addition, there are also IPAs for the District Health Administration, for 2 directorates in the Department of Health and Family Welfare(DoHFW) (DHS and DHME) and for the Mizoram State Health Care Society (MSHCS-Insurance Agency). All IPAs are interlinked, so as to stimulate better health performance throughout the health system. But each of the IPAs has specific aims and focus, tailored for the entity involved.

2. The Component 1 of the MHSSP Project is to "strengthen management and accountability through Internal Performance Agreements". Can you please elaborate as to how this will directly or indirectly benefit the health facilities in Mizoram?

We know from experiences around the world, that in health projects, either the inefficient plans or unwarranted delays may result in money being ill spent. The IPAs help to structure the work in health facilities and Districts a bit better. And if a facility starts to score better on these IPA activities, it will make money which it can then use to improve the quality in the facility. This money is extra, on top of other funds a facility may receive. The facilities are free to spend the money on anything they see fit, as long as it is on activities that will help improve the quality of services and the skills of staff. Since the IPA activities will be monitored on a quarterly basis, challenges can be quickly observed, and addressed through coaching. In addition, some IPA activities are to do with planning things more efficiently and keeping good records. This in the end will also benefit the facilities in their overall service delivery and will yield good overall data to the health system. The Rogi Kalyan Samitis (RKS) that are available in all health care facilities will play an active role in ensuring that the money earn is spent efficiently.

3. Are these IPAs difficult to implement? How should the staff be geared up to benefit from this innovative concept and help serve the needy and poor more effectively?

Most of the IPA activities for which some extra money can be earned are not hard to implement and closely linked to the work a facility is supposed to do. We do not wish to create any additional burden. The key is - extra money earned can be used for things that officials and health administration feel are required to further improve the services. This is based on the premise that people who are involved in day-to-day working often know best what is wrong and

what needs to change. Thus, through IPA's, good work makes extra cash available to facilities which they can decide themselves where to spend in order to improve the quality of services.

4. **We understand that MHSSP Project is only few months old in Mizoram. Can you please help us understand as to where are we now today with respect to IPAs and what are the next key steps in implementing IPAs in the state?**

   Over the last few months, our World Bank Task Team together with technical staff in the Project Management Unit at the Department of Health and Family Welfare, have been designing the various IPAs for Mizoram. In process, we have already spoken with many people around the state, in the health facilities and in the District health teams, to see what the priorities are. We are about to start a pilot in two districts in the coming months, to see how the IPAs that have been designed work in practice. IPAs are flexible. The government can adjust things if changes still need to be made.

5. **How will the staff at the health facilities or the patients / citizens of the state benefit from the IPAs? Most staff members are hard pressed for time already and any new component is viewed skeptically. Can you please clarify if doctors/ nurses and other admin staff members are affected by IPAs?**

   Like we said: most of the work related to the IPAs is work that already needs to be done. For instance, the government requires that health facilities get NQAS certifications. The IPAs help to structure that important work in phases. The IPAs draw on the rich experience of doctors, nurses and other health staff to really get the improvements going. In addition, the IPAs will help to organize (and pay for) specific trainings for staff to boost specific knowledge and skills. Here again: facilities can decide which trainings they require most urgently. The IPAs work with innovative technologies for all staff to learn where they feel there are gaps and improve clinical skills and knowledge.

6. **Can you share from your international experiences, how such IPAs have made qualitative changes in the lives of people in those geographies?**

   IPAs are part of a larger set of methods which we call 'results-based' approaches. In many countries around the world such approaches have gained a lot of traction in the last few decades.

   The Mizoram IPAs are focusing on improving quality of health services, and to improve the effectiveness and efficiency of the public health administration. Key development experience is drawn from Kyrgyzstan's health results-based financing project, and the Cambodian Health Equity and Quality Improvement project. The Kyrgyzstan project has shown significant results based on an independent impact evaluation. Process data for Kyrgyzstan hospitals can be accessed here http://rbf.med.kg/frontend/pages

   Knowledge testing using a 'low dose high frequency' serial training approach has been introduced in this project towards the end, and results are positive as document in a peer-

reviewed publication [Peabody, J. W., et al. (2020). "A nationwide program to improve clinical care quality in the Kyrgyz Republic." Journal of Global Health 10(2)]. The latter experience has been implemented by QURE, the same agency which the Mizoram MOH has recruited to implement serial knowledge testing in our project. The Cambodian experience is quite like the Kyrgyzstan experience and in addition, involves internal contracting between the public health administration. The Cambodian experience is also very positive, and especially the 'low dose high frequency' training has shown significant impact.

What you often hear back is that where such approaches are well executed, a chain of positive effects occurs. First of all: health staff definitely gets more motivated, for they have some extra cash to deal with issues they know all too well. In addition, the health system at large gets better structured, money spent more efficiently, data become more solid, for during IPAs data are verified much better. The service delivery gets more reliable in facilities and some outreach also gets better structured. As a consequence, patients around such facilities often notice these differences very quickly, and they may start to trust facilities more. In the longer run, if inefficiencies and wastage in the health system are addressed this way, people really notice they get more value for their money. This is what research does show.

7. The IPA design team is composed of people with a big variety of backgrounds, how did that work?

It is so clear that work like this *has to be* teamwork. Some of us have worked in other states, some have worked internationally. You can learn a lot from different places. But in the end: local wisdom counts most. So, developing IPAs is like a big collective exploration of what will fly in a particular place and what will not. Therefore, in the coming months there will be further intensive conversations with people around the state. Change is sometimes difficult, but if people themselves can construct the changes most urgently needed, it can actually create a lot of positive energy.

The Mizoram IPAs in the end will be Made in Mizoram!