

# Case Study

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## An Initiative ASHASoft (The Online Payment and Monitoring System), Rajasthan

URL - <http://ashasoft.raj.nic.in>



Ministry of Family Welfare, Jaipur, Rajasthan

Date – (01/07/2016)

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## Abbreviations

<b>ASHA</b>	Accredited Social Health Activist
<b>NHM</b>	National Health Mission
<b>MMR</b>	Maternal Mortality Rate
<b>IMR</b>	Infant Mortality Rate
<b>PHC</b>	Primary Health Centre
<b>SDH</b>	Sub-District Hospital
<b>DH</b>	District Hospital
<b>CHC</b>	Community Health Centre
<b>NRHM</b>	National Rural Health Mission
<b>ANM</b>	Auxiliary Nurse Midwife
<b>SMS</b>	Short message Service
<b>TB</b>	Tuberculosis
<b>WCD</b>	Women and Child Development
<b>CMHO</b>	Chief Medical and Health Officer
<b>DPT</b>	Diphtheria-Pertussis-Tetanus
<b>FTO</b>	Fund Transfer Order
<b>DSC</b>	Digital Signature Certificate
<b>RCH</b>	Reproductive and Child Health
<b>PCTS</b>	Pregnancy, Child Tracking and Health Services Management System
<b>SNCU</b>	Special Newborn Care Unit
<b>HBNC</b>	Home Based Newborn Care
<b>SAM</b>	Severe Acute Malnutrition
<b>ANC</b>	Ante Natal Care
<b>FW</b>	Family Welfare

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<b>GUI</b>	Graphical User Interface
<b>SQL</b>	Structured Query Language
<b>NIC</b>	National Informatics Centre
<b>RTI</b>	Right to Information
<b>PC</b>	Personal Computer
<b>PPIUCD</b>	Postpartum Intrauterine Contraceptive Device

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## 1. EXECUTIVE SUMMARY

The ASHASoft software is aimed at providing transparent payment based on the performance of frontline health workers called ASHA (Accredited Social Health Activist). It is a unique initiative by the NHM (National Health Mission), Rajasthan. The overall project is based on the notion of financial inclusion of ASHAs by re-engineering the existing process and its main objective is to ease the transactions which are there between department and ASHAs to facilitate direct transfer of benefits into their bank accounts. So this project has initiated financial strengthening and transparent benefit transfer to motivate these health workers to work with more dedication. Delayed and non-transparent payments are no more there.

To reduce the MMR and IMR, to ensure better health services and to prevent other diseases, at present, approximately 47000 ASHA Sahyogini are functional in the state. To ensure their timely and seamless online payment, ASHASoft has been conceptualized. The software has been developed in a very short time span because of the keen interest shown by the authorities to solve the major problem of ASHAs' delayed and partial payment, which were being faced at grass root level. The software also captures beneficiary wise details of services provided by ASHA to the community and generates various kinds of reports to monitor the progress of the programme. The software is available at all the PHCs, CHCs, SDHs and DHs in the state. ASHAs have to submit their claim form at these centres and payments are deposited in their bank accounts.

The project covers 33 districts of Rajasthan which includes around 249 blocks. Teams from Maharashtra, Punjab and Karnataka have already visited Rajasthan to understand the software so that they can replicate the same in their respective states. The main beneficiaries of the project are the 47000 ASHA workers and indirectly the community also.

## 2. INTRODUCTION:

### **Comprehensiveness of reach of delivery centers:**

The software is aimed at providing transparent payment, based on the performance of frontline health workers called "ASHA". The overall project is based on the notion of "Financial Inclusion of Frontline Health Workers" by re-engineering the existing process and its main objective is to ease the transactions which are there between department and ASHAs to facilitate direct transfer of benefits into their bank accounts. So this project has initiated financial strengthening and transparent benefit transfer to motivate these health workers to work with more dedication.

Since the inception of National Rural Health Mission (2005), Accredited Social Health Activist (ASHA) component has played an important and critical role in the implementation of NRHM activities. The ASHA programme was introduced as a key component of the community process intervention and over an 8 year period, this programme has emerged as the largest community health worker programme in the world and is considered of critical importance in enabling people's participation in

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health. ASHA is a community level worker, whose role is to generate awareness on health issue and also is an interface between community and health services. In Rajasthan, ASHA is known as ASHA Sahyogini, because she is a joint worker between Department of Medical Health and Department of Women and Child Development.

To reduce the MMR and IMR, to ensure better health services and to prevent other diseases, at present, approximately 47000 ASHA (Accredited Social Health Activist) Sahyogini are functional in the state. ASHA Sahyoginis are paid incentives against providing various health services to pregnant mother and child and for providing health services to the community. The roles and responsibilities of an ASHA include the functions of a healthcare facilitator, a service provider and a health activist. She coordinates as a bridge between health and WCD in delivering key services and messages for Child and Maternal health. Besides, ASHA Sahyogini also renders important services under National Disease Control Programme, such as Malaria, TB, Leprosy, Cataract and many more health provisions.

ASHAs are paid incentives against 26 types of activities and that also at different time period and from various channels. These complexities in their payment system cause various problems for ASHA's payments. Because of not being paid on time, ASHA's were getting de-motivated to render proper services to the community. Getting payment for every activity on time is a challenge, which has been acting as a disincentive to them.

To ensure their timely and seamless online payment, "ASHASoft" has been conceptualized. It is a unique initiative by the NHM, Rajasthan. The software has been developed in a very short time span because of the keen interest shown by the authorities to solve the major problem of ASHA's delayed and partial payment, which were being faced at grass root level.

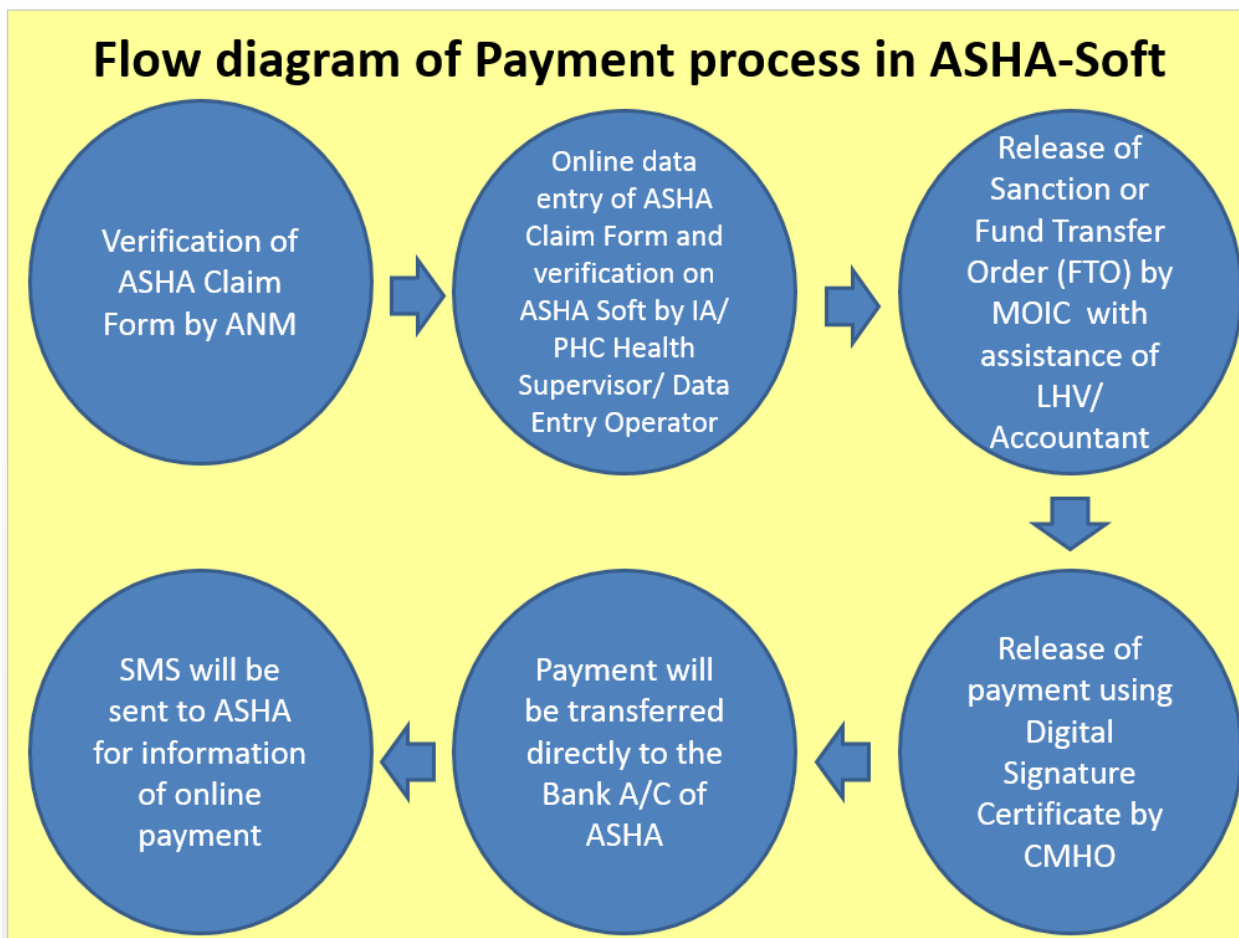
ASHASoft is an online system which facilitates the user to capture beneficiary wise details of services given by ASHA to the community, online payment of ASHA to their bank accounts and generates various kinds of reports to monitor the progress of the programme.

The software is available at all the PHCs, CHCs, SDHs and DH in the state. ASHA's have to submit their claim form at these centers and payments are deposited in their bank accounts.

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- **Number of delivery centres-** 2916 (Sum of DH, SDH, CHC,PHC in the state)
- **Geographic spread:**
  - **Number of states covered-** 1(Rajasthan state)
  - **Number of districts covered-** 33 districts
  - **Number of blocks covered-**249 blocks
- **Demographic spread:**

Total area of the state is 342,239 sq. km. having a population of more than 70 million. The targeted population mainly covers the pregnant woman and children, patients of tuberculosis, leprosy, etc. to whom mainly RCH, family welfare and health services are being delivered by ANM and ASHAs. In this way, more than 70% of population are targeted beneficiaries.
- **Extent to which the objective of the project is fulfilled**
  - Identified objectives have been fulfilled satisfactorily like timely and transparent online payment to ASHAs. There have been improvements in the system for effectively monitoring ASHAS' performance on 26 parameters.

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- The project has benefitted 47000 ASHAs working in the state and the vast population being catered by them. With the improvement in monthly monitoring of the work done by ASHA, an enhancement in the service delivery can be seen benefitting the citizens. ASHASoft has reduced the number of steps and paper work which was initially involved in issuance of the payments. With things being online, the delay and backlogs in payment have reduced to a very large extent thereby benefitting the government officials. Also, timely payment to the frontline workers has boosted their enthusiasm.
- The system has been adapted by all stake-holders at all levels. The number of transactions processed is encouraging which shows that data of more than 40,000 ASHAs is being entered, verified and payments sanctioned. It reflects the improvement in confidence and motivation level among the ASHA, ANM, Computer operator/ PHC ASHA Supervisor/ Information Assistant, Medical Officer Incharge and Chief Medical & Health Officer.

### **3. OVERVIEW OF THE PROJECT OWNER**

The project owner is Mr. Naveen Jain, Special Secretary and Mission Director, (NHM) Medical, Health & Family Welfare Dept., Jaipur, Rajasthan. He is working in this position since June 2014. He has around 2 years' of experience since the inception of ASHA Soft.

### **4. PROJECT OVERVIEW / HISTORY OF THE PROJECT**

#### **➤ Project History**

In the pre-deployment scenario, there was no mechanism to find activity-wise detail of ASHAs; there were cases of partial payment which de-motivated ASHAs. Furthermore, it was observed in the field that ASHAs were called again and again for collecting the payment. They were not provided proper response and helpline to connect to resolve the problems. Additionally there was no mechanism to monitor the payment for each ASHA and sector/district wise information. Proper record keeping was also a concern. Unfortunately, available resources were not optimally used like PCTS and human resource. PHC Health Supervisors, Block Health Supervisors and District ASHA Coordinators were not optimally utilized. Earlier the training and education status of ASHAs was also not available.

#### **➤ What factors triggered the champion to think for this project?**

Prior to ASHA Soft, there were no standard procedures for performance and payment monitoring for ASHAs and there were multiple payment points. Cash was maintained at every sub centre, PHC, CHC etc. (Total 16000+ locations for cash handling). Incentive payment for certain activities was made by ANMs up to sub centre level while incentives for other activities were paid through different cheques at PHC level (separate cheques for RCHactivities, national health programmes etc.), which were handed over to the ASHA in the monthly meetings.

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Invariably, there was delay of at least one-two months in the payment. The process of approval on case basis generated lot of clerical work at all levels.

➤ **Major Category of Services**

- Maternal Health Services
  - 3 ANC Checkups
  - Institutional Delivery Promotions
  - Maternal Death Reporting
- Child Health Services
  - HBNC
  - Infant Death Reporting
  - Referral of SAM Child
  - Follow up of SAM Child
  - SNCU Follow ups
- Immunization Services
  - Social Mobilization
  - Full Immunization
  - DPT Booster
- Family Planning Services
  - Sterilization
  - Delay of Child Birth after marriage
  - 3 Year spacing between two children
  - PPIUCD
- National Health Programmes
  - Treatment of TB Cases
  - Cataract Operations
  - Treatment of Leprosy Cases
  - Preparation of Blood Slides
  - Treatment of Malaria Cases
- Meetings
  - Monthly Meeting Payments
  - Routine Monthly Activities

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➤ **Innovativeness of the project**

ASHASoft initiative has helped in resolving bottlenecks not only in terms of payment but has also improved the monthly monitoring of ASHA's work. It impacts more than 70 per cent of the target beneficiaries.

Being connected with PCTS, it has enhanced the quality of data being entered in PCTS to a large extent. The data entry in PCTS has improved by 30 per cent after the implementation of ASHASoft. Improvement in the credibility of data and reduction in data redundancy has also been observed. Also, as compared to other e-initiatives, ASHASoft works for the grass root level worker in the health system and has boosted their enthusiasm by regularizing the payment. It has also reduced the number of steps which were initially involved in providing the incentives to ASHAs.

As the payments are generated online and the reports can be viewed by any one, there is an increase in transparency.

## **5. SITUATION IN PROJECT OWNER'S STATE/ DISTRICT**

➤ **Early days – How and why it all happened**

Before the software ASHASoft, there were no standard procedures for performance and payment monitoring for ASHAs and there were multiple payment points. Cash was maintained at every sub centre, PHC, CHC etc. (Total 16000+ locations for cash handling). Incentive payment for certain activities was made by ANMs up to sub centre level while incentives for other activities were paid through different cheques at PHC level (separate cheques for RCH activities, national health programmes etc.), which were handed over to the ASHA in the monthly meetings. Invariably, there was delay of at least one-two months in the payment. The process of approval on case basis generated lot of clerical work at all levels.

➤ **The Problem and challenges faced**

The major challenges faced are listed below-:

- To capture the work done by ASHAs
- To record it on a program without new investment
- To pay the same incentives in a transparent and easy manner
- To remain connected with existing PCTS

➤ **Stakeholders / beneficiaries involved**

47000 ASHA workers (Front Line Health Workers) and indirectly community

➤ **Steps/ action taken at the state/ district level to address the problem**

In order to implement the system, master data of ASHAs was prepared for each Anganwadi and was linked to the health facility (e.g. Subcentres, PHC, CHCs or

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Hospitals). The same was also linked to PCTS (Pregnancy Child Tracking and Health Service Management System – operational since 2008) and integrated with ASHASoft. Case details are entered in PCTS and ASHASoft depending on nature of activity and are verified through ASHA Soft. Online Payment is made by CMHOs from the district level for all ASHAs in the district using digital signature based authentication. The system is operational since December 2014 from more than 2000 locations and every month Rs. 7-8 Crore are released through the system.

## 6. MODALITIES OF THE NEW SYSTEM (SOLUTION)

### ➤ **Technology Platform used**

#### ▪ **Description**

ASHASoft has been designed and developed by NIC, Rajasthan State Unit for Department of Medical, Health & Family Welfare and Government of Rajasthan. The software has been developed using ASP.Net (Front End) and MS SQL 2008 R2 (Back End/ DB). Its simple Graphical User Interface (GUI) has helped in smooth and rapid implementation in the state. The best compatibility of the system is with web browser - Internet Explorer 9.0 and above.

#### ▪ **Interoperability**

The software is tightly integrated with the PCTS (Pregnancy, Child Tracking and Health Services Management System). The beneficiary line list capturing RCH Activities (ANC, Immunization, FW) are being used for performance monitoring and calculation of amount to be paid to ASHA.

#### ▪ **Security concerns**

The software is secured as only authorized users can access the system. These users have been classified as administrator, data-entry and report-viewer at State, District, Block and Health Institution level. Based on the permissions given to the user various items of software are available to perform actions. Digital Signature Certificates (DSC) have been provided to District level administrators for triggering the 'Release of Payment' in timely and secured manner.

#### ▪ **Any issue with the technology used**

No issue with the technology used.

#### ▪ **Service Level Agreement (SLAs)**

To ensure achieving the objective of the system i.e. "timely and transparent online payment to ASHAs", service level agreements have been signed with Bank of Baroda, Jaipur for secured integration of bank server with department server for ensuring real-time realization of payments to ASHAs.

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➤ **Measures to ensure the applicability**

Following measures are ensured for the applicability of the ASHASoft project:

▪ **Service delivery channels**

The services are delivered through web based portal. Payments are generated online and SMS is sent on the beneficiary cell number after the payment is deposited in their bank account.

▪ **Completeness of information provided to the users**

Each facility has been provided with username and password which is associated with PCTS software also. Also, the block and district have their username and password, enabling convenience in viewing the entire block or district figures. The information fed can be easily accessed by the users using the username and password thereby ensuring transparency of data.

▪ **Accessibility**

- Step 1 - Verification of ASHA Claim Form by ANM (Between 26th – 30th of the month)
- Step 2 - Online data entry of ASHA Claim Form and verification on ASHASoft by Information Assistant/ PHC Health Supervisor/ Data Entry Operator (Between 26th – 30th of the month).
- Step 3 - Release of Sanction or Fund Transfer Order (FTO) by Medical Officer In-Charge with assistance of Lady Health Visitor/ Accountant (By 4th of the next month)
- Step 4 - Release of payment using Digital Signature Certificate by Chief Medical & Health Officer (Between 5th to 7th of the next month)
- Step 5 - Payment will be transferred directly to the Bank A/C of ASHA (On real time basis)
- Step 6 - SMS will be sent to ASHA for information of online payment(As soon as the payment is credited)

Once the information is fed in the software and frozen, it is available for the users to view it anytime through the online portal.

▪ **Distance required to travel to access points**

The distance travelled by the ASHA to reach to the access point for submitting of claim forms ranges from 0-5 km.

▪ **Facility for online/ offline download and online submission of forms**

The software enables online download and submission of the forms.

▪ **Status tracking**

The status of the forms submitted, district progress, progress of ASHAs, their working and training status etc. can be tracked online.

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➤ **Measures to ensure adaptability and scalability**

The system is scalable and customizable as per the guidelines of 'ASHA Programme' and other desired performance monitoring indicators. New major activities, sub activities, payment conditions, incentive amount etc. can be added or amended easily.

Training and workshops for the software were organized at state, district and block level, making the staff familiar and comfortable with the use of the software. Also the software was promoted through district, block and sector level meetings.

➤ **Measures to ensure replicability**

The software has been built using a user friendly interface and is easily replicable. The software is prepared based on the standard protocols of Government of India's guidelines for ASHA so it would be easy for states to replicate the design. Teams from Maharashtra, Punjab and Karnataka have already visited Rajasthan to understand the software so that they may further replicate it in their states.

➤ **Restrictions, if any, in replication and or scalability**

No there aren't any restrictions in replication or scalability

➤ **Risk Analysis**

As the payment is done online there was a risk of over payment being done if the claim forms aren't verified thoroughly. Hence, to avoid such discrepancy, physical verification of the forms is done by the state and district team (in case of higher claims). Also ASHASoft can generate all types of reports like head wise payment, district wise payment etc. which further act as check points prior to release of payments.

➤ **Capacity Building model used**

- **Need Assessment and training:** Due to ASHASoft, now the department has available data on various parameters and they can decide where ASHAs are performing better or need improvement. This provides an understanding regarding trainings to be provided to ASHAs in areas where she is not performing well.
- **Status of Education and Training:** With the support of the ASHASoft, now each ASHA's educational and training status is available which earlier was a dream to collect. Furthermore based on the training data, planning of training activities can be done more effectively.
- **Evaluation:** Based on the software, now each ASHA can be evaluated on monthly basis. Additionally, activity based evaluation is also possible. With the support of ASHASoft, different reports can be generated, like top 10 best performing ASHAs, training status, activity wise incentives,

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average payment of ASHAs, highest and lowest incentive received by ASHAs, non-functional ASHAs, etc.

- ASHASoft has simple user-friendly interfaces which help the computer operators to make correct data entries from ASHA Claim form. Orientation and training has been imparted to the ASHAs, Computer Operators, Block ASHA Health Supervisor, District ASHA Coordinators, District Programme Managers, District Nodal Officers etc. about the ASHA Claim form and ASHASoft. The solution has been established in a seamless manner.

## 7. IMPACT ON THE STAKEHOLDERS/BENEFICIARIES

### ➤ **Cost benefit analysis**

Post deployment of the software following benefits have been achieved:

- **Timely payment:** All the ASHAs are getting payment in the first week of each month. Once they are verified at sector level and district level sanction officer processes the bill.
- **Monitoring:** Different level monitoring is established like verification of records based on PCTS (Pregnancy Child Tracking and Health Services Management System) entries which are entered by the ANM. In a way, the mechanism also verifies the work of ANM along-with that of ASHAs’.
- **Proper Record Keeping:** There is a standard checklist or claim form which is prepared for the ASHAs. ASHAs are trained to fill them. Due to this mechanism, proper record keeping is established. The lacuna of improper recording is resolved. ASHAs need not to carry various forms. She just needs to carry the claim form along with certificates received from the different checkpoints/health facilities where she has provided her services.
- **Need Assessment and training:** Due to ASHASoft, now the department has available data on various parameters and they can decide where ASHAs are performing better or need improvement. This provides an understanding regarding trainings to be provided to ASHAs in areas where she is not performing well.
- **Status of Education and Training:** With the support of the ASHASoft, now each ASHA’s educational and training status is available which earlier was a dream to collect. Furthermore based on the training data, planning of training activities can be done more effectively.
- **Evaluation:** Based on the software, now each ASHA can be evaluated on monthly basis. Additionally, activity based evaluation is also possible. With the support of ASHASoft, different reports can be generated, like top 10 best performing ASHAs, training status, activity wise incentives, average payment of ASHAs, highest and lowest incentive received by ASHAs, non-functional ASHAs, etc.

### ➤ **Budgeting:** Budget is demand based according to the use of the software.

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- **Performance Appraisal:** Based on the software, now slow performer and zero performers can be identified on monthly basis.
- **Other issues:** Before the software, it was difficult to trace ASHAs having more than 3 to 4 additional charges of Anganwadis, due to which it was practically impossible to provide services to the population. With the support of ASHASoft, we can trace such issues and at the maximum provide only one additional charge to any ASHA.
- **Value delivered(qualitative and quantitative )**
  - (i) To organization**
    - Efficient monthly monitoring of ASHA work
    - Availability of real time data constituting of training status of ASHAs, district wise and head wise payments released etc.
    - No more delays in release of payments.
    - Improved data quality and reduced data redundancy.
    - Based on successful implementation of this software, government has agreed to provide 15% quota for admission in the ANM course.
  - (ii) To citizen**
    - Efficient and improved service delivery by ASHA.
    - Increase in number of interactions between citizens and ASHAs
    - Based on the software, now we have more and adequate information for the Right to Information (RTI)
  - (iii) Other stakeholders**

Improvement in confidence and motivation level among the ASHA, ANM, Computer operator/ PHC ASHA Supervisor/ Information Assistant, Medical Officer Incharge and Chief Medical & Health Officer.

## 8. FUTURE ROADMAP / SUSTAINABILITY

- **Way Forward**
  - Time lag in payment to ASHAs would be further reduced
  - Urban ASHAs would also be covered once the concerned PHC/ CHC get PC with internet.
  - ASHAs with tablets/some other devices like mobiles shall feed their data directly on the system provided the system is also strengthened enough to respond to those entries
  - 104 helpline to be used for ASHA related queries
- **Measures for Sustainability**
  - The tagline of this project is Zero Investment Project. The health department has optimally utilized available human resources at different levels (from state to village level). Only training cost has occurred for the effectiveness of

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implementation. The department has used resources of NIC (National Informatics Center) in the development of software and it's designing without any cost. The department has used its existing server for the deployment of ASHASoft software. The Bank of Baroda has provided free support in online payment to ASHA and its integration with ASHASoft.

- The mission director has prepared WhatsApp group with the district and state level officers for effective and seamless communication. This is another cost effective medium used by the department to share ideas, resolve problems and effective communication.
- The department has established helpline numbers. They are 8290266668 and 8290266669. These numbers were shared from the state to the village level. The department has only purchased two mobile sets and there is no additional cost incurred.
- For the effective implementation of project, ASHASoft training manual was prepared and circulated during district level trainings. The department has printed ASHA claim form in a booklet form and the booklet will be used for the entire year. Due to same, ASHA will not have to pay any money from her pocket. Each booklet has serial no. and ASHA gets an acknowledgement each month while submitting the claim and also gets SMS on her registered mobile number.

## **9. ANNEXURE(S):**

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