

Name:Ministry of Family Welfare, Jaipur, Rajasthan

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Teaching Notes

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

1. OVERVIEW

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 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 DH in the state. ASHAs have to submit their claim form at these centers 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. TEACHING OBJECTIVES

➤ Objective of the project:

- To monitor the performance of each and every ASHA every month.
- To identify the gap areas and need assessment for rendering better services at community level.
- Assessing the quality of services in remote and vulnerable areas. It would be easier to assess the service delivery of ASHA in remote areas and marginalized community.
- Timely payment of incentives to ASHAs to maintain their motivation level.

- Streamlining payment and monitoring mechanism through institutionalizing standard protocols at village (ASHA's level), at sector level (Medical officer level) and at district level (Chief Medical and Health Officer level).

➤ **Outcome:**

- ASHAsoft initiative has helped in resolving bottlenecks not only in terms of payment but has also improved the monthly monitoring of ASHA's and supervisor's work.
- Reduction in number of steps and paperwork that was initially required for earning the incentive.
- Increased transparency as the payments are generated online and the reports can be viewed by anyone.
- Improved and strengthened database of maternal and child health indicators, reduced data redundancy and discrepancies.
- Increased work satisfaction and enthusiasm among ASHA workers and also improved health service delivery.
- Generation of online reports for regular monitoring of ASHA's activity and progress of program.
- There has been a stark improvement in the line listing data in PCTS/MCTS by 30 to 40 %.
- It has been ensured that each ASHA is having the charge of only one Anganwadi with addition of at the most one more Anganwadi to ensure that they are not overworked and the community can receive quality services.
- The performances of block and PHC health supervisors have improved.
- The 3 best performing ASHAs have been identified and awarded at district level function every year and given cash prize of Rs. 5000, Rs. 3000 and Rs.2000, respectively.
- More than one thousand best performing ASHAs have been identified for higher education, all expenses regarding this are born by the government.
- For capturing of real time health service data, the government provided tablets/PCs to the ASHAs on pilot basis in seven districts.
- The government has also agreed to reserve fifteen percent seats for ASHAs in the ANM training course.

➤ **Challenges faced**

The ASHA, being a joint worker receives rupees sixteen hundred from the Women and Childcare Department and incentives on twenty six parameters from the Department of Medical Health. This payment of incentive took place at different time periods and was routed through different channels. This not only caused several delays, but led to inefficiency, partial payments, and exploitation and wide spread corruption. This was accompanied by the lack of clarity on the payment process and lack of data on the impact of varying incentives and a concise database evaluating outcomes. The compensation offered to the ASHAs had not kept pace with the expectations that they had. This resulted in the ASHAs getting demotivated and not performing any of their key activities to the best of their abilities.

➤ **Possible ways of resolving / overcoming the challenges or improving the situation**

With growing inefficiency and dissatisfaction of ASHAs in mind, ASHASoft was created. It is an online web-based facility that enables online payment of incentives to the ASHAs. It has been developed by the state unit of National Informatics Center - Rajasthan and collaborates with the Bank of Baroda to facilitate online payments. It is a zero investment mechanism to monitor and support the ASHA program. The core group consisted of highly enthusiastic officials and also the Mission Director, NHM Rajasthan. It also allows its users to access beneficiary wise details of the services provided by the ASHAs to the community. It also generates reports that are instrumental in monitoring the progress of the program. It is a tool that can be used for evaluating the quality of health services provided in rural and remote areas and the performance of ASHAs in marginalized communities. By enabling complete and timely payment to the ASHAs it ensures that their morale and enthusiasm stays at an all-time high.

Some of its other salient features include its attempt to strengthen the grievance redressal mechanism; its potential to link the payments of ASHAs to ensure performance based incentive is disbursed on time. It serves as an automatic generation of work plan for its functionaries. It is also linked to the PCTS/MCTS system and it used its database for the activities ASHAs perform which is related to maternal health and childcare. This also works as a verification and cross checking mechanism.

3. SUGGESTED QUESTIONS AND ANALYSIS

a. Extent of Computerization in terms of number of services computerized/ICT enabled/automated.

ASHASoft has computerized 27 Services pertaining to ASHA workers. ASHASoft application includes claim generation, processing and disbursement of funds to the workers. It incorporates all types of MIS reports for the complete working and monitoring of ASHA worker at the field level.

b. Are there any identified issues with the new process? If yes, please share your plan to overcome the issues.

There have been no such issues with the new processes. The department has been putting a lot of effort in ensuring there are no hiccups/challenges in functioning and support of the application.

c. How is AshaSoft different from a usual computerization project in health sector? Explain briefly.

The application encompasses capturing of the ASHA worker functioning to the last level of detail. As such the data provided by the application can be drilled down to the last element with the exact information on the services being provided and work being done by the ASHA worker. This has ensured that a correct picture of the actual work of about 47000 ASHA workers is being monitored at the State level and using this data the payments, educational opportunities, specific trainings, future work opportunities for ASHAs are being planned. A unique feature of the project is that the project has used minimal

funding for implementation and roll out with the usage of PCTS/MCTS infrastructure and manpower already provided in the State to implement and capture the details of work of ASHAs. This resulted in enrichment and updation of PCTS/MCTS data as the payments could only be made to those ASHAs whose data had been updated in the PCTS/MCTS data list.

d. What are the results achieved in the project. Also list down the value added and delivered.

➤ **Increased efficiency of institutional processes (dependence on middlemen, accuracy of output or error rate etc.)**

The institutional processes have been strengthened due to automation of last level details and critical data used for work completion and disbursement of claims. This has certainly reduced the revenue leakages during the manual system where no concrete evidence or information was available to validate the work accomplished by an ASHA worker. In addition, the reformed process has ensured that the PCTS/MCTS system data being captured is accurately and regularly filled and is up to date for disbursement of ASHA claims.

➤ **Innovativeness of the initiative and its replicability**

The project stands out on the implementation front as it has used minimal state funds and project budget. The project has reused PCTS/MCTS infrastructure and manpower available in the state to roll out the project and approached NIC for application development. Due to the availability of PCTS/MCTS infrastructure in all the states pan India, the project can easily be replicated across various states in the country. Till date about 11 states have taken presentation on the application and implementation and especially the State of Uttarakhand is in talks to replicate the same solution.

➤ **Sustainability of the initiative (revenue, technology support, scalability, capacity building etc.)**

The application is scalable as per the requirements and usage of the State. The application has been running across the state of Rajasthan. The project team has conducted various trainings through Video Conferences at State level for usage of application. A comprehensive user manual is designed and prepared in a professional format for the consumption of the end user. In addition, the project team conducted mock drills across the state to ensure smooth functioning and adaptability of the user with the application.

➤ **Degree of localization (local language interface, database support etc.)**

Currently an English interface is available.

➤ **Convenience for user/citizen (accessibility, transparency, ease of navigation, single window resolution, number of visits etc.)**

A comprehensive MIS is available to officers to disburse correct claims, monitor the work and performance of the ASHA worker. A helpdesk is established to support any queries and questions from the field level users as well as ASHA workers for any matter related to the application / work performed.

e. What are the benefits in terms of numerical terms after the AshaSoft Initiative?

Parameters	Before Initiative	After Initiative
Number of users		2500 PHC + Coverage at Semi Urban and Rural Areas
Volume Growth in transaction		Disbursement of approx. 8 crore/month of claims for ASHA workers
Time taken to process transactions/service response time	6 Months for disbursement of ASHA Claims	Within 7 days of the Month

f. List down the distinctive features of the project.

The project has received Elets knowledge exchange award 2015 and Skotch Award 2015. With the implementation of the project, average payout of an ASHA worker has increased from Rs. 600-800/ worker to about Rs. 1800/worker. The project has leveraged WhatsApp to immediately inform the field users and ASHA workers for updates and information dissemination.

4. CLASSROOM MANAGEMENT

➤ **Group Discussion (15-20 minutes)**

Divide the participants in groups of 5-6 and discuss the case on following aspects. Each group should take one aspect:

- Discuss Change management and communication as some of the key factors to project success.
- Challenges, issues and risks if the project is to be rolled across other states.
- What is next for the project? Please have an open brainstorming session regarding how this project can be evolved to ultimately become the single most important delivery medium - possible themes include greater use of mobile and web based services, tying up with private agencies to expand delivery channel, including varied types of B2C and G2C services, single authentication framework etc.

Each group should present their findings in a short 5 minutes presentation afterwards.

➤ **Group Activity (30 -40 minutes)**

Make two groups of participants. One group to act as Citizens and other to act as Government. The task of the citizens' group is to come up with novel and different (but realistic) service requirements that they want from a project like AshaSoft. They shall prepare a list which the second group shall use. The task of the Government group is to see how they can provide such services within shortest possible time. The citizens group shall also create the time frame that they feel is

justifiable and shall compare it with the eventual service delivery time frame offered by the second group.

The objective of this exercise is to highlight expectations of citizens and the readiness of Government in meeting them. It is a role play type of exercise which offers plenty of flexibility in the way AshaSoft services can be further augmented.

➤ **Summary- Key lessons learnt (10 minutes)**

Each participant shall write down a summary in no more than 500 words highlighting key learnings from the case.