

Category III

‘Excellence in District level initiative in e-Governance i. North-East States + Hilly States ii. UTs (including Delhi) iii. Other States’

1. Coverage – Geographical and Demographic:

(i) Comprehensiveness of reach of delivery centres

West Delhi, New Delhi

(ii) Number of delivery centres

7

(iii) Geographical

(a) National level – Number of State covered

(b) State/UT level- Number of District covered

(c) District level- Number of Blocks covered

4

Please give specific details:

Effective use of technology in monitoring distribution of essential medicines through ‘Mohalla Clinics’ (4 clinics in the specified district)

(d) Demographic spread (percentage of population covered)

Approximate 1 lakh (25% of the district population) was covered

2. Situation before the Initiative (Bottlenecks, Challenges, constraints etc with specific details as to what triggered the Organization to conceptualize this project):

Bottlenecks – Delay in providing access to medicines and inaccurate record of demand

Challenges – Physical monitoring/routine inspections by health officers caused delay, and was a difficult exercise to monitor on a regular basis

Constraints – Demand varied basis seasonal disorders/diseases, shift in population, dynamic updating of medicine list was required

3. Scope of Services Covered (Number, extent and list of services made ICT enabled – extent to which a service is e-enabled may be one of the four criteria’s (a) Service is requested through electronic means including mobile devices – Front-end is electronic, (b) Workflow/approval process is electronic, (c) Database is electronic/digitized, (d) Service delivery is electronic

a) Mobile app, mobile optimized website and monitoring dashboard may be used for requesting service

b) Approval process, lodging of requests/grievances/escalation of

- issues etc. and approval/resolution of the same is electronic
- c) Database is fully digitized
 - d) Service delivery is electronic (New Orders for supply of medicines, status tracking of orders, increase in quantity etc. enabled online)

4. Innovative Methods adopted for seamless delivery of Services (Give details on the extent to which initiative/project is unique in purpose/goal, compared to other common e-governance projects, give details about the new processes / new activities, new steps , ICT interventions, administrative process reforms, any use of new & emerging technology functionalities introduced into the system, identification & removal of any bottlenecks/give details irrelevant steps, Measures taken for seamless delivery of services etc.

Customer, Mohalla Clinic manager and Nodal Officer for inspection/supervision have different roles allotted on the portal and app
End to End Lifecycle Management enabled
Grievance Redressal System embedded online
Customer can also leverage social media integrated to lodge complaints
Clear SLAs of 5 days for each request

5. Stakeholder Consultation(Give details about type of stakeholders consulted, number of stakeholders consulted stages at which stakeholder input was sought, any user satisfaction study done etc. #)

Citizens (Survey – 75 respondents), Subject matter experts (11), District administration, Health Inspectors/Nodal Officers

6. Strategy/Methodology Adopted:

(i) The details of base line study done

Key Challenges identified through customer survey (5)
SMEs and Administrative officials asked to respond to each of the 5 key challenges individually

(ii) Problems identified

Inventory Management
Communication and Awareness
Constant Feedback
Seasonal Adaptations
Accountability

(iii) Roll out/implementation model

Pilot conducted for 1 Mohalla Clinic

Beta version (learnings from pilot) expanded to all 4 Clinics in next phase

(iv) Communication and dissemination strategy and approach used

Mass e-mailers, SMS, social media (FB, Twitter), Whatsapp and Print media (local and national dailies)

7. Technology Platform used:

(i) Description

MS Windows, Java, HTML 5 and Adobe Reader

(ii) Interoperability

NA

(iii) Security concerns

NA

(iv) Any issue with the technology used

NA

(v) Service level Agreements(SLAs) (Give details about presence of SLA, whether documented, whether referred etc. #)

Any request / grievance lodged on the platform has to be resolved within 5 business days (from date of receipt)

8. Citizen Centricity & Relevance (Give specific details on the following#)

(i) Impact on effort, time and cost incurred by user

Effort of re-visits by customer reduced by 80%
Delays in access reduced by 75%

(ii) Feedback/grievance redressal mechanism

Integrated in one common solution
Utilized for revamping of medicine inventory

(iii) Audit Trails

NA

(iv) Interactive platform for service delivery

Social Media integration for real-time feedback and escalations

9. Adaptability and Scalability (Give details about Local language support, ability to leverage shared NeGP infrastructure, Standardization of technology used (hardware, software, application etc. #), envisage future enhancements/plans)

Support available in English, Hindi and Punjabi

10. Adaptability Analysis:

(i) Measures to ensure adaptability and scalability

Can be easily scaled up to support Mohalla Clinics across Delhi

(ii) Measures to ensure replicability

Other State Governments may utilize the same with addition of vernacular languages

(iii) Restrictions, if any, in replication and or scalability

NA

(iv) Risk Analysis

11. Efficiency Enhancement (Give specific details about the following #)

(i) Volume of transactions processed

250 per day

(ii) Coping with transaction volume growth

(iii) Time taken to process transactions

1.5 minutes per transaction

(iv) Accuracy of output

95%

(v) Number of delays in service delivery

Less than 2 per month

12. Accessibility (Give details about how following has been enhanced: user accessibility, transparency in system, single-window resolution, ease of navigation; impact on service response time, number of visits required for accomplishing the task before and after automation, Communication e-mail, SMS, web based tracking, etc.#)

Completely transparent process
Real-time monitoring enabled
Reduction in service response time

Pre-planning of medicine inventory as per customer demand and seasonal requirements

13. User convenience (Give specific details about the followings #)

(i) Service delivery channels (Web, email, SMS etc.)

Physical hubs and mobile app

(ii) Completeness of information provided to the users

(iii) Accessibility (Time Window)

(iv) Distance required to travel to Access Points

Maximum distance – 15 kms.

(v) Facility for online/offline download and online submission of forms

Both online and offline modes available
Online – through app/mobile optimized website
Offline – On A4 sheet and submission at physical hubs located across district

(vi) Status tracking

Enabled through app and mobile optimized website
Can also be requested through SMS (free of charge)

14. Sustainability (Give details about sustainability w.r.t. technology (technology used, user privacy, security of information shared – Digital Encryption etc. #), Organization (hiring trained staff, training etc. #), financial (Scope for revenue generation etc. #))

15. Ease of Transaction(Give details about method deployed to educate user on how to avail service, security of data shared by user(if applicable), completeness of information provided, Linkages for financial processes (if applicable), etc. #)

16. Appropriateness of context and degree of localization (Give details about degree of localization i.e. local language interface, database support etc. relevance of content, etc. #)

Local Language Interface enabled
Easy access to medicine currently available
Place request for new medicines and check availability real-time

17. Cost effectiveness (Give details about impact on cost incurred w.r.t. overhead cost, direct and indirect cost, man days/man hour required to do a job etc.#)

Zero Additional Cost to Citizen
Reduction in manpower costs owing to efficiency in supply chain

18. Number of users and services(Give details about frequency of services used in last 01 year, number of visitors, number of unique visitors, number of users etc. #)

Mobile App – Downloads 25k since launch in December 2017
12 Health inspectors, 16 vendors and 4 Mohall Clinic owners registered

19. Benefits Accrued / Impact assessment (Give a comparative Analysis of pre- &

Post- implementation in terms of (a) Service Access points, (b) service charges paid by user, (c) travel cost, (d) indirect cost incurred by user, (e) comprehensiveness of service/information provided, (f) distance required to travel, (g) mode of service delivery, (h) citizen charter (time to deliver the service), (i) Green e-Governance (power & paper consumption, disposal of e-Waste etc.), (j) revenue collection, (k) Capacity Building (No. of persons trained) etc.)

Zero Cost to Citizen
Real-time Monitoring
Easy and universal access to subsidized medicines
Feedback and Grievance Redressal Systems in one place

20. Result Achieved/ Value Delivered to the beneficiary of the project-(share the results, matrices, key learning's, feedback and stakeholders statements that show a positive difference is being made etc):

(i) To organization

Effective achievement of objectives of umbrella scheme

(ii) To citizen

Easy access to essential drugs at subsidised costs

(iii) Other stakeholders

Franchisee owners get simplified business solution on-the-go

21. Extent to which the Objective of the Project is fulfilled-(benefit to the target audience i.e.G2G, G2C, G2B, G2E or any other, size and category of population/stakeholder benefited etc):

G2C and G2G – Effective co-ordination between the three key stakeholders – Health Inspectors/Supervisors, Mohalla Clinic owners and End Consumer

22. Comparative Analysis of earlier Vs new system with respect to the BPR, Change Management, Outcome/benefit, Change in legal system, rules and regulations

Digitization of Complaints
SLAs defined
Inventory Management and Notifications
Consumer Feedback Integration

23. Other distinctive features/ accomplishments of the project:

1. Reduced incidences of key diseases like dengue, malaria
- 2.
- 3.

This is just an indicative list of indicators. Applicant can add on more information based on suitability of the project nominated.