

Review Article

Review of Online Payment System - ASHA Soft

M. L. Jain¹, Mamta Chauhan², Richa Chhabra³, Archana Saxena⁴, Mohit Dhonkeriya⁵¹Director, ²Associate Professor, ³Senior Research Officer, ⁴Research Officer, ⁵TA-IT,
State Institute of Health and Family Welfare, Rajasthan, Jaipur.

Corresponding Author: Mamta Chauhan

Received: 07/05/2016

Revised: 24/05/2016

Accepted: 31/05/2016

ABSTRACT

Community Processes are the key interventions under NHM with community engagement to ensure people's participation in health and to enable action on social determinants of health. Under NHM it is important to strengthen community processes interventions, thereby reducing gap between service utilization and service provision through attention to field implementation that will result in achieving health outcomes. One such innovation is field worker known as ASHA (ASHA Sahyogini in Rajasthan) working under NRHM Community processes since 2005.

ASHA is a community level worker whose role is to function as a health care facilitator, a service provider and to generate awareness on health issues. Besides delivering key services to maternal child health and family planning, she also renders important services under National Disease Control Programme. It is important to keep the ASHA motivated to perform her duties efficiently and address issues related to provision of quality services. Over the years it was observed that there were no standard procedures for performance and payment monitoring of ASHAs. This resulted in lack of motivation and guidance for performance improvement. Hence web- based software for online payment to ASHA was made in Dec 2014.

Objective: After completion of one year of ASHA soft it was decided to review ASHA soft, to identify its impact on performance of ASHA

Methodology: One year data available on ASHA soft was analyzed along with desk review of all relevant data and reports on ASHA soft by SIHFW.

Result: The data of ASHA soft indicates that performance of ASHA in each head has increased significantly from Dec. 14 to Nov. 15. Incentives paid to ASHA under head of Maternal Health services shows highest increase followed by payments disbursed under Child Health services, Family Planning, Disease control and regular meetings.

Conclusions: Overall in the State, after having ASHA soft in place, performance of ASHA has significantly increased in all deliverables. ASHA soft is contributing in keeping ASHAs motivated and making them aware about all activities in which they can contribute and earn on a regular basis. Transparency in system has kept their morale high and making them confident and focused on their work, which in turn making health services available till grass route level and this will also increase service indicators.

Keywords: Accredited Social Health Activists (ASHA) ASHA Sahyogini, ANM (Auxiliary Nurse Midwife) ASHA Soft, National Rural Health Mission (NRHM), etc.

INTRODUCTION

The National Rural Health Mission aimed to provide effective, efficient and affordable health care to the rural

population. One of the key components of the mission is to provide every village having a population of 1000, with a trained female community health activist - The

ASHA or the Accredited Social Health Activist. ASHA is the first port of call for any health related demands to access health services. ASHA is health activists in the communities who creates awareness on health and its social determinants and mobilize the community towards local health planning and increased utilization and accountability of the existing health services. She is a promoter of good health practices. She also provides a minimum package of curative care as appropriate and feasible for that level and makes timely referrals.

Over the years, it was observed that according to the services provided by ASHA Sahyogini to the community the delays and complexities in payment demotivated them. It was also realized that there were various obstacles in monitoring the performance of ASHA Sahyogini in a transparent form. All these shortcomings of ASHA programme were overcome by "ASHA Soft". Credit of develop ASHA soft goes to Mr. Naveen Jain-MD-NHM and their NHM team. It is an online system launched on 25th December, 2014. The ASHA Soft facilitates the user to capture beneficiary wise details of services given by ASHA to the community, online payment of ASHA to their bank accounts, generate various reports to monitor the progress of the programme. The system is designed and developed by the National Informatics Centre - Rajasthan in consultation with Medical and Health department. [1,2]

Rajasthan is the first State in India to started online payment to ASHA. The objectives of **ASHA Soft envisaged during its inception were:-**

- To monitor the performance of each and every ASHA every month
- To identify the gap area and need assessment for rendering better services at community level
- Assessing the quality of services in remote and vulnerable areas; and
- 4. Timely payment of incentives to ASHA

The ASHA soft payment process starts with preparation of monthly claim form ASHA (self appraisal forms). ANM verifies the claim form of ASHA. Verification and entry of data is being done by Information Assistant or Data entry operator or PHC or ASHA Supervisor. ASHA wise data entry is being done from self appraisal form and line listing. Sanction of payments is done by MO-IC with assistance of accountant or LHV and release of payments through digital signature of the CM&HO by the seventh of every month. The payment is transferred to ASHA's bank account. ASHA receives SMS on their mobile regarding the transfer of payment. After one year of implementation of ASHA soft, it was decided to review data of ASHA soft to understand the extent of achievement of objectives of the software. [3,4]

Objectives of the study

1. To analyse the impact of ASHA Soft on Maternal Health, Child health, Family Planning, Immunization and Disease control services.
2. To analyze the impact of ASHA soft on performance of ASHA.

Study Universe

For Analysis of ASHA soft, data entered on ASHA soft in the month of Dec 2014 has been taken as base line compared with data of November 15.

METHODOLOGY

1. Desk review: All the background information about ASHA soft has been referred, this includes web pages of ASHA soft, NRHM, ASHA soft training booklet etc.
2. Data study of software - online - the data uploaded on ASHA soft has been analysed.
3. Data comparing and Report writing

RESULTS AND DISCUSSION

The analysis of data of ASHA soft reveals that there were total 47141 functional ASHA in Rajasthan as on 30.11.15. Background information of ASHA working across periphery of 33

districts of Rajasthan is available on ASHA soft.

Major category of services activities performed by ASHA for which they are being provided incentives are Maternal Health Services, Child Health Services, Immunization Services, Family Planning Services, National Health Programmes, and Meetings.

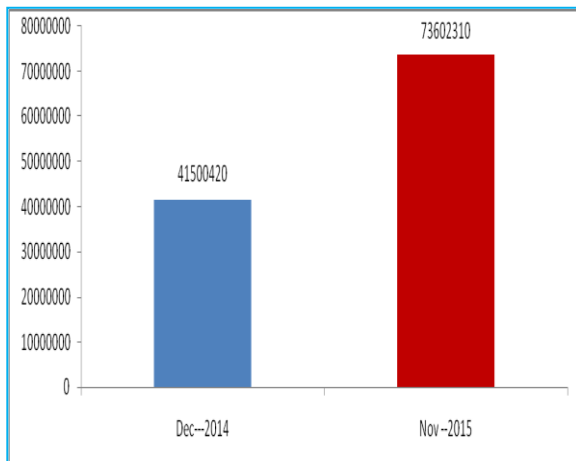


Figure 1-Total Incentive paid to ASHA

Figure -1 indicates that implementation of ASHA Soft in Rajasthan in 2014 has a positive effect on the performance of ASHA Sahyogini within one year. Before ASHA soft the linkages between PHC ASHA supervisor and ASHA was very poor, even many of the program has not been percolated up to the grass route. The payment status of ASHAs shows increment in payment released to ASHA from Dec 14 to Nov 15. This includes total incentive paid to ASHA under maternal health, child health, immunization, family planning services, national programs and monthly meetings. This amount has increased from 4.1 crore to 7.3 crore, showing an increase of 77%. This may be viewed as evidence of services available till grass-route level.

One of the prime responsibilities of ASHA is facilitating maternal health services through motivating mothers for timely ANC, institutional deliveries and reporting maternal deaths in their area. ASHA is paid Rs 300/- for complete ANC wherein she has to get 3 check-ups done of

the pregnant mother. In December 2014, Rs 5775800/- (in words Rs Fifty seven Lacs seventy five thousand eight hundred only) was paid to ASHA under this head showing 19253 complete ANCs which increased to 41027 in November 2015. The reporting has become more organized and almost double ANCs have been done in 1 year indicating high level of motivation induced by ASHA soft

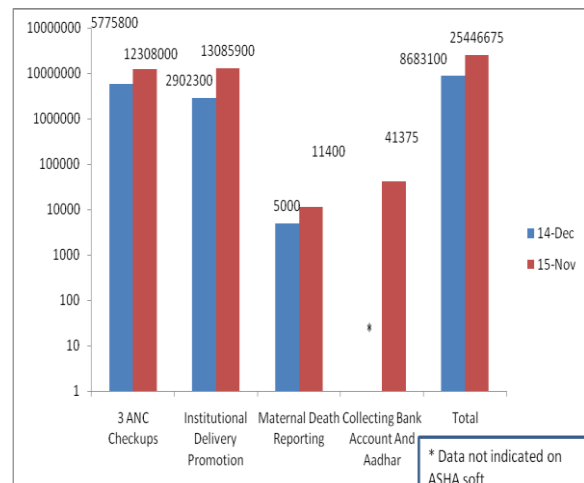


Figure 2- Incentives under Maternal Health

Data of ASHA soft shows that though the number of complete ANC done during Dec 14 was 19253, only 9764 institutional deliveries were reported. However, in November 2015, against 41027 ANC, 43623 institutional deliveries were reported. This shows that in the coming months more institutional deliveries will be reported and incentivized which otherwise would not have been possible without ASHA soft reporting mechanism.

The Figure - 1 shows that maternal death reporting has increased more than double. ASHA is incentivized at Rs 200 per death report to ASHA. In base month that is Dec 14, 25 deaths were reported in 17 districts which increased to 57 reported by ASHA in 23 districts in Nov 15, making disbursements of incentives to ASHAs more than double.

Overall Child Health data depicted in Figure-3 shows that total payments have increased more than double as compared from base month to comparison month.

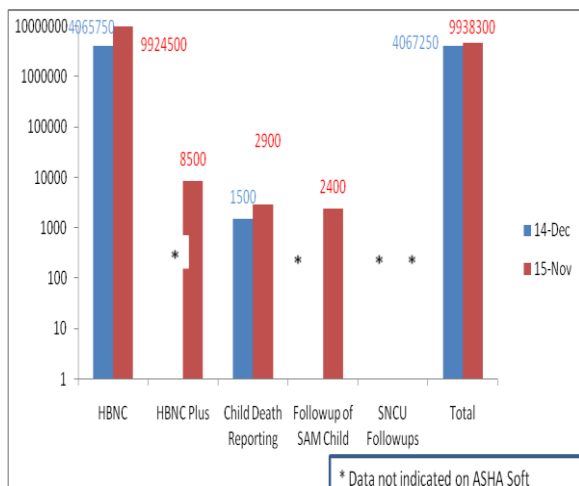


Figure 3-Incentives under Child Health

Though incentive under HBNC are dependent on training of ASHA in Round -2 of Module 6-7 and HBNC+ has been rolled out in some specific Districts only, yet data on ASHA soft indicate significant increase in services given by ASHA under child health services

In Immunization Services there is an increase in total and in every sub-activity there is a constant increase. Data Shows that ASHA seem to be working well as village-level mobilizes of households, to utilize the existing public health set-up for immunization of Children

The graph for full immunization indicates an increase from December 14, base month and comparison month of November 15.

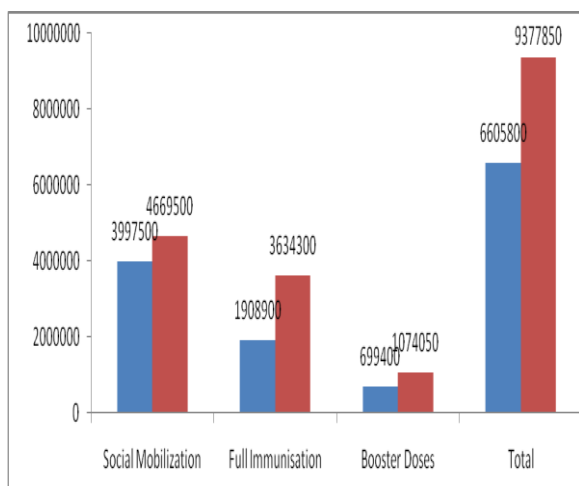


Figure 4-Incentives paid under Immunization

Family Planning Services

The payment for Family Planning services to ASHA has increased from base month that is Dec 14 and comparative month that is Nov 15 on the basis of data available in ASHA soft.

There is a positive change in Post partum Sterilization which is however a newly introduced intervention, and is likely to give better results for family planning and population control in near future.

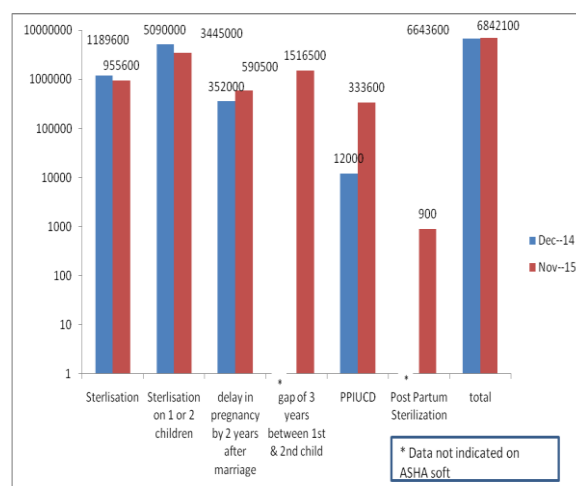


Figure 5 –Incentives under Family Planning

National Programmes

The primary responsibility of ASHA is to act as an interface between the community and the public health system. Their role is very important in prevention and control of various diseases under national disease control programs. Data on ASHA soft indicate that overall performance has increased between comparison month and base month. For incentives to be paid through ASHA soft department has listed out all components in which ASHA can get incentives, in ASHA claim form and also uploaded on ASHA soft, that makes ASHA and Supervisor aware that there is much more scope of Incentives to ASHA Figure-6 indicate that now after more clarity on incentives and motivation, ASHAs have started giving equal importance to National Programmes despite the prevalence being quite low. The incentives to ASHA are paid under following sub heads:

- DOTS patients
- Cataract
- Leprosy
- Malaria
- Blood slides preparation

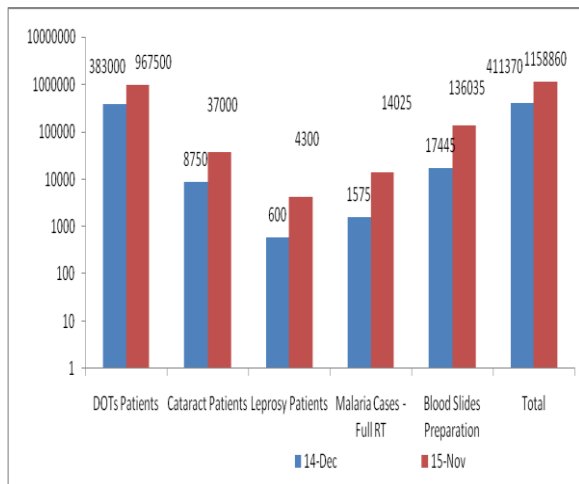


Figure 6- incentives under National Programs

Monthly Meetings

ASHA participates every month at Sector/PHC level in a meeting for review of her work and submitting Claim forms. She is paid an incentive of Rs 150/- for attending monthly meeting.

Routine Monthly Activities include various activities such as preparation of Eligible couple survey list and its updation, due list preparation for MCHN day, conducting VHSC meeting etc. This indicates that having ASHA soft in place has brought ASHA into active state of participation and has streamlined regularity in various activities.

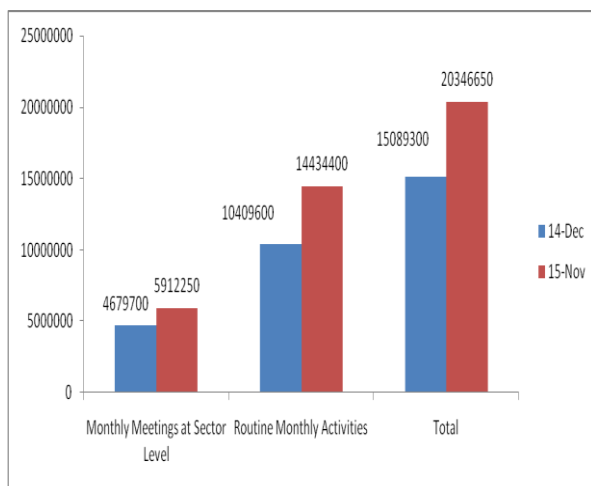


Figure7- Incentives for Routine monthly Activities

The study reveals that the payment by ASHA soft has enhanced the mlevel of ASHA shayogani, which contributes in better performance. Songara et.al (2014-15) also identified in their approach paper that about 75% of ASHA Sahyogini in Dausa and Rajsamand districts of Rajasthan found ASHA Soft to be a beneficial tool from a sample of 97. [5] Monthly payments have induced 'Peer Pressure' among ASHAs to perform well. Now it is easier to monitor performance of ASHA. It acts as a scale to judge the performance of each and every ASHA as well as PHC/Block/ District level performance. It also helps in generating reports such as monthly payment status reports, performance and activity wise reports, training status, budget utilisation reports, etc.

CONCLUSION

ASHA Soft is one of the successful performance monitoring and online payment systems, which has put an entire health system on the dashboard. The study concluded that this software has the tremendous positive impact on the performance of ASHA Sahyogini which has helped the authorities to identify best performing ASHA Sahyogini and the current health status on just one click. The better working procedure of online payments has various benefits and also increased the motivation and satisfaction levels of ASHA Sahyogini and by this all the villages having ASHA have been covered by the services given by health Department. This will increase client et satisfaction as well as, coordination between ASHA and ANM, linkages with Department will also be strengthened.

REFERENCES

1. National Health Mission, Medical Health and Family Welfare Department, Government of Rajasthan. ASHA Soft (The Online payment and monitoring System). ASHA Soft Brochure. Available from: <http://www.nrhmrajasthan.nic.in/Award/ASHASoft%20Brochure.pdf>

2. National Health Mission, Medical Health and Family Welfare Department, Government of Rajasthan. ASHA Soft (The Online payment and monitoring System). ASHA Soft Demo Presentation. Available from: <http://www.nrhmrasthan.nic.in/ASHA%20Soft.htm>
3. Jain, N. (2015). ASHA Soft - The Online Payment and Monitoring System for ASHAs. E-Health Magazine. Available from: <http://ehealth.eletsonline.com/2015/03/asha-soft-online-payment-monitoring-system-ashas/#sthash.0gydw5Yf.dpuf>
4. Jain, N. (June 8, 2015), Asha Soft Raises Hopes in Healthcare, in conversation with Kartik Sharma Elets News Network (ENN), Available from: <http://ehealth.eletsonline.com/category/featured/>
5. Songara, D., Goyal, A., & Suthar, P. (2011). Approach Paper Rajasthan State. Available from: http://globalcenters.columbia.edu/mumbai/files/globalcenters_mumbai/Approach%20Paper%20Rajasthan.pdf

How to cite this article: Jain ML, Chauhan M, Chhabra R et al. review of online payment system - ASHA soft. Int J Health Sci Res. 2016; 6(6):314-319.

International Journal of Health Sciences & Research (IJHSR)

Publish your work in this journal

The International Journal of Health Sciences & Research is a multidisciplinary indexed open access double-blind peer-reviewed international journal that publishes original research articles from all areas of health sciences and allied branches. This monthly journal is characterised by rapid publication of reviews, original research and case reports across all the fields of health sciences. The details of journal are available on its official website (www.ijhsr.org).

Submit your manuscript by email: editor.ijhsr@gmail.com OR editor.ijhsr@yahoo.com