

Case Study on ASHA

In the primary healthcare sector, NRHM is the principal programme of the central government to achieve the health related millennium development goals such as infant mortality rate (IMR), maternal mortality rate (MMR); as well as control of specific diseases, and improvement of nutrition status of children and mothers

The Accredited Social Health Activist (ASHA) represents the pivotal part in the whole design and strategy of the National Rural Health Mission (NRHM), which, in turn, is a critical initiative of the central government to fulfil its promise on inclusive growth.

ASHAs are local women trained to act as health educators and promoters in their communities.

Their tasks include motivating women to give birth in hospitals, bringing children to immunization clinics, encouraging family planning treating basic illness and injury with first aid, keeping demographic records, and improving village sanitation.

They are also meant to serve as a key communication mechanism between the healthcare system and rural populations in Tribal & Non- Tribal areas

The ASHA program was introduced as a key component of the community processes intervention. Over the six year period, the ASHA program has emerged as the largest community health worker program in the world, and is considered a critical contributor to enabling people's participation in health.

Our case study involves implementation of ASHA program in the state of Maharashtra through Nelito System's solution for it based primarily on Microsoft platform.

The Patron and Challenges

Recruitment

Standards for the selection of the ASHAs are as important, if not more, than ensuring that the appropriate number of ASHAs is in place.

Incentives & motivating factors

Payments to ASHA are frequently delayed, often due to procedural issues (e.g. funds not transferred to sub-district, unfamiliarity with e-banking, confusion over what incentives are available).

Supervision

ASHA most regularly interact with ANM, AWW, MOs, and PRI. The most regular forum for interaction in most states is the Village Health and Nutrition Day (VHND). States have organized different supervisory structures; in some cases, ASHA report to a third party facilitator, and in most states they will report to the ANM or AWW. Cited tensions are attributed to confusion around designated responsibilities.

Stake holders

1. NRHM Mumbai (State Head Office)
2. All districts in Maharashtra (32 Districts - Except Mumbai and Navi Mumbai)
3. 353 Tahasil Health Offices in Maharashtra
4. 1816 Primary Health Canters (PHCs)

Problems

- The management had to collect manually written sheets and making summaries of data in Excel which made it a very lengthy and time consuming process. For e.g.

Primary Health Centers used to collect data from ASHAs in their area and use to send to Tahasil Health Office. In THO Block medical Officer used to collect all sheets received from all PHCs and prepared summary of all activities and payment of all PHCs in that Tahasil and used to send to District Health Office. In DHO, District community Mobilizer collects all Tahasil data from THOs and make summary for that district and send to NRHM, Mumbai office. In NRHM state Head Office, they collected data from all 33 Districts and prepared summaries and send to Directors.

- If government revised any compensation rate of any activity, it was very difficult to convey to all ASHAs in the state.
Many times, government changed rate but ASHAs got payment as per old rate because delay in communication. It was very difficult to cross check rates all over the state.
- On introduction of any new scheme, it took long time to reach ASHAs. It was loss to the ASHAs as they were not getting benefit of government schemes.
- It was very difficult to find the performance of 60,000 ASHAs in the state because Non Performer ASHAs should be removed by GRAMSHABHA and replace with new ASHA so that that village gets her service.
- No transparency and security for the data and providing access to the all employees is very difficult as they were using manual system.

Project Objectives

- Build a comprehensive database of all registered ASHA workers in the State
- Track the training details of ASHA workers
- Track the recruitment details of ASHA workers
- Maintain and assess the performance (both physical and financial) of ASHA workers
- Generate pertinent MIS reports at various levels of authority.

Solution

To make the implementation of the ASHA program extremely efficient and effective ,Nelito proposed the solution having these features

- **Cloud based technology**
Web Application instead of the usual desktop based applications which was the norm in those times (in 2010)
- **Hierarchy based authentication and access**
State Users has access to view all state data. District Users can enter and view data from their district. Tahasil Users can enter and view data for their Tahasil.
- **All-encompassing reports**
In ASHA Report User will get all information Related to the ASHA and different type of Reports. User will get ASHA report on different level according to user roles and online performance reports of all ASHAs across the state
- **Transparent system**
The solution is designed to ensure complete operational transparency within the system
- **Data Quality**
Removal of Data Redundancy and inconsistency
- **Data Security**
- **New info**
Introduction of any new scheme and revision of any existing compensation rate by government can be entered into the system and implemented easily. The information of the same shall be instantly available Online.
- **Payment information**
ASHA Payment related information to be available Online like Status of Payment, Payment Due etc.

Technology Perspective

ASP.NET 3.5 , C# , SQL Server 2008, Crystal report V-X .

Implementation Highlights

- Implemented all over state in 33 districts.
- Interface and user manual designed in English and local language.
- Administrator, State, District & Tahasil Level user types in application and User details store in encrypted format using cryptography.
- Application Training conducted for users at training centers at eight locations
- Hosted at the State Data Center
- E-Gov Standardization of Technology maintained

- Dedicated resources at Nelito Office with Phone Line and email id for ASHA Support

Project benefits

- Application is available anywhere in internet environment.
Users can access the application from the most remote locations ensuring
- Online database of all ASHAs in state with Photograph and address, mobile nos.
 - a. ASHA's work information and contact details are published on web site.
 - b. Any citizen can go to the site and check ASHA in their area and contact her for assistance. No need of any userid or password to access this information.
- Dashboard on Home Page to monitor the performance entry District-wise, Block-wise and PHC-wise.
 - a. This ensures timely entries and response by all the participants.
 - b. ASHAs doing good work in their area can be identified and rewarded for her GOOD work
 - c. If any ASHA is not performing her duties, she can be identified allowing Gramsabha (village level unit) to take decision of replacing suitable ASHA.
- Performance Module
NRHM, Mumbai can add new work activities for ASHA. They can update rate for the activity. Also they can stop any activity by updating End date for any scheme/activity. All users will follow same activities and rate decided by NRHM with immediate effect.
This ensures clear, immediate and effective implementation of any new policy decision.
- Specialised MIS reporting engine
With its MIS reporting engine, the senior level policy makers can immediately find out status of any scheme, understand the bottlenecks in implementation and can rapidly take corrective actions or give new directives.

Achievements

- Immediately implemented at the revenue village level.
- Total 39820 Village Health nutrition and Water supply & Sanitation Committee established in all revenue villages in 2010 itself
- It comprises of Panchayat Representatives, AnM, Anganwadi Workers, Teachers, Community Health,Volunteers and ASHA
- In the year 2010-11, training was imparted to 2972 which has grown squarely in the following years.

Accolades received

- Skoch Digital Inclusion – Silver Award - 18th September 2012 at New Delhi.
- Skoch Digital Inclusion – Certificate of Merit in Top 100 ICT projects in India in 2012 - 18th September 2012.
- Skoch Award 2013 – 2nd September 2013 New Delhi for Skoch Digital Inclusion – Certificate of Merit in Top 100 ICT projects in India in 2013.
- eMaharashtra – Excellence Award – Best G2G initiative of the year. 9th May 2013 – Mumbai.
- PCQuest July 13. – ASHA Web Application case study.