Using IT for streamlining payment of field level health staffs: Learning from Rajasthan, India

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State Overview

Geographically, India’s Largest State & have area equal to Norway/Poland/Italy

State has 8th highest population in the country

State has 4th highest MMR in the country

Population density varies from 595 persons per Sq. Km in Jaipur district to 17 in Jaisalmer district
ASHAs

• Accredited Social Health Activist (ASHAs) are community health workers

• First port of call for any health related demands of the community

• Fixed honorarium of around 30 USD by WCD and incentives by Health department for 26 different services/activities

• Create awareness about Health issues and link the community with health services in a small village or cluster of houses

• Currently around 48000+ ASHAs are working in the state of Rajasthan
Challenges

- Difficulties in matching Physical & Financial progress
- Difficult to monitor performance
- Delay in release of payment
- Lack of timely data for decision making
ASHASoft

• Web based software for online payment to ASHA’s bank account
• Linked with State’s existing Pregnancy, Child Tracking System (PCTS)
• Allows to monitor the performance of ASHAs
• No major investment
Outcomes

No. of days required to release payment

Before: 67
After: 12

Activity wise contribution of ASHAs

- Maternal Health: 31%
- Monthly Meetings: 26%
- Child Health: 16%
- Immunization Services: 15%
- Family Planning Services: 10%
- National Programme: 2%
Performance of District under various services
(April 15 to July 2017)
Learning

• Use of IT can play significant role
• Doesn't require much investment
• Effective monitoring tool
• Reduces human & time resources requirement
• Initial implementation challenges will be there