

ASHA Soft - Online Payment & Performance Monitoring System for ASHAs in Rajasthan

Asha Soft, an Online Payment & Performance Monitoring System has made an impact by providing line list data of pregnant women and birth details of Rajasthan. It is a path-breaking initiative which has helped in improvement of health services in the state. With its implementation, availability of data of pregnant women has increased by 31% whereas; data availability of new born babies has increased by 19%. Follow-up visits for Home Based Neo natal Care have also increased significantly resulting in better care of infants and timely referral of sick neo-natal's.



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NIC Rajasthan has developed and launched ASHA Soft for Medical, Health & Family Welfare department, Government of Rajasthan. It is an integrated system, to measure the performance of ASHA (Accredited Social Health Activist) Sahyoginies and to ensure timely and transparent payment of incentives to ASHAs all across Rajasthan. Performance measurement of ASHAs on case-to-case basis with the help of ASHA Soft has resulted in significant improvement in concerned functional areas of Health & Family Welfare in the State.

ASHA is a community level worker deployed at Anganwadis through out the State to provide support services related to Medical, Health & Family Welfare. Approximately, 48,000 ASHA sahyoginies are currently working in the State and they get fixed monthly emoluments from the Woman & Child Development department who also get monthly incentives from Medical & Health department for providing health services to citizens. Based on type of activities and number of cases handled, incentives are calculated and paid to ASHAs. The incentives range from Rs. 5 to Rs. 5000 per case depending upon the type of activity. There are 26 different activities for which incentives are paid which include support services for Maternal health, Family welfare, Child health,



“ASHA Soft has created confidence among ASHA health workers which will lead to thousands of health workers providing better “health awareness services” to millions of rural population of Rajasthan. NIC has been really very helpful in times of need”

NAVEEN JAIN
Mission Director
National Health Mission, Rajasthan

National health programmes, Routine record maintenance and Meetings.

IMPLEMENTATION:

In order to implement the system, Master data of ASHAs was prepared for each Anganwadi and was linked to the Health facility (e.g. Subcentres, PHC, CHCs or Hospitals). The same was also linked to PCTS (Pregnancy Child Tracking and Health Service Management System - Operational since 2008) and integrated with ASHA Soft. Case details are entered in PCTS and ASHA Soft depending on nature of activity and are verified through

ASHA Soft Ver 2.1.9.15
The Online Payment and Monitoring System

सिफ्टिसा, स्वास्थ्य एवं परिवार कल्याण विभाग
राजस्थान सरकार
Department of Medical, Health & Family Welfare
Government of Rajasthan

भुगतान में सम्मान, मॉनिटरिंग करे आसान
यही है आशा सॉफ्ट की पहचान

USER LOGIN HERE

User Name:
 Password:
 Security Code: a 6 a 3 s 1

[Sign In](#) [Forgot Password](#)

What is ASHA-Soft?
 It is an online system which facilitates the department:
 • 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.

ASHA (Accredited Social Health Activist) Programme
 Since inception of NRHM in 2005, ASHA (known as ASHA Sahyogini in Rajasthan) has played an important and critical role in implementation of health activities under NRHM. The ASHA programme was introduced as a key component of the community process intervention and now it has emerged as the largest community health worker programme in the world and is considered a critical contribution to enabling people's participation in health.
 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.
ASHA's Work Profile:
 • Ensuring 4 antenatal checkups, institutional delivery and post natal checkups.
 • Identifying the risk and referring the mother & child to the health institution.
 • Promoting attendance of children at anganwadi on village health and nutrition day for immunization.
 • Holding monthly meetings of Village Health and Sanitation Committee.
 • Counselling couples for family planning and distributing contraceptives to eligible couples.
 • Counselling mothers for immunization of child at every household.
 • Interface between community and health services to control diseases such as Malaria, T.B., Blindness etc.

List of Incentives

• after Discharge from MTC	₹ 150
• SNLU Followups	₹ 600
• Social Mobilisation	₹ 150
• Full Immunisation	₹ 100
• Booster Doses	₹ 50
• Post Partum Sterilisation	₹ 300
• Female Sterilisation	₹ 200
• Male Sterilisation	₹ 300

[Download ASHA Claim Form](#)

ASHA Soft. Online Payment is made by CMHOs from the district level for all ASHAs in the district for which Digital Signature based authentication is used for releasing the payment. The system is operational since, December 2014 from more than 2000 locations and every month Rs. 7-8 Crore are released through the system.

IMPACT:

ASHA Soft has created significant impact through better availability of line list data of pregnant women and birth details. This has improved follow up of all listed cases enabling overall improvement in the health services. With its implementation, availability of data of pregnant women has increased by

31% whereas; data availability of newborn babies has increased by 19%. Follow-up visits for Home Based Neonatal Care have also increased significantly resulting in better care of infants and timely referral of sick neo.

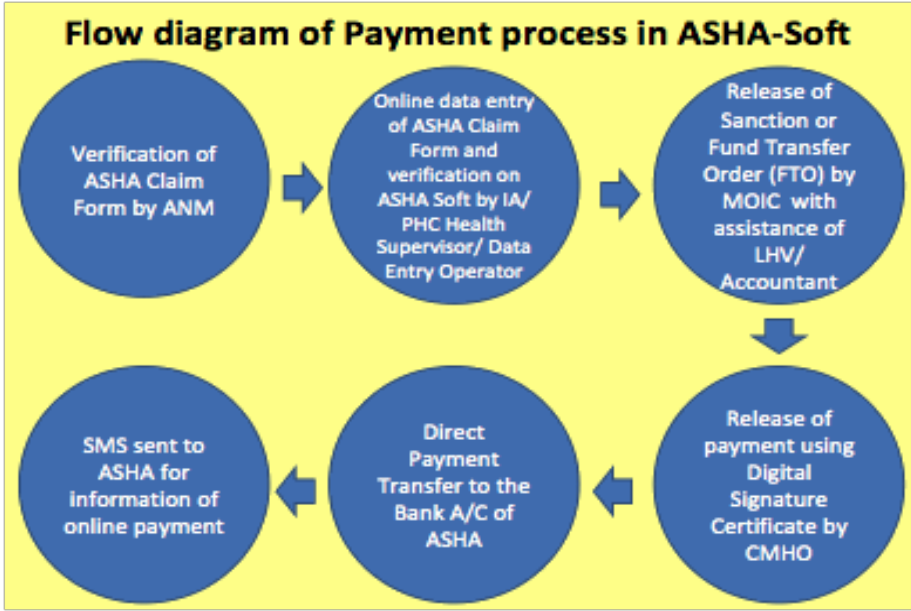
THE DAYS EARLIER:

Prior to ASHA Soft, there were no standard procedures for performance and payment monitoring for ASHAs and there were Multiple Payment points. Cash was maintained at every sub centre, PHC, CHC etc. (Total 16000+ locations for cash handling). Incentive Payment for certain activities was made by ANMs up to sub centre while incentives for other activities was made through different cheques at

PHC level (separate cheques for RCH activities, national health programmes etc.), which were handed over to the ASHA in the monthly meetings. Invariably, there was delay of at least one-two months in the payment. The process of approval on case basis generated lot of clerical work at all levels.

THE PROCESS:

ASHA Soft has been simplified the process significantly, which has introduced standardized claim forms for ASHA for all 26 activities. The forms are submitted by ASHA at her Sub centre where the ANM verifies them. The Claim forms for all 26 activities in a month are submitted at the end of the month by the ASHA and once



verified by the ANM, the forms are sent to the concerned PHC, CHC and Block PHC for data entry. All claim forms are entered into the system as per predefined schedule of data entry and verification (generally 26th of every month to 2nd day of next month).

As the next step, sanctions for each of the service category are generated by the MOIC (Medical Officer in

Charge) for all ASHAs in his/ her jurisdiction and all these sanctions are generated as per predefined schedule (generally 3rd day of next month to 5th day). Sanction letters are generated accordingly, with the system and maintained online in pdf format for later reference and finally the Fund Transfer Order is generated at the district level by concerned CMHO using DSC. Thus the online payments are

transferred by 7th of next month.

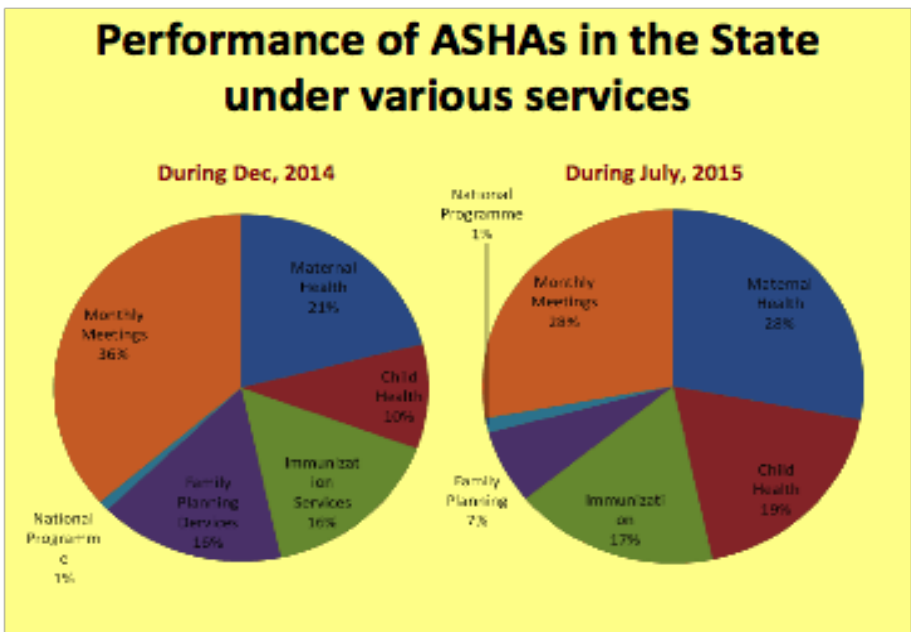
The time taken to make the payment has drastically been reduced, from about 2 months to 7 days. The process of payment is very transparent and has almost eliminated the requirement of repetitive manual work which was also prone to many errors.

Large number of monitoring, analytical and exception reports are generated through the system. The system now informs about ASHAs 'not providing services' or ASHAs 'who are doing very efficient work'. Institute wise reports can inform PHC/ CHC with lowest performing ASHAs. Analytical reports generated by the system have outlined the areas of activities which are getting ignored by ASHAs and need more support. Similarly, patterns can be drawn geographically as well for a district or block. Such analysis highlights performance levels of all the staff engaged in providing health services at every location.

Rajasthan is the first State to have this kind of a system. The software has now been provided for implementation at Karnataka State whereas many other States have shown their interest in the system.

RECOGNITIONS:

This initiative has received many accolades. These includes Healthcare Leaders' award in March 2015, Award at elets knowledge exchange summit in May 2015 and Skoch Smart Governance Award in September 2015.



For further information:

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