CASE STUDY 6: ACCREDITED SOCIAL HEALTH ACTIVISTS

Background

The ASHA program was conceived and funded by the Indian National Rural Health Mission (NHRM) in an effort to promote public health awareness amongst local, rural populations, and increase the utilization and accountability of existing health services. ASHAs (Accredited Social Health Activists) are trained female community health workers who serve as the primary point of contact for many marginalized members of the Indian population, particularly women and children. They receive basic public health training and are equipped with a standard drug kit, which allows them to deliver first-contact healthcare.

Typically, ASHAs are engaged in promoting community health activities between 20 and 25 days out of each month. In return, they receive performance-based incentives for promoting universal immunization, referral and escort services for reproductive and child health and other healthcare programs, and facilitation of delivery at primary health centers.

Type of mobile money program: Delivery of performance-based incentives to ASHAs

Health focus: Reproductive and child health

Date launched: December 2010

Stage: Scale-up across new districts (no longer live in Sheikhpura)

Size: 6 blocks of Sheikhpura district in Bihar (Sheikhpura, Arari, Berbigha, Sheikhopursarai, Ghatkusumba, Chewara)

Countries: India (Bihar State)

Key partners: Eko Aspire Foundation, MicroSave, State Bank of India, State Health Society Bihar, Sadara Primary Health Center, Chewara Primary Health Center

Mobile providers: Bharat Sanchar Nigam Limited (BSNL)

Funding: Norway India Partnership Initiative through UNOPS to NRHM

Mobile Money

In December 2010, the United Nations Office for Project services (UNOPS), the Norway-India Partnership Initiative (NIPI), and the Eko Aspire Foundation collaboratively launched a pilot for a mobile money transfer (MMT) program with support from the State Bank of India and State Health Society Bihar. The pilot aimed to introduce mobile-based savings accounts as an alternative method for transferring ASHA incentive payments. The pilot was implemented in all six blocks of the Sheikhpura district in Bihar, covering 440 ASHAs. Ultimately, the mobile money application ceased operation as ASHA payments were switched to bank transfers, but the experience still provides many valuable lessons for those looking to integrate mobile money into their programs. The objectives of the pilot were: 1) to assess the impact of mobile transfers on the financial behavior of ASHAs and gauge their satisfaction levels; 2) to assess the impact of the new processes around mobile money transfer payments on the health department; and 3) to identify challenges faced in implementing mobile money and provide recommendations to overcome them in the future.

Results

A study to assess the effectiveness of the MMT program found substantial challenges with the traditional cash payment system. The study revealed delayed payments that could take 4-6 months to process, loss of work due to travel time to collect payments, and a lack of transparency around the amounts due to ASHAs for services rendered. In comparison, the switch to MMT payments increased the timeliness of payments to ASHAs and resulted in a clearance of backlogs, providing time and cost savings for both ASHAs and primary health care centers. Additionally, monitoring and transparency of ASHA payments improved, as they no longer relied on middlemen who could divert funds. With the introduction of MMT, the average monthly incentive disbursed to ASHA increased from Rs. 1,265 (year 2010) to Rs. 2,012 (year 2011).

Furthermore, the mobile money application provided a method for identifying inactive ASHAs. For any ASHAs who earned zero commissions for three consecutive months, their agreements were terminated and new ASHAs were hired to replace them.

Lessons Learned

- *Train PHC staff on mobile money* – During the pilot, PHC staff did not receive training on the process for releasing mobile money payments from the DHS to ASHA's individual accounts. As a result, when ASHAs would approach PHC staff with questions about payments that they were unable to resolve, this created a culture of panic and distrust.
- *Build buy-in from administrative and political leaders* – The project required several changes to systems and procedures already in place within primary health care centers, DHS and the State Health Service, including the development of a standardized accounting format. Therefore, the involvement, support, and guidance of administrative and political leadership was of utmost importance.

Mobile Money Payment Process

1. *ASHA submits documentation of her work at the PHC by the 25th of each month*
2. *The PHC verifies the documents provided and creates a consolidated summary sheet of incentives, which is sent to the District Health Service (DHS) by the beginning of each month*
3. *The DHS verifies the incentive sheet and releases money to the bank for payment to ASHAs*
4. *The Bank transfers money into an SBI-Eko mobile savings account, linked to the ASHA's mobile number*
5. *ASHA receives an SMS on her mobile phone after payment has been credited to her account*
6. *ASHA visits Eko CSP at her convenience to withdraw money*

Challenges

- *Need to create viable business case for customer service points* – There must be a sufficiently large network of Eko customer service points for ASHAs to cash-out funds. However, customer service points are required to use their own capital for cash-outs, which requires that they earn a sufficient return on investment through transaction fees.
- *Low awareness of mobile money* – Because mobile money is still a new concept, many ASHAs are not yet aware that this payment option is available to them. When first introduced to the concept, many feared that their money would disappear and that it was not safe with transfer agents. However, this skepticism began to dissipate as ASHAs received training and became more familiar with the system.
- *Changing mobile numbers* – ASHAs have a tendency to change mobile numbers frequently as competing operators offer free talk-time services and other incentives. Given that their mobile

number is linked to their SBI-Eko mobile savings account number when they register for the program, maintaining one number is crucial for trouble-free delivery of incentive payments.

- *Notifications from mobile provider in English* – Because most low-cost mobile phones do not feature Hindi as a language for sending messages, SMS response messages from Eko are in English. Thus, ASHAs had to be trained to understand the messages and codes they received via SMS.

Looking Forward

The MMT project ceased implementation in the Sheikhpura District after the government opened bank accounts for all ASHAs and changed their payment method to direct bank transfers. However, the Chief Minister of Bihar was inspired by the intervention's potential and has recommended the use of mobile money for the program's scale-up across the entire state (in six districts, namely: Nalanda, Jehanabad, Rohtas, Vaishali, Samastipur, and Bhagalpur). He also has proposed its expansion into other sectors, such as agriculture, child development, and education.

Sources

- Inputs from Dr Harish Kumar, Dr. Amrita Misra, Dr. Ashfaq Bhat, Norway India Partnership Initiative
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